

per cent. solution. The intravenous use of sodium iodid, however, should not be confined to the treatment of syphilis but is recommended for any condition where an iodid medication is not well borne by mouth. Klemperer has never seen any serious untoward effects from intravenous iodid medication even in doses as high as 40 or 50 grams. Occasionally some of the minor symptoms of iodism develop such as conjunctivitis and a slight but transient headache. He has seen cases where iodid medication by mouth was not tolerated but well borne when given intravenously. The injections are absolutely painless and technically easy to perform. Examination of the urine has shown that the iodid is not excreted as rapidly when given intravenously as when given by mouth.

Report on the Allen Treatment of Diabetes.—HILL and SHEENICK (*Boston Med. and Surg. Jour.*, 1915, clxxii, 696) report a very successful series of cases of diabetes treated by the method advocated by Allen. They found that this treatment is simple, safe and very efficacious in rendering and keeping a patient sugar-free, in a much shorter time than was possible by the old method. Their method of treatment was as follows: As soon as the patient enters the ward he is put on house diet without extra bread or potatoes and kept on this for two days to determine his tolerance for ordinary diet and the severity of the diabetes. On the third day he is put to bed and given nothing but black coffee with one ounce of whiskey every two hours from 7 A.M. to 7 P.M., seven ounces of whiskey in all, representing about 800 calories. If there is much acidosis, as indicated by the amount of diaetic acid and acetone in the urine, sodium bicarbonate is given, otherwise not. The patient is kept on this regime until he is sugar-free; in most of the cases it took either two and a half or three days to accomplish this. The loss of weight is very slight; the relief of symptoms, such as pruritus polydipsia, etc., is very striking and they have never seen any indication of acid poisoning in the cases treated by this method. As soon as the patient is sugar-free, he is given "a vegetable-day," i. e., vegetables containing not over 5 per cent. of carbohydrates, boiled twice, with a carbohydrate content of about 15 grams after boiling. After a single vegetable day the diet is changed to one containing a carbohydrate content of 15 grams, a protein content of 25 grams and a fat content of 150 grams. From this the diet is slowly raised, increasing first the fat, then the protein, and lastly the carbohydrate. The fat is never raised above 200 grams and the calories seldom above 2,200. On this the patients hold their weight, feel well and usually remain sugar-free. The series of cases reported by the authors is small and details of the cases are included in the article. In no case did they have any unfortunate results—never any sign of coma. In every case the patient has become sugar-free and has stayed so, on a reasonable diet which enabled him to hold his weight. Some of the cases treated were severe cases of diabetes, young people, whom they had treated before by the old method and could not get sugar-free.

Clinical Studies in Caffein.—TAYLOR (*Arch. Int. Med.*, 1914, xiv, 769) reports his observations that were undertaken to test the effect of caffein on the pathological circulatory system of the human being.

He says that results obtained experimentally by intravenous injection of caffeine in animals are in no way comparable with results when the drug is given to human beings by mouth, in the usual clinical way, where the absorption is more or less delayed and in cases in which the cardiovascular system is not intact. These observations were made on fifteen patients suffering from advanced myocardial disease. Every case showed some sign of broken compensation at the time of the experiment and thirteen gave evidence of retained body fluid. Dyspnea was present in 14 cases; edema of the extremities in 13 cases; ascites in 10 cases; hydropericardium and hydrothorax, single or double, in 6 cases; tender pulsating liver in 6 cases. Other common symptoms were cough, frontal headache, weakness, dizziness, and substernal pain. All patients were reported in bed on a constant diet. Taylor notes in detail the effects observed upon the pulse rate, respiratory rate, blood-pressure, diuresis, and body weight. He sums up the clinical efficiency of caffeine saying that the results were excellent in eight cases. Moderate in four, and no favorable effect was obtained in three. In one of the cases in which there was no result the vomiting and loss of sleep even on small doses more than balanced any possible good that the drug could have done. All the cases with limited results showed the nervous signs, so the absorption of the drug was assured. Unpleasant symptoms, mainly nervous and gastric, occurred in thirteen of the fifteen patients. The doses used were full doses but when they were reduced below the point where they gave nervous phenomena their cardiac value had disappeared. In five of these cases a second admission to the hospital on a return of symptoms while they were still in the institution made it possible to try the comparative therapy of theobromin sodium salicylate under the same conditions and on the same heart on which the caffeine action had been tested. Its action on the urinary outflow is more prompt than that of caffeine and the diuresis is larger. One can usually tell in twenty-four hours, in a given case, whether theobromin sodium salicylate will act or not; while with caffeine the third or fourth day is more apt to show results. The theobromin sodium salicylate action is equally well sustained and usually at a higher level than the caffeine. Where caffeine has a depressing effect on the vasomotor system and lowers the blood-pressure, theobromin sodium salicylate first elevates the pressure and then later lowers it. Taylor regards 80 grains a day as a normal clinical dose. Patients will tolerate this dose easily. Not only was the theobromin sodium salicylate action prompter, much stronger and equally well sustained but it also did not show the gastric and nerve disturbances attendant on caffeine. Taylor in his summary says that in myocardial insufficiency with retained body fluid, caffeine causes a moderate increase in the urine output with a proportional loss of body weight. This increase reaches its maximum on the fourth day; a drop in both the systolic and diastolic blood-pressure which may stand in a causal relation to the diuretic coefficient, contrary to the usual teaching; a slight (3.6 per cent.) temporary rise in the pulse-rate, but no permanent change in either the pulse or respiratory rate; a moderate relief of the cardiac symptoms; the constant appearance of distressing nervous and gastric symptoms. He believes that the clinical diuretic action of caffeine may be better performed by large doses of theobromin sodium salicylate without the unpleasant side effects.