bacon for dinner. She lives in an ancient toll-bar house on an unfrequented road, she seldom goes out, and she can get no other food. Has not this woman, in a certain sense, made herself the subject of a scientific experiment? If this theory should turn out to be true its use would be chiefly in prevention, for it is not likely that deprivation of salt would cure an already established disease, although it might check its advance. It may, however, be tried, and also tried along with any other mode of treatment, as with a view to prevent recurrence after surgical operations, or with oophorectomy and thyroid in cancer of the breast, as has been so ably advocated by Dr. G. T. Beatson and Mr. G. E. Herman, to whom, and especially to Mr. Roger Williams and Mr. Haviland, I tender my thanks for the many interesting papers from which I have taken most of my facts.—The Lancet.

SYPHILITIC JOINT INFLAMMATIONS.

The diagnosis of this condition is difficult, because the signs of the disease often disappear under treatment. Dr. Borchard (Deut. Zeitsch. f Chir., Sept., 1901) draws the following conclusions from his observations: Acute syphilitic joint inflammation, with water and swelling of the capsule, consists in nothing but the evidence it gives of the share the joint proper is having in the general acute infection of the disease. Such may naturally arise whenever the poison has manifested itself with very active secondary symptom everywhere in the body; (2) on the other hand, the more permanent syphilitic diseases of the joints, such as appear in the third period of the disease, must necessarily be of the order of gumma or of chronic productive inflammation; (3) these products have their situation in the synovium, the subsynovial tissues and in the cartilages. The increase in the number of cells is not a consequence of a chronic hydrops or of a fibrinous deposit on the synovium, but is due to the growth of small miliary gummata. These gummata are really the cause of those thickenings of the joints which may often be seen in life. He further believes that an acute hydrops in this disease can, without further cause, become chronic. The cause of it seems to be in such a case always the growth of miliary gummata. Every hydrop in the third stage and in the congenital forms of disease is probably due to the same state of affairs, viz., the growth of gummata in the synovium, the parasynovial tissue, and in the cartilage.—Medical News.