into the fibrous tissues or joints, producing the whole series of changes above described in the blood and circulation and in the urine, which may be easily observed as they pass before you. The patient will then say that he has had a relapse of his gout, and one will know why he has had it, and also exactly what it is necessary to do to prevent all future similar relapses.

The many errors and misunderstandings that have arisen as to the etiology and pathology of arthritis and collæmia, or the local group and the circulatory group of uric acid poisonings, have for the most part been due to the original errors and erroneous conclusions of those physiologists and experimenters who worked without any regard to the solubility of uric acid in the blood and tissue fluids of the body. If these experiments had never been made it would have been seen much more quickly, what is known to-day, that these things are not diseases at all, but mere symptoms of food poisoning, and that the poisons being left out the symptoms cease to appear.

When this has become common knowledge it will be obvious that the "uric acid diathesis" is a myth, and that gout is but a symptom of poisoning by flesh and tea; while, lastly, this complete and correct knowledge will give complete power over the symptoms, and enable the removal of all results except the larger structural lesions which the food poisons may have produced.

Injections of Calomel.—Dr. M. DANLOS (*Les nouveaux remèdes*, 1903, vol. xix., No. 9, p. 103) presents a note on two modifications of the usual formulae for the injection of calomel that he has found useful in the treatment of rebellious cases of tertiary syphilis. It has been found by many syphilographers that these obstinate cases of tertiary syphilis have been greatly benefited by injections of calomel, but occasionally there are patients who resist even this remedy when used in the old form. The use of oily vehicles to suspend the calomel is open to much criticism. Vaseline, which is largely used, dissolves calomel very slowly and favors the formation of nodes, which engulf the salt and prevent its action. Water does not hold calomel in suspension. Emboli are apt to form, and, moreover, portions of the drug remain in the syringe. Glycerin, gum, and syrup have been used. Glycerin, however, has been found to be painful, and the gums are difficult to sterilize. The author has made some experiments with the use of sugar, which vehicle he has found of great service. The sugar and the calomel are sterilized separately. The mixture is made in a sterile flask, and injections are made with this sterilized product.

New Salts of Mercury for Injections.—Drs. L. JULLIEN and F. BERLIOZ (*Les nouveaux remèdes*, 1903, vol. x., No. 10, p. 223) have obtained and have studied several new soluble salts of mercury for the treatment of syphilis. They have combined a cacodylate of ammonium with an oxide of mercury, forming a mercurial cacodylate, which results in a gray powder very soluble in water, containing at least 56 parts of mercury in 100. In tests on at least fifty patients a dose of $\frac{1}{4}$ to $\frac{1}{2}$ of a grain has been very well borne. Another salt, the ammonium-chloro-mercurate, is made by dissolving the yellow oxide in the solution of ammonium chloride. This seems to be better borne than corrosive sublimate, although it has been found at times that injections are painful. The dose is the same as sublimate.