months before, of the pin.—New York Medical Journal.

THE TREATMENT OF GOUT

In the Journal of the American Medical Association for July 31st, Dr. H. C. Wood, of Philadelphia, remarks that in treating gout we should rid ourselves of false ideas and recognize the importance of this great principle, not to attempt to treat gout at all, but to treat the individual.

Concerning the question of diet, he states that he has seen gouty patients in whom a single piece of ordinary red roast beef would bring on a furious attack, and, on the other hand, others who did not get well until they were put upon a red-meat diet. Again, he has seen gouty patients who went right down if they took starch or sugars, and those who had to take both starch and sugars in order to be built up. There is no diet for gout, he says, it is diet for the individual; therefore, the first principle in the diet of gouty subjects is to adapt it to the individual.

Concerning the treatment of gout by exercise, this is the one thing which does more good than anything else in almost every case, provided, says Dr. Wood, the right amount of exercise is taken. Massage is a form of exercise, and it may be all that a patient can endure. The whole secret of exercise in gouty persons, he says, is to keep within the point of causing exhaustion and gradually increase the amount each day if necessary, and it will do more good than any drug. Dr. Wood, in this connection, speaks a good word for the bicycle, and calls it the "great calisthenic of the world."

With regard to drugs, Dr. Wood does not believe that salicylates cure gout or rheumatism, but that they simply aid in keeping down the diathesis; if there is any cure, he thinks it is exercise. In certain cases, he says, which approach typical gout, rarely seen in America, colchicum does much more good than the salicylates; sometimes the best results may be obtained by a combination of colchicum with the salicylates.

Dr. Wood considers sodium salicylate the worst salt that can be used, although it is, perhaps, not so bad as salicylic acid; it is, however, much more apt to burn the stomach, and is less effective and more depressing than other salicylates. The two salts which he considers truly useful are the ammonium and the strontium salts; the former acts immediately and severely, and the latter acts slowly. In an acute case he advises the strontium salicylate or the two combined. The strontium salt, he says, has the advantage of not deranging the digestion, and sometimes has the best effect on the intestinal condition. In a large majority of cases, continues Dr. Wood, the salicylates produce depression and perhaps a little nausea and general wretchedness, in which case these effects can be overcome by combining the salicylates with digitalis and strychnine.

Baths, says the author, can not cure a diathesis, but they are useful. Hot baths, steam baths, and Turkish baths should be employed, the latter once a week, by gouty patients. Kidney disease and atheroma, he says, will be far less rife if we use the hot bath more than we do. The baths eliminate and give temporary result.

Regarding the Tallman-Sheffield apparatus, or dry heat method, says Dr. Wood, this is not going to cure the gouty diathesis any more than other applications. In his experience he has found that it has very little value in rheumatoid arthritis and in chronic inflammations in the joints, even if they are of a purely gouty character. On the other hand, he says, if there are deposits in the tendons and outside the joints, if there is traumatic synovitis, whether in baseball men or other persons, the results of this treatment seem almost marvellous. Also in acute strains and tendinous inflammation this dry heat is of great value. In subacute rheumatism Dr. Wood thinks it is of