

pills, castor-oil draughts, and cordial and saline mixtures.—ED. L.] :—

*"Treatment of Cholera.*

"One or two tablespoonfuls of *common kitchen salt*, dissolved in half a pint of warm water, is to be administered (in the spasmodic stage), and the patient's head is to be covered with the bedclothes, and on no account is he to be permitted to rise. One tablespoonful of common salt, in cold water, is to be repeated every hour, till copious vomiting of yellow bitter bile be produced, and a profuse perspiration breaks out. It has never been found necessary to repeat the salt and water more than three times. If the patient complains of thirst, let him drink moderately of thin gruel, soda water, or even cold water, which, instead of retarding, seems to promote free perspiration and the abundant discharge of bile, upon which his safety depends. \* \* \*

"Under this plan of treatment, not a single case of spasmodic cholera under my care has proved fatal, excepting when ardent spirits or laudanum had been previously given, and the salt in consequence failed to produce bilious vomiting. \* \* \*

"In persons of a full habit, *bleeding*, before the administration of salt, may be necessary; but no case of this kind has occurred in my practice.

"J. PIDDUCK, M.D.

"87, Great Russell Street.

August 15, 1832."

ADMINISTRATION OF  
EMETICS IN MALIGNANT CHOLERA.

*To the Editor of THE LANCET.*

SIR,—I perceive that, in a communication of Mr. Beaman, he recommends the saturated solution of salt in water in the treatment of cholera. This was the practice adopted at my suggestion by the medical gentlemen at Wick, and which I adopted myself in all the cases to which I was called, an account of which I published, with a tabular abstract of the cases and the mortality, &c. The object of my present communication is to submit some views of my own which do not exactly coincide with Mr. Beaman's, and to offer some remarks which probably Mr. B. will allow ultimately to be correct.

I was first induced to adopt the salt-water emetic, from having frequently used it, and found it successful in arresting the cold stage of the "intermitting paroxysm." The administration of the hot saturated solution of salt brought on the *hot* stage;

but very often there was a transition directly from the *cold* to the *sweating* stage, immediately after the operation of the salt emetic, without passing through the intervening *hot* stage.

The indication in a paroxysm evidently is to arrest the existing stage by inducing the succeeding stage, which is the *natural crisis* to the next preceding. I was therefore agreeably surprised to discover that this kind of emetic not only arrested the cold stage, but in a great proportion of instances brought on the last—the sweating, the critical solution of the paroxysm—without passing through the hot. The object with me was to terminate the cold stage of cholera, and to bring on febrile reaction, as a better-understood and more manageable form of disease. In many instances the administration of the emetic put an end to the disease at once by inducing sweating; in others fever succeeded which went through its course.

Mr. Beaman attributes the efficacy to the vomiting. I do not; because vomiting induced by any other means *has not* the same effect. In my observations the *vomiting* was easy, no way violent, nor attended with any straining; and I also observed that the more violent the vomiting, either *natural* or *artificial*, the more severe the consecutive fever, the greater the congestion or inflammatory symptoms in the brain, and ultimately the more fatal the cases. A gentleman to whom I was introduced by Sir D. Barry, told me that he found tartar emetic eminently successful. This was administered so as to keep up a constant vomiting till death or convalescence. The spontaneous vomiting is abundant, and I cannot understand the object of increasing it by artificial agencies. The gentleman, however, allowed that the mortality in his practice was one in three, which he considered very moderate. On comparing it, however, with my abstract, I think it will be allowed that the practice is not very successful.

Of the five stages into which I have divided the disease, the salt emetic is applicable certainly to three, possibly to four, viz., the preliminary diarrhœa, the premonitory, the cold, and the collapsed stages. I have not used it in the diarrhœa, because I have found another method sufficiently successful; its effects in the premonitory and the cold stage are very beneficial,—for the detail I must refer to the pamphlet; in *collapse*, it, as well as everything else—every other means with which I am acquainted—fails, and I think it right to state this clearly, lest persons trying it in this stage, and finding it fail, might, from disappointment, abandon a useful remedy, and one which will gene-

rally answer their expectations in the other stages.

I shall conclude this paper by furnishing you with a brief abstract of the cases at Wick. The regular population of that town is about 8000. In the fishing season the population receives an influx raising it to between 30 and 40,000. This was the case in August, 1832, on my arrival there.

The total cases at Wick up to the period of my departure in December were, in my own practice, 353; in the practice of the resident practitioners, 88; total 441.

Total deaths 68 : 441 :: 1 :  $6\frac{33}{88}$ .

Of the fatal cases two were above 80 years of age, five above 70, seven between 60 and 70, and eleven between 50 and 60. From the abstract we may deduct the two above 80, and the five above 70, as worn-out constitutions, incapable of sustaining an attack of any disease, however mild its nature; we shall then have the fair average mortality thus:—Cases  $441 - 7 = 434$ ; deaths  $68 - 7 = 61$  :  $434 :: 1 : 7\frac{7}{61}$ , the fair average of mortality.

The above were cases of pure, confirmed, cholera, as described in my pamphlet and exclusive of from 1800 to 2000 cases of diarrhœa, which are not taken into the account.

These facts, corroborated by Mr. Beaman's observations, may perhaps induce medical practitioners to try, and report upon the efficacy of, this practice.

I am, Sir,

Your obedient servant,

ROBERT VENABLES.

17, Ely Place, Holborn,  
August 23, 1834.

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## THE LANCET.

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*London, Saturday, Aug. 30, 1834.*

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THE circumstances connected with the appointment of a COMMITTEE OF PARLIAMENT, having for its object the institution of an inquiry into the state of medical education and practice in this country, were extraordinary, perplexing, promising, and exciting. Down to the very period when the motion of Mr. WARBURTON was brought forward in the House of Commons, the base hirelings of corruption, in the attempt to earn the wages of their

infamy, were vociferous in contending that the "higher branches" of the profession maintained an unsullied reputation with the public, and shed, by the exercise of their genius, a brilliant lustre on the science of medicine in this country. In attainments, the luminaries of the Colleges of Physicians were represented as perfect, and it was only in the *system* which led to their elevation that there was aught which required alteration or improvement. If the road to elevation had been widened a little,—if it had been rendered slightly less restrictive or exclusive,—nothing more, according to such advocates, would have been wanting,—further extension of privilege would have been injurious to the interests of the profession. In conformity, however, with the principles of such worthless mock-reformers, the widening of the road ought not to be attended with a diminution of expense; the toll that was to be exacted on the improved collegiate halter-path was not to be lowered, because a lessening of expense in the procuration of medical honours and privileges would be "destructive to the medical character," by rendering the sought-for distinctions too easy of purchase!

This odious doctrine was not advanced until every art had been practised with a view to render it obnoxious to the attainment of those privileges which medical practitioners had a right to demand. The more insidious plea was previously urged, of making the profession "respectable" by adding to the items of every university medical curriculum. It had been insisted that the examinations for medical degrees should furnish more appropriate tests of the abilities of candidates than formerly, but at the same time it was most speciously and sophistically insinuated that, as *all* candidates could not be supposed to be gifted by nature with those capabilities which could enable