

the products of morbid secretion by their admixture with the mucus, of which the vapors increase the formation. (c.) To induce efforts to cough, and to disembarass the air-passages from the products which are there accumulated.

6. It is not only by its irritating properties that the vapor of iodine modifies the mucous membrane of the air-passages. Iodine in reality possesses the property of stopping purulent secretion, and, on the other hand, it arrests and prevents putrescence. Thus, when the mucous membrane of the air-passages yields a purulent secretion, resulting either from an acute inflammation in the third stage, or from a chronic inflammation, the inhalations of iodine will determine by degrees the quantity of pus, and finish in certain cases by entirely changing the nature of the secretion, which becomes completely mucous.

7. Although the essence of turpentine, in the fluid condition, is a sufficiently powerful irritant for the tissues with which it is placed in contact, inhalation of this essence is easily supported by the mucous membrane of the air-passages. It only brings on very moderate irritation, and very rarely provokes fits of coughing.

8. When the mucous membrane is affected, and yields a product of secretion, these vapors have the effect of diminishing the quantity and augmenting the consistence of this.

9. If the product of secretion be purulent, the inhalation of essence of turpentine, continued during a sufficiently long time, progressively diminishing the quantity of pus, may, in certain cases, completely stop the secretion. The inhalations are indicated in all affections of the larynx, of the trachea, and of the bronchi, when accompanied by a very copious muco-purulent secretion without viscosities. On the other hand, the use of them must be avoided whenever expectoration is difficult, in consequence of the too great viscosity of the products of secretion.

10. In cases when these products are at the same time very copious and very viscous, it is possible, by alternate inhalations of vapors of iodine and vapors of turpentine, to rapidly diminish the quantity of secretion without increasing its viscosity. The inhalation of iodine should always be used in the first instance.

11. Inhalation of essence of turpentine is indicated in hæmoptysis, and is very successful in cases of hæmoptysis of average intensity.—*Detroit Lancet*.

#### IODIFORM IN DIABETES MELLITUS.

By Prof. Jacob Moleschott (*Wiener Med. Wochenschr.*, 17-19, 1882). Prof. Moleschott reports five cases of diabetes mellitus which were treated with iodoform, and the result in these cases lead

him to the following conclusions: Iodoform is a remedy of much promise in this disease. A few days after the commencement of the iodoform treatment, there is a marked reduction in the amount of sugar discharged, and in a few weeks it disappears entirely from the urine. If, however, the saccharine matter again appears, after the remedy has been suspended for a few days, it is an evidence that the disease is not cured, and the iodoform should be repeated in larger doses. Furthermore, it was noticed that there was a marked improvement even in those cases where an unsuitable diet was persisted in, or when the patient had to contend with harassing care and excessive work. Finally, iodoform produced curative results, in some cases, after a faithful trial of salicylate of soda had been made without effect. This agent (salicylate of soda) had been used in doses of three or four grammes daily; and there was, it is true, a decided diminution in the amount of water and of sugar under its use, but the effect of iodoform was far more prompt and more lasting.

The dose of iodoform to commence with is from 10 to 20 centigrammes, but it may be increased to from 30 to 40 centigrammes a day. To conceal the disagreeable taste and odor, he advises that it be given in the form of pill, and combined with tonka-bean.

#### RECENT RESEARCHES ON TUBERCLE, AND THEIR BEARINGS ON TREATMENT.

By ROBERT SAUNDBY, M.D. Edin., M.R.C.P. Lon.

The history of tubercle, ever since its first description by Lænnec, has been a history of controversies. The rival schools of Paris and Montpellier in Lænnec's time fiercely debated the question whether its origin were inflammatory, as Broussais maintained, or a "deposit," as Lænnec held. In our time there has always been a very strong school following the teaching of Alison, Addison, and Niemeyer which regards tubercle, at least so far as it constitutes the common lesion in pulmonary phthisis, as the consequence of inflammation, often strumous in character.

All attempts to establish a histological criterion to determine the specific nature of a supposed tubercular lesion, from Lebert's tubercle corpuscle to Schüppel's giant cell system, must be regarded as having failed.

Rindfleisch's view that tubercle is an infective process, originating in caseous material, was supported by the experiments of Villemin, Klebs, Cohnheim, and others, who found that caseous matter introduced under the skin of rabbits and guinea-pigs produced tuberculosis; but this theory fails to explain those cases of spontaneous tuberculosis in man in which no cheesy focus can be found; and, moreover, the experiments just named were somewhat invalidated by the contradictory