

in the case of antipyrin rash, this accident is more likely to occur when the patient is not kept in bed, so that the intensity and duration of medication are increased to combat the unfavourable influence of activity and excitement. This furnishes an additional reason for keeping the patients in bed and under close observation during treatment by powerful drugs.

In all the cases a liberal diet is required without stimulants, the subjects of chorea being usually of a thin and nervous type, and the disease is itself exhausting and commonly associated with anæmia and debility.

The principal complications are endo or pericarditis, which in the acute stage are best treated with salicylates, as in rheumatism. The indications are chiefly a hurried, weak pulse, with palpitation, some præcordial discomfort, and perhaps a soft blowing murmur or friction sound. They are so slight, and may be so ill-developed, that in a restless child it is easy to overlook them. Only in the later stage, contraction deformity of the valves, do the rough murmurs with evidence of cardiac enlargement and back-working show themselves.

In a few cases in which the actual movements are so violent and continuous as to bring about contusion and abrasion of skin, with exhaustion, wasting, and loss of sleep, direct sedatives are required. Chloral and the bromides are then generally serviceable, the dose being daily increased from 10 to 20 grains until either the symptom is subdued or physiological effects of the drugs produced. If this treatment fails, recourse must be had to subcutaneous injections of morphia or even the inhalation of chloroform.

When the active phase of the disease declines, the patient still needs care and treatment on account of the remaining anæmia and debility, the mental condition of hebeude and intractability, and the tendency to recurrence of the malady, apart from the more serious heart complications which may have resulted.

The best tonics are the milder preparations of iron, either the wine or citrate, with liquor arsenicalis in comparatively small doses (3 to 5 min.), or cod-liver oil; absence from competition with others, either in school or playground, for some months, which are best spent at the sea-side or in the country, where quiet amusement can be obtained without books or boisterous companions. In protracted cases and during convalescence great benefit may be derived from massage, passive exercises, or such diversion as may be obtained in the use of a skipping-rope or hoop. For the most part, it is best to avoid books and such toys as appeal to the imagination and provoke spontaneous activity of the brain.—*Treatment.*

IS THE URIC ACID DIATHESIS AN IMPORTANT FACTOR IN PATHOLOGY.

This is the title of an article by Dr. James Tyson in the *Philadelphia Medical Journal* for July 16, 1898.

At the outset Dr. Tyson defines what he understands by the uric acid diathesis. A person the subject of this diathesis secretes habitually or frequently acid, scanty, high-coloured urine, which