versity of Pittsburg Medical Society, and published in the April (1913) issue of American Medicine, New York, points to some interesting facts respecting this "disease of mystery," as he not inaptly refers to it. "As far back as the year 1565," says the doctor, "Botallus reported a case. Again, in 1673, Von Halmont, and in 1698 Floyer, of London, called attention to this condition. In Good's 'Study of Medicine' there is reference to a case related by Timaeus in 1667 of an attack of asthmatic nature caused by the odor of roses and ipecac."

Thus it will be seen that hay fever, instead of being a disease of modern origin, as many may have presumed, is in reality centuries old.

Discussing the problems of etiology and treatment, Dr. Hogsett continues: "Many theories have been elaborated, and many forms of treatment have been called to the attention of the medical profession. A strain of pessimism regarding the possibility of a cure in this condition appears in the writings of many authors. No one theory account for all features of the affection and the many etiological factors."

In 1912 Dr. Hogsett treated a number of cases successfully with Mixed Infection Phylacogen. His observations as to methods and results are of interest and value. "In carrying out the Phylacogen treatment," he says, "I have found that the initial dose should be small when given either subcutaneously or intravenously. It has been my procedure to begin with a 2 c.c. dose subcutaneously or one-half c.c. intravenously. . . . In giving the subcutaneous injection I usually select the insertion of the deltoid or the area just below the scapulae. The latter seems to be the ideal spot, as absorption takes place very readily and the complaints from the local reaction are much less. I repeat my injection either daily or on alternate days, the interval to be determined by the clinical condition of the patient. It is seldom necessary to give more than four to six injections, the symptoms often disappearing after the second or third injection. Almost immediate relief is noted by the patient. The irritating discharges from the eyes and nose are diminished in amount, the sneezing is lessened, the dyspnea is relieved, and the patient usually sleeps comfortably. All cases that I have treated successfully have remained well through the season. I have yet to record only one failure, but I have not had a sufficient number of this class of cases as yet to warrant a positive claim that this remedy will act in all forms of the disease."

Clinical experience with Mixed Infection Phylacogen in the treatmonths will undoubtedly tell the story of its applicability to this hitherto intractable disease, and the results of a more extended trial will be watched with a deal of interest.