is transfused, the action upon the isolated normal heart of a rabbit takes place only after a latent period. If the heart is washed out with normal blood before the symptoms appear, or at the onset of toxic effect, the poisonous action asserts itself just the same. This leads to the opinion that the poison attacks the heart, and appears to be stored up in the heart muscle until its complete action is manifest.—*Medical Record.*

The Use of Saline Transfusion for Burns and Shock.

It is not many years since the employment of ordinary saline solutions, hypodermically or intravenously, was first urged upon the general practitioner by those who had had experience in this line of treatment. Each year that has passed since these early recommendations has served to emphasize the great value of this therapeutic measure, and our columns have again and again contained reports of cases of infectious diseases, of cases of toxemia like puerperal eclampsia, uremia, and diabetic coma, in which excellent results have followed this method of treatment.

In the spring of 1898 the writer of this editorial also called attention to the results which had been obtained by Tommaseli in the treatment of severe burns by hypodermoclysis and intravenous injections. Tommaseli believed, from clinical observation and experiment, that a large part of the lethal influence of burns depended upon toxemia, and on putting his belief to the practical test he found that artificial saline injections saved life. So, too, in this country Bardeen, as a result of a histological study of the tissues of several children who had died from burns, came to the conclusion that toxemia was an important factor in causing death, and his results indorsed the proposition of Tommaseli in regard to this method of treatment. Even if the toxemic condition is not directly improved by saline injections into the subcutaneous tissues or veins, there is still another one in which this method of treatment may be of great good, in that surgical shock is nearly always present as a result of severe burns and scalds, and we have reasons, both theoretical and practical, for the belief that in shock a condition of profound relaxation of the blood-vessels exists, so that arterial pressure is very low and the vital centres are not properly supplied with blood.

While we know that intravenous injection does not necessarily raise blood-pressure, we also know that this method of treatment is capable of readjusting the circulation to such an extent that the evil manifestations of vasomotor paralysis are set aside. It seems to us, therefore, that in treating cases of severe burns or scalds, this method of procedure should not be ignored, but should be actively employed, since it can do no harm, and may do much good.—*Therapeutic Gazette.*