

The following candidates have passed the primary examination of the College of Physicians and Surgeons of Ontario :—J. E. Bromley, Caroline S. Brown, F. R. Chapman, John L. Campbell, I. D. Cotnam, R. D. Dewar, John Henry Downing, George D. Fripp, R. E. Gaby, J. J. Healy, R. A. Ireland, L. P. Jones, D. A. Kearns, H. C. Mabee, Victor McCormack, James F. McKee, Claude Allison Patterson, George B. Rose, R. W. Tennent, James C. Watt, C. R. Wilson, Catherine F. Woodhouse.

MEDICAL PREPARATIONS, ETC.

THE MODERN TREATMENT OF HAY FEVER.

Whatever be the accepted views as to the pathology and etiology of hay fever, there is little difference of opinion concerning its importance and the severity of its symptoms. An agent that is capable of controlling the catarrhal inflammation, allaying the violent paroxysms of sneezing and the abundant lacrimation, cutting short the asthmatic attack when it becomes a part of the clinical ensemble, and, finally, sustaining the heart and thus preventing the great depression that usually accompanies or follows the attack—in short, an agent that is capable of meeting the principal indications—must prove invaluable in the treatment of this by no means tractable disease.

In the opinion of many physicians, the most serviceable agent is Adrenalin. While not a specific in the strict meaning of the word, Adrenalin meets the condition very effectively and secures for the patient a positive degree of comfort. It controls catarrhal inflammations as perhaps no other astringent can. It allays violent paroxysms of sneezing and profuse lacrimation by blanching the turbinal tissues and soothing the irritation of the nasal mucous which gives rise to those symptoms. It reduces the severity of the asthmatic seizure, in many instances affording complete and lasting relief.

There are four forms in which Adrenalin is very successfully used in the treatment of hay fever: Solution Adrenalin Chloride, Adrenalin Inhalent, Adrenalin Ointment, and Adrenalin and Chloretone Ointment. The solution, first mentioned, should be diluted with four to ten times its volume of physiological salt solution and sprayed into the nares and pharynx. The inhalent is used in the same manner, except that it requires no dilution. The ointments are supplied in collapsible tubes with elongated nozzles, which render administration very simple and easy.

It is perhaps pertinent to mention in this connection that Messrs. Parke, Davis & Co. have issued a very useful booklet on the subject