

HABITUAL DRUNKARDS ACT.

SIR,—Observing that a considerable amount of interest has been recently manifested with regard to the operation of the Habitual Drunkards Act, I presume that it may probably interest many of your numerous readers to be aware that I can, from practical experience, bear testimony to the evidently increasing success of the Act, and can confidently assure them of the great permanent advantages that have been derived by patients who have resided in this Retreat.

Since the commencement of the present year, fifteen patients have entered this establishment, and placed themselves under the provisions of the above-named Act; in addition to which, ten have been received as private patients.—I am, sir, yours very obediently,

JOHN H. BROWN.

Tower House Retreat, Westgate-on-Sea, October 5th, 1882.

J. A. MACWILLIAM, M.B., should look at last week's JOURNAL.

DR. HARKIN'S PAPER ON RHEUMATISM.

SIR,—I am sure many will be surprised at Dr. Harkin's expression that a blister applied over the region of the heart is a new mode of treating gout and acute rheumatism, *par excellence*. I could give case after case where every comfort surrounded the patient, and, in spite of the blistering over the region of the heart (not for the purpose of curing the rheumatism, but owing to endocardial and pericardial mischief setting in very early), the acute rheumatic affection ran its course, and was not influenced by the blistering. The pain in the chest was relieved; but the constitutional symptoms were not.

Dr. Harkin's object is one which may commend itself; but I think many will not consider the plan of treating gout and rheumatism by blisters as solely reliable. Dr. Harkin calls it "a new and effective remedy for acute rheumatism."

An interesting case is recorded by the late Dr. Graves: "A woman was admitted into hospital on September 1st, labouring under febrile symptoms, etc. All went on favourably until the 5th, when there was distinct friction-sound over the region of the heart. Calomel and opium were given, and, on the 6th, a blister was put over the region of the heart. On September 10th, she was seized with pains in the loins, knees, shoulders, wrists, and ankles. The joints were exceedingly swollen, red, and painful."

This case clearly illustrates the uselessness of early blistering as a preventive of an attack of acute rheumatism. I could give the histories of many cases in which the application of blisters over the heart and around the joints appeared perfectly useless—at least, in my opinion—as invariably I have had to resort to the alkaline treatment with opium, all other things failing.

The salicylic treatment is most disappointing, and this I account for by almost all the preparations being made from artificial salicylic acid, and not from the pure natural acid, which is expensive. I am convinced that all modes of vaunted treatment will in many instances fail, and we should place no reliance in any one mode. We should treat symptoms of diseases, but not a disease, because it bears a certain name.

Only a short time ago, a boy came under my care, and it was his second attack of acute rheumatism. The heart was much affected, and the breathing very difficult. He had only been ill a few hours before I saw him, and a large blister was applied over the region of the heart. It eased the chest-symptoms, but the case progressed very slowly, in spite of salicylate of soda, and I discarded the treatment. Alkalies and calomel and opium, on the first day after the other treatment was abandoned, produced good results, but the boy was over three weeks under treatment.

Two other cases (brothers) occurred in one family, where blisters were almost useless. About a year ago, one of the brothers died—a perfect wreck—and the other is seen by me occasionally.

I have had a boy under my care since 1880, and the blistering treatment completely failed. Necrosis of the right femur has ensued; and I extracted, a few weeks since, from the knee joint, a piece of bone three inches long by two broad. The right leg is perfectly useless. Another case was that of a fine tall man, and no effect was visible until alkalies were given. As to the observed fact that the urine becomes alkaline under cantharides, Dr. Harkin does not give any information.

Can the beneficial effects, spoken of by those who have tried cantharides in the form of blisters or tincture, be due to some catalytic action of the mucus of the bladder, and may not this ferment, acting upon the urea, cause the formation of ammonium carbonate, which, in a nascent state, may, in part at least, become absorbed?

The statement is made by many that, under the influence of cantharides, the urine becomes alkaline, but I have not met with any explanation as to the cause. That gout and rheumatism are closely connected, few can doubt; but I am of opinion that the cause of gout is not identical with that of acute rheumatism. Sir William Gull and Dr. Sutton's plan of treating acute rheumatism with mint-water, can only be mentioned as a kind of *fiasco*. It is impossible to treat acutely painful diseases without drugs; and what does it avail a patient who is suffering agony and in torment, to be told Nature will cure you?

I consider all "expectant modes" as simply trifling with a patient and disease. Our object is to assist Nature; and the new-fangled ideas of treatment are becoming so absurd and ridiculous, that people seem to lose faith in orthodox medicine, and betake themselves to all sorts of quackery—from homeopathy to hydrophobia, and now to the "expectant mode". Of one thing I am convinced, that the medical men of our generation are far behind our ancestors in gaining the confidence of patients. The cause is not far to seek. Pathology is all very well; but I never knew it, apart from remedies, relieve suffering. Indeed, it may well be said that we know much of the nature of diseases, but very little as to their cure. We are all agreed upon one point, that too much physic is bad; but, if we discard it altogether, and actually lead the way, I think we had all better burn our diplomas, raze our colleges and schools of medicine, and become veritable Diogenes. I think the workman should be the last to place little or no confidence in his tools.—I am, etc.,

HENRY BROWN.

Northallerton, October 9th, 1882.

"A SUBSCRIBER."—The inquiry on the subject has been forwarded to Paris.

"E. J. H."—Not of sufficient interest.

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BOOKS, etc., RECEIVED.

- Practical Treatise on the Diseases of the Uterus, Ovaries, and Fallopian Tubes. By R. Courty, Professor of Clinical Surgery, Montpellier. Translated from the Third Edition by his Pupil, Agnes M'Laren, M.D., M.K.Q.C.P.I., with Preface by J. Matthews Duncan, M.D. London: J. and A. Churchill. 1882.
- Jubilee Meeting of the British Medical Association: Address in Surgery. By Wm. Stokes. London: J. and A. Churchill. 1882.
- The Surgical Treatment of Hemorrhoids. By Walter Whitehead. (Reprinted, with additions, from the BRITISH MEDICAL JOURNAL of February 4th, 1882.) London: J. and A. Churchill; Manchester: J. E. Cornish. 1882.
- Hospitals and the State; with an Account of the Nursing at London Hospitals, and Statistical Tables showing the Actual and Comparative Cost of Management and Maintenance, and of Work done by the Principal Hospitals, Convalescent Institutions, and Dispensaries throughout Great Britain and Ireland. By Hen. C. Burdett, F.S.S. London: J. and A. Churchill. 1881.
- Micro-Chemical Experiments and Observations on the Structure of the Human Blood. By Thomas Shearman Ralph, M.R.C.S. Eng., President of the Microscopical Society. Victoria: Stillwell and Co., Melbourne.
- Is Consumption Contagious? and Can it be Transmitted by means of Food? By Herbert C. Clapp, A.M., M.D. Boston: Otis Clapp, and Son. 1882.
- Lectures on Surgery. Vols. I and II. Third Edition. By Jas. Spence, F.R.C.S.E. Edinburgh: Adam and C. Black. 1882.

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