

during the three occasions on which that seaport town was invaded by cholera, viz.:—In 1831–2, 1848–9, and 1853–4.

In the first period there died 202, or 1 in 200 of the population.
 „ second period „ 359, or 1 in 185 „
 „ third period „ 28, or 1 in 2230 „

Mr. Johnson is of opinion that on each of these occasions the first case of the disease was imported by shipping, and that the subject of the disease had just arrived in port from Hamburg. The main object of the paper being to show how far personal intercourse influences the propagation of cholera, Mr. Johnson observes that in every instance at Sunderland a case has been imported from a remote infected district, and proved more or less fatal to persons in direct communication with it; but that an interval has always existed during which the cases were more or less solitary before the epidemic or spontaneous eruption took place; that the course of the epidemic has been gradual, acquiring a maximum intensity, and then frequently resolving itself finally into the scattered groups with which it commenced; and that not unfrequently during the decline of the disease the seizures were solitary and unconnected, and were always amongst the most severe. The author states that numerous examples were furnished in the course of these epidemics in which the transmission of the malady could only be explained on the supposition of its contagious nature. He then proceeds to relate a series of outbreaks of cholera, in isolated groups, where on every occasion the cause is traceable to the agency of immediate or intermediate contagion; adding that, so far as his personal experience goes, with the exception of one solitary instance, where the subject was of imbecile intellect, he has never yet had a case of cholera brought under his notice in which he was not able to refer the cause, more or less circumstantially, to pollution from personal communication. Mr. Johnson offers some instructive remarks on the effect of density of population and drainage in influencing the mortality of cholera and other epidemics, and concludes by an interesting account of the precautionary measures he adopted against cholera, whilst in the sanitary charge of the river Wear and its shipping, during the epidemic of 1853; and also of the means of prevention had recourse to, on the same occasion, in the town of Sunderland, by a united and unanimous Board of Health, composed of the town council and the board of guardians.

A discussion followed the reading of this paper, in which Dr. SNOW, Dr. W. LEWIS, Mr. SPENCER WELLS, Mr. CAMPS, and Dr. MCWILLIAM took part. The speakers unanimously expressed a strong opinion in favour of medical inspection of steamers and other vessels trading between this and other countries, more especially during the prevalence of epidemic disorders.

IRELAND.

ASSOCIATION OF THE FELLOWS AND LICENTIATES
OF THE KING AND QUEEN'S COLLEGE OF PHY-
SICIANS, DUBLIN.

WEDNESDAY, JAN. 6TH, 1858.

DR. MONTGOMERY IN THE CHAIR.

DR. HUGHES read the report of a case of

ANGINA PECTORIS,

which proved fatal in a gentleman aged thirty-eight years, a stout, active man, but greatly addicted to smoking. The principal symptoms were, a weakness in the pulse of the heart, with pain under the sternum. Post-mortem appearances proved the cranial cavity free from disease, the lungs healthy, the heart large and fatty, and the aorta abnormally small; its lining membrane was of a bright-red colour. Dr. Hughes considered the fatal spasm in the heart in this instance was owing to aortitis.

DR. CHURCHILL made some remarks on

RAMOLLISSEMENT OF THE CENTRAL PORTION OF THE BRAIN,

and dwelt on the importance of headache as a symptom. In corroboration of his views on this point, he detailed a case of a boy, aged nine years, in whom the only symptoms of cerebral disease were, headache and intolerance of light, with a pulse quicker than natural. Two days before death, the two former

symptoms disappeared. The post-mortem examination disclosed venous congestion of the membranes of the brain. The white matter of the left hemisphere, where it formed the sides and vault of the ventricle, was nearly semifluid. The other portions of the brain were comparatively healthy.

DR. CHURCHILL also showed a drawing of a peculiar bright cobalt-blue ring, which had formed around the eyes of a lady who had consulted him for uterine disease. This blue colour, besides covering the upper and lower eyelids, extended across the nose down to the malar bone of each cheek. It disappeared *pari passu* with the uterine disorder.

DR. CHURCHILL also adduced a case showing the specific effect of chloroform in arresting convulsion. The case was that of a lady, in labour with her first child. When the head was passing the os uteri she was seized with a convulsion. Dr. Churchill instantly administered chloroform, which arrested the fit. The delivery was safe. Two subsequent fits were arrested by the chloroform.

DR. MOORE gave the details of a case showing the

MASKED SYMPTOMS OF TAPE-WORM.

The patient, a girl aged twelve years, complained of violent headache, vomiting, deafness, inability to use the right arm, stiffness of the cervical muscles of the right side, and general inertia. All these formidable symptoms yielded after the expulsion of a tape-worm. Dr. Moore spoke of the valuable anthelmintic properties of *rottlera tinctoria* (kamala), some of which he brought before the meeting. He also alluded to its value as a local application in herpes; and whilst he did not underrate kousso, he considered that the experience of those who had given kamala a fair trial, coupled with its more easy exhibition, gave it a first place amongst the remedies for the expulsion of tape-worm.

DR. MOORE also brought before the Association a specimen of the Proto-Sulphur Ferri cum Saccharo, prepared by Messrs. Oldham and Co., of Dublin, after the formula of M. E. Latour, pharmacien, aide-major. The sugar in combination prevents the formation of the sesquioxide, and its increased palatability renders it especially useful in cases of young persons and children.

DR. SMITH showed a very pure specimen of the Ferri-Sulphur Granulatum of the Dublin Pharmacopoeia.

Correspondence.

“Audi alteram partem.”

ON

ALCOHOLIC STIMULANTS IN THE TREAT- MENT OF INSANITY.

[LETTER FROM DR. RANKING.]

To the Editor of THE LANCET.

SIR,—Mr. Higginbottom is so well known as a careful observer that his opinions are always entitled to respect; but those which he has promulgated in a late number of THE LANCET, in reference to the use of stimulants in insanity, are so opposed to the general experience of those who are practised in the treatment of mental disease, and would, in my belief, be so positively mischievous, if generally acted upon, that he will, I hope, pardon me for protesting against them.

In the communication referred to, he says:—“I have yet to learn why alcohol, in any form, is given at all to insane persons, as I cannot imagine what benefit can be derived from it. The disuse of alcoholic stimulants altogether in our lunatic asylums, both as a beverage and as a medicine, would be attended with the most beneficial and happy results to all the inmates.” And again:—“In the treatment of insanity, entire abstinence from alcohol in every form appears to me quite indispensable, and to substitute as a beverage pure water, whey, barley-water, beef-tea, &c.”

An opinion thus decidedly expressed, if allowed to pass current amongst the large numbers of the profession already too much disposed to take a “sthenic” view of the pathology of mental disease in its more active manifestations, will, I am confident, be a fertile source of error, and will tend to confirm

many cases which an opposite line of treatment would have restored to society, while it will precipitate at once into actual insanity some others in which reason is hovering on the confines of irrationality. So far from the use of alcoholic stimulants being undesirable in the treatment of insanity, the cases in which they are not beneficial are, I believe, quite exceptional. Let us review some of the varieties of mental disorder which are usually met with in lunatic asylums. Take, for instance, a case of acute mania, with or without refusal of food. In the one case, without stimulants in addition to nourishing food and opium, a vast proportion, if they do not die of pure exhaustion, will subside into helpless dementia, especially if, as is too often the case, the anti-stimulant treatment has been conjoined with bloodletting. In the other example, if the abstinence have been prolonged, life can only be saved by the artificial injection of food and stimulants.

Again, let us consider what is termed "general paralysis of the insane." Everyone acquainted with insanity must be able to call to mind patients of this class, treated, prior to their admission into an asylum, on Mr. Higginbottom's plan, who, under a free use of porter and wine, have recovered mental and bodily strength to such an extent, that, if it were not for the conviction of the universally fatal termination of such cases, the observer might be deluded into a hope of perfect recovery.

In melancholia also, and in other forms of chronic mental disease, I do not hesitate to say that good food, and a liberal allowance of stimulants, as porter and wine, is, *ceteris paribus*, more effective towards the recovery of reason than any purely medicinal measures whatever. In an asylum with which I am connected, I can point to many recoveries which are to be attributed mainly to improved nutrition, following a highly liberal and stimulating regimen: in fact, were I called upon to predicate the probable *curative* success of any particular establishment for the treatment of the insane, I would take as a safe datum for arriving at a conclusion, the amount of the wine and porter consumed in proportion to the number of the patients.

In thus calling attention to views so entirely opposite to those maintained by Mr. Higginbottom, I would not be understood to exclude the co-operation of nerve sedatives, more particularly opium. On the importance of this drug I hold opinions very similar to those of my old friend and fellow pupil, Dr. Noble.

I am, Sir, yours respectfully,
Norwich, Jan. 1858. W. H. RANKING, M.D.

ANATOMICAL SUBJECTS.

[LETTER FROM MR. A. EBSWORTH.]

To the Editor of THE LANCET.

SIR,—The recent disclosures made before the Lambeth Police magistrates relative to the substitution of one pauper's body for another for anatomical purposes, and the traffic which has been carried on by the undertakers and a parish official, threaten to destroy a well-meaning and justly-famed Act of Parliament, and to throw the anatomical schools back upon their former system of treachery and deceit to procure the necessary subjects for dissection.

Why should such gross mismanagement exist under an anatomical inspector, if such person, in a fair, honest, and upright spirit, did his duty, and held communication with the boards of guardians, instead of obtaining bodies through the agency of their servants?

I do not remember one time, in the whole course of my professional career, when subjects have been what you may call plentiful at the schools. Now and then a glut comes, it is true, so arranged however when students are visiting their friends during Christmas vacation, and when prisoners are dying fast at the hulks and in the penitentiaries. The general distribution is badly managed. Subjects are taken from the hospital dead-houses carved to death, and in a most unfit state for anatomical purposes; dropsical cases are transplanted from the parishes, and old dried-up paupers are sent from the workhouses without a muscle upon them.

In order to get a free and proper supply of bodies for the future, I propose that the Legislature should be asked, in the ensuing session, to alter the Anatomical Act, and to make it *compulsory*, instead of *permissive*, upon boards of guardians to furnish information to the anatomical inspectors relative to their possession of an unclaimed pauper body. Workhouse-masters or subordinates should not have it in their power to divide profits with the undertakers, and so bring the Act into

disrepute by their fraudulent transactions. Instead of placing the matter in the hands of such persons, let the present medical officers of health be called upon to conduct the matter; and let them certify to the fit and proper condition of bodies lying dead for anatomical purposes; and let them keep the books, and sign the necessary certificates required by the Act. Such men have a respectability to maintain, and can best give effect to an Act which they have often been grieved to see working so ill in the various schools to which they have been attached.

Thousands of bodies pass into and out of the workhouses yearly without a friend to weep over or care for their decease; the obstruction to their coming to the schools lies with workhouse-masters, boards of guardians, and others, who hire friends to claim, and friends to weep over their departed brethren, to evade the claims of the Act of Parliament, an Act which may be dignified as the most worthy which ever emanated from the legislative body of this country, and which only requires the pruning-hook to render our anatomical schools the best and cheapest in the universe.

I am, Sir, yours, &c.,
Trinity-street, January, 1858. ALFRED EBSWORTH, M.R.C.S.

IS COD-LIVER OIL A MEDICINE OR ARTICLE OF DIET?

To the Editor of THE LANCET.

SIR,—The fact of the Medical Society of London having discussed the above question a short time since is some proof of the importance of the subject, inasmuch as the bodies of the poor debilitated by disease, as well as the pockets of badly remunerated union medical officers, are interested in the decision. In several unions the oil in question is regarded as food, and paid for as such by the guardians of the poor; whilst others evade such payment by considering it as a medicine, and expect the poor union doctor to provide it for months to the weakened poor.

If writers on medicine are deemed authorities upon the subject, a solution might soon be arrived at; but when illiterate and interested guardians of the poor are called upon to decide, the case becomes altered. Let us, for instance, take the opinion of Dr. A. T. Thomson, who, in his "Elements of Materia Medica and Therapeutics," second edition, page 1, states that "*Medicines of an animal and vegetable nature differ from food, in containing some active principle not adapted to repair the waste of the body, which resists the digestive powers. . . . Their other components—viz., resinous, albuminous, gelatinous, oleaginous, and gummy matters, undergo digestion.*" Now, cod-liver oil is an animal oil or food, differs from medicinal animal or vegetable oils, inasmuch as it contains *no active principle*, since it is wholly adapted to repair the waste of the body; whereas the vegetable castor oil differs from food in containing an active aperient principle, which Dr. A. T. Thomson in the same edition of the above-quoted work, p. 765, line 27, says "may be dissipated by boiling in water, when it may be eaten as a salad oil."

In the discussion alluded to, Dr. Payne Cotton remarked "that the opinions of the author of the discussion (Dr. E. Smith) respecting the virtues of this oil were not those entertained by the other physicians of the Hospital for Consumption." In reply to this, I will quote the words of the chief of those very physicians—viz., Dr. Richardson, the editor of the *Journal of Public Health*, who in that publication states that cod-liver oil is "essentially a food!" Erasmus Wilson in the same journal, while speaking of the diet of children in disease, says it should be good, wholesome, and nutritious; and in strongly recommending the cod-liver oil, remarks, "Its good effects on *nutrition* are speedily made apparent. In children somewhat older the cod-liver oil chocolate becomes a useful ingredient of diet." Mr. Streeter, in the discussion above alluded to, thought cod-liver oil acted as did other fatty food, except that it contained iodine, which gave it a peculiar property. Why, the *peculiar property of iodine* is to promote absorption, and thus reduce the weight of the body, as related by Dr. A. T. Thomson in the above-named work, p. 849, where he says "both the mammae and testicles (free from disease) have in several instances nearly disappeared during its administration." Mr. Streeter also eulogized the use of the old spermaceti mixture in phthisis. What does Dr. A. T. Thomson say upon this article in his work just alluded to? At p. 1024, second edition, he says, "Spermaceti is readily digested in the stomach in the same manner as animal fat, and is converted into *chyle* with equal facility as any other animal matter. From some fancied