

of dry mouth, dilated pupil and flushing of the skin.

If there be any systemic depression, as there usually is in severe cases of facial erysipelas, quinine should be combined with the belladonna, giving one-quarter of a grain of the extract of belladonna with from two to five grains of sulphate of quinia every three or four hours.

Should we have reason, from the occurrence of delirium or the beginning of coma, to suspect that emboli were being deposited, we should, without delay, resort to the use of carbonate of ammonia and produce full alkalization of the blood as speedily as possible. Such are the general principles of the systemic management of these cases.

What local measures should be employed? The text-books contain a vast variety of remedies to be applied locally. The attempt is made to stop its spread by the use of blisters, nitrate of silver, tincture of iodine, a saturated solution of the sulphate of iron, carbolic acid and a thousand and one other remedies. All this is based upon a fallacy. This condition of the skin is a symptom of the malady and only a symptom. We cannot, as a rule, prevent the spread of the disease by the remedies mentioned. We cannot prevent or limit by such measures the constitutional condition. The simplest local application suffices. I have seen more good from mercurial ointment very much diluted, and from vaseline or lard, than from the most elaborate applications. The strength should be one drachm of mercurial ointment to the ounce of lard or vaseline. If there is reason to fear that the disease will exist as an epidemic, we should, of course, adopt measures to prevent the diffusion of germs. In a simple case like the one before you the proper treatment is that which I have indicated.—*Coll. and Clin. Rec.*

DELIRIUM TREMENS.—It has long been a matter of dispute whether delirium tremens is due to the direct poisonous action of the alcohol or whether it is due to the sudden stopping of drinking, and hence to the sudden withdrawal from the system of its accustomed stimulant. There can be no doubt that in many cases delirium tremens is caused directly by drink. Many patients have entered the hospital during my term of service in a wild condition of delirium tremens who have continued to drink up to the very hour of entrance. On the

other hand, a number of patients have entered the hospital in a drowsy, stupid condition brought on by drink, and it was not until a day or two later that delirium tremens proper came on. In these cases it might seem as though the delirium tremens did not appear until the drink was withdrawn and then appeared in consequence of this withdrawal. It is well known that drunkards can put off an impending attack of delirium tremens by continuing to drink, but whether they can thus postpone the attack indefinitely is a matter of doubt; judging from my limited experience I should say not. After a time the stomach is apt to get into such a condition that it will no longer retain alcoholic drinks; but even in those cases where the stomach will tolerate the alcohol, still the attack of delirium tremens will sooner or later come on and cannot be indefinitely postponed by drink. The opinion that delirium tremens is caused directly by the drink and not by its withdrawal has of late years gained more and more ground, and at the present time I think the great majority of those who have had much experience in the treatment of delirium tremens incline to this view and hence believe in stopping all alcoholic drinks immediately, instead of gradually diminishing the quantity of them, as has been advocated by those who believe that the withdrawal of the alcohol is the cause of the disease.

The question is somewhat different in the case of injuries. When an habitual drunkard, who has enfeebled his nervous system as well as all the other organs of his body by the long continued abuse of alcohol, receives some severe injury, he soon afterwards becomes tremulous and delirious and passes into a condition of very dangerous exhaustion. Now, this form of delirium tremens may perhaps in part depend on the sudden withdrawal of the usual alcohol stimulant, but it depends, it seems to me, in much greater part on the shock which the injury produces upon the enfeebled nervous system and on the extra work incident to the process of repair which is thrown upon the enfeebled and diseased internal organs, especially upon the kidneys. In this form of the disease it seems necessary to administer alcohol in some form, although I am inclined to believe that digitalis would be a better stimulant to the heart and kidneys in these cases.—*Med. Annals.*