

subject six years before Mr. Daly published his interesting paper, should really be given, as is shown by Dr. J. N. Mackenzie's admirable literary researches (see especially *New York Medical Journal*, Feb. 26, 1887), to Rudolf Ferber, of Hamburg, who, in 1869, published a paper entitled *Der Neusekrampf und deren Beziehung zur Migraine, zum Bronchial-asthma, und zum Heufieber*. Hanisch, Schadewald, and Porter also preceded Daly. It is doubtful whether the credit should not even be attributed to Zecchius, who wrote so early as 1650 of the association of nasal catarrh with asthma. Dr. Daly's observations, interesting and important as they undoubtedly were, formed thus one link of an important chain of clinical observations, which has been gradually forging into a consistent whole since Zecchius' time. Dr. Daly may justly be regarded as a founder of that surgical school of rhinology in America, which has at the present day so many distinguished representatives, by drawing forcible attention to the importance of intra-nasal surgical treatment. Hack, and those who partially or entirely share his views of the neurotic origin of these disorders, are disciples of quite a different school of pathological thought, in which the cerebro-spinal and sympathetic nervous systems play the chief part, essentially differing from the surgical school of treatment and pathology, so ably represented by Dr. Daly and others.

EDITORS.

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## NOTES.

**Polyclinic for Diseases of the Throat and Nose, Berlin.**—The University of Berlin has signalled its respect for the increasing importance of laryngology and rhinology, by opening a special department for instruction in these branches of medical education. This was done June 6, and the well-known Berlin laryngologist, Dr. Bernhard Fraenkel, was appointed the first director and physician to the department. Dr. Fraenkel took occasion, in his opening address, to review the history of laryngology, and to speak at length of its connection with other branches of medical knowledge.

**A Simple Method of Procuring Deglutition where such is impeded by reason of Extensive Ulceration of the Epiglottis.**—Dr. Norris Wolfenden, in a note in the *Lancet*, (July 2, 1887), writes:—"One of the most distressing symptoms accompanying laryngeal phthisis with ulceration of the epiglottis is the difficulty patients experience in swallowing. Especially is this the case in advanced conditions where the epiglottis is more or less completely destroyed. In such circumstances the swallowing of even a teaspoonful of water, or liquid of any kind, is all but impossible, from the violent cough that is excited in consequence of the passage of some of the fluid into the larynx and trachea. Such patients are generally tormented with a thirst which they cannot satisfy, and the painful efforts they make to get down a few drops of liquid, and the terrible spasms of coughing and pain thereby produced, are truly pitiable to observe. One of my patients in the last stage of laryngeal phthisis, and in whom the epiglottis

had more than half disappeared from ulceration, lately taught me a "wrinkle" which others may find of service. He informed me that he had discovered a method of drinking even large quantities of fluid with ease. I asked him to give me a demonstration of the feat, and lying stomach downwards upon the couch in my consulting-room, with the head and arms hanging free over the end, and with the feet higher than the rest of the body, he took a large tumblerful of water in both hands, and placing the open end of a piece of indiarubber tubing (about six inches in length and with a vulcanite mouthpiece) in the fluid, and the mouthpiece between the lips, drained off the contents without stopping, and with the greatest ease and comfort. Not the slightest pain or cough accompanied the act, showing that none of the fluid entered the larynx. The feat was the more remarkable to me, who had often seen him making great efforts to swallow fluids, but unsuccessfully, in the sitting position. In the ordinary position a teaspoonful of fluid was as much as he could manage to get down, and this was accomplished only at the cost of much pain and terrible paroxysms of coughing. The plan is simple enough, and is one which will procure relief for other patients afflicted with the same terrible laryngeal conditions; as I have never seen it applied before, I venture to mention it to those who have to treat similar conditions, and I am sure they will find it an excellent method of alleviating one of the most distressing sufferings of patients of this class."

**Novel Remedy for Asthma.**—Under this title a curious case is related in the *New York Medical Record* of July 9, of a man who for years had been a sufferer from paroxysms of asthma. Acting on the advice of a fellow-workman he proceeded to swallow No. 8 birdshot, taking a teaspoonful three times a day. He appears to have swallowed about two pounds of this novel medicament, and eventually came under treatment, with all the signs of lead poisoning. Purgatives and iodide of potash removed the shot and the plumbism. No attack of asthma occurred while the unlucky patient was loaded with shot (three weeks), though when the charge was withdrawn the disease reasserted itself. This nineteenth century is not much behind its predecessors for credulity!

**New Laryngological Clinic in France.**—The Minister of the Interior has created a laryngological clinic at the "Institution Nationale des Sourds-Muets de Paris," and Dr. Ruault has been appointed to its charge. It will open on October 1.

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To ensure the early insertion of abstracts, Authors are requested to *send a copy of any journal* which may contain a contribution on disease of the throat or nose, or on cognate affections, to the EDITORS, *Journal of Laryngology*, 11, New Burlington Street, London.

Afin de s'assurer une prompt insertion de leurs extraits, les auteurs sont priés d'envoyer un numéro de tout journal contenant un article quelconque sur les maladies de la gorge ou du nez et sur les affections qui y ont rapport, aux REDACTEURS du *Journal of Laryngology*, 11, New Burlington Street, London.

Um die rechtzeitige Veröffentlichung von Auszügen zu sichern, werden die Verfasser gebeten, eine Kopie von allen Zeitschriften, die einen Beitrag über Krankheiten des Kehlkopfes, der Nase u. s. w. enthalten, an die HERAUSGEBER des *Journal of Laryngology*, 11, New Burlington Street, London, zu senden.

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