

draw blood from a vein, then the current will actually entice the blood from, and relieve the heart; and as the blood circulates the patient will most assuredly become warmer. But, it may be said, you cannot get blood from a cholera patient in the severe cases. Perhaps so, if tried too late, but it is difficult to say when it is too late; a friend of mine in India has succeeded in getting blood to flow freely at last, though—after the vein had been opened in both arms, and the surface rubbed and fomented with hot flannels for more than an hour—it began by trickling only in drops, and the patients recovered. You may press blood from the veins of a fresh corpse, and certainly from the veins of a living person, even when no pulse is perceptible, and friction will greatly assist in restoring circulation, as when a person has been frozen or drowned.

Now as to medicine, it is thought that the means recommended and found successful are most contradictory, but physiology will reconcile the apparent difference; one object is, to stop the effusion from the weeping capillaries of the bowels. Laudanum and brandy are very astringent, as well as being stimulant in assisting the heart; but some succeed by giving salt and water, which also has an astringent effect on the mouths of the capillaries, though not stimulant; so has the ipecacuanha and mustard, which others give as an emetic; and so has oil of turpentine, a cheap, ready, and valuable medicine. I will not add any further remedies, because what I have said bears on the practice generally understood, and more might render the subject less directly available. As to external heat I should of course resort to it, but I think it a secondary consideration when we know how soon arterial circulation will heat patients, in spite of all we can do to keep them cool in many diseases.

In my opinion giving half-grain, or grain doses of opium, with calomel, a practice which is efficacious in mild diseases, is totally inadequate to a disease of such tremendous power as cholera in severe cases; we know this quantity of opium will check mild cases, but when we consider the insensibility of the parts, and the medicine being rejected by vomiting, or washed away, or diluted by the watery evacuations, laudanum and brandy must be given, in from five to ten times the ordinary doses.

I have only one argument more to use. There are many cases in which the practitioner, or even any old nurse, who is conversant with the disease, will say at once—This person must die according to the ordinary course. Pray then, I should say, as you know they can but die, try to get a little blood from them first, and perhaps

you may hear them tell you, "I begin to feel warm in the back," and see them snatched from the grave.

A. BILLING, M.D.

January, 1832.

## DR. CLANNY'S

MODE OF TREATING

### THE FOUR STAGES OF CHOLERA.

HAVING laid my discoveries and views of the proximate cause of epidemic cholera before the public, in an outline published in *THE LANCET* of the 7th of this month, and in December last given the manuscript of my work on cholera to the printer for immediate publication, and of which, from a pressure of business, only two sheets have been printed off, I consider it my duty (now that we have removed the disease from the town, and having a little spare time) to make public an epitome of my practice, founded upon my analysis of the blood and fluids of cholera patients. I divide the disease into four stages.

**1ST STAGE.**—If called in at this stage, which I call the first collapse, we find the blood and lymph have left, to a great extent, the surface of the body, and that the centre of the system is overloaded thereby. In order to empty the stomach and gall-bladder, and to equalise the circulation and determine to the surface, I prescribe the following emetic powder,—

℞ *Ipecac. pulv.* ʒj;  
*Antimon. tart. gr.* iij. m.

The patient should be placed in bed, and dry heat and frictions, by three or four persons, to different limbs, continued, till perspiration be brought on. Venesection, to the extent of 15, 20, or 25 ounces, should be used. This will tend to augment the perspiration, as well as to relieve the centre of the circulation, and cause a more ready flow of blood in the branches of the circulatory system. The patient should have barley-water, toast-water, or the like.

**2ND STAGE.**—If called in at this stage, during the vomiting and purging, or both, the above plan of heat and frictions should be had recourse to, and the following enema, at blood-heat, instantly administered,—

℞ *Opii pulv.*, gr. vj;  
*Aquæ puræ*, ʒiij; *solve*; *ft. enema*;

to be retained in the rectum by a long tapering cork and a T bandage; the cork to be oiled with olive oil. This plan I have used with enemata, from seeing, several years ago, an account published in the *Medico-Chirurgical Transactions*, of a person from the Netherlands, who at the time was an inmate in one of the London hospitals, hav-

ing used a wooden plug "instead of a cork, as customary in his country, to cure diarrhoea." In one, two, or three hours this enema may be removed, never omitting to use the cork, and augmenting or diminishing the quantity of pulvis opii as needful. No inconvenience ever arises from using this plug. By this plan the purging and vomiting will be arrested. The patient should use lemonade, or orange juice, in barley-water or toast-water, or a little very weak chicken-soup; but no other food, and no medicines by the mouth.

3RD STAGE.—If called in at this stage, we find that the patient has now vomited and purged, till, in a direct manner, the serum of the blood is almost all expended. I order what we call at Sunderland mutton tea, viz., a strong infusion of lean good mutton (the water for the infusion as hot as possible) avoiding salt or spices.

By means of a syringe or bladder and pipe, at a proper temperature, this infusion is thrown in a careful manner into the bowels, and there retained by a cork as above described. From this the patient will feel instant relief, and the symptoms will be immediately alleviated. Should the desire to get quit of the injection distress the patient, let it pass, and in half an hour renew it; by this means keeping a pint of the infusion always in the bowels. In some cases it may perhaps be needful (though it was never so with me) to add to the enema six or eight grains of pulv. opii.

In every instance I have observed that when the enema was returned it was tinted with fresh bile, and of this the quantity and quality were generally augmented and improved till fæces made their appearance. About this time the kidneys secrete urine, and the bladder readily expels it, at first in small quantities, and soon afterwards in abundance, in which there is to be found the usual salts without albumen or fibrin. External heat, pure air, frictions, whether there be cramps or not, should be diligently employed, attending of course to the symptoms, and obviating the continued disposition to collapse, so that the circulation on the surface may be kept up. The patient should be kept comfortable in every respect, and his mind made easy, and even, if possible, cheerful.

The attendants should never leave him for a moment, for should he sit up, he might die from the weakened state of the heart and arteries, or from the thick and effete blood, or from both.

The medical attendant should never lose sight of his patient, as at this stage and the following everything depends on sound knowledge and prompt measures.

Should the patient now desire nourishment, he may have a little tapioca or sago,

much diluted, to which a small portion of genuine brandy or sherry may be added.

I have always found that, at this time, all the peculiar symptoms of cholera leave the patient. Of course cupping, leeching, and blistering, may be had recourse to, so as to remove topical affections or particular determinations; and, in my opinion, all medicines by the mouth are worse than useless up to this time of this stage. Should the liver not readily secrete bile, nor the kidneys urine, from ten to twenty grains of blue pill may be given every four or six hours till these secretions commence.

In general I have found this to answer, but from two to twenty grains of calomel may be, under certain circumstances, substituted for the blue pill in the same manner, to which a small portion of pulvis opii may be added. Effervescing draughts have often been most useful in my practice.

4TH STAGE.—At this, which is the sequela or consecutive stage, or fever, of the disease, we find many symptoms in common with the last stage of typhus fever, which from my analysis of the blood, in my treatise on typhus fever, I find to correspond in many points.

At this stage a similar plan to that recommended in the above work should be had recourse to. The greatest care is needful to avoid inflammatory symptoms, and to remove them should they occur, never for a moment forgetting, that in this sequela, the blood being surcharged with free carbon, which, from the first, induces the greatest debility, as well as vomiting and purging, patients often die of debility alone.

In the rapid type, as the disease runs through all these stages in a few hours, all the energies and talents of the medical attendant are imperiously called for; indeed the medical man should not leave his patient for ten minutes, for should the patient fly to cold water, or get out of bed, or even sit up in bed, his life would be compromised.

W. REID CLANNY, M. D.

## ANASARCA.

ALLEGED DEFECTS IN THE CYCLOPÆDIA OF MEDICINE.

To the Editor of THE LANCET.

SIR,—On taking up the *Cyclopædia of Practical Medicine* recently published, I perused with some attention the article on anasarca, which I perceive is written by Dr. Darwall of Birmingham, and was surprised that some omissions had been made, which seemed to me of much importance. Whether this has arisen from want of room in which to discuss every part of his subject or not, I am unable to tell, but from