

know how frequently arterial changes develop gradually in those subjected to such causes as this has been, and we constantly recognize the lesions when they have advanced to a high degree, and when of course they are irremediable. But there is an incipient forming stage, when the vascular changes are neither extensive nor profound. They are not yet associated with those secondary degenerative changes of sclerotic type which we later recognize, not only in the vessels, but equally in the cardiac walls and in the kidneys. It is true that the diagnosis is based chiefly upon exclusion and upon presumptive evidence. When, however, there are such symptoms as were present in this case—slight continuous elevation of temperature, disproportionate excitement of the circulation; alteration in vascular tension; fugitive and radiating pains; weakness; dyspnoea on effort; occurring in a patient of gouty diathesis, or in one who has been much exposed, or addicted to alcoholic excess; and when critical search fails to reveal any adequate local lesion, it is justifiable to suspect an early stage of diffuse endarteritis. I have much pleasure in this connection in referring to a highly valuable and suggestive paper upon this subject by Dr. Arthur V. Meigs.*

I have long been in the habit of looking out for the existence of this condition in cases analogous to the one here reported; and not only have I been led to suspect its presence, but I believe that by the institution of prompt, rigid, and long-continued treatment, the development and course of the disease have been powerfully modified. If I could gain control of this man I should confine him strictly to bed until all fever had been absent continuously for some time, in the hope that if this were attained, the excitement of the circulation would subside, and that his impaired general health would be improved, if not restored to its former tone. If complete rest in bed were not attainable, the most rigid and minute enforcement of hygienic rules should be insisted upon. I should advise the application of repeated small blisters over the præcordia, the aortic area, and the course of the large arteries. When practicable, the use of hot sulphur baths is of service, or interrupted courses of mercurial inunctions may be prescribed. Internally the most useful remedies are:

R Sodii salicylatis 3 ss.
Potassi iodidi 3 ij.
Tr. aconiti radidis gtt. lxxij.
Aquæ cinnamomi q.s. ad f 3 vj.
S. From one to two teaspoonfuls in M.
water three times daily.

or else a prolonged course of small doses of Donovan's solution (liq. arsenici et hydrargyri iodidi, gtt. ij.—v. t. d., p. c. in water) with acunite or veratrum; or, after the process has lasted some time and the vascular tension is lessened with digitalis.

* Trans. Coll. Phys., Phila., 1888.

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MONTREAL, JANUARY, 1889.

A HAPPY NEW YEAR.

With this number of the RECORD we begin another year, and, according to custom, we wish for our readers that it may be a prosperous one. The winter has so far been a very unhealthy one, and those of the profession who have not been themselves laid up have been kept unusually busy. Many of the younger men just beginning will no doubt obtain a good start in practice owing to the general demand for hard working doctors, which so much sickness must cause. We trust that the doctors may all continue to be busy, and that under their skilful treatment all their patients will speedily recover. When our readers have no time to read long articles, they can turn to the pages of the RECORD and see at a glance just what is going on in the progress of medical science; our aim always having been to furnish the greatest possible amount of information in the smallest possible space.

THE INFLUENZA.

About the beginning of December telegrams from Russia informed us that many of the citizens of St. Petersburg were suffering from a disease which has so often started in that country that it has been