THIOCOL IN PULMONARY TUBERCULOSIS.

Maramaldi (*Therapist*, May 15, 1899) draws the following conclusions from his experience with thiocol in the treatment of pulmonary tuberculosis:

(1) Thiocol exerts a beneficial influence not only on

functional, but also on anatomic alterations.

(2) In advanced cases, in which cavities were present, a more or less considerable improvement was obtained. Those who are still in the early stage of pulmonary tuberculosis

may be completely cured.

(3) Thiocol acts in the following manner: The fever immediately abates, and within a few days ceases completely. Night-sweats also cease. (These effects are obtained even in advanced cases.) Cough and expectoration diminish, and then cease. On patients whose sputum shows, under microscopic examination, numerous bacilli of Koch and elastic fibres, thiocol produces a decrease of both; and when, at the beginning of the cure, bacilli were rare, they immediately disappeared.

(4) The pain in the chest, as a rule, very soon disappears. The general state of the patient improves. Appetite

is excited. Strength returns.

(5) Thiocol has never produced any disorder in the stomach or the bowels. Nay, in some cases in which, at the beginning of the cure, there was some trouble in digestion, it has disappeared under the influence of thiocol. By thiocol it is also possible to relieve the disorder of the bowels. The antiseptic action of the thiocol is valuable against intestinal fermentations.

(6) The dose to be administered is from fifteen to fortyfive grains per day. Whenever I have prescribed a larger dose than forty-five grains per day, the patient has always experienced intolerance to thiocol. On this point I cannot agree with Shwarz, who states that he has given as much as 150 to 225 grains a day. To recapitulate: I am firmly con. vinced that thiocol is a gem of modern therapeutics, and that it is destined to be of great service to physicians in the treatment of pulmonary tuberculosis. Among the patients that have been treated by me with thiocol, those who came in the very early stage of the disease, hefore cavities were present, have been rapidly cured. Patients in whom the disease was moderately advanced have likewise rapidly recovered. Of the very advanced cases, many have shown marked improvement, and many patients that I have declined to treat as being too far advanced, but who pleaded so hard for the treatment that I could not refuse, have