the greater the urgency of the symptoms, the less will be the power of resistance or recovery possessed by the patient. I have often seen individuals bled before undergoing serious operations, and having carefully watched the results, I can affirm that I have never seen any benefit ensue from the practice, but very frequently harm. The mischief attending strangulated hernia is very different to the common inflammation occurring under ordinary circumstances, and in most other parts of the body. The extreme depression to the system generally, I may say always, attending injuries of vital organs is always more or less present in strangulated hernia. The patient, so long as constriction exists, is more or less rapidly, but at the same time with equal certainty, verging towards a state of collapse. To this state we are obliged to add the shock of the operation, which frequently proves beyond the powers of the patient, who sinks and dies without the power of making an effort at recovery. The condition of a very large proportion of cases submitted to the operation for strangulated hernia, both before and for some time after the operation, bears a very strong resemblance to that of concussion of the brain in its first stage, where we have greater cause to dread the collapse than the subsequent reaction. The cause of death is usually ascribed to peritonitis, enteritis, or both; but it as often, if not more frequently, depends upon the state of collapse into which the patient is thrown, and from which he has not the power to rally. Considering this circumstance—considering the depression and sinking experienced from the pressure on the gut—considering the shock inflicted by the constriction, and subsequent operation—considering also that there is always a state of prostration, of greater or less duration, succeeding every operation, particularly those for hernia, our duty is to husband our resources—to assist him through his difficulties, rather than, by abstracting blood upon speculation, run the risk of preventing the necessary reaction taking place, and depriving him of that power of restoration so necessary to his recovery. In ordinary cases of inflammation, depending upon local causes, we at once proceed to remove such local causes, and bleed afterwards, if necessary. Why should we treat hernia differently? If, as I have endeavoured to prove, that unless, as respects the subsidence of muscular tone or contraction, from the faintness induced, the abstraction of blood prior to operation is injurious to the patient, we ought no longer to pursue such practice, notwithstanding the very high authority upon which it is based, as we may, by the chloroform, equally remove all resistance from the muscles. Whilst we can do more than we could ever attain by the bleeding, we can, at the same time, remove all consciousness of pain, and, consequently, all natural, though frequently involuntary, efforts at resistance, which add to the muscular constriction of the gut. The same remark applies equally to the employment of the hot bath, which is not always at hand in private practice, and can rarely be obtained without considerable loss of time.

But in no point of view is the chloroform more valuable than in doing away with all excuse for the employment of tobacco, which has exerted a very baneful influence over the result of operations. Of the cases to which I have already alluded, I find the following rate of mortality:—Of five cases wherein tobacco was administered before the operation, three died and two recovered; of eleven cases wherein tobacco was administered before the operation, and purgatives afterwards, five died and six recovered; in some, purgatives were also given before the operation, in addition to the tobacco injection; and in several cases the patients died very shortly after the operation, never having rallied from the state of extreme prostration into which they were thrown.

Harley-street, Nov. 1849.

ON THE SUCCESSFUL TREATMENT OF A CASE OF CHOLERA BY REPEATED DOSES OF CALOMEL.

By WILLIAM WOODMAN, Esq., Surgeon, Exeter.

HAVING successfully treated several cases of cholera in the stage of collapse with calomel in large doses, combined with laudanum, and the free use of cold water as a drink, all internal stimulants having been forbidden, (for a report of one case, *vide* THE LANCET for October 13, 1832,) I determined, should the disease again visit Exeter, to pursue the same plan of treatment. The following case came under my care on August 31, 1849, at eight A.M.:—

Henry S—, aged seventy, was reported to have been ill with diarrhoea for a week, and to have had at least twenty

motions during the night. One passed during my visit presented the usual whey-like character, with white flakes floating in it; the skin was cold and damp; the pulse hardly perceptible; tongue icy cold; countenance shrunk; voice weak; vomiting frequent; slight cramps; great thirst; has not passed any urine during the night. Twenty grains of calomel were put into a teaspoon with a little brown sugar, and forty drops of laudanum added, and the whole sucked off the spoon by the patient. Strict orders were given that he was to take nothing but water, of which he drank freely during my visit. A mustard poultice was ordered to the stomach, and bottles of hot water to the feet.—Ten A.M.: Rather better; skin warmer; tongue still rather cold; no motion. To take, calomel, five grains; laudanum, ten drops. The poultice was not applied.—Two P.M.: Still better; pulse and skin improved; has had one motion of the same character; has been sick twice. To take calomel and laudanum as before.—Six P.M.: Reaction completely established, the skin being quite warm and comfortable; tongue natural; pulse 80, full, and strong; has had no motion, nor has he been sick; has not yet passed any urine. To take, calomel, three grains; laudanum, ten drops; and continue the water, which he has drunk freely during the day.—Eleven P.M.: Going on favourably; face rather flushed; no motion nor sickness; complains of slight cramps in the legs. To take, calomel, three grains; laudanum, ten drops, directly; and repeat the dose at three A.M.

Sept. 1st.—Eight A.M.: Has had a comfortable night; pulse 72, very good; has passed about six ounces of urine, the first for nearly thirty hours; has had one motion, still of the same character. Arrow-root was offered him, but he still prefers the water; to take calomel and laudanum as before. Eight P.M.: Still improving; no motion; urine, three ounces; mouth rather sore. To take a little arrow-root and brandy; no medicine ordered.

2nd.—Ten A.M.: Has had one rather scanty greenish-black motion; passes urine regularly; pulse 90, very good. Ordered beef-tea and gruel, with brandy; appetite not good. Six P.M.: Complains of great pain of the shoulder from an old rheumatic affection; has had three dark evacuations. Ordered, an opiate liniment, and one-third of a grain of morphine at bedtime.

3rd.—Ten A.M.: Has had a good night; shoulder better; pulse 90; has not had a motion. To take the morphine at night.

4th.—Ten A.M.: Complains only of weakness; all symptoms of cholera are gone. To take a tonic mixture.

It will be seen, that although the patient was a decrepit old man, of seventy years of age, in two hours after taking the twenty grains of calomel, the vomiting was lessened; that the purging had ceased; that reaction had commenced, and that, by six o'clock in the evening, it was completely established after taking about thirty grains, and about two quarts of toast-water, (which he preferred to plain water.) There was only one evacuation in ten hours; no internal stimulant was taken until reaction had been established for twenty-four hours; and the mustard poultice, although ordered, was not applied. The manner in which the calomel is given is important, and it will be found, that given in the way I have mentioned, it will rarely, if ever, be rejected. Had there not been some improvement at my second visit, I should not have hesitated to have repeated the full dose of twenty grains of calomel, with ten drops of laudanum.

Exeter, Sept. 1849.

ON THE PATHOLOGY, CAUSES, AND TREATMENT OF CHOLERA.

By GEORGE LOWTHER, Esq., M.R.C.S., Hull.

THE all-absorbing subject of the present day is the European type of the Asiatic disease, erroneously called "cholera." That the term, as applied to this disease, is a misnomer, is evident from its etymological import, *χολη ρέω*, by which we understand an effusion, or at least the presence, certainly not a suspension or total absence, of the hepatic secretion. Verily no malady of modern times has originated more discussion, caused so much discrepancy of opinion, or made greater demands upon the resources of the press, than that which forms the object of this inquiry. This diversity of opinion is possibly traceable to a multiplicity of causes. The nomenclature* of the disease may have produced great obscurity, and has probably misled many in determining the true rationale of its

* It were well in this respect if medicine were altogether divested of the many absurd and ambiguous terms with which she is entangled. Let her follow the example of her sister science, Chemistry; let her nomenclature be changed, and based upon its proper foundation—pathology.