IN THE PRIVATE PRACTICE OF MR. THOMAS.

1st. When in the form of bilious diarrhoea.

When the choleric pestilence is epidemic in the neighbourhood, I consider the bilious diarrhoea a premonitory symptom. I always bleed if the pulse will bear it; the blood taken exhibits two streams combined in one, a purple and a scarlet stream. I allow the blood to flow until the whole becomes of a uniform standard colour. The pulse in the commencement is usually broad and soft, at the termination of the operation it is firmer and more contracted. I administer calomel and opium at the commencement, one grain of the latter to four of the former every hour, until the motions become more consistent. This practice I occasionally vary; if the motions be watery and yellow, with patches of mucus floating in them, I administer a tablespoonful of the following mixture every half hour:—

℞ *Mistura cretæ* ℥vij;
Confectionis opiatæ ℥iss;
Tinct. cinnamon. co. ℥j. M.

I generally find the diarrhoea checked after the third or fourth dose. I also use injections of catechu and opium into the rectum, and if much tenesmus be present, enemata of mucilag. amyli cum opio instead of the catechu. I have also, after the liquid bilious diarrhoea is checked, prescribed with advantage the hydrargyrum c. creta, combined with the compound powder of ipecacuanha every hour. If these powders do not move the bowels, I prescribe a pill composed of four grains of the submuriatic hydr., and two grains of socotrine aloes, which generally produces solid motions. The castor oil is afterwards to be employed to regulate the bowels.

2nd. In that of rice-water evacuations.

I have bled in this case without advantage, and therefore deprecate venesection. I prescribe the chalk mixture with carbonate of ammonia and tincture of catechu, and rapidly-repeated doses of the hydrargyrum c. creta, or calomel and opium every half hour (2 grs. hyd. to $\frac{1}{4}$ gr. of opium). The grand object which I have now in view, is to get the system under the influence of mercury as rapidly as possible. I allow brandy in moderate doses (a tablespoonful every half hour), or port-wine negus well spiced. I enjoin counter irritation over the abdomen with mustard plasters, also injections into the rectum of catechu, with a little laudanum. In general I avoid opium as much as possible in this stage, lest the nervous system should become narcotised.

3d. In the stage of collapse.

3rd. In this stage I consider that there are two indications to be fulfilled; first, to arouse the functions of the nervous system, more especially those of the sympathetic ganglia; secondly, to furnish a basis for the immediate elaboration of fresh blood. The best stimulus I consider to be mercury. I have employed the oxymuriate in desperate cases ($\frac{1}{2}$ grain every half hour), in conjunction with which frictions with mercurial ointment have been employed. The spinal column must be stimulated by plasters of mustard from the nape of the neck to the lumbar vertebræ. If the mustard produces no effect in the course of an hour, which is sometimes the case, frictions with the pure water of ammonia or nitric acid must be used, by small dossils of lint dipped in these caustic liquids. I have found the nitric acid applied with a feather in the malignant collapse, merely to stain the skin, and to produce scarcely any sensation. The skin will soon be destroyed if the friction be used, and then counter irritation will be established. I have prescribed the oleum terebinthinæ (a drachm or two) every half hour, with mucilage, in some cases with evident advantage, in others without success. In some cases I have found the phosphoretted ether, with tinctures of cantharides and cinnamon, useful. Mustard cataplasms may be applied over the abdomen, as in the case of the 2nd proposition.

The second indication I attempt to fulfil by the frequent administration of spoonfuls of mutton-broth spiced. It should also be administered by the rectum. I continue the stimuli until I find the tunica conjunctiva is becoming vascular. I make a point of frequently depressing the lower eyelid, and if I perceive an artery starting up immediately perpendicular to the pupil, I know that it will quickly shoot out ramifications over the sclerótica. This I consider a signal for the withdrawal of all spirituous stimuli. If the patient be not mercurialised before this (if he escape out of the collapse), he will probably be cut off by inflammation of the brain and effusion, when the fever of the pestilence unmasks itself. I have either tried or witnessed the trial of the following systems:—Dr. Stevens' saline plan—Dr. Hardwick Shute's cold-water plan—the injections of saline solutions into the veins (which I recommended to the Central Board as a plausible experiment on the 15th February last); and the result of my experience and observation is, that they are not attended with sufficient general success to sanction a deviation from established practice. It behoves me, however, to state, that I have seen cases of malignant collapse in which I am persuaded the patients were cadaverised *ab initio*. In these cases the func-

tions of the sympathetic were absolutely annihilated.

Such is the general plan of my treatment of this pestilential fever. A more particular detail of the modifications of treatment adopted in all the complex varieties and intricate phenomena of the disease, would require a much greater space than it would be proper at present to occupy. Such modifications of administration must depend upon the mode of the development of the disease, and the view which individual practitioners may take of such symptomatic exemplifications.

WM. JOHN THOMAS, M.R.C.S.
7, Richmond Row, Liverpool.
September 17th, 1832.

the injection the longer, but I never neglected the precaution of ordering one of the attendants to keep the injection up, by placing the hand with a fine cloth against the rectum for at least two hours each time. Of calomel, I am sorry to say, that I cannot speak so favourably as other practitioners, having never known it to succeed in the practice of others, though I am cognizant of many cases in which it was tried, it invariably failed in my own. With the saline injection I succeeded in three cases out of twelve; it therefore, I conceive, merits future trial.

F. KELLY, Surg.
Hunter Street, Liverpool,
Sept. 20th, 1832.

IN THE PRIVATE PRACTICE OF MR. WINDSOR.

In the cases of cholera which have come under my care, I have found in bilious diarrhoea the cretaceous mixture, varying it occasionally with an astringent aromatic mixture, consisting of aromatic confection, catechu, and opium, to have been without exception efficient in putting a stop to that form of the disease.

In the rice-water evacuations, I have almost entirely depended upon calomel and opium, given in doses of three or three or four grains of the former and half a grain of the latter, every half hour, and when the least ptyalism was produced, the patient has been safe.

In the stage of collapse I have given ammonia, camphor, soda, opium, hot brandy-and-water, but in most cases without effect. In district and private practice, about 120 cases have come under my care in the different forms of the disease, six have died during the rice-water evacuations, ten in a state of collapse, and 104 recovered.

JAMES WINDSOR, Surg.
Liverpool, September 17th, 1832.

IN THE PRIVATE PRACTICE OF MR. KELLY.

To the 1st and 2nd queries:—Injections composed of one drachm and a half of laudanum, with eight grains of sugar of lead, and one ounce of tincture of catechu, thrown up in eight ounces of solution of starch every two or three hours, according to the urgency of the symptoms, or until a degree of stupor is produced.

In the collapsed stage I have generally trusted to mild stimulating diet, such as beef-tea, with a small proportion of brandy, given as well by clyster as by the stomach; to the former I generally added an ounce of tincture of catechu for the purpose of a stimulant, as well as an astringent to retain

SUCCESSFUL ADMINISTRATION OF

COLD WATER

IN THE COLLAPSE STAGE OF

MALIGNANT CHOLERA.*

GENTLEMEN,—Dr. Shute, of Gloucester, having transmitted to your board several memorials relative to his treatment of cholera with cold water, and having invited his medical brethren to make trial of the practice, it is with pleasure that I send you a case which has terminated favourably under this mode. I should not have troubled you with an isolated case, but (with this single exception) Lynn has been some weeks quite free from any trace of this devastating disease, and I consider it due to Dr. Shute, as well as the public, that the result of a particular line of treatment, whether favourable or unfavourable, should be made known without delay.

Joseph Woodfield, an itinerant ribbon-weaver from Coventry, aged 27, of a spare habit of body, came to Lynn on Sunday night, the 9th of September, and was attacked with cholera in a most severe form at his lodgings on the following morning at five o'clock. The rice-water vomiting was extreme, as was the purging, so that when seen by Mr. Hillyard, the dispensary surgeon, at seven, only two hours after the first appearance of disease, he was in collapse, and pulseless. He was immediately conveyed to the infirmary, where the nurse of his own accord gave him a dose of cretaceous medicine, containing a few drops of laudanum, which he soon rejected. At my visit about one hour afterwards, I found him in the same state of collapse. His eyes were sunk; eyelids half-closed, showing a tunica conjunctiva with its blood-

* Communicated by the Central Board of Health.