before the cheeks become cold from exhausting discharges.

2nd. The warning disposition is not followed by attack where similar means are used.

3rd. No febrile state or re-action ever follows patients so treated. In haste to leave, I remain, Sir, yours obediently,

NICHOLAS LITTLETON, Surg.
Saltash, Cornwall.

London, Sept. 22nd, 1832.

[Since the foregoing letter was written, Mr. Littleton has addressed a letter on the same subject to the Central Board of Health, from which the following is extracted]:—

Since my return home from London, I have had more cases of cholera, and have *always* succeeded, as before, where the cheeks were not cold. Have had one case with cold cheeks, which I will give more at large.

Mary Anne Easton, aged 13. Saw her at six a.m., five hours after her first choleric purging; cheeks and extremities cold; pulse barely perceptible in the left wrist, and in the right wrist not to be felt. Gave her ant. tart. gr. iv; before twelve minutes had elapsed she vomited; then gave her *four* grains more, and in twelve minutes four grs. more; before there was time for another dose, she vomited again. Again she kept down two four-grain doses, and again vomited, but not bilious; therefore gave again two four-grain doses, and left her before she had again vomited. Ordered as much cold water to be given as could be got down, which she greedily took. Saw her again about ten a.m.; had vomited the cold water for about two hours after leaving her, but nothing bilious. After this time she kept all down; gave her fifty grains of calomel, and continued the cold water. At three p.m., cheeks and hands warm enough, and the attendants said she had been warmer nearly an hour; pulse perceptible in the right, and stronger in the left wrist, and they said she had had black discharges from the bowels. To have gruel, if she will take it willingly, otherwise cold water, as much as she will swallow, which, to save her the fatigue of raising herself in bed, had all along been given to her out of a teapot. At five p.m., coldness had returned; continued to drink freely. At seven p.m. could scarcely swallow; the cold water ran out at the corners of the mouth. At nine she died. The bed was completely soaked with the discharges.

NICHOLAS LITTLETON.
Saltash, Cornwall, Oct. 10, 1832.

CASE OF MALIGNANT CHOLERA

TREATED IN THE COLLAPSE STAGE WITH
COLD WATER.

By JOSEPH WILSON, Esq. M.R.C.S.L., &c.
Whitehaven.

W. BROWN, ætat. 23, sailor, residing in Windmill Brow, a strong, healthy, and muscular man, was seized on the 21st ult. at ten p.m. with severe purging during the night; vomiting and cramps supervened. Saw him at nine a.m. the following morning, and treated him during the day with calomel and opium, bleeding, mustard cataplasms, and frictions. Notwithstanding these means, he gradually became worse. At ten p.m. Mr. Brett, a gentleman of considerable experience in this disease, called upon me, stating that he had seen my patient, and found him in a state of complete collapse, and that the impression upon his mind was, that all remedies would be useless. I visited him immediately, and found him as described by Mr. Brett; countenance sunk, and face of a purple hue; eyes sunk and turned upwards; pulse imperceptible; fingers remarkably shrivelled, and of a leaden hue; the surface universally cold, and bedewed with a cold clammy sweat; upon this I determined to give him cold water in the manner recommended by Dr. Shute. Accordingly, I ordered his attendants to allow him the unrestrained use of that fluid during the night, and even, as it were, to force it upon him if necessary.

23. Seven a.m. Pulse slightly perceptible; purging and cramps continue, but are less severe.

Afternoon. Pulse improving, 92; surface warm and moist, with the exception of the extremities.

Evening. Reaction progressive; pulse 90, moderately full; extremities warm.

24. Much the same as yesterday.

25. Eight a.m. The water rejected is a little tinged with bile; has passed two bilious stools, and a little high-coloured urine, the first for the last 60 hours.

Eleven p.m. Pulse 90, rather strong; tongue loaded with a thick-white fur; the desire for water extinguished. Has now drunk upwards of seventeen gallons, the greatest part of which, of course, has again been rejected.

26. From this time he may be considered as having passed into the fever stage, which has been severe and protracted; the treatment it is unnecessary to detail; he is now, however, well, with the exception of a little debility.

During my attendance upon this patient, I treated a little girl, eight years of age, in a similar manner, and with the same happy result; but in this there was little or no subsequent fever, whilst in the case of the sailor it was, as I have mentioned, protracted and severe.

Whitehaven, Oct. 13, 1832.

MALIGNANT CHOLERA

SUCCESSFULLY TREATED WITH
TINCTURE OF THE MURIATE OF IRON.

To the Editor of THE LANCET.

SIR,—I am not aware, nor do I think, that the malignant cholera has ever been treated by the tr. ferri muriatis, and as several cases which have been treated by it have been cured, it is both reasonable and desirable that it should have a further trial. The disease at Sheerness has been as severe, and the cases as numerous in proportion to the population, as in most towns in England. The successfully treated cases were witnessed by Dr. Warden, of H. M. Dock Yard, Mr. Warde, surgeon, and Mr. Wright, surgeon, who agreed with me that they were legitimate cases of Asiatic cholera. Five out of the six I did not see until the collapsed stage came on; but the first case, in which it was tried, was attended to at the onset of the disease. This patient was placed under my care by Dr. Warden; his name is Baker, and the relation of his case will suffice for the whole.

Four p.m. :—

℞ Sodæ carbon. ʒi;
Pulv. aromat. gr. vi, sit pulvis, secundis horis, in cyatho aquæ menthæ piperitæ sumendus.

Five p.m. :—

℞ Tr. ferri mur. ʒj;
Aquæ puræ ʒvi. Misce, cochlearia duo, secundâ quâque horâ.

℞ Acid sulphur. ʒi;
Ol. olivæ ʒiiss. Misce fiat linimentum quorum fricetur pars affecta donec abierit spasmus.* Capiat cochliaria duo ampla aquæ menthæ piperitæ pro ne nata.

I am not disposed to attribute the virtue of the soda to its saline properties by absorption, inasmuch as the absorbents must be in an ill condition for such nice action, amidst such a profundity of morbid derangement; but as all fruits and vegetables, when brought into a proper temperature,

will, at all times, and more especially at this particular season of the year, run speedily into a state of acetous fermentation, and as such I conceive to be the exciting cause in eight cases out of ten, so the good effects are consequent upon its neutralizing powers. The object in view, when administering the tr. ferri mur. is to constringe the open-mouthed vessels, and to act as a diuretic, which it speedily does, and as it is given alternately with doses of soda, the slight* decomposition is productive of no ill effects. Mustard poultices and brandy I dispense with if possible, the former in consequence of their being torturing, and generally unnecessary when the above liniment is actively employed; and the latter, because the attack always terminates in a very severe fever, which is influenced greatly by the quantity of stimulus administered during the stage of collapse, but which fever readily gives way to the ordinary treatment of typhus. I am, Sir,

Your obedient servant,

Oct. 1832. J. R. HANCORN, Surg.,
Sheerness.

P.S. It is pleasing to observe each evacuation diminish in quantity, according to the number of doses of the astringent mixture given. In one case, the mixture having been discontinued, the evacuations having previously ceased, they returned, but on the astringent being again had recourse to, they were again arrested.

TREATMENT OF THE MALIGNANT CHOLERA,

By HENRY PENNECK, M.D. Penzance.†

MERCURIAL FUMIGATIONS, &c.—BANDAGING
THE ABDOMEN—DRAWING THE MILK OF A
CHOLERA PATIENT BY THE MOUTH.

To the Secretary of the CENTRAL
BOARD OF HEALTH.

SIR,—Nearly twelve months since, I published an essay, in which, though I had not then seen the disease, I ventured to recommend, in severe cases, bleeding from the head, by dividing the scalp, together with mercurial fumigations, conceiving that a small bleeding almost from the brain itself might render a larger bleeding from the system, generally, unnecessary; and this appeared an object of importance, as the disease so often occurred in debilitated subjects. I tried this method in a very severe stage of collapse; but as the patient died (though I have no reason to think from that cause), and as another gentleman

* Dr. Warden had administered a dose of cajeput oil, and caused some to be rubbed on the abdomen.

* It changes the evacuated fluid black.
† Communicated by the Central Board of Health.