

a case of diphtheria, the attending physician omits to do all he can for the welfare of his patient. In *pulmonary phthisis*, especially if there is any elevation of temperature, alcohol is one of the most valuable remedies at our command, notwithstanding the fact that phthisis is especially prevalent among those who live an intemperate life. Dr. H. Brehmer, who has probably a larger experience in treating pulmonary phthisis than any other man, over 13,500 patients having visited his institution for the cure of consumption at Goebersdorf, in Germany, during the last thirty-three years, says: "I first introduced alcohol as a remedy for pulmonary consumption because it strengthens the heart's action, elevates the blood pressure, and improves the feeble and weak pulse; but as long ago as 1864 and 1865, I found that it also possesses great value in aborting or shortening the chills and reducing the temperature, and that it should be classified as a powerful drug for relieving the fever." He also states: "Brandy and milk properly administered is a sovereign remedy for night sweats."

Dr. P. Dettweiler, of Falkenstein, another phthisio-therapeutist of excellent reputation, says: "After many trials and experiments with a large variety of drugs, I have arrived at the conclusion that alcohol is the most potent factor for the relief of the fever of consumptives, and that, if I had to choose, I would rather dispense with the use of salicyl, quinine, and antipyrin than with that of good wine and pure cognac." One of the best of our own clinical teachers, Prof. Austin Flint, Sen., says: "Basing my opinion on clinical experience, I do not hesitate to express the belief that in a certain proportion of cases alcohol exerts curative influence." All these writers agree that they do not know of any cases where intemperate habits were developed by the proper use of alcoholic stimulants during the treatment of the disease. It seems almost superfluous to add anything to the testimony of these trustworthy and careful observers. The writer has always employed alcohol—generally in the form of strong Hungarian wine, taken principally with meals—in treating pulmonary

phthisis, and his experience fully coincides with the statements made above.

The value of alcohol in pulmonary phthisis is depending not only on its therapeutic effects but also on its dietetic qualities, and, as in the case of diphtheria, it would be bad practice not to give our consumptive patients the benefit of this valuable remedy.

In *typhoid fever*, as well as in *pneumonia of the asthenic type*, the good effect of alcohol is more readily observed than in most other diseases, and the most gratifying results are recorded frequently as a direct sequence to the liberal use of alcoholic stimulants. After typhoid fever has run along for some weeks, and great depression of the vital powers, as shown by indistinctness of the first sound of the heart, a feeble pulse, jactitation, is a prominent symptom, alcohol is the remedy above all to be relied upon. If it would not extend this paper beyond the space allowed, a number of very interesting cases could be quoted which tend to convince every intelligent physician of the great benefit derived from the judicious but liberal use of alcohol in treating typhoid fever or conditions resembling it. Only one case, instructive also in regard to the effect of a small dose of antipyrin, shall be mentioned:—

L. P., a young lady of 17, was taken with typhoid early in October last. The writer saw her in consultation first, November 28th; at that time the symptoms attracting attention were occasional vomiting, low delirium, temperature  $102\frac{3}{4}^{\circ}$ , subsultus, pulse 120 and weak, some tympanitis. Ordered one-half ounce of best brandy in water or milk every hour, two pints of champagne during twenty-four hours, and Rudisch sarco-peptones. The general symptoms remained about the same; vomiting ceased, but the temperature—taken every two hours—showed a higher range during the next few days. December 2nd, temperature  $104\frac{1}{2}^{\circ}$ , breathing 34 per minute with increased adynamic condition. At 6 p. m. ordered 15 grains antipyrin every four hours if temperature above  $102^{\circ}$ . Brandy increased to one ounce every hour, otherwise no change. At 9:30 p. m. called in haste; temperature  $97\frac{1}{2}^{\circ}$ , pulse 140 and feeble, respira-