

As the result of a good deal of experience I have come to the conclusion that, in ordinary acute delirium of alcoholism, chloral in large doses (gr. xx. to xl.) repeated in smaller doses in two or three hours, and combined with digitalis and strychnia, is the safest and surest means of controlling the excitement and securing sleep.

This formula may be used :

R—Chloral hydrat.	. . . . .	℥ xvj.
Ext. digital. fl.	. . . . .	℥ xiv.
Strychnine nitrat.	. . . . .	gr. ½.
Aque	. . . . .	℥ iv.

M. Sig. : Dose ̄ ij. to ̄ iv., repeated in smaller amount every two hours if needed.

Such treatment is of course combined with a preliminary laxative, and with careful diet of hot milk and beef-tea with red pepper.

In frebile delirium tremens depressants must be used with care, and strychnia given hypodermically every three hours. Cold baths or cold wet packs, with friction, must be applied every two or three hours while the temperature remains high.

The use of hypodermic injections of morphia is very rarely needed, and I do not advise it. The use of hyoscyne and hyoscyamine is, in my opinion, positively unjustifiable except in mania a potu. Here is a mental disease, not an intoxication with alcohol, and a paralyzing drug like hyoscyamus may be safe.

In conclusion, I would restate the points I desire to make, as follows: Inebriety is never, strictly speaking, a disease. It is a symptom of a neuropathic or psychopathic constitution, and is usually only one of numerous other symptoms. In its most common and its typical form it is a periodical psychosis.

Of the enormous number of persons who drink intemperately a very small proportion are strictly inebriates. In this city there are at rough estimate seven hundred drunkards to one inebriate. Of the cases brought to Bellevue about five per cent. are inebriates. Inebriate specialists see more, relatively, of true inebriety. In large general hospitals the percentage is near the normal, and a better point of view is gained. Inebriety is a rare disease relatively. It is but slightly amenable to moral influences, hypnotism, or suggestion, and is not at all affected by chloride of gold or any specific medicine. It is helped by suitable general treatment. Habitual drunkenness, like other bad habits and morbid cravings, is helped by moral influences, self-restraint, as well as by proper medical treatment. The results of treatment at Homes, where restraint and moral influences are chiefly applied, are apparently as good as those where all forms of alcoholic indulgence are looked upon and treated as a disease.—Charles L. Dana, in *Med. Rec.*

## DIPHTHERIA.

Any contribution towards the better comprehension of diphtheria must be welcome, and it is a singular fact that for some years after its discovery by Klebs, and subsequent re-discovery by Loeffler, there should have been comparatively little attention paid to the bacillus, which is now on all sides recognized as being the prime agent in the disease. It was not, indeed, until Roux and Yersin succeeded in showing that the products of the cultures of this organism give rise to some of the characteristic effects of the virus, including paralysis, that the etiological relationship of the bacillus to diphtheria could be said to have been established. This point in the history of the subject was brought out by Professor Baginsky in a paper recently read before the Berlin Medical Society, that occasioned a discussion which occupied two sittings. It may be remarked in passing, that Professor Baginsky, in giving so much credit to the French observers, did not escape the criticism of one of the speakers, who pointed to the long array of German men of science who had worked at the subject; but Professor Baginsky successfully maintained his ground. The main purport of the communication was to develop what may be termed the bacteriological diagnosis of diphtheria, and to advocate its routine employment as an adjuvant to clinical observation. During the past year he has been engaged at the Hospital for Sick Children, which bears the names of the Emperor and Empress Frederick, in obtaining tube cultures from the false membranes of all cases admitted with the diagnosis of diphtheria. Blood serum was used for the cultivations, which were carried on at a temperature of 37°C. In most cases the microbes found in association with Loeffler's bacillus disappeared, and there was left a pure culture of the latter, which in a few hours assumed its typical and easily recognizable characters. This test was supplemented by microscopical examination of dry preparations, and, in doubtful cases, by the results of inoculation on animals. A pure culture of the bacillus was obtained in 118 out of 154 cases thus examined; of these 118, 45, or more than 38 per cent. proved fatal. Thirty-nine of these cases were associated with paralysis, 17 with severe septic phenomena, and 44 cases required tracheotomy; whilst only 28 (or 25 per cent.) ran a mild and favorable course. On the other hand, there were 36 cases of the whole group from which the deposit yielded no bacilli, but only cocci; and it is particularly instructive to note that only 4 of these were fatal, one being a case admitted with severe paralysis, another complicated with measles and dying from pneumonia, and two developing bilateral empyema. All the rest ran a favorable course, and recovered in a few days without complications. The infer-