

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the BRITISH MEDICAL JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

VACCINATION TREPHINES.

SIR,—In reply to "Medicus," I beg to say that Coxeter's instrument is not similar to the "vaccination trephine" of Dr. Warlomont. It may be procured from Mr. Coxeter, the surgical instrument maker. The price is, I think, about 10s. The special advantage of this "vaccinator" over others of the same kind is its weight, which saves the necessity of much pressure on the arm in making the rotatory movement.—Your obedient servant,
G. P.

HYSTERICAL ANÆSTHESIA.

SIR,—In the discussion at the Cambridge meeting, Section A, upon this question, the members who met to offer and discuss each other's views seem to have resigned themselves to a condition of hopelessness as to any good result, each one looking to the other for light, but the answer returned all round being "Can't." Nor was any attempt made to compare anæsthesia, and its opposite hyperæsthesia, in the "hysterical" with similar degrees of sensibility in ordinary states of health and disease, for the purpose of setting up some standard for comparison or reference in the varying degrees of nervous sensitiveness. I suppose this varying sensitiveness could be pretty accurately determined by a simply arranged æsthesiometer; and I suspect we should find the amount or power of sensibility to vary, not only in different individuals, but in the same individuals. Now, if we could imagine an æsthesiometer constructed with a self-recording arrangement, which could mark for a period of time the degree of one's nervous sensitiveness, or "æsthesia," I suppose we might expect to find as much variation as in the self-registering barometers, thermometers, or atmospheric electrometers—the latter, probably, the most analogous. At whatever degree the nervous sensitiveness stands, we have a margin of control. For instance, certain notes are so high in pitch that we cannot hear them; but some will hear higher notes than others; and a person on some occasions will hear higher notes than at other times. Very high notes, like those produced by the scratching of a pencil on a slate, the piercing note of the bat, produce a peculiar deafening spasm in some ears; and very low notes, like the double C of an organ, has the same effect upon others, causing the most uncomfortable sensations while the notes last. Is this analogous to, or could it be classed under, hysterical anæsthesia? I think numerous daily samples of it can be found in persons not otherwise candidates for Salpêtrière, as well as samples of the opposite kind of under-sensitiveness or anæsthesia. The indifference or unconsciousness of soldiers to injuries and wounds in battles, of football-players in the excitement of a scrimmage, of persons under the influence of mesmerism or fright, are samples of anæsthesia. Will these states come under the term of hysterical anæsthesia? Are we to judge of them by the same standards, reason about them in the same way, and apply the same logic to them as to the manifestations of Salpêtrière? Or is it that a patient once classified or admitted into the Circean circle must not be judged by the same tests, reasoned about by the same logic as other phenomena; in fact, resile from the natural to the supernatural? The discussion, by ignoring manifestations of a similar kind in any other subject than a Salpêtrière patient seemed to be tending in that way. We are all aware of the over-sensitiveness in certain conditions of the body; for instance, in that notable *mauvais quart d'heure* before a dinner-party, in anxious expectation, sudden and exciting disaster, the novelty and surprise of joy, in dyspeptic irritability, the over-sensitiveness of long suffering and confinement—is this to be classed with hysterical hyperæsthesia? On the other hand, the callousness produced by debauchery; the indifference to all around, sensation included, displayed by, say, a condemned criminal; the indifference to feeling, fostered by vanity, in the wearing of tight boots and stays; the abnegation of suffering in cases of the Indian tormented by his enemies; the fanatic at the stake—Will these manifestations be classed with the hysterical anæsthesia of a Salpêtrière? or are we to apply the natural or Baconian method of reasoning to one class of cases, and the logic of the spiritualists, the mesmerists, and the supernaturalists generally?

I remember being present when a Salpêtrière woman was exhibited before a provincial medical and surgical society, in whom, when plates of metals were applied to the subject blindfolded, the hemianæsthesia changed sides. It was stated that she was peculiarly sensitive to iron and steel (including tinned plate). At the close of the sitting, in which extraordinary precautions were taken by the exhibitor, assisted by an eminent professor of physiology, to prevent any collusion and deception, I put the question, asking if any observations had been made, whether the same transference of sensation and the other phenomena (such as anæmia after puncture) took place when she handled the same metals at other times, as her knife, fork, and spoon (the ordinary tinned iron spoon provided her in the hospital), or when she was using her needle, scissors, thimble (it was stated at the meeting, in describing her habits, that she spent much of her leisure in sewing), these being remarkably adapted, as I thought, for conducting the experiments. I also further asked if the promoters had satisfied themselves, during the sitting, that there were no metals about her body in the shape of ribs or "bones" in her corset; hooks and eyes, eyelets, pins, hairpins, about her dress; coins in her pockets; trinkets, such as ear-rings, etc.; and whether, if present, they affected the experiments; also, if the iron bedstead on which she lay in the hospital affected the hemianæsthesia; and, lastly, if the pins and needles applied to her arm to test the anæsthesia should not have produced the phenomenon of changing. I may also remark that the gentlemen engaged in manipulating the girl were close against her for considerable periods, and yet I did not see that they had taken the precaution to remove the watches, chains, trinkets, from their fronts; rings from their fingers, or the coins, penknives, and other articles from their pockets, which I feel sure must have influenced the result, if the plates applied, as I saw them, produced the alleged results. I forget now whether I was told that the metals applied specially for the purpose, and those applied inadvertently, did not produce the same results; it was somehow altogether different. With regard to the practitioners present, I found one set ranging themselves into a class which simply ridiculed the whole proceedings, requiring no argument to convince them of the absurdity of the exhibition; the other set giving in their unhesitating belief, and refusing to listen to any argument or evidence which carried doubt. Does this imply that the latter remove the phenomena from the province of reason, and arrange them under the head of faith in the supernatural? This question suggests another: Is "faith" allowed a province in the realm of physics, physic, and physiology?—I am, etc.,
M.D.

GOUTY THICKENING OF THE CORPUS CAVERNOSUM.

M.D. is desirous of knowing what, in the experience of members of the British Medical Association, is the most effectual means of relieving that troublesome affection mentioned by Sir James Paget as a gouty thickening and hardening of portions of the fibrous sheath of the corpus cavernosum penis.

ADMINISTRATION OF BICHLORIDE OF METHYLENE.

SIR,—Could you, or any of your readers, kindly give me some information as to the best method of using "bichloride of methylene" as an anæsthetic? Should it be administered like chloroform, or with a spray, or how? Any enlightenment on this point will be gratefully received by yours, etc.,
ANÆSTHESIA.

Torquay, September 23rd, 1880.

MR. A. CLARK (Street).—The address of Messrs. H. and T. Kirby and Co. is 14, Newman Street, Oxford Street, London, W.

POOR-LAW MEDICAL RELIEF.

SIR,—Let me inform the Committee appointed at Cambridge that there are two classes of travellers in the drug trade. One class, the superior, wait on medical men. We have to pay more for our drugs. The other travellers attend to the wants of druggists, whom they supply at lower rates.—I am, sir, yours obediently,
Pershore, September 25th, 1880.
SAMUEL W. SMITH, M.D.

CONTAGION FROM FLIES.

SIR,—It is a matter of common observation that an inevitable epidemic occurs amongst our common house-flies at about this time every year. A fungoid growth first of all covers the fly, and distends its body to an abnormal size; and, the insect becoming too weak to fly, fastens itself on to a window, wall, gas-pipe, or other convenient support, and there dies. The fungus then continues to spread, and covers the adjacent window, etc., within a circle of about half an inch radius. It would be of the greatest importance if we knew exactly what this disease or this fungus consisted of, and what are its effects on human beings. Is it not possible that some of our own epidemic diseases, so common at this season, may be either originated or, at least, propagated by this means? The flies get into all sorts of liquid and solid food, such as milk, butter, etc.; and, if they bear the germs of any zymotic disease, it would most certainly be communicated to us through this contaminated medium. The danger can be avoided, or, at least, mitigated, by the use of a piece of muslin, wetted with salt water to keep it moist, and thrown over every jug of milk, every dish of butter, pie, or meat that is not otherwise efficiently protected from these scavengers. Even if there be no actual danger from this source, it is very nasty to have flies in our food; and this alone should be a sufficient reason for adopting the simple remedy I have ventured to suggest, and which I constantly use myself.—Yours obediently,
MUSCA.

DR. G. S. BRADY will find the prescription to which he refers in the BRITISH MEDICAL JOURNAL for July 24th of this year, at the foot of page 157.

COMMUNICATIONS, LETTERS, etc., have been received from:—

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BOOKS, ETC., RECEIVED.

Handbook on the Diagnosis of Skin-Disease. By R. Liveing, M.D. London: Longmans and Co.
Anatomical Outlines. Parts III and IV. London: Longmans, Green, and Co. 1880.
Disease of the Ear. By W. B. Dalby, M.D. Second Edition. London: J. and A. Churchill. 1880.

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