

loose. The two following days she felt a little relieved in her breathing, but there was no expectation, I found that from a circumstance not necessary to explain; she had not been bled, and I then ordered V.S. ad ζ xvi. The next day she began to expectorate, and the following day the expectoration was copious muco-pituitous, and her breathing more free, but the following day, finding she had violent cough still, almost like whooping-cough, and as the venesection had produced a considerable depression, I ordered her on the 24th antim. tart. $\text{g. } \frac{1}{4}$ ex aquæ ζ ss, alternis horis, as a substitute; the bowels were so open, and the motions of so healthy an appearance, that I should have discontinued the calomel and rhubarb, had she not expressed decided sense of benefit from each dose. On the 29th the respiration was still better, with less cough, except at night; the respiratory murmur more audible, and less rhonchus; the antim. tart. produced so much nausea, though taken less frequently, that I changed it for tinct. digitalis, mxx , ex mist. ammoniaci, ζ i, ter die. Yesterday she was reported improving, though she had most imprudently gone out of the hospital and exposed herself to the weather the day before for several hours.

To-day her respiration is much better, so much so that she wishes to return home in a few days, but she will not remain long so well; she is what is called a sailor's wife, and her habits of exposure to the weather, and improper diet, to use the mildest term, will aggravate the complaint so as to bring on peripneumony, or peripneumonia notha, or dropsy.

Peripneumony has been previously explained to you.

Peripneumonia notha is frequently induced by, and connected with, this woman's complaint, and this is a good exemplification of the transition. I will shortly advert to it.

PERIPNEUMONIA NOTHA.

That which Laennec denominates acute pulmonary catarrh, and other authors acute or subacute bronchitis, or catarrhal fever, is well described by Sydenham under the name of peripneumonia notha; he says that though somewhat resembling dry asthma (chronic dry catarrh), it is sufficiently distinguishable by the fever accompanying it, though that fever being much less than in the true peripneumonia, he calls it notha (spurious or bastard). Now this is just the state our patient was getting into when at the worst, when she was becoming chilly, with the skin occasionally hot. He goes on to say, that in peripneumonia notha, the lungs are obstructed by a narrowing of

the passages, which he expresses by the word coarctatio, which is perceptible to the ears of the bystanders when she coughs, and that this is produced by a swelling of the passages, agreeing with the auscultatory sign, rhonchus sibilans of Laennec, from swelling of the bronchial membrane.

CASE OF CHOLERA AT SUNDERLAND, WITH AN ANALYSIS OF THE BLOOD,

TAKEN FROM THE PATIENT.

By WM. REID CLANNY, M.D. &c. &c.
Sunderland.

To the Editor of THE LANCET.

Sir, — Agreeably with your request, I send you a case of Cholera, attended by Mr. Embleton of Sunderland, and also the results of my analysis of the blood.

CASE,

"Elliot Todd, aged 33, living at No. 22, Warren-street, in which house three persons had died of cholera morbus—but with whom he had no connexion, being two much afraid to go near them*—of very intemperate habits, had been poorly for a week.

Was attacked, Dec. 12th, at 2 o'clock a.m. Complained of pain in his bowels and cramps in his feet.

At 7 a.m. the purging commenced. Was seen by Dr. Law, of Dublin.

At 9 a.m. Ordered *Calomelan. opii capsici*, aa. gr. ij, secunda quaque hora. The first dose produced vomiting, for the first time, of a slate-coloured mucus. Purging still continued, being a rice-like fluid. The spasms of the lower extremities continued; pulse not to be felt at the wrist.

Venesection to the extent of seven and a half ounces. The pulse could now be felt at the wrist. Gave him a dose of *sulph. ether.* and *opium*. Livid appearance left his hands, and he seemed easier.

At 3 p.m. The extremities became cold, no urine secreted; pulse not to be felt at the wrist; no longer any cramps; gave him some brandy.

He died at 7 p.m. of the same day. After death the face appeared natural—the skin of the hands was corrugated—the nails were livid—and the fingers and toes contracted.

(Signed) T. H. EMBLETON."

REMARKS.

I did not attend this case, but the blood

* The house is divided into tenements.

was given to me for analysis the same day. This may be called a case of the rapid type of Kennedy, or the cholera foudroyante of the French, and amongst a multiplicity of cases there was never presented to me any one so suitable for information as to the nature of the blood; and I give it to you, Mr. Editor, for the information of your numerous readers by way of anticipation of what may be expected from my forthcoming work on epidemic cholera.

ANALYSIS OF THE BLOOD.

This blood, on applying the tongue to it, had no taste, nor any particular smell, I also tasted it again, sometime after it had been drawn. I afterwards tasted the colouring matter, the coagulated albumen, and the fibrin, but in them I found no taste, nor any smell. It contained no gases of any description; was black as tar. I followed the plan which I have taken the liberty of recommending my professional brethren to pursue in the investigation of typhus and other diseases, and which I intend henceforth, for many reasons, to pursue.

I shall give the results of an analysis of the blood of one of our sailors which was taken in October last. This blood contained one cubic inch of carbonic acid in the 16 ozs. which were taken.

	The Sailor.	Elliot Todd.
Water	756	644
Albumen, coagulated	121	31
Colouring matter	59	253
Free carbon	32	66
Fibrin pressed and dried ..	18	6
Muriates of soda and potassa, carbonate of soda and ani- mal extraction	14	0
	1000	1000

I think it will be readily understood that as I did not see this case, it will be out of my power to make any comment upon it. The results of the analysis are most instructive, and by the medical philosopher must be regarded with astonishment. The blood in this case possesses only two ounces of serum, which was like serum of healthy blood in appearance. I am yours, &c.

W. REID CLANNY.

Sunderland, Dec. 31, 1831.

In continuation of the above communication I beg to say, that having completed my investigation of the blood, and *workable* fluids of epidemic cholera patients, I am satisfied that the first impulse which the system receives is from the atmosphere, through the medium of the respiratory system, but whether it be from the distemperature of the atmosphere only, or from contagious miasmata floating in the air, or from both, is not at this moment the question.

From direct experiments I am assured that this impulse causes, in the first instance, the circulating blood to part with its free carbonic acid by an excited respiratory process. When the blood is in this state, the circulation necessarily becomes languid, for the carbonic acid is to the blood in its circulation what the spiral spring is to the balance wheel of the watch. The free carbon of the blood is gradually restrained in its progress into the air-cells of the lungs, as well as throughout the whole circulation; for at this time not only is the whole circulation retarded, but the surface of the body also is chilled, or collapsed.—From this time the animal heat, of course, declines, not half the usual quantity of carbonic acid being formed in the air-cells of the lungs. We even find the patient heavy, melancholic, and listless; the blood, leaving the extremes of the circulatory system, distends the large blood-vessels and viscera, and should the patient be worn out by poverty, old age, disease, or drunkenness, he may die from excess of carbon in the blood, by which the coronary arteries of the heart, or the sensorium commune, or both, may be, to use a newly-coined medical phrase, poisoned by his own blood; or if the patient should be rashly raised up, he may die from inanition, as the blood now finds much obstruction in its circulation, particularly when it has to be carried against its, now, excessive specific gravity, by reason of its scarcely fluid state. When epidemic cholera takes its usual course, the blood-vessels of the coats of the stomach are generally influenced by the diseased blood; sometimes those of the stomach first, sometimes those of the intestines, and often of both at the same time. In some instances I have remarked that such has been the severity of the attack, that blood, if drawn from a vein, was mixed with the substances ejected by vomiting. The serum of the blood is thrown off from that fluid in both instances, and the salts of the serum not only cause this impulse in the extreme branches of the arteries, but also give those acute pains and cramps which are so characteristic of the disease,—in which pains and cramps the inferior and sometimes the superior extremities sympathise—similar in many respects to what we find takes place when, under ordinary circumstances, looseness, or costiveness, produces cramps of the legs, particularly when the individual is warm in bed.

Having myself at two different times in the course of last month been attacked with violent cramps of the bowels and inferior extremities, such as I had never experienced before, I can form some notion of the violence of epidemic cholera. When all the salts, such as are contained in healthy

blood, are purged out of the system, the cramps and pains as a matter of course leave the body, the patient looks like an animated corpse, and we have, at this time, lymph circulating with the crassamentum, in lieu of serum, as the case of Elliot Todd detailed in my accompanying letter testifies. I need not now detail any other phenomena of this new disease, but shall enter upon the subject more fully in my forthcoming work. In the interim I need scarcely remark that the proximate cause of a disease being well ascertained, we have the true basis for a radical cure.

Two days ago, by the kindness of a resident friend, I obtained a perusal of the last three numbers of a contemporary publication. The uncalled-for attacks made upon me by the editor of that journal, to whom I never spoke, and whom I never could have offended in thought, word, or deed, astonished and disgusted me. What has this personage performed for medical science that he should thus treat a country physician, whose greatest delight for several years has been to investigate the nature of disease by the aid of science, and who, as all his friends know, has spent a fortune in these pursuits? Had such physician, after the history of the safety-lamp, and the investigation of the proximate cause of typhus fever, no right to ask the government of his country what rewards he might expect in the event of his making discoveries upon the subject of epidemic cholera directly known to that government, without having the advantage of publishing a volume on the spot where the disease commenced in these islands? Had he not a right in a free state, when his request was not replied to, to state that he was not inclined, at his inconvenience and detriment, to make such disclosures public, except he were suitably encouraged and patronised? And why did a "confidential" correspondence with Lord Grey and Lord Auckland find its way into such a publication as the journal in question? While, too, such physician well knows that the ample taxes which he has paid for the last thirty years have been partly expended in pampering pensioners, he recollects that, with the exception of Dr. Jenner, no medical man, whether a man of science or not, ever received one farthing of public money since that physician commenced his professional career. And for his pains, anxieties, cares, and chemical experiments, with anything but agreeable fluids, that country physician who has no such chance to augment his practice as if he lived in a metropolis, he finds that, as his reward, he must receive insult upon insult, from a man, or from men, of the same profession! *Proh pudor!*

The breaking out of epidemic cholera in

this devoted town, is fraught with so much importance that I shall not trust myself upon the subject at this time. The pith of the last communication which I received from a certain quarter, has been served up by fresh artists for the journal referred to, with a three-fold purpose. First, to treat the "well-known physician at Sunderland" with contempt, because he dared to enter upon the subject of a disease of which he had seen so much, and into which no investigation had heretofore been carried, to his knowledge, as far as regards chemistry! Secondly, to show to all the world that he can be nothing but a pretender, and consequently deserves no respect from high or low,—medical men or non-medical,—choleric patients or non-choleric! Thirdly, that under all circumstances he is compelled to throw himself on the clemency of the editor of the above journal and its patrons; for this journal exists by patronage only, *certes* not by the talents of the editor! "*Risum teneatis amici.*" To my knowledge "they order things better in France." I think I observe the shrug of my friend Magendie's shoulders on reading this narrative. *Verbum sat.*

In the last *paroxysm* of this doughty editor, my advertisement was copied *verbatim* from *The Courier* and *The Standard*; but even here I am to blame, for by him the ominous words "*ere long*" are placed in italics, although any other person, not warped by prejudice, would attach another meaning to them. But here, on the contrary, we have the following kind comment:—"Is this a moment for any man who conceives he has discovered anything tending to diminish the danger, and allay the fears excited by cholera, to talk of communicating *ere long*." So I am compelled to appear at the tribunal of this editor at his pleasure, no matter whether the materials are ready for the press or not! No matter whether hastily published or not, or whether the publication so rapidly prepared shall add to my honour, or repay me the expenses of printing it! But I think I hear him say, "Who cares for a country physician's honour or emolument? Were he a London physician the case would be different, for his fame would carry emoluments with it, and perhaps admit him to the equestrian order." Very true. The only use of a country physician is to make him a drudge in science, to pick his brains at convenience, and enjoy a hearty laugh at his expense at every suitable opportunity. The following veracious remark succeeds:—"The rate of mortality at Sunderland, when cholera broke out there (not *after* it broke out, though we must take the intention so to be), was, as nearly as may be, one in three, and it continues undiminished." This is false; as

our daily lists "show a gradual decrease of cases and of deaths up to this hour." Again:—"It thus appears by his own showing, either that he has *no* 'method of cure,' or that the said method has been withheld from his suffering townsmen." This is another falsehood as all my friends here can testify. Besides, as chairman of the medical department of former boards of health, and as member of the present board of health of this town, I have had, of course, as great facilities for studying the disease as any other practitioner in this place, besides the opportunities for visiting cases afforded to me by my friend Mr. Embleton, the parish surgeon this year for the township of Sunderland. I have up to this hour attended several cases alone, and I am happy to say that the patients neither lacked medicines nor necessities, and thus I have been enabled to watch the progress of disease to my entire satisfaction. Yet this editor and his friends, by their own showing, know more upon this subject than I dare pretend to!

As to the remark on "two letters sent to the Board of Health," I shall give it entire: "We were amused to learn that our notice produced two letters to the Board of Health, putting *them* (who does this admirable grammarian mean by '*them*?') on their guard, that if——were the person alluded to as possessing 'a cure' for cholera, they must be cautious in admitting his claims, inasmuch as the real merit belonged exclusively to him who now addressed them, and who had communicated his discovery to the above."

Except an account of a heated air-bath, I never received any communication of which I could or would avail myself in the cure of epidemic cholera. This bath I was compelled to improve before I could render it of any service, and I then presented it to our infirmary.

W. REID CLANNY.

EFFECTS OF A BLOW UPON THE HEAD,
TENDING TO PROVE THE TRUTH OF PHRENOLOGY.

To the Editor of THE LANCET.

SIR,—On perusing your publication for last week, I noticed a case which was mentioned by Dr. Barlow at a meeting of the Phrenological Society, respecting a Welshman having received an injury in his head which greatly impaired his speech, although he was at the same time in perfect enjoyment of his other faculties. To confirm a statement which may probably be doubted by many of your readers, I shall relate a case nearly similar, which occurred under my own observation. A gentle-

man of my acquaintance on returning home, a short time since, was thrown from his horse and received a very violent blow upon the head. No external wound was visible, but the violence of the concussion rendered him for a considerable time insensible, when at length he exhibited symptoms of returning life. In about a week he began gradually to recover from the effects of his accident, but considerable doubts were entertained whether it had not impaired his reason, as he frequently called persons with whom he was thoroughly acquainted by *wrong* names, and also miscalled various things that he inquired for; but it afterwards appeared, from a variety of circumstances, that the accident had merely rendered him incapable of expressing his wishes and meaning in proper language, although his memory in every respect was perfect. In general he spoke with difficulty and hesitation, and appeared conscious of being unable to render himself intelligible, but seemed highly delighted when he could make himself properly understood. One instance in particular occurred, which at once proved that his memory was unimpaired in every thing but language, viz., he had two fine little animals of the *swinish breed*, which he was particularly fond of, and which, previously to his accident, frequently engaged his attention; one day he inquired with great anxiety how they were going on; for a length of time no one could comprehend his meaning, on account of the curious and unintelligible names by which he called them; various things were mentioned to him for the purpose of eliciting his meaning, but to each inquiry he invariably returned a negative, at length accidentally the animals were mentioned, when he immediately said that they were what he meant. Sometimes his friends pointed out the mistakes that he committed, when he frequently laughed heartily at his blunders, and seemed perfectly aware of the merriment which they sometimes necessarily excited, and of his total inability to express himself with greater accuracy. Although I profess to be a complete novice with regard to the interesting science of phrenology, still I think that the case I have just mentioned tends considerably to establish and confirm several propositions relied upon by phrenologists, viz., that language is confined to a particular part of the brain, and has a distinct organ allotted to it, and that consequently it is not dependent upon the collective aid of the other organs; and also that memory is not a distinct faculty, but an attribute of others, as this gentleman's memory, like that of the Welshman's, was perfect in every respect except language. I am, Mr. Editor,

J. S. TAYLOR.

Wilson Street, Dec. 20th, 1831.