

olive, almond or vaseline oil. The average dose of this for one injection is 0.05 C. C. For quick effects double the quantity may be injected, by inserting the above dose in two places. Inject twice a week till all symptoms have disappeared, and then once a week to prevent relapses. All injections should be made beneath the skin, in the back, about one inch from the median line. Warm the "Gray Oil" by immersion in warm water. The perchloride is more prompt, but more painful. The "Gray Oil" is not so prompt, but is less painful and more permanent in its effects.

TREATMENT OF CHRONIC VALVULAR DISEASE OF THE HEART.—Dr. James Tyson, in the *Therapeutic Gazette* for April 15th. 1893, has an able article on the above subject. He deals with those cases of mitral and aortic valvular defects that have given rise to no symptoms, and the person often discovers that there is disease by chance. As soon as such a discovery is made, the person should be warned to avoid excitement, hurry, exertion, exposure, irregular living. So long as there are no active symptoms, medication is uncalled for.

In the case of mitral regurgitation, so long as there is good compensation, and the hypertrophy of the ventricle is able to overcome the defect, and there is enough hypertrophy in the auricle to keep itself empty, there will not be much disturbance. As soon as the ventricle and auricle fail to do their work the lungs suffer. The right ventricle now begins to hypertrophy. The heart tonics, such as digitalis, are now the pre-eminent agents.

In pure aortic disease, it will be remembered that both obstruction and regurgitation cause hypertrophy of the left ventricle. In these cases there is often a powerful systolic impulse. In this condition, the heart tonics should not be given. In such cases, as the result of over-exertion, indigestion, etc., the heart becomes over-active; aconite or veratrum viride is very useful. The aconite may be given in minim doses every half-hour or hour. The great object, however, is to maintain the integrity of the heart muscle by the use of strychnine, iron, arsenic, and good nutrition.

The dyspnoea is relieved by such means as aid

the pulmonary circulation. When the dyspnoea is due to pleural effusion, tapping becomes necessary. A blister sometimes relieves. When there is no effusion and the dyspnoea continues, nothing relieves as well as an opiate at bedtime.

The dropsy is often very troublesome. All the means that aid the circulation assist in removing the dropsy. Full doses of digitalis, at close intervals, are of much service. It becomes necessary to limit the ingestion of liquids. A morning dose of Epsom salts, until the bowels are acting freely, followed up by the use of digitalis, caffeine, sparteine, usually causes free diuresis. Nitro-glycerine is of much advantage at this stage when associated with digitalis.

For the palpitation common in these cases, belladonna, in the form of a plaster over the heart, is very useful. Nitro-glycerine in doses of $\frac{1}{100}$ gr. increased to $\frac{1}{50}$ gr., is useful for this condition as well as for the cardiac pain.

GIFTS TO THE MEDICAL FACULTY OF MCGILL UNIVERSITY (*Montreal Medical Journal*).—The friends of McGill University have remembered its Medical Faculty in a way which has gladdened the hearts of its many well-wishers. We have first to chronicle the bequest of \$10,000 made by Mrs. Dow to the general fund of the Faculty. Mr. J. H. R. Molson, one of McGill's most generous benefactors, recognizing the great work done in the past by the Medical Faculty, has nobly come forward with a gift of \$60,000 to enable the Faculty to continue and further extend its great sphere of usefulness. This sum is to be devoted to additions to the present buildings. It will be mainly expended in providing for three laboratories, viz., for chemistry, pathology, and hygiene. The Faculty, through these means, will be placed in a position equal to that of the most advanced European schools. The teaching of hygiene in future will be mainly conducted in special laboratories, thus giving students a practical insight into the great problems of Preventive Medicine. In the past such knowledge could only be imperfectly acquired through didactic teaching.

A third gift the Faculty owe to the princely generosity of the University's Chancellor, Sir Donald A. Smith. This is a sum of \$100,000, to