

varied from six weeks upward. In eleven cases there was marked diminution even to complete disappearance. In five others there was considerable but not so marked improvement. In the remaining cases the treatment was without result. In the five cases in which the treatment was only partially successful, potassium iodide internally and iodine ointment externally also failed. Four patients, who were seen from three to five months after the cessation of treatment, were found to be in the same condition as at its close. The explanation being apparently that in hyperplastic struma the gland substance functionally hypertrophies, and upon the administration of the extract this hypertrophy retrogrades, provided that secondary changes have not supervened.—*Wiener Klinische Wochenschrift*, 1895, No. 41, S. 715.

THE TREATMENT OF ZONA.

M. ALBERT ROBIN commences with the administration of a saline purgative, preferably sodium sulphate. For the eruption it is essential that it be kept dry. The application recommended, which will also relieve the pain, is composed of powdered starch, 60; zinc oxide, 15 to 20; powdered camphor, 1 to 3; and finely powdered opium, 1 part. In old people the eruption should be closely watched to prevent ulceration. The neuralgia which precedes and accompanies the eruption is treated by four pills daily, each containing one-sixth of a grain of extract of datura stramonium and extract of gelsemium, and one-twelfth of a grain of extract of belladonna. If these pills should fail antipyrin is to be substituted. For the neuralgia consecutive to the eruption subcutaneous injections of antipyrin are employed, or those of sodium glycono-phosphate.—*Bulletin général de Thérapeutique*, 1895, 40 liv., p. 358.

THE TREATMENT OF LUMBAGO.

M. ALBERT ROBIN mentions the various local applications with friction which have been used from time immemorial, revulsives, counter-irritants, and wet-cups. Of the applications, massage of the joints, electricity, particularly for the secondary muscular atrophy, and methyl-chloride for the acute stage, are especially mentioned. For the internal treatment jahorandi is most strongly recommended. As contra-indications to its use should be cited disturbances in the cardiac rhythm, and it should be omitted if epistaxis or the quantity of urine does not reach the normal amount after diaphoresis. The method of preparation is as follows: Sixty grains of the leaves are macerated for twelve to twenty-four hours in two and one-half drachms of alcohol. Upon this mixture is poured one and one-half ounces of boiling water, which is infused for twenty-four minutes and then filtered. The filtrate is taken hot, as it is prepared, in the morning, fasting. During the perspiration the patient should avoid swallowing the saliva, which may give rise to nausea or even to vomiting, and for the thirst he should drink only a small quantity of warm liquids, diluted coffee, in order to avoid the vomiting which follows the immoderate ingestion of cold liquids or the swallowing of a certain quantity of saliva. There are instances when a single dose of the remedy will cure the disease. In case it is necessary to repeat the treatment, it is well to have a day of intermission between the doses.

The patient should be kept warm, confined to his room or even in bed. In case that this remedy is contraindicated, sodium glycono-phosphate, five to seven grains, hypodermatically can be substituted. In certain cases when the articulations are affected sodium salicylate may be of use, but it is not so valuable as is jahorandi.—*Bulletin général de Thérapeutique*, 1895, 36 liv., p. 241.

MEDICINE.

UNDER THE CHARGE OF

WILLIAM OSLER, M.D.,

PROFESSOR OF MEDICINE IN THE JOHNS HOPKINS UNIVERSITY, BALTIMORE, MARYLAND;

AND

GEORGE DOCK, M.D.,

PROFESSOR OF MEDICINE IN THE UNIVERSITY OF MICHIGAN.

ALCOHOLIC MYOCARDITIS.

AUFRECHT (*Deutsches Archiv für klin. Med.*, Bd. liv. p. 615) calls attention to a class of cases not hitherto recognized. The disease usually occurs in men between the ages of twenty-five and fifty, but in one case appeared in a man nineteen years old. Brewers and inn-keepers form a large proportion of cases; women are rarely affected. All the patients admit excessive use of alcoholics. That all who indulge in the same way are not affected may be due to mode of life, to exercise, temporary periods of abstinence, or other unknown causes. The disease begins gradually. Most patients in the beginning are well nourished. The first symptom is dyspnoea, which may be noticed in talking; in more advanced stages on climbing stairs. A feeling of pressure in the heart region is not uncommon. The patients are usually able to continue their business, especially when it does not involve severe bodily labor. On account of the course of the disease the heart—the organ first affected—is rarely examined in the earliest stages. Cases examined at such times show an enlargement of the cardiac dulness, rarely a murmur. Aufrecht considers the lesion in the heart to be at first dilatation from the effect of the alcohol on the muscle; this is followed by hypertrophy of the muscular fibres and their nuclei, increase of connective tissue, thickening of the smaller arteries with increase of nuclei in their walls, and, finally, fragmentation of the muscle-fibre. For these lesions Aufrecht prefers the term at the head of this article. At an early period of the disease the liver is enlarged, perhaps on account of the dilatation of the heart, though the author thinks more probably from inflammatory changes due to alcohol. Later, cirrhosis occurs, either atrophic or hypertrophic; in some cases there is peri-hepatitis. Congestion of the kidneys also occurs, with temporary albuminuria. In one case uræmic mania with albuminuria gave the first indication of the kidney affection, the attack being brought on by a wine-dinner. In another case there was temporary diabetes. Alcoholic myocarditis was at