

Nervous Diarrhea.

Pariser distinguishes five forms of nervous diarrhea, due to (1) central nervous influences; (2) toxic causes, as from *tenia*, nicotine, morphia; (3) reflexes from the pelvic organs, stomach, nose or skin; (4) neurasthenia; (5) combined catarrh and neurosis. The differential diagnosis is easy when the symptoms point to neurasthenia, while one of the most valuable signs is persistence of the diarrhea after adoption of a simple non-irritating dietary. The great abdominal nervous plexuses are often hyperæsthetic; mucous is absent from the stools, save sometimes in the fifth group; other objective signs are lacking. The treatment resolves itself into finding first the cause, then removing.—*Edinburgh Medical Journal*.

On the Use of Alcohol in Phthisis.

Edward Preble, in the *Journal of Tuberculosis*, writes well concerning this subject. The use of alcohol in phthisis was at one time thought to be a specific for phthisis. To-day physiological action of alcohol is well known. It checks nitrogenous waste, promotes appetite, in small doses accelerates digestion, facilitates the pulling on of fat, and slightly reduces temperature. It stimulates the heart and nervous system and favorably influences the night-sweats and insomnia. Alcohol he says, should therefore be a valuable remedy in phthisis, if all possibility of abuse is guarded against. All depends upon quality and dose. Now, as formerly, tolerance is an essential point, and the use of the drug should be forbidden to all in whom its action goes, so to speak, against the grain: and this prohibition includes all children. Patients may exhibit intolerance to malt liquors and yet derive benefit from spirits; even the season of the year plays a part in relative tolerance; for malt liquors seem to be more acceptable to some individuals in the hot months. It is generally agreed that alcoholics are best taken while eating, and if spirits are required between meals, they should be given in the form of egg-nog and milk-punch. As a general proposition, all spirits and strong wines should be given diluted. Under certain circumstances alcohol is contra-indicated even in the absence of intolerance. Its use is generally believed to be inappropriate after hæmoptysis, or perhaps a case in which repeated hæmoptysis is a feature. In the gastritis which not infrequently accompanies phthisis, alcoholics are necessarily out of place. In cases of phthisis in which cough is unusually distressing, the use of alcohol may or may not be contra-indicated. Williams, the English expert, finds that the various alcoholics exert a different influence upon cough, and that good claret may be borne in these cases when other forms of stimulants produce irritation. Upon this point experience alone must be our guide.—*Charlotte Medical Journal*.