long as to pass beyond the extremities of the fingers. Everything, in short, indicated that the infant had attained its full term. The right side of the face, the chest, and back, were covered with livid cadaveric spots, and several spots of the same kind existed over the limbs. The abdominal integuments were of a greenish colour, and in a state of incipient putrefaction. There was no trace of bruise, ecchymosis, fracture, dislocation, or wound, on or about the head, trunk, or limbs.

On opening the body we found.—1st, *Head*. Nothing abnormal. The venous vessels of the brain gorged with black blood. The bones touching, except where separated by the fontanelles.—*Mouth*. Slightly red internally and posteriorly. The frænum linguæ entire.—*Larynx* and *trachea* natural and free from mucous obstruction.—2nd, *Thorax*. *Lungs* apparently healthy, of a red colour, considerably gorged with blood—floating completely on water, as well while entire as in separate sections; they were not, however, sufficiently buoyant to float the heart and liver. The heart, which was well developed, had its right cavities filled with black liquid blood. All the veins terminating in the heart were similarly turgid. The left cavities of the heart, with the vessels thence issuing, were void of blood and collapsed. The foramen ovale was almost obliterated.—*Abdomen*. The *stomach* and *intestines* void of food, and presenting occasional patches of arborescent vascularity, and containing no feculent matters. The *bladder* was full of urine. The *liver*, spleen, and kidneys, on incision, gave out a large quantity of black liquid blood.

The death of this infant then resulted from asphyxia, but of what kind? and what was its cause? The day before his death, the thermometer having fallen remarkably, I inquired if he had been exposed to the cold. A negative answer was returned, and questions relative to the possibility of death by overlaying were replied to in a similar manner. In my report, therefore, I pointed out asphyxia as the cause of death, but I abstained from assigning any cause for the asphyxia. In a few days I was cited before the *judge d'instruction*, and then the mode of death of this infant became perfectly intelligible. Witnesses were then examined, who deposed that, from the first hour of its existence, the child showed symptoms of pulmonary disease. He sucked with difficulty, was oppressed, had a slight cough, with mucous expectoration. An apothecary deposed that a messenger came from the mother for "something good for a baby with a sick chest." He gave some syrup of capillaire, but the child's oppression increased, and

he died on the 30th, after experiencing great difficulty of respiration.

It was thus rendered evident that the child's death was occasioned by pneumonia, a disease so prevalent among new-born infants, that of twenty deaths fifteen generally proceed from this cause. If, on the inspection of the lungs, no traces of this disease were found, this depended on the fact that it is impossible to distinguish the pulmonary congestion of the first stage of pneumonia from the congestion dependent on simple asphyxia. Again, this kind of pneumonic congestion only existing in the early days of the disease, it is not surprising that the midwife who left the child well on the 27th, found it dead on the 30th. Indeed, infantile pneumonia is frequently fatal in even a shorter period.

The preceding explanations being deemed sufficient, the accused was acquitted.

CASES OF

MALIGNANT CHOLERA,

TREATED WITH LARGE DOSES OF

CALOMEL, &c.

By D. TOD, Esq., Surgeon, Hampstead Road.

CASE 1.—On the 15th August last, a gentleman residing in the Minorities, was taken suddenly ill in the afternoon whilst walking along the street, and was obliged to return home. After his arrival he gradually became worse, and about midnight was seized with vomiting and purging, and cramps in the stomach and extremities, with a deadly coldness over his whole body; and in this state I found him in the following morning at eight o'clock. In addition to these symptoms, I learnt that he was exceedingly thirsty, had passed no urine, and his pulse could not be felt at the wrist. The usual remedies to allay the vomiting, and to restore the heat to the surface of the body were immediately resorted to, and repeated at short intervals for nearly thirty hours without giving the least relief. At last I had recourse to mercury (for to all appearance he was rapidly sinking), and began by giving ℥j of calomel, and by rubbing in ʒij of ung. hydr. fortius every hour, until his mouth or breath became affected. Next day, on my arrival, I learnt that in about six hours after the commencement of the mercurial plan the vomiting and purging had entirely ceased, and that the heat gradually returned to the surface; shortly afterwards he fell into a sound sleep, bathed in perspiration.

In three weeks he was quite well.

CASE 2.—On the 30th March last, Mr. S., aged 60, residing in this neighbourhood, was suddenly seized at midnight with cramps in the extremities and abdomen, and afterwards with vomiting and purging. In this state I found him on the following morning at six o'clock. On investigation, I found that his whole body was as cold as marble, that he had no pulsation at the wrist, had passed no urine, and complained of great oppression in breathing. According to the treatment then recommended, I immediately gave him an emetic, which cleared his stomach in a few minutes; afterwards $\mathfrak{g}$ j of calomel and a wine-glassful of a strong stimulating mixture, composed of opium, ether, camphor, alcohol, &c., and repeated the latter dose every fifteen minutes. I also had him rubbed before a large fire with flannels, and afterwards put into a warm-bath, as soon as it could be procured.

After remaining in the bath about twenty minutes he became drowsy, and was immediately removed, roiled in blankets, and put into bed. In the course of an hour he fell asleep, bathed in a most profuse, warm perspiration, and died in four hours afterwards.

CASE 3.—J. English, residing at 17, Fitzroy-market, aged 21, was taken suddenly ill about one o'clock in the morning of the 30th March last, with vomiting and purging, cramps in the legs, a coldness over the whole body, great thirst, and oppression in breathing; no secretion of urine; in this state I saw him at eight o'clock. He had also no pulsation at the wrist. Ordered him an emetic; and after the stomach was cleared, to take $\mathfrak{g}$ j of calomel every hour, and a dose of a very gentle stimulating mixture every four hours. After having taken five doses of the calomel, I ordered him to be sent to the hospital in consequence of being destitute of the common necessities of life. In three weeks he quite recovered.

Before he was removed from his lodgings, all his symptoms were much abated, and I have no doubt that his recovery was owing to the mercury.

CASE 3.—On the 8th April last, J. Atfield, aged 26, residing at 12, Frederick Street, Hampstead Road, was taken ill with vomiting and purging, cramps in the stomach, and coldness over the whole body, constant thirst, and no secretion of urine. In this condition I saw him six hours after the beginning of the attack. He had also no pulsation at the wrist. I immediately gave him $\mathfrak{g}$ j of calomel, and desired it to be repeated every hour until he had taken a drachm. Shortly after the first dose of calomel, the vomiting and purging appeared to be much abated, seldom occurring oftener than once every twenty or thirty minutes.

During the evening a physician was called in, who ordered him to take opium in pills, which he fortunately always threw up in less than a minute after they were taken; also a stimulating mixture, combined with opium and liquor potassæ, to be taken in doses every 2 hours. Next day he was much worse, and apparently sinking. In the evening I took about fourteen ounces of blood from the arm in a full stream, which caused syncope, and I left him for the night. On the following morning I learnt that his mouth was affected with the mercury, that he had slept for several hours during the night, that the vomiting and purging had ceased, and he was warm over the whole body, but had not made any urine.

After this period he progressively recovered, but in consequence of being removed into the country by his family, he had a relapse, and in two days died, apparently from the effects of the journey.

CASE 4.—On the 17th April last, Mrs. Atfield, the wife of the former patient, was taken suddenly ill with the usual symptoms of cholera, and in two hours afterwards, on being called, I gave her $\mathfrak{z}$ ss of calomel, which, to my agreeable surprise, put a stop to all her symptoms, and on the following day she appeared quite well.

CASE 5.—On the 22d June last, a gentleman in my neighbourhood was taken suddenly ill with the usual symptoms of cholera while in the city transacting business. Twelve hours afterwards I was desired to see him. I immediately gave him $\mathfrak{z}$ ss of calomel, and repeated the dose in the course of an hour; also desired half an ounce of ung. hydr. fort. to be rubbed in every hour for four hours. Shortly afterwards the mercurial action was apparent, when all his symptoms gradually ceased, and in ten days, with the exception of his sore mouth, he was quite well.

CASE 6.—On the 23d June, William Cannon, aged 36, residing at 40, Charles Street, Hampstead Road, was taken suddenly ill with all the symptoms of cholera, and six hours afterwards I was desired to see him. The same mode of treatment was pursued as in the former case, and was attended with the same result.

In this case a relapse took place, in consequence of having begun too soon to take nourishing food, but with gentle care he soon recovered.

CASE 7.—On the 12th July last, William Morris, aged 50, residing at 1, Frederick Place, Hampstead Road, was taken suddenly with the usual symptoms of cholera, and had had administered to him sixpenny-worth of brandy before I was called in.

Five hours after the commencement of the attack I saw him, and immediately resorted to the same mode of treatment which I pursued in the two former cases, but the mercury did not take effect, and he died in fourteen hours.

At my first visit the symptoms were not of that violent character which would have led any one to think he would die, but as soon as his wife acquainted me with the brandy which he had taken, I immediately pronounced the case to be fatal.

CASE 8.—On the 14th of July last, Mary Shipley, residing at 12, Henry Street, Hampstead Road, was suddenly seized with the usual symptoms of cholera, and had taken a small quantity of brandy, a small dose of calomel and opium, and the mixture recommended by Dr. Stevens, at the desire of a medical gentleman before I saw her. On my arrival, three hours afterwards, I immediately gave her ʒss of calomel, and ordered ʒiss of ung. hydr. fort. to be rubbed in. Next day all the symptoms, except the purging, were considerably relieved, and with very gentle treatment she was in nine days pronounced convalescent.

N.B. Three other cases have been under my care since the last mentioned, which have undergone the same mode of treatment, and are now convalescent. I have also recommended several medical friends to pursue the same plan in the treatment of this disease.

Remarks.

On perusing the above cases of spasmodic or malignant cholera, it will be perceived that the first fatal case was treated according to the stimulating plan, and died in eight hours afterwards; and that the second took a large quantity of brandy before I saw him, and died in sixteen hours.

In the treatment of this disease I have, except in the two first cases, paid no attention to symptoms, because they are not the cause, but merely the effects of the malady, and a favourable issue has invariably been the result. In disease a certain action always exists, which, if not superseded by another action, will soon pervert the harmony of the animal economy. In cholera such a state of things invariably exists, and what agent do we possess that can produce a specific effect on the vital system so speedily and so beneficially as mercury? In the treatment of syphilis do we attend to symptoms when we salivate? The same question is applicable to iritis, peritonitis, and every other acute inflammatory disease which has its seat in a vital part, and why should not cholera come under the same rule?

That salivation of cholera patients is attended with the happiest effects will soon

appear evident to every one who may adopt it. From experience I find that ʒss doses of calomel act in nine cases in ten like a charm. They allay the vomiting and purging, cause a return of heat to the skin, then a profuse warm perspiration, and, subsequently, a gentle and refreshing sleep. In very violent cases I have given 120 grains of calomel in three hours, as well as had ʒij of the ung. hydr. fortius, rubbed in without any ill effects appearing at a subsequent period, such as violent ptyalism. I state this, in order that the numerous readers of THE LANCET may not be alarmed in pushing the mercurial plan to a considerable extent in the treatment of cholera, for unless they put a speedy stop to its action, the system will be soon worn out, and death be the result.

Sols Row, Hampstead Road,
Aug. 1, 1832.

TREATMENT OF

MALIGNANT CHOLERA.

Stimulants injurious.—Efficacy of Calomel and Counter Irritants.—Danger of Bleeding; &c.

To the Editor of THE LANCET.

SIR,—Having seen a good deal of cholera, and attended to the post-mortem appearances presented in about twenty cases, I am induced to make the following remarks, which you may perhaps deem worthy of a place in your journal. I would particularly caution against the use of stimulants, those who may not have seen their effects in this dreadful malady. The great prostration of strength, the small, frequent, feeble pulse, the short breathing, and the paralysed state of the vital powers, indicate the use of stimulants, but their extensive exhibition has only shown their total inefficiency; nay, I would even say their injurious effects, for I have seen brandy and carb. ammoniæ given in very large doses, and after each dose there was a decided depression of the vital powers. However much this may be opposed to generally-received opinions, I have no hesitation in stating it as a fact, calculated to prevent a mode of treatment plausible enough in theory, but practically bad. On the commencement of an attack of cholera, while the pulse is pretty strong, the cramps not severe, and oppression not great, a few doses of calomel and ext. hyosciami, followed by a little rhubarb, or a small bleeding, will very much mitigate or cut short the disease; but when collapse has existed for six or eight hours, and the pulse cannot be felt at the wrist, when the