

the lumbar portion of the spinal cord, in the region of the perineum and of the bladder, were resorted to, with internal administration of ergot and strychnine, the result being that for three weeks before the time of report the patient no longer complained of urinary disturbance or of pain in the urethra. Dr. Weiss regards the great improvement as due entirely to the treatment. The absence of any symptoms of iodism is remarkable, and in his opinion may be due to the purity of the iodide of sodium employed. The absence of iodic acid from preparations of iodine causes them to be better supported, even in larger doses, and continued for months. Should it be impossible to administer the drug by the mouth, it may be given by the rectum.

Weiss refers to a case of genuine syphilitic tabes, treated by Werner Stark (*Duodecim*, v. viii, p. 280), in which a like rapid and marked improvement followed the administration of the iodide of potassium in large daily doses. The patient was a woman, aged 43, who had become infected by syphilis thirteen years previously, and recovered without relapse. Five years ago the first indications of tabes appeared, the symptoms increasing in intensity until the patient was unable to walk. No disturbances of the digestive or urinary organs occurred. When the patient was first seen by Stark, in 1890, she was pale and thin; there was complete ataxia of the legs, analgesia and partial anæsthesia of the skin, as well as weakness and atrophy of the muscles of the legs; the patellar reflex was absent. Psychic and ocular disturbances were not present. The patient had been discharged from hospital as incurable. Stark first gave 50 grammes ( $1\frac{1}{2}$  ounces) in 400 grammes (13 ounces) of water, a tablespoonful being taken three times daily. After some time the pains became less severe. The dose was then increased to 60 to 400 grammes ( $1\frac{3}{4}$  to 13 ounces); after three months to 75 to 400 grammes ( $3\frac{1}{4}$  to 13 ounces); and again after three months to 100 to 400 grammes ( $3\frac{1}{4}$  to 13 ounces), 4 tablespoonfuls daily, this strong solution being taken for four months. After the first increase of the dose improvement soon occurred, so that the patient was able to do a little light work; after the second increase the pains disappeared and the ataxia and anæsthesia decreased. After the last increase, when the patient was taking 12 grammes ( $3\frac{1}{4}$  drachms) of the iodide of potassium daily, there was perceptible improvement; the anæsthesia and ataxia disappeared and the muscular atrophy diminished; the patient could walk quite well with the aid of a cane or support. During the entire time she did not suffer from any disturbances of the digestive or other organs. Sometimes the treatment was continued steadily for weeks, and again it was interrupted at intervals; during

these, however, Stark observed that improvement was not progressive, and that there was occasionally a tendency to relapse. At the time of writing, the patient had, for a year only, occasionally been taking the iodide of potassium, feeling stronger after each treatment.—*Centralblatt für die gesammte Therapie*, February, 1894.

#### THE SEVERER FORMS OF SCARLET FEVER AND THEIR ANTIPYRETIC TREATMENT.

Between September, 1888, and July, 1890, DR. JOHN H. CARSLAW had under his care at the Belvidere Hospital, Glasgow, 630 cases of scarlatina. The majority of these were of the type "scarlatina simplex," the others varied greatly as to severity. There were 50 deaths: from renal complications, 17; pulmonary, complications, 5; laryngitis, 4; pyæmia, 2; cardiac disease with embolism, 1; rheumatism, chorea, etc., 1; tubercular meningitis, 1; purpura hæmorrhagica, 1; post-scarlatinal diphtheria, 1. In 17 cases, complications such as the above were absent, 11 of them being characterized by the severity of the attack upon the throat and neighboring parts, and 6 by the prominence of severe nervous phenomena. In the 11 cases of "scarlatina anginosa," with very bad throats, there was generally discharge from the nose; the neck was always swollen, in some instances distinctly "brawny"; the rash was sometimes delayed and "irregular," and the patients were usually restless, sometimes delirious; in 4 of the 11 cases convulsions occurred just before death, and in another there was inversion of the thumbs, this and Cheyne-Stokes breathing being noticed just at the close. The 6 cases with nervous phenomena were rather such as would be called "scarlatina maligna." The throats were not badly affected, but in all there was an unsatisfactory eruption, while the persistent vomiting and collapse described as of nervous origin were among the symptoms. The age of these latter patients was, as a rule, much higher than that of the patients suffering from severe throat symptoms, but in spite of this fact death occurred sooner. In both "scarlatina angina" and "scarlatina maligna" very high temperatures were met with, and in both some albuminuria, which was regarded as "febrile." In some of them there was *diarrhœa*, an important symptom as regards the prognosis. In many of the fatal cases the motions were particularly observed, and are noted as *loose, green* and *offensive*, with an appearance suggestive of cabbage and spinach chopped up and mixed with water; sometimes, of course, particles of undigested milk were distinguishable. As regards the condition of the intestine, it seems to be determined that in severe cases of scarlet fever, especially such as come early to post-