

“The number of deaths by cholera ran thus :—

	Newcastle.	East London.	
3 days, Sept. 14, 15, 16	- 409	467, 3 days,	July 30, 31, Aug. 1.
” 17, 18, 19	- 361	367	” Aug. 2, 3, 4.
” 20, 21, 22	- 281	292	” 5, 6, 7.
” 23, 24, 25	- 219	233	” 8, 9, 10.

“If we change the initial central days to September 16th and to August 1st respectively, and so on, the relative proportions are not much altered; they become for Newcastle 404, 345, 254, and 187; for East London 476, 328, 265, and 215. The last three numbers for Newcastle, when the law of decline was in full operation, decrease in geometrical progression; while in East London the decline was also at a uniform rate in geometrical progression.”

The analogous results yielded by these two great experiments have convinced Dr. Farr that it may now be laid down as an established law that water into which cholera dejections find their way produces cases of cholera all over the district in which it is distributed for a certain period of time; and that if the distribution is in any way cut short, the deaths from cholera begin to decline within about three days of the date at which the distribution is stopped.

## HYSTERICAL VOMITING.

To the Editor of THE LANCET.

SIR,—I think so highly of Dr. Salter's pathological skill that I am not surprised to learn that he forgot to mention the main ground that justified his calling hysterical the case of vomiting lately recorded in your journal; but when a teacher in one of our metropolitan schools publishes an elaborate lecture on hysterical vomiting, and omits to tell his pupils that the womb was examined accurately, and found to be free from organic disease, he must expect to be questioned by other pathologists.

I am glad my question has been satisfactorily answered.

I am, Sir, your obedient servant,

Grosvenor-square, Aug. 1868.

E. J. TILT.

To the Editor of THE LANCET.

SIR,—The disease called hysteria exemplifies in a marked degree the evils which arise from a faulty nomenclature. If vomiting be caused by reflected irritation of the hystera, or uterus, it ought undoubtedly to be called hysterical. But if it depend upon other causes, the term hysterical is not only erroneous, but mischievous, inasmuch as in attributing the symptoms to a wrong source it conveys a wrong impression, and misleads in respect of both diagnosis and treatment.

In a large number of cases the term hysterical is a misnomer. It would be better to describe as neurosis of the stomach a condition of that organ which is essentially atonic, but not necessarily complicated with a special relation to the uterus.

Long-continued observation in this class of cases has led me to the conclusion that not only the so-called hysterical vomiting, but hysteria itself, all the phenomena of the disease, and all the symptoms included in the hysterical category, do not originate with the uterus, but are caused simply by some source of irritation supervening upon a condition of *depressed nerve power from emotional causes*: that it is a nervous disease of general and not special origin. It may exist in conjunction with uterine irritation, or quite independently of such cause. The hystera, or uterus, is not necessary to its production, although that organ and its appendages may become implicated in the general disorder, but, I believe, by no means so frequently as is generally supposed.

It is a mistake to designate by a uterine name a disease which is not of uterine origin.

I am, Sir, obediently yours,

D. DE BERDT HOVELL.

Five Houses, Clapton, Aug. 3rd, 1868.

## LITHOTRITY.

To the Editor of THE LANCET.

SIR,—My old friend and former fellow-student, Sir Henry Thompson, in his reply to my letter, evades the main object

which I had in view in addressing you—viz., that to Mr. Coulson thirteen years ago we owe the introduction of the principle of the operation which Sir Henry Thompson himself now performs. I had hoped that this omission was unintentional.

Sir Henry Thompson writes as if he were the only person competent to practise lithotripsy. For myself, I need only say that I studied under the same masters at home and (more recently with especial regard to lithotripsy) in Paris, as he did. I am not therefore likely to accept his offer of further instruction.

I may remind him, however, that the Professors at our Alma Mater (University College) always taught us, by example and precept, to acknowledge most faithfully the work of our predecessors rather than to magnify our own performances.

I am, Sir, your obedient servant,

BUXTON SHILLITOE, F.R.C.S.

Finsbury-circus, August 3rd, 1868.

## Foreign Gleanings.

### ASPHYXIA FROM REGURGITATION OF CHYME INTO THE RESPIRATORY PASSAGES.

Two cases were lately published in *L'Union Médicale* of death produced by this accident. A third case has just been mentioned in the same journal, the subject being a man about forty, who at the Charité Hospital was looked upon as convalescent, and known to be a glutton. After a copious meal, he was found dead in his bed, not the slightest disturbance having been noticed by those occupying the neighbouring beds. On a post-mortem examination, the bronchi were found choked by chyme mixed with blood. The same fluid, without the admixture of blood, was filling the stomach. It is supposed that a violent inspiration had been the cause of this rapid passage of chyme into the bronchi, followed by immediate asphyxia.

### DISLOCATION OF THE HIP OF SEVEN MONTHS; ATTEMPT AT REDUCTION; FATAL RESULT.

A man, twenty-nine years old, was received at the Pitié Hospital of Paris, on the 13th of May last, in the condition above stated. M. Broca attempted to reduce it, using a force of 480 lbs. No reduction was obtained, and the patient insisted upon leaving the hospital five days afterwards. A fortnight then elapsed, when he presented himself at another hospital, with the hip enormously swollen, and died the next day of peritonitis. The autopsy showed that the head lay in the ischiatic notch, that it was held firmly by bundles of the torn capsule, and that the cotyloid cavity was much shrunk. Pus was found in the capsule, in the iliac fossa, in the articular cavities, and had found its way into the peritoneum, through the obturator foramen.

### DISCHARGE OF A PORTION OF SMALL INTESTINE AFTER THE OPERATION FOR STRANGULATED INGUINAL HERNIA.

M. Mazel publishes in the *Montpellier Méd.* of July, 1868, a case in which the above-mentioned phenomenon took place. The patient was forty-five years old, had never worn a truss, and was operated on the third day after strangulation. A portion of small intestine in a pretty normal state was returned; and the patient remained in a precarious state until the fourteenth day after the operation, when he discharged what he called a piece of skin. This proved to be a piece of small intestine, and the patient slowly recovered. Both Professor Benoit (of Montpellier) and the operator are in doubt respecting the mechanism of this gangrenous separation of intestine.

### THE PARASITES OF GONORRHOEAL, CHANCREOUS, AND SYPHILITIC SECRETIONS.

Numerous investigators have, for the last thirty years, endeavoured to explain venereal phenomena by the presence of microscopic creatures in the secretions, but no approach to certainty has as yet been made. One of the more recent observers, Prof. Hallier, calls the vegetable parasite which he has found in the above-named secretions “micrococcus,” with varieties according to the kind of venereal complaint. He has further, in examining the secretions of glanders, discovered micrococci similar to those observed in syphilitic pus, thus establishing a supposed connexion between the two diseases. The value of Prof. Hallier's conclusions must of course be tested by further investigations.