circumstance, which cannot be reckoned upon. Whether, in the case of foreign bodies being introduced into the trachea, we can discover them, must depend mainly upon the greater or less readiness with which the patient bears the examination. I have not met with a case in books or in practice where I was able to test the laryngoscope under such circumstances. I should, however, deem it perfectly feasible, seeing how little reflex irritability is often found to exist after the foreign body has passed the chink of the glottis.

As to the question of the treatment of laryngeal affections, I do not propose now to go into it more fully. I have merely adverted to it in so far as it served to illustrate the use of the laryngoscope. For my own part, I am assured that both for laryngeal disease, and negatively or indirectly for the affections of other organs, this method of exploration is of extreme value. It is only necessary to make a few laryngoscopic examinations of suspected laryngeal disease to satisfy ourselves that without it our diagnoses not only want precision, but are destitute of any reliable basis. But this morning (Nov. 19th) a patient was brought to me with hoarseness of three years duration, depending upon a pathological condition which it would have been simply impossible to have surmised, but which the laryngoscope made as plain as if the parts had been displayed by dissection. The epiglottis was contracted so as to form a narrow triangular opening. The mucous membrane investing it and the vicinity was reddened and congested. The contraction, from reasons which it is unnecessary to enter into here, was probably congenital; and the hoarseness was attributable to a comparatively trifling affection of the mucous membrane, though obstinate on account partly of the patient's mode of living, partly, and yet more, owing to the peculiar malformation alluded to. I need scarcely point out how essentially the correctness of our diagnosis and prognosis is advanced in such cases by this new method of examination.

It is a field in which there are as yet but few labourers, but it is one which I would earnestly invite you to cultivate. I may repeat, that the pleasure you will derive from acquiring the necessary facility of manipulation far outweighs the labour you may have to bestow. Physiologically and pathologically, and, *à fortiori*, therapeutically, the laryngoscope is a great acquisition, which we should all utilise. As one man uses the stethoscope with greater facility and precision than another, so one practitioner may become a more ready laryngoscopist than another; but, in the same sense as the former instrument has become the common property of the profession, so ought the latter to be understood by all. This, indeed, is the gist of my observations; and, although I am fully aware of the imperfect character of these jottings, I should consider that they were not fruitless if I had succeeded in convincing those of you who have not yet familiarised themselves with the laryngoscope, that it is an acquisition of considerable value in scientific medicine, deserving of your attention.

NOTE ON A DISEASE OF THE EYELID OF ASTHENIC ERYSIPELATOUS TYPE,

OCCURRING IN YOUNG FEMALE CHILDREN; AND ON
COLLODION AS AN EXTERNAL APPLICATION.

By J. V. SOLOMON, F.R.C.S., Surgeon to the Birmingham and Midland Eye Hospital.

THE following group of symptoms is sufficiently rare in the Midland Counties, and, from its resemblance to ophthalmitis, alarming enough, when not understood, to deserve a special notice.

A girl, under eight years of age, more often under four, whose general health has been latterly falling off, presents an enormous swelling of one of the upper eyelids, which is shiny and red. The swelling extends

over the whole lid, and forms an arch which rests on the brow and tarsal border. The lower palpebra, of healthy appearance, is completely hidden. The upper eyelashes are matted with secretion; and a copious thin, pale, yellow discharge flows from the eye.

Medical advice is generally sought in three or four days; when, on raising the lid with a wire speculum, the conjunctiva, instead of being, as in purulent ophthalmia, of a bright red colour, highly tumid, villous, or granular, is found to be flat and of a pale pink or dirty red shade. In exceptional cases it is eroded in spots, and covered by a thin film of yellowish lymph. The conjunctiva of the globe is very slightly, if at all, injected.

With one exception, the cornea has been always perfectly transparent in the cases which I have seen, and so remained. In the instance referred to, superficial ulceration and vascularisation appeared on the margin of the membrane after the complete subsidence of the primary local disease. In no case has leucorrhœa been present.

The period of the year at which the disease has occurred has been the fourth quarter. I do not remember to have seen more than two cases in one year; sometimes not one.

The plan of *treatment*, which has never disappointed me, and under which the disease rapidly subsides, consists in the application of collodion to the integument of the swollen lid; injections of nitrate of silver to the conjunctiva, of the strength of one grain of the salt to an ounce of distilled water; the internal administration of quinine (a mild aperient having been premised, if necessary); with a bland and nutritious diet. The importance of general hygienic measures receiving at the same time a practical recognition.

At one time I used to get rid of the tumefaction by the application of a small blister to the temple. Collodion is, however, preferable; not only on account of its being painless and more safe, but because its curative effect is more rapid.

I also apply collodion in cases of infantile purulent ophthalmia, when attended with redness and considerable infiltration of the superior palpebra; by exerting an even and firm compression, and astringing the vessels, it causes rapid absorption of the intercellular exudation.

Reviews and Notices.

LECTURES ON THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT OF CONTINUED FEVERS, delivered at the Royal College of Physicians of London. By ALEXANDER TWEEDIE, M.D., F.R.S., Fellow of the Royal College of Physicians of London; Consulting Physician to the London Fever Hospital, etc. Pp. 301. London: 1862.

A TREATISE ON THE CONTINUED FEVERS OF GREAT BRITAIN. By CHARLES MURCHISON, M.D., Fellow of the Royal College of Physicians; Senior Physician to the London Fever Hospital, etc. Pp. 638. London: 1862.

THE revolution which has taken place during the last quarter of a century in the views of physicians as to the nomenclature and pathology of the continued fevers is an ample justification for the appearance of such treatises as those before us; and *primâ facie* they have the greater claim to be welcomed by the profession, inasmuch as they are both written by men who have had much experience in their subject. Of the authors, one, Dr. MURCHISON,