sions of every kind; an unwonted timidity and shyness; a causeless and indefinable dread of some sudden seizure, and a feeling of general debility and enervation, amounting, at times, to almost complete helplessness—in short, lumbo-sacral misery, general enervation and dyspepsia, with hypochondriasis, are found in all cases, but are *modified* according to the organ or organs chiefly affected. In some cases, one would be disposed to refer the symptoms to the rectum and colon; in others, to the reproductive organs; and in others, again, to the medulla itself, or to an over-taxed and jaded brain. There is, no doubt, in this, as in most other disorders, a plurality of causes; but one organ, or set of organs, will generally be found to be more especially at fault, and to determine the peculiarity of the case. It will be the object of my next paper to examine these modifications and peculiarities, this being but a brief summary, or comprehensive view, of a very extensive class of disorders.

As regards their treatment, I feel certain much mischief is done by quacks and specialists, in their zealous use of the speculum, caustic injections, bougies, and other local appliances, and that these affections are amenable to rational general management. My own mode of treatment consists of the cold hip-bath; very moderate, carefully-regulated exercise; much sleep; fresh, pure air; a diet composed chiefly of bread, butter, meat, chocolate, and Bass's ale, or sherry, cheerful society, innocent recreations, the intelligent observance of religious duties, and the avoiding of crowded assemblies, and all strong excitement. Of all medicines I have found zinc, taken in the following form, the most useful:—Sulphate of zinc, one grain and a half; extract of hyoscyamus, two grains and a half; camphor, one grain. Mix, and make into pills, one to be taken three times a day.

I am, Sir, yours truly,

City, June, 1857.

A. B.

UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—Will you afford me space to state that I shall be happy to receive signatures to the accompanying memorial,* or to any memorial, in favour of the abandonment of the present restrictions upon the admission of candidates for the degree in Arts of the University of London.

I am, Sir, yours, &c.,

13, Devonshire-square, June 18, 1857.

ROBERT BARNES, M.D.

CHANGES IN CONSTITUTION, AND THE TYPE OF DISEASE.

To the Editor of THE LANCET.

SIR,—A great controversy has taken place in Edinburgh, we cannot say exactly between the veteran physician, Professor Alison, and the clever Dr. H. Bennett, but between Dr. H. Bennett, on one side, and Alison and others, on the opposition. Dr. Bennett says our superior knowledge of diagnosis, &c., has reduced the necessity of some of the appliances in the treatment of inflammation, especially bloodletting. Dr. Alison, on the contrary, affirms—and he is supported both by veterinary and other practitioners of the healing art—that the type of disease has altered, and although inflammations and other diseases still affect the human subject, yet they do not assume that sthenic form of fifteen or twenty years ago, and therefore the primary remedy used in former inflammations—namely, bloodletting, is not called for in the present day, for there is now no high or excess of action to reduce, but only “local consequences” and constitutional derangements which now are generally of an asthenic type, requiring stimulants and rest, in fact, the treatment for constitutional debility instead of the treatment of powerful action.

I remember, many years ago, being in a coal district, and invariably found that the miners—who, like other people, had diseases, such as pneumonia, &c.—could not bear bloodletting, for a teaspoonful being abstracted caused fainting. This is the type of the present day; and, thanks to Marshall Hall, who has settled the propriety or impropriety of bloodletting, in fact, has let bloodletting speak for itself, for he intimates, bleed if you like in the upright position, and if the patient shows signs of weakness or faintness early, then the system is not tolerant of bleeding, and take care and do not repeat the error. I remember being once called to a person suddenly attacked with peritonitis, easily traceable to rupture of the coats of the stomach, and the pain and suffering were so great that I was induced to try bleeding, and although the pulse was exceedingly small and weak, yet all the blood I took—and I

took no small quantity—made no impression, faintness was apparently as far off at the first wound in the vein as at the last, or binding up of the vein; and I desisted, under the impression that I might bleed till the faintness of death itself approached before the ordinary faintness of bloodletting would have taken place. The patient died, as such patients generally do, within or about twenty-four hours after the escape of the contents of the stomach into the peritoneum.

However, all this is beside the question we started with—viz., Has the type of the constitution changed? for it is the constitution that has changed, and not disease that has changed. Without a doubt in my mind, the constitution of the body has changed, owing to some physical influence acting thereon. Disease is not now seen of the sthenic form, yet the same diseases exist—small-pox, scarlatina, typhus, and typhoid fevers, &c. &c. A blister to remove occasional local mischief, and nutritious diet and tonic remedies. These are the treatment now; the body cannot bear other treatment. Antimony, bloodletting, depressing remedies, if had recourse to, would double or perhaps quadruple the mortality. I believe disease may be easier treated now, under good diagnosis, than formerly; for the high inflammatory action of former days complicated, aye, doubled, the effects of disease. We had then to contend against powerful sthenic action as well as the disease. Now we have to contend against weak action and disease. I think, as a general rule, I would rather have the latter than the former to deal with.

Dr. Barnes, of Carlisle, once said to me, after I had related to him, with some doubt as to the result, a case of slow pulse, (the pulse beat only 25 in the minute for several days,) “Never be afraid of slow action; it is high action that does the mischief,” or words to this effect. I have found this as a general rule to be correct. I formerly stated, and I now repeat the statement, and more than ten years have elapsed since it was first made, (vide THE LANCET, vol. i. 1845,) that a new type of disease, characterized by great depression of the vital powers, had sprung up, and to this day I know I am correct; for the same type, though less in degree, still has possession of the earth. Under this unusual type,—for we believe the original state of things may come round,—all life has suffered in the vegetable world. Take the potato. What is found there but depressed vitality? In animals, veterinary professors speak of weak action and intolerance of active treatment, and in man all disease in him speaks to depression. I attributed all this to vitiated magnetic action; and if you will favour this with insertion, a further paper, containing the experience I have gained in the relationship of terrestrial magnetism and life, shall be communicated to you.

I am, Sir, yours truly,

Carlisle, June, 1857.

WM. REEVES, M.R.C.S.E., &c.

THE MARSHALL HALL METHOD OF TREATMENT IN ASPHYXIA.

DR. MARSHALL HALL has forwarded the following communication for insertion:—

Hamilton, Canada West, March 20th, 1857.

SIR,—As it must be gratifying to you to hear of the success of your method of treating the asphyxiated, I have the pleasure of reporting that, on the 24th of August last, soon after reading your first paper in THE LANCET, I had an appalling case of placenta prævia. Hæmorrhage continuing after the birth of the child, extraction of the placenta necessarily preceded attention to the infant, who was about being removed as dead by the nurse, who had tied and cut the cord. It occurred to me, fortunately, to try your method, believing it applicable to the case of apnoea before me; and after persevering for at least ten minutes, respiration was fairly established, to the astonishment and delight of all present, and the child is now a fine thriving boy. Since then, in two cases of still-born children, though not so hopeless, I have easily succeeded in restoring animation by the same method.

Are you aware that a method of restoring suspended respiration in the adult, similar in principle to yours, is known, and has been successfully practised? The patient is placed in the sittin' position, and the surgeon, standing behind him and pressing his fingers under the false ribs on each side, alternately elevates and depresses the ribs and sternum, moving the body a little backwards and forwards at the same time, to assist in the dilatation and contraction of the chest. I could suppose a case in which this might be even more ready and as effectual as yours—in suspended respiration from chloroform, for instance.

* The memorial is printed at page 636.

I observe there is a discussion regarding the canula for tracheotomy. It should, of course, be sufficiently large to admit of easy respiration, but there ought to be some plan of diminishing the size of the opening, to enable the patient to cough—or rather to imitate coughing, and throw out secretion from the lungs. Through a full-sized tube the patient cannot expectorate, but diminishing the opening of the canula one-half or more, after a full inspiration, and forcibly expiring, expectoration will be thrown out. I believe death after tracheotomy is often caused by this inability to expectorate. I had a double canula constructed, the upper tube projecting, to be stopped by the finger; but, fortunately, I have never required it.

Can you explain why the os uteri, in cases of turning, when one foot only is brought down, should sometimes contract round the thigh of the child, retarding delivery, or impeding it altogether, till the hand is again introduced, and the os redilated? In three cases this has occurred to me, one of them being the case above mentioned. If it falls to my lot again to turn a child, I shall not be satisfied with one foot, as I was taught, and I believe is generally recommended by authors on midwifery. The loss of time and risk in finding the second foot can be nothing in comparison with that from this contraction, unless its cause and means of prevention were known.

I have the honour to be, Sir, most respectfully and gratefully,

Your very obedient servant,

To Dr. Marshall Hall.

H. CRAIGIE.

CHOLERA AMONGST CATTLE.

To the Editor of THE LANCET.

SIR,—I beg to call your attention, and that of the authorities, through your journal, to a virulent attack of cholera amongst pigs and cattle in my neighbourhood. Having heard that a number of pigs belonging to a gentleman here had died, and that the cause of death was unknown, I went and saw one which had been taken ill a short time previous. It was lying on its side in a state of collapse, eyes dull, ears hanging back, vagina hanging out, pale and flabby. On being disturbed, it uttered a peculiar, low, wailing cry. The belly was of a beautiful pink colour, shaded with blue; on some parts of the body the blue colour approached to a black. On turning it over, the side which was lying on the ground was of its natural colour, (white,) showing, I think, that exposure to the air had something to do with the change of colour. At intervals it was much cramped, and the soft faeces were jerked to a little distance. It had also vomited, and its mouth was filled with a grumous fluid. Various remedies were tried, which gave it increased strength, but with return of strength came increased violence of cramps, and it died after six hours' illness. I opened it next day. The post-mortem appearances were—flaccidity of body; surface a dark blue, with a pinkish tint on belly; stomach moderately distended with half-digested food, studded with patches of inflammation varying in size from a shilling to a half-crown, the intervals being natural in colour; the small intestines at intervals of about eight to twelve inches were inflamed, the length of inflamed part about an inch; large intestines healthy; liver and spleen natural; heart natural. The lungs alone presented features which arrested the eye—namely, from the intense scarlet colour of their surface and of every part cut into; they were not congested, but could be expanded fully with the blow-pipe, collapsing when untied. Eight have died since that (the 3rd inst.) The keeper informed me that they had lost about forty since the disease appeared. At first it began like influenza or intestinal fever; fever, prostration, constipation, loss of power in the legs, and they lingered a long time; now the disease is different, and they die after a few hours' illness. The long ranges of buildings are badly ventilated and not drained. I felt suffocated while walking through them, and there was a depth of six inches of putrid water under the plank on which I walked.

On Saturday last, I visited another farm where three cattle had died, one clearly from lung disease, and two from choleroïd disease, from the cramps and few hours' illness.

I shall make no comments further than to say, that a great and heavy responsibility lies on our authorities, inasmuch as no provision has been made to supply the farmer with efficient skill for investigating the nature, treatment, and prevention of those diseases; and further, that when an animal dies after such a short illness, to the ordinary eye there is no change to be seen in the meat when cut up. I know to a certainty that diseased carcasses daily find their way to the towns, and are

there consumed by the unsuspecting public. In short, nothing but skill of a high order, with auxiliaries not at present in use, can detect such meat.

I remain, Sir, your obedient servant,

WM. McDONALD, M.R.C.S.,

Surgeon to the Heathfield, Bedlay, and Shankramuir Works, and Medical Officer for Cadder parish.

Chryston, June, 1857,

THE STAFF AND THE COMMITTEE OF THE NORWICH AND NORFOLK HOSPITAL.

To the Editor of THE LANCET.

SIR,—The question of admitting patients suffering from the earlier forms of venereal disease has been recently brought before the governors of the Norfolk and Norwich Hospital, and at a general meeting held in March last, it was determined, on the motion of one of the surgical staff, and carried by a large majority of the governors present, that for the future such cases should be eligible for admission and treatment. A sub-committee, composed of the medical staff and the weekly board, was appointed to carry out the details of the resolution, with instructions to report at the next general meeting. It is generally understood amongst those interested in this movement, that a great difference of opinion exists between the members of this joint committee, and that the medical staff who are anxious to see the resolution of the general meeting fairly carried out, are opposed by a large majority of the weekly board, whose feelings appear to be adverse to the admission of such cases into the hospital at all. Two causes appear to influence this opposition—viz., probable increased expenditure, and the influence which the presence of such cases might have upon the morale of the patients, nurses, &c. The question at present remains in abeyance, and will probably form a subject of renewed discussion at the next general meeting. In the meantime, as a non-medical governor, anxious to be rightly guided in giving my vote, I submit the above facts to you.

I should naturally suppose that suffering humanity, although the result of vicious indulgence, would, *per se*, have a demand upon the sympathies of those who govern this hospital; and, before I give my vote, I should be glad to be informed as to the course adopted in other hospitals, not wishing to be led away by a morbid sympathy for the vicious and their suffering, and at the same time to guard myself against becoming the supporter of a party whose Christian charity would appear to be warped by intolerance and bigotry.

An exposition of your sentiments upon this important subject would oblige, and guide not only myself, but many other governors.

I am, Sir, yours obediently,

Catton, near Norwich,
June, 1857.

A GOVERNOR OF THE NORWICH AND
NORFOLK HOSPITAL.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted members of the College at the meeting of the Court of Examiners on the 22th inst.:—

ADAM, EDWARD, Dublin.
AGAR, WALTER JAMES, Cork.
CATLIN, GEORGE TAYLOR, Islington.
EGAN, CHARLES JAMES, Dublin.
FISHER, WILLIAM SHUTE, Charleville, co. Cork.
HOBSON, GEORGE WILLIAM, Aberdeen.
HUGHES, ROGER, Bala, North Wales.
SHOOTER, CHARLES, Bishop Wilton, Yorkshire.

—APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on

Thursday, June 11th, 1857.

BARNES, JAMES HINDMARSH, Bath.
BIRD, WILLIAM, Stroud, Gloucestershire.
CURRAN, WILLIAM, Youghal, Ireland.
HETHRINGTON, JOSEPH, Lampleigh Hall, Sunderland.
JEAFFERSON, GEORGE EDWARD, Framlingham, Suffolk.
MARSHALL, ALEXANDER WILSON, Birkenhead.
POPE, JOSEPH JOHN, Liverpool.
REES, HUGH, Carnarvon.
VINRACE, JOHN, Ashby-de-la-Zouch.
WATKINS, JOHN WEBB.