

PRACTICE OF MEDICINE AND PATHOLOGY.

Iodine and the Iodide of Potassium in the Treatment of Syphilis.—By Dr. F. A. ARAN.—After an elaborate historical sketch of the introduction and employment of iodine in syphilis, Dr. Aran gives an account of Dr. Moij'sisovic's method of treating this disease, by means of iodide of potassium combined with iodine. According to this physician, his plan cures syphilis in three or four weeks. His method is to give the iodide of potassium in doses of from 5 to 20 grains, three times a day, while, at the same time, a bath of iodine, iodide of potassium and common salt is employed, the quantities of iodine and iodide of potassium used in each bath, being a drachm of the former, and a drachm and a half of the latter, and the iodine is not to be added to the water till the patient is in the bath. The patient is to remain an hour in the bath, and gets into a warm bed to promote perspiration. During three days this practice is continued with the least dose of the iodide above mentioned (5 grains three times a day), when some itching of the skin begins, and then the dose of the iodide is gradually to be increased. About the tenth or eleventh day a febrile state arises, accompanied with itchings of the skin, and a scarlet rash or an eruption like zoster. This rash or eruption is followed by a desquamation from the fifteenth to the twenty-first day, and these taken together indicate that the iodisation has reached its maximum, and Dr. Moij'sisovic affirms, that he has never seen any return of the disease in those cases in which the eruption and desquamation ran this regular course. He employs a weak solution of iodine and iodide of potassium against exostoses, condylomata, and pustules, and uses local baths still weaker. This kind of treatment Moij'sisovic's uses against every sort of syphilitic affection, whatever be their duration, and even in primary symptoms. Dr. Aran complains that there is no account of the cases in which this treatment failed, or in which the disease returned, and calls on the physicians of venereal hospitals to make trial of this practice, with the view of determining its merits with greater certainty.

Dr. Aran says, respecting the efficacy of iodide of potassium in tertiary symptoms, that there is an almost universal agreement among those who have published on the subject all over Europe. Hassing says, of 250 cases falling under this head, in the Copenhagen Hospital, treated with the iodide, there were forty-nine deep ulcers of the throat, of which forty-two were cured, three benefited, and four only unsuccessful,—the cure in the latter being effected at last by mercurials; three cases of subcutaneous tubercles, of which two were cured; fifty-one cases of tumour of the bones and periosteum, of which six were cured, and thirty-two benefited, the treatment failing in twenty-three,—while the duration of the treatment was on an average nearly thirty-six days; of seventy-three cases of osteocopium, sixty-five were cured, three benefited, and five failed,—the average duration of the treatment being about ten days; of seventeen cases of caries and necrosis, six were cured, four benefited, and seven failed,—the average duration of treatment being forty-four days. Bassereau reports a similar success in tertiary affections, in the practice of Ricord at Paris. Gauthier gives the like account of the effects of this treatment at Lyons; and Payen describes the results as equally satisfactory at Aix, on a most extensive experience of the remedy.

In the symptoms, however, which come under the head of secondary, there is not the same unanimity as to the efficacy of this remedy. Hassing describes its employment in 217 persons affected with the secondary form. Of these, twenty suffered under flat pustules (*pustules plates*), eight at the arms, ten at the genital organs, and two in both places at once; and seven were cured, four benefited, nine derived no advantage; forty-nine suffered from squamous and pustular eruption; and twenty-six were cured in a mean period of forty-eight days, nine were benefited, and fourteen derived no advantage; forty-seven had superficial ulcers of the throat and mouth; and twenty-four were cured in a mean period of about forty days, eight were benefited, fifteen derived no advantage; twenty-seven had pustular eruption; and nine were cured in a mean period of fifty days, four were benefited, four derived no advantage; there were twenty-one cases of tubercular syphilitic eruption, and fifteen were cured,—the mean duration of the treatment being about forty-four days, three benefited, and three derived no advantage; fifty-three cases of syphilitic rupia; and forty-three were cured,—the mean duration of the treatment

being about thirty-nine days, seven were benefited, and three derived no advantage. We cannot make room for the analysis of the cases of the secondary form given by our author, as treated by Ricord, Gauthier, and Payen; but on the whole, it appears that less success attends the treatment of those of that form with the iodide of potassium, than those falling under the head of tertiary symptoms. Gauthier and Payen agree that generally the older the secondary symptoms are, and the more approaching to the character of the tertiary, the more influence has the iodide over them; for example, when syphilitic eruptions become ulcerated, And Payen adds, that the iodide is particularly indicated when the secondary affections are obstinate under the mercurial treatment, and that the iodide should be resorted to at once in cases which, from their long standing, are likely to resist the influence of mercury, and in those cases in which, from the presence of debility, the constitution requires additional tone.

As regards the use of the iodide of potassium in primary symptoms, there is much difference of opinion among the authorities referred to. Hancke, Kluge, Hocken, Hassing, and Bassereau, give an unfavourable account of its effects, and Hassing doubts its efficacy even in bubo; on the contrary, Bazin, Midtler, and Payen, assert its efficacy in primary sores, without or with bubo. On this discrepancy our author remarks, that the cases referred to by Payen in particular, are cases of indurated chancres; and these, he says, are not regarded by some authorities, as by Ricord, among primary affections. On the whole, then, Dr. Aran considers the title of the iodide of potassium to be considered as the basis of treatment in primary affections to be unsubstantiated, though when circumstances prohibit the common treatment, it is sometimes of service.

Respecting the comparative effect of the treatment by the iodide, when the mercurial treatment has, and when it has not, been previously used, Dr. Aran observes,—“Hence it follows that syphilitic spots, pustules, superficial ulcerations of the throat, caries and necrosis of bones, are the more easily cured by the iodide, that a mercurial treatment has been premised; and on the contrary, that tubercles, rupia, deep ulcerations of the throat, swellings, and deep-seated pains of the bones, yield more readily when no mercury has been previously employed.”

Should the iodide be used alone or combined with mercurials? Hassing's conclusion is that in the treatment of secondary affections, the combination affords no beneficial results, and this opinion is supported by the evidence of numerous cases treated in the Copenhagen Hospital, in the mixed mode. Gibert and Ricord, however, stand opposed to Hassing's decision on this point.

As to the proportion of relapses, little statistical evidence has been supplied hitherto by authors. Hassing says that relapses are rare in the case of tuberculous eruption, syphilitic rupia and deep ulcerations of the throat, while they are common in the flat pustule syphilitic eruptions of the papular and squamous character, and superficial ulcerations of the throat—and adds, that these relapses are most common at the end of about eleven months, though he has seen them take place at the end of seven weeks, and of between four and five years.

With regard to the proper dose, Ricord has carried the dose to the greatest extent—for example, as far as 135 grains in a day. Our author considers doses so large as altogether unnecessary, and cites as sufficient, the doses mentioned by Hassing, whose largest dose does not exceed fifteen grains a day, Gauthier, who does not go beyond thirty grains a day, and Payen, whose extreme dose is about sixty grains a day. There is this general agreement on the administration of the remedy, that the dose should be gradually augmented, and that it should be kept up for some time after the symptoms have disappeared.—*Archives Générales de Médecine.*

Ether as a Remedy in Spasmodic Diseases. *Proceedings of the Medical Society of London, March 15, 1847.*—Mr. Headland inquired whether, in cases of obstinate and prolonged laryngismus stridulus, when all the usual means of treatment failed to afford relief, and when it was obvious that unless some amendment took place the patient must inevitably sink, any benefit was likely to ensue from the inhalation of ether. He threw out this question mere as a suggestive hint than to recommend the treatment, and with the view of hearing the opinions of members on an agent of great power, and one which appeared likely might be of service in spasmodic diseases. In the case to which he had alluded, the