

or sheaths of tendons, or to some portion of underlying fibrous tissue. The skin over them is freely movable, and they are best seen by flexing the joint over which they are situated when the skin is rendered tense. In themselves they are painless; when present in force, danger to the heart is imminent, and repeated attacks of cardiac inflammation are to be apprehended. According to Cheadle, they are apparently serious in proportion to their size and numbers. Rarely found in adults, they are met with in children and adolescents up to the age of 19. Exudative erythemata of the type of erythema marginatum, being small raised patches about the size of a sixpence with sharply defined margins and of a dull red color; or, less commonly papular or urticarial in character, may occur in rheumatic subjects. These have an evil prognostic significance. As regards treatment, it is of the first importance that any indications of danger threatening the heart should be recognized as early as possible, and due precaution taken. The patient should be kept under careful observation and the heart examined every two or three days for some weeks. Any exposure to chill should be guarded against and exercise should be limited in amount. Where possible, children who have once suffered from cardiac inflammation should winter in some warm climate.—*American Medico-Surgical Bulletin*, July.

THE TREATMENT OF ENURESIS.

In an article in the *Therap. Gazette* (Vol. XXII, No. 4, p 220) Dr. Crawford has attempted to introduce order into the therapeutic chaos which is hanging about the subject of enuresis. We must, of course, always try to find the cause. Where anemia is present, some light preparation of iron in conjunction with nux vomica often succeeds. If a rheumatic diathesis is established—and the author has been struck with the frequency with which rheumatism either in the parents or child is associated with enuresis in the latter—the salicylates should be given a trial, but not to the exclusion of iron. Removal of adenoids has several times resulted in the author's hand in a perfect cure of the enuresis. Tea in the evening should be proscribed, and the state of the alimentary canal watched, as enuresis, like convulsions, may often be traced to some digestive derangement. Belladonna is a valuable adjuvant remedy, but it will be in vain to expect from it specific virtues. Where belladonna alone fails, belladonna and iron will often succeed. Belladonna the author gives in large doses; he commences with 10 to 15 drops of the tincture 3 times a day for a child of 4 to 5 years, increasing