

Their cause, however, is not directly any occurrence in the outer world *but the impression made on the nervous system* by different events. If we wish to classify these diseases at all etiologically, we can call them the result of influences which derange the mechanism of the nervous system by inducing excessive action in some part of it. As a type of this group, may be mentioned surgical shock. The mechanical violence leading to it is the cause of the shock only, inasmuch as it makes a specific impression upon the nervous system. Another example of this etiological group is rail-way spine, or the traumatic neurosis resulting from some physical accident associated with a deep emotional impression. Mental influences, such as terror, have been known to cause chorea, while excessive worry must be considered a sufficient cause of certain transient forms of insanity.

In this provisional etiological group, we may also include nervous disturbances, resulting from overwork, such as writer's palsy and the various forms of professional cramps. In all these instances the nervous system can be thrown out of gear all the easier if there exists a "neuropathic tendency," a condition which will be further described under reflex-neuroses.

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*II. Secondary Diseases.*—A large number of ailments are not at all the result of causes originating outside of the body, but are the consequence of some pre-existing disease, lesion or anomaly in the system. The etiology of these secondary diseases must therefore be studied from a point of view different from that in primary diseases; it must be based on physiological and pathological investigations, irrespective of the outer world. But we must not overlook that the distinction between primary and secondary diseases is an etiological one only. The same lesion may, indeed, be produced in more ways than one. Thus a neuritis is a primary disease, if due to some poison taken into the body, but is a secondary affection if caused by toxic substances formed as the result of disease, in another part of the system. The pathological changes may be the same in the two cases but the prognosis is different according to the cause.

In the study of secondary diseases we must avoid unnecessary digressions, by distinguishing clearly between secondary diseases and mere symptoms. All the morbid phenomena which depend directly upon, and are the immediate consequences of any existing disease or anomaly are symptoms. Any train of morbid disturbances, however, which is but indirectly induced by some other ailment, can be considered a secondary disease. True symptoms must be present in every case of a given disease at a given stage, but secondary affections occur only when the primary disturbance which leads to them, happens to be associated with the proper anatomical or pathological conditions. Symptoms disappear as soon as the disease is over, but secondary maladies may continue after the ailment which started them has been removed. This distinction may be illustrated by the results of the pressure of a tumor upon a nerve. The pain and the transient impairment of function thus produced are symptoms of a tumor in that locality, but the atrophy of the nerve which may set in is a secondary disease. Again, thrombi on the cardiac valves cause symptoms in the form of certain circulatory disturbances, but the detachment of such a clot and its arrest in an artery of the brain is a

secondary affection. There are instances, however, in which a sharp line cannot be established between symptoms and secondary diseases.

In attempting a review of secondary diseases from an etiological standpoint, the mere enumeration of the various lesions, which may give rise to them, would be of little service. But we can get a convenient classification of the subject *based on the manner in which the secondary diseases are induced*. We can thus recognize secondary affection produced

- (a.) In a mechanical way.
- (b.) Through influence on the nervous system.
- (c.) In a chemical manner, and
- (d.) As the result of nutritive disturbances.

#### AN INCARCERATED HERNIA RELIEVED ON THE FIFTH DAY BY LOCAL APPLICATIONS OF ETHER. POSITION, AND MANIPULATION.

BY C. M. FENN, M. D.,  
OF SAN DIEGO, CALIFORNIA.

Some time ago a middle-aged sporting man, with the following history, came to the County Hospital, three miles from the city, and then under my service.

Five days previously he clandestinely occupied a bed in one of our hotels, hoping to speedily reduce a chronic inguinal hernia. Failing in this a physician was summoned who, meeting with no better success, gave him an anodyne and left him for the night. On the following day a consultation was held which was interrupted by the landlady ordering the trio out of the house! During the next forty-eight hours, at his new quarters, four doctors were in frequent attendance, and finally decided that operative interference was imperative.

At our interview, on the fifth morning, I learned that stercoraceous vomiting and anenexia had been present, with other symptoms, yet he had survived the jaunt of three miles, and after a good night's rest, was in a fine condition.

As I was en route to visit a pressing case, frequent applications of ether were ordered, meanwhile, as at least a good preparatory treatment. He was also placed in a position for taxis which I believe to be in a measure my own, as well as a most helpful one in such cases. The hips were elevated upon the back of an inverted chair, to an angle of about forty-five degrees with the abdomen. Feet with toes turned in hung over the highest or last round of the chair. In this position, differing somewhat from the descriptions of authors, gravity becomes a *vis á fronte* which efficiently supplements the *vis á tergo*, or manipulation of the surgeon, and is a ready method for relaxing the muscles and fasciæ involved.

Upon my return, a stimulating enema was ordered which dispersed the intestinal flatus. After this and a brief attempt at taxis, I was pleased to see the intestine return to its proper receptacle. Convalescence was rapid and complete.

San Diego, California.

LAPARI affirms that cold has a great influence in inducing pneumonia, because it disables the bronchial epithelium to such an extent as to readily admit the easy entrance of infectious material to the alveoli.—*American Lancet*.