

Yankee to whom a copy of the *Pilgrim's Progress* was lent. The American returned the book, and said that "its statements are interesting, but tough." Mr Plinder then takes on the rôle of a medical reformer, and he would have a sound British qualification, which every man practising in Great Britain should be compelled to have. He does not include Ireland in his scheme, and I am afraid he would still have Irish degrees troubling his soul. The last sentence, "English students, London qualification, get your bread and cheese as best you can," turns obscurity into the blackness of darkness, and I can only ask, if your correspondent has any meaning, what becomes of the ordinary rules of professional etiquette?

SEA-SICKNESS.

Dr. J. J. LEISER writes: On a recent voyage across the Atlantic, I made some observations on the matter of sea-sickness. It was evident to me, first, that respiration was imperfect; it was governed by the motions of the boat. One not used to the sea, and the same with him not used to a high sea, holds his breath as the ship is tossed up or down, catching it only at the turns, or, if the waves are great, only gasping for it. Thus are the respirations infrequent and imperfect, with very apparent results. The blood so inadequately aerated must necessarily be poisonous to the brain, and the sympathetic sickness is quite understandable.

The experiment I made seemed to prove that the irregular respiration was not secondary to the sickness. A system of regular, free breathing prevented sickness, or rapidly relieved it. One must sit and give his attention to it, must breathe to time, with full and regular inspirations and expirations.

I will discuss no theory, but I am able to add the following letter of Dr. Stockman and Dr. Prentice, who repeated my experiments.

"Dr. J. J. LEISER—Dear Sir,—After leaving Queenstown on Sunday we passed into a very heavy sea. So disagreeable was the roll that the meals were almost deserted. According to promise we took the opportunity to experiment on your theory of sea-sickness. The ship's surgeon only smiled at our suggestions, he having heard scores of cures that proved invariably valueless. Nevertheless, we went to work and secured ten unfortunate individuals whose gastric regions were going through convulsive contortions, and making their lives miserable. We seated our patients on deck, on the fore part of the ship, where the pitch was most considerable. Dr. Prentice seated himself with five, and I took the other five under my care. We timed the breathing in the following manner. We raised the hand from the knee, indicating an inspiration, and down again for an expiration. We had a quarter second stop watch, and timed the respirations to exactly twenty per minute. At the expiration of one hour the active symptoms in each case had entirely subsided. Of course this does not mean that all the faintness and tendency to nausea in each case had subsided; in a few of the cases these still continued. By this time we had thoroughly educated our patients in the *modus operandi* of the cure, and then took their names for conference the remainder of the voyage. With one exception, a case at first the mildest of the ten, but who obstinately kept his berth, and refused to continue the treatment, and remained sick throughout, the cases continued permanent cures. The following are the names as on the saloon passenger list of the *Etruria*, February 4th.—His Excellency, J. Gennadius, Hellenic Minister, United States; Mr. Leonard Jerome, New York; Mrs. John A. King, Philadelphia; Mr. Thomas Le Boutillier, New York; F. D. Millet, artist, New York; Dr. A. Lawrence, Memphis; Miss Ida Griffiths, New York; Count E. Zrowski, Philadelphia; Mrs. J. H. Thomson, New York; John Schmidt, China. During the last part of the trip five others, whom we had not seen fit to put in our list, were benefited by the experiment, which, to our minds, establishes the theory as a fact beyond any doubt. The cure is infallible in all cases that persist in carrying it out.—G. C. STOCKMAN, M.D.; C. W. C. PRENTICE, M.D."

NEUROTIC ORIGIN OF PURPURA.

SURGEON-GENERAL CHAS. R. FRANCIS, M.B. (Bromesbury) writes: The question was raised by Dr. Edward Mackey, in a paper read before the South-Eastern Branch of the British Medical Association, and afterwards published in the *JOURNAL* of July 10th, 1886, whether purpura, taken in its generic sense, and including not only the hemorrhagic variety but the "aqueous" and the "saline," as described by Dr. Richardson, was of neurotic origin, and he furnished the details of a case which seemed to show that it is.

The following case, confirmatory of this view, which has recently come under my observation, apparently teaches the twofold lesson: (1) that the suspension of vasomotor influence over minute blood-vessels may lead to congestion in some part of their course, followed by islands of blood-effusion—"purpura hæmorrhagica"; (2) that alcohol will cause this double effect, namely, nerve-paralysis, and consequent vascular engorgement.

An Anglo-Indian, retired after prolonged service in the East, and subject to attacks of chronic tropical dysentery, had an attack after a chill, but recovered, though very slowly, under appropriate treatment and careful dieting, supplemented by some 4 ounces of brandy a day. His recovery, on former occasions, had been more rapid under somewhat similar treatment, but without any alcohol whatever. Habitually he was an exceedingly moderate drinker of fermented liquors. Shortly afterwards he was again attacked, was similarly treated, and died. It was remarked with surprise by the medical attendant that the patient complained towards the last of palpitation of the heart, for which no reason could be assigned—careful examination detected nothing and that spots of purpura hæmorrhagica appeared on the lower extremities.

May we not reasonably infer that the continuous use of alcohol in a weakened constitution, in advanced life, was the cause of both the palpitation and the purpura? Doubtless many cases of purpura have a neurotic origin, independently of alcohol, though others may be due to different causes, for example, anæmia, etc.

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BOOKS, ETC. RECEIVED.

Doctor and Patient. By S. Weir Mitchell, M.D., LL.D. Harv., Philadelphia and London: J. B. Lippincott, 1888.
The Student's Handbook of the Practice of Medicine. By H. Aubrey Hubbard, M.B., C.M., B.Sc., F.R.C.S.E., M.R.C.S., L.S.A. Fourth Edition; Revised and Enlarged, with Illustrations and Table. Edinburgh: E. and S. Livingstone, 1888.
Inebriety. By Norman Kerr, M.D., F.L.S. London: H. K. Lewis, 1888.

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