Smith, that here was not so much a question of the urethra and its lymph supply as of the prostate. He thought that it was generally held that the lymph about the neck of the bladder passed to the retroperitoneal glands. Here the prostate would seem to have been primarily affected; its lymphatics pass to a gland in the lateral true ligament of the bladder.

A Case of Occipital Meningocele—Dr. KENNETH CAMERON read the report of this case.

Treatment of Alcoholism by Hypodermic Injections of Nitrate of Strychnia—Dr. MCCONNELL read a paper on this subject as follows:—

In *Merck's Bulletin* for August, 1891, a brief notice of Dr. Portugalow's experience with the nitrate of strychnine in dipsomania is given. He claimed to have cured 455 cases, and asserts that he knows of reliable and specific remedies for two affections only: strychnine for the various forms of alcoholism, and quinine for malarial fever. He used a solution of six centigrammes in fifteen grammes of distilled water, given from one-quarter to one-half gramme hypodermically once or twice daily, ten to sixteen injections completing the treatment. Similar results were obtained by Dr. W. N. Jergolski, and others, in Russia, Germany and Italy.

That strychnine, cocaine, atropine, capsicum, cinchona, and other nerve tonics had been employed with advantage in alcoholism is a fact generally known, but that such brilliant results could be obtained by such a well-known remedy as strychnine, properly administered, filled a gap in the therapeutics of a disease with which, hitherto, medication had mostly been fruitless, and which could only be regarded and hailed with grateful appreciation by the general practitioner who could hitherto do so little for this—by no means small—class of afflicted humanity.

I have treated during the last 15 months some 30 cases, 25 of whom received the full course of injections; the results will, I think, demostrate what benefit we can obtain from it in this form of narcomania. Due attention was paid in each case to the associated derangements and the constitutional peculiarities. The patients all came to the office for treatment, and although recommended to abstain from further drinking were allowed to take liquor if they desired it. The dose given subcutaneously varied from one-thirtieth to one-sixth grain twice daily for ten days, then once daily for ten days, the highest dose being reached about the third or fourth day and continued to the close of the treatment. This being nearly in accordance with Spitzka's experiments, that to maintain its action the doses of strychnine must be in the beginning increased, and later the interval increased and the doses lessened. The border line of tolerance was reached in most cases when one gramme was used of a solution containing 12 centigrammes strych. nitrat. to 15 grammes water, that is about two-fifteenth grain. Internally cinchona, peroxide hydrogen and capsicum were frequently prescribed in combination. When bromide of sodium failed to procure sleep, paraldehyde always succeeded. In the later cases strychnine in doses of one-twentieth grain, with elixir of phosphate and calisaya (Wyeth's) was ordered to be taken once or twice daily for four or five weeks after ceasing the injections.

The following brief reports of each case are condensed from the notes taken in detail during the progress of the treatment.

Two solutions were used, one containing six centigrammes to fifteen grammes water, and in the later cases one of double the strength, equal to two grs. to the half ounce. The weaker solution was used in all cases unless where the stronger is mentioned.

CASE I.—November 10, 1891, insurance agent aged 50, has used alcohol since 12 years of age and to great excess since 20, and more or less continually during the last four years; marked family history of alcoholism. Patient is small in stature, emaciated, tongue thickly coated, tremulous, has had very little sleep for a week. Gave a purgative and potassium bromide.

On the 11th began the injections, giving ½ gm. twice daily. He states that after a prolonged spree, during the first, second and third weeks of abstinence he suffers from cramps in the limbs, and for four years has had night sweats; had no cramps after first injection, and claimed to have no desire for liquor after the first day. At the end of the first week of treatment he showed remarkable improvement in every respect; had a ravenous appetite, slept well, no depression, and very sanguine as to the virtue of the treatment. During the second week had one injection daily, when the treatment ceased. He then claimed to enjoy as good health as ever before. He reported from time to time the entire freedom from desire for liquor, and remained so for eleven months, during which time he had no regular work. Having got a situation, after his first pay he ventured a glass of liquor, when the ardent crave was rekindled and a prolonged debauch followed.

CASE II.—Moulder, aged 50, is a strong, robust man. No family history of alcoholism or other neurosis. Received a blow on the forehead about 30 years ago, where a depression still exists; began his drinking habits after that; has drank hard during last 15 months, and is now imbibing all he can procure, sometimes 40 glasses of liquor daily. Had two injections twice daily for a week; took no liquor after the first day, and after the second