

with milk and rice; a small amount of butter in some cases. Later on a small quantity of Bordeaux or Rhine wine may be used, but cautiously. Great variety in diet should not be adopted too rapidly.

The number of meals *per diem*, and the quantity of food ingested, must be carefully regulated with reference to the seven-hour rule, and the conditions and peculiarities of patients. Leube finds that at the catamenial period digestion is considerably retarded. It should consequently be aided, or a longer time be allowed for it, and the food should be plain and simple.

Regimen IV. should be continued for several weeks, and, if necessary, for months. Its conditions should be rigorously adhered to. When it is decided that the patient may return to his habitual diet he is directed to make the change very slowly, and to keep himself informed as to his digestive ability by the use of the wash-out tube in all doubtful questions.

The only stomach affection in which dietetics play a secondary part is that which Leube describes as nervous dyspepsia. Patients will, however, do better, even in that malady, to adopt a definite dietary. Regimen IV. is recommended, and variety is advised in the use of it for such cases. Condiments may be used if needed, and hydrochloric acid with pepsin. It should be remembered that in treating nervous dyspepsia moral dietetics (*la dietetique morale*) has a preponderating influence.

Leube attaches considerable importance to giving the stomach certain periods of complete repose. For instance, he will wash out the stomach seven hours after luncheon, and give no more food until ten o'clock on the following day. At this time soup and beefsteak are given, and, generally, a stomach-washing in the evening will show that the meal has been digested.

The drugs most used are hydrochloric acid and pepsin, bitters, cundurango, and mineral waters. The acid and pepsin are not given in nervous dyspepsia or in cancer or ulcer. Bitters, including cundurango, are not thought much of, though the drug mentioned is one of the best. Mineral waters are prescribed in very moderate amounts (O ss. daily), and are to be taken slowly upon an empty stomach.—*New York Med. Recorder.*

EVOLUTION IN PATHOLOGY.

It needs no foresight to see that pronounced significance will ere long be attributed to the Darwinian aspects of pathology. There has, perhaps, been some tardiness in applying the all-embracing principles of evolution to phenomena which fall within the special cognisance of the pathologist; but progress in this direction has been made, and, though slow, it has been sure.

Already in this connection several lines of thought have been taken up; and, carefully followed, they promise results of the greatest interest. Many have been recently recorded in this Journal. It has been suggested that enchondromata of the limbs of man and of many animals are growths homologous with structures which always exist in the selachian fin, and that many other so-called abnormal developments may be regarded as instances of reversion. Darwinism teaches that the developmental history of the individual is an abbreviated history of the development of the race to which the individual belongs; and the above suggestion concerning the homology of certain enchondromata is one which arises out of a consideration of the supposed ancestral history of man. Regard, too, must be paid to the inter-reactions of incidental forces and living things, for such inter-reactions are largely operative in the production of varieties. There are, in fact, two sets of factors—heredity and environment—concerned in the coming into being of new forms of life. And in the coming into being of new diseases, Sir James Paget has pointed out how these factors are to be considered. There is, again, the matter of correlation (correlation of structures and association of functions), to which Darwin drew special attention; and it seems that a knowledge of it also is of profound importance, as serving to throw light upon facts of every-day clinical experience.

Another Darwinian line of thought has been forcibly presented by Dr. Aitken. It has for many years been maintained that close genealogical, or at any rate gradational, relation exists between the *materies morbi* of remittent, that of intermittent, and that of enteric fever;