

The conclusions reached by Dr. Robin in his paper are the following: First he maintains that the administration of carbolic acid frequently produces the following unfavorable manifestations:—

1. Nervous symptoms, such as ataxic phenomena, convulsions, chills, and trembling.
2. Pulmonary complications.
3. Nausea, vomiting, and colic.
4. Profuse perspiration, which not being critical is useless or dangerous.
5. Symptoms of more profound intoxication, frequency, smallness, and compressibility of the pulse, cyanosis of the extremities, collapse, and sudden death.
6. Secondary effects, evinced by cachexia, anæmia, and cirrhosis. (Ramonet Gérardin.)

These effects, according to Dr. Robin, are directly due to the drug, and he maintains that the carbolic acid continuously employed in full doses exercises a deleterious effect upon the chemical composition of the liquids and tissues of the body by removing from them elements in the highest degree important.

Concerning this chemical action Dr. Robin draws the three following conclusions:—

1. Typhoid fever produces and eliminates more carbolic acid, sulphuric acid, and potassium than any individual, however well and adequately nourished.
2. The loss of sulphuric acid and of potassium being insufficiently compensated for by the nutriment consumed by the patient, the result is that the organism is the more impoverished of these elements, the longer the disease persists.
3. This impoverishment is caused by a process incident to the disease, and should be properly considered as one of the causes of malnutrition so frequently manifested during convalescence from this disease.

What, then, Dr. Robin asks, in view of these facts, results if, during the course of the fever, considerable quantities of carbolic acid are introduced into the system?

To this question, the writer replies by advancing clinical facts carefully observed in proof of his views, as follows.

The tendency to impoverish the organism of sulphur and potassium, which is considerably increased during the typhoid condition by the administration of carbolic acid, may be estimated at an additional loss of more than 7 grains of sulphuric acid and more than 3 grains of potassium for every gramme of carbolic acid taken by the patient. The entire daily loss, accordingly, for a patient of average weight to whom a maximum amount of the acid has been administered, would amount to nearly 100 grains of sulphuric acid and 40 of potassium. On the strength of these data, M. Robin proscribes carbolic acid from the list of remedies for typhoid fever, as also all other organic substances which are eliminated in the same manner.—*Revue Médicale*, Feb. 14, 1885.

A Case of Acute Rheumatic Polyarthrits in a Child thirteen weeks old.

An interesting and unusual case of rheumatism in a child thirteen weeks old is reported in *Prag. Med. Wochenschrift*, 1884, p. 410:—

The child in the second month presented symptoms of beginning rachitis. It became ill when twelve weeks old, and a swelling of the right shoulder-joint with pain and redness was manifested. On the fifth day of illness, after a gradual and regular elevation of the temperature to 102.2° F., the ankle-joint was attacked; on the sixth day, the left knee-joint; on the ninth, with a temperature of 101.8° F., the right elbow-joint. On the twentieth day motion in all the joints was possible. Death occurred on the thirty-fourth day from a right-sided pleuro-pneumonia.

Post-mortem examination, in the absence of either traumatic origin of the disease, tubercular or syphilitic diathesis, confirmed the clinical diagnosis.—*Centralblatt für Klin. Med.*, Feb. 7, 1885.

Pulmonary Manifestation in Rheumatism.

M. LEBRETON, in a thesis lately published, gives a clear and erudite exposition of the pulmonary symptoms frequently manifested in rheumatism and arthritis. Such manifestations generally precede the local appearance of the disease by a few days, and rarely also are isolated and unique, forming the only phase of the attack. They may also occur without implication of the heart. The writer holds that the term "rheumatic pneumonia" should be abandoned as a misnomer, inasmuch as there is never present a true pneumonia. The affection presents many characteristic features; the face of the patient, instead of being flushed and red, is pale, the body is bathed in acid sweat, and the stethoscopic symptoms are fugacious and variable. The disease is ordinarily not dangerous, but may return frequently. Besides the pneumonic form there is also an oedematous variety which may have slow progress with dyspnoea, distressing cough, and abundant expectoration, or be fulminant in its nature. The arthritic manifestations of the disease are characterized by hæmoptysis and remittent attacks—a true pulmonary gout—of which the crises are habitually nocturnal and associated at first with a dry cough, followed afterwards by stringy and frothy expectoration and considerable nasal discharge. During the day the patient is entirely free from all discomfort, but at night the attacks return to disappear as suddenly as they began. The "arthritic bruit," M. Lebreton considers, with Woillez and Huchard, to be rather a congestion than a pleural friction.—*Gazette Médicale de Paris*, Jan. 17, 1885.

The Therapeutic Value of Iodoform in the Treatment of Gout.

Dr. TESTA, after extended experimental investigation and clinical observation upon the effect of iodoform in gout, arrives at the following conclusions as to its physiological effects and as to its value in the treatment of this disease.

1. Iodoform augments the daily quantity of urea eliminated with the urine, and thus increases the amount of organic change by hastening the process of oxidation.

2. It diminishes the daily quantity of uric acid, which by excessive nitrogenous diet is passed with the urine, because by hastening the process of oxidation it does not facilitate the metamorphosis into urea.

3. It diminishes oxaluria dependent upon the introduction of aliments rich in oxalic acid, because, owing to the increased oxidation, this acid is changed to carbon dioxide and water.

4. In gout it diminishes the quantity of uric acid in the blood by increasing oxidation in the economy.

5. Iodoform is a rational remedy for gout, because, by removing the uric acid from the blood, it fulfils the conditions necessary for the cure of the disease.

The conclusions reached from clinical experience in the use of the drug are as follows:—

1. Iodoform has generally a very beneficial effect upon gout, reducing the number of the attacks and diminishing both their intensity and duration.

2. In cases where gout is complicated with renal disease, caution is necessary in its administration, since, if its elimination is more or less retarded, or prevented, an unfavorable cumulative effect may result.