MEDICAL ETIQUETTE.

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SIR,—I thank you for your favourable opinion, in my behalf, expressed in your issue of October 22nd, in reply to a letter on the above subject, and signed by "Hard Case". "Hard Case" omits to mention that A. and B. formerly practised in partnership; that B. attended C.'s wife during her first labour; that B. has, since the dissolution of A. and B.'s partnership, always acted fairly towards A.; that B.'s letter was not illiberal in tone, but simply stated that as he (B.) had been requested to attend C.'s wife, and to continue his attendance, he purposed doing so; that he had not so acted from any hostile spirit; and that as he (A.) had ceased to be a fellow-resident practitioner, he (B.) could not continue to attend his (A.'s) mid wifery cases on their previous arrangement, viz., to halve the fees (half-fees, by the way, which B. has only received in one case out of six). C. had been married five years and seven months, not ten years as "Hard Case" wishes you to infer. The labour in question was Mrs. C.'s third. The labour was complicated with puerperal eclampsia. A.'s present house is very much nearer five than four miles from his former one.

eclampsia. A's present house is very much nearer five than four miles from his former one.

With your permission, I will give you the other side of the case. C. met B. in the street a few days before the labour came off, and asked him (B.) to attend his (C.'s) wife. B. declined to do so, as A. had been engaged. C. stated that he had engaged with A. before he (C.) knew that A. was going to remove from the town. B. then advised C. to call in A.'s partner should A's services not be available; C. most decidedly declined to do so, at the same time saying that he (C.) wished him (B.) to attend his (C.'s) wife, as he (B.) had attended her before. B. consented, on the understanding that A. should be informed of the change, and also that A. should receive his fee. On the day on which the labour came off, when C. came urgently for B., B. most distinctly asked if A. had been called for at his partner's residence. C. assured him (B.) that he had so called, and had been told that it was uncertain when A. would come into the town. B. then attended the case, and wrote the letter mentioned. I may add that C. most strongly denies the truth of "Hard Case" of the proverb, that "people who live in glass houses should not throw stones"; and ask him if he considers it professional etiquette for A. to send a circular, stating that he (A.) has taken a partner and is going to remove to a fashionable health-resort five miles off, to patients of B.'s—patients, by the way, who were attended by B. prior to the dissolution of bartnership between A. and B.'—I am, sir, yours, etc.,

B. (Glasgow).—Mr. Noble Smith's Atlas of Human Anatomy would, we think,

J. B. (Glasgow).—Mr. Noble Smith's Atlas of Human Anatomy would, we think, be quite suitable. It does not give surgical dissections, but it gives a very complete series of figures of the various structures and parts of the body in detail, and on an adequate scale. It is a very good and marvellously cheap Atlas.

MARRIAGE: IDIOCY.

SIR,—I have been applied to for an opinion in the following case, on which depends the happiness of two persons, at least; and as I hardly feel competent to advise on the subject, I shall be glad of the advice of yourself, or some of your numerous

readers.

A. B., a healthy man with a first-class family history, wishes to marry C. D., a fairly healthy girl of nervous temperament. Her parents are also of a highly nervous organisation, especially her mother, who at times appears to lose control of her nerve power, and is highly excitable. C. D.'s eldest brother is more of an idiot than a lunatic, having that peculiar form of idiocy associated with cowardice, and a very retentive memory, but deficient of any logical power. C. D.'s other brothers and sisters are of fair mental capacity, but are all of a nervous type. Presuming they are married, and there is issue, what are the probabilities of idiocy or lunacy being developed in them? There is no history of lunacy or idiocy in the ancestors as far as I can learn.—I am, sir, faithfully yours,

A Perplexed Member.

SALE OF PRACTICE.

SIR,—Having disposed of my practice on a six months' introduction arrangement, receipts and expenses to be divided, I shall be obliged if any member, who has acted similarly, will kindly let me know what expenses should be divided. A man and two horses are kept.—I am, etc.,

A Member.

TREATMENT OF SEA-SICKNESS.

SIR,—Twelve months as a surgeon on shipboard, first to a vessel plying between Liverpool and Bombay, then to an emigrant vessel, carrying from 1,200 to 1,700 emigrants each voyage, from Liverpool to New York, have given me some experience in treating sea-sickness. In practice, two cases of the same description, treated by the same medical man, are not invariably treated alike; the individual treated by the same medical man, are not invariably treated alike; the individual traits in the patient are to be considered; yet some advocate for sea-sickness this nostrum, some that, allowing in no way for the different phases the complaint assumes. There is also to be considered the various kinds of sea-voyage; the short passage across the channel; the ten days run across the Atlantic, with its perpetual swell; the twenty-six days' run out to India, during even which calm voyage some patients are sick the whole way. It will be convenient to class the unfortunate victims of this disagreeable complaint under three heads.

The first and by the levest class are above who are ill and actually wonit.

voyage some patients are sick the whole way. It will be convenient to class the unfortunate victims of this disagreeable complaint under three heads.

The first, and by far the largest class, are those who are ill, and actually vomit for a few hours, and subsequently feel nauseated, for perhaps the rest of the twenty-four hours. The second class may be considered to consist of those who, instead of recovering from this state, continue to vomit and retch for two or three days. And, thirdly, there are those unfortunates who seem to have no natural tendency to recover, whose stomach and system generally seem devoid of tone, and who continue hopelessly prostrated, till, perchance, the weather becomes absolutely calm, or happily they arrive at the end of their sea-voyage.

What can the doctor do for these poor people? Every voyage he hears the same exclamations: "Oh, doctor! can't you give me something to stop this sickness? Why does not some medical man find out a cure for sea-sickness?! If a man were to find out a remedy for sea-sickness, he would make his fortune"; and many other such sayings. Though no infallible remedy has as yet been discovered, a medical man can do much to mitigate the sufferings which this complaint inflicts.

The individuals who come under the first heading generally require no treatment, though a certain proportion are much benefited by a saline aperient, with a mixture of infusion of gentian and aromatic spirit of ammonia, at the same time advising them to take some food in small quantities frequently, and to keep on their feet on deck as much as possible. Those under the second heading find counteriritation, in the form of a mustard-leaf over the epigastrium, keeping themselves in the reclining posture, warmly clad, with a mixture of half-drachm doses of bromide of potassium, combined with fifteen minims of tincture of capsicum every four hours, along with light nutritions digestible food, a very comforting and efficacious line of treatment. Lastly, the third class, of whom there are sur

for these, the same remedies may be used as for the second class, supplemented by tor these, the same rementes may be used as for the second class, supplementar by ice to suck, iced champagne to sip, the hypodermic injection of morphia, or ten grains of hydrate of chloral hourly; the patient, whenever practicable, in fine weather, lying on deck in the open air, well wrapped up, with a hot bottle to his or her feet. These measures will rarely fail to afford relief, though there are a certain number of cases that do not seem amenable to treatment.

her feet. These measures will rarely fail to afford relief, though there are a certain number of cases that do not seem amenable to treatment.

It is, doubtless, satisfactory to be able to alleviate the suffering from sea-sickness, by the foregoing measures; but there is a prophylactic measure, so to speak, which I believe will mitigate all sea-sickness, and prevent most. I mean the use of bromide of sodium, in large doses, for some time previous to embarkation. I say sodium bromide, as I think it, in several ways, preferable to potassium bromide; it is more readily soluble, and, being in the form of a dry powder, can be carried about, and measured more readily than the irregular shaped crystals of bromide of potassium. Patients also say it is the more agreeable of the two to take; some mide of potassium seems to affect the urinary secretion very little.

The traveller should take a drachm of this salt thrice daily, for at least two days previous to sailing, the dose being reduced by half when on board. I have on many occasions recommended this drug; and, whenever it has been taken as I directed, it has given most satisfactory results. One patient, a lady, who could not cross Brooklyn Ferry without feeling sea-sick, crossed the Atlantic in rough weather without feeling in the least sick; many others, who were usually very seasick, were scarcely sick at all; and the least favourable opinion of its efficacy that I heard was, "Well, I am not half so bad as I expected to be."

The specifics for sea-sickness, amyl-nitrite and "navigantine", do not seem to be more than occasionally beneficial; the latter is, perhaps, most suitable for the short passage across the Channel. I have several times been told, by people going overland to India, that they took a dose before embarking at Dover, retired to their berths, and went to sleep, not awaking till the boat reached the French side; but, on getting aboard the ocean-going steamer at Malta, they took the same preparation again, but found it quite ineffectual.

For the surg

For the surgeon of a crowded emigrant ship, the hypodermic injection of morphia is one of the most convenient and efficacious of remedies, especially in the rough transatlantic passage, where the number of emigrants is so great, that medical comforts and drugs would have to be used in very large quantities, and take much time to dispense; and where, besides those suffering purely from sea-sickness, there are usually a number of people, of excitable temperament, also ill, and so noisy and troublesome as to annoy their neighbours; besides which, there are generally one or two whose minds become temporarily affected by the unaccustomed suffering. I have tried oxalate of cerium, atropia hypodermically, citrate of caffein in grain hourly doses, without any noticeable benefit. As far as my experience goes, bromide of sodium, taken in large doses for some time previous to embarkation, is the "best thing for sea-sickness". I have not read the medical papers with sufficient regularity to know whether I have all through only reiterated what has been already communicated to the JOURNAL; but, should such be the case, it may afford some one satisfaction to hear his views corroborated.—I am, etc., I a For the surgeon of a crowded emigrant ship, the hypodermic injection of morphia may afford some one satisfaction to hear his views corroborated.—I am, etc.,
CHARLES GIBSON, M.B.

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