

gliding motion between them. The use which the author assigns to this tunic is that of protecting the eyeball from the pressure of its muscles while they are in action. This tunic is perforated at its circumference, and a few lines posterior to its anterior margin, by six openings, through which the tendons of the muscles emerge in passing to their insertions, and over which, as over pulleys, they play in their course. A consequence of this structure is, that the recti muscles become capable of giving rotatory motions to the eye without occasioning its retraction within the orbit, and without exerting injurious pressure on that organ. In those animals which are provided with a proper retractor muscle, the recti muscles are, by means of this peculiar mechanism, enabled to act as antagonists to that muscle.

ON THE
IMPULSIVE FEELING
OF
PRECIPITATING THE BODY FROM
A HEIGHT.

To the Editor of THE LANCET.

SIR:—There is one very striking feature in phrenology, and that is its utility; and in no respect have its advantages been more apparent than in its elucidation of mental phenomena, which had been theretofore enshrouded in obscurity, or of which the explanations were vague and inconclusive, as mere random-guesses must ever be. Thus, when the cause of insanity was shown to consist in an over-excited or partially-diseased brain, how much was the morbid mentalisation thereby occasioned divested of the horror by which it had been regarded, and how speedily was the employment of the appropriate remedies suggested. There are, however, mental phenomena still enveloped in mystery; and to the explanation of which nought is competent, save phrenology, although it has yet to be applied.

Amongst the cerebral phenomena which have occasioned much discussion, there is one most startling in its nature and accompaniments; I refer to an impulse experienced by many persons when they look over a precipice, or out of a window, to eject themselves. The commonness of the case renders it unnecessary to cite any instances; the truth of the statement will be immediately recognised, for the family circle of most persons can supply examples, and, doubtlessly, suicide has been consequent on the affection. But when an explanation is desired, the reply is unsatisfactory, for the origin of the affection is ascribed to “weakness of nerve.” But if, in prosecution of our inquiries, we ask in

what does “weakness of nerve” consist, and why should it generate so singular a propensity? we find that our inquiries have ended as they began, in entire ignorance; we must, therefore, seek for another explanation, if we desire one which is consistent with reason, and consonant with fact.

On investigating the nature of the phenomena presented, it will be found that they vary; thus, although all the persons who speak of the feeling indicate the existence of the suicidal impulse, yet in some it occurs when they stand beside a window: in others it is never evolved unless they look over a precipice; and while in many persons the affection is accompanied by nausea, in most dizziness is alone produced. Further, it will be found that woman is most subject to the affection, whilst in man it is of rare occurrence. Amongst the mechanic class, such as bricklayers and carpenters, whose avocations require that they should possess the power of preserving equilibrium at great heights, we can find no traces of the affection. I have found also that persons who are much subject to sea-sickness are most liable to the affection.

From every inquiry I am indisposed to consider that the affection is really an incentive to suicide. We know what fear can do—how it can exaggerate internal impulses and external objects; and hence, if the basis of the affection be fear, it is strictly logical to conceive that the customary effect, misconception of the true emotion, will be thereby produced. And besides this, I cannot conceive it to be probable that persons can desire to precipitate themselves from an eminence merely because they look over it, to whom such an idea does not occur on other occasions, or who would regard the very conception with horror.

After some investigation of the subject, and the examination of many cases, I am induced to consider that the affection is not one of those which is produced by a morbid physical system, and which would not occur were it in a normal state; but that the affection is strictly cerebral, and dependent upon the existence of a specific cerebral organisation. Many facts have been collected which prove that there is an inherent instinct which produces fear of physical evil, and that, being a primitive faculty, it has an assigned cerebral locality. This organ is called cautiousness. There is also an intellectual organ called weight, whose province it is to impart a *practical* knowledge of gravitation, and thus to confer the power of regulating the movements in accordance with its requirements. The operation of this organ is most requisite when persons are looking over from a great height; for if it be feebly developed there is a liability to loss of equilibrium.

Now, I have found in persons who are liable to the affection, a large endowment of

cautiousness and a small development of the organ of weight; and as I am unacquainted with any case, where the feeling has been evolved, where this cerebral organisation was not presented, and finding further that its liability to recurrence, and the intensity of the affection, varied with the degree in which these organs were developed, I consider that I am justified in ascribing the phenomenon to the influence of an active cautiousness upon a deficient weight. Of the efficiency of the organisation developed to generate the affection there can be no doubt. The intellect cognises the physical position, and a floating and indefinite idea is presented of accidents which have occurred in similar circumstances. The organ of cautiousness becomes thereby excited into morbid activity; and, as the organ of weight, the only safeguard against the proximate danger, feels its incompetence to preserve the required balance, cerebral dizziness and consternation ensue; and the fear of death becomes exaggerated into the desire for death; and the anticipated consequences would most assuredly occur, did not the intellect assume sufficient power to remove the individual from the dangerous locality.

It will be perceived, if my explanation of the affection be correct, that much of the mystery and terror by which it has been enveloped is removed. Thus, by analysing the phenomenon, and bringing it within the category of morbid effects whose causes are known, the physician is enabled to quiet the apprehensions of persons who are subject to the affection, and whose alarm is at present increased by the mystery by which it is accompanied; and, as this is a disease for which the "patient must minister unto himself," the knowledge of its cause, and the course of action thereby suggested, will lessen the liability to any dangerous result. I am, Sir, yours truly,

E. J. HYTCHE.

12, Brunswick Terrace, Islington,
August, 1841.

POSITIVE PRACTICE IN ENGLAND.

There must be something rotten in our state.

To the Editor of THE LANCET.

SIR:—I am induced to make these remarks, from constantly hearing of mortality in a village from fever. Now, as I have never lost a case of fever where I have had the sole management of the case, methought the black fever, or the white (at the close), had made its appearance. I being "a stranger, whom they knew nothing of," the patients did not avail themselves of my experience; however, some few found me out; their cases yielded to the simplest mode of

treatment. One case was typhus: I prescribed a few Seidlitz powders, with a few drops of antimonial wine; and acted upon the secretions still further by calomel and jalap. The second case was an intermittent, high delirium, &c.: followed the same treatment. Called a few days after, both better; in a week, convalescent. Now, how were the other cases treated? One practitioner, "a quiet gentleman of the olden school," "sticks to camphor julep and nitre in the first and second stage; but as soon as prostration appears, takes the bull by the horns, by giving ammonia and the aromatic confection largely."

You may smile, Mr. Editor, but this vile, this unpathological treatment I know to be the usual routine of the practitioners in England of the olden school, and is still held orthodox by many of their successors!

What is fever—but the development of nervous injury: the grand magician of life is paralysed; morbid secretion and morbid assimilation its results; depression or collapse and excitement its consequences; and the whole train of symptoms its adjuncts. This is my pathology of all diseases and disordered action.

The second practitioner "is a beardless youth," who looks upon fever and inflammation as a monster, that must be dispatched by monstrous treatment. Disease is a monster, but it is easier tamed and led than forced: you may knock it down with a sledge-hammer, and your patient with it, never to rise again. If practitioners would study Smith's work on Fever, for its morbid effects; Billing, for the philosophy of disease;—and for the treatment opportune, consult their own understandings, they would not deprive so many of their birth-right "to threescore years and ten."

The effects of disease are morbid assimilation; its seat is determined by predisposition; its cause must be looked for in a neuralgia! There are, therefore, three indications—correct the morbid secretions, "lessen nervous irritation," and equalise arterial action. Thus disease, whether in the lungs, as consumption; or in the glands, as in scrofula; or in the kidneys, as in diabetes; or in dropsies; or in the stomach, as in dyspepsia—all, all will yield, nay have yielded, in judicious hands to this treatment!

How is it, let me ask, that the medical practitioner, especially the Scotch dubs whose catholicon is ammonia, do not keep pace with medical science? Why does not the church of Rome with divinity? Answer me that, and I will tell you why Rhubarb Hall is behind the age; and why doctors stick to camphor julep and nitre! or send their patients out of the world gloriously drunk in typhus fever! or the beardless practitioner bleeds his patient, like calves, to death! and also what imposed the mental prostration, that has considered consump-