

had one ounce of brandy, with four ounces of strong soup. The blister acted splendidly, and the morphia allayed the general irritability almost immediately. Pulse improved; respiration slower; lungs no better; consolidated to a large extent. During the following twenty-four hours he had about three-quarters of a bottle of the very finest brandy. The following morning we three doctors met. The case still looked hopeless, and my conduct regarding the morphia was spoken of as being bold, and that they dared not have used it. That night I injected half a grain of morphia and one-hundredth of a grain of atropia at 10 P.M. At 1 A.M. he awoke greatly relieved, after a quiet, refreshing sleep, all symptoms yielding; expectoration very difficult, the matter being tenacious, mucous, and bloody. Slept till four, and felt so much better that I left him with his experienced nurse. For a week he expectorated large quantities of bloody mucus, which was only dislodged by violent efforts. He made a perfect recovery, and in a month's time there was not a trace of any of the fearful symptoms he had suffered from. I am as convinced that the morphia injections saved life in this case as I am of the fact that I am writing at this moment; had I followed the advice of my *confrère*, which was to administer thirty grains of sulphonal and wait for two hours, I firmly believe death must have followed. In such a case sulphonal or sawdust would have been of very much the same value, and I question if the usual dose of morphia would have been of greater. The large dose acted not only as a sedative to the brain, but as a tonic to the pneumonic and cardiac nerves, and thereby gave the heart and lungs the help they stood so much in need of.

I am, Sirs, yours truly,

Harrogate, Jan. 19th, 1892.

A. S. MYRTLE, M.D.

THE INFLUENZA AND SMOKE.

To the Editors of THE LANCET.

SIRS,—Having at the commencement of the present month suffered from a very severe attack of influenza, which for some days confined me to my bed, and for many days to my room, I was led for the sake of occupation to take out my microscope with a view to the examination of the bronchial secretions. Using a Zeiss $\frac{1}{2}$ oil immersion, I found that micrococci, which may not infrequently be found in small numbers, were exceedingly prevalent in the discharge. What, however, I desire particularly to call attention to is the following fact. I live in a very smoky district of a very smoky city, and naturally much carbon enters the lungs in the form of finely divided smoke and coal-dust. For some reason this carbon is not equally scattered throughout the bronchial secretions, but becomes aggregated into comparatively dense patches. Now, wherever these carbon patches were the most dense, there were the micrococci most numerous, sometimes being concentrated in such quantities as to form a zoogloea-like mass of carbon and cocci mixed.

The conclusion I drew from these examinations, which were frequently repeated, was the fact that carbon in a very minute state of subdivision may, and probably does, favour the development of certain forms of micro-organisms. I am not prepared to say that the micrococci I saw were pathogenic, but it is clear that if they were so the conditions favouring their development are specially to be found in our large and smoky cities; and thus we may to some extent account for the increased mortality from epidemic diseases of the respiratory organs when they occur in these localities. For instance, last week in Newcastle-on-Tyne the mortality reached the appalling figure of 45 per 1000, there being an increase in the number of deaths from diseases of the respiratory organs in the proportion of 53 to 17, which was the weekly average for 1890. Living amongst a mining and coal working population I have long had an idea that there was some cause which rendered them specially liable to diseases of the respiratory tract, especially when these occur in an epidemic form; also to other infectious and suppurative diseases which are now generally supposed to bear some relation to the existence of certain micro-organisms. Perhaps it is in the direction above suggested that it may be found. My attention is daily being directed to the extraordinary frequency with which the most trivial corneal wounds lead to destructive suppuration, not in the subjects of broken down and diseased constitutions only, but in vigorous young men in

the prime of life. These disastrous results are quite out of proportion to anything we meet with in the same class of accidents occurring in the ordinary civil population, and must have some special cause, if we could but find it out. Possibly it may lie in the direction of the influence of carbon in a state of minute subdivision upon the development of micro-organisms, if this can be established as a fact. I do not know if anyone has already made such a suggestion, but I think it is a subject which might repay the attention of some experienced practical bacteriologists.

I am, Sirs, yours faithfully,

CHRISTOPHER S. JEAFFRESON,
M.D., F.R.C.S. EDIN., F.R.M.S.

Newcastle-on-Tyne, Dec. 31st, 1891.

FOOD INTEMPERANCE: HYPERPHAGY, POLYPHAGY, OPSOMANIA, SITOMANIA.

To the Editors of THE LANCET.

SIRS,—My attention having been a good deal directed of late to various abnormalities in the matter of taking food (independently of the Christmas season), I venture to think that the following few remarks on some of them may prove to be not without interest to your readers. So important a subject as intemperance in food, and the consequences which ensue thereon, has not hitherto, so far as I am aware, received the attention which it deserves, although the kindred vice or malady—call it as you will,—intemperance in drink, has probably received more than its due share of public attention. The columns of the leading journal lately bore voluminous testimony to this, and although the subject is quiescent for the time, we shall probably not have long to wait for a renewal of newspaper strife, and an attempt to determine the acceptability and the virtues, or otherwise, of the two-ounce allowance. A consideration of the subject of food intemperance somewhat naturally leads to the sub-division which I have placed at the top of this letter. Abstinence from food and the various causes which conduce to it, having already been dealt with by me elsewhere, are here omitted.

The hyperphagist is met with every day and everywhere; indeed, I fear we are all more or less hyperphagists, and consume a great deal more food at each meal than is at all good for us, or necessary for the physiological requirements of repairing waste and maintaining nutrition at its proper standard. Few of us have the courage to stop short of satiety, and no doubt many minor ailments—nay, even some of the major—are directly due to hyperphagy.

The pronounced glutton—the polyphagist, as I venture to name him—is, fortunately, more rarely met with. The man who gorges himself with food for the mere pleasure of doing it is not a desirable object to witness, but in its many and more modified forms polyphagy, as everyone knows, is not an uncommon vice.

Closely allied to polyphagy is another, and, as many will think, a more excusable vicious practice, to which I would refer as opsomania. It is an overpowering desire to indulge in dainties and sweets to excess. It is often surmised—I am sure with injustice—that ladies are especially prone to this malady.

But perhaps the most rare as well as the most interesting food abnormality, or intemperance, from a psychological point of view, is that which remains to be described, and which for want of a better name I shall call sitomania. Some such definition as the following may be applied to it. "A mania occurring periodically, characterised by loss of volition and an overwhelming desire to partake of food to an unlimited extent, followed by remorse, depression, and tendency to suicide." In many respects this form of disease resembles the now well-known and defined disease dipsomania. In both there are intervals, often prolonged, during which an entirely normal state prevails; there is no undue desire in the one case for excess of food, in the other case for drink. Then, often suddenly, there ensues a wholly uncontrollable desire in the one case for a food gorge, in the other for a drink excess; in both the essence of the disease is the secretiveness with which the orgie is conducted; there also ensues in both, when the orgie is over, the same feeling of intense depression and remorse, and in some cases a tendency to