

continued. Very soon the cough became more pronounced, physical examination revealed extensions of the process, and diarrhea appeared. Six weeks after admission, apparently without special cause, the patient again improved, and, on investigating, it was found that he had been secretly taking guaiacol since this time. Styraol (the guaiacol cinnamic acid ester) was then prescribed, and a steady improvement followed. The patient is at present married and in good health.

Styraol was tried in a number of other cases, always with encouraging results. The absence of taste and the fact that the drug splits up into its components only in the small intestines makes it preferable to guaiacol.

Where intestinal tuberculosis was suspected or there was merely an accidental diarrhea, styraol was given with advantage, and, too, when there was much cough, expectoration or moisture in the lungs. In one instance an extremely offensive expectoration from a large cavity was corrected.

Ill effects never followed the administration of styraol and more benefit was usually experienced than with guaiacol, probably because the cinnamic acid is also an efficient agent in tuberculosis.

Styraol was given as powder and in tablets. The latter should always be chewed so as to assure absorption.

In the author's opinion, styraol is one of the best available intestinal antiseptics, and its continued use will impregnate the system with guaiacol.—*British Med. Jour.*

Iodipin in the Treatment of Cerebrospinal Syphilis.

A. J. Korolkoff, working in von Bechterew's Clinic in St. Petersburg, reports on the result of the use of iodipin in the treatment of syphilis of the brain and spinal cord after a trial of two and a half years. It is just ten years ago that Winternitz recommended this iodine preparation, and the results as given by the present author are but corroborative of those of a number of observers. Although the remedy is specially adapted to administration by means of the mouth, the author chose to use it hypodermically, by intramuscular injections. To carry on the injections, the iodipin is first warmed in a test-tube to a temperature of about 104 degrees F., which proves most agreeable to the patient. The site for injection is then cleansed with ether and 95 per cent. alcohol, and the injections administered, preferably into the gluteal muscles. The injection is carried out very slowly, 10 to 20 cc. of the 25 per cent. iodipin being used at a dose. The site is massaged for a few moments in the ordinary manner.