

yet have we the clue necessary to force the kidney to do our will in excreting increased quantities of waste. It seems that we are slightly more successful by purging, in bringing about increased elimination of waste by the bowel, while we know that the skin can contribute but slightly in this direction, except as far as water is concerned. No, it is but rarely that we can aid the body directly with drugs, more seldom perhaps than we can aid it with other means. But, as Dr. Acheson has so correctly pointed out, we can frequently aid it indirectly.

Dr. Acheson's scheme of dosage seems to me also to be open to much criticism. It seems to me to very largely partake of that empiricism from which we are so anxious to free ourselves. Why small doses repeated in acute diseases? In malaria the indication undoubtedly is to give a large dose immediately previous to the onset of the fever, so that as large an amount of the antiseptic may be in the blood at the time of sporulation. The same method seems to be indicated by our later knowledge of syphilis, and many observers claim that the method of large initial doses is the only successful method of giving salicylates in rheumatism. The method of treating acute or subacute failure of cardiac compensation by the intravenous administration of artophonthine, which has now given such good results in the hands of several good observers, and in which the entire amount needed in many cases to re-establish compensation is frequently given at once, is another instance which completely breaks the suggested rules.

Nor can I agree with Dr. Acheson's wholesale condemnation of galenical preparations. I think that any pharmacologist would prefer to prescribe the tincture of aconite for internal administration rather than the preparations of aconite at present upon the market, as he knows the difficulty in obtaining even by the same method samples of the alkaloid similar in chemical composition and strength. Nor would he care to see the galenical preparations of digitalis condemned in favor of the so-called purified glucosides which would have to replace them, because, again, he knows how greatly these preparations differ in composition and strength. All of you will recall that aloes is much more efficient than aloin, and no one would think of replacing balsam of Peru by its active constituents. There is, it is quite true, great disadvantages, and even dangers, in the use of galenical preparations of the very highly active drugs, and especially such as do not lend themselves to standardization by the chemical estimation of their active principles. The profession should doubtless demand the pharmacological standardization of such