

vesicles. The orthopnoea gives place to normal respiration, and under the influence of the remedy the recent emphysema disappears as well as the exaggerated resonance of the chest. Whatever be the variety of the asthma, whether nervous or catarrhal, the effect produced is just the same, a fact which justifies the supposition that the iodide of potassium exerts a direct influence upon the nervous system. In order to maintain the happy effects of the remedy it is necessary to continue it uninterruptedly for months, and even years, under penalty of seeing the attacks return.

M. Sée has also been induced to try, in the paroxysms of asthma, another preparation, the iodide of ethyl, discovered by Gay-Lussac in 1825, and first studied from a therapeutic point of view by Dr. Huette, a collaborator of M. Claude Bernard, who, in 1850, established its principal physiological effects. M. Sée has observed the same results as M. Huette from the employment of this remedy, which is composed of ether and of iodine. When 5, 6, or 10 drops are given to a patient in a paroxysm of asthma the symptoms of dyspnoea are seen to be at once allayed, and the paroxysm to disappear. The patients declare that they experience a perfect calm, and themselves demand new doses of a remedy which has so rapidly afforded them such extraordinary relief. Thus, says M. Sée, in concluding his communication, therapeusis possesses in the iodide of potash an excellent remedy wherewith to combat asthma and all forms of dyspnoea by warding off or diminishing their attacks, to ameliorate and even cure the disease when its employment is long continued; it possesses, besides, in the iodide of ethyl a means of arresting at their inception those very painful paroxysms of dyspnoea and oppression whereby the disease is characterized.

NITRATE OF AMMONIA AS A SUBSTITUTE FOR ICE.—As a substitute for ice in reducing the body heat, Dr. Rochelt (*La Salute*) recommends nitrate of ammonia. He employs one part in five of distilled water. Placed in a bladder and applied locally this will in a very short period cause a reduction of one or two degrees. —*Allg. Med. Cent.-Zeit*, No. 1, 1878.

ON SUDDEN DEATH AFTER SEVERE BURNS.

At the recent Medical Congress at Munich, Professor Ponfick, of Göttingen, described some experiments he had performed with the view to discover the cause of sudden death after extensive burns. Scalding water was applied to dogs, and the results were classified with reference to the extent of the injured surface and the intensity of the heat applied. In all cases in which the burn was severe, important changes in the blood could be shown to take place a few minutes after the injury; the red corpuscles underwent disintegration, and were broken up into an infinite number of minute coloured particles. After a time, varying with their original quantity, these particles disappeared, but not without having set up serious disturbances in several organs remote from each other. The kidneys appeared to bear the brunt of the mischief; they excreted a large proportion of the hæmoglobulin which had been to some extent set free and was circulating in the blood. Their action in this respect, however, at least in severe cases, was accompanied by very severe parenchymatous inflammation, which was shown by the appearance in the urine of peculiar coloured casts by infarction of the uriferous tubules, fatty degeneration of the epithelium, etc. Another portion of these fragments remained within the organism; it disappeared in the splenic pulp and the medulla of the bones, being taken up by the contractile cells, to undergo, in all probability, a gradual resolution. The reception of the particles by the cavernous tissue of these parts caused the organs to appear greatly enlarged, even to the naked eye, and to exhibit increased redness and succulence on section. Taking into consideration all the symptoms connected with burns, Professor Ponfick is inclined to believe that the fatal issue in many of the severe cases and the serious symptoms in others which recover are to be explained by the fact that the red corpuscles undergo extensive and sudden disintegration. He leaves as undecided the question as to how far acute uræmic poison may contribute toward the fatal issue. If this theory be true, transfusion would appear to be indicated as a rational therapeutic measure; and Dr. Ponfick recommends that in all urgent cases recourse should be had to this operation.—*Louisville Med. News*.