

the condition of affairs and warned against a persistence in habits or methods of life that favour the progress of the disease. Much is to be gained by a recognition of the condition as a disease *per se*. The profession has been slow in recognizing the condition clinically, notwithstanding the frequency with which it is observed post mortem.

In treatment, much depends upon a regular habit of life. These patients should avoid emotional strain. Exercise should be regular, but not excessive. Alcoholics and tobacco should be interdicted. Above all the food supply should be reduced to a diet which secures metabolic equilibrium, but nothing should be taken beyond this. The interdiction of meats on the theory of a uric acid diathesis is false, but patients should be given a due proportion of proteids, carbohydrates and fats. It is possible to obtain from milk and eggs all of the nitrogen that is needed; if these agree with the patient he may obtain them from this source, but there is no evidence that they are better than meat. The chief difficulty is in reducing the total quantity of the food in liberal feeders to an amount required for the nutrition; on such a diet the patients often complain that they are being starved.

The medical treatment in the complicated cases depends upon the underlying conditions. Before there has been extensive damage to the vital organs the treatment must consist of a recognition of the cause; if faulty nutrition, this must be corrected by diet; if toxemia is present an effort must be made to eliminate. If syphilis is recent, a vigorous antisyphilitic course must be instituted.

Temporary relief may be obtained with nitroglycerine. It is surprising what large doses can be taken without disagreeable symptoms. The dose is to be regulated by the idiosyncrasy of the patient. Iodide of sodium in small doses, five to seven grains three times a day well diluted, continued for months, has been useful, but no medicinal treatment is of avail without careful attention to the personal hygiene of the patient.—Harold N. Moyer, M. D., in *Medicine*.

### **SUGGESTIONS BEARING UPON THE DIAGNOSIS AND TREATMENT OF FRACTURES AT THE LOWER END OF THE HUMERUS.**

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A somewhat extensive experience in the management of fractures at the lower end of the humerus, together with frequent opportunities afforded me for the inspection of cases in the hands of capable, painstaking colleagues,