

canal antiseptic." This is much needed in the treatment of rheumatism. In short, the value of salol in rheumatic conditions is so well understood and appreciated that further comment is unnecessary. The statements of Professors Hare and Guttmann are so well known and to the point and have been verified so often, that we are not surprised that the wide-awake manufacturers placed "Antikamnia & Salol Tablets" on the market. Each of these tablets contains two and one-half grains of antikamnia and two and one-half grains of salol. The proper proportion of the ingredients is evidenced by the popularity of the tablets in all rheumatic conditions, and particularly in that condition of muscular soreness which accompanies and follows the grip.

THERAPEUTIC USES OF ADRENALIN SOLUTION AS SUMMARIZED BY SAJOUS.

The list of disorders in which adrenal preparations have been tried could be greatly extended, but I have limited myself to those in which their use has proven advantageous in the hands of a sufficiently large number of practitioners to warrant their being added to our trusted remedial agencies. Of these, a certain number may even be said, interpreted from my viewpoint, to exceed other means at our disposal in value.

These are:—

1. Addison's disease. In this affection adrenal preparations compensate for the deficiency of adrenal secretion, and, therefore, for deficient general oxidation, metabolism and nutrition. The dosage should be adjusted to the needs of each case. Beginning with three grains of the desiccated extract three times daily after meals, the dose should be gradually increased until the temperature and the blood-pressure become normal, when the last dose should be maintained.
2. Surgical heart-failure, collapse from hæmorrhage, shock, asphyxia and submersion. Here the adrenal active principle (suprarenalin, adrenalin, etc.), as a catalyser and a constituent of the hæmoglobin, promotes energetically the intake of oxygen and its utilization by the tissue-cells, including the muscular elements of the cardio-vascular system, and thus causes them to resume their vital activity. It should be very slowly administered intravenously, five minims of the 1-1000 solution to the pint of warm (105 deg. F.) saline solution. In urgent cases, ten drops of suprarenalin or adrenalin in one drachm of saline solution can be used instead, and repeated at intervals until the heart responds. Artificial respiration hastens its effects.