Combermere, had closed her eyes and was napping. There are still living persons who were present on that occasion, and can attest the fact that very strong drowsiness, if not actual sleep, was then obtained; furthermore, if any recognised scientists amongst your readers desire to see this experiment repeated upon other patients, I shall be happy to arrange for the same music to be played by the same players upon the same instruments (muted violin and piano-forte), provided only that the patients are not informed of the nature of the experiment about to be made upon them. But it is not chiefly on account of the somniferous power, in which it is probably inferior to sleeping draughts, that I venture to advocate the assistance of music, but rather because it is a means which tends very generally to produce ease of mind and feeling of contentment. Few will deny that troubles affect the mind greatly during illness; and the best and only permanent means of quelling the restlessness that accompanies trouble is to induce confidence in the power, wisdom, and goodness of Almighty GOD. The remembrance of sacred sentences from the Psalms or New Testament proves at such times of the greatest comfort; and if these sentences are expressed in soft anthem-like music, they appeal to the heart with greater power than if only spoken. A quarter of an hour's communion with pious thoughts and peaceful sounds will help to draw the mind of a sufferer away from the present moment, and will make him forget pain. But, supposing that there is no sense of Religion in the patient, we may still consider music to be a useful assistant in certain classes of illness; and in confirmation of this view I would appeal to articles in THE LANCET, which I have seen to-day for the first time, one of these being dated April 25th of this year, and headed "Music as a Remedy"; the other dated May 23rd, and headed, "Music in the Treatment of Disease."

If it may be assumed that the opinions put forward in these articles are in the main correct, and that music possesses the virtue here attributed to it, the question arises: How can we apply it so as to become of practical value to a large number of the community? The answer to this is clear enough. Let a large number of lady vocalists and violinists (of either sex) be enrolled who would be content to be formed into a regular society under a governing body or council. Let there be in all great cities of the kingdom centres or habitations, say twenty in our enormous metropolises, and six, or four, or two in the provincial towns, according to their size and population. Over each of these centres there should be a paid official—viz., a lady directress—who would be in communication with ten or twelve vocalists and half that number of violinists. A message sent from a physician to a directress would summon three of the aforesaid musicians to be at a given place at a given time, and they might be on the spot after a few hours at the most, when all things are in working order. Certain rules ought to be strictly observed—viz., that the music be played in a room adjoining that of the patient and not in the sick room; that the patient be never, on any pretext whatever, seen or spoken to, since all suspicion of "visiting" must be kept apart from this mission of music. The violins should always be muted, the musicians should be always unseen, and their names unknown. It may be said that although the system now advocated is new to the present generation, music was effectively applied for healing purposes 3000 years ago; and a friend tells me that H.R.H. the late Duchess of Cambridge derived during illness much benefit from the playing of Signor Tosti. One reason why music is never prescribed in modern times is clear—viz., that physicians in general do not know where to find competent artists prepared with music specially suited for the nerves of sufferers. These artists (of whom there must be thousands), as well as the lady directresses (of whom there must be hundreds), must one and all be paid for their services, and double fees should be allowed for music played between 12 P.M. and 7 A.M. The cost, therefore, of establishing such a system would be enormous, at all events for a time, and until the plan might be made to pay its own expenses. Many thousands must be expended. Still, if the benefit of utilising music be allowed by a committee formed of some chief physicians of Great Britain, those thousands would soon be forthcoming. Experiment would be made at first upon a select number of patients; and a few months' trial would probably suffice to show how much respite from suffering could be obtained from the application of that Divine Art which—next to

Religion—seems given to man for the purpose of ridding his bosom of that perilous stuff that wars against the soul.

I am, Sirs, obediently yours,

Dean's-yard, Westminster.

FREDERICK K. HARFORD.

P.S.—I ought to add that, since writing the above letter, Miss Florence Nightingale has expressed her full concurrence with the objects of the Mission of St. Cecilia, and wishes it God-speed; also that I shall be happy to answer letters received from any of your readers who desire to assist in setting on foot this proposed mission.

* * The fact that music is capable of acting as a sedative in certain nervous conditions and as a stimulant in others is generally admitted. Its soothing property would no doubt be appreciably enhanced by the use of muted instruments, and its total efficiency by the employment of skilled performers. As regards the advisability of instituting a musical mission or guild for the treatment of illness, however, we must speak with some reserve. It must be remembered that the function of this pleasing art is in most cases quite subsidiary, and its effects are merely temporary.—ED. L.

TETANY IN DILATATION OF THE STOMACH

To the Editors of THE LANCET.

SIRS,—The following notes taken from my case-book may be of interest in connexion with the series of cases recorded by Dr. Collier in THE LANCET for June 6th:—"On July 31st last I was sent for into the country to see a man aged forty-eight who was said to be suffering from lock-jaw. I found nearly every voluntary muscle in the body rigid. The limbs were the most affected, and were in a condition of general flexion, accompanied by severe pain, increased by any attempt at extension. The hands were clenched, the jaw was firmly set, and there was partial rigidity of the abdominal and thoracic muscles, especially the former. Breathing was rapid, shallow, and difficult, the face was cyanosed and the expression agonised. This condition, which was slightly relieved by inhalation of chloroform, and by rubbing the affected muscles, lasted about an hour, and then gradually passed off. On examination I then found the stomach to be much dilated. The contents which had been vomited were frothy, and had an extremely acrid odour and acid reaction. There was a history of attacks of vomiting for some months past, accompanied by loss of flesh. There was also a history of alcoholic excess." I had no means at hand of washing out the stomach, so ordered full doses of soda and bismuth, and regulated the amount of stimulant. I also gave a hypodermic injection of one-third of a grain of morphia. The patient had several similar attacks during the next forty-eight hours, but of lessening severity, and finally he recovered. I attributed the muscular cramps to the extremely acrid condition of the contents of the stomach, and imagined that some abnormal product of this acrid fermentation had been absorbed from the stomach and was acting as a direct poison. This direct action was probably increased by the irritation of the gastric contents on the mucous membrane of the stomach acting reflexly.

I am, Sirs, yours truly,

Nuneaton, June 13th, 1891.

E. N. NASON, M.B. Camb.

"CAN INJURY PRODUCE LOBAR PNEUMONIA?"

To the Editors of THE LANCET.

SIRS,—In a courteous letter I have received from Dr. Pye-Smith he directs my attention to the fact that for the paragraph I quote in my paper on the above subject from the second edition of Fagge's Medicine (vol. ii., p. 142) the late Dr. Hilton Fagge is not responsible, as it is the recorded belief of Dr. Pye-Smith himself. A comparison of the chapters on pneumonia in the two editions reveals a notable difference in the expression of opinion as to the nature of traumatic pneumonia, and I regret that when dealing with the subject this should have escaped me. Practising as I now do in Cannes, books of reference are not so numerous as they were in Carlisle, hence the omission. To the opinion of Dr. Pye-Smith, so frankly and so ably expressed, and to the great weight attaching to it, was in a measure due my endeavour to deal with the matter, and I therefore con-