

those which act slowly. His criticism is just. At the same time, the nitroglycerine of the second and third dose will doubtless prevent some of the vasomotor contraction of the first dose of digitalis. Consequently, the combined treatment, whether given in one tablet or in separate preparation, is often not bad therapy. Theoretically and practically a little more careful discrimination of the needs of each patient will develop a method of drug administration that will be satisfactory and yet will not require such combination, viz., if the patient needs nitroglycerine, he probably does not need digitalis. On the other hand, if he needs digitalis, and it is inadvisable to contract the blood vessels, a small dose of digitalis may give satisfactory action, and nitroglycerine will not be needed.

Brady emphasizes the well-known but often disregarded fact that oils inhibit digestion by diminishing the secretion of hydrochloric acid. Consequently, if it is advisable to give a patient olive oil or cod-liver oil (and, as urged by Brady, pure, clean cod-liver oil acts just as well as and often better than any emulsion), theoretically it should be given two hours after a meal, at about the time when the stomach will completely evacuate its contents into the duodenum. This is theory, and perhaps physiologically correct. Practically, it is very disagreeable for a patient to take oil two hours after meals, even if he were so daily situated as to be able to do so. Also, the contents of the stomach do not all pour, at one stated time, into the duodenum, but more or less frequently during the process of gastric digestion certain amounts are passed into the duodenum, and the oil might be passed into the intestine long before the gastric digestion was completed.

Brady states that hexamethylenamina is eliminated into the cerebrospinal fluid in one-half hour after its administration, and this, he states, in sufficient amounts to inhibit staphylococcus growth. So far as we know, hexamethylenamina is harmless when administered in any ordinary amounts for most any length of time; consequently, the drug seems indicated whenever meningitis is present or is likely to develop. This drug is also eliminated and acts satisfactorily in inflammations of the gall-bladder and in inflammations of the urinary tract, especially of the pelvis of the kidney. It would seem advisable to administer it in typhoid fever to prevent localizations of the typhoid bacillus in parts of the body other than the intestine.

As Brady emphasizes, it should not be forgotten that the iodids are absorbed rapidly and are eliminated rapidly, unless