the toxin. It might lessen the pain of pleurisy if no better agent were at hand, but there are not many other conditions of the respiratory system where it would act beneficially.

Diseases of the Alimentary System.

Alcohol is a good antiseptic and is recommended by Mr. Jonathan Hutchinson as a mouth-wash after operations on the tongue. Personally, I try to prevent oral sepsis under all circumstances, but I don't often waste the whisky in this manner. The prophylactic use of antistreptococcus serum, as adopted by Watson Cheyne and others, should in my opinion, find a wider sphere of usefulness than merely in cases of operations on the mouth. I think that a septic pneumonia which not infrequently follows on cerebral haemorrhage might thus be often obviated.

A little wine is often an aid to digestion, and the effervescing wines increase peristaltic action. If used in too great quantities, or in not sufficiently dilute form, it is apt to set up gastric catarrh and thus destroy any good effect which it may have had. Indirectly it lessens the alkalinity of the blood and leads to gouty changes. In this way alone it might be considered a prophylactic against tuberculous affections, as gouty people are not liable to phthisis, or other debilitating diseases; their troubles are circulatory. It is not the alcohol, but its influences and by-products which give rise to gout.

Alcohol is the potent agent in the production of cirrhosis of the liver; it also usually complicates that disease by inducing cardiac asthenia, dilatation of the tricuspid orifice and congestion of the liver. It is often extremely difficult to get these patients to stop their alcohol, but why any medical man should prescribe it in such cases I fail to see, unless on the principle of a piece of hair of the dog that bit you. Chronic granular kidney is frequently set down to alcohol and no doubt its long-continued excretion may have a determining effect, but I look upon this state of the kidneys as part of a general arterio-sclerosis which has no necessary connexion with alcohol, though the gout and defective metabolism which are induced by alcoholic drinks are important causal factors.

Surgical Operations.

Surgeons are well aware that the worst patients on whom they have got to operate, apart from cases of advanced disease of the kidneys, are alcoholic subjects, yet, with a faint glimmer of medicine still in the minds, when anything is going wrong with their patients they fly to alcohol, unfortunately not for themselves but for their innocent victims.

Gentlemen, I think I have said enough to show you my opinion of the limited utility of alcohol in disease: it is for you to consider how far and how freely you will continue its use.

REFERENCES.

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A THERAPEUTIC NOTE: COLD AFFUSION IN DELIRIUM TREMENS.

By SIR WILLIAM BROADBENT, BART., K.C.V.O., M.D.,
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A CASE of delirium tremens to which I was called by Dr. Lenton Heath gave me the opportunity of recommending a mode of treatment which I employed repeatedly many years since, and always with immediate success. I must have described it, but it does not seem to have found its way into the textbooks. The practice is cold affusion carried out in the following way: The patient is stripped naked and lies on a blanket over a waterproof sheet. A copious supply of ice-cold water is provided, and a large bath sponge dripping with the iced water is dashed violently on the face, neck, chest, and body as rapidly as possible. He is then rubbed dry with a rough towel, and the process is repeated a second and third time. The patient is now turned over, and the wet sponge is dashed on the back of the head and down the whole length of the spine two or three times, vigorous friction with a bath towel being employed between the cold water attacks. By the time the patient is dried and made comfortable he will be fast asleep.

Dr. Lenton Heath's patient was a young gentleman of about 30 addicted to alcohol. Under his influence and treatment he had abstained for some time, but had then given way, and

after a week of continuous indiscriminate drinking had delirium tremens, or, perhaps more strictly, delirium ebriescum, since, with characteristic hallucinations, he was more violent and had less tremor than is usual in delirium tremens proper. A complication which almost precluded recourse to opiates or sedatives was the presence of a large amount of albumen in the urine.

The treatment was effectually carried out by Dr. Heath, with the anticipated result of sound refreshing sleep and speedy recovery. The albuminuria gradually disappeared.

I have employed cold affusion in this way even when there was extensive pneumonia with the delirium tremens. When the patient wakes up the tremor is gone, the relaxed perspiring skin is warm and dry, and the weak flickering pulse has recovered tone.

In rheumatic and enteric hyperpyrexia the effect of the cold bath is not simply due to the abstraction of heat. The graduated bath has much less effect than the plunge into cold water, and may have no effect at all unless cold affusion is applied to the head. It is not easy in domestic practice to give a cold bath in these cases, and may be impossible. Affusion by means of a bath sponge followed up by a wet sheet may meet the emergency.

RADIUM BROMIDE IN THE TREATMENT OF RODENT ULCER.*

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THE following cases of rodent ulcer treated by the application of a glass tube containing 5 mg. of radium bromide may be of interest.

The first case is that of a man, aged 76, who for upwards of ten years has had trouble over the right malar bone. It began as a tiny excrescence, which itched and often bled, and grew slowly until August last. I then found an ulcer showing the usual characters of rodent ulcer situated vertically parallel to the right orbit on the protuberance of the malar bone and measuring two inches by three quarters of an inch. Treatment by tying the radium tube between the ulcer and a layer of gutta-percha tissue was begun on August 15th, and after the first application of thirty minutes a distinct change could be seen. The surface of the ulcer appeared, as it were, to sweat, becoming moist and redder, and the surrounding skin flushed. The applications were renewed at varying intervals through September and October for twenty-six times, but the periods were short, averaging only twenty minutes and irregular. At the end of that time the whole surface was covered with a delicate but natural-looking skin, and, except that the inner anterior margin was raised and nodular, the patient considered himself cured.

During the winter he suffered severely from bronchitic colds, and until a month ago I did not see him. The cicatrix then showed healthy skin, except for two small islands of scab at each extremity, about $\frac{3}{8}$ in. in diameter, and a tuberculous (keloid-looking) swelling at the anterior margin. I therefore persuaded him to recommence the treatment, but it was not until fourteen applications of an hour each that sweating began, and the scab dissolved off the upper end. This is now cicatrizing, and the margin is less nodular, but although the disease seems to be checked, it is by no means cured, and I shall be agreeably surprised if the new tissue does not break down again.

The second case has been a complete success; he was a crippled railway porter who attended a gate-house at a level crossing, and had suffered for two years with a somewhat similar ulcer on the left side of the face, oddly enough, in a situation exactly corresponding to that in the previous case. This was almost round, 1 in. in diameter (roughly the size of a halfpenny), and as he demurred to excision, his doctor (Dr. Roddis) sent him to me. Dr. Jackson, my assistant, kindly took charge of the case, and after nineteen applications averaging fifty minutes each, the ulcer was so perfectly healed that, except in a good light, it was and is difficult to localize it. The skin looks so absolutely non-cicatricial and so entirely like that of the face around, that it is hard to believe that he ever suffered from

* Read at a meeting of the East Anglian Branch of the British Medical Association.