

times. Special licences could be granted as now for special occasions and to responsible persons who would guarantee that there would be no abuse of the beverages; and as all the alcoholic drinking of the country would be under the eye of the Government any abuse of these licences or privileges could soon be put down.

About 30 years ago a circular was sent to all the medical men in this district "asking them to refrain as much as possible from prescribing alcohol in any form." My reply was that I prescribed castor oil when required and that I expected when the patients got better they would cease taking it, and that I expected that if I prescribed any alcohol the patients would do the same. I received another notice that many drunkards alleged that the beginning of their bad habits took place when they were under medical treatment, which may be quite true in some cases. Certainly it is perfectly true that many women begin to use alcohol in some form for painful menstruation and during puerperal weakness, and many others have begun to use narcotics by a medical man being either too busy or too lazy to write a prescription, telling his patients to go into the nearest druggist's and purchase a narcotic and take so much of it. Much drunkenness and narcotic-consuming might be prevented by medical men always and only administering alcohol and narcotics medicated in a prescription, not to be repeated unless sanctioned by the prescriber.

Thanking you in anticipation of your finding room in your valuable journal for the above, and hoping that other members of our profession may be induced to state their opinions how best to combat these evils,

I am, Sirs, yours faithfully,

Paisley, March 18th, 1902.

J. B. HUNTER.

## A NATIVE REMEDY FOR BLACKWATER FEVER.

To the Editors of THE LANCET.

SIRS,—I have read with great interest the notes by Dr. D. R. O'Sullivan-Bearé in THE LANCET of Feb. 1st, p. 232, on the native remedy for blackwater fever and I should like to offer a few suggestions on this most important subject.

Before dealing with the question of the remedy there are several points raised in this paper as to the nature of blackwater fever which call for some comment. In the five cases quoted the patients had either never tasted quinine or at least had not taken it for two months previously, so that this adds one more to the many facts which militate against the dangerous doctrine that quinine is the cause of blackwater fever which has prejudiced large numbers against the use of quinine. I most emphatically differ from Dr. O'Sullivan-Bearé in his view that blackwater fever is not a form of malarial fever, and I consider that "the test of practical experiment" is in favour of the use of quinine in its treatment. I believe it to be an assumption which has not been proved that the hæmoglobinuria is caused by a toxin rather than by the parasite itself, and the idea which is suggested that nephritis is set up in ordinary cases is in my opinion an erroneous one, the albumin present being due to the presence of hæmoglobin. The mention of two cases of blackwater fever occurring among negroes is interesting, as I do not think this is common, and it will be still more important if the information can be borne out which Dr. O'Sullivan-Bearé has obtained concerning some tribes in the interior, "amongst whom blackwater fever would appear to be endemic"; but may not this be hæmaturia due to bilharzia hæmatobia?

Having delivered myself of these criticisms I desire to thank your correspondent most heartily for the interesting particulars which he has given us concerning this native remedy, for although I do not agree with his estimate of the value of quinine in this disease there can be no question that we are in need of other remedies, and I think that after the testimony we have received *Cassia Beareana* should receive a full trial. As to its mode of action and the reason for its usefulness a few remarks may not be out of place. The most important points in the treatment of blackwater fever, apart from any specific malarial treatment, are to maintain the flow of the urine and to deal with the vomiting which is often a dangerous feature of the malady, making it difficult to administer either

food or medicine and weakening the patient. It seems to be a point in the prescription of this medicine to give it with a great deal of fluid, and probably this assists in promoting free diuresis, even if the drug itself is not a diuretic. But what interests me more is the influence which it appears to have upon vomiting. In the cases mentioned vomiting seems to have been a prominent symptom and the medicine seems to have relieved it. Perhaps even more striking than the effect of the remedy upon blackwater fever is the result obtained in so-called bilious remittent fever. I have sometimes wondered whether the number of cases classed under this head are all of them malarial; at all events the trouble here is usually vomiting and this the medicine seems to relieve. If this is so, the drug may be useful in other cases where vomiting is a troublesome symptom and it is to be hoped that all who use it will note carefully the effects produced, so that we may not be acting in the dark in prescribing the remedy.

I am, Sirs, yours faithfully,

CHARLES F. HARFORD-BATTERSBY.

Livingstone College, Leyton, E., March 24th, 1902.

## VAGARIES OF VACCINIA.

To the Editors of THE LANCET.

SIRS,—From personal experience of the vagaries of vaccinia I am intensely interested in the clinical note sent you by Dr. J. W. Washbourn, published in THE LANCET of March 8th, p. 664. It is within the recollection of many of your readers that when the Local Government Board first introduced the glycerinated calf-lymph it was found to be very irregular and uncertain in action. A not uncommon experience was to make four careful scarifications, insert the glycerinated calf-lymph from the same tube in each, and then to find quite a variety of vesicles, papules, blebs, and minute vascular spots, these last resembling small nævi, none of them coming to maturity and disappearing without leaving a cicatrix; one class of immature vesicles left a slight scar more like staining of the skin than a scar.

I have notes of a case almost identical with the one recorded by Dr. Washbourn. In March, 1899, I vaccinated a child, a female, aged two years, in four places. Two of the scarifications developed into mature vesicles leaving well-marked cicatrices; the other two were simple blebs, with no areola; the serous fluid was re-absorbed, the vesicles shrank and never scabbed. The mark left was more like a stain than a cicatrix. After a lapse of nine months the mother complained that whenever the child had a cold the vaccination spots came back. At first I treated this piece of curious information as purely mythical—on a par with many of the funny things said about vaccination. However, to please the mother I asked her to let me see the child's arm when she had the "spots" on again. This she did in the course of a few weeks, when, to my surprise, at the site of the *imperfect vesicles* only the superficial layer of the epithelium was raised in the form of two or three small vesicles resembling exactly a group of herpes; be it noted there were none in the cicatrices left by the mature vesicles. I saw them two days after the child scratched them; they were red at the base and covered by a scab. To prevent further scratching the arm was dressed; the sores soon healed and left *no scars*. Now, it may be due to over-dulness, but it requires a stretch of the imagination to fancy that in this case the vaccinal virus in the original lymph was of two kinds—one active, producing satisfactory results; the other inert, lying dormant for nine months and then by the aid of a cold or, as in Dr. Washbourn's case, scarlatinal infection developing its latent powers in producing good results. Or shall we put it this way—the more or less inert lymph having exhausted its strength in its first abortive effort, by a further period of rest in the living tissue acquired sufficient vitality when reinforced by scarlet fever to produce true vesicles.

With your permission, Sirs, I should like to ask so great an authority as Dr. Washbourn one or two questions. His patient was vaccinated in four places, "only one of which took and that very slightly," yet we are informed further on that Mr. Percy Rose found four spots on the left arm at the usual site of vaccination. Query, were there cicatrices "at the usual sites of vaccination"? Again, and more important, did the four spots, "exactly like mild vaccination at about the seventh day," leave cicatrices behind them like genuine cases of primary vaccination? Is it not generally the case that the concurrence of scarlet fever, whooping-cough, and