

upon this operation, and in the case the undersigned had an opportunity of seeing a very rapid mercurial effect was produced upon the constitution. The gums became intensely sore, and salivation was established in less than twelve hours after the powder had been applied.

The writer of this is well aware that the result of a single case is not much to be depended upon; and that even were it established, salivation might generally be produced in this way on ordinary occasions; yet in the new and strange circumstances under which cholera places the human constitution, where the powers of life, that of absorption among the rest, are so signally depressed as to be suddenly almost annihilated by some subtle aerial poison, the chances are that no mercurial effect would be produced by the plan now suggested. All this may be very true, yet the undersigned still thinks the plan deserves a fair trial by those who may have great opportunities of using it; and he does not think that he would have been justified in entirely suppressing what he has thought of on this subject, whilst we are still labouring under the effects and the fear of a pestilence which seems hitherto to have set all human efforts to arrest and cure it, very much at naught.

W. MACLURE.

14 Harley-street, London,  
Oct. 13th, 1832.

#### CROTON OIL, CALOMEL, PRUSSIC ACID, &c.

I WAS led to the use of frequently-repeated small doses of irritating purgatives, as the most likely means of restraining the discharges. With this intention I have given a combination (in the form of a pill) of croton oil (Short's) with calomel and extract of hyosciamus, one-eighth of a drop of the former and a grain and a half of each of the latter; and have invariably found it restrain the evacuations. I repeat the pill every hour until that effect is produced; generally from six to a dozen pills will be required, when the evacuations (if any) will be of feculent matter, or frequently like chopped spinach. I have not found the vegetable astringents of the least use in restraining diarrhœa when it is of the rice-water-like fluid. I have seen it continue for days under their use, when half-a-dozen of the above pills put a stop to it. At first I gave the croton oil in quarter-of-drop doses every two hours, but frequently found it produce so much pain and uneasiness in the stomach, with frequent vomiting, that I reduced the quantity and found it answer much better. The incessant vomiting was a very troublesome symptom until I began the use of prussic acid, in doses of one and a half to two minims, every two or three hours, until

it abates, which I have invariably found to be the case after three or four doses. I had tried nitrous acid and various other medicines, with blisters, &c. &c. without the least effect.

CHARLES TROTTER, Surgeon.  
Stockton on Tees, Sept. 18th, 1832.

#### TREATMENT AT PLYMOUTH.—MERCURIAL REMEDIES, &c.

I am induced to add my humble testimony to the *essential importance* of the mercurial plan of treating the *second period* of the cholera, or that characterized by the rice-water evacuations.

In the course of the fearfully extensive experience which the medical practitioners of Plymouth have just passed through, numberless have been the instances in which the first stage of cholera has been successfully treated, and the serous discharges altogether prevented, by the immediate or early use of a warm *magnesia draught*, containing a few drops of laudanum, and half a drachm of the compound spirits of ammonia, repeated twice or three times within the hour; and then followed by a full dose of calomel (℥ss to ʒj), conjoined with extract of henbane, a small portion of opium, or some aromatic powder. By treatment such as this, varied according to circumstances, many lives, I am quite satisfied, have been spared. Of this the daily reports of the Board of Health give no information.

In the second stage of serous evacuation, the rapid introduction of *mercury* into the system is the main object which I have felt myself justified in attempting. Everything beside has seemed not merely secondary, but trifling, and even cruel. The repeated and persevering employment of calomel, in doses of gr. ij, combined *at first* with very minute portions of opium (gr.  $\frac{1}{6}$  or  $\frac{1}{8}$ ), the assiduous use of mercurial frictions, and the application of sinapisms to the epigastrium and front of the abdomen, in order to allay the irritability of the stomach and intestines—these are the principal remedial measures I have relied on in this period; and, in the majority of cases, with unquestionable success.

The patients do not bear large quantities of beverage without vomiting; so that I have only allowed them small spoonfuls at a time of toast-water, tea, or good beer, to satisfy the thirst, or rather to moisten the mouth and throat.

*Stimulants*, for the most part, have proved exceedingly prejudicial, aggravating the symptoms; and, by exhausting the little remnant of excitability, hastening the fatal result.

*Starch injections with laudanum* have sometimes checked the discharges from the rectum, especially in the cases of children.

As to *frictions*, and the application of external warmth, I have only seen them advantageous in alleviating painful symptoms. Sometimes they have been insisted on too strongly, and needless pain and suffering have been the result. I do not view them as *essentially* remedial. The chest should certainly not be much burdened with blankets and other warm clothing: such a practice causes considerable distress, without any adequate compensation.

In the *collapsed* stage, I have still to confess myself among the number of sceptics as to the value of any of the proposed plans: the problem appears to me yet unsolved.

C. HINGSTON, M.D.

Plymouth, Sept. 13th, 1832.

#### CHOLERA HOSPITAL, ST. HILLIERS, JERSEY.\*

I shall not occupy either time or paper by a detail of the symptoms, but will merely notice a few remarkable peculiarities which came under my own observation.

It has been generally remarked, that the secretions are suppressed in the cold stage, but the French physicians have recorded the continuance of the secretion of milk, and I have met with a case in which the catamenia, which were flowing at the time of the attack, continued to be secreted during the cold stage.

Another curious case was that of Mrs. Thrash, who was delivered of a living child while dying in collapse. Such extraordinary occurrences will afford food for the physiologist.

Five cases terminated in delirium tremens; two of these recovered, three proved fatal.

When the patients recovered from the cold stage, and afterwards died of the consecutive fever, it was generally from head-affection.

I had not a fair opportunity of trying the effects of *bleeding*, which I consider should only be practised before collapse has ensued, as it must be injurious afterwards; at least I think it proved so in a case in which it was tried. When reaction has set in, it will prove useful in preventing congestion.

The treatment generally found most successful in our hospital practice was *stimulants*. Sinapisms over the spine, epigastrium, and extremities, kept on for an hour

or two, with capsicum and ammonia, or brandy and ammonia, with, occasionally, a little opium given, until reaction took place, with toast and water, or *cold water*, to allay the thirst, *in small quantities only*, was the general course, modified according to existing circumstances. I have placed the directions, "in small quantities," in *italics*, as I am particularly desirous of calling attention to that point; if large quantities were administered, they were immediately rejected, so that it was found necessary to give both medicines and drinks in very small quantities. The contrary practice has been much cried up, but when reduced to practice, has been found ineffectual, at least at St. Hilliers.

In the *cold stage*, the hot-air bath, the vapour-bath, sinapisms, hot sand-bags, stomach-warmers, lint moistened with liq. ammoniæ and ol. terebinthinæ, hot turpentine, etc., have been tried, singly or with others, with varied success. The baths have been, I may say, invariably useless; the vapour-bath, indeed, injurious. The cold-water system was freely tried in the town, but, if I am to judge from the cases sent into the hospital, without success.

The *saline treatment* proved useful in one case, but the patient had been previously roused from the stage of collapse.

The *hydrocyanic acid* has arrested the vomiting in some cases, but failed in others.

The same may be said of the *acetate of morphine*, which was given internally, and by the endemic method.

*Opiate enemata* have arrested the purging in one or two cases, with the assistance of Dr. Clanny's plug—when without it, and in larger quantities (half a pint of fluid), the clyster was instantly returned.

*Musk and croton oil* have also been employed, but I cannot speak in their favour.

I do not recollect a single case in which, after recovering from the cold stage, the patient was salivated, which did otherwise than well.

#### CROTON OIL IN CHOLERA.

I beg to corroborate what has been stated by Mr. Ward of Wolverhampton, as to the efficacy of croton oil in the treatment of malignant cholera. Since the 9th of last month, when I used it first, I have given it in a number of cases, and of all (some of them the most malignant) have lost but one, an old man of 68. I have also seen its beneficial effects in the practice of Mr. Cunningham, of Hereford Street, to whom I recommended its use, and have received favourable notices of it from two other medical men to whom I had spoken of it. The dark-green evacuations mentioned by Mr. Ward, are very characteristic of the

\* Communicated to the Editor without name of the writer or date. The resident surgeon at the hospital is most probably the author.