TREATMENT OF ACUTE ARTICULAR RHEUMATISM.

Acute articular rheumatism is, fortunately, one of the diseases for which we possess a specific remedy. Sodium salicylate, salicylic acid or the oil of wintergreen act as favorably in acute articular rheumatism as does quinia in malaria. There is a dread, though, of the use of these drugs, which limits their use as well as their beneficent results. Acute articular rheumatism, when seen early, is very amenable to the salicylate treatment; and by cutting an attack short, we limit the dire results the disease achieves in the vascular system. The reason of a good many prolonged attacks of rheumatism can be found in the administration of doses entirely too small to influence the pathogenetic factor of the malady. In order to reach the desired result with sodium salicylate, we must stop short of no smaller doses daily than such as will produce thorough salicylism. Begin with a daily dose of fifteen grams, or one-half ounce, for a man weighing one hundred and fifty pounds, divided in three hourly doses, or thirty grains every three hours, the first day. On the second day the dose is cut down to one-half, and again, on the third day, by one half. If the patient's temperature falls to subnormal, the drug is discontinued for one day, and strychnia administered on the following day. Seven grains every three hours are again administered for two days. Occasionally we meet cases which respond badly to the salicylates. In these we have to rely on the alkaline treatment, and should administer large doses of soda bicarbonate, potassium citrate and lithium citrate. But no case of articular rheumatism should be allowed to go on without at least a fair trial of the specific treatment. - Interstate Medical Fournal.

THE GROWING NECESSITY FOR SANATARIA FOR THE TUBERCULAR.

Dr. William Porter, St. Louis, in a recent paper expresses the following reasons on this subject.

The increasing distrust in the efficacy of climate as a cure for tuberculosis is largely due to its indiscriminate recommendation and ignorance of needed conditions for the special case. The Eldorado for all cases has not yet been found, and the misery and disappointment from failure in the search is beyond compute. The physician, before sending a patient from home and home comforts, should thoroughly study not only the climate selected, but its adaptation to the