by the sympathetic but injudicious bystander, so that when the patient reaches the hospital his breath smells of spirits, whether he has been "drinking" or not. Another difficulty, and a very real one, is to be found in the not uncommon combination of both, apoplexy being not infrequently engendered by a drinking bout. In practice, if attempts at resuscitation, such as washing out the stomach, &c., are followed by a return to consciousness and ability to walk on the part of the patient, the diagnosis of drunkenness only is correct in the majority of instances, and the man may be safely allowed to go home in charge of a relative, but there are a few cases of apoplexy where a slight hæmorrhage only takes place at first: the patient recovers from this (and so can talk, and appear fairly rational), but falls a victim immediately afterwards to a second and fatal bleeding. These are the cases that give the hungry reporter his "copy."

As regards the fit itself, the diagnosis has to be made most commonly from epilepsy, hysteria, and uræmia, and—with respect to the unconsciousness—from alcoholism, opium poisoning, concussion and compression of the brain from injury, uræmic or diabetic coma and some other less common conditions, but it is hardly possible to discuss this point within the limits of this article. A very good rule is always to think of cerebral hæmorrhage to begin with, and of pure drunkenness last of all.

Coming now to the question of treatment, it is obvious that we cannot do very much in the apoplectic fit itself. We cannot reach and secure the bleeding vessel, so we direct our efforts firstly towards making the patient as comfortable as possible under the circumstances, and then to lessening the probability of a second hæmorrhage or a breaking out afresh of the original one.

Consequently, the first thing to do is to place the patient on his side, so as to allow one lung at least free play, with the head and shoulders slightly raised on a pillow, and not to move him at all if it can be avoided. It is curious how very anxious the poor as a rule are that anyone with a "stroke" should be got to bed, and if this is not sternly forbidden, the services of several lusty labourers are requisitioned, and the unfortunate patient is dragged in a doubled-up position up a winding staircase to his accustomed bed, and is then subjected to a still further handling by attempts to undress him. In very severe cases there is some danger of suffocation from the paralysed tongue falling back on to the top of the larynx, and this may have to be prevented by passing a stitch through the tip of the tongue and fastening it outside the mouth.

In order to lessen the chance of a further bleeding, the first essential is to lower the pressure of the blood in the cerebral vessels, and this can best be done by diverting as much blood as possible into the abdominal vessels by a smart purgative. The best way is to place two minims of croton oil, mixed with a little olive oil or butter, on the back of the tongue. In olden times people suffering from apoplexy were always bled from the arm or neck, but the effect of this is so transitory that it fell into disrepute. An ice-bag or cloths wrung out of cold water may be applied to the head. If the patient recovers, prolonged rest in bed, combined with careful nursing to prevent the formation of bedsores, will be required.

But the most important question from the point of view of treatment is that of prevention. Nearly all the subjects of apoplexy have blood pressures which are too high, and for them there is usually no drug to compare with iodide of potassium daily, combined with a dose of calomel overnight once or twice a week, followed by a saline draught in the morning. It is best for these people to be vegetarians and teetotalers, and to take regular moderate exercise, such as golf or walking. The trouble, however, is that one does not often get the chance of seeing the patient until his arteries have become permanently damaged.

The foregoing remarks apply to middle-aged men and women; in cerebral hæmorrhage in the elderly it is only possible to regard apoplexy as the natural consequence of senile degeneration, and if they recover from the fit itself, to enjoin quiet and freedom from worry for the rest of their days; it is usually unnecessarily cruel to make violent changes from their previous habits.

For the paralysis of various muscles that may follow cerebral hæmorrhage such means as massage and various forms of electricity are useful, but care must be taken not to attempt these until all danger of a fresh hæmorrhage is past, and this is usually in about two months from the onset.

IRISH NURSES' BALL.

The Irish Nurses' Association held its annual ball last week in the Gresham Hotel, when about 300 members and their friends were present, who thoroughly enjoyed the gaiety and music. Many Lady Superintendents of Dublin Hospitals acted as hostesses, and a number of charming gowns were worn.

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