

when vigorous treatment does not appear essential. In those malignant cases of syphilis which tend to cause rapidly destructive lesions and resist ordinary treatment, Wechsellmann believes that calomel is the best remedy. It should be injected in doses of 0.1 gram, and the risk of poisoning must be assumed. In some isolated cases, the use of atoxyl has increased the patient's strength and weight so that he could tolerate a course of mercury treatment. Wechsellmann says that a rapid method for securing the action of iodine is by the injection of iodopin. For several days 10 to 20 grams of warmed 25 per cent. iodopin solution is injected under the skin of the back or buttock.

The Use of Arsacetin in the Treatment of Syphilis.—NEISSER (*Deut. med. Woch.*, 1908, xxxv) believes that none of the newer remedies will replace mercury in the treatment of syphilis, but that they will often be of value to supplement the action of mercury or they may be used when mercury is not tolerated. He speaks of both the curative and prophylactic use of atoxyl, and then proceeds concerning the new arsenical preparation arsacetin introduced by Ehrlich. He believes that, of the two, arsacetin is much less apt to cause toxic symptoms and that the curative effects seem to be greater. The solution does not decompose, and can be sterilized. The initial dose should be 0.05 to 0.1 gram, which is gradually increased. Degenerative changes of the heart or kidney increase the liability to the production of toxic symptoms. In general arsacetin should not be given when there is myocarditis, and if the kidneys are insufficient, the urine must be frequently examined and the drug stopped if there are signs of kidney irritation. Some cases of kidney disease (possibly when due to the syphilitic virus) are benefited by its use. Neisser thinks that the treatment should be begun as soon as the diagnosis is made, either by finding the spirochetes or by the serum reaction. He believes that a combination of the arsacetin and the mercurial treatment will secure the quickest and best results. Arsacetin (0.6 to 0.75 gram) is injected on two succeeding days, and after an interval of four days this double injection is repeated. The entire treatment takes ten weeks, and 12 to 14 grams of arsacetin are used in all. Neisser used a 10 to 15 per cent. solution, which caused neither infiltration nor abscess. Mercury was given by inunction or by injection of gray oil. In some cases he also gave arsacetin 0.12 gram a day by mouth, but thinks that this method and dosage have not been sufficiently established.

Active Immunization by Subcutaneous Injections of Living Typhoid Bacilli in Typhoid Fever.—PESCAROLO and QUADRONE (*Zentralbl. f. inn. Med.*, 1908, xl, 989) present a preliminary report of their results with the use of subcutaneous injections of living typhoid bacilli. Their conclusions are as follows: (1) In typhoid fever, bacteriotherapy has a real value chiefly because of a stimulating action on the production of immunizing substances in the blood. (2) It is entirely harmless and causes only transitory symptoms of a local or general reaction. (3) It is of especial value in cases of typhoid septicaemia, when the symptoms of a general infection are the chief characteristics. (4) The injections should be made early but not before the bacteriological diagnosis is made. The bacteriological diagnosis is made by the blood culture method.

PEDIATRICS.

UNDER THE CHARGE OF

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The Treatment of Otitis Media Complicating Scarlet Fever and Measles.—E. P. FOWLER (*Amer. Jour. Obst.*, 1908, lviii, 530) states that acute otitis media occurs probably in 20 per cent. of scarlet fever cases and in 5 per cent. of measles; the supervention of chronic suppurative otitis media he considers usually the result of neglect except in the tuberculous and other weak patients, in whom it may be chronic from the outset. Adenoids and tonsillar hypertrophy are a very important cause for the high percentage of cases of ear disease in measles and scarlatina; these conditions, therefore, should be corrected before children are taken with the exanthems. The preventive treatment is to care for the infections by keeping the room temperature at from 60° to 65°, the air moist so that the respiratory mucous membranes may not be irritated and the patient may not take cold in addition to the disease. Measles patients should be kept in bed for ten days, scarlet fever patients for twenty-eight days. To the neck should be applied a moist compress covered with rubber tissue. The mouth, nose, throat, and eyes should be kept clean, the nose being frequently cleaned of its secretions, one nostril at a time being compressed. The Politzer bag should be used gently, borovaseilin for the coryza and sneezing, cocaine or weak adrenalin tampons for the catarrh. The throat should be swabbed regularly. These measures will prevent many ear and throat complications.

Should otitis develop, the bowels must at once be opened, diaphoresis produced, and the ear canal irrigated with either hot bichloride, boric acid or normal salt solutions, using two quarts of fluid every two hours; a suction ball instrument is the best instrument to use. As soon as pus is diagnosticated, an incision must be made through the tympanic membrane. Doubtful cases should always be incised after two to three days, also cases with slight bulging of the tympanic membrane with tenderness over the mastoid. In the presence of streptococci and mastoid tenderness, the mastoid should at once be opened to prevent meningeal involvement. Drainage must be resorted to and suction used in the dressings to bring all purulent matter to the surface.

Paralysis in Infancy due to Gastro-intestinal Intoxication.—H. LONGO (*Ann. de chir. et d'orth.*, 1908, xxi, 165) reports the case of a girl, aged four and one-half years, who had been twice paralyzed in the short course of her life. She was perfectly well and had developed normally until her ninth month, when an enterocolitis made her ill for ten days. This left her with constipation, for which enemas were employed. At thirteen months, while apparently in the best of health, she fell over and could not be made to stand again. Fever and drowsiness existed, but no vomiting or convulsions. A purge, milk diet,