I arrive at this conclusion: the *idea* and the *designation* of an excito-secretory action belong to Dr. Campbell, but his details are limited to pathology and observation. The elaborate experimental demonstration of reflex excito-secretory action is the result of the experimental labours of M. Claude Bernard. And now I say—"suum cuique."

My own claim is of a very different character, and I renounce every other. It consists in the vast *generalization* of excito-secretory action throughout the system:

"There is, perhaps, not a point in the general cutaneous surface in which tetanus—an excito-motor effect—may not originate; there is scarcely a point in which internal inflammation—an excito-secretory effect—may not be excited."

Every point of the animal economy is in *solidarité* by a reflex excito-secretory action with every other!

I here observe that this excito-secretory action cannot be designated *diastaltic*. It is certainly *dia-energetic*; but it does not assume the form expressed by the Greek term, *στέλλω*. A new designation is required, and I propose at once the plain and simple one of *dia-centric*. Thus the in-going nerves are *centripetal*; their influence traverses the spinal marrow, and is *dia-centric*; it is reflected along *centrifugal* nerves.

One remark more. The diastaltic system extends to the internal muscular organs, as well as the external. I would therefore speak of

1. *External diastaltic action*, and of
2. *Internal diastaltic action*.

The former has been amply elaborated and traced in my various publications; the latter remains for new investigation.

The former applies to all orifices and exits, and all tubular structures leading to them; the latter to all internal muscular organs—the heart, the stomach, the intestines, &c.

I trust Dr. Campbell will be satisfied with my adjudication. There is in the *excito-secretory* function, as applied to pathology, an ample field of inquiry for his life's career, and it is indisputably—*HIS OWN*. He first detected it, gave it its designation, and saw its vast importance.

I am, Sir, your obedient servant,

April, 1857.

MARSHALL HALL.

PROHIBITORY MEASURES, QUARANTINE, AND THE MURRAIN.

To the Editor of THE LANCET.

SIR,—An Order in Council, of the 2nd instant, prohibiting the importation of cattle, hides, horns, and hoofs, from those districts of the Continent in which murrain is now prevailing, has had the unfortunate effect of directing attention too exclusively to prohibitory measures, and measures of quarantine, as preventions against the extension of murrain to this kingdom. I beg to submit to you the following observations, tending to show that such measures, uncombined with measure of internal hygiene, are worthy of little confidence:—

1. Since 1837, a singular predisposition to the development of epizootic diseases has brooded over Great Britain and Ireland. During that period, not a single year has elapsed without an epizootic of one form or other prevailing, in a marked degree, amongst domestic animals in both kingdoms. A similar predisposition to the development of epizootic diseases has also been observed, during the same period, upon the Continent. The parallelism between the epizootic constitutions of Great Britain and Ireland, and of the Continent, would alone lead to the conclusion that the conditions requisite for the development of murrain already exist in the United Kingdom, or that they are in progress of development, and, consequently, that measures of prevention are requisite *within* the bounds of our own country and of Ireland.

2. "Pulmonary murrain" is prevailing in several districts of Germany, and the terrible "dysenteric (or *choleraic*) murrain" which ravaged Asia Minor in 1855, and epizootic contagious typhus, are prevailing in other districts of Europe. One or other of these three forms of epizootic disease may assume a pre-eminence, and become the *murrain*, or the different diseases may rage with different degrees of intensity in different districts. The wide development, in a murrain-like form, of these three diseases, at one and the same time, indicates that other and more potent agencies than contagion are concerned in their development. Moreover, the contagiousness of pulmonary and dysenteric murrain (certainly of the latter) is somewhat doubtful. Of the wide-spread agencies which lead to the development of epizootics over large tracts of country, we know little; but of the local agencies which govern and foster the development of epizootics, we know much. Over-

crowding, bad ventilation, and pollution of the air, from any and every source, have as important an influence in predisposing to the development of epizootics as of epidemics. Moreover, contagion or infection alone are insufficient to account for the development of epizootics or epidemics: there must be a condition of things favourable to the action of contagion or infection. Given the contagious or infectious matter, the probability is, that unless a predisposing cause be present, the poison will not act. Hence the paramount importance of measures of internal hygiene as preventives of murrain.

3. The "lung-disease," which is now prevalent amongst cattle in England, is, I believe, identical with the pulmonary murrain on the Continent. This "lung-disease" has, in certain districts, during the last four or five years, shown indications of assuming an epizootic character, by its increased virulence, and by the mode in which it has seized upon and devastated crowded cattle-sheds. In this district, the disease is rapidly assuming all the characters of the true murrain. Several farmsteads have been ravaged by the disease within the last twelvemonths; and, in some instances, in addition to other measures, it has been necessary to close the cattle-sheds, in order, if practicable, to effect their disinfection. In all the farms which I have visited, where the disease has raged, I have found the cattle-sheds over-crowded (in one instance, seventy cattle were accustomed to be stalled where twenty ought not to have been), the ventilation was bad, and the subsoil beneath the stalls a deep mass of decomposing organic matter. My experience of this "lung-disease" (termed locally, *the new delight*), has led me to conclude that it differs in some important particulars from ordinary epizootic pleuro-pneumonia. After death, as a rule, no morbid changes are found in the pleuræ, and there is an absence of plastic exudation in the lung. The lungs present the appearances of the asthenic pneumonia of fever, and the disease itself has the characters of a true febrile disorder, complicated with a pulmonary affection, the latter probably having the same relation to the former which the intestinal affection has to the general disorder of the system in epizootic contagious typhus.

Here, then, we have the gradual development within the kingdom of a formidable epizootic disease, which is thought to be exceedingly contagious, which is certainly highly infectious, and which is to all intents and purposes a true pulmonary murrain. This affection can be combated alone by measures of internal hygiene.

I am willing to believe, that prohibitory measures and quarantine may be of some use, but the experience of all epizootics and epidemics hitherto has shown that such measures are at least of doubtful value, and that their adoption, uncombined with measures of internal hygiene, is, as a rule, a grave error. Moreover, the history of the epizootic constitution which now broods over Great Britain and Ireland, and the parallelism of that constitution with the epizootic constitution prevailing on the Continent; the history of the development of the present diseases which are prevailing in a murrain-like form on the Continent; and, more particularly, the existence in England of a virulent "lung-disease" amongst horned cattle, whether the identity of this disease with the pulmonary murrain on the Continent be admitted or not,—these considerations are sufficient to show that internal measures of hygiene are of paramount importance in our farmsteads, and that an undue faith in prohibitory measures, or measures of quarantine, would be a deplorable error.

I crave, therefore, your influence in directing the attention of our farmers to the urgent necessity which exists for the better ventilation, greater cleanliness, better paving (so as to be impermeable to wet), and diminished crowding of cattle-sheds.

I have the honour to be, Sir, your obedient servant,

J. N. RADCLIFFE, M.R.C.S.E.,
Bramley, April, 1857. Late of the Ottoman Medical Staff.

TREATMENT OF CANCER BY CAUSTIC.

To the Editor of THE LANCET.

SIR,—The treatment of cancer by caustics, now revived, is attracting so much attention by the profession, that I feel called upon to place before your readers a few facts connected with the subject. The public mind has become unduly excited by most exaggerated statements of the wonderful success of certain professors, as some time back by mesmerism, table-turning, spirit-rapping, &c. &c.

It certainly must be admitted that the treatment of cancer by the knife in most cases is far from satisfactory. In such a

serious malady, any new method proposed demands our calm and serious consideration. When tried, no hasty conclusion should be arrived at from the apparent success of a few cases, as time can alone test the results in a malady which so frequently returns, or rouses into activity the disease which had lain latent in other parts.

A few years back a certain professor arrived in England, who rapidly gained the confidence of the public, if not of the profession; large sums of money were exacted and paid to him. I was consulted and asked for my opinion by the friends of two ladies, who were then under his treatment; they both died after many months of suffering, and experienced dreadful pain whenever the caustic was applied. In neither of these cases was the primary disease removed, but secondary deposits appeared, and exhausted them. These two cases, with others I heard of, made me doubt the vaunted success of the new remedy employed.

More recently another professor arrives, the patients in the cancer ward of one of our public hospitals are placed under his treatment, and I hear great accounts of his success, when I am again consulted by, this time, the husband of one of this gentleman's patients, who has been (as out-patient) a fortnight under treatment. I also learn that the application produces dreadful pain, as in the two before-mentioned cases, and that her health is rapidly sinking under it. A few days elapse, and I hear of her death, which occurred suddenly in the night, unexpected by all her friends and relatives. When I saw her after death, the slough had not been thrown off. I was not present at the post-mortem examination, performed by one of the house-surgeons of the hospital, from whom I have since learnt that death arose from extensive cancerous disease in both lungs, with congestion of the bronchi. He believes that her death was greatly hastened by interference with and arrest of the external manifestation in the breast.

Reflecting on these three cases, I cannot but believe that the so-called cure by caustic develops into activity latent deposits in other organs, even if it removes the part primarily diseased, and that death was greatly hastened in the three cases brought under my notice by the lamentable interference.

I am, Sir, your obedient servant,

W. R. ROGERS,

Physician to the Farringdon General Dispensary and
Berners-street, April, 1857. Lying-in Charity.

PERINEAL OPERATION IN PROLAPSUS UTERI.

To the Editor of THE LANCET.

SIR,—In my rejoinder to the letter from Mr. Baker Brown, detailing his claims to the perineal operation, the name of Fricke is twice misprinted Fünk. As this is a question of priority and precision, I trust you will excuse my pointing out the mistake.

I should be glad also to take the same opportunity of expressing my surprise at the letter of Mr. Brown, which appeared in your journal of last week.

That he is unwilling to enter into a controversy, I can well understand, but I leave it to the profession to decide what is the cause. As the matter at present stands, Mr. Brown asserts his claim "to be the first who publicly operated and publicly advocated the operation." In opposition to this claim, I referred to certain cases inserted in the public journals long before Mr. Brown performed his first operation. I, moreover, proved, as far as proof was possible, that Mr. Brown must have been aware of the existence of these cases; and in my letter also mentioned the exact place where they might be referred to.

Until, therefore, Mr. Brown can disprove these statements and show that my assertions are incorrect, I must continue to doubt his claims; and leave it to the judgment of the profession to decide how far he is justified in his pretensions.

I am, Sir, your obedient servant,

Gloucester-place, April, 1857.

HENRY SAVAGE, M.D.

NATURE AND ART IN THE CURE OF DISEASE.

To the Editor of THE LANCET.

SIR,—Your correspondent, Dr. Collinson, appears to me quite in error when he attacks the principles of medical treatment so ably laid down by Sir J. Forbes in his treatise "On Nature and Art in the Cure of Disease." Dr. Collinson acknowledges the truth of these principles, and then objects to their promulgation. Now, this notion is just what has pre-

vented the progress of truth in all ages, and which, if universally acted on, would have kept us of this generation in all the ignorance and bigotry of former times. I ask Dr. Collinson, what Art in our profession could do without Nature? I ask him, again, what Art is when acting against Nature? His good sense will tell him that we, the professors of this art, can do nothing in the one case, and that we often, alas! do deadly mischief in the other. Dr. Collinson doubtless knows that as long ago as Celsus, the practice of medicine was pronounced by him to be "des conjecturalis," and the use of ever-changing remedies for all our maladies proves how true the aphorism of Celsus continues. Sir J. Forbes deserves well of our profession for his manly and explicit statements in reference to the relative powers of Nature and Art in the cure of all diseases, and I feel assured his book will tend greatly to elevate the morale of the profession in the estimation of all thoughtful men throughout the kingdom. It is one of the best signs of the times that we, as medical men, take our stand as the pioneers of all sanitary improvements, as the advanced guard in the noble army of social reformers, and as the promoters of truth, wherever it is to be found. Dr. Collinson need not fear that our occupation will be gone; for, depend upon it, in proportion as we deal honestly with our patients we shall obtain more of their confidence and rise higher in their estimation. It is true that physic-taking is wonderfully diminished, and in many chronic cases of disease well-nigh exploded altogether; but no one dreams of giving up his medical adviser on that account! but is rather better pleased to receive his visits and follow his counsels.

Very much more might be said in favour of Sir J. Forbes's views, but the limits of a letter forbid. I will only add my firm conviction that the time is not far distant when medical men will be estimated, not by their skill in writing good prescriptions, but by a wise and skilful application of principles in reference to diet, exercise, ventilation, and cleanliness, through which the patient will be placed in the best possible position to receive the all-powerful help of the *vis medicatrix nature*.

I remain, Sir, your obedient servant,

Bristol, April, 1857,

EDWARD HUMPAGE, M.R.C.S.

POOR-LAW MEDICAL REFORM.

GREAT MEETING IN EDINBURGH.

AN aggregate meeting of the medical students of Edinburgh was held on Monday, March 30th, in the large hall of the University, for the purpose of supporting the movement now making in behalf of Poor-law Medical Reform. Mr. Black, M.P., who presided, was accompanied to the platform by Professors Gregory, Bennett, and Laycock, and Drs. Gairdner and Struthers, of the extra-academical medical school.

Mr. BLACK, on taking the chair, said he had seen the Lord Provost that morning, and that his lordship said he would have been very willing to have presided, only he thought it might not be altogether according to official etiquette. His lordship, however, said that his sympathies were all with the movement. (Applause.)

Mr. J. E. SEAMAN then proposed the first resolution—

"That this meeting, considering that the medical school which it represents contains a very large proportion of students from all parts of the empire, and, having at heart the real interests of the profession at large, feels itself called on to express in the strongest manner its sympathy with the Poor-law medical officers of England and Wales."

Mr. DUFFIN seconded the resolution, which was carried by acclamation, as were also those subsequently proposed.

Dr. GLEN proposed the second resolution—

"That, in the opinion of this meeting, recent inquiries, instituted specially with a view to elicit information concerning the actual state of Poor-law medical officers, have incontestably proved that the condition of these gentlemen constitutes a great and serious grievance. Moreover, that this meeting expresses its deep regret that the recommendations of the Poor-law Commissioners in favour of a more just and equitable remuneration of the medical officers have led to no definite results, and have even been entirely disregarded."

Mr. THOS. J. WALKER seconded the resolution.

Mr. WM. J. CUMMING proposed the third resolution—

"That the present system of the administration of medical