are earnestly endeavouring to acquire, will still further strengthen us in our confidence.

There are many of our medical brethren who are unacquainted practically with the effects of cod-liver oil, and there are not a few who affect to ridicule the idea of its possessing any virtue; it is to be hoped that after the evidence here so honestly adduced, they may be inclined to experiment a little, for their own enlightenment, and their patients' welfare.

In exhibiting the oil, we would, however, caution our readers, that the quantity of spurious oil in the market is enormous, and that, wherever it is in their power, they should obtain it from some manufacturing chemist, in whose rectitude they have implicit confidence. For our own parts, the many instances in which we have met with adulterated samples, even from sources which should be unimpeachable, have induced us to place little confidence in any oil, the manufacturers of which we do not personally know.

In conclusion we express, we are assured, the general feeling of the profession, in thanking the Physicians of the Hospital for Consumption for their well-timed and most gratifying Report.

INQUIRY ON CHOLERA.

PROPOSED PLAN OF PROCEDURE—FIRST FRUITS.

By THOMAS HUNT, Esq.

In the prosecution of this important inquiry, it appears highly desirable that ultimately a condensed analysis or digest of the experience of the whole Association, so far as it can be obtained, should be presented to the members; this should indicate, in as clear, and pointed, and concise a manner as possible, what has been demonstrated by the inquiry. The results may thus be collected as rays of light into a focus, so that each member may, without the toil of reading a wearisome essay, be presented with a view of what is practically known by the Association of the cholera. This is the main object sought by the Council in setting the inquiry on foot. If no new discovery be elicited, much good may yet be done by dissipating the false views, and exposing the hasty conclusions, which have mystified the subject. But it is plain that the chief excellence of such an abstract, namely, its brevity, will necessarily exclude from it much that is interesting in the correspondence, consisting of isolated cases and local facts, as well as original observations, ingenious theories, bright thoughts, and happy conjectures, the records of which are too valuable to be lost; it is therefore proposed, as long as the inquiry is open, to insert from time to time, a short paper in the *Journal*, containing such extracts from the correspondence as shall appear to possess peculiar interest, as well as such

reports of the progress of the investigation as shall direct the attention of the members to points of inquiry which might possibly be otherwise overlooked.

As a specimen of the plan, the following notices are subjoined:—

1. Dr. Tunstall, of Bath, (who, as being the first in order of time to contribute a report, is entitled to the first notice,) relates, that in the epidemic of 1832 he remembers to have observed, that all the females between the ages respectively of 15 and 45 who suffered from the cholera, were attacked just as the catamenia appeared. It would be interesting to know whether this has been observed by other practitioners. He likewise considers the exemption of the Bath Hospital from the late visitation to have been, in some degree, promoted by the prophylactic measures adopted, among which he mentions immediate attention to the first symptoms of diarrhoea, the patient being sent to bed, kept warm, and taking a mixture of chalk, aromatics, and opium. Before the attack, if patients required purgatives, they were administered with unusual caution, the milder kinds, such as castor oil and rhubarb, being substituted for colocynth, salts, and "house physic." He was confirmed in this by observing that patients taking cod-liver oil or quinine, conjoined with iron, and other remedies not usually purgative, were more liable to diarrhoea than others. The exercise of the patients was limited to a certain boundary line, to separate them from the effluvia of drains, &c.

2. Mr. Conway Edwards, of Batheaston, so far from agreeing with Dr. Tunstall in the necessity of dealing tenderly with the bowels, relies chiefly on drastic purgatives, and forwards a tract embodying his views, entitled, "The Purgative Treatment of Spasmodic Cholera." He endeavours to show that "no just confidence can be placed in any treatment but what clears the stomach and alimentary canal of offensive and acrid secretions, subdues nervous irritation, and, lastly, gives tone and energy to the system." He accordingly condemns the primary exhibition of opiates, wine, brandy, ammonia, chalk, catechu, and logwood, and treats his cases, with calomel, jalap, scammony, and Epsom salts, with perfect stillness in bed; then a combination of opium, chloroform, and camphor, with a diet of milk-porridge, mint julep, and rice-water, applying hot moist bran bags, wrung out nearly dry, to the back, stomach, and legs. Having been accustomed to treat in this way a severe form of diarrhoea which annually breaks out in his neighbourhood in the cider season, he resolved to try the plan in cholera, and has not lost a single case, nor seen an instance in which the severest forms of vomiting and purging were not arrested by it. He does not, however, mention more than thirty cases of cholera thus treated, and of these, the type appears to have been of remarkably mild character, occurring in a healthy district, in elevated sites, over the freestone formations, in absence of grave-yards, and (except in one instance) other sources of putrefaction, without evidence of contagion or symptoms of collapse. This plan of treatment, therefore, has not, in Mr. Edwards's experience, been subjected to any severe or satisfactory test; but the theory on which it is founded, (relieving the alimentary canal by removing offensive secretions instead of shutting them up,) is rational, and has been

found extensively applicable to cases of diarrhoea from primary intestinal irritation; but whether it be equally applicable to epidemic visitations in their severer forms, and in low and ill-drained districts, or whether drastic purgatives would not rather tend to hurry on the stage of collapse in cases where the type is low, remains to be proved. Mr. Edwards regards his treatment as a modification of Dr. Ayre's, or rather as an improvement upon it, and attributes the success of the calomel treatment to the same principle—the riddance of offensive matter.

3. Dr. Lingen, of Hereford, reports that his own locality has been entirely exempt from cholera, not only in the recent visitation, but likewise in that of 1832, and that he cannot satisfactorily account for the exemption. He mentions two or three circumstances, namely, "the over-abundance of vegetation in the county, the free use of cider, and the almost contemptuous disregard of ventilation and sewerage," as conditions which, one would say, *a priori*, were highly calculated to invite and retain the scourge. The locality is on the "old red-sandstone," with lime here and there; a clayey soil interspersed with gravel. The writer concludes with an observation worthy of note, viz.: "It may be, that so far from cider being productive of such a disease, it tends to keep the system in good order. I am highly impressed that it is a wholesome drink, less adulterated, and consequently less harmful than beer." This suggestion opens a field of inquiry full of interest. It is a prevalent opinion that a strict abstinence from fruits, acid drinks, and even vegetables, renders the system less susceptible of choleraic influences. Is it so?—or is the contrary true? Dr. Lingen suspects that the whole county of Hereford has been also exempt, excepting a few border cases, and some imported from a distance. We shall now look with anxiety for the reports of the members residing, not only in Herefordshire, but in Devonshire and other counties where cider is the staple beverage. And it is worthy of inquiry, whether persons who have refrained from acid drinks and wholesome fruits, during the epidemic, have enjoyed any marked immunity from the cholera, or whether they have not, in some cases, been the first or the only victims in a family or household. This question is invested with double importance, from the fact, that the prophylactic treatment of cholera is the only treatment upon which the profession appears at present likely to agree.

The above notices are all that can be gleaned of peculiar interest from the few replies yet received. The rest are valuable as statistical documents, but contain nothing unusual. It is hoped that before another week has elapsed the responses of the members will flow in more rapidly; and it is earnestly requested that *all the reports may be forwarded before the first of January next*. It is publicly known that this inquiry is set on foot; but the whole body must put their hand to the work, or little will be done; and it will be asked,—“What has the Provincial Association accomplished, with all its powers and advantages, to elucidate the pathology and treatment of the cholera?”

Bedford Square, Dec 6, 1849.

Foreign Department.

BARTHEZ AND RILLIET ON THE CEREBRAL DISEASES OF INFANCY.*

Translated for the Provincial Medical and Surgical Journal.

By E. COPEMAN, M.D., NORWICH.

Hypertrophy and Induration of the Brain.

The anatomical characters of the disease described under the name of cerebral hypertrophy, are in some respects identical with those assigned by certain physicians to general induration of the brain; and it is difficult to separate these pathological conditions into two distinct maladies. Increased density of the cerebral mass is the principal and most appreciable phenomenon, and this is common to both affections; the only difference between them is, that in hypertrophy, the increase in the size of the brain is very apparent; whilst, in general induration, it is scarcely perceptible. There is a manifest increase of consistence in the encephalic mass, but it varies much in degree. In the first degree the tissue is firm and slightly elastic; the brain may be separated into fine layers, and has a similar consistence to that which it acquires after being macerated in alcohol; the grey substance generally loses its colour, and the white has an unusually brilliant appearance. In a more advanced degree, the cerebral substance offers resistance to the scalpel, and is not broken down without considerable pressure. In a still more advanced stage, the brain becomes elastic and has acquired a firmer consistence.

When manifest hypertrophy is combined with the condition just described, the brain offers a peculiar appearance; its size and weight are sometimes considerably increased, filling accurately the cavity of the cranium; the membranes are tense and in close contact with the convolutions, which are flattened and project as soon as the membranes are divided; the anfractuositities are almost obliterated, the ventricles almost effaced and containing no fluid, and the membranes are in some cases pale, in others injected. Neither inflammation of the arachnoid or pia mater, nor tubercles, were in any case observed.

It is impossible to determine clearly what are the symptoms of hypertrophy of the brain, from the paucity and heterogeneous nature of the materials at command. The following observations will, however, throw some light upon the subject:—

1. In one form the disease is primary and occasioned by the poison of lead. (Papavaine.) A general feeling of illness is followed by pain in the body, copious green vomiting, with or without diarrhoea, headach, or severe abdominal pain. These symptoms are speedily followed by violent convulsions and loss of consciousness. As the disease progresses, we observe alternate convulsions