

These cases, even few as they are, give me every reason to hope that in the *datura tatula* we have found a valuable remedy in cases of asthma, and that it will be a useful adjunct to our *Materia Medica*.

No doubt, cases of uncomplicated asthma are rare; but even in complicated cases, as in that I have first mentioned, it proved a most valuable agent in affording relief. Its action upon the human system resembles stramonium, in some degree; but it is more antispasmodic, and less narcotic, than the former, and rarely causes headache, or leaves any unpleasant dryness of the fauces, or sense of constriction in the pharynx, as the stramonium so constantly does. Messrs. Bewley & Evans have prepared, according to my directions, the ingredients for smoking, also an extract and a tincture. The extract is made with coarsely-pounded *tatula*, with cold water, exhausted by percolation, and the liquor evaporated to the usual consistence by steam heat. The dose is from half-a-grain to one and a-half grain. The tincture is made by digesting, for seven days, one part of powdered herb in eight parts of proof spirit. Dose—20 to 60 minims. The tincture, diluted with distilled water, remains transparent. The solution precipitates greyish yellow with tincture of galls and ferrocyanide of potassium, becomes of an inky colour with solution of perchloride of iron, and precipitates whitish with nitrate of silver. It does not precipitate with perchloride of mercury or acetate of lead. In a preliminary analysis of the plant, made by my friend, Dr. Aldridge, he finds that it contains an alkaloid, tannin, and, probably, some chloride. The botanical history of the plant will be found in Pariera's *Materia Medica*; but he makes no comment upon its utility.

ART. IX.—*A Short Description of a Mirror, by means of which the Larynx of the Examinee may be Demonstrated either to a Colleague, in Consultation, or to a Class in Hospital.* By PHILIP C. SMYLY, M.D., T.C.D.; Surgeon to the Meath Hospital.

IT is with diffidence I venture to make any addition to the very complete instrument introduced into general practice by my friend and instructor, Professor Czermak. Ever since I first introduced the laryngoscope into this country, in 1860, I felt the difficulty of demonstrating the larynx of the patient to a third person not skilled in the use of the instrument.

A considerable amount of practice is required, not only to throw

a steady light into the pharynx, but a certain delicacy of touch in introducing the faucial mirror so as not to produce nausea. This is only to be attained by constant practice. It is a great advantage, in consultation, to show the larynx distinctly. In the ordinary method, when the examiner has a full view of the vocal cords of the examinee, he calls upon his colleague to view the parts; who, when he places his head beside that of the examiner, only gets a partial view—a portion of the epiglottis, one arytenoid, and, perhaps, a vocal cord. In endeavouring to see more, he pushes the examiner's head, so as to displace the light, or shakes his hand, so as to bring on nausea. Many other inconveniences will occur to the mind of the practical laryngoscopist which I shall not here allude to.

My addition consists of a simple square piece of very good plate glass mirror, set in brass, like Weiss' concave mirror. A second split tube is soldered on close to the tube which exists on all Weiss' frontal bands, and a brass rod, the ends of which are bent in opposite directions, at an angle of  $45^{\circ}$ .

The mode of using this glass is as follows:—The laryngoscope is fixed, as usual, before either the left or right eye. The brass rod is fixed in the tube, beside that which holds the rod supporting the reflector; and my square glass is fixed on the other end, as is very well shown in the engraving.



As the angles of incidence and reflection are equal, the mirror may be turned to such an angle that the second examiner may be placed at such a distance from both the patient and operator that his presence cannot disturb the steadiness of either. The view the second examiner has of the larynx in the square mirror is not inverted, being twice reflected. The right vocal cord of the examinee is to the right hand side of the examiner number two.

The glass employed in the manufacture must be as perfect and parallel as possible, so that the loss of light may be a minimum.

In conclusion, I may add that the additional weight of the square glass, when made in the artistic manner in which mine has been made, by Messrs. Spencer and Son, of Aungier-street, Dublin, is scarcely perceptible.