of the treatment is the hydrotherapeutic. Full sheet packs, liven packs, vapour baths, sitz baths, spinal baths, are all in their place found to be most beneficial. The skin is thus got into a thoroughly healthy condition and internal organs are invigorated in the performance of their functions.

Mentally and morally much is accomplished by the patient's cheerful surroundings, the presence of others nearing the completion of their treatment, whose well-being and health greatly encourage the new arrival, and by tactful counsel from the physician or nurse to help the patient's resolve and open up to his mind fresh and healthy views of life and its privileges.

In the great majority of cases four weeks is sufficient to transform the drink-sodden victim of intemperance into a healthy and sober man or woman. Exceptional cases will require five weeks, and very occasionally six to eight are desirable.

There are some few cases who have little or nothing left to work upon. They appear to be thoroughly burned out, so to speak, by alcohol, and though the baths and medicines may take the appetite for drink away they have no vitality left, and soon drift back into their old habits. Such cases, however, are not numerous. Rarely, too, one meets with another class of patients that are very disappointing. They will not treat one honestly and fairly in taking the treatment, they will drink on the sly, and will never show an honest purpose to live a clean life. As a rule, however, no patient who takes the full course of treatment as directed, and manifests an honest desire and set purpose to rid himself of his bondage will fail to succeed. One clearly recognizes that alcoholism is not simply a physical disease but also a great moral malady, and we therefore seek to lead the patient to look upon life in a new way; to persuade him to give up false friends and old associations; and to make up his mind that in the future he will under no circumstances whatever touch the poison that has ruined his past.

The treatment is necessarily institutional from its very nature and the frequent, regular, and thorough administration of the remedies employed. Besides, there is much about institutional life and its environments that is extremely helpful to the patient. I should add, however, that considerable success has been achieved by sending specially-trained administrators as residents into homes of alcoholics for a month or five weeks, there to treat the patient under the physician's directions.

What percentage of the patients remain permanently cured? It is most difficult to answer this question, as from the very nature of the malady it is not easy to gather reliable statistics. Dr. Wolfenden's statistics in Australia go to show that 80 per cent. remained total abstainers after a period of one to eight years. My own experience leads me to conclude that 60 per cent. here do so. Some fall and return at once, and having learnt their bitter lesson are the stronger for the relapse. Others are led back to drinking habits by old associations, the presence of drink in the home, or the lack of moral courage. The results, however, are most encouraging and stimulate one to further research and endeavour to secure the best results.

ADRENALIN IN NEUROTIC HEART.

By A. S. MYRTLE, M.D.,
Harrogate.

NOTHING has been more forcibly impressed on my mind during the last fifteen years than the great and steady increase of heart cases of a neurotic origin. On examining such in a quiescent state, one discovers nothing abnormal with heart or pulse. The attack generally comes on suddenly without apparent cause—the patient feeling perfectly well, detects a little flurry in heart's action with a sense of oppression or weight—the pulse is feeble, very irregular, and intermittent, beating rapidly for a second or two, then halting, missing a beat after every third, fifth, or seventh. Respiration is hurried and shortened, but not remarkably so, and a full deep breath can be readily taken. Early attacks pass off generally as quickly as they appear with rest and a glass of whisky or other stimulant; they can be frequently be traced to errors in diet, over-fatigue, mental excitement, or functional derangement of the liver. As time goes on they become more frequent and persistent, demanding active treatment. I have found full doses of strychnine $\frac{1}{10}$ gr. hypodermically or by the mouth most reliable, and with this $\frac{1}{10}$ gr. to $\frac{1}{2}$ gr. strophanthin is combined with marked advantage; in

severe cases I have resorted to ether inhalations without permanent good. I have long discarded digitalis as useless.

Recently I met with two cases lasting for days where the above measures, with plenty of brandy, etc., had absolutely no effect.

CASE I.

The first, a gentleman over 70 years of age, had been very bad for four days and nights, when my son suggested a trial of adrenalin. He had been using this (to me a new therapeutic agent) in cases of hæmorrhage, internal and external, at the infirmary and in private. He had noticed that in cases where he had found the heart weak, the pulse feeble and irregular before the adrenalin was given, after its use the heart's action got stronger, the pulse steadier, and whilst admitting that the improvement in these cases might reasonably be accounted for by the cessation of the bleeding, he advised a trial of the drug in this case and prescribed 20 min. of adrenalin chloride solution every six hours; the pulse was so rapid, feeble, and irregular that it could not be counted, the patient complained of a dull pain with sense of weight over the heart, his expression anxious, the face and ears ashen, the extremities cold, and the voice reduced to a whisper. After the second dose a little improvement was noticed, and this continued without a check after each dose; after the fifth the patient fell asleep in his chair and in a couple of hours awoke feeling quite himself but very shaky.

CASE II.

Shortly afterwards a similar case came under our care—a gentleman close on 80 years of age, of gouty habit. He had been liable to heart attacks for many years. After reading a highly sensational blood-and-thunder novel, the heart suddenly gave in; he began passing large quantities of pale urine, for an hour and a-half he had to empty his bladder every fifteen minutes. He was put on the same course as the other patient, and after the third dose was relieved of all discomfort.

In neither of these cases did any unpleasant effect follow.

In milder cases we have given small doses, 5 min. with $\frac{1}{10}$ gr. of strophanthin with the most satisfactory results. I feel scarcely warranted in bringing this new remedy as a cardiac tonic to the front on such limited experience, but having watched its action most carefully I am convinced of its value, and place it before the profession believing it will prove of great benefit in cases of heart failure such as I have described. I am all the more encouraged to do so after reading the original, bold as well as successful results obtained by Dr. James Barr, of Liverpool,¹ in dealing with the very worst cases of serous effusion in the cavities of the body, where complications of the gravest kind had to be faced.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, March 19th.

DIONINE: A NEW OCULAR ANALGESIC.

By JAMES HINSELWOOD, M.A., M.D.,
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In dealing with disease in such a sensitive organ as the eye, our aim must be not only to cure the disease, but during its course to give relief to the sufferings of the patient. Every agent which can contribute to the relief of pain should therefore be welcomed as an additional weapon to our therapeutic armamentarium, which cannot be too well stocked. At the meeting of the British Medical Association in 1898 at Edinburgh I made a communication¹ on holocaine, an ocular anaesthetic and analgesic, greatly superior to cocaine in its power of relieving the deep-seated pain of ocular disease. On reading Darier's recent work² on ocular therapeutics my attention was directed to dionine as an ocular analgesic, and I have since made extensive use of it with great success, both in my private and hospital practice. Although dionine has been used for several years in general medicine as a sedative to replace codeine and morphine in bronchitis, pulmonary emphysema, and bronchial asthma, its use as an ocular analgesic is practically unknown in this country, and hence I wish to briefly record my personal experiences of this new and powerful agent for the relief of pain in the eye.

Dionine, or ethyl-morphine hydrochloride, is a white odourless crystalline powder freely soluble in water. I have used the dionine chiefly in 5 per cent. aqueous solution, or made up with vaseline as an ointment in similar strength. Where there is great lachrymation I prefer to use it as an ointment, which smears itself over the globe of the eye, and is gradually melted and absorbed. In such cases a few drops of a solution are rapidly diluted with tears and washed out of the conjunctival sac, and therefore it is not so effective as the ointment. Even in 2 per cent. aqueous solution, or as an ointment of same strength, dionine has marked analgesic properties, and hence, where the pain is not severe and the inflammatory condition of the eye not very acute, the