

these cardiac changes much more fully than have clinicians, and have repeatedly urged upon their active colleagues the necessity of considering secondary cardiovascular degeneration. Of course, the necessity of rest after one of the acute infections is far greater in the patient who already has some valvular lesion or tendency to cardiac feebleness than it is in the patient who starts out with a fairly strong cardiac mechanism.

In other words, this is an instance in which the physician is not concerned so much with the administration of drugs for ease, but is relied upon by his patient for advice which will be effective in preventing subsequent ill health, and this advice the patient has a right to expect and to demand.—*Therapeutic Gazette*.

Veronal for the Relief of Itching.

Many of the recent coal-tar and synthetic products have been recommended to give relief from itching, and frequently they will have a more or less beneficial effect; but they must be used with great caution, and frequently the subsequent results are unsatisfactory and even harmful, writes L. Duncan Bulkley, physician to the New York Skin and Cancer Hospital, in an interesting article on the significance and treatment of this unpleasant sensation. Many times he has seen cases in which the use of trional had certainly aggravated the real trouble, and he has thought that the same was true after some of the other so-called analgesics which have been used of late years.

Veronal, however, seems to be an exception, and he has used it, often in repeated doses, with good effects, and apparently also without subsequent harm.—*Jour. A. M. A.*, July 27, 1907.

Treatment of Locomotor Ataxia with Fibrolysin.

In the following case of locomotor ataxia treatment by fibrolysin was followed by much improvement and by return of the knee-jerks, reports F. M. Pope, of Leicester, Eng.

J. B., aged 32, was admitted to Leicester Infirmary on Dec. 20, 1906, complaining of shooting pains in the legs and numbness of feet. He had noticed the symptoms for the past two years; had had great difficulty in walking in the dark; for the previous four weeks had been confined to bed, unable to walk at all.

He had an "abscess on the chest" fourteen years ago, urethral discharge ten years ago; no clear history of syphilis.

He was very ataxic. Romberg's symptom marked. Incoordination of both upper and lower extremities was marked. Unable either to stand or walk. Argyll-Robertson pupil phenomena