

The mode of administration of salicylic acid deserves attention. In the exhibition of the drug I am accustomed to use sodium salicylate dissolved in water containing a bitter, such as tincture of orange peel. I rarely add bicarbonate of sodium, which is advocated by many, for the following reasons: (1) Salicylic acid, in vitro, is an active antiseptic, whereas sodium salicylate is not. (2) Sodium salicylate in large doses appears to act as an internal antiseptic in acute rheumatism, and it is possible that the exhibition of bicarbonate of sodium along with the salicylate may lessen the antiseptic action of the latter, for, according to the theory of Binz, the internal antiseptic action of sodium salicylate is due to the neutralization of the base of the drug by the carbon dioxide of the blood, thus setting free salicylic acid. (3) The drug, dissolved in water, with a bitter as a corrective, is generally well borne.

It is for these reasons that I do not generally use baking soda as a corrective for sodium salicylate. I may state that the only cases in which I have used it are patients in whom the administration of the drug produces gastric distress, which, I believe, is usually due to the rapid separation of salicylic acid from the salicylate. In these cases the giving of baking soda tends to neutralize the acid of the gastric juice and to a certain extent check the irritative action of the drug. Whether it actually interferes with the action of sodium salicylate as an internal antiseptic I am unable to state. If it is true, as is stated by some physiologists, that it is impossible in a person with healthy kidneys to render the blood alkaline or increase its alkalinity, by the administration of alkalies then the exhibition of bicarbonate of sodium would do no harm.

ECLAMPSIA.

Heinze (*Archiv. für Gyn.*) gives the following method of treatment: 1. Rapid artificial delivery without the co-operation of uterine contractions; vaginal hysterectomy or abdominal Cæsarean section if cervix and os are not dilated; forceps and version if sufficiently dilated. 2. Curetting the uterus if eclampsia persists after delivery, even if the placenta has apparently been removed. 3. Decapsulation of the kidneys if the eclampsia still persists and there are signs of serious injury to the kidney. 4. General measures, including venesection, proctolysis, the Jacquet pack, diuretics, heart stimulants, artificial respiration and inhalation of oxygen.