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CASES OCCURRING AT THE NORTH LONDON HOSPITAL, IN WHICH THE CREOSOTE WAS EMPLOYED FOR THE PREVENTION OF SICKNESS.

To the Editor of THE LANCET.

SIR,—The attention of the medical public has, of late, been frequently directed to the virtues of Creosote in various diseases. Different opinions are still entertained on this subject, and since the question is one which can be decided only by an examination of facts, perhaps you will oblige me by inserting the following cases in THE LANCET. I have selected those only in which this remedy was used for the prevention or alleviation of sickness. The patients were treated in the North London Hospital, by Dr. Elliotson, to whom, I believe, the profession is indebted for most of what is really known on the subject. I am, Sir, your very obedient servant,

JOHN TAYLOR,
Apothecary.

North London Hospital,
August 5th, 1835.

CASE 1.—Ellen Connolly, admitted Nov. 11th. Has been working in a white lead manufactory, and has had colica pictonum for several weeks past. The bowels were obstinately constipated, but for the last few days she has had a diarrhœa. She now complains of pain in the stomach, of a spasmodic character, and she vomits everything she takes. No sign of gastritis. Ordered *Creos. m.ij*; *Mucil. 3j*; *Aquæ 3i*. 4tâ q. q. h.

12. The vomiting and pain have quite gone.

14. Has vomited once. *Creos. m.iv*.

15. The vomiting has not returned.

No. 624.

CASE 2.—Eliza Harman, admitted June 13th. Has been living with a painter, and in newly painted rooms. About a fortnight ago was attacked with severe pain in the abdomen, of an intermittent character, and attended with vomiting and constipation. She was seen by a medical practitioner, who bled her, and gave her a variety of purgative medicines, which were all rejected. The vomiting continues unabated, and her bowels have not been relieved for fourteen days.

Ordered immediately *Ol. Terebinth. 3ij*; *Decoct. Avenæ 0ij*, as an enema; and *Cal. 3j*; to be preceded by a draught containing *Creos. m.ij*. If these do not operate, to have a pill containing *Croton Oil m.j*, preceded by a similar draught, and repeated every few hours if necessary.

The enema and calomel produced no effect, and two of the pills were required before the bowels were opened. Not a single dose of the medicine was vomited. Nothing but an occasional aperient was given afterwards, and she was discharged well in a few days.

CASE 3.—Mary Chatters, admitted April 19th. Five days ago was attacked with vomiting and severe spasmodic pain in the lower part of the abdomen. She has not had a motion for a week. She has been seen by a surgeon, who bled her, and ordered her an enema and some purgatives. All the medicines were rejected immediately.

To have an enema of *Ol. Tereb.* and gruel, and also a pill containing *Croton Oil m.j*; to be preceded by a draught containing *Creos. m.ij*, and repeated every three hours until it operates.

It was necessary to take three pills, not one of which was vomited, before the bowels were freely moved. The symptoms then disappeared, and she was discharged in a few days.

CASE 4.—Margaret Franklin, transferred from Mr. Liston, under whose care she was admitted June 11th, for suspected disease of the rectum. For the last twelve months has been troubled with obstinate

constipation; frequently having no motion for a fortnight. There is no stricture of the rectum, nor any obvious cause for the costiveness.

Ordered *Croton Oil* m.j in a pill every three hours until it operates, and afterwards once or twice a day. The pills could not be retained on the stomach, and therefore *Creos.* m.ij was given before each. This prevented the sickness, and the bowels were soon relieved.

CASE 5.—William Daymond, admitted December 16th, has severe colicky pains in the abdomen, and vomits every thing he takes; has been ill several days; has had the same complaint several times before, and was always treated for Painter's Colic. From this circumstance, together with a considerable wasting of the muscles of the fore-arm and thumb, it is supposed to be the consequence of some exposure to lead, though that cannot be ascertained.

To have *Creos.* m.ij 3tiâ q.q. h.

17. Sickness gone; but the pain was so severe that he was ordered an opiate in addition to the purgatives.

18. Bowels not relieved. He left the hospital from the supposition that some operation was about to be performed upon him. The sickness never returned.

CASE 6.—James Macintosh, admitted July 4th, a painter. During the last ten days has had several attacks of colic, attended with constipation and vomiting. Complains still of the pain, but his bowels have been opened by medicine; he is distressed by constant sickness. Pulse 60.

To have *Cal.* gr. v; *Opîi* gr. j; st., and *Ol. Ricini* 3j; *Tr. Opîi* m.xv vesperi, et repet. si opus sit.

5. Bowels being confined, to have a Terebinthinate enema, and *Ol. Croton* gtt j, to be repeated if necessary; also *Creos.* m.ij p. r. n.

7. The sickness was stopped very speedily by the creosote. He continued better, and was discharged on the 14th.

CASE 7.—Catherine Seman, admitted November 1st, complains of *burning pain at the epigastrium, and a sense of heat extending up the œsophagus; great tenderness on pressure; the pain increased after taking food. She vomits every thing she takes.* There is extreme tenderness of the integuments over the sternum and adjacent parts; a choking sensation in the throat, and, occasionally, regular paroxysms of hysteria. She has been ill for eighteen months, and attributes her affliction to a moral cause.

To have *Creos.* m.ij ter quotidie, and *Ext. Coloc. Co.* every night to keep the bowels open.

2. Sickness a little relieved, but still

severe. It was ascertained to-day, from her previous medical attendant, that she had been taking the creosote in doses of three drops before coming to the hospital. It was now, therefore, increased to m.vi.

4. Sickness and pain better, but the tenderness continues. The sickness and burning pain returned at intervals, and were particularly severe when any thing happened to disturb her mind, as was the case on several occasions, from other patients in the ward having fits, and from receiving unpleasant news from her friends. On this account it was necessary to increase the dose of the creosote, at moderate intervals, to obtain the same relief.

22. Ordered, in addition, *Carb. Ferri* 5j ter quotidie, to be taken immediately after the creosote, with the view of relieving the hysterical symptoms. Before she came into the hospital she had attempted to take the iron, but the stomach would never bear it. In conjunction with the creosote, however, the stomach bore it very well. She continued improving; the dose of the iron was gradually increased to 3ss, and of the creosote to m.xiv. She was discharged Dec. 23rd, the sickness having disappeared, and the pain of the stomach and sensibility of the surface being almost gone.

CASE 8.—Ann Body; has been in the hospital several months under the care of the surgeons, but was transferred to Dr. Elliotson June 30th. She has decidedly marked hysterical symptoms; great sensibility of the surface over the anterior part of the chest; sense of choking in the throat, and very often regular paroxysms of the disease. *She also complains of a burning pain at the pit of the stomach, extending up the œsophagus; tenderness of the epigastrium, and frequent vomiting. The pain is increased by cold drinks, and relieved by warm ones; tongue healthy, having no preternatural redness.* Pulse 60, skin cool. All these symptoms being considered hysterical, she was ordered to take *Carb. Ferri* 5j ter quotidie, and *Creos.* m.j, when required for the sickness. The dose of each was subsequently increased, and she still continues to take them. The symptoms are all relieved, but the pain and sickness still return occasionally. The creosote always removes the sickness, and affords much more relief from the pain than any other medicine.

CASE 9.—David Walker, admitted Nov. 10th, with anasarca, ascites, and probably organic disease in several of the abdominal viscera. Is distressed with constant nausea and frequent vomiting. No signs of gastritis. The sickness had been relieved by creosote before he came to the hospital,

but returned when the medicine was omitted.

Creos. m.ijj ter quotidie.

12. The sickness has been completely relieved. He continued to take the medicine up to the time of his death on the 25th, with the same effect.

CASE 10.—Charles Watkins, admitted April 28th, for the last four years has vomited all food and drink almost immediately after swallowing it. He appears quite well, has no pain in the stomach, and but very slight tenderness over the epigastrium. Tongue slightly coated, but in other respects healthy. Has a slight giddiness occasionally, but no pain in the head. Has been an out-patient of the Middlesex Hospital, and has been treated by several private practitioners, but in every instance without success. Until a month ago he did not vomit his medicines, but during this period nothing has remained on the stomach. The creosote was the last medicine he took before he came into the hospital, and it was retained after all others were rejected.

Creos. m.i; Mucil. ʒj; Aqua ʒijj.

This was repeated seven times, another dose being given as soon as the preceding was vomited, but all without any effect. Two and three drops were then administered with the same result. It was next tried on sugar, but still unsuccessfully.

May 4. Took thirty doses of three drops each in immediate succession. They were all vomited instantly, but produced no giddiness nor any other unpleasant symptom, except a temporary sense of heat in the stomach and fauces.

5. *Ac. Hydrocyan. m.j; ex Aqua f.ʒi; ter quotidie.*

6. *M.ij.* These were vomited just as the creosote.

9. *Creos. m.iv; Ac. Hydrocyan. m.iv; Mucil. ʒj; Aqua ʒss; ter quotidie.*

12. *Creos. m.v; Ac. Hydrocyan. m.v.*

None of these produced any good effect. As there was no obvious disease in the stomach, Dr. Elliotson thought it possible that the vomiting might depend upon some morbid condition of the brain, especially as the patient complained of occasional giddiness, and intended to modify his treatment accordingly, but the boy was unsettled, never having left home much, and his mother took him away.

CASE 11.—John Jarvis, admitted November 4th, with decided symptoms of phthisis. Has had a diarrhoea for the last two years; for this he was ordered the compound kino powder, which checked it for a time, but as it returned he was or-

dered on the 11th *Sulph. Cupri gr. ʒ ter quotidie in formâ pilulæ.*

13. The purging is better, but the pills make him sick. To have a draught containing *Ac. Hydrocy. m.ij*, ten minutes before each pill.

18. The draughts prevented the sickness at first, but are losing their influence. To have *m.ij* in each.

20. *M.iv.*

22. *M.v* in each, for the same reason.

29. The diarrhoea having returned, he was ordered *Sulph. Cupri gr. ss; Opii gr. ss, 8va q. q. h.,* and the same dose of the acid.

Dec. 2. The pills still produce sickness, and the diarrhoea continues. To take them every six hours, and a drop of creosote before each. Omit the acid.

4. The sickness continues. *m.ijj.*

7. The last dose relieved the sickness, but as it has begun to return occasionally, to have *m.v.*

From this time he had scarcely any sickness, the diarrhoea alternately ceased and returned, and on the 13th he died.

CASE 12.—Michael M'Avoy, admitted Nov. 24th, with chronic bronchitis, and symptoms of incipient phthisis.

Dec. 23. To have *Sulph. Ferri gr. ij*, his quotidie, as a tonic.

26. *Gr. iv.*

27. He vomits everything he takes.

Jan. 1. Vomiting continues. To have *Creos. m.ij, 6ta q. q. h.*

3. Says the first dose of the creosote stopped the vomiting, and it has not since returned.

6. The vomiting has returned. *m.ijv, 6ta q. q. h.*

13. Discharged. Has had no more sickness.

The narration of the preceding cases has already occupied so much space that I will merely *enumerate* a few more, without entering into any details. In all the cases which follow, the creosote was used to relieve nausea or vomiting produced by taking hydriodate of potass, and in every one it succeeded perfectly. In most of them it was found necessary to increase the dose of the creosote, up to a certain extent, simultaneously with that of the salt, in order to maintain its effect.

CASE 13.—Sophia Flower—ascites and anasarca.

— 14.—Bridget Dayle—inflammatory neuralgia.

— 15.—Thomas Stone—dropsy.

— 16.—Jas. Shields—universal dropsy.

— 17.—William Wright—aneurysm of the abdominal aorta.

- 18.—Elizabeth Powell—hypertrophy of the heart with dropsy.
- 19.—Mary Greenslade—inflammatory anasarca.

I have hitherto confined my statements to such cases as have come under my own immediate observation, but I could refer to many others, equally satisfactory, which have been communicated to me by several private practitioners. Dr. Elliotson, I believe, has employed it with success to relieve the sickness in two cases of the malignant cholera, and also in one or more cases of sea-sickness.

Remarks.

From a consideration of the above-mentioned *facts*, I am unable to arrive at any other conclusion than the following, viz., that the creosote possesses great power in controlling vomiting from certain causes. I have mentioned nineteen cases, in one only of which it has failed; in that solitary instance no other remedy succeeded. The creosote was retained by the stomach after every other medicine was rejected, and I might add, that time was not allowed for a full trial of its influence. I have had but little opportunity of observing the comparative powers of this substance, and of hydrocyanic acid. They were both used in two of the preceding cases, Nos. 10 and 11. In the one, the creosote succeeded after the acid had failed; in the other they were almost equally unsuccessful.

I have observed scarcely any bad effects from the employment of this medicine. In one case in which it had been given *for a considerable time and in large doses*, the patient complained of giddiness, tremors, and a sense of debility; but these symptoms subsided on lessening the dose. In Case 10, as many as ninety drops were given in less than half a day, without any bad symptom. Once or twice the nurse has told me, that the urine has become dark-coloured, but I have never yet seen any alteration in it. The taste of the medicine is not agreeable to most persons, but patients do not complain more of it than of many substances in common use.

In the use of this, as of every other remedial agent, certain circumstances must be attended to in order to ensure success. A careful diagnosis ought to be made, that the medicine may be given in those cases only in which its beneficial influence has

been observed; the article should be obtained pure, and every precaution should be attended to in its administration which experience has proved to be important. These considerations will appear to many too obvious to be mentioned; but as I am satisfied that much, if not all, the difference of opinion existing on this subject has arisen from inattention to one or more of them, perhaps I may be allowed to conclude this already protracted communication with one or two additional observations bearing on the same point.

First. The creosote should never be given when there is any gastric inflammation. This consequence might be deduced from a consideration of its properties, which are powerfully stimulant, and experience may be adduced in confirmation of it. I have seen more than one instance of inflammatory tenderness of the mucous coat of the stomach where the creosote was given for another complaint, and in which the symptoms were immediately aggravated. This rule may appear to some to have been violated in Cases 7 and 8, in which there were present many of the symptoms of gastritis; but I entertain a different opinion. From the observation of a considerable number of cases, I am pretty well satisfied, that in hysterical females the interior of the stomach and bowels (and probably also of the head and chest) may become affected with the same increased sensibility, of a purely nervous character, which is so often observed in the integuments of the chest and abdomen of the same class of persons. These two cases I consider to be of this kind; they are distinguished from gastritis by several striking peculiarities. In the cases of hysteria, the pain is increased by cold drinks, and relieved by warm ones and by stimulants generally; the pulse and tongue are often unaltered; there is no feverishness, and generally there are other symptoms of hysteria present. This pain, which is often exceedingly troublesome and persistent, I have observed to be relieved much more by creosote than by any other medicine.

Secondly. The dose should be carefully regulated. If too large a quantity be given at the commencement, it is such a powerful local stimulant, that it will often be rejected, whilst a smaller quantity will afterwards be retained. It is best to begin with one or two drops dissolved in f.3j of distilled water, by means of a little mucilage. Again, if it be continued for some time, it is necessary gradually to increase the dose, and this is particularly required if it be used to retain some acrid substance on the stomach, and the dose of that substance itself is being increased.

Lastly. The dose should be repeated more or less frequently, according to the nature of the case. In most instances thrice a day will be sufficient; if it be employed in conjunction with another medicine, it should be given with each dose of that medicine, and in a few cases it will be necessary to repeat it at very short intervals, with the view of keeping the stomach completely under its influence.

STONE IN THE BLADDER CURED BY
LITHOTRIPSY.

To the Editor of THE LANCET.

SIR,—You will oblige me by inserting in an early Number of *THE LANCET* the following case of stone treated by lithotripsy. I am, Sir, yours very respectfully,

W. JEAFFRESON,
Surgeon.

Framlingham, Aug. 9th, 1835.

Charles Levell, aged fifty-eight years, farming bailiff, living in the parish of Pulham St. Margaret, Norfolk, applied to me on the 23rd of last May, in consequence of experiencing severe symptoms of stone in the bladder. He had passed at intervals, during twenty-three years, numerous small calculi, and during the harvest of 1833, after much pain, he passed one of the size and shape of a common horse-bean, but without deriving the complete relief therefrom which he had previously experienced on passing calculi. From this time his symptoms became progressively more urgent, inducing him to have his bladder several times examined by his medical attendant, but without any calculus being discovered.

After injecting his bladder I had no difficulty in detecting the presence of a calculus. I soon also grasped it with the percussor, in what I believed to be its long diameter (measuring twelve lines), but, after giving a few gentle taps with the hammer, it escaped from the instrument, and I did not think it right to do more on a first sitting. On passing the instruments through that portion of the urethra, which is immediately behind the pubes, I felt them more strongly embraced than usual, but so little inconvenience was experienced, that my patient, who had taken lodgings in the town, came to me on the 26th for another sitting; but, on attempting to introduce the instrument to enable me to inject the bladder, I could not pass that part at which I had before felt it un-

usually grasped. On examining *per rectum* I discovered an enlarged prostate, and after withdrawing the instrument somewhat, I endeavoured to make its distal extremity describe a portion of the arc of a circle, as recommended by surgical writers; but, after trying this gently for a few minutes without effect, it occurred to me that it might be the third or posterior lobe of the prostate which presented the difficulty, and on sliding the extremity of the instrument gently behind the arch of the pubes, it passed into the bladder. Always giving it this direction, I never afterwards had any difficulty. At this sitting the calculus was crushed throughout its entire substance, and I afterwards crushed one of its largest fragments.

29. Three fragments were seized and crushed, and the patient brought with him a scruple weight of detritus, the result of the last sitting.

June 1. Crushed three or four fragments, and from this date until the 19th I repeated the operation every other day; but I then experienced difficulty, from the detention of a large fragment at the membranous part of the urethra. I accordingly immediately sent for Mr. Costello's improved urethral forceps, but before its arrival I had succeeded in bringing away the fragment, with a modification of the polypus forceps, with reversed blades, which I had made for me in this town.

20. Severe rigor during the night, followed by erysipelas of the face; but this was not accompanied by increased irritation in the bladder. The erysipelas was treated on Mr. Higginbotham's plan, and receded most satisfactorily, and on my evening visit I found him almost free from constitutional irritation, and that he had passed several large fragments from the bladder.

22. Repeated the operation, crushing four fragments. He brought with him sixty-two grains passed since the last sitting.

I repeated the operation on the 24th, 26th, and 29th of June, and on the 1st and 3rd of July, on which day I could detect only one small fragment, which was crushed. On the 4th he was called home to a sick wife, but he brought me a scruple weight of detritus.

22. Returned, bringing one small fragment, assuring me that he had lost every symptom of stone. After injecting and carefully examining the bladder, I could detect no fragment.

24. Repeated the examination with the same result, when he left me quite well, taking with him 5iv grs. xvij of detritus.