

tinue a painful remedy in a disease so dangerous as generally to require instant relief, and which may be obtained with very little and only momentary increase of the patient's sufferings.

The nitrate of silver may be very useful in mild cases, and, probably, in cases similar to the one related, when the patient is much reduced, and cannot afford to lose blood; but I am sure, from what I have seen of the disease, that, when very severe, deep incisions, extending from the base to the tip of the tongue, are more successful than any other treatment. It is equally certain that mere scarifications, and the local application of leeches in alarming cases, do harm. "The swelling and suffering will often be found to be increased dreadfully after the oozing of the blood has ceased." This was well observed in a case that occurred in Mr. Webster's practice at St. Alban's, last year, when I was his assistant, in which, had not the most energetic treatment been adopted, the patient must have died from suffocation.

The Case.—A gentleman, 80 years of age, arose in the morning in his usual good health, and went into his farm-yard, where, having detected something wrong in the conduct of his servant, he was exceedingly enraged, and scolded him furiously; when he returned into the house his wife remarked that he did not speak so distinctly as he was accustomed to do; this he did not notice much himself, but in a short time, and during his breakfast, he was unable to move his tongue without pain, and very soon afterwards it enlarged so much as to fill his mouth entirely, preventing deglutition and affecting respiration. At this time, 9 o'clock a.m., Mr. Webster was sent for, and having been informed by the messenger of the nature of the case, he took with him leeches and appropriate medicine. I saw the patient an hour afterwards; he was in a very dreadful condition, the tongue was enormously swollen, and protruded from the mouth, and the skin forming the under part of the chin was much distended and discoloured, apparently from effused blood, some vessel probably having yielded during the paroxysm of rage, thus rendering him a horrid spectacle. The tongue was freely scarified, and leeches were applied to it, without affording the smallest relief. On the contrary, the swelling and suffering were much increased. About noon the patient breathed with so much difficulty that it was deemed necessary to have the opinion of another surgeon, as unless he was immediately relieved suffocation would quickly ensue.

It was accordingly determined that deep and extensive incisions should be made into the tongue, as the only chance of saving life, and Mr. Webster made use of a common scalpel to effect that object, cutting through half the substance of the swelling, from end to end, in several places. The hemorrhage was profuse, and the result of the operation most gratifying. The tongue was instantly reduced so much that it could be returned into the mouth, the breathing became natural, and the pain was greatly diminished. The patient, in fact, from a state of extreme danger was restored to comparative comfort. In the evening leeches were applied to the sides and under surface of the tongue, and saline aperients were administered during the night. The following morning the tongue was reduced to almost its natural size, and the patient could articulate without difficulty, and could take any kind of fluid food with comfort. In less than a week from the day of attack he was perfectly well, slight debility only remaining.

Had the nitrate of silver been trusted to in this case, I fear the consequences would not have been so favourable, for had the active measures that were adopted been delayed one hour longer, the opportunity of doing good would have been for ever lost. Death would have terminated the patient's sufferings before that time had elapsed. The superiority of this treatment over that with the nitrate of silver is very apparent, for the tongue recovers its use in two days, whereas by using the latter it does not resume its healthy condition until fourteen days have expired. Even in cases where there is great debility and exhaustion, I would prefer a good topical bleeding, by incision, to the nitrate of silver, as the strength is generally soon regained, but I would not bleed from the arm.

I remain, Sir,

Your most obedient servant,

G. M. TODD, Surgeon.

Old Kent Road, Sept. 1, 1834.

MALIGNANT CHOLERA.

SMALL AND FREQUENT DOSES OF
CALOMEL.

To the Editor of THE LANCET.

SIR,—As the Asiatic cholera has again shown itself in this kingdom, I wish to be allowed a few words with the public, to whom, from your Number of Saturday, I am glad to perceive they will be as acceptable, as, from your invitations to correspondents on this subject, I hope they will

be to you. Trusting you will find room for this communication, I remain, dear Sir, your very obedient servant,

J. PEACOCK, M.D.

Darlington, Sept. 11th, 1834.

It was on the 1st of October, 1832, that I made known, through the medium of the *London Medical and Physical Journal*, an easy and expeditious mode (which subsequent experience has confirmed) of curing the Asiatic cholera by small and repeated doses of calomel washed down by a little fresh cold water. So far as I have either read or heard, I was the first who recommended this very simple and most efficacious remedy. In the following year I sent to the same journal some further particulars of a mode of treatment with which I was anxious to make the profession acquainted; but it seems that about this time that journal was discontinued, and my letter was handed to the editor of the *Medical Quarterly Review*. I have just seen the number of that periodical for January last, in which I observe the editor has inserted a very short and garbled extract from my letter, and most unfairly* added, that "this will remind our readers of Dr. Ayre's system, who gives a grain of calomel every five minutes, but combines it with a drop of opium." Now, if there was any reminding in the case (as there is not), I should observe, that I had publicly recommended *calomel alone*, before Dr. Ayre had published *any* practice of his.

But far more than I am interested in the question of who first proposed small doses of calomel in this disease (though no one is indifferent to the reputation of having made a useful discovery), am I desirous that my treatment of Asiatic cholera should not be confounded with Dr. Ayre's plan, to which it bears no resemblance. Mandon and Monmouth both begin with *M*, it is true, but the words are not more dissimilar than my mode of meeting cholera is from the method of Dr. Ayre, which, besides being *commonly* single-grain doses of calomel, generally given every five minutes, included laudanum, brandy, rice clysters, mustard cataplasms, bags of warm sand, &c.*

It is no part of this letter to discuss the merits of these auxiliaries, my only object is to state the plan which I have invariably (and invariably successfully) adopted, and which consisted simply and wholly of

grain doses of calomel every ten minutes, washed down with cold water. Upon my first acquaintance, indeed, with the Indian cholera, a small matter of rochelle salt was put in the water, but when I became familiar with the disease, I found I could trust safely to the grain of calomel every ten minutes without anything else. Out of upwards of thirty cases of Asiatic cholera, which I have treated in this way, *I have not lost one patient.*

So soon as the plan which I have recommended, and which (so far as the experience of a man of forty years' extensive practice justifies me in speaking strongly), I pronounce to be *infallible*, has been prosecuted for four or five hours, there is generally felt a little warmth or moisture upon the limbs, and the pulse becomes sensible to the touch; and after two or three black stools, the evacuations regain their natural colour and odour. If two or three of the physicians and surgeons to public dispensaries (than whom no men have been more distinguished for science and usefulness) would condescend to try the effect of this remedy in Asiatic cholera, I should not doubt, from what I have seen of it in many blue cases as severe as the one I am about to relate, of their giving a favourable report of its operation.

Case.—A lady, after having been terribly harassed by a long journey, in which she had not gone to bed during several days, was attacked with this complaint in a very severe manner. Immediate assistance was not at hand, and the colourless diarrhoea and vomiting had advanced to a very high pitch when we were called in. The muscles of her legs and arms were rigid and very painful; her eyes and every feature were frightfully sunk; her tongue and her limbs were cold as icicles; the skin upon her face as well as her hands and feet was of a black blue, and when she attempted to speak, it was done with the piping difficulty of a very old person in the act of death; her stomach rejected her calomel pill several times, but not a minute was lost in its re-administration. She kept throwing her arms from side to side, and moaning most piteously, and the beholders begged that she might not be any longer teased with medicine, as the case was hopeless. We stuck to her nevertheless, and took care that she never missed her pill and cold water, which appeared to be grateful. After six hours' struggle in this way, we could plainly perceive a pulsation at the wrist. The retching had much abated after the medicine had been taken two hours, but after eight hours black purulent matter was discharged by stool, and the blue tint upon her face and limbs had

* We cannot think that the misrepresentation or personal offence indicated by the charge of unfairness, was designed by our contemporary.—ED. L.

† The communication of Dr. Ayre in the last *LANCET* had not been read by Dr. Peacock when this letter was written.—ED. L.

diminished much, and although her tongue and breath still continued very cold, her limbs were improving both in rotundity, warmth, and colour. At the tenth hour, although still suffering under dreadful debility, we assured her friends that she was safe.

THE LANCET.

London, Saturday, Sept. 20, 1834.

THE resignation by JOHN WHITSED of the office of Physician in the Aldersgate-street Dispensary, is an event that cannot astonish more than a very few members of the profession. When the anti-medical committee insulted the medical practitioners of the metropolis last year, that body had the folly to believe that men of character and ability, having fixed principles of integrity to govern their conduct, would come forward as candidates for those offices which had been so honourably relinquished by Drs. BIRKBECK and CLUTTERBUCK, and their spirited colleagues. At first no candidate at all could be obtained, and a considerable period elapsed before two individuals, connected by legal ties with the profession, could be prevailed upon to make an announcement which implied that they prized not medical honour, regarded not the respectability of the profession, and valued not the good opinion of their medical brethren. No sooner, however, had WHITSED, YATES, CARSWELL, and WYATT, become candidates for the cast-off offices in the Dispensary, than the anti-medical Committee, rejoicing in the success of their conspiracy, considered that their triumph in iniquity was achieved, and the degradation of the profession rendered at once both complete and final. The attack on the rights of the profession was of too malignant a character to be witnessed without exciting an intense feeling of indignation in all ranks

of the faculty throughout the country. Meetings were everywhere convened, and resolutions were as generally adopted, denouncing, in the strongest possible terms, the conduct of those physicians and surgeons who had consented to become the tools and slaves of a Committee which had dared to attack, not only the legal privileges of the profession, but even to impugn that moral reputation on which the successful application of the principles of medical science must ever depend with such a nation as the English. If the public feel no confidence in the integrity of a physician, aid will not be solicited from the talents of that physician, because no security can be felt that his talents will be justly directed. In showing their abhorrence, then, of the outrageous proceedings of the anti-medical Committee of the general Dispensary, the medical body furnished the best evidence of their detestation of everything that was mean and dishonourable that could be practised by men who profess to be guided in their movements by the fair hand of Charity. In denouncing the desertion of WHITSED and Co., the respectability of the profession was vindicated. In treating with contempt and scorn the offers of the anti-medical Committee, the utility of the profession, founded on its integrity, was effectually secured to the public. If WHITSED and his associates had the folly to believe that they could act in opposition to the mass of their professional brethren, we apprehend that some of them have paid dearly for their folly. Did they imagine that the half-dozen intriguing charity-mongers who fawned upon and flattered them, could furnish them with that support in practice which men of respectability and talent have a well-founded reason for considering they should ever receive from the members of an enlightened community? Whatever may have been the designs of the anti-medical Committee and their tools, it was