Case 5. History of headaches, and later on of vertigo with insomnia; the subjective symptoms subsiding on wearing correcting glasses.

Case 6. Patient, a lawyer aged 51; a long lifetime of active work and constant use of the eyes, but no trouble until one night of intense anxiety gave rise to threatening but brief cerebral symptoms, which at once seemed to make the use of the eyes painful. The cerebral symptoms (vertex headache, excitement of mind, &c.,) were such as to point rather to cerebral troubles than to the eyes as the cause of distress. On neutralizing an optical defect, by proper glasses, entire relief was afforded. A good example of the way in which a permanent unfelt defect is lifted into evil influence by some brief but potent disturbance of the cerebral centres.—*The American Journal of the Medical Sciences.*

THE OPIUM TREATMENT OF DELIRIUM TREMENS.

In the *British Medical Journal*, Surgeon Edward Nicholson writes:—

At the outset of my military life I adopted, for the cases of delirium tremens so common among soldiers, the morphine treatment recommended by Prof. Roser, of Marburg. He pointed out that patients are lost by timidity in not prescribing opium in sufficiently large doses, under fear of poisioning; he advised energetic doses of morphine, commencing with one or two grains, and giving one grain hourly until deep narcotization occurs. I cannot say exactly how many cases I have treated on this plan, but I may say roughly about fifty, and have always found it safe, quick, and attended with the minimum of trouble. I have had but two fatal cases of alcohol-poisoning: one was alcoholic apoplexy in a man detained under suspicion of approaching delirium tremens; the other was a man who, having been successfully treated twice within a few weeks, had a third attack of delirium tremens, was brought to hospital in an insensible state, and died in a few minutes after I saw him. Neither of these cases had any narcotic treatment.

In a case of evident delirium tremens I give at once two grains of morphine; in violent cases as much as three grains: this is repeated after two hours if no effect is apparent. A third dose, making a total of eight grains within four hours, has sometimes been required. The patient generally falls to sleep after the second dose, and awakes cured. Sometimes a further small dose (one grain) may be required, but the patient is reasonable, and all trouble at an end.

After quoting some cases in point, he adds:—

These cases show that the danger is precisely in these ordinary doses of opium, and that the beneficial effects are obtained by giving at once such a dose as would endanger the life of a healthy person, and repeating it rapidly until sleep is produced. I may recall Orfila's opinion that "opium employed in strong doses ought not to be ranked among the narcotics or the stimulants; it exercises a peculiar mode of action which cannot be designated by any of the terms at this moment employed in the materia medica." Of course this is meant as applying to the diseased, not to the healthy state. An analogous difference of action is to be seen in the case of ipecacuanha when given in high doses as a remedy for dysentery, or even better in the use of the tincture of digitalis in half-ounce doses against delirium tremens. The digitalis treatment has one advantage—that the remedy is nearly invariably used in the full doses recommended at the time of its discovery: hence its general success. While the morphine treatment, which is, when properly conducted, the safer of the two, is apt to be discredited, in consequence of the substitution for it, by the timid, of the dangerous system of trifling with small or ordinary doses. The digitalis treatment is far more likely to be carried out, and there is little fear of ten or twenty drops being substituted for the proper half-ounce dose. It is to this very plain treatment that I might, perhaps, ascribe the diminished fatality of delirium tremens in the army.

At St. Mary's Hospital there has just occurred a case of recovery from rabies. The boy now is apparently well, and is walking about, but the details are not published yet. The plan of treatment adopted was that of injections of chloral hydrate. The details will be very interesting, and I will refer to them when Dr. Broadbent publishes them.—*Phil. Med. Times.*