'Hurried to death', or, A few words of advice on the danger of hurry and excitement : especially addressed to railway travellers / by Alfred Haviland.

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Haviland, Alfred, -1903.
Druitt, Robert, 1814-1883
Royal College of Surgeons of England

Publication/Creation

London : Henry Renshaw, 1868.

Persistent URL

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Dr. Druitt
with Alfred Haviland's Kind regards
27th August 1868.

"HURRIED TO DEATH:"

OR,

A FEW WORDS OF ADVICE

ON THE

DANGER OF HURRY AND EXCITEMENT,

ESPECIALLY ADDRESSED TO

RAILWAY TRAVELLERS.

BY

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London:
C PUBLISHED BY
HENRY RENSHAW, 356, STRAND;
AND
W. MITCHELL & Co., 39, CHARING CROSS.

1868.

Printed by W. J. & S. Golbourn, Princes Street, Coventry St. W.

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INTRODUCTORY REMARKS.

The diseases and structural changes existing in the body, and rendering its life liable to collapse in a moment under the influence of violent exertion, strong emotion, or exhaustive unrest, are to a great extent removed from man's control, and in the case of the heart and brain not necessarily the result of an abuse of their powers. When I say abuse, I mean immoral abuse ; for man really wastes these keystones of his life's arch when he overstrains them in the race of ambition or wealth, or even in the long continuous struggle in the rugged and dangerous passes through which poverty, trouble, and disease drive him.

Whence, or howsoever, these diseases and these changes arise, it is enough for our present purpose to know the inevitable fact that thousands amongst us carry about with them some flaw, which renders them at any moment prone to sudden death.

These flaws are disease-marks, remaining to tell the tale of former hard struggles and dearly-bought victories, which health has had to engage in, and achieve against a foe too often invited by ourselves to attack our citadel during the

arrogant and insolent epochs of our youth, health, and strength. These marks point to the breaches made in the walls of our life-hold, repaired, it is true, but after the fashion of workers, who themselves had suffered from the general fray, and with material despoiled by the enemy, as if to ensure an easier victory when next invited to assail.

When the wrong has been done, it is useless to repine; for the old destroyed strength is gone, never to be replaced, and the new weak building only then remains as a caution against our attempting to wage unequal and unnecessary war, when peace alone enables us to hold our own; remembering, however, that although quick death may in a moment come, the alternative is not a "joyful victory,"* even if a victory we gain.

It is not within the scope of my present object to define what the conduct of those should be, who wisely desire to keep themselves free from scars that are so seldom to be accounted honourable; but rather to warn those having them against the danger to which their existence renders them liable.

I have therefore thought that a few broad facts relating to the organs, which work so primary and important a part in the machinery of life, would appeal to the common sense of all, who are so deeply interested in

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* "Momento cita mors venit, aut victoria læta."—Hor.

the preservation of what still remains to them, and lead them to adopt the simple means that science and their every-day experience teaches are the only true safe-guards under our control calculated to protect life, when weakened by former struggles with disease, or insidiously undermined, against the assaults which, coming either from within or without, are certain to hasten the ever impending evil—premature death; to prevent which, and its forerunner, disease, is the chief mission of medicine, since the power to cure perfectly, in the sense of restoring, without flaw or relic, a diseased organ to its pristine health and strength, is denied to our science, in too many instances, to warrant those who practice it in believing or asserting that power is given to them by their knowledge of effecting that which nature alone is able to accomplish when her materials are undefiled by disease.

"HURRIED TO DEATH."*

"We often hear such an expression as 'How fortunate to be in time!' in a railway-carriage, just as the door is being slammed, and the signal flag of the guard is waving 'all right.' The expression may come from a hale young passenger, who has had a run for it, and, beyond being for a moment or so out of breath, will perhaps be none the worse for his extra exertion. Unfortunately, however, this is not always the case; for we have too often sat opposite persons who have just caught the train, and seen them sink exhausted and breathless into their seat with a ghastly smile of self-congratulation, muttering something about their luck in sentences that are broken at every word by their laboured respiration.

"It is painful to see an unsound horse urged beyond its speed: the thoughtless driver little imagines the agony he inflicts on his best of servants, until he realizes within his own chest the fearful struggle, that ensues in over-exertion, when the blood or air meets with obstruction in the passages of the heart and lungs.

"In the old coaching time, there was none of that hurry and bustle which now characterizes our present mode of travelling by rail; passengers leisurely took their places, or were booked, perhaps, a day or two previous to their departure, and they had to be at the office some little time

* Reprinted from the *Medical Times and Gazette*, February 22nd, 1868, by permission of the Proprietors.

before the coachman mounted his box, to see that their luggage was all right. At the cross-road or at the wayside inn, they were generally before the time listening for the horn. If they went by the wagon, they had still less occasion to hurry themselves; and if they posted, then they could choose their own time. Now, all classes enter the same train; all alike hurry to one spot, with one object—to save the train. Everything is changed, even our bodies are changing; *omnia mutantur, nos et mutamur in illis;* for all this striving to do certain distances in certain given times has engendered an irritability in our organs which has told upon thousands, and will tell upon thousands more. Many a brain and spinal cord has suffered from the vibratory motion of railway carriages, which sometimes lasts for days after a journey; a limb, the nerves of which have been weakened by disease, often retains a feeling of this motion for many hours after; and severe neuralgia has been known to be the sequel. The action of the heart is often quickened, and the organ becomes more sensitive in some individuals, especially those of a nervo-sanguineous temperament. The stomach is not unfrequently upset in a manner similar to what was experienced on the road when we sat with our backs to the horses. Now, all these things are more or less inevitable, since we cannot do without railway travelling, and railway travelling cannot be accomplished without vibration, whatever improvement in this respect may be accomplished in the course of time.

"To obviate many of the inconveniences which are experienced, the railway traveller should know not only what he ought, but what he ought not to do. We will,

therefore, now try to impress upon him the necessity of avoiding one thing, which he too frequently and thoughtlessly does, to his great inconvenience when in health, and to his peril when unsound.

"It would be interesting to know, as a statistical fact, the number of persons that have fallen down dead whilst hurrying to the train. Most of us can remember some friend or acquaintance who has overdone himself by this unwise haste; and even if death has not taken place at once, a fatal warning has been given, which, if unheeded, sooner or later must be followed by fatal consequences. No one can estimate the amount of disease that has been revealed, we will not say developed, on the platform or in the railway-carriage; for there many a person who previously had prided himself on being sound as a bell, has found, to his utter dismay, a flaw where he least expected one.

"Whether a person be diseased or sound, one law must always be remembered—never to overexert oneself when the stomach is full. If we want to break our horse's wind, we need only to urge him to the top of his speed immediately after he has been fed and watered. Unfortunately, this is exactly what hundreds of people do to themselves every day. When they have injured themselves, or, at least, so soon as they have discovered that they have done so, they come to our consulting-rooms, and, whilst the evil is present, subscribe to our rules and follow our prescription; but even these forget at times what they carry about with them, and thoughtlessly risk their lives by acting in opposition to our precepts in the hurry of business or pleasure.

"It is said that the road to the heart is through the stomach, and undoubtedly there is a great deal of physiological truth in the assertion. The communication between the two great organs may not be exactly direct, but certainly they are intimately connected by the nervic telegraph of the pneumogastric and its associates. A good appetite, good food, and a good digestion combined conduce much to a happy state of body, in which the heart and brain participate. The messages from the stomach to the heart are full of peace and quietness, and the heart, in its turn, sends more generous fluid to the remotest parts of our bodies, the comforting effects of which are soon appreciated by the whole system. So far all is well, and it would be well to let it so continue.

"A boa constrictor does not hurry himself either over his meal or after it; a lion seeks rest when he has satisfied his appetite, and the cow lies down and chews the cud when she has cropped sufficient herbage to supply her wants; but rational man fills his stomach with breakfast, and before his mouth is even empty rushes off to catch the omnibus or the train; during a long journey he will hasten into a refreshment-room, swallow as much indigestible matter as possible, wash it down with some tepid drink, and then speed away to his seat when the bell rings, and think he has done justice to his stomach. Poor, ill-used, misunderstood stomach! If there is an organ in the body that is more intolerant than another of hurry and bustle, it is the stomach: man is the only animal that really treats it badly. We hear of some people loving their stomachs, but surely they show their affection after a peculiar fashion; and certain it is that they often carry

about with them marks of the retributive justice of an oppressed and injured organ. Before the heart and brain were, the stomach was, and this one fact alone is enough to prove its all importance in the animal economy; no proof, however, is required, for every one acknowledges the fact, and straightway goes away and forgets it. *Plus occidit gula quam gladio*, we remember as an example in our Latin syntax, and have often reflected how much truth the sentence contains.

"We all know how difficult it is in this more than ever striving world to do exactly what is right and proper towards the preserving our health. We must hurry, we must bustle, we must travel by railways, we must read, write, and otherwise work our brain all day long; and yet to do all this we ought to keep ourselves perfectly well. A large number of us, however, signally fail in doing so, and, in too many instances, from not being true to our natural instincts.

"Our object now is to warn that increasing class of the community—travellers—against imperilling their lives by thoughtless hurry and exertion when the stomach is full.

"Breakfast is a meal of the greatest importance, and its digestion ought never to be interfered with; it ought never to immediately precede a journey or a walk; and if the time of the one is unalterable, then the hour of the other should be made either earlier or later, so as not to clash with exertion. The French have a sensible mode of taking a little coffee, with something exceedingly light, when they first arise, and after they have been to their place of business and arranged the order of the day, they then go and enjoy a quiet breakfast, which they allow gently to

digest before they again tax either the physical or mental powers. Persons, part of whose business it is every day to travel either by omnibus or rail, ought never to be at fault; they have only to regulate their principal meals so as to give themselves ample time between finishing them and starting, and to avoid all hurry.

"If these precautions are necessary for the sound, how much more so are they for those whose organs are impaired! Among this class, occasional travellers by train suffer more than the daily *habitués;* but all suffer who do not take the greatest care. We all know how soon the organ of digestion can be thrown out of gear by a sudden mental emotion, and how soon the heart participates in the upset. Sudden exertion, however, not only arrests digestion and agitates the heart, but increases the activity of both the circulation and respiration, and thus demands extra work of them at a time when new material is being poured into the blood, the volume of which is increased by the fluids of the meal. A heart, therefore, that can only just barely perform its routine duties, if called upon to meet emergencies, is sure to fail, and the more it strives to overcome obstruction, the more it complicates matters. Therefore, as it is removed from our will, it becomes all the more imperative for us to regulate that over which we have control, and which in its turn controls, independently of the will, the action of such an important organ as the heart.

"Constant irritation of the heart, by an abuse of the functions of the stomach, is prone to induce real cardiac disease; and when once that is established no amount of care can restore it to its normal condition, and our only

hope remains in avoiding all circumstances which may excite the elements of disease which have been implanted in it. Only a short time ago we had an example of how a contravening of the homely precept of 'never to hurry on a full stomach' can bring quick punishment on those who heed not a timely warning. A woman with a narrowing of the chief artery of her body just as it springs from the heart, hurries to a railway station immediately after a hearty meal. She succeeds in catching the train, but she loses her life. The full stomach, the diseased vessel, and the sudden emotion, were enough, and are too frequently enough, to bring about such a catastrophe, without calling to their aid the air of the Underground Railway.

"Last week an inquest was held upon a well-known farmer in Somersetshire, who, shortly after entering a railway-carriage, suddenly felt a tickling in his throat, vomited blood, and died before assistance could be rendered. He had been accustomed to the old-fashioned mode of going to market, but since the opening of a new line of railway in his neighbourhood he had availed himself of it, and, hurrying to catch the train, found too late that he had carried about with him for years, in his most vital organ, an unsuspected flaw, which required only hurry to become fatal."

The Brain, the Heart, and the Stomach.

The Poet says,

"Order is Heaven's first law!"

and it requires neither anatomy nor medicine to prove that every familiar vital act, performed in the daily round of our existence, bears its indelible stamp; so accustomed, however, are we to witness the phenomena of nature's laws, that we let them pass unnoticed and unexamined, and take them really, in the strictest sense, as matters of course, until their wonderfully recurring periods become so blended one with the other as to present to our undiscriminating minds simply a series of events, whose mutual relations fail to attract notice until their several elements are analyzed separately, and then regrouped for the sake of comparison.

From the grand phenomena which we witness in the revolving courses of the celestial bodies and our own planet, to the humble, but no less wonderful, periodical action of the heart in the lowest form of animal life, we see the operation of one simple law—the law of periodicity—however complex its working may appear to a mind unaided by the real discoveries of science, amongst which those in astronomy manifestly take the lead.

The organs in our bodies, which most strikingly give evidence by phenomena which we daily, hourly, and

momentarily witness, are the heart, the lungs, the stomach, and the brain, which I have given in the order of the length of their recurring periods of action; all our other organs are more or less dependent upon these four great centres of life, which are themselves mutually subordinate.

The brain receives its materials for work from without through the medium of the organs of sense, and its power to fulfil that work from the blood which the heart sends to it. The heart, in its turn, receives its materials for work from the stomach and lungs, through the medium of the vessels which convey the renovated blood, deriving from the brain and other parts of the nervous system that force which is so necessary for its important office.

The periodical action of the heart may be said to consist of two stages: one passive, that of *rest*, when it receives blood, and the other active, when it contracts upon its contents and propels them through the system; during the last the pulse is observed. These two stages follow each other in quick succession, and, taken together as a whole period for ordinary purposes, we may say, recur every moment. The activity of the heart, like that of every other organ, depends, however, upon the work demanded of it; and here lies the grand secret of health, the adjustment of the work to the powers of the worker—when we depart from this law then disorder begins.

The stages of the periodical action of the lungs are three: the first, that of rest (we should always remember that rest, from the first commencement of life to its end, in the natural order, always *precedes* activity, although we usually associate it with labour as its sequel); then, the active stage of receiving air-material (oxygen) for the blood

(inspiration), and the second active stage of expiration, during which the useless air is discharged; these three stages taken as a whole period, recur from 15 to 20 times in the minute, and are subject to the same variation in activity from the same cause as those of the heart.

The stomach, which is under our voluntary control, from which, happily for our well being, the heart and lungs are removed, is necessarily not so regular in its periodical work and rest as are those organs.

Its first stage is that of a long rest, succeeded by a period of activity, during which it receives food, and this by the second stage of activity when digestion is performed. In some animals these periods occur only once in twenty-four hours, as in many of the wild carnivora; whilst in man, the average number may be reckoned as three. Thus, the first long rest ends with morning, when we first desire to eat (breakfast); the next period of activity takes place about mid-day (dinner), and the third when the labour of the day is over in the evening (supper); but we all know how in our artificial life we either multiply or lessen the number of these periods, in spite of the regularly returning desire for food, which, too frequently, instead of being our guide, is either anticipated by too frequent or untimely indulgence, or injured by the equally hurtful practice of making our business the first consideration, and our instinctive cravings for what is necessary altogether secondary.

Lastly, the brain may be said to have one period of rest, which takes place during sleep, and one of prolonged activity during the remainder of the day. This long stage we know to be subdivided into what may be termed

periods of greater and less activity. In a natural state of things, the periods of partial rest should take place when the stomach is most active, in fact, the two organs ought to work so harmoniously together in this respect as that the periodical activity of the one should never coincide with that of the other. This rule is not only applicable to the brain, but to all the other organs whose activity we control, and is the foundation of the advice we give when we say, "avoid hurry and excitement when the stomach is full." Again, we must ever remember that it is equal folly to tax either the physical or mental strength when the system is empty.

During sleep at night, the majority of the organs of the body undergo either complete or partial repose; in the case of the brain and stomach, the former is more or less enjoyed, whilst the heart and lungs have their labour lessened only; those organs, however, which are engaged in the reconstruction of the frame, which has been worn by the day's work, are in full activity, and draw largely on the blood for the material with which they rebuild the body.

In health, the store gathered from food is not exhausted when the period of activity returns, so that there is a stock of force ready for immediate use even before a meal has been taken (this, however, is not the case in the diseased and ill-nourished), hence the importance of our knowing when to anticipate those periodical returns of weakness which obtain in the system.

Under the most favorable circumstances of health, strength, and abundance of well-digested nutriment, a man awakes from his rest with his organs rebuilt and

fit for renewed activity, and his store of building material not quite exhausted; yet the natural and instinctive desire of his stomach tells him that this organ's returning-period of activity must not be neglected, and that it must be satisfied before he begins the toils of the day.

Commercially, a man would not deem it prudent, at the risk of an over-draft, to draw upon a small balance at his banker's after a large expenditure, if he had the power of placing to his account sufficient to meet all demands. This, however, is what a man really does when he draws unwisely on the small stock of material left in his system in the morning, before he has replenished the store-house of nature with fresh capital for her to work with during the day. In lingering and painful illnesses, when the resources of the body are quickly wasted and insufficiently supplied, on account of the stomach actually "stopping payment," in consequence of its inability to receive, or, if it receives, of "realizing" by its digestive powers nature's "assets," in the shape of nourishment, the greatest watchfulness on the part of the physician is required in order to avert the impending catastrophe, which, in following the metaphor, may be termed the "bankruptcy" of life; this he can only successfully do by the skilful introduction of speedily-convertible "capital," in the form of easily-digestible nutriment, aided by gentle stimulants and soothing medicines, in order to lull the voracity of the diseased organs, which, like relentless "creditors," care not, so long as their demands are satisfied, at what sacrifice they are supplied.

On such grounds, I hold that all who interfere, by active exertion, hurry, and excitement after food, with the

proper functions of the stomach, cut off from their system a supply which is greatly needed, cause their worn structure hastily, and therefore imperfectly, to be repaired, and excite fatigued organs to activity when they ought to be at rest; in fact, upset the whole of their economy, and, in the end, so weaken their centres of life as to render them liable at all times to succumb to any overstrain.

When the periods of rest and activity are properly observed and not diverted, all goes on well, and health and strength follow as a natural result of Heaven's first law—order; reverse or confuse that order, and the sequels are premature disease and untimely death.

Let all remember then, that when nature requires renewing, to let the body rest; when the stomach has active work to do, to supply the required material, to let it perform its function in peace; and avoid exciting either the heart, the brain, or the muscular system, for their excitement diverts from the stomach that force which is so necessary for the accomplishment of its important duty.

Railway Travelling.

It has been over and over again observed that season-ticket holders, especially on the Brighton line, age very rapidly. On this subject one of the leading physicians in London is quoted by the writer of the valuable and excellent report on "The Influence of Railway Travelling on Public Health." He says, "It is idle to say that journeys from one end of London to the other occupy as long, or a longer, period of time; for, as you well know, and no doubt have carefully made out, the *hurry*, *anxiety*, rapid movement, noise, and other physical disadvantages of railway travelling are peculiar to that mode of conveyance; and a railway journey of an hour, at the rate of fifty miles an hour, is almost as fatiguing as half a day's journey on the road." This can be well understood, when we remember the varied muscular movements that are necessary in order to counteract the oscillating and jumping motion communicated to the body from the carriage, all of which is frequently intensified by carelessness or neglect, as, for instance, in loosely coupling the several carriages, and in neglecting the rails.

One characteristic of the evils of railway travelling is that we do not get accustomed to them: on the contrary, those which cause us really serious alarm grow worse instead of better, if this cause is not at once removed.

The nervous system is the medium through which we are first affected: this we can prove in almost every instance; and it is noteworthy that after the experience of one or two journeys some persons get into a fidgety and inexplicably nervous condition when they are about to travel by rail, although they feel that there is no cause for alarm, nor have they anything either to worry or hurry them. So much does this affect some persons, that I know one highly respectable and well-known gentleman who frequently experiences a slight attack of diarrhœa just prior to starting for a journey: this is akin to the nervous feeling experienced by boys when anticipating a thrashing at school, and which induces vesical contraction. It is one of the many evidences of the direct influence of the brain during emotion upon the *prima via*, and points to those organs that we ought so carefully to protect by prudence in diet whilst journeying from home.

Persons who travel daily to and from their business are in a different category from those whose lives are spent upon the line. The servants of the railway companies are apparently immune, but really not so, from the ills to which others are liable. The railway servant must and does begin early in life to accustom himself to his peculiar calling; if he do not do so, it would be folly for him to commence railway work in middle-life, for, in the words of an experienced engine-driver, "They can't stand it, lose their heads, and become old men in no time." I quote this from the *Lancet's* report, as it is a most important fact, and ought to make an impression on the very class of passengers who suffer so much from going backwards and forwards from town to country.

The men of business who do these foolish things are those who by hard work and application have gained for themselves the means of relaxation by a certain amount of retirement; but what is their age at which they begin this very railway work or play? In nine hundred and ninety-nine cases out of a thousand at an age when a medical examiner would reject them for the least responsible office on a railway, simply because they are too old, even at thirty-five, to begin such a new life. The public also forget that those whose lives are spent on the line, as guards, engineers, or post-office officials, can travel in the midst of their business, with their minds directed solely to it, for it is around them and with them; and what is of still greater advantage, they can get their meals *near* their work, and consequently rest after them. The comparative quietude of the mind, combined with regularity and an absence of hurry at and after meals, is really the great reason why railway servants, happily for themselves and others, are comparatively free from evils which would render them incapable after a time of performing their duties.

With regard to mere functional disturbance of the heart, I have already alluded to the danger attending the constant irritations of this organ. Dr. Radcliffe, in the report alluded to, gives a case which well illustrates what so many are subject to. "A gentleman aged thirty-four, holding an important Government appointment, took a house about fourteen miles from the scene of his duties. After a few months he suffered from palpitations, pain about the region of the heart, and a general feeling of anxiety. For this he consulted an eminent physician, who

diagnosed serious organic mischief. This naturally distressed the patient considerably, and he was on the point of throwing up his appointment, when it was suggested that he should try the effects of giving up his short daily journeys before taking so important a step. This was done: he was rapidly restored to health, and he has since had no indications of cardiac mischief."

Had this gentleman continued his to-and-fro travelling, he undoubtedly would have ruined his health, by inducing an intractable affection of his heart, from which, timely advice fortunately saved him.

If the warning be heeded, timely advice may be of advantage, but if the evidences of something being wrong in the chest are disregarded or put off on account of a foolish dislike to consult a medical man, then, all I can say is, that the sufferer will find, too late, that, as in the "affairs of men," so is there, in some diseases, a tide, which must be taken just as it begins to flow, else will it lead on to irreparable evil. It is sufficient for the sufferer to know that he must be careful, and do as his medical man advises: neglect of this simple matter may in a moment lead to death. It has been remarked that the dilated and the fatty hearts suffer most from railway travelling: in these cases, Dr. Williams says, the flurry and motion cause angina, with accompanying acute pain at the chest, and more or less faintness and irregularity of action of the heart. In such cases, he adds, journeys should be undertaken with caution, and all exertion and excitement avoided. I need hardly say that upon this point all medical men are agreed; but the difficulty they have to contend with is, in making those whom they know to be in danger

realize their condition. Patients' fears are generally very disproportionate to their cause. One drop of blood on a pocket handkerchief will alarm more than fifty gasps from running up a slight incline. Some persons do not like to be examined, as they would rather not know that they are unsound. It is the lot of medical men, however, to meet with all classes; and perhaps among the most troublesome are those who fancy that they have heart and every other disease imaginable. Their complaints must not, however, be entirely disregarded; they require firm treatment and occasional watching, although they are in the category of the boy who cried wolf so often that his neighbours did not believe him when he cried in earnest. We should, as medical men, remember that the wolf, however, did come, and so it may be with these patients. Moreover, we must recollect that persons of this class suffer a good deal from vertigo, nausea, and sometimes from faintness, which, as I have said before, is closely allied to the disagreeable sensations produced by sitting with the back to the horses. Of course a change of position is indicated. Lying down in a railway carriage should never be resorted to, if it can possibly be avoided. Great comfort is often experienced during a journey by standing up and looking out of the window, so as to get a good blow of fresh air. When faintness threatens, a bit of hard sea or captain's biscuit (not the useless sweet or arrowroot fiction), accompanied with a little weak cold sherry or brandy and water, are the best means of appeasing a stomach likely to suffer. It has been wisely said, "Appease the stomach, and all things are appeased;" and I think I can prove how equally true is the converse of this aphorism.

The Traveller's Meals.

In every-day life it is often difficult for diseased persons to give that due attention to their food which really their condition necessitates; however, certain it is that, whatever may be discovered by future investigations as to periodical fluctuations, one law is getting more imperative every day, entirely on account of the present-day striving, and that is the one to which we have alluded before, viz., "Never to hurry on a full stomach." This law should be remembered when we are ordering our meals, but above all when we have taken them: we should also never hurry ourselves at a meal, or before a meal. The nervous fidgetiness engendered by anticipating being pushed for time, is most hostile to the enjoyment of a meal, and highly obnoxious to digestion. It has made the life of thousands miserable, especially among the very thousands who, to ensure quiet enjoyment, live at a distance from town, to be away from their place of business, but who worry and hurry themselves, when tired and hungry, to catch the train to be in time for dinner (which is seldom, under such circumstances, eaten to advantage), and worry and hurry themselves in the morning, with a half-masticated breakfast thrust topsy-turvy into their stomachs, to catch the train to return to their offices—can

indigestion, palpitation, short-windedness, petulance, sleepless nights, nervousness, irritable tempers, and other evils then be wondered at?

Breakfast.

There is another important class—the clerks to the mercantile and banking houses in the Metropolis and other large towns—who for economy and health's (?) sake live a little way out of town. These may be seen in the suburbs between 7.30 and 8.30 A.M. hurrying city-ward, to catch the train and save their fines; many as they issue from the doors of their houses give unmistakable evidence, by the movement of their jaws, that their breakfast is not a *fait accompli;* hastening along, looking at the time, arranging some portion of their dress, now running, then stopping to ease their breath: they at last gain the platform, often winded, and always with a crude meal in their stomach, which this quiet-requiring organ is disinclined to digest amid the bustle, hurry, and exertion entailed upon it by bad management and late rising. These young and middle-aged men are a more important class than those to whom I have already alluded; they are the rising generation of our merchants and bankers, and therefore every warning should be given to them, lest they wear out and spoil in their younger days that upon which their success in after-life so much depends. Hundreds of young men are daily sowing the seeds of future stomach and heart affections, by the way in which they manage themselves; enough and more than enough destroy their health and prospects by what they call pleasure: these have been warned and are

still warned at every corner of the streets; to them I am not referring. To the business man I now address myself, inasmuch as I believe that business is likely now-a-days to have its turn, and that it will require at its sacrifices more victims even than pleasure has done—the brain, the heart, and the stomach are already demanded as victims, and the only question now to solve is, what shall we give in their stead? The God, Business, will have sacrifice, so something must be offered up at his shrine in order to appease him. If we want to save the three organs named, I think much can be done by *shortening* the *evening* and *lengthening* the *morning*. By earlier rising and having the breakfast in good time, so as to allow half-an-hour or an hour's quiet reading before starting for business, I believe that many of the evils complained of as being the result of the striving of the present day, might be obviated. The man who starts fairly with a well-digested breakfast, has an advantage over his fellows, of which he may justly be proud; whereas the one who begins the day as I have described, is hurrying all the day after, with impaired powers, and beset with the idea that he has something to overtake; it is sometimes an ideal, but oft-times a real "stern-chase," which he will find to be a very long one.

The practice of pulling on boots *after* instead of *before* breakfast, is not only disagreeable, but injurious; in stooping, the filled stomach is pressed upon, the breathing is oppressed, obstruction to the return of the blood from the head fills all its vessels, and certainly the temper is never improved; all these things conspire to retard, if not to suspend digestion. Fortunately the elastic boots of the present day are more easily pulled on than the old

"Wellingtons;" yet the stooping to lace boots or shoes *after* a meal ought to be avoided, especially if there be weakness of the stomach or the heart, or a tendency to a fulness of blood in the head.

Dinner and Supper.

The mid-day meal is hardly ever taken at such a distance as to require hurry immediately afterwards, and is seldom a heavy one. As to dinner and supper, there can be no doubt that a late dinner or a high-tea is better than a supper; in the first place, as a rule, dinner is a punctual meal, whilst supper rarely is, especially when it ought to be so, as in the case of the special visits of guests, who have to go home some distance afterwards. Soon after nine o'clock the weak time of the heart begins—in fact, it begins then to show signs of fatigue, whether in health or disease: it is wanting rest; assuredly then we ought to be careful how we oppose that which nature dictates. We must remember that, although our heart is always at work, it has its own peculiar mode of resting; it does not stop and sleep, like the remainder of our bodies: this would be fatal; it regulates itself by lessening the number of its contractions; for instance, if, while awake, our pulse counts 70 in a minute, and during sleep only 60, then we see that the heart is saved ten beats a minute, or about one minute's labour in every six, which would be equal to ten minutes of absolute rest in the hour, or during a night's sleep of seven hours, to *an hour and ten minutes.* This arrangement, so necessary to health and comfort, we simply do away with if we overload the stomach just

before going to bed with a heartily-eaten supper, even if digestible; in fact we reverse the order of things entirely, for instead of allowing the over-fagged heart to take its rest, we stir it up again to active duty, which it then performs irregularly, unsatisfactorily, and at a great expenditure of nervous and muscular force.

The diagram at page 39 shows us that between 9 P.M. and 2 A.M. there is a rise in the mortality from heart disease; this alone should warn us not to overtax an organ at a time when we know that it is weak, either according to the natural laws of health or those of disease. Many persons found dead in their bed are victims to the last indiscretion they committed either at or after supper.

Drinking.—Persons suffering from obstructions to the free course of the blood through the heart ought at all times to avoid taking much fluid, either with their meals or between them, as the valvular hindrance has a backward effect upon the current through the vessels, and retards absorption from the stomach. Nothing can be more oppressive than the feeling, described by those suffering from valvular disease, which is experienced during exertion after washing down a hearty meal with a large quantity of malt or other fermented liquor. The oppression is oft-times even greater when a farinaceous meal has been deluged by copious draughts of tea or water. Shortwindedness ought always to be a warning to persons, however well or robust they may look and feel, as it indicates obstruction somewhere, and the sooner its exact seat is discovered the better. Hurried ingestion of large quantities of fluid is particularly frequent at railway

refreshment rooms, when the traveller may be at all times almost seen just after the arrival of a train making, as he thinks, the best use of his time by bolting his solid food and imbibing as much fluid as possible. Such persons ought never to make heavy meals; it is, therefore, all the more necessary for them to avoid long abstinence: small meals at short intervals, with as little fluid as possible, is the safest mode to adopt, and one that ensures the most complete digestion, without the distress which over-distension of a weak stomach underlying a weak or obstructed heart occasions.

An abundant and well-digested breakfast is one of the greatest safeguards against the habit of taking fermented liquor in the forenoon, a practice always to be deprecated in healthy persons, as in reality it arises in the generality of people from a sense of sinking and weakness, accompanied with nervousness, which over-fatigue, ill-health, or bad management have either separately or jointly induced.

The present generation is being reared in a "pale ale" period, and have but little knowledge of what really good malt liquor is; in fact, there is hardly such a thing to be obtained as a general rule, for even if the principal brewers are honest, and send out a pure article, before the consumer gets a chance of drinking it, it is made unfit for the purpose. To drink a lot of frothy bottled beer just before starting on a journey, or when you are breaking one at a refreshment station, especially after taking solid food, is highly objectionable.

Much of the so-called malt liquor of the present day is a disgrace to a beer-drinking country, and is productive of much stomach-derangement. Medical men have the

greatest difficulty in directing their patients where to get good ale and beer, even when they have prescribed it for them; and this in a country glorying in a Saxon ancestry, whose glory was "*beer*," and whose poets sung of it! as we find in the Saxon poem of "Beowolf," where we are told that the "bright liquor" not only had its appropriate "beer-halls," where it could be enjoyed after the labours of the day, but that it was handed to the earls in order by princesses, and drunk out of the most costly and ornamental ale-cups. The Saxons, be it remembered, had goodly stores of wines, and knew well how to brew a *claret-cup*—in fact, we derive many a nice beverage from our northern ancestry; and however much we may pretend to deride them for their rude taste, of one thing we may be certain, that from the lowest ceorl to the princess of the Scylding race, they would have laughed to scorn the deluded being of the present day, who knows not what the taste of true malt liquor is. The giving up of brewing by private families, more particularly in the provinces, has tended much to lower the standard of our national drink—a circumstance much to be regretted, as good, well-matured malt liquor is one of the most wholesome beverages that can be drunk, and peculiarly adapted to travellers, as it gives strength and tone during fatigue, which enables the stomach to digest what is given to it, instead of engendering acidity and indigestion, as the so-called "pale ale," "burton," and "cooper" so frequently does.

Statistics of Heart Disease.

When we remember that in the ten years 1851-60 there are attributed to heart disease more than a quarter of a million of deaths,* in a mean population of about nineteen millions,† we readily concede the importance of this cause of death in our vital statistics, and my readers will easily understand why I have selected it to illustrate the evil of the growing habit of hurrying, the danger of which I wish to plainly set forth.

SEX AND AGE.

Females are more subject to heart disease than males, in the proportion of nearly 13 to 11,‡ although it is more fatal in the early years of childhood in boys than in girls: after ten years of age the mortality from this cause is greater among females, and continues so throughout the remaining periods of life. After twenty-five in both sexes it makes a great stride, just at the time when both business and pleasure are eagerly pursued. Between forty-five and fifty-five the amount of mortality rapidly increases, until it arrives at its highest point in the decade between sixty-five and seventy-five.

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* 236,973. † 18,986,916.

‡ Males, 109,527, to a mean population of 9·278,742.
Females, 127,446, ,, ,, 9·718,174.

As to the greater liability of women to men to heart disease, this will not be wondered at when we have well considered all their surroundings, both in poverty and riches, and their more highly-wrought and sensitive natures. Women, therefore, ought to be careful how they trifle with their internal organs by pressing them from without. The railway platform is not the only place where women have dropped dead with their stomachs full and their stays tight; the ball-room has over and over again seen enacted in reality what the poet has so well pourtrayed in "The Dance of Death."

Can anything be more absurd than for persons to tie themselves as tightly as possible when the stomach is empty and most compressible, and then go to a festive meeting and increase the already unnatural state of things by eating and drinking? What would any person of common sense say to a groom, who after first girthing his horse tightly up, feeds him, and then brings him round for his master to ride hunting? Such conduct, however, is not more absurd than the practice of tight-lacing, supping, and dancing, to which so many have fallen victims.

Of course when the stomach and liver are thrust out of place by a tight band, the heart cannot be expected to retain its natural position; it, therefore, will chafe, like the other organs, at the bad usage to which it is subject, and in the end succeed in proving that it cannot be provoked with impunity, and that, like the emblem of Scotland, its motto might well be "*Nemo me impune lacessit.*"

The Hour of Death in Heart Disease.

In 1864 I read a paper before the British Association, at the Anniversary Meeting held at Bath, on the subject of "*The Hour of Death*," and I then proved from the records of 5,000 carefully collected cases of death, the following facts:—

1. That more deaths take place in the *fore*-noon than in the *after*-noon period.
2. That more deaths take place in the *first* six hours than in the *last* six hours of both the above periods.
3. That in the cycle of the twenty-four hours there are *two* periods of *maximum*, and *two* periods of *minimum* mortality, which alternate with each other.
4. That the *first* and *highest* period of *maximum* mortality commences at 3 A.M., extends over *six* hours, and ends at 8 A.M.: that it is immediately succeeded by the *first* period of *minimum* mortality, which begins at 9 A.M., extends likewise over *six* hours, and ends at 2 P.M.

   That the *second* and *lowest* period of *maximum* mortality commences at 3 P.M., extends over only *four* hours, ends at 6 P.M., and is succeeded by the *second* and *lowest* period of *minimum* mortality, which extends over *eight* hours, beginning at 6 P.M., and ending at 2 A.M.

5. That the *most* fatal period is the one comprised within the *early morning* hours, from 3 A.M. to 8 A.M.

That the next *most* fatal period is within the *afternoon* hours, from 3 P.M. to 6 P.M.

That the *least* fatal period is comprised within the *evening* and *night* hours, from 7 P.M. to 2 A.M.; and, that the next *least* fatal period is within the *late morning* and *early afternoon* hours, from 9 A.M. to 2 P.M.

Whilst, however, I pointed out these facts as the general results of the tabulation of 5,000 deaths from *all* causes, I clearly showed that in phthisis and other diseases of the lungs, the hour of death was not entirely in accordance with the general average; and that, in all probability, we should find, after a more extended inquiry, that certain classes of diseases had their own peculiar *hour of death*, and that the *postremum tempus* is often foreshadowed during the lifetime of the individual, in the cyclical changes which take place in disease, and which are familiar to us by the expressions, remission, exacerbation, intermission, and periodicity.

Since I read my paper in 1864, much attention has been given to this subject, and some cases of cholera have been tabulated, which corroborate my opinion, that the period of attack, and the varying changes in the course of a disease, are intimately connected with each other and bear close relation to the hour of death. With regard to heart disease, I have simply introduced this subject of the hour of death for the purpose of

initiating an inquiry respecting it in this important organic affection. Deaths from this cause, which have been hastened and prematured by hurry and excitement, generally fall under the notice of the coroners, who ought to have it within their power materially to add to our scientific knowledge, by insisting that no medical testimony should ever be received until a complete examination of the body has taken place. By this simple regulation, such a vast store of facts would be brought together in the course of years, as would astonish the humble believer in verdicts of "Died from natural causes," and impress the public at large with the high importance of such investigations, not only to the cause of science itself, but to the cause of humanity; for the object of such examinations is the acquisition of a knowledge which shall lead us to perfect our power, not only of saving life, but of preventing unnecessary and premature death.

> "Periculosum est credere, et non credere.
> Ergo exploranda est veritas multum, prius
> Quam stulta prave judicet sententia."

In all cases in which death has taken place from hurry and excitement, it is desirable to ascertain when the last meal was taken. In heart disease, perhaps, more than in any other to which we are subject, the stomach has to be most carefully watched. From the simplest functional derangement, as expressed by temporary palpitation, to the most serious structural changes, involving the valvular apparatus, we find the stomach acting a most important part: it is *the* organ that has to be studied; clinically, the time of taking food bears a most important relation

to the course of some diseases, hence the necessity of studying their cyclical changes, the vital elevations and depressions of which would materially assist us, when ascertained, in our treatment.

The diagram* below shows the hours at which death took place in 82 fatal cases of disease of the heart: the numbers are small whereon to base a statistical fact, and as such, in the present stage of my inquiry, I do not wish my readers to suppose that an accumulation of cases to a large extent, say to some five thousand, would not show a modification in some of the wave-lines, although I believe that a general truth is here foreshadowed which will afford us some instruction.

The eight periods commencing at 0, or midnight, and extending throughout the twenty-four hours, show that there are four *three-hour* periods in which the mortality from heart disease rises above the average line 10 (decimals are excluded) and four *three-hour* periods in which it descends

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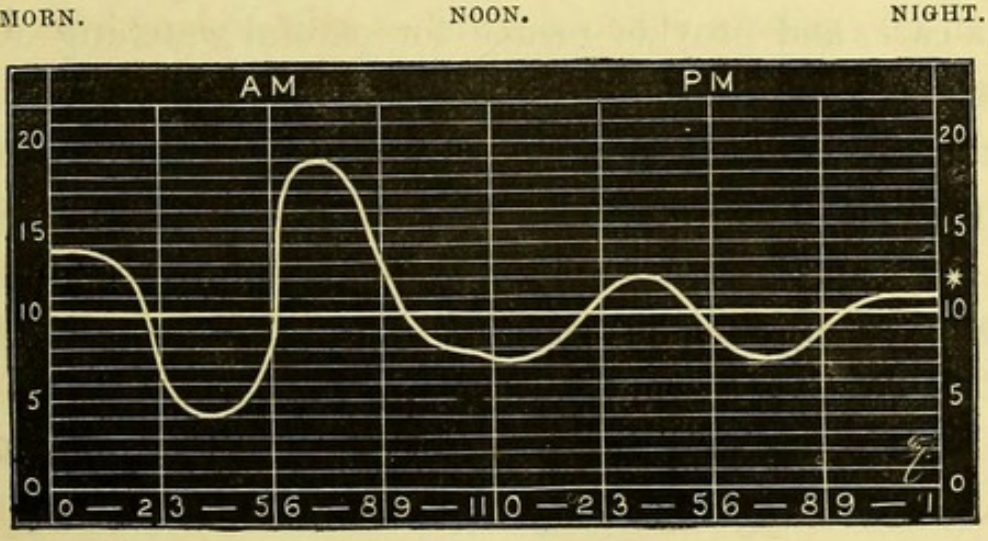
* A diagram showing the hours at which death took place in eighty-two cases of Heart Disease.



o in the lower margin of the hours stands for MIDNIGHT and NOON.

below it. The first *minimum* period takes place between 3 and 6 A.M., indicated in the marginal line 3-5 A.M., and is immediately succeeded by the first *maximum* period, which lasts from 6 to 9 P.M., and is then followed by the second *minimum* period, of six hours duration, viz., from 9 A.M. to 3 P.M. (9-11-0 (noon)-2): the second *maximum* period occurs in the afternoon hours between 3 and 6 P.M. (3-5), is followed by the third *minimum* period, between 6 and 9 P.M. (6-8), after which the mortality again rises during the next six hours, viz., from 9 P.M. to 3 A.M.: the *crest* of this death-wave thus indicates the hours in the 24-hour cycle when death is most likely to take place, whilst the *trough* points to those when it is least so. If, therefore, we can establish that there are periods in the heart's existence in which it gives evidence of *high* alternating with *low* vitality, at intervals varying more or less in their length, we shall arrive at a fact of great practical importance and which will serve as a guide not only to the physician but to the patient as well. In the first place, the former would be warned by the great mortality occurring between 6 and 9 A.M., of the danger of those under his care, and provide means for careful watching at that particularly critical time, and for the administration of such necessary nourishment or appropriate medicines as are calculated to give strength to the sinking organ, and thus perchance help it to tide over a fatal period, during which it might otherwise fail in strength for the fulfilment of its function.

As to the patient, the rise in the mortality from 9 P.M. to 3 A.M. ought to impress him with the necessity of abstaining from overtaxing the strength of his heart at a

time when, even in health, we know that it is fagged, and requires rest for its physical restoration. On glancing over the diagram, the reader will see how the weak hours of the heart occur about the time, or immediately succeed the ordinary hours, for meals—between 7 and 8 and 8 and 9 the greatest mortality takes place—and this fact should be a caution to those who trifle with their heart's ally, the stomach, at that time, by hastily eating their first and most important meal, and then hurrying immediately afterwards. The same caution is also given in the rise which is seen both in the afternoon hours which succeed the time of early dining, and again in those of the evening, when persons are so liable to indulge in hearty and indigestible suppers.

Geographical distribution of Heart Disease in England and Wales.

With regard to the prevalence of heart disease throughout England and Wales, I find that the proportion of deaths in the different districts ascribed to this cause varies not only according to their latitude, longitude, and aspect, but to their marine, physical, and geological relations: for instance, as to

Latitude.—If we take the *Northernmost* coast-counties and compare them with those of the South, we shall find that the mortality from heart disease ranges from ·128 N. to ·153 S.—in fact, that there are fewer deaths from this cause to every 100 persons living in the district comprising Northumberland, Durham, Cumberland, Westmoreland, &c., than there are in the true Southern counties, Dorsetshire and Hampshire. Again, as to

Longitude.—The *Western* and *Eastern* coast counties differ even more widely from each other than do the North and South, the mortality of the former being ·084 and that of the latter ·114; we may therefore say generally, as regards the coast-counties of England and Wales, that the greatest number of fatal cases of heart disease occur in the *Southern*, that the *Northern* ranks second, the *Eastern* third, and the *Western* fourth, in the order of mortality, and that the mountain districts of Wales and the Northern counties of England have a less mortality arising

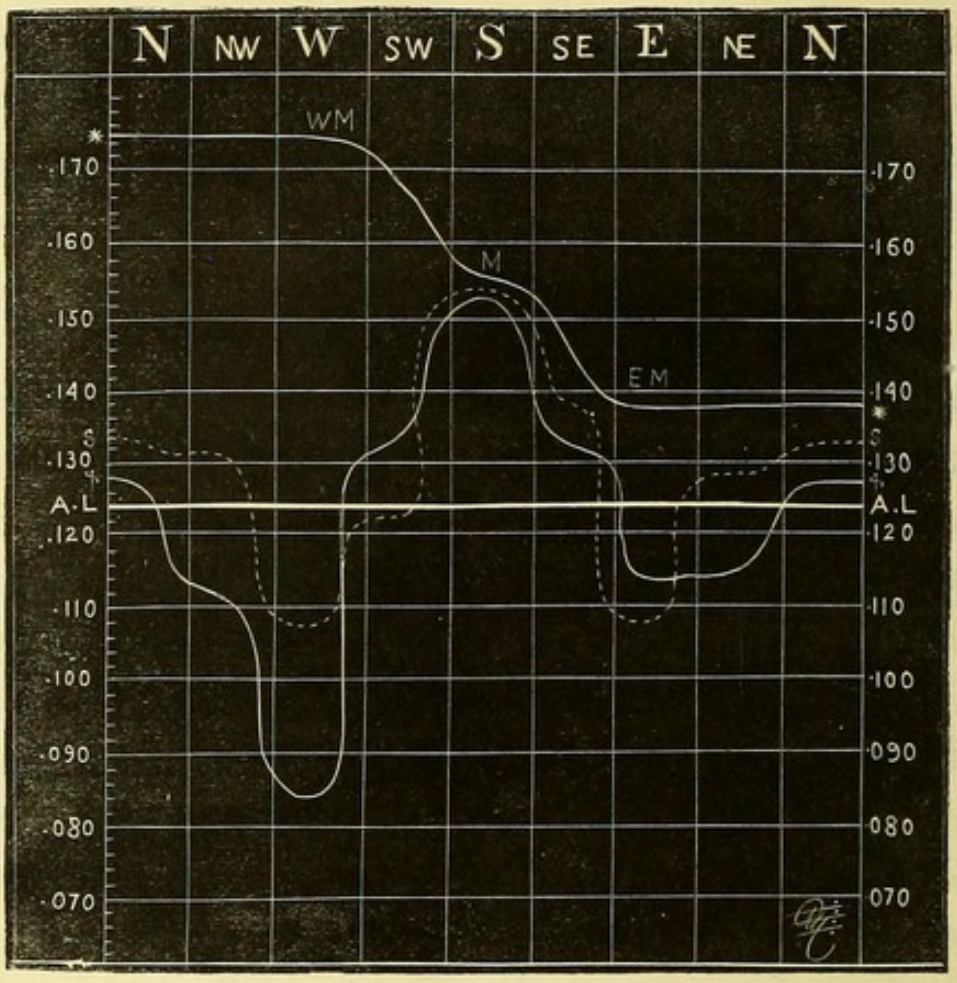
from this cause than the less elevated counties of the South and the East, the mean ratio being as ·106 N. and W. to ·133 S. and E.; and if we take the intermediate points of N.W. and N.E., and compare them with S.W. and S.E., we again see a somewhat similar proportion in the numbers—·113 N.W. and N.E., and ·132 S.W. and S.E.

It is also worth noting that the N.W. (·112) and the N.E. (·115) coast-counties are nearly equal as regards their mortality, and the S.W. and S.E. quite so, being ·132 each. With regard to the inland counties, the mortality runs a course very similar to, but higher than those on the coast, with the exception of those belonging to the S.W. and E. districts, where heart disease is less fatal than in those having a similar aspect near the sea. In the three counties which I have selected as the Midland of England (Herefordshire, Worcestershire, and Warwickshire) the mortality is higher than in either of the other two groups, and not only so, but as regards aspect the order of mortality is remarkably reversed, for we find that the most *Western*, Herefordshire, instead of having the lowest, as we have seen the western coast and the intermediately inland counties had, registers the highest number of deaths (·172) from heart disease of any county throughout England and Wales; whilst Warwickshire has the least mortality of the group, exceeding, however, both the inland and coast groups, except their Southern divisions and the S.E. of the inland. Lastly, the middle midland county, Worcestershire, has a higher mortality (·156) than any group; whilst, however, it does not exceed in this respect every individual county, it is fourth on the list of highest mortality, the counties Berkshire (·160)

and Wiltshire (·167) only intervening between it and Herefordshire. A reference to the accompanying diagram will, I hope, make the above statements intelligible.

A DIAGRAM

SHOWING THE MORTALITY FROM HEART DISEASE, ACCORDING TO ASPECT, THROUGHOUT ENGLAND AND WALES.



EXPLANATION OF DIAGRAM.

A.L. Average line.
† Continuous line—Coast counties.
§ Dotted do. —Inland do.
* Midland Counties.
WM. West Midland—Hereford.
M. Midland—Worcestershire.
EM. East Midland—Warwickshire.

It would be impossible within the compass of a small pamphlet to discuss even cursorily the value of each climatic element in predisposing to heart or any other disease: I shall therefore for the present content myself with a few general remarks on the probable influence of *sea air* in modifying the fatal effects of heart disease. If we separate the several counties and districts into groups, according to the extent of their sea relations, we shall find that the mortality from heart disease increases as we trace it from the sea-girt island to the land-bound midland counties; for instance, the districts thus grouped would take the following order:—

		Including—	*Mortality.*
1.	Insular	Isle of Wight Isle of Anglesey	·095
2.	Peninsular	Cornwall Pembrokeshire Carnarvonshire Wirral (part of Cheshire) Kent	·108
3.	Coast Counties	(the whole of the)	·121
4.	Inland	ditto	·129
5.	Midland	ditto	·156

The fact that first drew my attention to the beneficial influence of sea air in heart disease was, that wherever it had full and free access the mortality from this cause was at its minimum, and that it rose in those districts which were prevented from receiving their full share.

For instance, in the Welsh coast-counties we find heart diseases less fatal than in any other part of England and Wales, and that as a rule the inland districts, which are protected by the hill country, register the greatest proportion of deaths from this cause. Again, wherever the sea stretches inland to any extent, and the coast

counties offer no ridge of hills of any height, as through the country bordering the mouth of the Severn (Bristol Channel), the coast of Cheshire, where the sea runs up the estuaries of the rivers Dee and Mersey, and on the eastern side of our island, where the German Ocean runs up the Wash, bordered by the coasts of Lincoln and Norfolk, I found that the healthful influence of the sea air was most marked, and not only in the coast-counties themselves, but that it extended further inland than at any other point of the sea-board.

Another fact, even more remarkable than the one above, is witnessed in the great predominance of heart disease in the southern part of England. How is this to be accounted for, considering that from the peninsular position of England our border is equally washed by the sea on all sides, except where Cumberland and Northumberland are joined to Scotland?

Before replying to this question, we must consider that although our coast is equally exposed at all points to sea *water*, the *amount* of sea *air* varies considerably, according to our relations to the continent of Europe. The Welsh counties and Cornwall, where the full and uninterrupted breezes from the broad bosom of the North Atlantic are received without the slightest contamination from *land air*, are the most free of all other parts from heart diseases, and the next in order rank the north-western districts, which are washed by the Irish Sea; as we proceed northward we find that the mortality rises, and coincident with this fact, that much of the sea air received from the Atlantic must have blown over Ireland before it reached the English shores.

In the southern and south-eastern parts of England, the comparatively small mass of *sea air* arising from the narrow English Channel, is mingled with the large mass of *land air* derived from the continent, and which blows upon our island from Brest, on the west coast of France, opposite Cornwall, to the coast of Holland, nearly opposite Essex; and to show how remarkable a relation is borne between the general maximum mortality in the southern counties of England from heart disease, and the line of departure of the continental land air, we have only to draw a line from Brest to Birmingham, and another from Amsterdam to the same central point, to show that within the triangle formed by these lines, having its apex at Birmingham and its base through our southern coast, is included that portion of England where heart disease claims the most victims.

Again, if we divide England and Wales into two great portions, viz., into a north and north-western division, and a south and south-eastern, we shall find that the former may be said to be the great *mineral*, and the latter the great *vegetable* division. In the mountainous districts of the one, with their comparatively small amount of cultivated land, and sparsely inhabited, except in the great hives of industry, centred in the midst of mineral wealth, found beneath the soil, and thus affording ready access for manufactures, we shall find that these circumstances combine to render the land air less antagonistic to the influence of that derived from the sea, than it is in the more fertile plains and undulating country of the south, where agriculture makes the earth teem with a vegetation that radiates forth from it an atmosphere

totally distinct from that which is sea-born. In fact, an antagonism seems to exist between the two; for whilst the one seems to encourage the growth of plants even to rankness, as in sheltered and warm valleys, where it reigns alone, the other blights and dwarfs those that breathe it in its full fresh vigour from the sea; a thousand instances of which present themselves to every wanderer on the coast.

Man vegetates and loses tone when he lives in an atmosphere modified by a rich soil and luxuriant vegetation, and becomes more himself, more animal, the longer he dwells in those regions where the mountain air breathes strongly of the sea-begotten ozone; his stomach experiences the tonic effect of the air he inspires, his appetite is strong and good, and the blood that it forms from his temperate meals is sent pure and wholesome through his heart, which participates in the healthy strength of the whole system, and resists those causes of disease which successfully assail relaxed structures, through which a less generous and a less tone-giving fluid circulates. The skin, in its turn, bespread with a delicate tissue of countless vessels and nerves, breathes the aërial tonic which blows upon it, and transmits its bracing and invigorating effects to the great centres of life, and thus completes a happy concourse of conditions, the result of which is good physical health and a sound state of the mind, in the words of the old line, "*mens sana in corpore sano.*"

This subject is so wide and so interesting that I hope I shall find an apology in that fact for introducing it only partially now. I hope, however, soon to give the

results of an inquiry in a more complete form, under the title of "Sea Air and Heart Disease," when I shall recur to the facts I have already mentioned, and add others which will corroborate the rule and explain the exceptions.

I have now only to draw my reader's attention to some cases, which will illustrate the danger to life of hurry and excitement, not only when the principal organs of our bodies have been weakened by previous disease, but even when we imagine that we were "never better in our lives."

CASES.

Case I.

Subject.—*A Man supposed to be quite sound.*
Exciting Cause of Death.—*Hurrying to catch the Train.*

Mr. Wm. Searles, aged thirty-five, a fruiterer and fishmonger, of Tindal Street, Chelmsford, died suddenly on Friday, May 1st, 1868, while travelling on the Great Eastern line, between Shoreditch and Stratford. It appears that Mr. Searles, who was a hale, hearty young man, for some years past had been in the habit of attending Billingsgate Market; and for this purpose he usually left Chelmsford by the mail train at 2.59 A.M., returning by the 9.15 A.M. down mail. On Thursday night he left home between eleven and twelve o'clock, apparently in his usual good health,* and proceeded to the railway station, where, as his custom sometimes was, he lay down for a few hours rest in the waiting-room, so that he might not be likely to miss the 2.59 up mail. He proceeded to London as usual, transacted his business at the market, and returned to the Shoreditch station, to catch the 9.15 train; but his business having occupied him a longer time than usual, he was obliged to run the latter part of the way to the station, and had just got into a second-class carriage, when the train started. The only other occupants of the carriage were two working men in the employ of the company, who observed that the deceased appeared greatly distressed, as if he had been running very fast. To one of the men he said, "Oh, dear me! I have had to run to catch the train; I thought I should be too late." He opened the carriage window, and looked out for a few seconds, "making a ruckling noise in his throat and nose," according to the witness, John Frost, who asked him if he were not well; he made no answer, but began to slide down between the two seats. Frost then got him up and laid his head on his shoulders; he was then found to be dead; a little froth came from his mouth; his face was very dark.

* Mrs. Searles said in her evidence "that her husband was quite well on the Friday Morning," "he never ailed anything except from the gout," and "he had had a giddiness, but not for the last two years." There was no examination of the body.

On the Saturday following an inquest was held, and the coroner, C. C. Lewis, Esq., remarked, after hearing the evidence, that "it was plain this poor man had died through over-exerting himself to catch the train, which was at all times a dangerous practice; and he had a similar case* on Good Friday last." The jury concurred in his opinion, and returned a verdict accordingly.

Case II.

Subject.—*A Woman who knew that she had some Chest Affection.*
Exciting Cause of Death.—*Hurrying to catch the Train after a full meal.*

Elizabeth Stainsby had been visiting some friends in the neighbourhood of the Metropolitan Railway; she had partaken plentifully of refreshment, and then hurried up an incline to the station in order to catch the train. Shortly after she entered the carriage she was seized with difficulty of breathing, and then died.

The cause of the obstruction to her breathing was attributed to the impure atmosphere of the Underground Railway.

She was found to be tightly laced, to have a crude meal in her stomach, and a constriction of one of the vessels leading from the heart, which, after a chemical analysis of the air, was deemed sufficient to have caused the sudden death. The inquest was concluded on the 30th of October, 1867.

Case III.

Subject.—*A Man having Fatty Degeneration of the Heart.*
Exciting Cause of Death.—*Hurrying to catch the Train just after a full meal.*

M. J. N, a jeweller, a thin, sallow man, about 5 ft. 9 in. in height, and fifty-five years of age, called upon his niece one evening in 1864, just as the family were going to supper. After eating heartily of pickled pork, greens, and lobster, he remained in conversation until he found that he had but little time to catch the last train to town. Having lighted a cigar, he hurried away, and the family retired to bed; shortly after which they were aroused by

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* *See* Case IV.

one of the railway servants, who informed them that a gentleman, who had been at their house, "had dropped dead," whilst running to catch the train. My informant immediately followed the porter, and found the corpse of his friend at the station, with the cigar, still alight, by his side. He had dropped about 200 yards from the door of the house where he had been supping.

On being opened, his stomach was found enormously distended with food; and fatty degeneration of the structure of the heart was discovered. The medical man who performed the *post mortem* examination remarked that he had never witnessed so full a stomach, —there was no rupture or other injury to this organ.

The practice of smoking immediately after a meal, especially when conjoined with active exercise, as brisk walking, is at all times to be condemned. We should always remember, that when many conditions are conspiring to throw the proper working of our bodies out of order, the most unexpected, and often the slightest cause, is sufficient to complete the catastrophe.

In many persons, smoking immediately after a meal retards digestion, and in some suspends it altogether.

Case IV.

Subject.—*A Man having a Diseased Heart.*
Exciting Cause of Death.—*Hurrying to catch the Train after a meal.*

Mr. Robert Sangster Northfield, a retired tradesman, aged fifty-seven, had suffered for some time from shortness of breath and pain in the left side, when he either walked fast or otherwise exerted himself. On the day of his death he had visited a friend at Chiswick, where he remained about three-quarters of an hour and had some refreshment, he then hastened to the train; on reaching it he reeled as if drunk. When about a hundred yards on the London side of Mile End he "heaved up," as if he were going to vomit, and then died directly: his face was at first florid and then became very pale; he frothed much at the mouth.

The medical evidence went to prove that he had suffered from disease of the heart for some years. There was no examination of the body. The inquest was held on 13th April, 1868.

CASE V.

SUBJECT.—*A Man with known tendency to Apoplexy.*
EXCITING CAUSE OF DEATH.—*Hurrying to catch the Train just after a meal.*

Mr. Thomas Boardman, of Blackburn, Lancashire, an artist of considerable talent, about sixty-five years of age, fair, florid, and stout, of a nervo-sanguineous temperament, excitable, and rather choleric, died suddenly four or five years ago. On the day of his death he was in his usual good health, and went to Whalley, to spend a few hours with a friend, at whose house he took tea, after which he hurried to catch the train to Blackburn. He reached the station, much excited with his exertion, and whilst talking to a gentleman on the platform, fell down in a fit of apoplexy, and died in a few minutes. He had been cautioned as to the danger of exciting himself, having been on a former occasion threatened with an attack of apoplexy, to which a full habit of body and a naturally excitable temperament had, during the last few years of his life, rendered him liable.

CASE VI.

SUBJECT.—*A Man having some Heart Disease.*
EXCITING CAUSE OF DEATH.—*Hurrying to catch the Train.*

F. A., a magistrate and retired merchant, hurried from the Basin, at Bristol, to the Bristol and Exeter Railway Station, was much exhausted on his arrival, and died whilst in the act of drinking a glass of soda water. He had just arrived by the steamer from Ilfracombe, and in all probability had had nothing to eat for some hours previous to his death.

CASE VII.

SUBJECT.—*A Man supposed to be healthy.*
EXCITING CAUSE OF DEATH.—*Hurrying to catch the Train.*

A. B., a man supposed to have been in good health, walked, or rather ran, very hurriedly to the Wolverhampton Station of the London and North Western line; on his arrival he fell down dead in the ticket office.

Case VIII.

Subject.—*A Man, the state of whose health is not recorded.*
Exciting Cause of Death.—*Hurrying to the Train.*

C. D. four or five years ago hurried to the station, being late for the train, and fell dead on the platform at Ipswich.

Case IX.

Subject.—*A Man who was aware of his having a Heart Affection.*
Exciting Causes of Death.—*Over-exertion at a fire, and an overloading of the stomach during exhaustion.*

Mr. John Vickary, of Exeter, a stout, burly man, an ironfounder, in June 1868 exerted himself strenuously one morning at a fire near his works; he then went home to dinner, at one o'clock, sat down after completing his meal, asked his wife for the newspaper she was reading, and had no sooner laid hold of it than he expired instantaneously in his chair, The cause of his death was said to be heart disease.

When the heart is already exhausted, either by exertion or emotion, the stomach should never be laden with solid food; warm nourishing stimulants, such as small quantities of good soup, or beef tea, with sherry, a cup of hot strong coffee with an egg beaten up in it, or some sherry, or brandy and water, are what should be given at short intervals, until the distressed organ has recovered its power.

Many persons commit a great error by eating heartily directly they are off a journey. Medical men are too apt to fall into this habit themselves.—*Exeter and Plymouth Gazette.*

Case X.

Subject.—*A Man supposed to be in perfect health.*
Exciting Cause of Death.—*A long railway journey by night.*

The Right Hon. Charles Manners Sutton, Lord Viscount Canterbury, at sixty-six, was seized with an attack of apoplexy whilst travelling on the Great Western Railway by the night mail train, on Saturday, July 18th, 1845. He appeared to have been in perfect health as far as Slough, and had kept up a lively and most agreeable conversation during the journey. The gentleman who had travelled

with him from Exeter stated that he was in perfect health as far as Slough, and in lively conversation with him; soon after leaving Slough, however, he was seized with a fit of apoplexy. On his arrival he was immediately placed in a waiting room, and the medical men in the neighbourhood were summoned, who resorted to the usual remedies, bleeding, &c. Messengers were sent for Mr. Manners Sutton, Dr. Chambers, and Mr. Guthrie, who shortly arrived. Lord Canterbury was removed to his son's residence, Southwick Crescent, where he died on the 21st July, 1845. His lordship, although in his sixty-sixth year, seemed to enjoy excellent health, and to be apparently so vigorous, that there appeared every probability of his attaining to extreme old age.—*See* the *Annual Register*, 1845, p. 292; and the *Times*, July 20th & 21st, 1845.

Case XI.

Subject.—*A Woman in whom Heart Disease was known to exist.*
Exciting Cause of Death.—*Anxiety, flurry, and ascending stairs.*

Madame Musurus, the wife of Musurus Pasha, Turkish Ambassador to the Court of St. James's, was taken suddenly ill on Friday night, July 19th, 1867, during the grand ball given to the Sultan by the India Department. The following particulars are taken from the *Morning Post*:—"Presently the Sultan and the Royal personages, with the most distinguished guests, retired to supper; but on the threshold of the room Madame Musurus was taken ill, and could proceed no further. A Staff-Surgeon of the Bombay Army was quickly found among the Company. She was at once removed to another room, and immediately became insensible. It being evident that nothing could be done, the pulse having almost stopped, and the progress of the fit having been extraordinarily rapid, the Ambassadress was as quickly as possible carried down stairs and taken home, messengers having been sent to prepare a hot bath."

During Saturday, Dr. Lankester, the Coroner for Central Middlesex, received information of the death of Madame Musurus, accompanied by a certificate signed by Dr. J. Gregory Forbes, her medical attendant, who ascribed *death to disease of the heart, accelerated by excitement.* The coroner therefore deemed an inquest unnecessary.

CASE XII.

SUBJECT.—*A Man in weak health.*
EXCITING CAUSE OF DEATH.—*Taking a Turkish Bath.*

The Rev. Anthony Latouche Kirwan, D.D., Protestant Dean of Limerick, went, on the 13th July, 1868, to the Turkish Baths, Military Road, Limerick, to take a bath, which he was in the habit of substituting for exercise, being weak in health and leading an inactive life. He became very weak during the process, so that, at his own request, Dr. Gilston was sent for. The doctor arrived and saw the deceased in the sudatorium, and waited with him until he had finished his bath, which he did in the ordinary course, and then returned to the dressing room, where he lay in his stall about an hour before he died. He died calmly about noon, without a struggle. It is stated he had no fit of any kind, and was perfectly conscious that his last hour was come upon him.—*See* the *Cork Examiner*, July 13, 1868.

The heated air of a Turkish bath at first acts as a stimulant, the pulse becomes more frequent, and a tendency to increased circulation of blood through the brain is experienced; the second or sweating stage then succeeds, accompanied by a lowering of the heart's action, which, in weak bodies, like the Dean's, where vital force is unequally distributed, is liable to become paralysed, and as in this case ceases to act altogether. It is not well for any person to have a Turkish bath without first consulting a medical man as to his fitness for such an *air-ordeal.*

NOTE.—The names only of those persons whose cases have appeared in the Public Journals are here given in full.

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