

of maize had become general in these districts. Besides, the intensity of the disease is always proportionate to the amount of maize taken, in different seasons, and by different persons. Although M. Landouzy, who has studied the disease in Rheims, and M. Boudin, who has made researches on it during the late campaign in Lombardy, are of opinion that its cause cannot be attributed to maize eating, the committee of the Conferenze Mediche of Rome agree with almost all other Italian observers, as Balardini, Lusanna, Trua, etc., and several French physicians, as Thouvenel, Roussel, Cortallat, and Tardieu, which latter drew up the report on this disease for the French Academy. It is not, however, good maize which engenders the disease; as this latter does not exist where the maize is indigenous and thrives well. In South America, in the South of Spain, and Egypt, pellagra is not to be found, although large quantities of maize are consumed there by the inhabitants. In Terracina, the lower classes live exclusively upon this article, and are in perfect health, as the quality of the maize which grows there is very good. It has also been observed that, if the harvest of Indian corn, in those districts where it causes pellagra, is worse than the average, the disease is more frequent and more severe. It is very probable that the soil of Lombardy, of Venetia, of the Tyrol, of Asturia, and of the Department of the Gironde, is unfavourable to the cultivation of maize. With regard to the question, whether incomplete ripening, or a cryptogamous parasite, exert the baneful influence, the committee at present suspends its decision, the microscopical and chemical examination of the corn, the meal, etc., having not yet been finished; but it is rather inclined to think that a *sporisorium maidis*, similar to the *sporisorium cereale*, may be the poison which produces pellagra; as the symptoms of this distemper are similar to those of raphania or ergotism; and it is possible that, where pellagra has existed endemically, without maize having been eaten by the patients, an analogous deterioration of other kinds of corn may have been the cause of it.

Concerning prophylaxis and treatment, the committee does not recommend the suppression of the cultivation of maize, which, if of fair quality, is a good and cheap article of food; but proper directions ought to be given to the people for cultivating it. Only such kinds should be selected as are suitable for the soil; the harvest, the housing, and the grinding, ought to be under special supervision; spoiled maize ought to be destroyed; the taxes upon other sorts of grain ought to be diminished, in order to make these latter accessible to the poor; and the cultivation of legumes and potatoes should be promoted. Such and similar measures would, no doubt, go far towards diminishing, and even entirely suppressing, pellagra; but if they should not be attended to, the committee fully expect the disease to become, not only more frequent, but also more severe, than it is at present. In Capronica, where the duration of the disease has been the longest in this part of Italy, the cases of it are far worse than in Palestrina. As soon as the chemical and microscopical researches of the committee on the nature of the morbid influence shall have been produced, I shall send you a short account of them.

## Correspondence.

### NON-INOCULABLE CHANCRES.

LETTER FROM M. CHARLES P. DE VALENCÉ.

SIR,—Your number of August 17th, 1861, has just been handed to me: I have had the opportunity of reading it with all the attention and consideration it deserves. But an original essay published in it on "Syphilis-inoculation and its relation to Diagnosis and Treatment," has particularly arrested my attention; for the author of the paper seems to ascribe to Mr. Henry Lee this great discovery.

Thus, in the 44th volume of the *Medico-Chirurgical Transactions* of London, the author says: "Mr. Lee had pointed out in the year 1856, that the adhesive form of primary syphilitic inflammation did not furnish a secretion which, as a rule, could be again inoculated upon the same person."

I write with the view of rectifying an error which has the tendency of assigning this discovery to the otherwise distinguished and learned British practitioner. But, as the report with regard to the author is insufficiently grounded, it seems to me that an involuntary mistake has been the only fault of the author—that of not being acquainted with Dr. Clerc's *priority* as regards the point at issue; for he presented a *memoir*, on the 25th of October 1855, to the Société de Chirurgie de Paris, entitled "Considérations nouvelles sur le Chancre infectant et le Chancroïde," and at page 9 he thus expressed himself:

"Messieurs, des faits déjà nombreux, recueillis par nous, nous autorisent à soutenir devant vous cette proposition. Lorsqu'un malade porte un chancre infectant depuis peu de jours, si on l'inocule à la lancette, avec le pus de ce chancre, dans la très-grande majorité des cas l'inoculation est *négative*. Il en est de même lorsque cette inoculation de chancre infectant est pratiquée sur un sujet qui a ou qui a eu la syphilis constitutionnelle."

Mr. Rollet, head-surgeon of the Hospices de l'Antiquaille at Lyons, in his book published (Paris, 1861), *Recherches cliniques et expérimentales sur le Chancre simple et la Blennorrhagie*, says:

"En 1855, Monsieur Clerc annonça le *premier* ce fait que, si on inocule avec du pus du chancre syphilitique un malade qui a la syphilis constitutionnelle, le plus ordinairement l'inoculation est *négative*."

In the *Gazette Hebdomadaire de Médecine et de Chirurgie*, tome ix, No. 1, Paris, 4th January, 1862, in an account of M. Rollet's work, by M. Ollier, head-surgeon of the Hôtel-Dieu at Lyons, the writer says: "Ces deux faits capitaux: l'existence de deux virus chancreux et la non-inoculabilité du virus du chancre infectant à l'individu qui porte déjà une ulcération de cette nature, ces deux faits sont dus, le premier à M. Bassereau, le second à M. Clerc."

Thus M. Clerc previously pronounces himself, and took all the responsibility of such a nice point *sub judice*, but which is now scientifically admitted. In the ninth page of the *Opuscula*, which I have the honour to submit to your impartiality, you will read the following phrase, in which is contained the interesting discovery which the writer *presupposes* in favour of Mr. Lee, as one of the most capital in syphilographic pathology.

"Dr. Clerc, before printing his monograph, had several times lectured on that point, which he finally published in 1855; while Mr. Lee's opinion was made known only in 1856, the following year.

"Therefore it would have been but fair had the author of the original work quoted Mr. Lee's lectures, but not place him on a pedestal and deprive the modest and dis-

tinguished physician of St. Lazare of one of the most capital discoveries in syphilis." . . .

I hope, sir, that you will take into serious consideration the request so justly made in favour of M. Clerc, and that you will be so kind as to give admittance to these lines in your JOURNAL, as a just tribute rendered to a scientific man of our age.

The only motive that has impelled me to take this step being: "That science and impartiality have right of denizen in every land, and especially in that of Great Britain."

I am, etc.,  
CHARLES POUPINEL DE VALENCÉ,

*Chef de Clinique du Dispensaire de Syphiliographie.*  
Paris, January 1862.

[We have not had an opportunity of referring to M. Clerc's original memoir read before the Société de Chirurgie de Paris, but M. Diday's opinion, which we have recently quoted upon the present question, will probably be satisfactory to all parties. M. Diday says: "Mr. Lee announced the fact of the non-inoculability of the (infecting) chancre from experiments and observations made at the Lock Hospital and at King's College Hospital in 1855 and 1856: consequently after M. Clerc, but before the other French authors." (*Gazette Médicale de Lyon*, Oct. 1861, p. 459.) The importance of this subject is now fully admitted, and its bearings upon pathology and practice are receiving a full consideration; but so little was thought about it in 1856, and so novel did the doctrine then appear, that the Council of the Medical and Chirurgical Society for that year did not, we believe, consider it prudent to publish Mr. Lee's first paper upon the subject. EDITOR.]

## BRANDY OR IPECACUANHA.

LETTER FROM FRANCIS DAVIES, Esq.

SIR,—I am not going to take up Mr. Higginbottom's glove. His practice I do not entirely fall in with. A friend of mine, in his 85th year, told me he had drunk a pint of port-wine every day for forty years. Keeping a good deal of company, he necessarily frequently took much more. When 86, he was seized with giddiness; his wine was stopped; and he was cupped. Need I tell the result? His stomach "struck for wages"; he gradually sank, and died. I do not believe that half a drachm of ipecacuanha could have saved him.

On the 14th, I was sent for four miles into the country, to see a pauper, who was suffering from hæmorrhage—a small, spare woman, 27 years old, and the mother of four children. Her labours had all been hard. My first impression was to deliver immediately, as she was now in her eighth month, and had experienced much flooding a month before. I thought it prudent to send for my friend Mr. Claridge, a gentleman of much experience and of considerable standing. The hæmorrhage having ceased, and the pulse being good, he did not think I would be justified in interfering. On the 17th, I was summoned at 6 A.M. I again sent for my friend, who, as the woman had comparatively recovered, wished me to give her another chance of going her full period. We remained until twelve, and then left. At two, I was hastily sent for, as the woman was much worse. On my arrival, I found such to be the case. The hæmorrhage had been fearful; so, instead of giving Mr. Higginbottom's remedy "a good emetic", I gave her two ounces of brandy, and proceeded to deliver. I had great difficulty in introducing my hand into the vagina; and, when I had done this, the pelvis was so contracted, that it was with the greatest difficulty I could get my hand above the brim, owing to the severe pain it gave her. I found a foot, and at once delivered. The placenta entirely covered the os uteri. A bandage was at once placed round the abdomen

tightly; and, as the pulse was not to be felt at the wrist, I gave two ounces of brandy with a drachm of laudanum, and desired a spoonful to be given every half-hour in gruel. I remained there a very considerable time, and left the woman comfortable. To-day (23rd), she is doing well.

No person who has not tried, can have any idea of the difficulty of passing the hand through a deformed pelvis.

I am, etc.,

FRANCIS DAVIES.

Pershore, January 23rd, 1862.

## "NOTTINGHAM ALE."

SIR,—I do not think that your intelligent and honoured correspondent, Mr. Higginbottom, could have selected a more favourable illustration to prove his proposition than the beverage he has chosen, if the ale of my native town continue to be brewed as it was in my younger days, when Mr. Higginbottom was a young rising practitioner, and I was a medical student there; especially if his friend enjoyed it as many of the professional and all other classes enjoyed it in those days. The burden of our old song was, and no doubt still is—

"Nottingham ale, boys, Nottingham ale:  
No liquor on earth like Nottingham ale."

And it was entitled to this preëminence, if the old song had been sung by those doctors only who did not drink it; for it brought "grist to the mill". It was sweet, heavy, even luscious; but brought, as it was, cool from the deep cellars in the rock, very tempting, and very seductive.

"Bacchus, that jolly god,  
Sprung from a barrel on 't."

So the old song told us, and it is not improbable; or, at all events, that he was nursed upon it, if the rotundity of his person, as depicted, is a faithful likeness of the son of Jupiter!

But, seriously, I affirm that the case related is not a fair illustration. Would Dr. Prout have called attention to the valuable properties of well fermented ale, as that of Bass or Allsopp—ale reduced to the lowest degree of attenuation, so as to require a double portion of the very finest hops to prevent the vinous running into the acetous fermentation—if the ale of Nottingham had been his theme?

I will not ask to enter the lists in the conflict invited by Mr. Higginbottom, as I think he is in better hands; but I do protest against Nottingham ale being received as a fair type of alcoholic drinks. It is, or rather was, in my day, neither wholesome as food nor useful as physic.

I am, etc.,

F.R.C.S.

February 1862.

## HYDROTHERAPEIA IN HOSPITAL PRACTICE.

LETTER FROM C. LOCKHART ROBINSON, M.D.

SIR,—I have read with interest your remarks and the letter of Dr. Risdon Bennett on the application of the healing powers of water to the cure of disease. In the *Journal of Mental Science* for July 1861, I have printed a paper which I read last April before the Brighton and Sussex Medico-Chirurgical Society, "On the Sedative Action of the Cold Wet Sheet in the Treatment of Recent Mania; with Cases;" and my subsequent experience of that powerful agent in the treatment of nervous and mental excitement confirms the very favourable opinion I then expressed of its efficacy. I have again and again seen cases, arising here in a state of violent acute mania, actually fall asleep in the first or second application of the wet sheet.

Again: the stimulant action of water, in its application by the douche, is a power which modern physicians most unwisely neglect. Nothing can, indeed, exceed