Asthma and emphysema may determine the symptoms of toxæmia and cardiac asystole if pre-existing arterial disease is present.

There is a dyspnœa, toxic and alimentary in origin and due to renal inadequacy, quite different from uræmic dyspnœa and often associated with a tachyarrythmia quite characteristic of arterial cardiopathic disease.

Treatment.

1. In the first period of pre-sclerosis, treatment must be directed to toxæmias by strict diet, milk or milk and vegetables. All foods rich in nuclein must be avoided. Diuretics are important, especially theobromine. For hypertension massage, gymnastics, hydropathy, diuretic waters, carbonic acid baths, and the nitrites. Iodides are useless and hurtful during this stage.

2. In the second period, characterized by the manifest lesions of the vessels, the heart and kidneys, the toxæmic symptoms are more pronounced, toxic alimentary dyspnœa with insomnia and tachycardia or arrhythmia. Here the diet should be milk and vegetables, and salt interdicted. Even exclusive milk diet may be necessary. All treatment which favors elimination by the bowels, skin and kidneys is indicated. In addition to the nitrates, iodides in small doses, 0.2 to 0.5 etg., for 10 to 15 days in a month may be given.

3. The third period is characterized by cardiac dilatation, lowering of the arterial lesion, tendency to dropsy and œdema of the viscera. The symptoms are a combination of toxæmia and hyposystole; dyspnœa may be constant and intense and albuminuria marked. Acute œdema of the lungs may occur, necessitating a large venesection. Repeated doses of digitalis are now required, and the diet should be exclusively of milk.

4. The fourth period is that of cardiectasy, the heart is greatly dilated and the œdema considerable; neither digitalis, theobromine, or other diuretics, are now active. Hydrothorax, œdema of the lungs, and congestion of the liver, are present. In this stage the essential requisite is to reduce the amount of liquids.—Huchard (M.), *Gaz. des Hôpit.*, *Medical Chronicle.*

Fibrolysin in Spondylarthritis Deformans.

Most cases of deforming spondylarthritis seen by G. Müller were of the progressive type, and all treatment did little good, until fibrolysin was used. The case, given in full, was that of a woman thirty-nine years old who first noticed pains in the