Greig Smith,¹ speaking of cysts of the mesentery, divides them into traumatic, sanguineous, sero-sanguineous, and serous. These arise from rupture of a blood vessel between the layers of the mesentery with extravasation of blood into the areolar tissue. The blood may be diffused or may become encysted, forming a haematoma. The natural changes in clot may result in the formation of a cystic tumour containing liquid blood or blood-stained serum. The rupture of a vessel into a simple cyst may produce a condition identical clinically with a true traumatic cyst. The case in question may, I think, be regarded as a traumatic blood cyst, the traumatism being the straining during labour. The possibility of the blood being of renal origin—that is, from a branch of the renal artery—must be borne in mind. Henry Morris² states that:

Hildebrandt has put on record a blood cyst containing one litre and a half of fluid blood, and not communicating with the renal cavity. He considered it was a haematoma due to rupture of an aneurysm. Blood cysts may occur from accidental rupture of vessels or from the giving way of diseased arteries. They are almost invariably mistaken for renal cysts.

Could the nature of the swelling in the present case have been diagnosed, there is no doubt that drainage through the loin by an extraperitoneal operation would have been the ideal one. Fortunately, however, all went well by the method adopted.

REFERENCES.

¹ *Abdominal Surgery*. Sixth edition. ² *Surgical Diseases of the Kidney and Ureter*.

WHAT CAN THE FAMILY DOCTOR DO FOR THE INEBRIATE?

By JOS. S. BOLTON, M.D.,

NOTTINGHAM.

It is now generally admitted that inebriety is a disease, and one not easily cured. So refractory, indeed, has it proved that some have asserted that when it attacks the female sex it is incurable. There is no doubt that many doctors have declined to attempt its treatment because they felt hopeless of success. Since, however, the publication in the columns of this JOURNAL of articles setting forth the treatment by hypodermic medication, without the aid of any institution, a few have been induced to attempt it, and with the happiest results.

It may be urged that there is nothing new in this treatment; that the drugs now suggested have been employed for years, and are to be found in every surgery. This is quite true, but seldom in the past has the family doctor set himself to treat inebriety as he would treat any other disease, with the full intention of producing a cure. There is, moreover, a great advantage in the hypodermic method, which renders it certain that the patient gets the drug, and that it enters, not the stomach only, from which it may be at once expelled, but the blood and the general circulation. The regular visits to the doctor are very important. The patient feels that something is being done for him, that his doctor really believes that he is ill, and intends to cure him. The doctor also detects at once how his patient is going on, and whether he is giving up alcohol.

A very useful drug for hypodermic injection in the acute stage of alcoholism is apomorphine. If a patient is suffering from delirium tremens, and in his terrible excitement scarcely restrained by his attendants, and quite unable to obtain any sleep, a small injection of this drug will at once produce a calm. Within five minutes he begins to yawn, and before there is time to get him to bed he is fast asleep. This sleep is sometimes, but by no means always, preceded by vomiting. The patient, if sitting up, is liable to faint, and should therefore be placed in a horizontal position. Five drops of inj. apomorph. hyp. is generally a sufficient dose, and it can be repeated if necessary. Usually about four hours' sleep is thus obtained, and the patient awakes clear and refreshed. But apomorphine is no remedy for alcoholic craving; it is only a temporary measure to control the patient till he comes under the influence of other drugs. It is a very good way of commencing treatment.

When the patient is thus cleared of his delirium and

his drink, he is able to discuss the question of his future, and his doctor will be able to discover whether he has any real desire to give up alcohol or only wishes to be patched up. It is impossible to cure any man against his will, but it sometimes happens that a patient has had no thought of cure, because he deemed it impossible; but when the possibility is placed within his reach he is quite willing to grasp it. In which case the hypodermic injections of atropine and strychnine may be commenced at once.

Many patients, however, are not subject to acute attacks, but continually drink more than is good for them, and, if they try to give it up, the craving for it is so strong that they take to it again. Immediate relief can be given in these cases, and it is quite safe to assure them that within forty-eight hours after the treatment has been commenced the craving will have left them. This assurance is very important, for many of these patients have lost hope through repeated failure in their attempts to cure themselves.

For convenience in carrying out the treatment a mixture of the two drugs liq. atrop. sulph. and liq. strych. hydrochlor., in the proportions of 1 to 4, may be kept in readiness. Five drops of this should be injected into the biceps muscle twice or thrice a day, the patient attending at the doctor's surgery for this purpose.

The patient should also be supplied with a pick-me-up, which he can take whenever he feels low or depressed, or has any craving for alcohol. Four drops of tincture of capsicum, with 15 of liquid extract of cinchona, will answer the purpose. Careful attention must be given to the general health, and the food must be suited to the digestion. A calomel purge is often required at first. Albumen in the urine is not a contraindication. Indeed, it often disappears under the treatment. For the first few visits the patient should be brought by his friends, but after that he will be quite able to pass the public-houses alone. These injections occasionally cause some dryness of the mouth and difficulty of accommodation. A few tablets of potassium chlorate will remedy the former. For the latter, spectacles have sometimes to be worn for close work during the treatment. But the patient can be assured that no injury will be caused to the eyes.

The injections must be given twice a day till the patient has regained health and vigour. This will take from two to four weeks. Then once a day for two or three weeks longer, after which the frequency should be gradually reduced. Under this treatment the general health will greatly improve. The feelings of depression and despair will pass away. The nerves will become steady. The desire for alcohol will go, and a healthy appetite for food will take its place.

The use of such powerful drugs is only safe under the eye of the doctor; but they are absolutely safe in his hands, and no harm comes of the injection except occasionally an appearance of bruising on the arm. I have had several patients return voluntarily for treatment when they had lapsed or felt a return of the craving, but I have never had a patient contract a habit of drug injection.

It is essential that the doctor should keep in touch with his patient for months after the treatment is finished. In this way he will prevent relapse. The patient should be carefully warned against over-confidence. He can never become a moderate drinker again. If at any time a period of mental unrest or depression should come to the patient, a renewal of treatment for a few days will tide him over it. A relapse is not more difficult to treat than the original illness. Indeed, usually a short treatment only is necessary, and the patient is often more cautious for the future. Several of my cases had one relapse, and stood firm ever after.

The patient should be advised as far as possible to avoid the old associations which led to his downfall and seek to have his mind and body occupied in useful work and healthy recreation. The most hopeless cases are those who have nothing to do.

It is stated in the *Allgemeine Wiener medizinische Zeitung* that the Austrian Prime Minister has informed Professor von Jacksch that a new Public Health Bill applicable to the whole empire is actually being prepared, and will be submitted to the Reichsrat at the end of the present year or the beginning of the next.