

sumptives, but this cannot be said of the James Brown Sanatorium and the Nunyara Sanatorium at Belair, near Adelaide.—I am, etc.,

Crooksbury Sanatorium, Sept. 16th. F. RUFENACHT WALTERS.

THE OPEN-AIR TREATMENT OF CONSUMPTION.

SIR.—Dr. Weatherly is reported as having said at the Leicester meeting: "I will not use the word 'cured,' because I believe that once a consumptive always a consumptive; and however you may treat a sufferer from the disease, he is always a creaking door, and if not looked after he must collapse."

This is a great swing of the pendulum, but I feel sure it is the opinion of the majority of medical men; but how can it be reconciled with statistics of various sanatoriums, in which cures reach even 90 per cent. in slight cases? My own feeling is that "cure" is the wrong word. To be cured there should be neither symptoms nor physical signs. Of over a dozen cases I have sent to sanatoriums during the last two years not one has returned without either symptoms (cough, etc.) or physical signs, and the general practitioner who knows his patient sends him to the sanatorium and watches him afterwards is undoubtedly the best judge as to whether he is cured or not. My point is that these statistics of cures do harm, for the patient is naturally very disappointed to find there is still something wrong after some months' residence in a sanatorium. I have no doubt about the good produced by the treatment, but I have great doubts about the cures.—I am, etc.,

Bath, Sept. 20th. W. H. COOKE, M.D. BRUX., F.R.C.S. Eng.

IDIOSYNCRASY IN REFERENCE TO MUSHROOM POISONING.

SIR.—With reference to Mr. Jonathan Hutchinson's letter on this subject in the BRITISH MEDICAL JOURNAL of September 16th, I think the case described below will be of interest, although I do not consider idiosyncrasy is proved. The symptoms described by the patient, however, are very typical of the cases mentioned by that gentleman.

Sergeant-Major L., R.G.A., picked some mushrooms on the morning of September 7th; these he and his wife had for breakfast, a friend of his also partaking of them. Twenty-four hours later, on waking up, he felt as if there was a lump in his chest, and he had great difficulty in breathing; he, however, had some breakfast and went to his work. One and a-half hours after the first symptoms the pain in his chest became very acute; it commenced just below the ensiform cartilage and passed to the back of his chest and under the left shoulder blade.

The pain he described as of a piercing character, and he found the greatest difficulty in breathing; he states he had never suffered such agonizing pain in his life; it became so severe that he had to leave his work. He also states that he had a feeling of numbness in his left arm. The pain continued very severe, and was so acute in the evening that a hypodermic injection of morphine was given; this and mustard poultices to his chest gave him relief. Next morning the pain was not nearly so severe, but he still had great difficulty in breathing.

He states that his mouth was very dry and continued so for forty-eight hours after the first symptoms. A few days later he had a very slight attack of jaundice; his conjunctivae were yellow. I did not test his urine for bile, but from his appearance I have no doubt it was present. The pain and difficulty of breathing continued for several days (five or six), but not of the same acute character, and though now free from all pain he still states he has a feeling of tightness over his chest and cannot breathe as freely as before. He had no diarrhoea or vomiting, and no pain whatever in the abdomen. The sergeant-major states that his wife vomited after eating the mushrooms, but his friend who ate them had no symptoms of illness whatever. The patient states he has eaten mushrooms hundreds of times, but was never ill after doing so before.—I am, etc.,

L. T. NASH,
Lieut.-Col., R.A.M.C.

Military Hospital, Golden Hill,
Isle of Wight, Sept. 18th.

A SANATORIUM FOR CONSUMPTIVE CHILDREN.

SIR.—As Chairman of the Committee of the proposed Children's Sanatorium, and one of the signatories to the appeal recently published in the newspapers, I desire to make some observations upon the article which appeared in

the BRITISH MEDICAL JOURNAL of September 9th, p. 599. To deal with the points raised *seriatim*:

1. The Committee fully realizes that the period must be long during which the child patients are kept at the sanatorium, and the cost will doubtless be considerable, but the question of duration of residence, and consequent expense, can hardly be used as an argument against the necessity and desirability of providing such a sanatorium as is proposed. Similar sanatoriums are to be found in France and elsewhere. Moreover, the Committee hope that, apart from the endowment of cots, and annual subscriptions and donations, help will be forthcoming in the shape of contributions from friends of the patients, and from parochial organizations, charitable societies and other hospitals, which may send children for special treatment at the sanatorium.

2. There are three doctors upon the Committee, as the enclosed prospectus will show: one, the Secretary of the Kelling (C. O. S.) Sanatorium; another a well-known lady doctor who has herself founded and maintains more than one sanatorium for adults; and the third, a visiting physician to the London Homoeopathic Hospital.

3. As the appearance of this gentleman's name is particularly animadverted upon in your article, it may be said that from the first inception of the scheme, he has given valuable advice, and has rendered great service to the Committee.

4. The sanatorium, however, will not be worked upon homoeopathic lines, and as the main part of the treatment will consist of skilled nursing, fresh air and sunshine, and good food, together with suitable physical exercises, the question of homoeopathy or allopathy will hardly arise.

5. The medical supervision will probably at first be given by a visiting physician from a neighbouring town, and as the number of patients increases a resident doctor might be employed. The Committee, however, have not yet considered this matter since the scheme is only in its initial stage as yet.

I may add that much welcome support has been received already from various sources, but a great deal remains to be done before the amount asked for is obtained, so that I earnestly ask you to give my letter the same publicity which your article has received, and I trust you will be able, after reading my reply to your criticisms, to recommend, unreservedly, this splendid scheme to the many readers of your JOURNAL.—I am, etc.,

EDWIN C. BEDFORD.

The Rectory, Great Ormond Street, W.C., Sept. 14th.

DYSENTERY AND ITS TREATMENT ON ACTIVE SERVICE.

SIR.—Surgeon-Major Hutton's is quite right in attributing the ipecacuanha treatment of dysentery to the late Surgeon-Major Docker. He first tried it in Mauritius, and when he went to Ceylon in 1861 his plan was to administer 20 to 30 gr. ipecacuanha, the patient having taken 20 to 30 drops *tr. opii* fifteen minutes previously; at the same time a mustard plaster was applied to the epigastrium. In case the drug was not retained it was repeated, but the opium and mustard generally prevented vomiting. Profuse sweating followed, with relief to symptoms. A second dose was occasionally required—rarely a third, provided the case was not more than of two or three days' standing.—I am, etc.,

OWEN OWEN,

Cheltenham.

Brigade-Surgeon (retired).

HAY FEVER, CHRONIC RHINITIS AND ASTHMA.

SIR.—As "M.D." has so courteously supplied that further explanation of his views on the sources of the "mechanical energy of the human body" for which I was genuinely anxious, I can do no less in thanking him than drop the note of personal badinage.

I speak only the literal truth when I say that I am glad to know that by an alteration in his habits "M.D." has succeeded in ridding himself of so distressing a complaint as asthma, but at the same time I dissent as strongly as possible from the conclusions which he has drawn from this experience, unsupported as it is, as far as his letters go, by any similar results in his own practice.

"M.D." challenges me to "compress into a shorter name the ideas conveyed in his somewhat long term covering his view of the complex pathology of asthma." Well, I think "respiratory catarrh" would meet the case, but I do not want either to compress or to expand his meaning. If asthma is synonymous with catarrh of the various portions of the