

The free introduction of normal salt solution gives most reliable support to the heart, dilutes and renders less toxic the poison in the blood, improves the condition of the patient in every respect and does much to allay the delirium; but for the special purpose of combating the delirium in the hyperæmic cases, gelseminine is given in doses of 1-25 grain every one or two hours until its full physiological effect is developed, unless the delirium and unrest are sooner allayed. This drug is a reliable cerebral sedative and motor depressant, and is not incompatible with any drug indicated in the hyperæmic type of cases, but should not be given in the anæmic cases. Strychnine, a drug the effects of which are directly opposite those of gelseminine, is given for the control of the delirium in the anæmic cases. Strychnine is positively contradicted in the hyperæmic cases, but in the anæmic cases, by increasing the blood supply to the brain, it quiets delirium. Alcohol is reduced to a moderate quantity but not entirely withdrawn during the delirium. Physical restraint is condemned. Opiates and other narcotic and sleep-producing drugs are condemned. They are not only dangerous *per se*, but interfere fatally with the action of the curative remedies. This plan of treatment has been employed, when indicated, in 450 consecutive cases of chronic alcoholism. Some of these were delirious when admitted, others developed delirium after admission, but in no case did the delirium resist the treatment longer than twenty-four hours, and in most cases this symptom was overcome in from six to twelve hours from the beginning of treatment. No death from delirium tremens occurred in the entire series of 450 cases.

#### Cancer of the Lip.

Delay in operating for cancer of the lip is deprecated by E. A. Babler, in the *Journal of the American Medical Association* for January 8th, who especially condemns any trifling with palliative measures in these cases. He says that the secret of success lies in early and complete removal of the growth on the lip and glands in the submental and submaxillary fossæ. The technic which he says seems best is given as follows: "For two or three days before operation the patient is given a mouth-wash and the teeth cleansed three times daily. Under ether anæsthesia, a colliar incision is made and the glands in the submental and submaxillary regions, together with the adipose tissue, are excised. Drainage is provided for through two small supplemental incisions. The wound is then sutured and protected with gauze pads, which latter are held in place by an assistant while the growth on the lip is being removed and the parts sutured. In my own cases the entire wound surfaces are swabbed with Harrington's solution and then with salt solution before being sutured. The drains are removed on the second day. The patient is permitted to leave his bed on the fourth day." The conclusions which Babler feels justified in offering from his study of the subject are given as follows: "1. The causes of failure in the treatment of cancer of the lip are (1) late recognition of the disease, (2) the patient's refusal of early operation, and (3) incomplete operative technic. 2. The common practice of treating cases of persistent 'fissures' or 'crack' of the lip in a patient thirty years of age or over, with pastes, caustics or powders, is to be deplored. The fissure or crack should be excised and immediately subjected to microscopic