

Selected Articles.

IODIDE OF POTASSIUM IN SYPHILIS.

The value of mercury in syphilis has been so amply vindicated by Mr. Hutchinson, that we may be excused from looking longer on this side the picture; but there is another which is of equal or greater interest. As well pointed out by Mr. Hutchinson, syphilis is a malady more or less approximating to the characters of an eruptive fever, and tending like these to terminate of its own accord, with the evolution of certain symptoms. What Mr. Hutchinson has laid down as regards mercury, and what in another column Dr. Wilks corroborates, is that mercury distinctly interferes with the evolutions of these symptoms, cuts the various stages short, and acts as an antidote to the specific poison which gives rise to the symptoms in question. But whether the due course of the malady be interfered with or not, it tends to limit itself and come to a spontaneous end. But when the end has come, the individual does not cease to be liable to suffering; he ceases to be a source of danger to others, for the disease in this stage can no longer be propagated by him—except, indeed, we accept the theory recently advanced by Mr. De Meric, that a simple sore in such a patient is capable of propagating syphilis. But he becomes liable to certain evils of no mean importance, such as periostitis, disease of bones, deposits of gummy matter in nearly all the organs of the body, rupia and spreading ulcers of the skin and other parts, to say nothing of waxy degeneration of many different organs. Now, these evils are directly consequent on syphilis, yet they are not, strictly speaking, due to syphilis; they are sequelæ, and must be treated in a totally different fashion from syphilis itself. During the period of syphilitic eruption it is questionable whether iodide of potassium is of the slightest value, whilst mercury undoubtedly exercises a most important influence on the evolution of the disease; but in this stage, which is commonly spoken of as the tertiary stage of syphilis, the value of iodide of potassium is just as unquestionable as is the value of mercury in the earlier phases of the malady. It is a very important question for us to settle—if settle it we can—What is the value of mercury in this after-stage of syphilis? Suppose we see a patient with well-marked rupia, with periostitic pains, and other signs of tertiary syphilis, who, nevertheless, has not taken mercury, what should we do? The first thing to note is that such symptoms, though usually sequelæ, may occur in the active stage of syphilis; and as long as syphilis is active, mercury will be of use; but as soon as the active symptoms have passed away, and the so-called tertiary stage begins, we must abandon the attempt to cure by mercury—we must give iodide of potassium. It is not

always easy to say where the one stage ends and the other begins, but, broadly speaking, tertiary syphilis or the sequelæ of syphilis may be laid down as beginning with the stage of gummy deposits; and wherever these exist, iodide of potassium, and not mercury, should be given.

There is one matter of great interest with regard to the giving of iodide of potassium in such cases. Under ordinary circumstances, if we give a patient a dose of fifteen grains three times a day, we shall soon have him running at the nose and eyes, and with a rash all over his skin; but in the sequelæ of syphilis we may give him twenty, thirty, or even sixty grains every four hours, and only benefit accrue. There is no rash and no other symptoms of iodism. But iodide of potassium is not the only remedy to be given in such cases. Iron and quinine are always of service, as we might almost conclude *à priori* from the pallid and anæmic look of such patients; but cod-liver oil seems often of even greater value, as it is in chronic rheumatism. But, over and above these, sarsaparilla is of undoubted efficacy. Many people think little of its effects, and are inclined to sneer at its use. This most frequently arises from the mode in which it is given, for the decoction should be administered, not by the ounce, but by the pint; and, so given, its value is great.

It is therefore of the first importance to be able to recognise the stage in which a patient is at the time when seen. Whatever the nature of the symptoms of syphilis, if the disease is in process of evolution, mercury will do good; but if that be past, and only the sequelæ left, it will as certainly do harm. Then is the time for iodide of potassium and sarsaparilla.

IPECACUANHA IN INFANTILE DIARRHŒA.

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Although Ipecacuanha had long been known to possess some influence in checking excessive intestinal evacuation, it is only within the last few years that its powers in this direction have been accurately defined. Mr. Docker was, I believe, the first to point out that this drug may be relied upon as a true specific in cases of acute dysentery; and ample confirmatory evidence has now established the fact beyond all possibility of doubt.

Dr. Ringer, in his suggestive work on *Therapeutics*, tells us of the signal service rendered by small and frequently repeated doses of the wine in various forms of infantile diarrhœa; and Dr. Thorowgood, in the last volume of the *Clinical So-*