

its muscular elements soon succeed granulo-fatty degeneration and all its consequences of local affections of the heart and general perturbations of the circulation, whence the second indication, which corresponds to this second phase of the disease, to oppose as far as possible this granulo-fatty degeneration of the heart. It is upon these two fundamental data, based alike upon pathological physiology and clinical observation, that the entire therapeutics of mitral diseases rests. It will be readily understood that the means must materially differ in these two periods. In the first period—that which corresponds to compensatory hypertrophy—there should be employed merely hygienic precautions, such as the surveillance of bodily exercise, which should be regularised and moderated, and direction in the choice and exercise of professions, in view of the expenditure of force required. Amongst the avocations which the physician should, as far as possible, interdict to cardiac patients stand in the front rank the military profession, those which expose to cold or damp and which may provoke rheumatism, those which demand great efforts, those in which an impure air, or one charged with noxious principles, is respired, and those which predispose to anæmia, &c.; the regulation of food, which plays so important a rôle in the dietetic treatment of cardiac affections, as well as the condition of the digestive organs, abstinence from alcoholic beverages, and the cessation of the use of tobacco, &c. The choice of climate, in which those of excessive temperatures should be excluded, and that of habitations should be objects of the physician's consideration. Besides these hygienic precepts he should take moral hygiene into account: every great emotion, every passionate disturbance, every long-continued contention can only aggravate the condition of such patients.

Medicaments, properly so-called, only play an absolutely secondary rôle in the management of compensatory affections. Digitalis ought not to be employed, it is formally contra-indicated, and should be reserved for the uncompensated period or affections. Iron, which has been vaunted as so useful in anæmic affections of the heart, ought also to be proscribed. M. Dujardin Beaumetz greatly prefers quinine, and especially

arsenical preparations which, in anæmia, possess the advantages of iron without its inconveniences, and the tonic action of which upon the heart is happily associated with a stimulation of the general functions. Alongside of this remedy Dujardin Beaumetz places the bromide of potassium, whose action is still better indicated in uncompensated mitral affections. It may, however, be of service in this first phase in combatting the pains, sensations of oppression, and the insomnia, in a word, the whole series of nervous phenomena which are so often observed in the early stages of mitral lesions, especially in many nervous women. Baths, which hold a middle place between hygienic and medicinal measures, can only be permitted tepid; hot baths and cold baths, hydrotherapy and sea-bathing, and lastly the use of mineral waters (although it is true they have been recently recommended in special conditions) are also to be proscribed. Such is the *ensemble* of indications and contra-indications, therapeutic and hygienic, formulated by M. Dujardin Beaumetz.—*Gazette des Hôpitaux*.

TUBERCULOSIS OF PEYER'S PATCHES.— (LAVERAN.)

The alterations I have met with in the intestines of tuberculous subjects may be ranged under the four following heads:—

1. Isolated tubercular granulations, non-ulcerated, bearing much resemblance to hypertrophied closed follicles, from which it is difficult to distinguish them by the naked eye.
2. Annular ulcerations—the most frequent and most characteristic.
3. Ulcerations of Peyer's Patches and of the closed follicles.
4. Diffuse tubercular colitis; the large intestine thickened, ulcerated in a large number of points, presents the same aspect as in dysenteric cases, and, during life, symptoms of dysentery are sometimes observed—tenesmus, small, mucous, and sanguinolent stools.

I shall not delay over the annular tubercular ulcerations of the intestine; these are now days well known, and all authors agree in regarding them as the most characteristic intestinal lesions of tuberculosis. When you see an intestine affected here and there by these trans-