

men I have met, a Cornish sportsman, always wore flannel throughout the year; and I have known experienced fox-hunters—even *Irish fox-hunters*—use the same precaution, a class of men not the most delicate. Baglivi mentions finding fevers more tractable during summer, in his native Italy; and unless I am wholly misinformed, fever is more prevalent in St. Petersburg during part of the winter season than in the summer season.

Strangers have, in general, a most extraordinary opinion of the climate of the Torbay district. As I have resided in London and Carlisle, at different periods of my life, I am enabled to form a comparative estimate of the climates of those localities, and that of South Devon, which are all very diverse; and I certainly am not sensible of any detriment accruing from summer heat to the natives of this vicinity; nor can any one who has seen the South Devon and Cornish militias of former days, or the Brixham, Mount's Bay, and Penzance fishermen of the present, think unfavourably of the west of England. The fact is, we here enjoy, like all sheltered spots on the sea side, an *equable temperature, warmer in winter, and more temperate in summer, than inland localities*. Torquay, even last summer, was much more cool than Canada and Newfoundland generally are at the same season; and persons not acquainted with the fact of the sea giving out latent heat will possibly be surprised to hear that in some parts of the island of Mull, gardeners do not think it necessary to protect their rhubarb beds from the effects of cold.* *An even temperature, and a dry soil* are, in very different latitudes, highly conducive to health. Norway, Bosnia, some of the desert regions of Arabia, the Cape of Good Hope, and the Island of Ithaca, will all furnish proofs of my assertion. A backsmith in South Devon, Cumberland, Ayrshire, or in the most boggy midland county of Ireland, is very much the same looking personage; and I never observed that summer or winter made any marked difference to the swart and sinewy artisan of the rural forge; nor am I aware of the thick clothing and waterproof boots of our Torbay fishermen, or the similar costume of their brethren on the coast of Normandy, rendering them a delicate and effeminate race.

If these simple and desultory observations should in the least tend to aid in dissipating our national *thermophobia*, and lead to the study of that most useful and much-neglected branch of science, *physical geography*, I shall feel that my very humble

efforts to do some little good have not been in vain, and have the honour to be, Sir, your very obedient servant,

J. A. WALKER,

Lieut. H.P., 34th Regt.

Cliff House, Torquay, Devon,

Nov. 18, 1842.

P.S. The maximum temperature of my school-room, in the hottest periods of last summer, was 74°, with open ventilators; during winter, with a small fire, the mean temperature is about 60°, the fire often being dispensed with *during the middle of the day*, from the beginning of November to the verge of Christmas. The means used to preserve this equilibrium are simple to rudeness, and have only cost a few shillings. I believe, in the past summer, the thermometer in Paris and London, and many parts of Germany, stood 14° and upwards above ours in the shade, at least in our higher villas.

RECOVERY FROM

EXCESSIVE DEPRESSION AFTER CHILD-BIRTH.

To the Editor of THE LANCET.

SIR,—IN THE LANCET for August 6, 1842, a fatal case of placental presentation is related by a general practitioner, in which the scrupulous attention paid to the patient was very praiseworthy, and the treatment corresponded with the usual practice of the day. But his description of the case induces me to state that in every similar occurrence of death-like sinking after parturition, whether accompanied with hæmorrhage or otherwise, recovery has taken place in my practice by the following treatment:—From a drachm to two drachms of laudanum, according to the severity of the case, is given to the patient in a wineglassful of undiluted spirit, cold, and these are followed by a second and a third glassful of spirit in as quick succession as the patient can swallow them. A fourth, and even a fifth glass of spirit, is requisite in cases of extreme depression, especially where much blood has been lost. In numerous instances I have followed the above practice with uniform success. As the power of swallowing is retained in a remarkable degree, even in the most depressed cases, these internal means may all be administered in fifteen or twenty minutes; the loss of time is the loss of the patient's life. Some sneer at administering so large quantities of laudanum and spirits, but without them many cases of this description must and do really perish. Even in less appalling instances the same mode of treatment prevents that febrile reaction which often cuts off the patient at a more remote period. At the same time that these internal means are

* In summer this heat is not given out; but the sea-breeze by day, and the land-breeze by night, present a much more enjoyable temperature *alongshore* than is to be found in most inland districts.

administered, a free current of cold air is to be admitted into the apartment, the hands should be plunged into a basin of cold water, and the face sprinkled with the same. A firm bandage should be applied around the abdomen, and, should the placenta be retained, or coagulated blood distend the uterus, it should be removed by the introduction of the hand. By these means the patient will soon show symptoms of recovery. The cold should then be lessened, and warmth gradually restored. Unless when the stomach is previously diseased, incapacitating it for retaining the usual remedial means, my experience warrants me to state that scarcely can a case occur the recovery of which will be resisted by the above mode of treatment. I am, Sir, your obedient servant,

JOHN CRAIG.

Paisley, Nov. 8, 1842.

TREATMENT OF INSANE PERSONS WHO REFUSE TO EAT. PATHOLOGY OF THE DISTASTE FOR FOOD.

To the Editor of THE LANCET.

SIR,—THE LANCET of Nov. 12 (page 255) having conveyed to your correspondent a brief statement of the methods adopted in the management of maniacal and suicidal cases, I now enter on the third head of his interrogations, namely, the treatment of patients who obstinately refuse food. On this point I confess myself to be incapable of detailing the practice adopted by others, and shall, therefore, confine my observations to the principles which have always appeared to me to be important as a guide to our practice in such cases; and, first, let me remark, that in the treatment of insanity, as in the treatment of every other disease, we are too apt to overlook the cause of the prominent and distressing symptom that we are called upon to alleviate. We are too apt to direct our remedies against a mere effect instead of attacking the cause of it. The refusal of food by the insane is an effect following several conditions of the system. In one case it may arise from peculiar hallucinations, which forbid the patient to touch food, although he have a strong desire for it. In another, it may arise from an apathetic condition of the digestive organs; and, in a third, from a desire to destroy life, by totally abstaining from food and drink.

The physician who is guided in his practice by scientific principles will endeavour to discover the cause of the affection, and will direct his remedies accordingly. He will not at once proceed to attack and overcome a mere effect. I conceive it has hitherto been too generally the custom, in the treatment of this class of cases, to lose no time in

forcing food into the stomach of the patient, without reflecting on the condition of the nervous system, or the state of the digestive organs.

In my own practice I have rarely been driven to the disagreeable necessity of using the stomach-pump. In several cases the shower bath has proved a most valuable agent in dispelling the hallucinations which lead to a resistance of food. The first time that I had recourse to this remedy was in a patient, feeble and emaciated to such a degree that although I wished to produce a shock on his system by means of the sudden application of water to the surface, yet I dreaded the effect of a common shower-bath, and, accordingly, I merely employed a little *warm* water, from a common garden watering can. The effect was decidedly beneficial. In subsequent cases I have employed the same means, and, in general, the result has been such as to induce me to recommend the practice strongly. Where there is a full amount of vigour in the circulation a cold shower-bath is to be preferred, but where the powers of the system are enfeebled it will be desirable to use the warm shower-bath; and if there be a degree of congestion and feeble action in the capillary vessels (a condition frequently noticed in this class of cases), a handful of salt added to the water will give tone to the circulation on the surface.

Amongst the causes of the refusal of food I have enumerated a diminished power of the abdominal organs. In every case of this description, therefore, it becomes us at once to direct our attention to the condition of the digestive apparatus. At first, much positive and immediate advantage will arise from remedying any defective condition of the stomach, liver, or intestines; and it ought never to be forgotten, that at the commencement of the affection we are enabled to employ means that are more powerful in their operation than can be put in force at a more advanced period, when the whole system has become so enfeebled as to preclude the use of vigorous measures.

In directing our attention to this class of organs it is of the first importance to ascertain the state of the excretions, both as to the quantity and quality, and to proceed at once to the correction of any depraved condition, by suitable remedies. For instance, if this unpleasant symptom arise in a patient whose bowels are constipated, the administration of a smart cathartic will have the effect of sharpening his appetite, and thus his resistance of food will be greatly diminished. So favourable an opinion have I of the effect of purgatives in the class of cases under consideration, that I recommend their use in nearly every case. Even in one of long standing, where the patient has perseveringly abstained from food, and although there may have been daily evacuations from a