

mentioned. The inhalation of steam, and the frequent sucking of pieces of ice, need to be specially noticed here, as they often give great relief.

“With regard to the method of application, I certainly am strongly in favour of the spray, either by means of the ball-apparatus or of Siegle's spray-inhaler. Many patients cannot gargle effectually, especially children, and the movements involved in the act are liable to be injurious. The frequent use of the throat-brush is also open to objections, and I cannot see the advantage of blowing in powders, as some have recommended. It must be remarked that, in the case of children who resist strenuously all kinds of application, it may do more harm than good to persevere with them; but this must be left to the individual judgment of the practitioner. If used at all, they ought always to be employed efficiently, and under the personal superintendence of the practitioner, with the aid of a competent nurse.”

We have also received replies from several physicians, who hesitate to speak in favour of the use of local remedies, only because they regard their experience in the matter as too limited to warrant the expression of a decided opinion. Among this number is Dr. Sydney Ringer, who, however, informs us that he places great reliance on local remedies. He has seen good results follow the use of carbolic acid and glycerine to the diseased parts, and advises, in combination with this, the internal administration of a mixture containing perchloride of iron.—*British Medical Journal*.

RELATIONS OF SYPHILIS TO RENAL DISEASE.—E. Wagner (*Deutsches Arch. f. Klin. Med.* xxviii. s. 94) says that out of sixty-three cases which might with great probability be attributed to syphilis, he found acute Bright's Disease, eight times; chronic parenchymatous nephritis, four times; granular kidney, seven times; atrophy of one kidney, six times with compensative hypertrophy or amyloid degeneration of the other; amyloid degeneration thirty-five times, and renal syphilis, three times.—*British Medical Journal*.

FUMING INHALATIONS IN ASTHMA.

There can be no question as to the value of fuming inhalations in the treatment of asthma. The ordinary nitre-paper often fails, because it is not strong enough. For some time past, I have been in the habit of using very thick and strong nitre-papers, which may be called “nitre-tablets.” They contain both chlorate and nitrate of potash. Each consists of six pieces of white blotting paper, about six inches square, and they are made by dipping them into a hot saturated solution of nitre and chlorate of potash. Before the pieces are quite dry, they may be sprinkled with Friar's balsam, spirit of camphor, tincture of sumbul, or some aromatic. The nitre-paper so prepared is as thick as cardboard, each piece consisting of six pieces of blotting-paper, closely adherent, and covered all over with crystals of saltpetre and chlorate of potash. The door and windows having been closed, the tablet is placed on a fire-shovel or piece of metal of some kind, and folded down the middle, so as to make it like a tent or the cover of a book. When lighted at each end, it burns very quickly, throwing out a flame often four or five inches long, and giving rise to dense volumes of smoke. The asthmatic patient almost immediately obtains relief, and drops off into a quiet slumber, from which he awakes refreshed. These tablets often succeed when the ordinary nitre-papers do no good. They nearly always induce sleep, and I have used them with success in cases of insomnia, when most of the ordinary remedies have failed. Large pastilles composed of equal parts of nitre and lycopodium are also useful in asthma.—WILLIAM MURRELL, M.D., Lecturer on Materia Medica and Therapeutics, Westminster Hospital, in *British Medical Journal*.

LEPROSY.—At the Société Médicale des Hôpitaux, M. Cornil made a communication on the subject of the pathological anatomy of leprosy, and stated that he had found a number of bacteria in portions of hypertrophied skin, which would become a source of contagion in the ulcerative stage of this disease. M. Labbé said that he heard the statement with pleasure, as he had been treating a young leper with hypodermic injections of carbolic acid, on the hypothesis of the parasitic nature of the complaint. The improvement had been so great that he did not despair of curing him.