MALIGNANT CHOLERA.

CALOMEL PREFERRED TO SALT.

To the Editor of THE LANCET.

SIR,—By referring to the volumes of THE LANCET for 1832-33, it will be seen that I tried the salt emetic plan in the stage of collapse with very injurious consequences, increasing the purging and vomiting, and hastening death.

Now if a medical man says he has cured diarrhoea and vomiting, arising from any indigestible substance in the intestinal canal, with common salt, I can readily believe him, but I am incredulous as to its effects in the collapse of cholera.

I understand, from good authority, that there are eight cases now lying dead in one house in Little St. Pancras Street, Tottenham Court Road, all of which, I learn from inquiries which I have made, were treated on the salt-emetic plan; but as I should be sorry to exaggerate (my object being to ascertain facts), perhaps the enlightened physician who attended them will state candidly and exactly the plan of treatment he pursued. Let the salt-emetic advocates publish the unsuccessful cases. I know a parochial surgeon who has tried it in 14 cases, out of which number 11 died.

I have had several patients in the stage of collapse and have as yet only lost one, and he was in articulo mortis when I first saw him. I continue myself to use large doses of calomel, with mercurial friction all over the body and extremities, giving iced soda water as a beverage, *ad libitum*. Many of my medical friends have said to me, "If absorption takes place so slowly, what is the use of administering such large doses of calomel?" My reason is this, that I found small doses in pill generally rejected with the other contents of the stomach, but my large doses in powder were kept down by their own weight; for, even in my unsuccessful cases, I always found after death all the calomel in the stomach, however violent the vomiting had been; and even if nature herself, without benefiting by the calomel, produced reaction, as some assert she does, the calomel has speedily passed off by the bowels without producing injurious effects, as in the case of a girl only thirteen years of age, wherein I administered nearly three ounces, besides employing friction, and who is still living, and hearty. I am, Sir, your obedient servant,

HENRY BIRD,

Late Surgeon to the St. Pancras
Cholera Hospital.15, Southampton Terrace, Kentish Town.
September 15th, 1834.

PHYSIOLOGY AND TREATMENT OF ASPHYXIA IN INFANTS.—A correspondent wishes us to make public the following remarks:—The non-respiration of children just born, must result from the fact of the placenta having ceased to impart the necessary quality to the foetal blood for too long a time before the commencement of the vicarious function of the young creature's lungs;—or from the injury sustained by the brain and nervous system during parturition, upon the healthy condition of which, respiration is materially dependent, as is evinced in the laboured manner in which that function is performed in apoplexy, and after a large dose of opium,—the first effect of which drug is undoubtedly upon the vessels of the brain, inducing a state of coma, from cerebral *plethora*, and afterwards, as a consequence of this pressure, causing stertorous breathing. A third cause of asphyxia may perhaps be a species of torpor and indisposition on the part of the lungs to take on the respiratory process, the placenta having exercised its function up to the period of expulsion, and the child not having sustained any mechanical injury from pressure, &c. With respect to treatment, it must be obvious that if the placenta have ceased to act for any considerable length of time before birth, all attempts at resuscitation must be fruitless. The condition of the foetus is the same as that of a drowned man, being cut off from the influence of an agent so essential in the changes wrought upon the blood, the atmospheric air, in one case, and *some peculiarity in the structure of the placenta* in the other; in fact, the foetus dies "poisoned in its own blood." If, however, the interval between the cessation of the function of the placenta and birth is but short, we may reasonably hope that by artificial inflation of the lungs we may communicate to the blood that property which is necessary to the separate existence of the infant, and that when this is fully established it may be continued without extraneous aid. The stimulus of heat also may be of material benefit, in keeping up that temperature of the body which is requisite for preserving the "nervous energy" necessary to susceptibility on the part of the system. If pressure on the brain is the cause of the asphyxia, our expectations may be less sanguine; for the mechanical injury may be such as cannot be recovered from, even if respiration were established. But even here the attempt should be made. My objections to some lately published suggestions on this subject are, that the author of those suggestions condemns inflation as injurious, and liable to produce "severe bronchitis."

if the child survive. I should imagine that this practice is, at any rate, as innocent as that which he mentions, of "tickling the nostrils and *fauces* with a feather dipped in *spirits*," certainly rather a *stimulating* application to the mucous membrane of a newly-born infant. He also censures the use of the warm-bath, from some hypothetical views of its "excluding the atmospheric air;" and advises heat to be applied "by holding the infant before a fire upon a person's lap," thus subjecting it to the risk of being roasted by the uncertain heat on one side, and benumbed by currents of cool air on the other; whereas the warm-bath affords a uniform temperature.

TIC DOULOUREUX.—MOXA IMITATED WITH THE CIGAR.—(*Abstract from a Lecture by Mr. Dermott.*)—Tic douloureux results from a morbid irritability of the nerves, and I believe its immediate seat to be generally in the portio dura, which you know is a nerve of respiratory motion in the face. This statement is somewhat at variance with common opinion, but the following facts seem to favour my belief: 1st. The pains generally dart in the directions of the filaments of the portio dura, branching from the ear forwards, and engaging the side of the forehead and the region of the temple. 2nd. In connexion with this disease, you will often find the stomach considerably, and perhaps habitually, deranged in function, indicated by fetid eructations, considerable secretion of wind, and flatulency. This sympathy between the portio dura in the face and the deranged stomach (which is supplied with respiratory nerves, and is, by them, associated in action with the respiratory organs) is established through the medium of the respiratory system of nerves on the par vago which supply the stomach. The lungs are often sympathetically affected, and these are partially supplied by the par vago. A decided and nice distinction must be made between the morbid irritability or condition of a nerve constituting tic douloureux, and common subacute or chronic inflammation, or rheumatism of a nerve. In the latter affections the pain does not come on in such sudden paroxysms, nor are there such intervals of perfect ease, as in the former, although, it is true, the two are often combined, or the chronic inflammation may, especially in a depraved habit, slide into tic douloureux. Irritation or inflammation existing in the maxillary nerves of sensation (fifth pair), and produced by a carious tooth, or any similar evil, is often the cause of this diseased action in

the portio dura. Amongst other exciting causes are frequent and sudden movements of the jaw, as in much speaking. In very nervous individuals, the mere thought of the paroxysm will bring it on. If you consult the close locality between the cervix of the lower jaw and the portio dura (as seen in this dissection), you will at once perceive why violent motion of the jaw may, by acting as a mechanical local stimulus, bring on an attack of the disease. Observe the close proximity of the two after the portio dura has emerged from the foramen stylo-mastoideum, as it is crossing the bifurcation of the external carotid, and as it divides into leading branches—buried deeply in the parotid gland. My plan of applying the moxa in the local treatment of this disease is to light a cigar, and, when well lit, to apply the lighted and bright end for one moment against the skin, just over the emergence of the portio dura, from the foramen stylo-mastoideum, and anterior to the concha. One or two such momentary applications will produce a strong rube-facient effect—perhaps in the course of a short time a very slight blister will arise; but the pain of such a slight burn is not to be compared with that of tic douloureux, and the most sensitive lady will readily submit to the operation, when she has once experienced the relief which it produces. I often, previously to using it, smear the end of a linen rag with a little croton oil, and rub it on the cheek anterior to the concha; indeed, this alone, or combined with opium, and used as an embrocation, often relieves the pain, but the croton oil takes time to produce its effects, which the moxa does not. In severe attacks, however, the previous external use of a little croton oil very desirably increases the cutaneous inflammation. Should a morbid and painful sensibility exist in the supra-orbital nerve, then apply the cigar near the supra-orbital foramen; or if in the inferior maxillary nerve, apply it over the anterior mental maxillary foramen—or if in the infra-orbital nerve, over the inferior orbital foramen. This mode of applying the moxa is very easy, and can generally be had recourse to at a short notice. It is, however, only a palliative remedy. In all cases of tic douloureux, study both the general and particular symptoms.

THERE is a child now at Palermo, three years old, who is 4½ feet (French measure) in height, well formed, and vigorous. Discoveries of great interest in pathology are professed to have been made on an examination of him by the physicians of Palermo.