

sorium is unaffected and general irritability increased, moderate doses of narcotics by rectum are of some use; but if coma has developed or is threatened these drugs are directly harmful by depressing the heart and respiratory action still further and thus hastening the advent of pulmonary edema. Chloroform anæsthesia, lumbar anæsthesia and lumbar puncture have all been tried and have all been found useless or harmful. Vassale recently recommended parathyroidin; further trial is needed before a definite judgment can be formed.

The ordinary kidney stimulants appear powerless. The best found are large subcutaneous infusions (1,500 c. cm.) of salt solution, local applications of heat to the kidney and frequent kidney massage. Edebohl's renal decapsulation is *sub judice*. It is difficult to determine the proper time to use it. Hot packs or baths in cases verging on coma do harm by increasing the temperature. Pilocarpin injections should be discarded; they increase the tendency to pulmonary edema.

Stimulation of the respiratory and heart action is indicated. Respiration has a tendency to become superficial and unless the upper air passages are kept clear, by frequent cleansing of the pharynx, aspiration pneu-

monia supervenes. Bumm has tided patients over the crisis by long continued artificial respiration and heart massage. Where the pulse is full and rapid, venesection proves useful.

—*American Journal of Surgery.*



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