and complains of the light; if there is no history of typhoid fever, phrenitis should be suspected and blood be taken from the arm. If the symptoms diminish, but again increase in intensity, it is probable that the disease has an intermittent character, and quinine may be exhibited by the mouth and in an enema. But if to these symptoms, delirium or coma be added, and the disease has not passed the second or third day, active treatment must still be persevered in. The bleeding is to be repeated, or leeches to be applied to the mastoid processes, cold applications are to be continually applied, and if there be no vomiting, and the bowels are obstinate, croton oil may be given. If, however, the vomiting be urgent, we should endeavour to allay it by a quarter of a grain of bismuth, given every half hour. In addition to this, mercurial ointment must be energetically rubbed in. This treatment is to be carried out during the second and third day. If, however, the pulse becomes feeble and irregular, the face livid, and the pupil dilates, the hydriodate of potash should be given and blisters applied.

4. In the secondary and more insidious form of the disease, it is prudent not to abstract blood. A sedative treatment offers the greatest chances of success.

(To be continued.)

SEVERE CASE OF SPASM, ARISING PROBABLY FROM BREATHING AND SWALLOWING THE DRIED PARTICLES OF THE PEA-BLIGHT.

By EDWARD DANIELL, Esq., Newport Pagnell.

(Communicated to the Provincial Medical and Surgical Association, at the Anniversary Meeting, at Derby, Thursday, August 5th, 1847.)

Thomas Coley, of Stoke Goldington, Bucks, a farm-labourer, returned from his work apparently in good health, about seven o'clock last night, August 2nd. He had been employed during the latter part of the day in a barn, unloading peas, which had been early cut in consequence of the blight; in fact, the peas were nearly destroyed by swarms of the black *aphis*, by which the peas and beans are greatly affected in this neighbourhood. The dust produced by unloading and stacking in the barn was very considerable; in short, the atmosphere he inhaled, and the saliva he swallowed, must have been impregnated to a vast extent with decayed particles and excrementitious matter from the dead bodies of these insects. He had his usual quantity of beer, which amounted in the course of the day to one quart and half-a-pint. Of what his food consisted I was not informed.

About eight o'clock he was seized with severe pain in his bowels, which gradually increased in severity until the whole abdominal muscles swelled and enlarged, becoming tense and hard, like pressing upon a board. The spasmodic action then extended to the chest, which became equally rigid, accompanied with difficulty of breathing. In less than an hour from his first seizure the paroxysms of pain became so severe that it required four strong men to hold him, he rolling upon the floor in the most intense agony, and breathing with much

difficulty, accompanied by a noise, as though it required vast muscular effort to fill the lungs at all. His feet and hands were cold, and his body covered with clammy perspiration.

When I saw him, which was not until two hours and a half after the seizure, he was sitting on a chair, with his body bent forward, forcibly pressing himself against a table, occasionally writhing and groaning incessantly, still breathing with great difficulty. I believe he both heard and understood my questions, but was unable to answer them, or even to articulate in the least. The pupils of the eyes were perfectly dilated, and the pulse exceedingly feeble. The extreme hardness of the abdomen had been relieved when I arrived, probably from the unloading of the *primæ viæ*, for it appeared a few minutes before he had passed a copious loose stool, so extremely offensive that it was removed immediately, and I had no opportunity of seeing it.

The case assumed so anomalous a character, that I became impressed with a belief that it arose entirely from the poisonous property of the particles of the dried *aphis* or pea-blight, with which the atmosphere he had breathed had been so fully charged; and considering it likely, as the harvest advances, there may be other cases present themselves equally anomalous, it occurred to me that it might not be unworthy the attention of the members of the Provincial Medical and Surgical Association, now assembled at Derby.

I administered ten grains of calomel and two grains of opium in a pill. I then left the patient for half an hour, after having first directed his feet to be bathed in warm water, and the abdomen to be fomented with flannels, dipped, and wrung out, in water as hot as he could bear it. On my return he was relieved; consciousness and articulation returned. Prescribed an active aperient, composed of sulphate of magnesia and jalap.

Aug. 3rd. This morning a messenger was dispatched to me to say he continues better, but has had no action of his bowels. Ordered pills of calomel and croton oil.

The pills of calomel and croton oil produced very copious action upon the bowels, and entirely removed the painful symptoms under which the patient laboured. He was able to return to his work in three days after the seizure.

A few days after this case, I made enquires of the farmer whether any of his other men were at all affected who had been employed in carrying or housing the peas. I found that another man was so unwell the next day that he was unable to resume his work, but the case passed over without medical treatment. The farmer himself was slightly affected; he complained the same evening of severe pain in the stomach and bowels, and (as is usual with such men,) had recourse to stimulants to relieve it. He took, before going to bed, two tumblers of hot brandy-and-water, and found himself well in the morning.

It would appear from these cases that the dried particles of the pea-blight, when mingled with the saliva and swallowed, or breathed into the lungs, particularly in a close place like a barn, where the currents of fresh air are but slight, produce effects upon the

system analogous to certain poisons, influencing mainly the nervous system. In Coley's case the functions of the brain were decidedly disturbed, as was evidenced by the dilated state of the pupil, and the severe convulsive action, not only of the abdominal muscles, but of the muscles surrounding the pharynx and larynx, the latter being compressed to suffocation, and the power of articulation becoming consequently suspended.

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It is with feelings of a very painful character that we feel ourselves again called upon to remark on the fatal course of the fever which still continues to prevail in Ireland, and in many parts of this country. It cannot but have been noticed, that each successive number of this Journal records the loss of promising members of the profession, cut off in the prime of life, domestic ties severed, and their families, too, often left entirely unprovided for. In a contemporary journal, the *Dublin Medical Press*, of the 8th instant, we read the following testimony to Dr. George Vickers Dunne, one of the victims of this fearful visitation:—

“Dr. Dunne was in the prime of life, and had just laid the foundation of a successful, honourable, and useful career; he had secured the esteem of many attached friends; he had established for himself a high reputation; and was in the enjoyment of complete domestic and social happiness. * * * * While at Maryborough he won the respect of all classes by his many amiable qualities; and for his unwearied attendance upon the sick-poor of the town and neighbourhood, he will long be remembered with the liveliest gratitude. At Errill, his late residence, his skill, humanity, and attention, caused him to be generally beloved. He was kind and courteous in his demeanour, generous and confiding in his attachments, and sincere in his friendships. His loss will be deeply felt by that district, which had become fully aware of the value of his services; and particularly by the humbler classes, to whose assistance he devoted the utmost attention during the late calamitous season, when the duties of the profession were doubly arduous.”

And this is a record which we feel assured, with some variation in circumstance, will apply more or less to a very large majority of the medical officers, whether in Ireland, Scotland, or England, who have been in like manner sufferers from the contagion of the “famine-fever.”

From researches instituted by Professor

Cusack and Dr. Stokes, it would appear that, in ordinary times, nearly one half of the medical practitioners in Ireland suffer from fever, and that the medical profession of that country is more than decimated by its ravages. The soldier in time of war is less certain of entering battle, than is the Irish physician of being attacked by fever; while the prospect of ultimate escape with life is greatly in favour of the former. What the actual mortality among medical men, from the “famine-fever,” may have been, we have no means of ascertaining, but there is every reason to fear, that the deaths which have taken place greatly exceed in number those which have been recorded.

The subject is one which challenges inquiry, for there can be no question that a great public debt is owing to the families of those who thus devote themselves to the general good, and that although nothing can compensate to the surviving widows and orphans, it is at least in the power of the Government to preserve them from utter destitution, and to allow them such support as may enable the widow to live in tolerable comfort, and to bring up her children in decency and in respectability.

There are two points which urgently press for consideration as regards the state of the medical staff in the public management of these fever institutions. To one of these we have just briefly alluded,—the making of some public provision for the families of those who fall a sacrifice to fever in the discharge of their official duties. The other is the still more important point of endeavouring, as far as possible, to prevent the occurrence of such sacrifice.

“That medical men,” well observes our Dublin contemporary, “must encounter the danger attending the treatment of persons labouring under typhus fever, we of course admit, but we deny that they are to be wantonly exposed to this danger in a tenfold degree from negligence, mismanagement, and parsimony.” And shame it is to the authorities, whoever they may be, public or private, that any meritorious officer should be subjected to the certainty of becoming infected with malignant disease by the want of all fitting arrangements in the receptacles appropriated to those suffering from it. The fever-hospital, in which Dr. Dunne endeavoured to administer relief to the miseries of the poor people around him, consisted of the “mud walls of an old cottage, eked out with boarding, and covered with straw;” and in this wretched shed nearly sixty persons were crowded together under treatment at the time he contracted the fever of which he died. The shed was, it appears, constructed by himself, unprovided with the necessary funds, out of the only materials which