

left a large depot of arsenic in the tissues. Careful attention should be given to syphilis not older than from two to eight months. Salvarsan should be given systematically and the patient kept under careful supervision, especially after the tertiary stage, in order to combat the army of spirochetæ with success. Ehrlich says that if salvarsan be not given in this careful method it is better not to give it at all. He adds that the curative action of salvarsan has been established not only in syphilis, but in tertian malaria, sleeping sickness, smallpox, spirillosis in animals, kala-azar, etc.

Salvarsan in Malaria.—IVERSON and TUSCHINSKI (*Deutsch. med. Woch.*, 1911, xxxvii, 107) draw the following conclusions from their observations as to the effect of salvarsan in malaria: (1) Salvarsan administered intravenously in a dose of 0.5 gram exerts a specific action on all varieties of malarial parasites. (2) In the tertian form the parasites leave the blood in from twelve to forty-eight hours. It has not been determined that this effect is permanent, however. It may be advisable to combine the intravenous method with the intramuscular. (3) In the quartan form, the effect obtained is not permanent even with injections as high as 0.8 gram. (4) In the tropical form, doses of from 0.5 gram to 0.8 gram free the peripheral blood of the ring forms only transiently. (5) Crescents do not disappear, although somewhat altered in their shape and staining properties. (6) A few cases of tropical malaria, show after a short period of improvement, a considerable aggravation of all the symptoms.

Experiences with Salvarsan in the Treatment of Syphilis.—PORT (*Med. Klin.*, 1911, vii, 452) says that the subcutaneous injection is objectionable for many reasons. He has seen numerous instances in which a deep necrotic process developed at the site of the injection. The technique of the intravenous injection is complicated and is not fitted for general practice. The injection itself must be carried out absolutely correctly because of the danger of thrombosis and embolism that exists even with the best of technique. On account of the danger of such disturbances the injection is made in the left arm. Port believes that salvarsan is an advance in the chemical treatment of syphilis. It is of especial value in the treatment of so-called malignant syphilis and those cases that are refractory to mercury and the iodides. A single intravenous injection seems to be usually insufficient to completely subdue syphilis. The final effect of repeated intravenous injections is not fully determined. Since the introduction of salvarsan many symptoms referable to the cranial nerves have been observed. Port believes that these are to be considered as toxic manifestations, produced not only by the endotoxin, but also by salvarsan. He thinks that the most suitable treatment of syphilis at the present time is a combination of salvarsan with mercury.

Treatment of Hookworm Disease.—STROSNIER (*Jour. Amer. Med. Assoc.*, 1911, lvi, 1027) discusses the symptomatology and the effects of hookworm disease and advocates the following plan of treatment. Ground itch in the papular or vesicular stage may be treated with a 5 per cent. salicylic acid suspended in collodion. During the pustular