

The treatment of these cases has undergone very marked changes in recent years. With regard to digitalis, the best authorities are agreed that the drug should not be administered until the heart begins to fail ; or, until symptoms of dilatation appear. But an advance has been made in therapeutics of extreme value in the judicious combination of heart tonics with arterial dilators. It has been shown that the nitrites dilate the arterioles without depressing the heart ; while digitalis acts upon the heart without interfering with the nitrites.

But care is required in the method of administration. These drugs have different periods of action. The nitrites usually act in a few minutes and their action lasts from three to six hours. Soda-nitrite and nitro-glycerine dilate the vessels for a period of three hours ; and should be given every three hours, if the vaso-dilator action is to be constant. It may be only necessary to give the digitalis every day or second day. By watching these conditions the true therapeutic periodicity of the remedies are made to fit into each other ; and aids in the best way possible the heart to do its work. By such treatment, threatened cardiac dilatation and failure may be averted for a long time. These potent remedies should never be given in combination.

Along with the above drug treatment, the utmost care should be directed to the patient's general condition. The diet and hygiene of the patients calls for attention. Every evidence of uric-acidæmia must be searched for and counteracted by proper means. The elimination from the diet of an excess of nitrogenous food is very important. With the earliest manifestations of high tension, alcoholics must be excluded from the dietary and beverage lists.

The investigations of Broadbent, Garrod, Roberts, Morison, Herschell, Balfour, Huchard, are of much importance. Up to the present moment, however, we are disposed to give first place to the researches of Haig on the relationship of uric acid to arterial tension.

Cholelithiasis.

At the meeting of the British Medical Association, in Montreal, Dr. William Hunter introduced the discussion on the question of Cholelithiasis. This is a very important subject because of its frequency, its many and painful symptoms and its serious sequelæ and sometimes fatal termination.

After a careful review of the subject, Dr. Hunter concludes that the disease is of purely local origin, and arises in the biliary ducts and gall bladder. The conditions found in the gall bladder and larger bile