

adding digitalis and brandy to each dose if the heart-sounds are feeble and dull, and suspending the treatment if faintness or vomiting occur. The after treatment consists in giving half-drachm doses of citrate of potash every six or eight hours, until saliva becomes alkaline to test-paper.

The *modus operandi* of the drug in cases of rheumatism is explained by Dr. Latham thus: Salicylic acid enters into chemical combination with the antecedents of lactic acid and glucose, to whose presence in the circulation the disease is due. The presence of the excess of lactic acid in the blood is due to the inaction of an "inhibitory chemical centre," whose function it is to control the nutrition of the muscular and other tissues. Relapses will occur if the administration of the remedy has been suspended after the symptoms are relieved, but before the "inhibitory chemical centre" has recovered its tone. Dr. MacLagan, as we have hinted, regards the rheumatic poison as malarial, *i.e.*, due to minute organisms. The local joint and heart affections are the result of the action of these organisms on the fibrous textures of the joints and heart. The salicylic compounds produce their anti-rheumatic effects solely in virtue of their destructive action on these organisms.—*The Practitioner*.

Torsion of Arteries.—At Guy's Hospital, the London correspondent of the *Boston Med. & Surg. Journal* says that all the surgeons use torsion to the exclusion of the ligature, except in very small vessels wherein it is difficult to isolate the vessel from muscular fibres. They give a very large statistical showing in its favor. He has seen every kind of amputation there except of the hip-joint, and never a ligature applied to a large vessel. They use no transverse forceps, but seizing the cut end of the vessel with strong forceps, twist it until it is felt to "give way," that is, the two inner coats break. He has often seen six and sometimes ten complete turns given to the femoral artery. Mr. Bryant said: "Doctor, theoretically the twisted end ought to slough off, but practically it never does. We have to talk to our students about secondary hemorrhage, but we do not show it to them." Mr. Lucas told him that for a long time they have ceased to dread or look for secondary hemorrhage.