

NOTICE TO ADVERTISERS.—Advertisements for insertion in the *BRITISH MEDICAL JOURNAL* should be forwarded direct to the Publishing Office, 161, Strand, London, addressed to Mr. FOWKE, not later than *Thursday*, Twelve o'clock.

THE RED BARK CURE FOR DRUNKENNESS.

SIR,—Several inquiries regarding the "red bark cure" for drunkenness, as if this alleged specific were really of value, having appeared in your columns recently, may I be permitted once more to expose the uselessness and danger of this veritable quack nostrum? For particulars, I beg to refer to my article "The Bark Cure" in the *Medical Temperance Quarterly* for July 1879. Suffice it here to state that the directions given by Mr. D'Unger for the preparation of his panacea show that, at its best, it is a strong alcoholic mixture. On examination, I found it to be very strong indeed in spirit. All experienced in the treatment of dipsomania know how dangerous it is to allow the patient to drink any alcoholic liquor; and if for nothing else than its spirituous strength, this Chicago nostrum ought never to be prescribed by the enlightened and honourable practitioner.

Ample confirmation of my exposure is to be found in an interesting article by Professor Earle, M.D., Physician to the Washingtonian Inebriate Home at Chicago, in the current number of the *Chicago Medical Journal*. The Professor has traced the after-history of a number of drunkards whom D'Unger publicly claimed to have cured, most of these subsequently coming under Dr. Earle's treatment. Not one was improved in the slightest by the Cinchona cure. On minute analysis, Professor Earle found that D'Unger's "concentrations," "sold to physicians, ten dollars per pint, six concentrations," were simply prepared by adding the muddy water of Lake Michigan. Dr. Earle further found that D'Unger's specific contained about one grain of bitter principle to the teaspoonful of water and alcohol, and alcohol in varying proportions, reaching, in some samples, as high as 24 per cent. In other words, these latter specimens were as intoxicating as well-branded port and sherry! Professor Earle declares his belief (and as he is engaged in hospital practice where he prescribes for nearly four hundred cases of alcoholism annually, his opinion ought to have weight), not only that the Chicago "humbbug" is useless as a cure for dipsomania, but that it has made more drunkards in that city during the past year than any one saloon.—Your obedient servant,

NORMAN KERR, M.D.

42, Grove Road, Regent's Park, N.W., August 30th, 1880.

SICK CLUB CERTIFICATES.

SIR,—I am anxious to call the attention of members of the medical profession and of the public to what I consider a great existing abuse. In my own limited practice, as house-surgeon to a provincial hospital, I have noticed among patients a very great anxiety to get certificates of inability to work filled up. On inquiry, I have over and over again found that these patients are members of two or three different clubs, and so are enabled to draw in the aggregate more money per week than they can earn when in full health. Only a few days since, a man with a crushed finger told me that he belonged to two accident clubs, from one of which he was getting 19s. per week, from the other 15s., while the most he could earn when in full health was 4s. I admire thoroughly the man who is prudent and self-dependent enough to lay by for a rainy day by joining and paying a yearly sum to one of the numerous accident societies, but I protest that he should belong to one only, and in no case should he be able to obtain more from his club than he earns when at work; otherwise he has a direct and often an overwhelming temptation to malingering, etc., and to live on his clubs when he knows and feels himself to be fully capable of working. The result of this system is obvious. Our clubs, as many if not most of them are, are kept in a perpetual state of insolvency by a few worthless fellows who make a very good living out of them. I would strongly urge all medical men to take the greatest care in filling up certificates of ill-health, and would ask these societies to pass a rule preventing their members belonging to other clubs.—Yours truly,

POISONING IN LEAD-FABRIQUES.

SIR,—In connection with the subject of poisoning in lead-factories, to which reference is made in the *JOURNAL* for August 28th, the following case, which came under my notice about a year ago, when House-Physician at the Royal Free Hospital, may be of interest.

The patient, a powerfully built woman aged about twenty, had worked for about five weeks at a white lead factory near the New North Road. For a few days previously to admission, she had suffered from colic and constipation; and on the morning of admission, had fallen down in a fit at the works. While in hospital, she suffered from symptoms of irritant poisoning, pain in the throat and stomach, colic, cramps in the limbs, and for a few days almost constant vomiting, the vomited matter coloured with bile. In addition, there was constipation; on one occasion, profuse hæmatemesis and great prostration. She had two violent epileptiform seizures. "Dropped wrist" came on while she was in the hospital. Contrary to expectation, she recovered, going out only with a slight degree of "dropped wrist".

At the same time, two or three of her fellow-workers were attending as out-patients for chronic plumbism, from whom I learned: 1, that it was not uncommon for the lead-workers to fall down in fits while engaged in their employment; 2, that while both men and women were employed at the factory, it was only the women who suffered; 3, that the women used to carry about trays of the heated carbonate, this the men did not have to do; 4, that they never worked more than three, or at the most four, weeks consecutively, then staying away for a week. This precaution my patient neglected to take, and suffered for her neglect.—I am, sir, your obedient servant,

ALFRED HARVEY.

12, Wheeley's Road, Birmingham, August 30th, 1880.

CHOLERA AND TYPHOID FEVER IN INDIA.

SIR,—If "Sceptic's" criticisms in the *BRITISH MEDICAL JOURNAL* of August 21st, page 324, be serious and intended to induce earnest inquirers to consider all the pros and cons, it seems to me, if there be meaning in the English language, that the ultimate effect must be the exact reverse of that indicated by him, viz.: "The experience of the last two years is not likely to gain adherents for the new method of inquiry which Dr. Cunningham has marked out for himself and persistently followed for fifteen years." For, supposing Dr. Cunningham's method to be in every way defective, it is clear that fact should be no bar to the same or another line of thought being followed to a more successful issue by a more clear-sighted inquirer. Nay, the direct inference tends quite the other way to what "Sceptic" would try to lead us; because, if the usual method of inquiry produced nothing but unsatisfactory results, the greater reason arises for seeking out a more efficient mode of procedure with regard to problems requiring solution; especially if there be reason to suspect there be anything defective in Dr. Cunningham's or any new method of arguing introduced to public notice.—Yours, etc.,

X. Y. Z.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the *BRITISH MEDICAL JOURNAL*, should arrive at the Office not later than 10 A.M. on Thursday.

NOCTURNAL INCONTINENCE OF URINE.

SIR,—In answer to your correspondent "A. K.", with reference to his patient suffering from "Nocturnal Incontinence of Urine", I beg to state that I have had under my care a large number of such cases. The treatment I have usually adopted is sponging with cold water night and morning, especially the loins, and the following mixture. \mathcal{R} Tincturæ belladonnæ B.P. ʒss; liquoris potassæ (Brand) ʒss; glycerini ʒij; aquam ad ʒviij; ft. mist. Sumat ʒi mane et nocte. I have found the above treatment marked with great success.—Yours very truly,

ROBERT ARTHUR JONES.

Maen Hir, Llanfairpwllgwyngyll, Anglesea, August 16th, 1880.

A COUNTRY PARSON.—Continued boiling does not improve the nutritive properties of oatmeal.

NÆVUS.

SIR,—Some time ago, I tied a mixed nævus, of the size of a bean, upon the shoulder of a female child eight or nine months old. Four hours afterwards, I removed both needles and ligature, with the view of preventing a scar—a plan recommended by Mr. Cooper Forster. Much inflammation was caused by exposure to cold; and the nævus, at the end of two months, was unaffected. The operation was repeated (under chloroform as before); but, at the end of eight hours, an attempt to remove the thread failed; it therefore remained in its place. It had been tied tightly enough to cause fluid to exude from the tumour. Next day, there was inflammation around the base. I now drew the surrounding skin of the back, chest, and shoulder towards the tumour by means of long strips of plaster, so as to throw it into loose folds (thus relieving tension), leaving the tumour visible in the centre. The redness and swelling quickly disappeared; there was not a drop of pus or other fluid seen; the tumour dried up, and in a few days fell off with the ligature: not thrown off by ulceration, but simply falling like a dead leaf. Since ulceration causes a large scar, and as it probably depends chiefly, as in many other cases, upon the tension of the surrounding skin, this expedient may save marks in situations where it is important to avoid them. The scar in this case was not so visible as even a mild vaccination-mark.—I am, yours faithfully, C.

A THIRTY-THREE DAYS' FAST.

SIR,—In reply to Dr. Charles Aldridge's query—whether the stomach-pump was used to feed Miss L.—Dr. Cross wishes me to say that he did not consider his patient of unsound mind, and that the treatment suggested was uncalled for. Old people, like this fasting patient (aged 80), are proverbially wrong-headed on more points than one; and he would fall into many fatal errors who would class all such of unsound mind. But here is a person refusing food, even to death, and therefore, some would think, of unsound mind. By parity of reasoning, why not relegate to that unfortunate class every person who is afflicted with any moral perversity? The patient was delirious. Now, it is scarcely necessary for me to explain the cause of a slight and transient delirium, after seven or eight days' total deprivation of food. Neither does the fact of a patient remaining in bed perfectly motionless, apathetic, and indifferent to surrounding persons and objects justify, at all events, an ordinary medical practitioner in rushing to the conclusion that he has to deal with an insane patient.—I am, etc.,

M. COLLINS, M.D.

P.S.—In the original report, "acceleration of the second heart-sound at the base" should be "accentuation of the second sound at the base".

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

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