

PHOSPHORUS IN THE TREATMENT OF CHRONIC ALCOHOLISM.

The *Journal d'Hygiene*, of February 21, 1878, contains an article on this subject, taken from the *Gazette Medicale Italienne*. Dr. d'Ancona, the author of the paper, remarks in the outset that this mode of treatment is not new, but he thinks it has not received the attention which it deserves. He justly states that the rapid increase of troubles, due to the excessive use of alcoholic liquors, and the great difficulty of treating such cases effectually, makes any remedy, which seems to render any service to such patients, worthy of careful study and investigation.

The etiology and symptomatology of chronic alcoholism are, alas, but too well known, and hence he deems it unnecessary to consider these points. He gives the details of five cases in which he has used phosphorus in the form of phosphide of zinc. We give a brief history of one of these cases. The treatment was commenced on the 20th of May, 1877, and continued without interruption till the 1st of October following. During this time, the patient took from one to ten centigrammes of the remedy a day. Eight grammes were taken in all. During the month of October, it was only given four days each week, in the dose of three centigrammes each day. There were no evil results produced; no loss of appetite, and no gastric disturbance; indeed, the general condition steadily improved.

He comes to the following conclusions at the end of his paper:

1. Phosphorus is a very useful remedy in the treatment of chronic alcoholism.

2. The medicine is perfectly tolerated in doses which no one has dared to give heretofore—ten centigrammes (nearly $1\frac{1}{2}$ grains) a day for many weeks.

3. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.

4. The medicine seems also to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped.

Dr. d'Ancona then gives a theory as to its *modus operandi* in three cases, and, in conclusion, begs that a fair and impartial trial be given the medicine, and that the results be published.

THE MANAGEMENT OF ACUTE CATARRH OF THE MIDDLE EAR.

In the *Louisville Medical News*, Dr. W. Cheatham says, on this subject: Never put a poultice over an eye or an ear. It is sometimes excusable in diseases of the former organ after

all hopes of vision are gone. They give relief at first, but usually leave the organs in a much worse condition than could have been expected from the primary trouble. They lead to the growth of polypi, and get the external auditory canal into such a soggy condition as to render the case almost, if not entirely, incurable. Many of you, no doubt, have seen earaches relieved by their application, but how many of you have also seen perforated drumheads that can never be healed, recurring polypi, occlusion of external auditory canal, deformity of auricle resulting from abscesses, and many other evils which could have been avoided by the proper treatment.

I place at the head of all treatment for acute inflammation of the middle ear local blood-letting. One or several leeches should be applied to the tragus, leaving them there until they are filled; then the flow of blood should be encouraged for an hour or more, the number of leeches and the length of time of the after-bleeding to be controlled by the condition and age of the patient and the severity of the case. When it is impossible to get the leeches, wet cupping over the mastoid region is desirable. Next in efficacy to local depletion comes water as warm as can be borne, by means of a douche (not a syringe), or any other arrangement by which a steady flow of it into the aching organ may be acquired. A quart or more to be used in this manner, to be repeated every half hour or hour until relief is given.

If these remedies fail, do not try anodynes yet. They only mask the symptoms. If the drumhead is bulging, perform paracentesis. The operation is a very easy one. Any one capable of seeing a drumhead should be able to do it. Under good illumination pass the knife or needle used along the floor of the canal and just posterior to the handle of the malleus; in the infero-posterior quadrant of the membrane make your puncture. Sometimes pus will escape, other times blood or serum. After the puncture is made cause the patient to perform valsalva, or inflate with Politzer's bag, and blow out any fluid which may be retained there. Where there is any doubt in your mind as to the propriety of the operation because the case is not clear to you, give the patient the benefit of the doubt. With ordinary care you cannot possibly do harm, whereas by neglect irreparable injury may be done. Holes in drumheads made by knife or needle soon heal, very often before you wish; they are usually difficult to keep open.

After free vent is given the discharge anodynes may be used. Give them for their effect and not by the dose. Quiet the pain; give rest. This subject of rest was discussed very thoroughly in the last meeting of the New York County Medical Society. Drs. Agnew, Knapp, Roosa and others agreeing on the importance