

saved this man's life. I have seen similar good results from the salt solution in cases of pneumonia.

While I will not attempt to enumerate the conditions which loudly call for the normal salt solution, the most important ones are excessive hemorrhages, toxemia arising from various forms of infection, as in septicemia, uremia, the comatose state of diabetes mellitus, in cholera and in threatened eclampsia. It is also very useful in severe burns to overcome shock and toxemia.

The best place to give an infusion is under the mammary gland in women, lifting the gland well up and inserting the needle beneath the lower outer quadrant, pointing upward, and allowing the solution to flow in slowly through a needle about two millimetres in diameter. The needle should be inserted while the solution is flowing so no air can be introduced.

The loose cellular tissue and the breast quickly begin to distend; even a flatly atrophied organ will reach the size of a puerperal breast. The amount that can be easily put under a breast is about 700 cubic centimetres. It is more satisfactory in the male, and in emaciated individuals, to lift the pectoral muscles, directing the needle upward and inward so that the fluid will infiltrate the subclavicular and axillary spaces.

The proper temperature of the fluid can be maintained by letting the tube carrying the saline solution lie immersed in a pan of hot water, about 115 deg. Fahrenheit. The saline enemata, which are often preferable, are best given in the way adopted by Murphy and the Mayos, that is, by inserting a small rectal tube and allowing a small stream of hot saline solution to flow into the rectum continuously. A large amount of the solution is thus taken up in the course of a day. The flow can be regulated by the elevation of the vessel above the individual, or, better, by a clamp on the tubing, limiting the flow to a very small stream, not more than a pint an hour. In surgical cases under anesthesia, it is well to give a pint by rectum before the patient awakens, for if given while awakening from the anesthetic the patient will nearly always expel it.

I have spoken of transfusion, and only recommend that it be used in very exceptional cases. It is a well-known clinical fact that some cases of shock are not much benefited by intravenous infusions of saline solution.

---

“Paw, when there's a big banquet, why do they always have spoiled cheese to wind it up with?” “Because, my son, it makes you forget the earlier courses.”—*Chicago Tribune*.