

processes in the stomach before treating the organ or tissue affected, if permanent results were to be obtained.

In view of the above considerations, the author claims, a rational treatment for subacute and chronic rheumatism and one invariably giving good results if carefully adhered to, is treatment directed towards the relief of stomach symptoms in the first place. From the diet should be excluded absolutely for a time sugar and potatoes; and bread should be greatly limited, particularly toast. If fermentation still exists the administration for a few days of dilute nitric acid in twenty drop doses well diluted before meals; or if constipation be present, rhubarb and soda after meals is indicated. Some one of the salicylic acid series internally, such as sodium salicylate, etc., in physiological doses should be given; and finally the administration of counter irritants and electricity, either static sparks or high frequency currents.

Dr. Deeks gives no evidence as to the value of electricity—nor does he offer any suggestion as to why it should be beneficial in rheumatism.

F. C. SHATTUCK. "Diet in Nephritis." *Journal A. M. A.*, January 6th, 1906.

Dr. Shattuck lays down the following as the principles pertaining to the dietetic treatment of nephritis: 1. Such control as we may have to-day of nephritis lies in diet and mode of life rather than in drugs. 2. Such drugs as are useful are so in their effect on the general organism and the heart rather than on the kidneys directly. 3. In all cases of nephritis the main aim is to spare the kidneys unnecessary work, remembering that the urinary system is but one, of the many, making up the body. 4. In acute nephritis, as well as in the acute exacerbations of the chronic forms, Doctors, Diet and Quiet work together. Starvation for a few days, regulated by the intensity of the process and the strength of the patient, is the keynote here. In the chronic forms the aim is to lighten and to lengthen life. Especially in the contracted form of kidney disease, many years of life and comfort may depend on the physician's skill in adapting sound principles to the particular case and in securing the co-operation of the patient in persistently carrying out the directions given. Dietary restriction should, in the main, be quantitative rather than qualitative. Alcohol in moderation is not necessarily a poison and may be an aid to digestion. 6. The excess of proteid, not proteid itself, is harmful to the chronically sick kidney. 7. A varied diet is more likely, than a monotonous one, to promote the making of good blood and improving the general nutrition, and that of the myocardium in particular. 8. The amount of albumin is in itself no guide as to