tected from cold until the internal surface of the drum and the cavitas tympani have become accustomed to the new stimulus.

Whether it be so recorded I know not, but I have heard it said that Sir Astley Cooper always regretted having meddled with diseases of the ear. Another version of the story is, that he ever lamented the mistake he had made in respect to perforation of the drum of the ear. However it might have been, it is very certain that his reputation as an aural surgeon rose and fell with that operation. Introduced and practised by so eminent a practitioner, it was too indiscriminately performed by others, and there can now be no doubt that in almost every instance it failed. Numerous cases in which Sir Astley himself operated have passed under my observation, and, in all, the operation was either entirely unsuccessful, or only temporarily improved the hearing; and, in my own practice, it has been so generally unsuccessful, that I have long rejected it as a hopeless remedy. It is satisfactory, however, to be able to state that, when skilfully performed, it is not usually followed by any marked increase of deafness.

But now a new field is opened for testing its utility—not so much with the expectation of amendment from the operation, but as to how far it can be made subservient to the use of the moistened cotton. It is indispensable that the tympanum should be open, for the singular remedy to succeed. When, therefore, disease has not produced such a condition of the ear, artificial perforation, or trephining of the membrane, presents itself to our notice as the means by which such a result may be attained. My investigations are now directed to the solution of this question, and whatever may be the upshot of my experiments, I shall hope to be permitted to communicate it to the profession.

Savile-row, August, 1848.

ON THE

TREATMENT OF REMITTENT AND INTERMITTENT FEVERS IN THE WEST INDIES.

(IN A SERIES OF PAPERS.)

I.—Circular Memorandum relative to the Treatment of Remittent and Intermittent Fever. Addressed to the Army Medical Officers under his Command.

By J. DAVY, M.D.,
INSPECTOR-GENERAL OF HOSPITALS, BARBADOS.

In a memorandum of the 12th of July, 1847, I brought to the notice of the medical officers in this command the method of treating remittent fever adopted by the civil practitioners in British Guiana, and tried, with apparent marked success, by second class staff-surgeon Connell, both in that district and in Grenada. During the quarter terminating on the 30th of September, a pretty extensive use of this peculiar method has been made in our hospitals, the results of which are so well marked, that it appears advisable to communicate them.

The following table shows the strength of the troops at each station in the command, the number of cases of remittent and intermittent fever under treatment during the period, and the result.

Station.	Strength.		Total Cases of Intermittent Fever treated.		Total Cases of Remittent Fever treated.		Died.	
	W.*	B.*	W.	B.	W.	B.	W.	B.
Barbadoes.....	1037	266	8	1	1			
British Guiana	201	232	125	1	126	...	1	
Trinidad	200	114	19	1	3			
Tobago	60	96	1	...	4			
Grenada	187	100	10	...	18			
St. Vincent ...	209	64	2	...	...	1	...	1
St. Lucia	173	72	1					
Dominica	85	103	2	1				
Antigua	254	92	7	...	2			
St. Kitts	101	106	...	...	6	4		
Total	2507	1245	175	4	160	5	1	1

Thus it appears that of the 165 cases which have been treated in our hospitals, returned as remittent fever, two only

* W. implies white (men), and B. blacks.

have proved fatal. Of these two, one occurred in Berbice, in the person of an artillery-man; one in St. Vincent, in a man of the 3rd West Indian Regiment; and I am inclined to the inference that neither was strictly an example of the true remittent; and this apart from other considerations, from the appearance observed in the post-mortem examination. In the first case, lymph was found on the surface of the brain, and at its base; small cavities, filled with grumous matter, in one lung, and the hepatic duct obstructed by lymph: in the second, decided indications of peritonæal inflammation with perforation of intestine from a penetrating ulcer in the lower portion of the ileum were present.

If, then, these two cases be omitted from the total of those of remittent fever, we have 163 that have been treated—the whole without a single death—which is certainly a very gratifying and remarkable result, considering that this disease is one of the most fatal our troops have to encounter in the West Indies; that the success is not confined to one station; and that in British Guiana, where it is so strongly marked, the Portuguese immigrants, few of whom have had the same advantages as to treatment as our soldiers, have died, when attacked by this disease, in large numbers; and they have also, I am informed, in Dominica and in Antigua.

In each station in which remittent fever has occurred, quinine, used so as to produce “cinchonism,” appears to have been relied on, and is the chief remedial means employed. In Demerara, it has been commonly used without calomel; but aided by aperients, and when there has been irritability of the stomach, by a small dose of the solution of muriate of morphia, (fifteen drops,) with a blister to the epigastrium. Staff-Surgeon Millar, principal medical officer in British Guiana, in his “Quarterly Report,” (which I would recommend to the attention of medical officers, when they have an opportunity to read it,) states: “It requires, on an average, from twenty-five to thirty-five grains of the sulphate of quinine to saturate the system;” (that is, to produce cinchonism;) but this quantity must be given within the space of a few hours—four or five grains every hour, in solution, have been found sufficient, in a few hours, to effect it. If small doses are only given at long intervals, it will have no perceptible effect, long after the quantity mentioned has been given, and will, in all probability, prove so much valuable medicine thrown away. When dulness of hearing and ringing in the ears come on, no more of the medicine need be given; the patient will then be found in a state of apyrexia, and the transition complete and striking.”

Assistant-surgeon Dr. Concarron, who had charge of a party of convalescents from remittent fever at Mahaica, sent from George Town, the men of which were particularly liable to intermittent fever, found that this disease was also most successfully treated by the production of “cinchonism.” He gave a trial to the hydriodate of potash, but witnessed no satisfactory effect from it in restoring the health of the patients.

Staff-surgeon Richardson, the principal medical officer in St. Kitt’s, in the treatment of the cases of remittent fever which came under his care, the symptoms of which were in some respects peculiar, and different from those of the endemic disease in British Guiana, employed calomel and quinine combined, till they had produced their specific effects. In two cases of officers of temperate habits, he was obliged to use stimulants as well, such as brandy, the exhaustion was so great. In the cases of the men treated in the hospital, some of them of intemperate habits, the use of such stimulants was not necessary; during their convalescence he prescribed even no wine, trusting to medical stimulants only.

The subject of diet, always important in connexion with hospital treatment, was particularly so during the period of convalescence from remittent fever. In some of our hospitals, wine and beer are rather largely given to the convalescents; in others not, as in St. Kitts, in the instance mentioned, and at Mahaica, and without apparent disadvantage. Apart from economy, the consideration is, which is most for the benefit of the patients, the use or disuse of these stimulants. In a document with which I have been favoured by Dr. Blair, of George Town, Demerara, who has had vast experience in the treatment of remittent fever, writing on the point of diet, he remarks: “The dieting of convalescents from remittent and intermittent must have reference to the previous habit of the patient, and most of all to the presence or absence of anæmia. When there is no anæmia, and intemperate habits, vinous stimulants are unnecessary; but when there is a deficiency of red colour in the membranes, fresh animal food and alcoholic drinks are necessary for the restoration to perfect health. Malt liquor is, in most cases, preferable to wine. Brandy, largely diluted, will occasionally answer best. Heated palms,

or restlessness, or discomfort, will require a disuse, or a larger dilution, of the stimulant."

I have been favoured by another document from this gentleman relative to the peculiar effects of quinine, a copy of which (having his permission most liberally given to use it as I think proper) is appended to this memorandum, and to which I beg to direct the most careful attention of medical officers: it contains the results of long experience, and relates to diseases of vast importance, in regard to the lives and efficiency of the troops; and should the results be confirmed—should remittent fever in future be as little, or nearly as little, fatal as it has been during the last quarter, treated by the specific under consideration, a vast advantage will be attained.

In conclusion I have to request that in giving their attention to this memorandum, and to the copy of the paper of Dr. Blair which accompanies it, medical officers will be pleased to keep in mind, that both are submitted to them for consideration, to exercise their reflection and judgment upon, and with the intent that they may prove helps to the establishment of a successful mode of treatment of the formidable diseases to which they relate.

(Signed)

J. DAVY,

Inspector General's Office,
Barbadoes, Nov. 11th, 1847.

Inspector General of Hospitals.

(To be continued.)

REPORT OF A CASE OF FACE PRESENTATION.

By ROBERT SELBY, Esq., Surgeon, Bannockburn.

On the evening of the 20th ult. I was requested to attend the accouchement of Mrs. D—, the mother of four children. As her previous confinements had been protracted, notice was not given me until she had been *six* hours in labour, and on arrival I learned that the liquor amnii had been evacuated two hours previously. The patient was moving about the room, and suffering from regular but weak pains, with long intermissions. On examination, the head was found resting on the brim of the pelvis, presenting with the "face proper," so that the finger could be readily introduced into the mouth, the chin towards the pubis, and the os uteri dilated to the size of a dollar, soft and relaxed. It has been my common practice in such cases to leave them entirely to nature, and when the head has descended, if necessary, to facilitate delivery by the forceps. But from the nature of her previous labours—two of them having been terminated by the forceps—I calculated that, with the unnatural position of the head, the child at least must perish by this mode of procedure, and consequently determined on turning. Having administered eighty drops of solution of morphia, before proceeding to turn, I endeavoured to rectify the position of the head, at all times a difficult process, but which in this case, from the liquor amnii having been so long discharged, was found to be impracticable. I then passed the hand into the uterus, but found it impossible, after repeated attempts, to reach the feet. A band of the circular fibres of the organ were spasmodically contracted around the body of the child, beyond which the hand could not be passed. It now occurred to me—as a hand could readily be reached—that if it were converted into a case of arm presentation, the body of the child would be so far advanced, and that turning would then be more easily effected. And as matters could not well be worse, I brought down the arm, and holding it firmly in one hand, immediately re-introduced the other, when I found no difficulty in reaching the feet and completing the delivery. The child was born in a state of asphyxia; but after a considerable perseverance in the use of the ordinary means calculated to produce a resuscitation, it eventually recovered.

Bannockburn, April, 1848.

HINTS ON THE EFFICIENCY OF VIGOROUS MENTAL AND BODILY EXERCISE COMBINED, AS REMEDIAL IN NEURALGIC AFFECTIONS.

(EXTRACT FROM THE LETTER OF A CORRESPONDENT.)

"Just six months have elapsed since I was first attacked with severe facial neuralgia, and only two weeks since I got rid of it, I hope for ever. A whole host of remedies were tried in vain. My confidence was first placed in quinine, as an antiperiodic. Every four or six hours I took five grains of this, without sensible effect. Some time afterwards I increased the dose to seven or eight grains, and took it until headach and deafness were produced: a temporary alleviation was the consequence. Ruminating on this, the idea occurred

to me, that as we look for the sensible effect of mercury on the gums or salivary glands before we expect its remedial power, so ought we to look out for the sensible effect of quinine and many other medicines, which do not appear to be remedial when no such effect is produced. No permanent advantage being derived from quinine, I tried colchicum. On this I placed little reliance, and did not therefore long persist in its use. These two remedies were then combined, but with no greater advantage. The routine of external anodyne applications was equally unserviceable.

"I will not occupy more of your valuable space by relating what did no good, but proceed at once to what proved remedial. During a most severe—almost maddening paroxysm, I tried the combination of mental emotion and severe bodily exertion, and found it wonderfully efficacious. I walked rapidly about the room, (having previously barred ingress to prevent any idea occurring to spectators of my brain having become affected,) and had a match of fisticuffs with the air. But as the air is not an antagonist likely to excite mental emotion, (unless in a calm, or contrary wind, at sea,) some other opponent must present himself to the imagination. The neuralgia cannot do better, at present, than put Louis Philippe into a corner, and punish him for all the mischief his avarice and ambition have caused in Europe. After a battle of half an hour I was naturally much fatigued, and in a state of profuse perspiration, but the pain was gone. Next day I recommenced my exertions, on the premonitory symptoms appearing, and prevented the attack; and two or three times since I have had occasion to do the same with equal success, using no other medicine all the while, but a frequent glass of generous wine, to keep me in boxing condition, for this remedy is perhaps incompatible with great bodily weakness.

"The truth is, that nervous affections are prevented and removed by a great diversity of counter-irritations, or new and superseding actions in the system. It is absurd to talk of quinine as a specific in ague. Twenty years ago I stopped an ague with which I had been long annoyed, by violent horse exercise, taken about the usual time of attack. I had taken bark and arsenic on former occasions for the same disease, with no greater efficacy.

"In conclusion I have to observe, that between facial rheumatism, neuralgia, and certain species of toothach, there is great sameness of character; and I would strongly recommend my remedy of mental and bodily excitement in all three. Should any of the readers of THE LANCET be successful in the application of this principle, I should be glad if he would record his success in its pages. There is, perhaps, nothing very new in the principle. In some medical periodical, the late Dr. Marcet has related a cure he made of severe chronic rheumatism in his own person, by violent and prolonged exercise; and the quick pace about the room of persons affected with toothach, or other sharp pains, would show that this remedy is in some sort instinctive.

"Nor was the principle of this treatment unknown to Darwin, as appears by the following extract from his 'Zoonomia,' cl. ii. 1, 3, 18:—'Two dysenteric patients in the same ward of the Infirmary at Edinburgh, quarrelled and whipped each other with horsewhips for a long time, and were both much better after it, owing, perhaps, to the exertion of so much sensorial power of volition, which, like real insanity, added excitement to the whole system.' Dr. Darwin's explanation is much more rational than that of Dr. Mason Good, who quotes the first half of the above in his chapter on dysentery, probably more for the sake of the reader's amusement than his edification, and rather absurdly talks of the horsewhip exercise as 'a sudorific plan.'"

ON POOR-LAW MEDICAL RELIEF.

By AN EX-GUARDIAN.

NO. II.

THE proposition made in my last communication on this subject, was to place the union houses on the same footing as the county pauper lunatic asylums. The benefits that would result from such a course seem to me to be so many, and so obvious, that I am astonished to find an individual has not hitherto been found to propagate the scheme. The benefits that would result would be shared by the ratepayers, by the poor, by the medical profession, and by society. The ratepayers would be benefited to a considerable extent both directly and indirectly—they would be benefited by knowing that the services of a qualified and competent man were exclusively devoted to maintaining the health, and consequent ability to work, of those who, with their families, would other-