

of the body, the skin adapts itself most quickly to medicines. During the day use resorcin in a lotion of calamin and zinc oxid. Vaccines are only indicated in peri-glandular types, and then only as an adjunct to the medicinal treatment. Clean up all foci of infection—teeth, tonsils, adenoids, appendix, gall-bladder, uterus, or wherever situated. Regulate the diet so that the ration is properly balanced. Deep x-ray therapy in necrotic or keloidal types. The theory is to produce an intense desquamation, thus removing the pathological epidermis and in a measure stimulate the formation of an entirely new skin, which will have more nearly normal anatomical and physiological characteristics. Ultra-violet rays and high frequency are also beneficial in some cases.

*Some Experiences with Radium in the Treatment of Psoriasis.* Douglass W. Montgomery, San Francisco, Calif. Medical Record, Vol. 94, No. 18, November 2, 1918, p. 765.

Psoriasis is probably the result of some constitutional disturbance the nature of which has never been definitely ascertained. Local treatment for the affection has, therefore, only a transitory effect, but may be of great value in clearing up a disagreeable or disfiguring eruption which acts as a blemish. Two effective means of affecting these patches are x-rays and radium. Generally speaking, when radiant energy is desired in the treatment of psoriasis x-rays are of more value than radium. There are, however, exceptions to this. For instance, a woman called with a psoriasis patch of the seboreholic type situated over the left elbow tip, annoying because it interfered with wearing short sleeves. A swift, entire and easy restitution to the normal was secured by the application of radium. As these patches are often peculiarly refractory to ordinary treatment, the ease with which a desirable result was secured with radium was very welcome.

In another case patches on the legs cleared up, but there remained for a considerable time circular and square red areas the size and shape of the radium plaques, which were disagreeably noticeable and hindered the patient from enjoying aquatic sports of which he was very fond.

With another patient who had an old indurated patch of psoriasis over the right patellar tendon, and who long had suffered from flatulent dyspepsia, the psoriasis grew worse as the dyspepsia grew better, and radium, instead of clearing up the patch, seemed to stimulate it into greater activity. In another instance in which the patient had a circular patch of psoriasis on the back of the wrist, annoying because of its exposure to view, a radium plaque was placed over it, covering it nicely. Shortly afterward the patch disappeared, but a number of much smaller patches sprang up around the border which, because of their striking arrangement, were even more noticeable than the original lesion.

In conclusion, it may be said that the x-rays cover a larger surface and do not leave the arti-

ficial-looking red marks so frequent after the application of radium, and that they generally seem to be at least equally effective in influencing the patches.

In some situations, and when the patches are of the deeply indurated seboreholic type, radium seems to act better than x-rays.

*Diabetic Coma.* Lea A. Riely, Oklahoma City, Okla. The Journal of the Oklahoma State Medical Association, Vol. 12, No. 2, February, 1919, p. 43.

The study of diabetes and diabetic coma is essentially a study of the chemistry of the human body and its excretions. The study of diabetic coma is that of acetones, diacetic acid, beta-oxybutyric acid, lactic and phosphoric acids. Stadelman's dictum is that diabetic coma occurs only when urine contains oxybutyric acid.

High grades of acetonuria in diabetes are often associated with lipemia.

A characteristic of human coma is that the cerebral centers are anesthetized while the respiratory centers are stimulated.

Premontory symptoms are lassitude, headache, epigastric pain, and occasional vomiting, restlessness, excited condition, and tossing about in bed, speech becoming thick and eventually incoherent, growing dull and then passing into a coma, CO<sub>2</sub> alveolar tension dropping below 20.

Breathing will be of the Kussmaul or alcoholic type.

Diabetes collapse often carries the patient away in twenty-four hours.

Children are especially liable to coma.

Predisposing factors are constipation, excessive fatigue, ether anesthesia, acute infections, and sudden changes in diet.

Coma may come on slowly, abruptly or intermittently.

Riesman's ocular sub-tension may be present. Bladgett says a pathognomonic sign is soreness on deep pressure over the pancreas.

Treatment consists of a bed. Warm cloths allay nervousness and discomfort. Enemas should be used, but not cathartics. Liquids, 1,000 c. c. slowly within six hours. Coffee, tea, broth and water are advisable. If nauseated, give them per rectum or intravenously. For the heart, digitalis is advisable.

Coma never comes on in edematous cases. Sudden and severe loss of flesh nearly always antedates coma.

*Syphilis and Matrimony.* Edward Pisko, New York, N. Y. New York Medical Journal, Vol. 108, No. 24, December 14, 1919, p. 1021.

It is the author's opinion that the syphilitic person may marry, but the salient point is how long after inoculation.

That a person with florid lesions is forbidden to marry, is a matter of course, but how about it if there is no active syphilis after four or five years of routine treatment during that period? The answer is in the affirmative, notwithstanding a positive Wassermann reaction.

The author takes issue with the energetic and