

noisy in each; but in the first case, while the maniacal frenzy was marked in the early part of the evening, deep coma afterwards overcame it; while in the younger lad (Case II) extreme excitability, peevishness, and fright prevailed; and he even sat up the whole time, with his eyes wide open, although vision was quite lost. The pulse in all was very high and full, about 120 in a minute. The speech in all was confused, and the mind wandering, so that they seemed unconscious of what was said to them. The eyes in all were open, with widely dilated pupils, insensible to a strong light, and in all the cases with complete loss of vision. In all there seemed to be great itching of the nose. In a space of time varying from a quarter of an hour to an hour, they each became unable to stand, and convulsive movements of the limbs came on, intermittent in character, and occurring at variable intervals, induced principally by external impressions, and affecting the upper more than the lower extremities. This was best seen in the second case. The speech then became muttering, unintelligible, and even lost. The pupils, skin, and pulse, remained the same. After an emetic, they continued for a time in the same excitable state, passing, however, in each case, into a state of stupor, and even coma. This, however, came on at different periods, and differed in degree. In the first case, it came on gradually, about an hour and a half after admission; and here the coma was much more marked than in the other cases, requiring the galvanic battery to rouse him from it—a condition which continued for four hours, and was not associated with so much convulsive action as in the other cases. In case II, the stupor was not so great as in Case I; but the convulsions were more marked than in either of the others, and persisted for five hours. In Case III, the stupor was marked, but was not so profound as in the other cases, and the convulsive movements lasted for a shorter time. They all seemed to become partially conscious at about 1 A.M.; and, in the first case, the boy became more sensible, and was able to walk a little, tottering, however, a good deal (*but was unable to give any account of himself*), and was then allowed to go to sleep; but the other two remained sitting up, very noisy and restless, during the whole night, and did not sleep till a late hour in the day. Even then the pupils remained dilated and fixed, and they had intermissions of stupor. The itching of the nose also continued during the greater part of the day.

The treatment adopted was that indicated by the symptoms. The result shows that it was successful.

Original Communications.

DYSPEPSIA, IN SYMPATHY WITH AN OVER-WROUGHT BRAIN.

By JOHN WATSON, M.D., Southampton.

THE influence of the mind upon the nervous system, with which it is so intimately and mysteriously connected, and through that system upon the functions of the body in general, is a fact which a little experience in the practice of our profession suffices to force on our attention. Suppressed feeling, sudden anxiety, surprise, joy, bring on sudden forms of disorder, or death itself; the depressing and even fatal weight upon the spirits of a dream or presentiment, when believed in as a supernatural visitation, has either been personally witnessed by us, or comes supported by testimony of the highest kind; while the ability of the weakest frame, under the stimulus of a strong necessity, to undergo incredible exertion and privation,—or, under the supporting influence of a buoyant, hopeful disposition, to rally under the attacks of an exhausting disease,—is perfectly intelligible and well known. Most practical men will understand the remark and endorse it, that under any severe form of illness, one of the most serious symptoms they have to combat, is a want of cheerful confidence in the result on the patient's own part. However variously we may attempt to explain it, the fact is unquestionable. Excessive mental exercise, again, has a marked effect on the ordinary functions of the body, by withdrawing, as has been supposed, a disproportionate amount of nervous influence to the brain; or possibly, a better explanation may be, by intensifying the sympathies of the other animal functions with this organ from its increased activity. Be this as it may, I am persuaded I have often witnessed a form of this kind of disorder, not only in what are called nervous affections, as hysteria, mi-

mosa inquieta, the neuralgiae, etc., but in chronic affections of the liver and stomach. I am persuaded that an over-wrought brain is the predisposing cause of many of those multifarious forms of indigestion that beset the industrious population of our large towns; and that this cause is often lost sight of in the consideration of the more evident exciting causes, such as the quality and quantity of the ingesta, etc. I could enumerate many such instances occurring among the intelligent artisans of the busy town I have recently left (Birmingham); but I confine myself to the following, which, I had full opportunity of ascertaining, was not a *post hoc* result merely, but one strictly *propter hoc*.

CASE. Mr. W. J., now a middle-aged man, of nervous-bilious temperament, engaged in a light business, but with considerable continuous head-work, and having literary and scientific tastes, was at times under my care for several years. His attacks were marked by pain in the forehead, temples, or eyeballs, often only called forth and always aggravated by a sharp movement of the head, and attended with *musca volitantes*, partial amaurosis, alarming vertigo, neuralgia of the heart, or irregularity in the action of this organ. The latter symptom at one period, in 1847, continued to recur daily for several weeks. These attacks were rarely accompanied by either nausea, heartburn, flatulence, loss of appetite, constipation, or any other gastric symptom (though occasionally nausea and bilious vomiting were present); but with flushed face, and unusual quickness and irritability of mind. They occurred most frequently without any assignable cause, though sometimes a tart, a morsel of cheese, or an indulgence in the shape of fruit or green vegetables, etc., met with its due (or undue) degree of censure; and seldom lasted longer than ten or twelve hours. Medicines in repute for sick headache, such as alkalies, stimulants, stomachics, etc., afforded no relief during such an attack, an aperient alone seeming to shorten it, and sleep almost invariably removing it, whether the aperient were administered or not.

My patient resided in an open, healthy situation, was strictly temperate, lived by rule, and had plenty of out door exercise; the latter being principally walking, though mixed with carriage riding, horse exercise having been discontinued in consequence of the prolonged irregularity of the action of the heart in 1847. Attacks of temporary illness, as described, continued to recur under my own observation at intervals of about a week, for a series of years; and my belief was that he was a martyr to *duodenal indigestion*, and that his comfort could only be secured by strict dietetic and hygienic care, a fortnight's annual visit to the coast being a part of it.

Acting, however, upon a suggestion I had repeatedly made, a favourable opportunity presenting itself, he relinquished his business and removed into the country. The result was very striking. With freedom from care, and that necessity for keeping his attention fixed for several hours a-day, which the management of his business involved, his stomach became able (in his own words) "to digest anything", and his headache, instead of being a serious drawback to his happiness, was scarcely ever felt or thought of. It is clear that an over-taxed brain was at the root of these attacks, the digestive organs being only at fault in a secondary and subordinate manner.

I have been induced to narrate this case, because the evident connection of the removal of the disorder with the removal of its assumed cause, suggests a principle of considerable practical importance; and because also it affords an illustration of that class of cases in which such followers of illegitimate medicine as homœopaths and hydropaths are most successful, and in which their fallacy most readily imposes upon hard-working literary and other active and intelligent persons, for whose ailments mental rest is so often the panacea.

LARGE PENDULOUS TUMOUR OF THE VAGINA REMOVED BY LIGATURE.

By EDWARD A. BROWN, Esq., Eastwood, Notts.

Mrs. M. applied to me, on the 6th of July, relative to a pendulous tumour attached by a broad neck, three and a half inches long by two and a half wide, to the right side of the vagina, which caused great inconvenience and distress.

The patient was very anæmic, and much reduced by continued suffering. Finding, moreover, large arterial and venous vessels permeating the structure of the tumour, I determined to remove it by the double-lead ligature in preference to the knife or *écraseur*.

It was not necessary to administer chloroform. The neck being pinched between the fingers, a stout angular needle armed with leaden cords was passed through. Each cord was tightly fastened round the lateral halves, and another was made to encircle the entire neck, so as to compress the vessels wounded by the perforation and restrain the oozing. As ulceration progressed, these were twisted to embrace the parts closer and closer; and the mass, weighing three pounds six ounces and a half, came off in nine days, without the loss of any blood, or a bad symptom. The patient is now perfectly well, and following her usual duties.

On section, I found the tumour to be of a fibro-carcinomatous character; but as it was taken off high up, and before the lymphatic vessels had become impregnated with the scirrhus virus, there seems no disposition to a reinstitution of the disease.

I am not aware that it is usual to remove tumours of *this size* in a similar manner; and the plea I adduce in defence of the present case is, that in the reduced and debilitated condition of the patient, the loss of but a trifling amount of blood would in every probability have been fatal.

British Medical Journal.

SATURDAY, OCTOBER 2ND, 1858.

OUR PREVENTABLE MORTALITY.

THAT "it is appointed unto all men once to die", is so obvious a truth as to require no elaborate array and comparison of facts to support it. But, in the solemnity of this inevitable law of mortality, we have been apt to lose sight of another great axiom—that it is equally appointed to men to *live* for a period of seventy, eighty, or more years. Death at that period is the result of that natural decay to which all organised beings are subject; and all mortality at earlier ages is a deviation from the great law of human existence—it is premature.

How far this premature mortality, which in this country amounts to nine-tenths of the total deaths, is dependent on causes capable of being avoided or counteracted, is a question deserving the most careful investigation. This task has been especially undertaken, and in a great measure performed, in a valuable government publication lately issued.* The authors of this elaborate work, Mr. Simon and Dr. Greenhow, will have done a memorable service, if they succeed in awakening the attention of the public to the possibility of bringing our average duration of life nearer to that which has been fixed by the Creator.

In starting the solution of the question of the preventability of premature death, it is first necessary, as Mr. Simon has done, to take note of those influences which, though they may be modified, and reduced to their *minimum* of destructiveness, are in the nature of things not absolutely preventable. In this class are comprised congenital and hereditary influence; the infectious disorders, small-pox, hooping-cough, measles, and scarlatina; privation of the necessaries of life; accidental inju-

* Papers Relating to the Sanitary State of the People of England: being the Results of an Inquiry into the Different Proportions of Death produced by Certain Diseases in different Districts in England; communicated to the General Board of Health by EDWARD HEADLAM GREENHOW, M.D., Licentiate of the Royal College of Physicians, Lecturer on Public Health at St. Thomas's Hospital, and Physician to the Western General Dispensary; with an Introductory Report, by the Medical Officer of the Board, on the Preventability of certain kinds of Premature Death. Presented to both Houses of Parliament by Command of Her Majesty. London. Printed by George E. Eyre and William Spottiswoode. 1858.

ries and criminal violence; intemperance and profligacy. All these must have an influence in raising the death-rate above what it would be if men lived to the probably normal age of eighty years. The yearly normal death-rate, at this calculation, would be 1250 in 100,000. The average death-rate of England, however, is 2,266. In about one-tenth of the districts, it ranges from 1500 to 1700; while, in the remainder, it ascends above this latter number, reaching sometimes as much as 3100, 3300, and 3400. It may be assumed, as has been done by Mr. Simon, that the unavoidable influence of these causes of mortality is such as to raise the death-rate from 1250 to 1500 or 1700; and then, with the knowledge that these causes are more fatal in some districts than in others, comes the conclusion as to their being aided by concurrent circumstances. As Mr. Simon says:

"There will be strong *prima facie* grounds for believing that the *local excesses of fatality are due to local circumstances of aggravation; that these aggravating local circumstances are such as it is fully possible to counteract; and that, of the total mortality ascribed to these influences in England, a very large share is preventable.*"

Among the recognised inevitable causes of premature death are two classes of disease of especial frequency—phthisis and other lung-diseases; and the special disorders of childhood.

The mortality from diseases of the lungs, including phthisis, has undergone a most careful examination by Dr. Greenhow. Comparing the death-rates of various districts, he has found the mortality from phthisis (without distinction of age or sex) to range from 134 to 445 in 100,000 of the population. The adult female death-rate from phthisis varies from 229 to 588. Further, Dr. Greenhow has classified together and compared the districts according to the industrial occupations of their inhabitants; viz., agriculture; commerce and maritime pursuits; mining; manufacture of metals; manufacture of earthenware; manufacture of textile fabrics; and manufacture of shoes. The mortality among males and females respectively is compared; and these researches result in the confirmation of an inference which has already been enunciated, but which now becomes established on a most extended basis, that

"In proportion as the male and female populations are severally attracted to in-door branches of industry, in such proportion, other things being equal, their respective death-rates by phthisis are increased."

Is the increased mortality from phthisis, under these circumstances, a necessary result of in-door and other sedentary occupations, or is it connected with collateral circumstances? On this point, Mr. Simon remarks:

"Removable causes have notoriously in many cases so much to do with the increase of tubercular disease, that it at least deserves patient and skilful inquiry to determine whether the development of phthisis among men and women engaged in manufacture really be an essential appanage of such employment, even when not excessively laboured in, or depend perhaps on defective ventilation and other removable accidents of the system. The opinion of the medical profession would certainly incline to the latter view. It would suggest that an inquiry into the sanitary circumstances of our great manufacturing populations must almost certainly lead to the discovery of evils which may be palliated or removed, and consequently to the indication of means for lessening this cruel tax on the industry of our people. Inadequate ventilation is an influence not unlikely to prevail where numbers of persons