

the procedure for the administration of mercury as follows: We now give an injection every other day until thirty injections have been given, then follow by a two weeks' course of potassium iodide, gm. 0.64 (10 grn.) thrice a day, then one week's rest from medication, after which we resume the injection and repeat. This is giving us the most satisfactory results."

Good results are reported by Wright, but the method must be regarded as still on trial.—*Jour. A. M. M.*

Clinical Forms of Arterio-sclerosis.

Huchard considers that atheroma is to be separated from arterio-sclerosis. Atheroma is a disease of old age, 60 to 80, and the clinical history is that of vascular disease. Arterio-sclerosis occurs between 30 and 60, and the patients suffer from visceral disease, so that the name arterio-visceral-sclerosis is a better one.

Huchard points out that there is a sharp distinction, anatomically, clinically and pathologically, between the cardiopathies dependent on valvular endocarditis and those of an endo-arterial origin. In the latter, toxic symptoms are present to the end, inadequate functioning of the organs, tendency to hypertension with all its dangers, until the last period, characterized by incompetence of the mitral valve, and hypotension with the frequency of coronary stenocardia and sudden death.

Infectious diseases, with their toxic action, greatly add to the gravity of the toxic state which accompanies arterio-sclerosis. The five chief causes are gout and uric acid, lead, syphilis, alimentary disorders and tobacco.

The clinical evolution passes through four periods: pre-sclerotic, cardio-arterial, mitro-arterial, and stenocardia.

The pre-sclerotic stage is characterized by intoxications, arterial hypertension, inadequacy of visceral functions, intermittent claudications and painful accidents. Great importance attaches to the renal functions, impairment of which favors toxic retention and augmentation of the arterial tension. Latent atrophic kidney disease is revealed by chloride retention.

In the cardio-sclerosis the symptoms are of much more importance than the physical signs, thus in the incompetence of the mitral valve from arterio-sclerosis, the bruit indicates the mitral orifice as the site of the disease, but the patient is really suffering from an arterial lesion.

Cardiac disease of rheumatic origin may become associated with the arterial cardiopathies, and then a new evolution of the disease commences.