

The work is brought thoroughly up-to-date. The latest views on infectious diseases and bacteriology are recorded. This portion of the work is particularly good. Among the infectious diseases are included acute and sub-acute articular rheumatism; catarrhal, amebic, diphtheritic and chronic dysentery, and muscular and chronic articular rheumatism. From this classification, some might dissent, but the author advances good reasons for the arrangement adopted.

The section on constitutional diseases is very ably written. Diabetes mellitus is regarded as caused by disease of the pancreas, usually granular atrophy, in about half the cases; to interference with the glycogenic function of the liver, from hepatic disease, or nerve derangement, as puncture of the fourth ventricle, or section of the pneumogastric nerve, to the ingestion of more carbohydrates and peptone than can be stored in the liver, alimentary glycosuria; and to any failure to convert the carbohydrates into fat by either the intestinal villi, or the liver. Diabetes insipidus may be caused by shock or fright, by infectious diseases, by intemperance or by heredity. In most cases it is of nervous origin. Arthritis deformans, the author contends, cannot be regarded as in any way connected with rheumatism or gout. It is of neuropathic origin, and is specially dependent on affections of the nervous system, as ataxia, shock, etc. Gout is discussed with much ability. He holds that there is an excessive absorption of nutritive substances, defective metabolism from imperfect development and too little exercise, defective elimination of waste products. The uric acid theory is well stated, and the opinion given that failure of the renal function precedes the gouty manifestations, and an excess of uric acid in the blood are responsible for most cases. With regard to purpura hæmorrhagica it is stated that there can be little room for doubt that it is an infectious disease. The pathology of hæmaphilia is to be sought for rather in the vessels than in the blood. Vasomotor disturbances play an important part in the etiology of attacks. In many cases the middle muscular coat of the arterioles is wanting or very thin.

Diseases of the blood and ductless glands are handled in an independent spirit. Chlorosis is regarded as due to a group of causes, such as heredity, a family tuberculous taint, unhygienic conditions, copraemia, nervous worries, grief, emotion, disappointment, home-sickness, etc., and sexual disturbances. Progressive pernicious anaemia is divided into cases in which no cause can be found, during life or after death; those where a cause is found only after death; and those where the cause is discoverable during life. With regard to the obscure group of cases, the author gives favorable consideration to the views of Stengel of a gastro-intestinal auto-intoxication, and of Hunter, that there is an infectious process in the digestive canal. Malignant disease and parasites have been found *post mortem* as causes. Hemorrhages, diarrhoea, worry, profound chlorosis, pregnancy, mental shock have been noted during life as causes. Leucocythaemia is regarded as most probably of microbic origin. The changes in the spleen, lymphatic glands, bone-marrow, and the granuloma character of the leukaemic growths point to this view. The views of Vehsemeyer and Kottwitz, that the disease is due