DIPSOMANIA

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SIR,—In reply to your correspondent "X.." I beg to state that my experience in connection with the Home for Insbriate Women in this city supports the exhibition of the bromides to the subjects of dipsomania. In this institution, our aim is to establish a healthy condition of nervous system, by means of good food, fresh air, and cheerful surroundings, avoiding, as far as possible, the use of drugs of any kind. There are cases, however, in which, at times, the "nervous irritability" becomes so intense as to demand special remedies for its immediate relief. In such cases, I am in the habit of prescribing a draught containing from fifteen to sixty grains of bromide of potassium, and from fifteen to sixty minims of aromatic spirit of ammonia, in water, to be given every six or twelve hours, for two or three days, or until the "nervous equilibrium" is restored. It is much better to give large doses at long intervals, than smell doses frequently. Under this treatment, I have seen the attacks of drink-craving become less and less frequent, until they have completely disappeared. Of course, there are many cases in which every form of treatment is utterly unavailing. I remember one man, in my private practice, whose attacks were gradually lessened to one per annum, but who was never completely cured. This was demonstrated by his giving way to temptation during his annual attack one summer, while I was out of town; although by means of bromide and sal volatile he had been maintained in abstinence for over five years previously.—Yours, etc.,

86, Princes Road, Liverpool, January 12th, 1884.

Dr. Brand (Driffield) desires information on the subject of epidemic St. Vitus's

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MULLEIN LEAVES.

EXPERIENTIA DOCET desires to ask Dr. Quinlan to inform him where mullein-leaves can be obtained, together with the price of the same; and also about what quantity would be required in order to give it a fair trial in a case of pretubercular phthisis?

L.R.C.P.&S.—This question has frequently been answered in the affirmative during the last twelve months.

ELECTROLYSIS IN THE TREATMENT OF DRACUNCULUS.

-There is nothing new under the sun. What Dr. Faulkner has just found out. I knew about twenty-five years ago, having been informed by a brother officer that he had used a galvanic battery in the attraction of guines-worms, he having employed it to the worm with startling effect. He also told me that he found the worms that were not extracted died and became calcified.

ne naving employed it to the worm with starting sheet. He also told me that he found the worms that were not extracted died and became calcified. Prior to obtaining the information from my friend, I had had many opportunities, personally and otherwise, of extracting worms, but it so happened I never met any atterwards. The mode of extraction that Dr. Faulkner gives is not the only one. In Bombay in those days, one or two barbers had quite given up their legitimate occupation, and taken to extracting worms. A barber took five out of my legs very cleverly; most of them were extracted at one sitting, but two (one in each foot) held on with their hooks, and he had to leave them till the next day, when he got them out. His stock of instruments consisted of a needle and a razor; he commenced operations by finding, as near as he could guess, the centre of the worm; then he raised the skin over the centre of the worm on the point of the needle, passed the razor under it, and snipped off a tiny bit of cuticle, making an almost circular cut the size of a large pin's head. By raising almost invisible pieces of skin and tissue, and slicing them away with the razor, he deepened, but did not increase, the area of the whole, till he saw the white worm at the bottom; then passed the eye of the needle (like a tenaculum) under it, and brought up a loop. He pulled on the two sides alternately till he had got one end out, then he dealt with the other. When he found the hook had been made use of, he applied heat and friction to make it yield its hold. If galvanism were applied instead of heat, the worm would not hold on long. applied instead of heat, the worm would not hold on long.

There is another point in Dr. Faulkner's letter to which I wish to allude,

that is, the inflammation and suppuration set up when a worm is broken. He evidently is not aware of the cause of the inflammation. If, on the next occasion of taking out a worm, he will open it, and put a drop of the fluid that exudes from its abdomen on a slide, and put it under a microscope of even moderate power, he will no longer be surprised. If he has any preserved in spirits, by cutting one open and putting a drop of fluid from the abdomen under a microscope, he will find the same thing, namely, myriads of very

minute worms.

minute worms.

On my return to England in 1862, I gave Dr. G. Harley a number which I had preserved in spirits, and, on examination, he found the young. He afterwards published a paper in the Lancet on the subject.

There are various theories as to how the worms get into the human body my opinion is that they enter by the pores of the skin, for I attribute my being infested with them to having walked barefoot over a half-dried stubble paddy-field. They made me aware of their presence about six months afterwards. The water-carriers in Bombay frequently have them in their backs. One European patient of mine had a worm in his sprotum, which he attributed One European patient of mine had a worm in his scrotum, which he attributed to sitting too long in his bath.

About thirty years ago, Bombay was supplied with water from wells, some

of which were more infested with worms than others. Afterwards, the supply came from an artificial reservoir about twelve miles off, so perhaps guinesworms are not so common as they use to be.-Yours, etc

J. W. REYNOLDS, late Port-Surgeon, Bombay

C.W .- A copy of "The Memorandum on Vaccination," by the Chairman of the Parliamentary Bills Committee, has been forwarded as requested.

PUERPERAL MELANCHOLIA.

IR.—I have a patient who was safely delivered on June 23rd, 1882. It was her first confinement. She got a fright while out on the 8th July following, a case of drowning having occurred here that day. On July 12th, one of her breasts suppurated, and, shortly afterwards, On July 12th, one of her breasts suppurated, and, shortly atterwards, the other; and the suppuration went on for thirteen weeks; at the same time, puerperal mania set in. Her recovery has been gradual. At present, she seems in good health, and menstruates regularly. She has nocturnal incontinence of urine, which, however, yields to tincture of belladonna. In domestic or other affairs, she has not the least interest. She would lie in bed all day, if permitted to do so. She has no inclination to work. If asked to do so, the makes are attempt, then seems to forcet all about it and to do anything, she makes an attempt, then seems to forget all about it, and the work remains undone. There is no hereditary taint, as far as I can learn. Would confinement in an asylum be likely to benefit her? Or do you think time will improve her condition?—Yours, etc.,

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## BOOKS, ETC., RECEIVED.

Treatment of Wounds as Based on Evolutionary Laws. New York: J. and H. Vail and Co.

Hints in Sickness: Where to Go, and What to Do. By H. C. Burdett. London: Kegan Paul, Trench and Co. 1883.

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