

the tissues, accompanied by deleterious chemical substances. The authors have been working with the endeavour to find something which would combine with and neutralize these toxalbumoses and arrest the disease. Chlorine gas, iodine, ammonium iodide, potassium iodide, the double salt of chloride of gold and sodium, liquor potassæ, potassium permanganate, iron arseniate, the mercurial salts, etc., will do good service in this respect. Of these, chlorine gas, iodine, and the double salt of gold and sodium chloride chemically pure and in glycerine, are by far the most efficacious.

The chlorine gas is obtained from chlorinated lime by the addition of diluted hydrochloric acid (3ss—3vi of the former to 3i—iii of the latter added slowly in a saucer and stirred). Before the gas is evolved the atmosphere should be well charged with a spray of saturated sodium chloride (about two ounces in a small compartment of 550 cubic feet). The patient should breathe through the nose and with the mouth closed, and the sittings should commence with two minutes, and be gradually increased to twenty to thirty minutes. One or two, and exceptionally three or four sittings, will be required daily.

In laryngeal and mild cases the chlorine water (U.S.P.), mixed with a saturated solution of salt ($\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$) should be vaporized in from 3sc to 3ii at a sitting. In laryngeal phthisis even weaker solutions and more frequent sittings may be used with a face inhaler. These chlorine inhalations are said to prevent further caseation, and it is irrespirable unless diffused in vapour of chloride of sodium. Hypodermic injections are also made in the gluteal region, beginning with iodine, 1-12th grain daily, gradually increasing until $\frac{1}{2}$ to 1 grain is reached, then the gold and sodium may be injected daily, beginning with 1-30 to 1-20th grain, and gradually increasing to 1-5th to 1-3rd grain daily. It will be better to alternate the gold and iodine injections daily. The iodine must be discontinued if albumen appears in the urine. At first, loss of weight and increase of temperature, with excessive sweating, occur. The expectoration soon lessens and becomes watery. Asthma and anorexia may supervene, diarrhœa and dryness of the throat, and listlessness and quickening of the