every week. This should consist of a five-grain blue pill at night, followed by a saline in the morning. In addition, one to two drachms of sulphate of soda with ten grains of sodium salicylate is to be given in a tumbler of hot water, sipped every morning on arising. Half an hour before each meal a pill is taken containing one-twentieth of a grain of bichromate of potassium, with three grains of bismuth subcarbonate half an hour after meals. At night a full dose of an intestinal antiseptic, ten grains of phenol bismuth or ten grains of ammonium benzoate or sodium benzoate, is given in two capsules. Sometimes when the intestinal derangement takes the form of diarrhoea, the above prescription is quite as useful as in those cases in which there is constipation.—W. J. Thomson, *Med. Rec.*

BRONCHIAL AFFECTIONS IN GOUT AND OBESITY.

By Dr. J. Anders, of Philadelphia (*Med. Soc. State of Pa., St. Louis Medical and Surgical Journal*).

Although the pathogenesis of the abnormal conditions in the lungs in obesity is not clear, it can be assumed that the deposit of fat in the body plays a mechanical part. He describes the symptoms concurrent with over-fatness, namely, pain in the subscapular and intrascapular muscles, more marked when the patients make an effort to maintain the erect posture. The physical signs vary, but, as a rule, tactile fremitus and percussion notes are enfeebled on account of the abnormal deposition of fat. There is a weakened vesicular murmur, although in rare instances the murmur may be exaggerated. Among the adventitious sounds are moist rales, although the author has also observed whistling sounds, the presence of mucus, however, predominating on ausculation. The author discussed asthma in obese subjects and the theories of its cardiac origin. Asthma in corpulency is due to the high position of the diaphragm in individuals who overfeed. There is good reason to believe that hepatic inadequacy may be a cause. He believes that the severe paroxysmal dyspnoea in asthma can be helped by assuming the erect posture, as there is no characteristic sputum or vasomotor spasm in these conditions. The question of the relation of asthma to polysarcia is somewhat obscure, the author's conclusions being: (1) That asthma occurs in about five per cent. of the cases of obesity; (2) that it only occurs in extreme polysarcia; (3) that there is present a gouty state or history in most cases in which true asthma is secondary to the obesity; and (4) that about one-half of the cases are curable by overcoming the causative condition.—*Phil. Med. Jour.*