Little dropsy as a rule, though when heart fails, dropsy may be marked.

No mitral murmur.

Always marked hypertrophy of left ventricle, except in persons feeble and cachetic at the outset; this without aortic murmur.

No enlargement of liver.

Symptoms and signs of arterio-capillary fibrosis may be present.

Retinitis albuminuria may be present.

History of gout, lead poisoning, or free eating and drinking.

No history of rheumatism or infectious disease. Uramna frequent.

Doubtful response to treatment.

MITRAL DISEASE.

Urine scanty and high-coloured; high specific gravity; moderately or slightly albuminous; rarely highly albuminous.

Few casts, hyaline or slightly granular.

Much dropsy, effusion into serous sacs.

Mitral murmur.

Moderate hypertrophy of left ventricle; hypertrophy of right ventricle.

Enlarged and tender liver.

No arterio-capillary fibrosis.

No retinitis albuminuria.

Seldom a history of gout, alcoholism, or free eating and drinking.

Probably history of rheumatism or infectious disease.

No uraemia.

Generally prompt response to treatment.—Med. and Surg. Reporter.

Creasote Carbonate (Creasotal).—Creasote carbonate contains over ninety per cent. of the purest beechwood creasote in chemical combination with carbonic acid. It is a clear, absolutely neutral, oily liquid, free from the unpleasant odour and burning taste of creasote.

It is insoluble in water, but soluble in four or five parts of cod liver oil or olive oil. Its action is not caustic and irritating to the mucous membrane of the digestive organs, like that of creasote, as it has no effect upon the same.

Creasote carbonate, compared with creasote, is non-poisonous to such a degree that it can be dis-

pensed as a pure undiluted substance by the teaspoonfuls, and thus it will perfectly agree with the most sensitive patients.

According to Prof. Sommerbrodt, the more creasote one can tolerate, the better its effect. Since creasote can be borne better in no other form than that of creasote carbonate, this is the ideal creasote preparation for phthisical patients.

One of the first effects of this drug is the return of an increasing appetite, and a consequent gain of strength; furthermore, the cough diminishes perceptibly in frequency, and at last a healing process in the lungs is observed. The weight of the patient increases in proportion, sometimes at an enormous rate.—American Druggist.

Herpes Labialis. - This boy, aged about four years, has as you observe at once, a swelling under the jaw and sores about the mouth. The father says the sores about the mouth have been present seven or eight days, and the glandular swellings under the jaw on each side have been present three or four days. There is no eruption anywhere excepting that about the mouth, which extends somewhat down the chin. The scabs or serous exudates are almost transparent, and their appearance is very much like that of eczema, only that in herpes the vesicles are smaller, closer together, and the surface beneath is redder. There is some liquid beneath the scab or dried scrum. There is no odour to the breath.

It is probable the boy had a fever from some cause or other; it may be he had only a catarrhal fever, and in consequence developed labial herpes. Very likely there were some herpetic spots in the mouth, but with or without that, the glands under the jaw became infected and swelled. It is generally a very active fever with healthy circulation which throws out herpetic vesicles, and when the old practitioners of the past century saw herpes come out during an acute inflammatory disease they made a good prognosis. And there was considerable reason for it. When, for instance, you meet with a case of pneumonia and the circulation is active, herpetic eruption is very apt to make its appearance. Herpes is decidedly a neurotic affection, and is generally recognized as such in "zoster." But these cases which are not so-called zoster proper, are of the same nature. Very probably this boy