

MISCELLANEOUS

THE THERAPEUTICS OF THE GLYCEROPHOSPHATES.

By a series of experiments, Dr. Albert Robin, of Paris, was led to attribute to the glycerophosphates the following physiological actions:—

1. Metabolism, both of organic and inorganic matter, is accelerated.
2. Nitrogenous exchanges are hastened, both as to assimilation and disassimilation.
3. Uric acid is relatively diminished.
4. Sulphur compounds are acted upon similarly to nitrogenous ones, and since the ratio of sulphur to nitrogen increases in almost every case, it is to be concluded that organs rich in sulphur, like the liver, are the special seat of more vigorous nutrition.
5. Intestinal fermentations are but little affected.
6. The increase in chloride of sodium excreted is a proof of increased appetite—a fact confirmed by clinical experience.
7. There is relative diminution in the disassimilation of phosphorus, and an absolute one in that of magnesium, both substances belonging pre-eminently to the nervous system.

From the physiological conclusions above, Dr. Robin is led to think that the glycerophosphates are not to be employed against this or that particular disease, but against varied morbid conditions which indicate the use of the preparation. Thus, in a patient suffering from neurasthenia, with phenomena of excitement and exaggeration of nitrogenous metabolism, glycerophosphatic medication is contraindicated. The same treatment would be useful in such a patient with an elimination of phosphates greater than that of urea.

Dr. Robin divides the therapeutic indications of glycerophosphates into four groups:—

1. Lowering of nitrogenous exchanges, both in assimilation and disassimilation, as in their oxidation, comprising: (a) one form of chlorosis, with diminution of oxidations; (b) chronic gout, in cachectic conditions (acute gout is a contraindication); (c) diabetes with cachexia (the same contraindication as above in florid diabetes); (d) obesity with diminished oxidation; (e) chronic tuberculosis, with the double object of stimulating the organism and of diminishing the demineralization of the cell, a process which Dr. Robin looks upon as one of the adjuvant causes of the disease; (f) chronic Bright's disease, with albuminuria and little urea; (g) phosphaturic albuminuria; (h) dyspepsia with diminished