est odor. In this case, there was no trouble whatever from the chief source of danger in this operation, viz., the entrance of part of the accumulated fluid into the peritoneal cavity—forced either through the free extremities of the Fallopian tubes, or through ulcerations in their thin and distended walls, by the great expulsive force of the uterus, which, contracting down, closes the apertures of communication with the Fallopian tubes.

This deformity, in some cases, seems to have an hereditary tendency.

1, Beaver Hall Terrace,
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THE THERAPEUTIC VALUE OF ALCOHOL.

BY DR. W. E. BESSEY.—(*Continued.*)

Dr. Ainstie calls alcohol an anæsthetic such as chloroform or ether, adding that it is an acrid narcotic poison. Now, what is the effect of anæsthetics when freely used? Dr. F. H. Hamilton, inspector-general of the U. S. army, during the late war, thus wrote (1865): "Anæsthetics produce certain effects upon the system, which tend to prevent union by the first intention, and, consequently, they must be regarded as indirectly promoting suppuration, pyæmia, secondary hemorrhage, erysipelas, and hospital gangrene. We are compelled to say that our success in capital operations, especially in primary thigh amputations, has not been as good since we began to use these agents as it was before." Therefore, if alcohol is what Dr. Ainstie claims for it, then it must, from its extensive use, promote a vast amount of diseased action in the system.

Dr. Markham, in the *British Medical Journal* (1861), thus accounts for the erroneous opinions of the day. "Medical men had been stimulated to the modern extensive use of alcoholic drinks in disease, and in health, by chemical theories. That these chemical theories upon which they founded their practice have at length been found untenable, and, especially, that we have now at length come upon another chemical theory, which indicates that it is, to all intents, a foreign agent which the body gets rid of as soon as it can; that it is, in fact, something like chloroform, ether, &c., (Chambers, Ainstie,) agents fraught with blessings to humanity, but yet admitted to rather tend to poison than to feed the body of man. Alcohol is not a supporter of combustion. It does not prevent the wear and tear of the tissue. Part and probably the whole of it escapes from the body, and none of it, so far as we know, is assimilated or serves for the purpose of nutrition. It is, therefore, not a food in the eyes of science."

Dr. Budd, F.R.S., in his lecture on functional disorders of the stomach, thus speaks of gastric irritation, one of the morbid conditions present in gastric fever (*Medical Times*): "The most effectual remedies are, (1) sedatives, and other means which lessen the irritation from which the gastric disorder springs; (2) alkalies and astringents. The diet should consist chiefly of milk and farinaceous food, and little should be eaten at a time. *Alcoholic drinks* and all stimulating articles of food seldom fail to aggravate the disorder, and should be strictly forbidden."

The recommendation of alcoholic beverages as remedies is the common practice in Montreal, and the *stimulating plan* or the administration of alcoholics, as wine, brandy, whiskey, gin or ales, is the practice in vogue in the Montreal General Hospital, in which institution according to the last (corrected) annual report the mortality rate, in typhoid fever, out of a total of 49 cases was 8—or 16·3 per cent. less than that of the European Hospitals generally, where the average mortality rate, in this disease, is about one in 5.4 or 18.53.—(Murchison,) to one in 6—or 20 per cent (Aitken, Harley,) but greater than under the non-stimulating plan, as pursued in Glasgow hospitals, where it has fallen from 17 to 10 per cent.—(Gairdner.)

Some allowance, however, must always be made for variable hygienic conditions, and in this instance for the lack of perfect sanitary arrangements in the present Hospital buildings, and also for the uncertain ages of the 49 patients referred to in the report, the mortality rate among old persons being always much greater than among the young, amounting in some cases to 60 per cent.—(Murchison.) The general mortality rate of the Hospital for the year was 9·38, which, owing to the epedimic of confluent small pox which prevailed in the city last winter, was unusually large.

Hartshorne gives 1 in 20, as the probable death rate in this disease. My own opinion is that under favorable hygienic conditions the mortality rate in this disease should not be more than 5 per cent.

But then the stimulating plan is frequently adopted in other diseases in private practice. I have had two illustrations of this in children this summer. In one case a child had been weaned for several months on account of the mother's inability to continue nursing. At first, as was natural, the child declined in appetite and refused its food. A medical gentleman was consulted, and recommended the mother to give the child brandy with