

with gastric hyperacidity. The regular effect in pneumonia is very striking, about twenty to thirty minutes after a dose has been taken the patient begins to perspire and this continues for from one to three hours. In some cases in which the drug is given in ten grain doses, and four doses a day, the skin will be moist most of the time. Coincident with the skin moisture, the patient becomes less restless and generally slips off into a quiet sleep lasting for one or more hours. With the outbreak of sweating the temperature begins to fall and declines sometimes three or four degrees. With this fall the pulse rate become proportionately slower and the pulse distinctly improves in quality. These patients have a regular rise of temperature once or twice a day and from one to three days before defervescence. In no case has he seen any sign of heart depression from the effect of the acetylsalicylic acid, and it is exceedingly rare to find it necessary to use a heart stimulant throughout the disease, in cases uncomplicated by previous cardiac or other diseases. He does not claim the course of pneumonia is shortened by the use of acetylsalicylic acid, although he believes that a sufficient experience will show it. All complications are not eliminated. He has had no cases of wandering pneumonia, delayed resolution, or empyema. Alcoholics have their delirium, but he has found it mild in character.

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**Delirium Tremens.** A new plan of treatment of delirium tremens was outlined in a paper delivered by George E. Petty before the Southern Medical Association, at New Orleans, in November last. The paper is abstracted as follows:

This condition is defined as a fundamental disturbance coming on during

the course of chronic alcoholism, and is due to accumulation of toxic poison in the blood. These poisons are of both drug and autogenous origin. The potency of these poisons is progressively increased by a loss of the fluid element of the blood by excessive perspiration and by deficient absorption of water from the stomach. In fully developed cases the volume of circulating medium is pathologically decreased. The brain is hyperæmic in a large majority of cases and anæmic in a small per cent. These conditions of the brain are an essential factor in the immediate causation of the delirium. In order to intelligently apply remedies to the control of delirium it is necessary to differentiate the hyperæmic from the anæmic cases.

The indications in treatment are: Support of vital functions, control or arrest of delirium and removal of poison from the blood.

For the purpose of restoring the volume of blood, supporting action of heart, and promoting elimination by kidneys, normal salt solution is given by rectum, by hypodermoclysis, and in severe cases intravenously. This is pushed until the entire arterial and venous systems are filled with fluids to their utmost capacity, then this fluid is drained off by the bowel with large and repeated doses of epsom salts, the idea being to practically wash the poison out of the blood by forcing fluids into the system and draining the same out by the bowel and kidneys. Calomel is given in full doses at the beginning of the treatment. Sparteine in doses of two grains is given every two to six hours for the purpose of giving additional support to the heart and promoting action of kidneys. This remedy is classed as our most reliable heart tonic and an efficient non-irritating diuretic.