

AN UNUSUAL CASE OF HÆMOPTYSIS.

SIR.—I was particularly attracted by a case which appeared in the JOURNAL of October 16th, 1880. I refer to "An unusual case of Hæmoptysis under Dr. Clark, reported by Dr. Burnet". It is reported that the diagnosis made was "mitral regurgitation causing the blood to be extruded and infiltrated into the tissue of the lung, with subsequent hæmoptysis, simulating tubercular disease". The conclusions arrived at are: 1. That blood may be extravasated and may simulate tubercular disease; 2. That temporary derangement of a valve may quickly arise and disappear again. After careful perusal, I arrive at totally opposite conclusions. It appears to me that effects have been considered as causes. I believe that bronchial hæmorrhage (depending probably on hæmorrhagic diathesis of the bronchial mucous membrane, or suppression of menstruation) gave rise to the pneumonia, and caused the cardiac murmurs—æmemic in character. The remarkable point is this, that there were "no murmurs heard on first admission". How then could the hæmorrhagic condition of the lung depend upon a morbid state of the heart, which had developed after the hæmoptysis had taken place? Besides, the hyperæmia, depending on obstructed circulation, resulting in exudation of blood into the air-vesicles, with subsequent hæmoptysis, would probably be attended with a troublesome dyspnoea, due to both lungs being engaged. The fact of the disease being unilateral would point to a constitutional, rather than to a local causation, in this particular case. Constitutional tendencies to hæmorrhage, as from the nose, or to scrofulous enlargement of glands, are as often as not unilateral, whereas the hyperæmia of regurgitant disease of the heart is always symmetrical, although it may not continue to be so when exudation takes place. It would appear to me that Niemeyer meets this case exactly, when he says, "bronchial hæmorrhages occur oftener than is generally believed in persons who are not consumptive, and who never become so." I would be glad to be told I am in error if I am wrong, for the subject is one in which I feel great interest.—I am, yours truly,

T. J. GALLWEY, M.D., Surgeon A.M.D., 30th Regiment.

Ranikhet, Bengal.

INSTANTANEOUS DRESSING.

SIR.—I would like to draw attention to a suit for dressing at one movement. I got one two months ago, and I find that, when my night-bell rings, I can be dressed—with entire suit, white collar and cuffs complete—and by the side of my client in the street under one minute and a half. The suit is registered and made by James Maltby, 8, Hanover Place, Regent's Park, N.W.; and costs three guineas. There is no waistcoat; but the coat and trousers are attached by elastics, so that the trousers are put on, then the coat, and all is complete. Of course, socks, boots, and hat, are to be put on; and it is these which take up the most time. This "United Suit", as it is called, robs the sound of one's night-bell of half its horrors.—I am, yours truly,

London, December 7th, 1880.

ANGLO-SCOTT.

VACCINATION GRANTS: A CAUTION.

SIR.—The inspector, on visiting my district, acknowledged the vaccination was perfectly satisfactory; but, on examining the books, discovered several cases which my assistants had inadvertently inserted in the list which strictly belonged to other districts. The inspector has considered that sufficient to justify him in withholding the grant on this occasion; so I have had the honour of supplying all the gentlemen in my neighbourhood with lymph who have obtained the grant, and losing it myself because I have been guilty of doing a little too much good vaccination. I must confess, though I have received the grant on many occasions, that I do not consider the system elevating to the profession.—I am, etc.,

VARIOLA VACCINA.

THE PATHOLOGY OF SEA-SICKNESS.

SIR.—Since my letter on the above subject appeared in the JOURNAL of November 20th, I have received a note from Dr. Pollard of Liverpool, kindly informing me that the original author of the theory to which I drew attention was Dr. Wollaston; and that a paper upholding the same theory, by Sir J. Alderson, may be found in the BRITISH MEDICAL JOURNAL for 1872, vol. 1, pp. 255 and 442; as also one by himself, in opposition to the theory, on page 607 of the same vol. of the JOURNAL. I refer those interested in the subject to those papers.

Dr. Cook speaks of the theory as "ingenious, but eminently fallacious"; but the only reason he gives to prove its fallaciousness, is that the sickness ceases although the cause continues; I think the explanation may be found in the fact that the brain becomes accustomed to the unequal blood-supply, and it thus ceases to be an irritant.—Faithfully yours,

THOS. SANSONE.

West Bromwich, December 7th, 1880.

USE OF SPIDERS IN AGUE.

SIR.—I observe that a rather animated correspondence is maintained in the JOURNAL on the therapeutic efficacy of cobwebs and spiders. It would surely be worth while to put the subject of discussion to the test of physiological experiment, as is practised with many other objects of more recent discovery. Surely, it is unphilosophical without this, to jump at the conclusion, on the mere ground of analogy, that they are wholly inert. I recollect that M. Ozanam, who sometime—and at no distant date—conducted a medical journal in Paris, and was afterwards physician to the Shah of Persia, instituted a series of experiments on the physiological action of crushed spiders when administered by the mouth in the human subject. This elaborate course of experiments included many species, some of very large size, as found in Persia and the East. The outcome of these experiments revealed the fact that certain of these spiders possessed exceedingly powerful diaphoretic properties. I know that I have in my possession a copy of M. Ozanam's brochure; but I have no leisure, at present, to denigrate it from the accumulation of many years. It is, no doubt, however, yet procurable in Paris (*Ozanam sur les Arachnides*). I think I must have procured my copy about twenty years since.—I am, etc.,

7, Westbourne Park, Dec. 15th, 1880.

GEORGE GASKOIN.

NASO-PHARYNGEAL CATARRH.

SIR.—I practise in a river-valley running down from the Pennine range, and reside nearly 600 feet above sea-level. From six to ten miles the hills attain a height of 900 to 1800 feet. The intervening distance is divided by various rivulets which have cut their way through the glacial drift, which is the prevailing subsoil. Much of the land is not drained and the rest badly done.

The climate is always humid, and rapid alternations of temperature are common. I have a good deal of exposure riding and driving, and am often severely chilled. As a consequence I have suffered for years from naso-pharyngeal catarrh. During summer I am tolerably well; but as winter approaches, my ailment increases, and for two years past I find the Eustachian tubes and tympanic cavity have become affected, leading to considerable deafness.

Having hitherto found no substantial benefit from treatment, will some of your readers who have had experience of such cases say whether I may hope for such otherwise than by change of residence, and thereby greatly oblige,

A SUFFERING MEMBER.

EFFECTS OF OPIUM AND OF MORPHIA.

SIR.—Morphia is, no doubt, a valuable anodyne, but it often causes pain and distressing sickness when given in the form of pill, even with cayenne as a corrigent. As it seems impossible to foretell the unsuitable cases, I have almost given up the use of the pills. Yet I think that, by combination with belladonna or hyoscyamus, the distressing symptoms might be checked. With belladonna, the drug is useful for dysmenorrhœa with much pain. It is not reliable for the after-pains of labour. The liquor morphicæ rarely, if ever, causes the distressing symptoms. I am inclined to think that the pulvis morphicæ would be safe. I fancy much of the dispensing in hospitals is slipshod. Is "M.R.C.S." sure his patient actually took an opium pill, or was it morphia? Opium rarely causes bad symptoms of pain and sickness.—I am, sir, yours obediently,

UNIT.

HORSE INSURANCE.

WILL some of the readers of the BRITISH MEDICAL JOURNAL kindly say, Do they insure their horses and vehicles against accidents? What insurance company do they recommend?

DR. MCEWAN (Dundee).—Your note shall appear early.

FAMINE AND OPHTHALMIA.

IN connection with the distress in Ireland, it may not have been generally noticed that one of the consequences of a famine, is a more general prevalence of ophthalmia. The late Sir William Wilde, then census commissioner, in his report on the status of disease in Ireland during 1851, points to the fact that Ireland has suffered, century after century, in almost periodic succession, famines, the result, amongst other causes, of abnormal atmospheric vicissitudes which render the crops unfruitful, and the prevalence of certain epidemic constitutions, fatal alike to vegetable and to animal life. One hundred and fifty such famines are enumerated in the Irish annals, and during the last century, twenty-five out of the hundred years of the period were years of absolute want. He quotes Giraldus Cambrensis, who asserts that "so many born blind, so many lame, so many deformed, so many wanting some of nature's gifts he never met in any other land." Sir William adds that, "with the exception of Norway, Ireland presented, when the census (for 1851) was taken, the largest proportion of blind, compared with its population, of any country in Europe of which the statistics are known." The last census returns, taken in 1871, fully corroborate these remarks, and they show that a greater proportion of deaf, dumb, and blind, then existed in Ireland than in any other portion of the United Kingdom, the numbers being 1 in every 455 of the population of Ireland, while in England and Wales, the proportion was 1 in every 686, and in Scotland, 1 in every 658. In his report, Sir William Wilde enumerates the epidemic of ophthalmia, as one of the various results of the famines; and he states that after the famine of 1848-9, "between the years 1849 and 1852 both inclusive, 118,835 cases of ophthalmia, principally among children under fifteen years of age, were treated in the union workhouses of Ireland, besides vast numbers in the rural districts and cities." It will be instructive to see when the figures of census next year are available, whether similar deductions can be drawn from them, as from those of 1871.

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