

MERCURIAL TREATMENT OF TABES DORSALIS.—“Dinkler.” Reviewed by V. Noorden, Munich. This interesting report details seventy-one cases of tabes collected from Erb's clinic and from private practice, all of which received mercurial treatment. *Centralb. f. Chir.; Jour. Med. Assoc.* In fifty-eight cases there was improvement of one or more of the symptoms, while eleven seemed to be aggravated rather than benefited thereby, especially two cases in which the symptoms became decidedly worse. In these last two, there were indications of brain lesions, involving the arteries and meninges.

The results emphasize the importance of the Fournier-Erb's anti-syphilitic, mercurial treatment in tabes dorsalis; at all events it disproves the objections made, as to its bad results.

In the fifty-eight improved cases mentioned above, the following favorable changes were noted, viz.: the sensory disturbances were improved, as manifested by the entire disappearance of the feeling of constriction or girdling pains, sense of cold, and of the tingling and creeping sensations, etc., or by lessening of their intensity or lengthening of the intervals. The lancinating pains became milder or entirely disappeared.

Improvement was often noticeable in many of the other sensory disturbances. Zones of hyperesthesia and of diminished sensibility, became smaller or disappeared entirely. Improvement of sensibility was quite rapid. As regards co-ordination and motor disturbances, there was apparent diminution and complete disappearance of the ataxy, which seemed to run a course quite independent of the sensory symptoms.

More favorable still were the effects on the motor disturbances, from that of slight fatigue to a high grade of paresis.

In regard to the tendon reflexes, the symptoms were either temporary, or permanent improvement followed.

The atrophy of the optic nerves was favorably affected, as were also the functions of bowels, bladder and sexual organs.

Finally, it should be emphasized that the mercurial treatment of tabes, as well as in cases of secondary syphilis, seems to lessen the destructive metabolism and benefits and increases nutrition.

SALOPHEN IN ACUTE RHEUMATISM.—Hardenberg, *Boston Med. and Surg. Jour.*, reports ten cases of acute rheumatism treated with salophen, and

sums up his observations as follows: “A fifteen-grain dose every three or four hours for twenty-four hours is frequently sufficient. In no case was there observed any toxic affect or gastric or aural irritation. The average febrile period was but six days, and the average total stay in the hospital but ten days. The pain was quickly relieved and no cardiac complications followed.” These conclusions are in all respects in accord with the observations of Caminer and Froehlich and the latter reports of Oswald and Koch, all of whom found in the pleasanter taste of the drug an advantage over the salicylates. In cephalalgia, pleurodynia, and some cases of trigeminal neuralgia marked relief was obtained from small doses. In the severer cases of acute rheumatism, however, the German observers looked upon salicylate of sodium as still the best remedy. Drasche and Hoischmann both report cases of the elimination of the drug by the skin in a crystalline form exactly like the crystals of the original powder. If this is true, it throws doubt upon the supposed splitting up of salophen into a salicylate and a phenol in the system. The remedy is best given in powder.

THE USE OF CHLOROBROM IN INSOMNIA.—Dr. Lothian writes to the *Lancet*: In a case of delirium tremens which I came across recently I found the usual great difficulty in inducing sleep. I tried, firstly, bromide of potassium in 40 grain doses, combined with 5-grain doses of chloral, without the slightest appreciable effect. I increased the dose of both drugs, and again without effect. Sulphonal in 60-grain doses was tried; then I gave hypodermic injections of morphia (six minims). This certainly soothed the patient, but was of no use as far as the sleeplessness was concerned. The case was now assuming a serious aspect, and in my difficulty I tried chlorobrom. I gave the patient an ounce and a half, and in half an hour he had fallen asleep. He slept soundly for two hours, and when he awoke I was again sent for and administered one tablespoonful more. In the course of a very short time he again fell asleep, and slept soundly for five hours. When he awoke the delirium had almost entirely passed away. The next day chlorobrom was again administered, not as a hypnotic, but simply to soothe the nervous system, with most satisfactory