have been given at twelve- or eight-hour intervals over a period of from three to six days. Occasionally, in robust men, as much as 30 grains have been given at a time, and as much as 120 grains given in the first twenty-four hours without any unpleasant effects whatever. No shock, prostration, or other objectionable constitutional effects have followed this plan of treatment. Conner does not believe that the intravenous method will replace the usual one in the routine treatment of rheumatic fever, but thinks it has a distinct field of usefulness, the limits of which cannot yet be determined. At present this field seems to include cases in which the drug is not well borne by the stomach; those which show little or no improvement under the usual method of administration, and, possibly cases of severe rheumatic inflammation of the eye.

Indication for and Results of Splenectomy for Internal Disease.—KLEMPERER (*Therapied. Gegenwart*, 1914, iv, 1), reports 10 cases of pernicious anemia in which splenectomy was performed as a therapeutic measure. Two of the patients did not survive the operation, but one of these had advanced heart disease and the other had pneumonia before the operation. The remaining 8 cases were in advanced stages of pernicious anemia, but all showed marked improvement in the blood picture and general condition following the operation. In 1 case the improvement was so marked that the result amounts to a clinical cure, while in the others the blood picture, although vastly improved, still shows the characteristics of pernicious anemia. In addition to the benefits that may be obtained in pernicious anemia by the removal of the spleen, Klemperer says that experience has shown that marked anemia of the secondary type, accompanied by enlargement of the spleen (such as occurs in Banti's disease, splenic anemia, and hemolytic jaundice), are often much benefited by removal of the spleen. On the other hand, splenectomy does harm rather than good in leukemia, lymphosarcoma, malaria, syphilis, amyloid and congested spleen.

The Origin and Present Status of the Emetin Treatment of Amebic Dysentery.—VEDDER (*Jour. Amer. Med. Assoc.*, 1914, lxii, 501) discusses the origin of the emetin treatment of amebic dysentery, and gives briefly the experimental evidence that has proved emetin to have true amebicidal action. He says that the emetin treatment is the most effective method we have of treating amebic dysentery at the present time. Of 110 cases treated by this method by twenty-two different observers, 99 were clinically cured, while 11 died. Analyzing the fatal cases, Vedder believes that all were beyond hope of a cure, and says that any amebic dysentery patient who is not moribund can be cured by emetin. The rapidity of the improvement in the cured cases is noteworthy. In many of these reported cases the patients have obtained complete relief from their dysenteric symptoms within a week after the use of very small amounts (from 2 to 3 grains) of emetin. Of 16 cases of hepatitis treated by nine different observers, 16 were cured. These cases have as yet shown no tendency to recurrence, which is so frequent after surgical treatment and evacuation. Several of these cases were treated before suppuration occurred, several after the

formation of pus and without evacuation, and several after evacuation of pus by rupture into the lung or the intestine. Several of these cases had also been treated surgically and by the use of other drugs, such as quinine irrigations, without effect, and were considered practically hopeless before emetin was tried. Vedder says that the final proof as to whether amebic dysentery is permanently cured by emetin can be determined only by observing these cases for a number of years. A large percentage of the cases treated with emetin continue to harbor the ameba (often in the encysted and most dangerous form) in the feces for some time after the clinical cure. In view of this fact it is impossible to state at present that patients treated by emetin will remain permanently cured, yet the prospects of obtaining permanent cures by this method are encouraging. Emetin hydrochloride and the hydrobromide have both been used, but the hydrochloride is preferable, being much more soluble. Vedder prefers a hypodermic administration because of greater safety. Inasmuch as larger doses are distinctly irritating he prefers to give one-third grain three times a day for a period of ten days. In this manner a large amount of the drug can be administered without untoward symptoms. Vomiting has never been reported from the use of emetin in this dosage and the patients feel no general disturbance. After such a course if the patient is clinically cured treatment should be suspended. Any recurrence of dysenteric symptoms indicates a second course. It is undoubted that a great number of amebic dysentery patients become chronic carriers of encysted amebas. These encysted amebas are not affected by emetin, and Vedder suggests that the ameba in this stage may be removed by a course of irrigations of quinine or silver nitrate. The results of emetin in amebic disease have been so promising that there has been a tendency to extend this treatment to other diseases. However, experiments have failed to show that emetin possesses any marked therapeutic virtue in bacillary dysentery, syphilis, rabies, or trypanosomiasis.

The Treatment of Cancer with Autolysates.—TUNCKENBEIN (*Müsch. med. W'och.*, 1914, lxi, 18) reports remarkable improvement in 15 cases of inoperable cancer following intravenous injection of an autolysate derived from the patient's own tumor. One marked advantage of the treatment is that it acts on both the primary and the metastatic tumors. The most marked benefit was a prompt and marked relief from pain; this relief was very marked in one case, the pains subsiding in a few hours after intravenous injection of the autolysate, although the pain had previously resisted the action of morphine. The author reports the cases in detail, and it is noticeable that the cases influenced by the treatment were benefited in one or two weeks.

The Treatment of Syphilitic Diseases of the Central Nervous System by Intravenous Injections of Salvarsan.—SPOONER (*Boston Med. and Surg. Jour.*, 1914, clxx, 441) believes that it is possible to treat in a satisfactory manner syphilitic diseases of the central nervous system by intravenous injections of salvarsan in an ambulatory clinic. Small doses of the drug are necessary for this purpose, but such dosage yields results. With the exception of six cases placed subsequently on serum treatment, symptomatic improvement has resulted from