

in dropsy frequently shows itself by a rapid increase in the body weight. The milk diet is not recommended as a routine measure for long-continued periods in chronic renal disease.—*Practitioner and J. A. M. A.*

Uric Acid Solvents.

If we analyze the various remedies that are recommended as uric acid eliminators or solvents, we find that nearly all of them contain two chief ingredients—*i.e.*, alkali and water; the idea being presumably to alkalinize the blood-stream, thereby rendering the uric acid more soluble and hence promoting its excretion. This in itself is not a bad idea, although it is an exceedingly difficult matter more than temporarily to change the reaction of the blood by the administration of alkalies by mouth, because the kidneys at once eliminate any excess of alkali. The idea, however, that alkalies given by mouth can in any way aid in dissolving uric acid concretions after they have once formed is, of course, preposterous. One might as well give ether to dissolve the fat of the body in obesity or acids to dissolve the calcium out of osteophytes, on the ground that ether or acids can dissolve fat or calcium salts in the test-tube; in other words, the fact that alkalies are a uric acid solvent *in vitro* does not mean that they can accomplish the same *in vivo*. The amount of ingested alkali that could reach uric acid deposits in the circulation would be so infinitesimally small that a solvent effect could not possibly be accomplished.

This criticism applies with particular emphasis to lithium preparations that are so popular in the treatment of uric acid diseases. In the first place so-called lithia waters contain only a few decigrammes of lithium carbonate to the liter; as they always also contain large quantities of other alkalies, only a very minimal amount of uric acid (according to Berthollet's law) would combine with the lithia, the bulk with the sodium and potassium salts, while at the same time most of the lithium would be promptly excreted as chloride, phosphate, and sulphate. Finally, lithium carbonate, which actually does readily dissolve uric acid in the test-tube, is immediately converted in the stomach into lithium chloride, a salt that possesses only slight uric acid dissolving properties.

Whatever virtues, therefore, the innumerable uric acid remedies and lithia waters may possess they owe to the alkali that they contain, but this alkali acts only mildly as a uric acid eliminator and not at all as a solvent of urate concretions; it acts chiefly as an antacid in acidosis, and possibly as a stimulant to the liver function. The water is probably the most