THERAPEUTICS

UNDER THE CHARGE OF

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Irritation of the Kidneys by Salicylates and its Prevention by the Administration of Alkalies.—GLAESGEN (*Munch. med. Woch.*, 1911, lviii, 1125) has found that the salicylates induce an albuminuria when given alone. The administration of from 6 to 10 grams of sodium bicarbonate in the course of twenty-four hours is sufficient to prevent this albuminuria. Thus the kidneys are saved, which may be of distinct advantage in the treatment of patients who have had a previous kidney lesion. The therapeutic action of the salicylate did not seem to be modified by the alkali. In general, twice as much of the alkali as of the salicylate was necessary to prevent this albuminuria in the cases studied by Glaesgen.

The Treatment of Anemia with Salvarsan.—LEEDE (*Munch. med. Woch.*, 1911, lviii, 1184) reports a case of severe anemia that closely simulated pernicious anemia in which great improvement was obtained by injections of salvarsan. Subsequently the Wassermann reaction indicated that the anemia was of luetic origin. Leede has also treated undoubted cases of pernicious anemia with absolutely no benefit. The results were fatal in 5 cases treated, although in 4 the treatment was given as the last resort. Leede thinks that if salvarsan benefits markedly any case of severe anemia, it is of diagnostic value and points to a luetic basis for the anemia.

Fatalities after Injection of Salvarsan in Patients with Cardiovascular Disease.—MARTIUS (*Munch. med. Woch.*, 1911, lviii, 1067) has collected 18 cases where death followed the injection of salvarsan in patients suffering from some form of cardiovascular disease. He reports the details of these fatalities, and in analyzing, them in order to ascertain the cause of death, he concludes that in only 7 cases death occurred as a result of the injection. In 5 of these 7 cases the autopsy findings showed the triad, syphilitic aortitis, sclerosis of the coronary arteries, and myocardial degeneration. In 1 case there was found myoplasia of the heart and aorta. The seventh case showed severe pathological changes in many of the organs. Four of these fatal cases showed no objective signs during life of any cardiovascular trouble. Martius concludes that syphilitic aortitis, especially if complicated with coronary arteriosclerosis or myocarditis, is an absolute contraindication to the use of salvarsan. He thinks that angina pectoris, unless associated with changes in the heart muscles, is not a contraindication, and even may be favorably influenced by the injection of salvarsan. Martius says that there is absolutely no danger in giving salvarsan by intravenous injection to patients with sound hearts and arteries, provided that the remedy is given well diluted.