

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to Mr. FRANCIS FOWKE, General Secretary and Manager, at the Journal Office, 161, Strand, London, and not to the Editor.

DEPRAVED TASTE IN ANIMALS.

THE subject of a depraved taste in animals is an interesting one, which has not been studied as much perhaps as it might. In human beings, it would seem to depend on ill-health of either body or mind; but in animals it would seem as if it might be present, and the animals enjoy good health. One remarkable instance in an herbivorous animal is vouched for by a writer in *Nature*. It occurred in a sheep that had been shipped on board one of the P. and O. steamers to help to supply the kitchen on board, but while fattening it developed an inordinate taste for tobacco, which it would eat in any quantity that was given to it. It did not much care for cigars, and altogether objected to burnt ends; but it would greedily devour the half-chewed quid of a sailor or a handful of roll tobacco. While chewing, there was apparently no undue flow of saliva, and its taste was so peculiar that most of the passengers on board amused themselves by feeding it, to see for themselves if it were really so. As a consequence, though in fair condition, the cook was afraid to kill the sheep, believing that the mutton would have a flavour of tobacco. Another very remarkable case has just been communicated to us by Mr. Francis Goodlake: this time a flesh-eating animal in the shape of a kitten, about five months old, who shows a passionate fondness for salads. It eats of sliced cucumber dressed with vinegar, even when hot with cayenne pepper. After a little fencing, it has eaten a piece of boiled beef with mustard. Its mother was at least once seen to eat a slice of cucumber, which had salt, pepper, and vinegar on it. The kitten is apparently in good health, and its extraordinary taste is not easily accounted for. Even supposing it once got a feed of salmon *mayonnaise*, why should it now select to prefer the dressing to the fish? [Why indeed.—Ed.]

THE TREATMENT OF SEA-SICKNESS: ITS RELATION TO MEDICAL ETIQUETTE ON SHIPBOARD.

SIR,—A recent issue of your JOURNAL contains a letter from the surgeon of the steamer *Germanic*, that raises questions of a scientific, ethical, and personal character, to which I cheerfully reply. Two points are raised in your correspondent's letter: the treatment of sea-sickness as described in my recently published work on that subject; and the method in which I conducted my experiment on the steamer *Germanic*.

The treatment of sea-sickness, as pointed out in my work, is largely of a preventive nature, and must be begun and, to a certain degree, carried out before sailing. This treatment consists of large doses of bromide of sodium, thirty to sixty grains three or more times daily, until mild bromism is produced; that is, symptoms of drowsiness and some weakness in the lower limbs. Those who judiciously carry out and maintain the preventive treatment are rarely much sea-sick, even in rough weather, and usually not sea-sick at all.

I am endeavouring, as best I can, to bring about the day when all who go to sea shall take this treatment from their family physicians, who know their temperament and know how they bear remedies. A number of passengers on board the *Germanic* had received this treatment from their physicians, and none of them were sea-sick. The voyage was, it is true, a very smooth one; but at least twenty persons, many of them strangers to me, were sufficiently sick to come to me to ask me to help them; and two or three who took no treatment were sick the entire voyage.

My treatment during sea-sickness, where the preventive treatment has not been used, consists in mild atropisation with belladonna or atropia, pushed to a considerable dryness of the throat, in combination with ipecacuanha, in doses of one-five-hundredth of a grain, and a very small quantity of bromide of sodium and capsicum. After the stomach is settled by this combination, which is usually in half an hour or so, I use the bromide of sodium in large doses, until all symptoms of sea-sickness disappear. I also use the citrate of caffeine, in three-grain doses, for the headache symptoms of sea-sickness. Whether the treatment needs to be kept up during the voyage, in whole or part, depends on the weather and the individual.

During the present season, scores of persons, to my personal knowledge, and probably hundreds, have had their sea-sickness greatly relieved or prevented by this plan of treatment, which is now being carried out all over the world. Since landing in England, I have received a number of reports of success.

From the above, it would be clear that physicians on shore must have much to do in carrying out the preventive treatment; the battle with sea-sickness must be fought before we go to sea. Thus far, only the minority have taken the preventive treatment on shore, and on all the steamers there are more or less passengers sick, even in mild weather. These experiments have been made by myself, both on English and American steamers, whether provided with surgeons or not.

In some cases, I have had the cheerful co-operation of surgeons; in no other case, so far as I know, has there been any opposition to these experiments, whether made by myself or others. This experiment, by the way, has always been made without any fee or reward, except the satisfaction of preventing or relieving a disease which the world has always regarded outside of science. On the land or on the sea, the laws of medical etiquette are based on the golden rule. By this rule, I have been guided in all my experiments in the treatment of sea-sickness. I have myself been a surgeon on a steamer in the late war; and if at any time any physician, however obscure, had wished to experiment with my cases of sea-sickness, I would have gratefully placed the whole ship and store of drugs at his disposal, even though he had failed in every case. I had supposed—and I cannot be entirely wrong in this supposition—that surgeons dislike to deal in cases of sea-sickness; and it is said that the majority of sufferers have so little faith in medicine they do not think of asking the surgeon's aid. On the *Germanic*, I was experimenting, not practising, seeking to answer some minor questions relating to dosage and combinations; but I would not knowingly have made one of those experiments on any individual who was, or wished to be, under the surgeon's care.

The subject is not a contest between Americans and Europeans, but is one that concerns all nations alike; a gentleman is a gentleman in all languages; and the golden rule out of which all our ethics are evolutions encompasses the globe. My relations with the surgeon of the *Germanic* were, in all other respects, of so agreeable a character that I am sure that free conference on the subject would have enabled us to work together in harmony. I sent the request for a supply of medicine before sailing to the clerk of whom I purchased my tickets, the only person whom I knew, and I assumed that he would attend to the matter through the regular channels, when the *Germanic* came into port; there was no thought or intention of any disrespect to the medical officers. If the surgeon had informed me of his feelings in regard to that matter when I came on board, there would, I am sure, have been no subsequent difficulty. To have experimented as extensively as I did outside of the

circle of my own friends was, I think, under the circumstances, unwise. The annoyance at last became so great from the requests for advice, medicines, and even for copies of my book, that I was forced to decline.

The subject is one of commanding interest, for the twofold reason that successful treatment in sea-sickness is destined to increase manifold international intercourse, and that a just observance of the golden rule is essential to the very existence of our profession; and I therefore desire to express my thanks to Dr. Fourness-Brice for the frankness, promptness, and courtesy with which he has called attention to this matter.—I am, etc.,

GEORGE M. BEARD.

Cambridge, August 16th, 1880.

S. N. P.—The husband, being the nearest relative, is the person responsible. No one can interfere unless money questions be involved, when the Lord Chancellor can be applied to.

LODGE OF ODDFELLOWS.

SIR,—Would you kindly give me your advice in your next week's issue upon the following subject? I have been requested by the members of the lodge of Oddfellows here to say upon what terms I would undertake the duties of surgeon, etc., to the members of the order, together with their wives (not including confinements). I should feel very much obliged by being informed what is the average remuneration per head throughout the United Kingdom. The members now pay me 4s. 4d. *per annum* each member; and as I have no idea what sum their wives ought to pay, I seek your advice. Mine is a country practice, and I am expected to visit patients and supply medicines three miles from my residence.—I am, sir, yours sincerely,

Williton, near Taunton, Aug. 17th, 1880. W. H. MIDDLETON, M.R.C.S.E.

P.S.—The society numbers about one hundred and thirty members, scarcely half being married.

A CHEQUE for £1 1s. has been received by the Editor as a contribution towards the expenses of Mr. Buncombe, who was recently unjustly exposed to a charge of manslaughter. Though the committal has been quashed, Mr. Buncombe has been put to expenses.

A QUESTION OF DIAGNOSIS: TRAUMATIC NEURALGIA (?).

SIR,—Would some of your numerous readers kindly give me their advice under the following circumstances? In the year 1857, whilst residing in India as a civil medical practitioner, I was temporarily attached to the 13th Native Infantry, and served with them during the siege of Lucknow. On one occasion, whilst engaged attending an officer who had been mortally wounded in a sortie, I was struck on the right clavicle by the fragment of a shell. The shock was pretty severe, but passed off in a short time; and Dr. Boyd, of Her Majesty's 32nd Regiment, examined the part at once, and was unable to detect either fracture or dislocation of the bone, or the slightest abrasion or discoloration of the integuments. I resumed duty next day, perfectly well. In 1877 (that is twenty years after the occurrence), I was suddenly seized with a pain in the humeral end of the right clavicle, extending in front as far as the nipple of the breast; and in the back along the scapula to its inferior angle; and since that time to the present I have never been entirely free from it. Having consulted some of the most eminent men of the profession, and tried every means to obtain permanent relief without success, I now, as a *derrière ressource*, with your kind permission, place my case in the columns of the BRITISH MEDICAL JOURNAL.—I am, sir, your obedient servant,

PATRICK BRERETON, Retired Medical Practitioner, Indian Civil Service.

P.S.—My own opinion is that the affection is neuralgic; but I wish to observe that my brother, the late Major Brereton of the Royal Bengal Lancers, was a great sufferer from gout for many years previous to his death.

19, Charlott's Quay, Limerick, August 11th, 1880.

COMMUNICATIONS, LETTERS, etc., have been received from:—

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