

DUBLIN SCHOOL OF MEDICINE, PETER-STREET.

WINTER SESSION.

Anatomy and Physiology : Dr. J. H. Sawyer and Dr. Edward Hamilton, daily, at one.

Practical Anatomy and Dissections : Dr. E. Hamilton and Dr. G. H. Kidd, daily, at eleven.

Theory and Practice of Surgery and Operative Surgery : Mr. Andrew Ellis, late President of the Royal College of Surgeons of Ireland, Tuesday, Thursday, and Saturday, at three.

Theory and Practice of Medicine : Dr. J. Moore Neligan, Monday, Wednesday and Friday, at twelve.

Midwifery and Diseases of Women and Children : Dr. John Ringland, Tuesday, Thursday, and Saturday, at twelve.

Chemistry : Dr. John Barker, Tuesday, Thursday, and Saturday, at two.

SUMMER SESSION.

Materia Medica : Dr. Humphrey Minchin.

Botany : Dr. Cristopher Asken.

Practical Chemistry : Dr. J. Barker.

The dissecting rooms, lighted with gas, for the accommodation of those who cannot attend during the day, are open from seven in the morning till ten at night, under the constant superintendence of the Lecturers on Anatomy and the Demonstrators. Dissections commence on the 1st of October.

A CASE IN WHICH LOCAL ANÆSTHESIA WAS EMPLOYED IN AN OPERATION ON THE EYE.

By GEORGE CRITCHETT, Esq., F.R.C.S.,

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As the following case is, I believe, the first example of the employment of Dr. Arnott's ingenious suggestion in operations upon the eye, and as it presents some other points of interest, I am anxious to bring it before the notice of the profession.

I was requested by my friend, Mr. Hovell, of Clapton, to meet him in consultation, together with my friend and colleague, Mr. Dixon, in the case of a gentleman, somewhat past the middle period of life, who had recently come up from the country to place himself under Mr. Hovell's care, on account of severe, painful, and protracted disease of the right globe. It appeared, from the history of the case, that the disease had commenced very insidiously about two years ago, attacking first the inner surface of the cornea, spreading to the iris, and then by degrees involving the choroid, retina, and humours, producing secondary cataract, and entirely destroying vision. All these serious results took place without any acute symptoms, and with very slight pain, and in spite of mercury and other active measures. Things remained in this condition for several months, without any obvious change, when suddenly, about six weeks previous to our seeing him, he was attacked with symptoms of acute inflammation of the globe, attended with intense pain of a paroxysmal and intermittent character, and radiating from its source along the branches of the fifth pair of nerves. Our patient described this pain as being almost unbearable when at its *acmé*, as resisting all ordinary means of relief, and as subsiding only to renew itself with increased force. On examining the globe, the vessels were found to be in a state of extreme congestion, the pupil was widely dilated, and a hard cataract could be seen thrust forward, pressing upon the iris, and nearly in contact with the cornea; the globe felt very hard, and was extremely tender to the touch. It was quite evident that these symptoms were due to tension of the globe, caused by abnormal accumulation of fluid within its dense, unyielding, fibrous case, pressing the hard lens against the nerves of the iris, and thus involving the entire fifth pair of nerves. It was one of those cases which, if unrelieved, must either exhaust the powers of the patient, or find vent in the giving way of the cornea and sclerotic, and the occurrence of staphyloma. Seeing, then, that the eye was lost, that the lens was acting as a foreign body, that the globe was suffering from tension, and that no relief could be expected while this state of things lasted, the obvious suggestion that occurred to us was to make a section of the cornea, allow the lens and some of the vitreous humour to escape, and thus get rid of the cause of the suffering. There were, however, some serious and well-grounded objections to this proceeding; the highly inflamed state of the globe would render such an operation intensely

and almost unbearably painful, and the lengthened period during which the eye had been diseased, the enlarged state of the bloodvessels, and the extreme spasm of the muscles, would almost inevitably cause the humours to be suddenly forced out, and the vessels to give way, distending the globe with blood, occasioning hæmorrhage to a serious extent, and probably rousing up the old pain with increased severity. It is true that some of these objections might have been obviated by the use of chloroform, but it was deemed quite inexpedient to have recourse to general anæsthesia, because our patient had recently suffered from hemiplegia. It was suggested that it would be more desirable to wait until the eye subsided into a quiet state; but as this would have necessitated inconvenient delay, and as there was a liability at any moment to a severe relapse, our patient, when the "pros" and "cons" were fairly laid before him, determined to have the operation performed without loss of time. It then occurred to me that it would be a favourable case for the employment of local anæsthesia, with the threefold object of destroying the sensibility of the part, constricting the vessels to prevent hæmorrhage, and diminishing the liability to subsequent inflammation. With this view some pounded ice was put into a bladder, mixed with salt, and placed over the right eye, temple, cheek, and brow, and kept there for about twenty minutes. At the end of that time, all sensation being lost, I made a rapid section of the cornea, which was immediately followed by the cataract and some portion of vitreous humour. Some slight hæmorrhage occurred, but slowly, and not to an extent beyond half an ounce. As sensation returned, our patient complained of extreme soreness and discomfort about the eye, and some of the old pains, taking the course of the fifth pair of nerves, came on. All this, however, speedily subsided, and we had the satisfaction of seeing him in a few days quite free from pain, the section of the cornea gradually approximating, and with every prospect of a speedy and complete recovery, without fear of relapse, now that the cause of all the suffering was removed.

It seems to me that the application of cold fulfilled, in this case, all the indications that were desired, and from the slight hæmorrhage that occurred, and from my previous experience of somewhat similar cases, I am of opinion that if the operation had been performed without local anæsthesia, there would have been very severe pain at the time, extensive bleeding, consequent painful distention of the globe, and a tedious recovery.

Finsbury-square, Sept. 1854.

ON THE NATURE, CAUSE, AND TREATMENT OF CHOLERA.

By DAVID LEWIS, M.D.,

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IN the midst of so many specifics for the cure of cholera, and such numerous theories to explain its cause, I venture to submit the following observations to notice with considerable diffidence. But I am emboldened to speak plainly, because, to the best of my belief, I speak the truth—a belief founded upon impartial observation, and confirmed by a lengthened experience. I have treated many hundreds of cases of diarrhœa according to most of the methods generally reported to succeed, and the result of my experience is, that two only of the various plans avail to cure—viz., the employment of alkalies, or the stronger acids. Both these plans appear to fail so seldom that I now invariably prescribe them with perfect confidence. But how can remedies, so opposed in all their characters, produce, when administered, similar effects? What is their action?

I believe the almost universal cause of diarrhœa to be an excess of acidity in the stomach and intestines, and I believe that alkalies act by neutralizing, and the mineral acids by destroying, this morbid condition. That diarrhœa is so generally caused by the présence of a morbid material, of an acid character, I think is proved by the following facts:—A gentleman of high standing in society partook heartily of some cherry-pie for supper; he was attacked with diarrhœa in the night, and died of cholera next day. Another gentleman being in delicate health, drank two glasses of champagne at dinner; he was attacked with diarrhœa in the night, and died of cholera in nine hours. Another man drank a quart of sour beer, was soon attacked with diarrhœa, and died of cholera in twelve hours.

Now I extend this theory to the cause of cholera, and employ either of the above means for its cure, and the uniform success of my treatment strengthens my confidence in the truth of my theory. I believe, then, the cause of cholera to be some material of an acid nature, or possessing acid properties, and that by virtue of this character, it acts so as to produce cholera, and destroy life. This acid can be neutralized by alkalies, or destroyed by stronger acids, even as uric acid can be neutralized by alkalies, or broken up by nitric acid. This theory I believe to be true, the facts upon which it is founded I know to be incontrovertible, and with regard to both, I would say, in the words of Horace, to those who hesitate to believe,

"Si quid novisti rectius istis,
Candidus imperti; si non, his utere necum."

The following list includes the principal modes of treatment hitherto recommended:—

Calomel, in large doses, and in smaller and frequent doses; calomel with opium; opium in large doses; alcoholic liquids; camphor and musk; acetate of lead; sulphate of copper; vegetable astringents; quinine; arsenic; iron; the saline plan, as recommended by Dr. Stevens; the tartarized-antimony plan, as recommended by Dr. Billing; emetics; the free administration of cold water and ice; the cold bath; the application of the wet sheet; injection of saline or other fluids into the veins; bleeding; electricity.

Calomel, according to my experience, both in large and small doses, has been totally worthless. Before the collapsed state other remedies are more efficient in arresting the progress of the disease, and in the collapsed state, when the process of absorption has ceased, calomel may be given in spoonfuls without any effect. I look upon the treatment of cholera in the early stages by calomel as only tampering with human life, whilst yet the disease can be arrested to a certainty by other means. Practitioners examine the alvine evacuations, and finding deficiency of bile, immediately throw in calomel, until the secretion of the liver is established, forgetting that the biliary secretion is dependent on the general state of health, and that the absence of bile is the consequence, and not the cause, of the disease. Calomel at the onset acts as a purgative, and relieves the stomach and bowels from any irritating matter which might tend to aggravate the diarrhoea; beyond that point it has no effect whatever on the disease. In London, calomel, given as a specific in all cases of diarrhoea, would, to the ill-fed and badly-clothed, and those residing in pestiferous localities, be a poison as destructive as the cholera itself. In the country its effects are not so deleterious because the people are stronger and better fed. A medical practitioner at Shoreditch told me that he had given calomel "until he was sick of it," without any perceptible effect. Children and young people are not so easily killed by calomel as the more advanced in age; nevertheless there is no reason to persevere in such a mode of treatment when there is no necessity for it.

Calomel and opium may be applicable in some cases in the early stages, but when the disease is bordering on the collapsed state, the remedy is useless.

Opium will allay the irritation of the bowels after they have been cleared by an antacid aperient draught.

Stimulants are serviceable according to circumstances; but there is no dependence to be placed on them as specifics in the disease, with the exception of ammonia.

The acetate of lead, the sulphate of copper, &c., are poisons, and totally useless in the cure of cholera. The same remark is applicable to quinine, iron, and arsenic.

The saline plan, as recommended by Dr. Stevens, is nothing more than an indirect application of a principle to destroy the acid products of the stomach, which can only be done by either alkaline or acid remedies.

I have seen the saline treatment tried in a favourable case without any effect. The young lady died in twelve hours.

Emetics act on the principle of clearing the *primæ viæ*; there is nothing in the plan beyond relieving the contents of the stomach, which might as well be done by an aperient draught.

The free administration of cold water and cold baths do more harm than good in nine cases out of ten. In the state of collapse, when the thirst is great, cold water may be given, but I have rarely seen any permanent good effects arise from it.

The injection of saline and other fluids into the veins only answers the purpose of those who aim at notoriety at any price. Bleeding is worse than useless.

Electricity has no influence over the disease. The case that was trumpeted in all the newspapers as having occurred at the Free Hospital I happened to witness. There was no collapse,

nor any urgent symptom requiring a peculiar mode of treatment.

In September, 1849, the Cholera Committee of the Royal College of Physicians sent a list of questions to the members. One of them was the following:—"Does it accord with your experience that cholera, in the stage of "serous" or watery diarrhoea, can with facility be checked? What means have you found most effectual in attaining this end?"

I have found no difficulty in arresting the serous or watery diarrhoea by either of the following plans of treatment. In the first place, I assume that the disease is dependent on acidities in the stomach, and treat it accordingly. According to the first method, a powder, containing a scruple of rhubarb, and the same quantity of the carbonate of magnesia, is invariably given by me before an attempt is made to arrest the diarrhoea. Without the above purgative I found I could not depend on the astringent mixture. I have been obliged to repeat the rhubarb and magnesia more than once in excessive purging before the diarrhoea could be arrested. Instead of hurrying the diarrhoea into cholera, as has been imagined, it is the only certain method of arresting the disease, since it clears the stomach and bowels from the morbid matter. After the powder has passed through the bowels I give the following mixture:—Powdered (prepared) chalk, two drachms and a half; sesquicarbonate of ammonia, sixteen grains; tincture of opium, half a drachm; compound tincture of cardamoms, three drachms; cinnamon-water, an ounce and a half; water, four ounces. Mix. Two tablespoonfuls after every motion.

It is important to give a dose of the mixture after every motion, otherwise the objects of arresting the diarrhoea by neutralizing acidities in the *primæ viæ*, and quieting the action of the bowels, will not succeed in equal ratio by giving the mixture every two or three hours. At the Islington Dispensary there were, in 1849, nine hundred registered cases of diarrhoea and incipient cholera, which were all treated on the above plan, without a single death. Not a grain of calomel was given. Within the last two months three thousand cases have been treated on the same principle at the Royal General Dispensary, without one failure. The success of this plan has been such that I am perfectly satisfied with it; and I have no hesitation in saying, that if the diarrhoea be treated as above, by antacids and astringents, or by mineral acids, there would be but few cases of death from cholera.

The second method of treatment is by the employment of the stronger acids in moderate doses. These, I believe, act by at once destroying the morbid material, and thus produce the same results as alkalies, which neutralize it; for this purpose two drachms of diluted sulphuric acid to six ounces of water, for a mixture, of which two teaspoonfuls to be given to children after every motion, or two tablespoonfuls in the same manner to adults, seldom fail of success.

Finally, I look upon the cause of cholera as a poison of an acid character, or capable of generating acids in the stomach, acting solely on the mucous membrane of the stomach and bowels, and if neutralized by carbon and carbonates, or destroyed by mineral acids, it will be rendered inert, just the same as any other poison by its antidote.

Keeping this theory in view, no one need be at a loss to treat cholera on a specific principle.

Finsbury-place, September, 1854.

ON A CASE OF POISONING BY CREWS'S DISINFECTING FLUID, ALIAS CHLORIDE OF ZINC.

By WILLIAM THORN, M.D. & L.S.A.

A LITTLE patient of mine, twenty months old, escaped from the nursery, and finding upon the stairs outside the door some fluid in a saucer, drank, as nearly as can be estimated, about a teaspoonful of the contents; within ten or fifteen minutes after he was most frightfully vomited and purged, became very cold, pale, and nearly pulseless, the pupils widely dilated, indeed life was ebbing fast. Being quickly summoned, I attended within twenty minutes, had him placed in a very hot bath, and having got him a little warmer, gave largely of dilute sulphuric acid and milk, until I supposed that I had converted the chloride into a sulphate, which is, I believe, decomposed and rendered inert by the milk. The purging ceased at once, but the vomiting continued for several hours, and my patient was in a very precarious state, until at length it was arrested by small repeated doses of cold sherry and water. Upon pressing the region of the stomach, next day, he winced very much.