England, chills after exertion in a heated atmosphere may produce some of our most formidable acute disease, I will not make further remarks upon emanation *versus* chill.

ALCOHOL AS A MEDICINE.

By WILLIAM BERRY, M.R.C.S. Eng., L.R.C.P. & S. Ed.

THE interesting papers of Drs. Russell and Sutherland on Alcoholism, as well as the paper of Mr. Lucas, in the JOURNAL of November 14th, will be read by many with the interest and attention they deserve. These admirable papers will cause members of our profession to pause before prescribing alcohol as a remedial agent, especially for women and children, and, to the more inquiring, will cause them to ask themselves what other remedy they can employ instead with equal benefit to the patient. I, for one, do not believe that medical men, as has been asserted, are answerable for the moral degradation of the people from drunkenness, through their indiscriminate prescriptions, but believe, on the other hand, that they are capable of wielding a mighty power against its spread whenever they see a tendency to the development of that habit we call dipsomania.

I am pleased to see that this subject is demanding the attention of eminent members of our profession, that legislation is likely ere long to deal with the subject, and to provide some means of treating this form of mental weakness. That alcohol is a valuable therapeutical agent cannot be denied; and that it has stimulant and narcotic properties, according to the dose, is equally certain, although Mr. Lucas is pleased to term its narcotic effect over-stimulation.

In acute febrile diseases, we see marked benefit derived from its moderate and judicious employment, and have little fear of setting up the habit of its continual employment, if we reduce the dose while the patient is convalescing. It is in nervous people, especially women suffering from neuralgias, faintness, or nervous depression, that we require to be more guarded, and, if possible, to employ a substitute. In these cases, as in all others, the medical man should be definite in his prescription, and should never prescribe it *ad libitum*, but order a certain quantity every three, four, or six hours, or as often as he thinks it requisite; and, as soon as improvement is noticed, he should diminish the dose, finally substituting a nervine tonic in its stead. It is also a good plan to order a biscuit or a small quantity of food to be taken with the stimulant.

Mr. Lucas has arrived at erroneous conclusions from the experiments he has made, when he denies the narcotic effect of alcohol. He admits that alcohol does not pass unchanged out of the body, but is largely oxidised; and he says also that it is to the result of this oxidation that we have its narcotic properties. He believes, moreover, that it is a *pure stimulant*. In large doses, he says, it stimulates to death, giving as an example a person having drunk a quart of rum or brandy falling down dead from over-stimulation, dying from exhaustion of nerve-force; but is it not more likely to be from paralysis of the nerve-centres? The person does not show any signs of stimulation, excepting such as we see in narcotism from other drugs. Opium, for instance, is a narcotic poison, but in small doses it is a powerful stimulant; surely, then, we should not say, in a case of poisoning by opium, that it had stimulated to death.

In admitting that death from a large quantity of alcohol is due to exhaustion of nerve-force from over-stimulation, we must believe that nerve-force is capable of expending itself, after the manner of gunpowder when a lighted fusee has been applied. That its narcotic effects cannot always be explained by its decomposition into carbonic acid and other impurities, thereby charging the blood with the same, is equally certain, and is disproved by the case of the toper who becomes suddenly narcotised after a large dose, and before the blood could possibly become charged with the results of its decomposition. That in cases of drunkenness, the stupor and sleepiness may be theoretically explained in this way, I am not prepared to deny. The effect of alcohol stimulating the animal passions needs no comment. In medicine, it is never used for such a purpose; therefore, this question does not affect us as practitioners. Moral men, of course, ought to keep within bounds, or be total abstainers.

Mr. Lucas also questions the theory of alcohol preventing waste. Dr. Parkes found that urea was not diminished by the use of alcohol in the healthy adult; but the late Dr. Anstie found that the quantity of urea was considerably diminished by its use in a case of typhus. Now, if this were really accumulating in the blood, as Mr. Lucas suggests, its formation not being prevented, we should have uræmia in its worst form; but is such the case in fever-cases, in which large quantities are taken to sustain life? Its action on the albuminous tissues, as shown

by Dr. Ross, and also by Dr. Beale, will explain how it prevents the formation of urea, thus diminishing its excretion when the quantity is large.

To my mind, Mr. Lucas totally fails to show that alcohol is not an useful and suitable medicine when properly employed; neither has he suggested any other remedy in its stead. We have depressing effects after the use of any stimulant, unless its effects be kept up, either by repetition or an equivalent in the form of food or another stimulant substituted; but, in treating diseases which require stimulation, the convalescence of the patient removes all demand for the remedy. It does not matter whether we administer alcohol in shape of spirits of wine, brandy, or wine; but it is well to have a choice, as no one form is suitable for all cases. I have seen drachm doses of spirits of wine, coloured with cochineal, and taken every four hours, produce beneficial results, when the same amount of brandy would have been refused on moral grounds.

How far alcoholic stimulants are necessary to healthy people, either taken with food as an article of diet, or at bed-time as a night-cap, I am not prepared to say. Its habitual use, even in moderation, and that of tobacco, which is also held to be unnecessary, form subjects for the moralist to discuss, and do not affect us as physicians, or its use as a medicine.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

GREAT NORTHERN HOSPITAL.

A CASE OF INJURY TO THE FACE, PRODUCING DEFORMITY OF THE FEATURES: THE DISTORTION IN PART REMEDIED BY PLASTIC OPERATIONS.

(Under the care of Mr. W. SPENCER WATSON.)

James C., aged 25, was kicked in the face by a horse, ten years ago. While training the horse, by whipping it round in a circle with a long leading-rein, the animal suddenly backed on him and kicked him violently in the face. He was knocked down, and when picked up the left side of his face was, as he described it, lying on his left shoulder. There was still evidence that both jaws must have sustained compound comminuted fractures; the nose was split open nearly vertically, and the anterior wall of the antrum broken into through the integuments of the cheek. The contraction of the cicatrices formed during the healing of these injuries, resulted in a drawing down of both the left eyelids to a point above the middle of the inner side of the nose, so that the patient was unable to open his left eye by any movement of the muscles attached to the eyelids, though when the palpebral aperture was dilated by the fingers, the eyeball was seen to be perfect, and the sight of the eye itself was unimpaired. The jaws were much distorted, and could only be opened to a limited extent. Nevertheless, mastication and articulation could be very fairly performed. In the middle of the left cheek was an opening communicating with the antrum, and the skin surrounding this opening was drawn down towards it in the form of a funnel-shaped depression.

The above description applies to the condition of the patient when he was admitted into the Great Northern Hospital, in July 1874, for the purpose of having an operation performed, designed to restore binocular vision.

Having several times successfully operated for ptosis, by removing portions of the upper eyelid, and so bringing the eyelid within reach of the fibres of the occipito-frontalis, Mr. Watson proposed a series of plastic operations in which this principle might be rendered available.

† On July 16th, chloroform having been administered, a flap was taken from the upper eyelid, of a somewhat elongated oval form, and inserted in a raw surface left by making a free incision below the lower eyelid, dissecting the skin upwards, and freeing it by making deep cuts into the hard fibrous cicatricial tissue, by which it was bound down to the upper jaw. The edges of the wound in the upper lid were then brought together, and the flap retained in its new position below the lower lid by sutures. The whole of the parts operated on were then covered by a layer of cotton-wool saturated with styptic colloid. In this operation, care was taken to dissect up the lacrymal sac with the inner end of the eyelids. An attempt was made to draw up the flap thus formed, without dividing the lower end of the sac and the commencement of the nasal duct, but this was found to be impossible; the lower end of the sac was, therefore, cut across, and the divided