Although man is not made for this position, yet he can balance himself pretty firmly for a little while. The ataxic will experience a great deal of difficulty and will instinctively call to his aid his other foot so as not to fall. If his eyes are closed he will not be able to stand one instant, and if not held he would fall heavily to the ground. Such are the symptoms of incipient locomotor ataxy. They will not be all present frequently, but they should be all sought for in order to avoid an error which might have grave consequences.—*North Am. Pract*

DIDACTIC AND CLINICAL TEACHING.—The study of medicine as followed in the best medical schools is spread over a number of years, beginning with the foundation branches and ending in the last two years with the practical parts. While lectures of a didactic character may be necessary in part in the first and perhaps second years of the course, the laboratory work should form a large part of this half. After this, the didactic lecture should be put aside and cases should be intelligently and systematically followed in the wards and dispensary.

The schools that insist on the didactic lectures to the end, and have but one or two clinical lectures a day will hardly turn out the right kind of men. The making of good text-books and works intended to supplement the ward work can in a great measure take the place of the musty and often out-of date didactic lecture which is given in a perfunctory manner. Medicine alone needs object teaching more than any other of the professions. The proper study of mankind being man, it should be the duty of the medical school so to frame the course that the student, after he has mastered the rudiments, may study disease at the bedside, and after following out each symptom and sign, then to refer to, not read through, his books. In this manner of study, the treatment may be left to the last, but it should not be entirely neglected for the diagnosis. Americans living in Germany often have a German physician to make the diagnosis and then call in a practical American or Englishman to prescribe. The student needs diagnosis and then, as he proceeds, efforts as to forecasting the probable outcome of the disease should be made, for in private practice it will be found out what value people put on the right prognosis. The general class of drugs to be used will be known by their physiological action, and the doses are gradually acquired by constant prescription writing. It should never be forgotten that all books describe disease as it occurs on the average, and because a patient is ill he need not necessarily have one of the diseases as laid down in the books. There are atypical cases, and these as well as the typical ones can only be learned at the bedside. Therefore, the progressive school and one that wishes to turn out men fit to practice, and not theorists, will let the dry didactic lecture give place to bedside teaching and clinical lectures, and the result will be that a student will be ready to practice when he graduates, and will not have to sit in his office and wait for grey hair and venerable looks. The multiplicity of medical schools, and the competition between the poorest ones do not elevate the standard of the medical profession.—Ed. Maryland *Med. Journal.*

ALCOHOL IN NEURASTHENIA. By Græme M. Hammond, M.D., New York.—The diet to be observed in neurasthenia is a question which deserves a great deal of careful consideration In many cases the digestive organs fail to perform their functions properly, either because the digestive juices are not secreted in their proper proportion, or else chemical changes in their composition diminish or interfere with their activity. This results generally in quantitative indigestion, that is, the inability to digest more than a very limited quantity of food; but sometimes certain classes of foods seem to be discriminated against much more than others.

It is not my purpose in this article to consider the subject of digestion in neurasthenia in all its aspects, but to confine myself solely to the influence of alcohol on the digestion of the neurasthenic and on the neurasthenia itself.

The free use of alcohol is always more or less injurious to the normal individual, but it is particularly so in cases of neurasthenia. Patients of this description usually find out for themselves that the free indulgence in wines aggravates their headaches, increases their insomnia, induces more indigestion than they usually have, and augments their general symptom of discomfort. On the other hand, it has been my experience that small quantities of alcohol, given with the heaviest meal, frequently assists a feeble digestion. More than this, is seems to dissipate, for a time at least, the depression and confusion which are so often prominent symptoms. It is true that alcohol retards the action of pepsin in experiments performed outside of the body, but within the stomach diluted alcohol, in small quantities, seems to stimulate the gastric tubules and thus increases the secretion of gastric juice. It is the function of the gastric juice to convert proteids or nitrogenous food into peptones. A diminished quantity of gastric juice, therefore, delays or arrests the digestion of meats, albumin and gelatinous foods, all of which are nitrogenous and, as a class, are very necessary in supplying muscular strength and vitality. The gastric irritation consequent upon indigestion has in itself a depressing effect upon the nervous system. It has long been my custom, therefore,