

the epidemic, occurred; but it has been under such various and different modes of treatment, that it is quite clear the recoveries have been owing to causes independent of medicine. In fact, the body is dead to the influence of remedies;—the circulation is stopped, and the various vital actions are suspended. In such a state it is clear the body cannot absorb, circulate, and admit the effect of, any agent. The body must be resuscitated, and its animation restored, before we can expect remedies to act. A mistake appears to me to have prevailed in not making this distinction. Means have been recommended, and used, to resuscitate, in the same way as with a body where animation is suspended from drowning: but there is this difference; the drowned body is healthy, — the springs of life have but to be put in motion, and the body is in a condition to carry on its action; but in the cholera patient the fluids are corrupted, and the vital functions are suspended, from the effects of an epidemic poison; it is therefore clear, that the poison must be neutralized, and the blood and fluids restored to a healthy condition, before we can expect recovery. The powers of the constitution are, in some cases, such as to overbalance the effects of the poison, and the patient recovers without any means being used; but the reverse is too often the case, and we must therefore look for something beyond restoring from collapse.

The remedy upon which I have most relied in this disease is mercury; and I believe, if ever the disease is *actually cured*, it is by means of this agent. After a long experience in the East, medical men came to the conclusion that calomel and opium were the remedies to be chiefly relied on in this disease; and in every other part where cholera has prevailed, has this conclusion been eventually come to. Typhus fever, yellow fever, puerperal fever, and various inflammatory fevers, are found to be instantly extinguished where salivation is produced. The difficulty and impossibility of producing this effect in some cases I am fully aware of; but still, where salivation is effected, the disease is annihilated; I confidently stated last year, that salivation would cure cholera; and the first case I treated of this disease, in a state of collapse, was cured by that means: but it was a solitary case. I soon found that a body in a state of collapse was dead to the influence of remedies; and that the largest quantities of mercury which could be used were inert in this condition of the vital powers. It appeared to me, therefore, to be of little use, unless the body could be brought into a condition capable

of receiving its influence. The plan of injecting saline fluids appears to me to effect this desideratum. By this means the collapse is temporarily removed, the circulation is restored, the body becomes warm, and a sort of fictitious life is supplied; but the disease is not cured, — the poison is inherent, and again exerts its deadly influence. The collapse may be again overcome by injections; but it again returns, and the patient dies; and this plan, like every other, fails. I believe, when the body is thus temporarily revived, if mercury be used in the most extensive and persevering manner, both internally and externally, during this artificial restoration, that the patient might be brought under its influence; and if salivation can be produced, I have a strong impression that the patient would recover. I wish to be understood, that salivation full and complete must be produced. Soreness of the gums from mercury is quickly superseded by the disease, as I have repeatedly witnessed in fevers, and also in cholera. No effect of mercury short of complete salivation can be depended on. I have witnessed an impressive case, where soreness of the gums was produced in cholera, and the disease was yielding; but the mercury being omitted under an impression that the effect was sufficient, the disease again acquired its ascendancy, and the patient was lost.

By giving insertion to the above, it may probably excite the attention of some who may have the opportunity and the disposition to give satisfactory *trials* to the suggestion.

I am, Sir, your obedient servant,  
HENRY STEPHENS, M.R.C.S.  
London, 54, Stamford-street,  
July 31st, 1833.

#### CASE OF INGUINAL ANEURISM,

IN WHICH THE EXTERNAL ILIAC ARTERY  
WAS TIED WITH SUCCESS.

By MARTIN SINCLAIR, M.D., *Fellow of the  
Royal College of Surgeons of Edinburgh, &c.*

THE operation of tying the external iliac artery being now recognised as one of the ordinary performances of surgery, it may seem superfluous to narrate the particulars of the following case in which that operation was employed; but as each additional instance tends to confirm the propriety of the Hunterian method of operating, and to demonstrate the resources of nature in carrying on the cir-

culatation of the blood when the supply by an important artery is suddenly arrested, a brief history of the events may not be uninteresting to the profession.

*Case.*—John Chantler, ætat. 28, a porter to a bleacher, was admitted as a patient at the Hulme Dispensary, on the 26th of March, 1832, with a large pulsating tumour in the right groin, of which the following account was given. The swelling was first noticed at the beginning of October, 1831, at which period it was about the size of a marble, and attracted notice from its pulsation. No cause could be assigned for the origin of the disease, further than the strainings to which the patient was subjected in carrying heavy loads of calico to the upper rooms of warehouses in town. The only remedies which had been employed were some aperients, and the contents of a "rubbing bottle." The tumour gradually increased in size, and the patient, on admission, exhibited the following symptoms: a tumour, considerably larger than a full-sized duck's egg, presented itself immediately beneath Poupart's ligament, pulsating violently (the pulsations being synchronous with those of the heart), elevating the integuments more than an inch at each impulse. The integuments covering the tumour were of the natural colour, and there was no attendant pain. The motion of the hip-joint was impeded by the swelling. The general health was good. Pressure in the course of the artery above the tumour completely arrested the pulsation, which returned as soon as the obstacle was removed.

As the patient was of a full habit of body and accustomed to free living, he was immediately put on low diet, and rest in the horizontal posture was enjoined. Aperients were administered to keep the bowels open, and bleeding to the extent of a pint on each occasion was performed twice. Two tablespoonfuls of the subjoined mixture.\* Wine taken thrice a day previous to the operation.

The operation was performed on the 3rd of April, 1832, in presence of Mr. Whatton, consulting surgeon to the dispensary, Mr. Booth my colleague, and other professional friends, in the following manner:—The patient was placed on a bed before a window, with the affected side towards the operator. An incision, fully four inches in extent, of a lunated form, and two inches above Poupart's

ligament, was made through the integuments, the extremities of the incision pointing upwards and inwards, and terminating within an inch and a half of the linea alba, and the superior spinous process of the os ilium. The fibres of the external oblique were then cut through with the scalpel, and the internal oblique was divided, with a probe-pointed bistoury, from within outwards, in the direction of the external wound. The peritoneum was next pushed gently upwards with the fingers, and the external iliac was distinctly felt at the bottom of the wound, pulsating strongly, and feeling to the touch to be about three-eighths of an inch, or upwards, in diameter; the sheath of the vessels was now slightly detached with the finger nail, and a ligature was applied to the artery with the ordinary aneurism needle, introduced from the lateral aspect, and terminating mesiad. The ligature was then tightened, and all pulsation in the tumour immediately ceased. The external wound was approximated by two stitches of the interrupted suture, and superficial dressings, with a bandage, completed this part of the operation. The quantity of blood lost during the operation did not exceed a tablespoonful, and no subordinate artery required to be tied. The patient bore the operation remarkably well, and was left, with strict instructions as to diet, under the charge of an assistant, the limb on the affected side having been loosely enveloped in flannel.

As it is unnecessary to load this abstract with an account of the daily treatment and progress of the case, it may be sufficient to state that a great part of the wound united by the first intention, but an inflammatory affection supervening, destroyed the adhesive process, and the union of the wound was at length accomplished by the second intention; no constitutional symptoms requiring remedial means arose in the course of the treatment; the tumour daily decreased in size, and the ligature was detached on the thirtieth day after the operation. Upon measuring that part of the ligature which was imbedded in the wound, the artery was found to be fully three inches under the surface of the abdominal parietes, at the point where it was taken up.

*Remarks.*—Without entering upon the controverted point, as to the proximate cause of aneurism, the above case presents a good example in which that disease, if left to the resources of nature, would in all probability have proved fatal, and at the same time exhibits an instance of modern surgery triumphing over a dis-

\* R *Tinct. d. gitalis* ʒj;  
*Tinct. hyosciami* ʒss;  
*Syr p. simplicis* ʒj;  
*Aqu. c.* ʒviss. *Misc.*

ease which in olden times was deemed incurable. It is fortunate for the patient that he became the subject of surgical treatment, before his life was sacrificed by certain doctors who are noted for "rubbing bottles." As the heart and arterial system otherwise appeared to be sound, no obstacle presented itself to the performance of the operation; and although the patient was not under the same restraint and control as he would have been in an hospital, every care and attention was bestowed to prevent an unfavourable termination, occasionally threatened by the injudicious adoption of full diet and stimulants, in spite of our remonstrances to the contrary, and which, in all likelihood, caused the inflammation of the edges of the wound. Although the ligature was not detached till the thirtieth day after the operation, I considered that circumstance favourable to the patient's ultimate recovery, as it afforded an additional argument for keeping him quiet, and under a regulated regimen, which salutary restraints he would have broken through at an early period, had not the dread of instant and fatal hemorrhage, before the detachment of the ligature, been almost daily impressed on his mind. Some slight numbness of the leg of the affected side existed for a time after the operation, but this gradually disappeared under the use of stimulating and anodyne embrocations. No trace of the aneurismal tumour now remains, and the limb performs its wonted duties without pain or fatigue. The artery feels like a firm chord for two or three inches below the original seat of the aneurism.

Manchester, Aug. 3, 1833.

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#### THE PROTO-IOIDE AND DEUT-IOIDE OF MERCURY.

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To the Editor of THE LANCET.

SIR,—As the following extract from a lecture at the Westminster Dispensary may be useful in showing the decided difference in medicinal activity between the *proto-iodide* and the *deut-iodide* of mercury; also the necessity of stating in a prescription the one that is to be employed, I beg your insertion of the same.

Yours in well-wishing,

JOHN EPPS, M.D.,

Lecturer on Materia Medica, &c.

89, Great Russell-street, August 5, 1833.

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"I have, Gentlemen, now to draw your attention to a new preparation of mercury. It is the *iodide*. This preparation has been

employed in the removal of tumours, and with considerable effect. I have tried it both *internally* and *externally*. From my own experience, I have more confidence in its *external* application than in its *internal* use. I have used it with success in *scrotal* tumours. I have been disappointed in some instances. These disappointments I am inclined to ascribe (from one circumstance that has lately occurred) more to the *preparation* of the medicine than to the medicinal agent itself.

"In illustration I shall mention a case. A patient who had been taking the tincture of iodine, without any effect, for a scrotal tumour, applied to me in the month of February in this year. I prescribed for him the following:  $\mathcal{R}$  *Iodid. hydrargyri* ʒi; *Ung. cetacei* ʒi; ft. ung. pro usu. At the next visit from my patient, I found that no effect was produced upon the tumour; in fact, no effect at all, either general or local. This I thought strange, because I knew that the iodide of mercury produced great heat and irritation. I then ordered an increase of the iodide to two drachms. Still the patient complained of no effect being produced. I then ordered him to go to some other chemist. He went to John Bell, in Oxford-street, and returned to me in astonishment and anxiety two days after, stating that the ointment which he obtained there from the presentation of the same prescription was of a beautiful bright red, whereas the one he obtained at the other chemist's in Oxford-street, was of a yellowish green. And not only did he notice the difference in colour but the difference in effect; for after applying it on going to bed to the scrotal tumour, the red ointment produced so much irritation that he was obliged to rise in the night and bathe the part.

"In order that I might be fully satisfied, I desired him to take the same prescription to the two chemists, and have the ointment made up at both; and to bring me the same, which, Gentlemen, I now show you; and one, you see, is a yellowish green, the other a bright red.

"Now, Gentlemen, I am willing to allow that I am in part to blame, as the following explanation will prove. There are *two* iodides of mercury; the *proto-iodide* and the *deut-iodide*,—the former composed of one equivalent of iodine and one of mercury; the latter of two of iodine and one of mercury. The former is of a yellowish green colour, the other is of a bright red. I should have written in my prescription the *deut-iodide*; but, notwithstanding, you will perceive that the one chemist introduced the *proto-iodide*, the other the *deut-iodide* in making up the same prescription.

"In addition, let me remark, that the