

works of the authors cited, as, in alluding to the quotations, he expresses a hope that they have been adduced "more correctly, I trust, than has been his wont with me." Dr. Mayne now speaks of the term "permanent cure" as a "tautological expression;" but nevertheless he graciously condescends to inform us, that although it is a "tautological expression," it is only so when applied to gonorrhœa; and that "the authors quoted wrote correctly of the permanent cure of syphilis." Dr. Mayne would therefore irresistibly force us to the conclusion,—or rather he in plain terms expresses it, that an author,—in writing a chapter on chancre and secondary symptoms, violates no grammatical rule when he employs the term "permanent cure;" but when the same author, in his section on gonorrhœa, speaks of the permanent cure of that disease, he outrages all the prescribed grammatical usages, by using "tautological expressions." Surely Dr. Mayne must have committed those remarks to paper in a moment of unreflecting and hasty excitement.

"Veritas visû et mora, falsa festinatione, et incertis valescant."

I shall now, in accordance with Dr. Mayne's request, and for his future guidance and information, conclude these observations by giving him a concise summary of my views on some important points connected with the subject of these papers.

First. I do not now, nor ever did hold, that gonorrhœa and syphilis were identical, but, on the contrary, I believe them to be two distinct and different diseases, each requiring a different mode of treatment.

Second. I am of opinion that gonorrhœal ophthalmia is about the most violent and destructive form of disease to which the eyes are subject; and I have never seen or read, in the writings of any author upon that affection, that the disease existed for *many weeks* without ending in the total disorganization of the structures of the eye.

Third. I consider that gonorrhœal ophthalmia is a disease that requires to be combated by immediate depletion, both local and general, if the powers of the constitution will permit; and that these remedial measures should be followed up by rapid mercurialization; and I further consider, that the employment of copaiba collyria, in such a case, would, from the irritating quality of that drug, be likely to be attended with the most injurious effects.

Fourth. I am of opinion, that in gonorrhœa in the female the internal exhibition of the balsams, cubebs, &c., with a view to arresting the discharge, is completely useless, except in cases where the urethra alone is implicated—instances of extremely rare occurrence; and that its local application, in the form of injections, is equally valueless.*

Fifth. The most successful mode of treatment which I have adopted, in gonorrhœa in the female, has been the free use of the solid nitrate of silver, or the acid nitrate of mercury, to the walls of the vagina, and to the cervix uteri; and the introduction into the cavity of the womb of a pencil of nitrate of silver. When that organ was diseased, which latter was the case in by far the greater number of patients that fell to my lot to treat, conjointly with these topical applications, I have found preparations of iron (more especially the compound iron mixture) very useful adjuvants in restoring the uterus to its original healthy condition.

Harcourt-street, Dublin, Jan. 1849.

ON THE TREATMENT OF CHOLERA.

CALOMEL AND CARBONIC ACID GAS CURATIVE, WHEN PERSEVERINGLY AND WATCHFULLY EXHIBITED.

By P. NIDDRIE, M.D., Surgeon R.N.

[Dr. NIDDRIE, who states that he has had considerable opportunities of treating cholera at Malta, subsequent to 1832, when he forwarded us some observations published in No. 467 of THE LANCET, remarks:—]

"When attached to the 'Dover' cholera hospital-ship, in the Thames, in 1832, this disease seemed to be so unmanageable, that all treatment appeared to me to be equally useless; but more extended experience led me to observe the vast value of calomel and carbonic acid gas."

He cites, amongst others, the following case:—

* I have been led to this conclusion from having employed it extensively, about three years ago, in the majority of the gonorrhœal patients in the Lock Hospital; but after persevering in its use for about three months, I was obliged to relinquish it, never having been able to trace a single successful case to that particular mode of treatment. The results of Messrs. Ricord and Piorry, as shown by Dr. de Meric, have been equally fruitless. I have used the balsam injection both uncombined and in combination with sulphate of zinc, rubbed up in a mortar with mucilage.

J. Y.—, aged thirty-five, able seaman H.M.S. "Grampus," was attacked, at Valparaiso, on the 21st June, 1848, with Asiatic cholera. At three A.M. he had frequent vomiting, purging, and cramps; and at seven A.M., constant vomiting; purging of light-coloured watery matter; cramps in legs and abdominal muscles; no urine for twelve hours; much thirst; no pulse at wrist; skin cold, clammy, and livid; eyes sunken and glassy; face haggard; lips pallid; tongue moist, cold at tip; breath cold; hands and feet cold; nails livid.

June 22nd.—No purging since eight last night; vomiting and cramps less frequent; no sleep; much thirst; no urine; expression of face improved; eyes and cheeks less sunken; tongue warm; breathing 22, not cold; hands cold; nails livid; pulse felt at wrist small and frequent.

23rd.—Some sleep; frequent vomiting; hiccough; less cramp; bowels opened once by mucous stool; no urine; no pulse at wrist; skin warm, and less livid; expression of face better; tongue clean and warm; breath warm. At eight P.M. reaction occurred; pulse at wrist rather strong and frequent; skin hot; face slightly flushed.

24th.—Slept; voided urine freely; hiccough and occasional vomiting; bowels opened twice; face slightly flushed; pulse 80, full; tongue moist and warm; head hot; some drowsiness; gums florid.

July 24th.—Discharged cured to duty.

Treatment.—On the 21st June, at three A.M., five grains of calomel and one grain of opium were given, and followed by a carminative draught; and at seven A.M., the nature of the disease being distinctly pronounced, external warmth, by means of bottles of hot water, was applied; and friction to the legs and abdomen, with a liniment of tincture of opium and camphor. Two grains of calomel, mixed with five grains of sugar, were placed on the tongue, and washed down by an effervescing draught, composed of carbonate of soda, a scruple, and tartaric acid, fifteen grains. This dose and draught were at first immediately rejected by vomiting; but as soon as retained for some minutes, the period between each dose was extended to half an hour, and continued so to be given until six P.M. of the 23rd, when symptoms of reaction appeared. On the 22nd he took a little warm beef-tea, and at night an opiate. On the 23rd the beef-tea and draught were repeated, and he had taken 136 grains of calomel in sixty hours—the duration of the stage of collapse. When reaction decidedly appeared, and there were head symptoms, the hair was removed, cold applied to the head, and two large blisters to the thighs; and he took two grains of calomel, and three grains of antimonial powder, in pill, and tartarized antimony and nitrate of potass, in mixture, every three hours. In two days the dangerous symptoms disappeared, and he gradually gained strength, and was able to return to his duty.

Remarks.—It is generally acknowledged that cold, hunger, filth, foul air, and excesses, vastly predispose to the attacks of epidemics, (and to these causes some attacks of cholera may doubtless be traced,) but in the most healthy situations, and agreeable climates, it may attack, as in the above case, those who are well clothed, well fed, vigorous, and healthy. Whatever may be its cause, cholera appears in some cases to attack with such force as to render all treatment useless; but such cases are not numerous, and I feel assured that the mortality would be much reduced by such treatment as was followed in the above case.

I have witnessed the failure of a long list of medicines, and of much variety of treatment. Stimulants given to the extent of a bottle of brandy in twenty-four hours; extreme doses of carbonate of ammonia; the homœopathic use of strychnine and other medicines; cold water dashed on the surface of the body; bleeding during collapse, all proved either useless or injurious, and I now feel assured that calomel and carbonic acid gas are the only remedies to be trusted. To take effect, they must be administered most perseveringly, and almost forced into the system. Two grains of calomel and an ordinary effervescing draught are a sufficient dose, but they must be given so as to be almost constantly in contact with the stomach. If rejected by vomiting, they must be repeated every few minutes for several hours, and their use ought only to be limited by their effects, and not by the quantity administered. As the symptoms of collapse disappear, the period between each dose must be extended, so as to prevent salivation. In one case 286 grains of calomel were given in sixty-eight hours, without affecting the gums. By this mode of treatment, the stage of collapse is removed, and the subsequent stage of reaction is much modified, and congestion of any of the great cavities rarely occurs to any serious degree. Even in some of the worst cases, when the breath and tongue are cold, and the

wrist is pulseless, a persevering and watchful use of calomel and carbonic acid gas gradually diffuses warmth over the general surface, and re-establishes the circulation. If the watery dejections continue, an enema, containing two drachms of tincture of catechu, will be highly useful; and as the stage of reaction approaches, sleeplessness and irritability may be removed by a large opiate. Internal warmth may be usefully employed, as soon as the state of the stomach will admit warm fluids, such as thin arrow root, or beef-tea. When premonitory diarrhoea occurs, it will almost certainly be stopped by five grains of calomel, and one grain of opium, followed, in the course of an hour, by an effervescent draught, with a drachm of tincture of catechu, but it may be necessary to repeat these every three hours till the purging is stopped. Whatever may be the cause of cholera, whether electric, or of a more tangible nature, experience shows that it spreads epidemically, and that the liability to an attack is not increased by close contact; that it is not contagious, and by whatever channel the morbid principle enters the body, it produces a disorder of the circulation, and a change in the quality of the blood, to which all our remedial means must be directed. I do not attempt to point out the mode of action of calomel and carbonic acid gas; but I have sufficient experience of their value, to be assured that they are most efficient agents in removing these morbid conditions, and of curing cholera.

A BRIEF ACCOUNT OF THE SYMPTOMS PRESENTED BY CHOLERA AMONG THE PAUPER CHILDREN AT DROUET'S ESTABLISHMENT, TOOTING.

By W. HOME POPHAM, Esq., M.R.C.S. & L.A.C., London.

SOME medical gentlemen who have visited Mr. Drouet's since the outbreak of the late fatal disease there, have expressed opinions denying its being really Asiatic cholera, and various conflicting statements have appeared in the daily papers as to the true nature of the disease. In my mind, not a shadow of doubt can exist as to its having been malignant cholera. Of those gentlemen who will not allow of its being true cholera, some have been of that opinion because there was not invariably violent cramp; others, because there was not a sufficiently deep blueness of colour in the skin, to meet their ideas of that disease. One gentleman in particular, Mr. Southee, of Cambridge, came to the conclusion because the skin was not corrugated, which he looked on as an invariable symptom. Verily those gentlemen who judge from the absence of one, or even more, of the general symptoms, cannot have seen much of the disease. If they had even read much respecting it, they would be aware, that even in India the symptoms vary greatly, and that many of them are frequently wanting. Out of 300 medical gentlemen (among whom may be reckoned Mr. Grainger) who witnessed the cases, not more than half a-dozen entertain the slightest doubt as to its real character.

In nearly all the children who were attacked by the disease, the first symptoms were either diarrhoea or vomiting, which in most instances preceded the true choleraic symptoms for some two or three hours at least. The matters at first ejected were merely the contents of the stomach or bowels; after a few hours, however, if not checked, the evacuations presented the appearances usual in Asiatic cholera: the fluids then vomited were sometimes like clear water, but most generally more or less opaque, being brought up every five or ten minutes with much force, and appearing almost as if thrown from a pump. The alvine evacuations in many instances presented the same appearance as the matter vomited, but in them the rice-water character was more apparent. In the elder children the cramps were very violent, so much so, that I have heard several boys at the same moment, calling out "Oh, rub my legs!" In the younger children this symptom was not so apparent. There was in all cases excessive thirst, which continued to the last, and the anxious expression of the countenance was particularly remarkable. The stage of collapse sometimes came on with astonishing rapidity—so much so that patients who one hour appeared going on well, might in a few minutes be found in a state most horrible to be depicted: in this stage the skin was blue, particularly in the extremities, the tips of the ears and nose. The body was so extremely cold also, that it seemed actually to become warmer after death; the breath and tongue partook of the same character; the eyes were sunk in their sockets, and much congested, and the fluids of the cellular tissue became frequently rapidly absorbed, causing bodies previously plump in a short time to appear quite emaciated. In this stage there was, so far as I could ascertain, complete suppression of the urine; neither did the tears nor saliva

seem to be secreted. Two cases came under my notice, in which this stage was preceded by neither purging nor vomiting, nor was there any throughout the course of the disease: those patients seemed as if struck down by some most potent poison, one dying in two hours from the apparent commencement of the attack. Thirst continued to the last, as well as purging and vomiting, and the patients mostly expired, after a very copious vomit, without the least struggle; sometimes, in fact, it was difficult to ascertain when they ceased to exist. In this stage there did not seem to be the least derangement of the functions of the brain; the patients retained their faculties to the last, in a most extraordinary manner, even though large doses of opium were in many instances administered. If the patients struggled through the period of collapse, they had then an equally formidable difficulty to encounter in the consecutive fever, which generally came on with much violence and cerebral derangement, quick pulse, hot skin, flushed countenance, &c.; it however soon changed into a low form of typhus, and the patients died exhausted.

In those cases where post-mortem examinations were made, the chief morbid appearances were, a greater degree of vascularity in the lining membrane of the small intestines; the omentum appeared redder than usual; the liver slightly congested; the gall-bladder much distended with bile, which was thicker than natural, and very tenacious, resembling treacle more than bile. The bladder was empty, and so contracted as to appear devoid of a cavity; the venous system was much congested, and the vena cava and vena portae were distended with dark thick blood. In the stage of consecutive fever, the chief morbid appearance was congestion of the brain; there was also an enlarged or ulcerated state of Peyer's glands.

In the treatment of Asiatic cholera I cannot speak with confidence of any particular plan; unless the disease be attacked in its commencement, the chances of success are small. I have tried nearly all the vaunted remedies of the present day, with pretty much the same success where collapse had set in. Opium is, in my opinion, the remedy most to be depended on, and if given in combination with a little chalk, and some astringent, as tincture of catechu, it will mostly check the disease in its commencement, but in the stage of collapse it is nearly useless. Where collapse was present with rice-water evacuations and vomiting, calomel, combined with opium, afforded me the most satisfaction in its results; the mode in which I administered it was, a modification of that recommended by Dr. Ayre, of Hull, who says, "that for any benefit to be derived, it must be given every five minutes, so as to allow of its being taken into the system, for if given at longer intervals, it passes so rapidly through the bowels that little benefit is derived." I must say that I did not experience the same amount of success in its use as Dr. Ayre, though I can readily attribute its partial failure to having given the doses at too long intervals, and I feel convinced that had it been administered at shorter intervals, the success would have been much greater. I gave half a grain of calomel, with one-sixth, or sometimes one quarter of a grain of opium to boys of twelve years of age, every half-hour, washing it down with a little brandy-and-water. The adjuvant remedies were frictions, with hot turpentine to the abdomen and extremities, mustard cataplasms, as well as stimulants taken internally. In no one case under my care did I perceive the slightest pyralism, or even mercurial fœtor in the breath; the endurance of opium also seemed worthy of notice, for though large doses of tincture and powder were administered, no perceptible degree of narcotism occurred, and the patients were sensible and answered questions readily to the last. Chloroform was tried, and though two or three cases in which it was administered recovered, I look on it as useless in the stage of collapse. It certainly lessens the vomiting in mild cases. In the cases where I administered it, it had the effect of increasing the number of respirations from 25 to 36 in a minute: after its influence had been continued an hour, the pulse also increased gradually in the same time from 110 to 124, and became stronger; and the heat of the skin was also augmented. Chloroform may perhaps be a valuable auxiliary in the treatment of cholera, but by itself it is not to be depended on, though so highly extolled by the medical gentlemen at Peckham asylum.

Judd-street, Brunswick-square, Feb. 1849.

THE cholera is still making sad havoc at Breslau. It may be stated, as another warning to the rich in all countries, that the disease first broke out among the ill-fed and ill-clad persons who, under the name of "houseless poor," were crowded together in a species of workhouse in the town. The fatal disease has now attacked all classes of society, and spares neither the capitalist nor the beggar. By the last report, it was disappearing at New Orleans, and business there is returning to its accustomed routine.