

the Medico-Chirurgical Society of this town, and described the good effects which had resulted from it in my own case, it is only, for reasons which it is unnecessary to mention, within the last few weeks that I have recommended it to patients; but in every case in which this has been done, the result has been most gratifying and satisfactory. I am, therefore, encouraged—believing, as I do, that anything that could contribute to the prophylaxis of consumption would be gladly hailed and put to the test by the profession—to ask you to give this note a place in your columns.

I am, Sir, your obedient servant,  
Aberdeen, October, 1860. Wm. FRASER, M.R.C.S. ENG.

## THE MARSHALL HALL METHOD OF TREATMENT IN ASPHYXIA.

To the Editor of THE LANCET.

SIR,—I feel great pleasure in sending you the account of another case of recovery under the above method, and do so as a duty, thinking that the greatest tablet to the memory of our finest men will be that long column inscribed with a happy chronicle of the much good done by their original and philosophical ideas.

On Tuesday, the 9th inst., Mrs. T— was delivered by my partner and myself after a lingering and protracted labour. The child was born to all appearance dead, but after assiduously employing the prone and postural method for about twenty-five minutes, we were delighted to observe the signs of returning life, and the child is now strong and healthy.

Trusting you will agree with me in thinking that by every one recording his success he will thus be acknowledging the services of the late great Marshall Hall, and that you will accordingly deem this worthy of insertion in your journal,

I am, Sir, yours obediently,  
West Malling, Oct. 1860. SAMUEL PRALL, M.R.C.S.

## THE PHILOSOPHY OF FEVER.

(FROM A CORRESPONDENT.)

It is stated on good authority that a soldier, when complete in every respect, costs the country £500. How many of these are kept up is beside my present purpose to inquire; but the fact is enough by itself to show what a costly article a soldier is, and the importance which must ever belong to his efficient maintenance and health. He is exposed to most, if not all, the diseases to which flesh is heir, and particularly to those influences which generate the class of diseases known as fevers. It has been established that the period of life during which these affections prevail most is the very period when the soldier is most effective. His duties, too, take him to countries where fever prevails to a degree and intensity unknown amongst ourselves, and hence no year passes in which accounts do not reach us of outbreaks of the disease, and consequent loss of life. Leaving the soldier, however, out of the question, the community at large are deeply interested in the subject. It is true that, within the last two or three years, fever has prevailed to a very slight extent, I believe I may say over Great Britain generally. But are we then to reckon ourselves free of it? Or is it so very long since an epidemic of a severe character broke out in the very neighbourhood of Royalty itself?

How does fever originate? By contagion, some will say; others, by overcrowding, and living in close and badly-ventilated dwellings; others, by famine; whilst a fourth party attribute to ill-constructed sewerage the outbreaks of the disease. Now, I admit that these all, excepting the first, which is a direct cause, are capable of predisposing to the disease; but whilst doing so, I consider that looking upon them other than as predisposing causes is going further than facts will warrant. I will take the sewerage question as an example of what I mean, because it has been the fashion of late to attribute to this cause more than I think it is entitled to, and, if I mistake not, several writers have set it down as a direct cause of fever, and even of cholera. A case or cases of one or other disease appears, and forthwith a sewer is discovered, and at once blamed for the occurrence, whilst it seems taken for granted that it is the whole cause. There must surely be some inaccu-

rate reasoning here. The sewer had existed for years previously, and yet no fever had appeared. That is, in other words, the cause was there, but not the result. Trifling as this point appears, I believe it to be one of very great moment; and when correct views come to be held on it, I consider that a step in the right direction will have been gained.

I have glanced at some, and only some, of the predisposing causes of fever. There is one, however, to which I do not venture to give a name, as to the class to which it belongs; and yet it is one which, it strikes me, is often overlooked, if, indeed, it be thought of at all. I speak of the disease as being generated within the individuals themselves. Some, I have no doubt, will question the possibility of such an occurrence; but there seem to be, or rather there are, some facts which go far to establish the idea. Thus I may mention what occurs in puerperal fever. Here there is every reason to suppose the disease originates within the individuals themselves. Again, can there be any doubt of the cause of the secondary fever of small-pox? Is the disease known as typhoid pneumonia other than pneumonia to which typhus fever is superadded? For it is matter of observation that, at the first go-off, the fever is often not of the typhus type. In surgical cases, too, the same order of events is to be observed. A man breaks the neck of his thigh-bone, and in the course of a week or ten days exhibits all the signs of typhus fever, of which he dies. Or a case of anthrax is going on to all appearance well, when suddenly the fever becomes typhoid, and the patient is rapidly carried off. The same occurs sometimes in the progress of suppurating burns, or erysipelas, or after amputations or other surgical operations. There is, in point of fact, ample proof that any shock to the system may be followed by fever, and this must have originated from within. This is a cause of the disease which, I think, should never be forgotten; though I cannot just now call to mind a single writer who has dwelt on it. From this idea some very important conclusions, as I imagine, follow. In the first place, it is clear that, under at least many circumstances, it will be necessary to pay strict attention to the state of the constitution, and this with the direct object of preventing fever. Thus, knowing that, in the puerperal state, or with cases where there is a large suppurating surface, or after operations, fever may arise, I think the physician or surgeon is bound to try and prevent it. I do not stop here to indicate the best means for this purpose, but only to suggest the idea. Once this is got and set clearly forth, good results, I consider, must arise; and where the tendency to puerperal fever exists, I have no doubt benefit will ensue from acting on the idea.

It may be observed, in passing, that, in a somewhat different point of view, the idea has been carried out; I mean the prevention of fevers. Thus, in some of our colonies, where fever is ever rife, as the west coast of Africa, it has been, of late, the habit to give the healthy men fixed though small doses of quinine daily, and the results have been of a very satisfactory nature. Now this principle it is which I would wish to see more generally adopted amongst ourselves, and for the reasons already given; for I have ever thought that legitimate reasoning—particularly when there are facts to go on—is amongst the very best ways of advancing medicine.

A second conclusion which follows the recognition of the fact that fever may originate from causes within the individual, is that it affords some explanation of the varieties which fever presents, and is ever presenting. It is scarcely in the nature of things but that an affection like fever must take its hue—if I may so speak—from the constitution through which it is passing. In many cases this is very obvious. Thus drinking habits notoriously modify a fever. Again, the disease is even more serious, man for man, amongst the middle and upper ranks than the lower. Different reasons have been advanced for this. The most conclusive appears to me to be the much greater employment of the mind in the one grade than in the other. Again, the temperaments change fever; nor do I know a more important principle in the treatment of the disease than ascertaining, as far as may be, the temperament or peculiar constitution of the case with which we have to deal.

I have said that fever exhibits varieties, some more and others less marked; and the vast number of works published on the subject prove this. But how, then, are we to read, or rather understand them? Is it because these varieties have received different names that we must therefore consider them different fevers, and arising from different poisons? I am aware of the difficulty which surrounds this part of the subject; and particularly the question of the identity of typhus and typhoid fevers, about which so much has, within these few years, been advanced. For myself, I will not venture to give any decided opinion on the point. So long as the impression prevailed