

potent factor in the promotion of drunkenness. In like manner may be traced the history and mental bias of the physician who denies altogether the benefits usually ascribed to alcohol. His opinions will generally be found based on sentiment rather than accurate scientific investigation. He is more inclined to bend science to his opinions than his opinions to science. The opponents of alcohol as a therapeutic agent are not, however, without benefit to society. They present the question in striking contrast, and so aid in impressing society with the evils of excessive drinking.

It is scarcely necessary to argue with either of the extremists in this controversy. Still, an occasional review of this question is essential to watchfulness and the avoidance of extremes. We cannot escape the frequent consideration of an agent so powerful for good and evil, filling so large a space, not only as a medicine, but also as a beverage. According to the present state of knowledge, supported by the daily experience of thousands of acute observers, there can be no doubt of the value of alcohol in certain diseased conditions. True, the range of application is not nearly so wide as formerly believed, and yet believed by many who refuse to read the evidence. Yet, within certain limitations, alcohol has undoubted benefits.

We have long felt the necessity for a radical change in the mode of administering alcohol. It is, therefore, with pleasure that we recently noticed expressions in different influential quarters, in support of such a view. The first objection to any, and all the standard combinations is, that they are most likely known to the patient, and it may be to the use of which he is, or has been addicted. To give such a patient his old favorite drink, would be, almost infallibly, to fire up the old appetite. But there is also a scientific reason for such a change. We do not generally prescribe wine, beer, whiskey or brandy, as such. It is the alcohol we are after, and hence select the menstruum much as we wish a slight, for more powerful stimulant, determined also, not unfrequently, by the taste of the patient, to which, as already stated, it may not be prudent to cater. As a matter of fact we cannot, even approximately, regulate the degree of stimulation desired by any of the common liquors, owing to the want of uniformity in the quantity of alcohol contained. These and other facts which might be named, are cogent arguments in favor of the use of

simple alcohol, diluted and disguised according to taste and fancy. In this way we can prescribe this agent with the same definiteness of dose as opium or any other medicine. Dr. Norman Kerr, of London, Eng., tells us that he has followed this method for over twenty-five years. His favorite combination is, compound tincture of cardamom, aromatic spirit of ammonia, with a little of the spirit of chloroform. This combination may be varied both by addition and subtraction, as circumstances require. This mode of prescribing alcohol has the additional recommendation of cheapness, a no small consideration in many cases. The annual liquor bill of hospitals and other charitable institutions would be greatly reduced by the adoption of this method, against which there can be no scientific or other valid objection.

TRAINED NURSES.

In an article in a recent number of the *Louisville Medical News*, the writer alludes to the importance and value of thoroughly trained nurses in the sick room. The writer also refers to the workings of the training schools for nurses attached to the New York Hospitals, and the rapid progress made by them since their foundation eight years ago. He also shows that since their establishment the death rate in the hospitals has fallen very considerably. At Charity Hospital on Blackwell's Island, the first year after their inauguration, the death-rate fell thirty per cent. "The proper place for the education of nurses is undoubtedly in the wards of our hospitals. Here they are brought in contact with all kinds of disease, and here they can obtain such knowledge as is necessary to the proper performance of their functions in the sick-room. They should receive rudimentary instruction in anatomy, physiology, hygiene and preventive medicine, and it would perhaps be wise to teach them the doses of drugs, their physiological and toxicological effects, and the antidotes for poisons. The application of the bandage and the uses of the thermometer and catheter are necessary accomplishments. By some one trained in the art of cooking, they should be taught to prepare the articles of diet required by the sick. To acquire this knowledge is needed only close observation, quick perception, and a sufficient amount of practical every-day experience."

The physician in charge of a serious case of ill-