weeks afterwards showed excellent cow-pox. The same happened in another stable, and from both these infected cows children were inoculated, and showed very fine, well characterised cow-pox. This observation, though not taken as a proof by the author himself, is fully entitled to be added to the experiments of Thiele and Cely in favour of the question. As the number of them is small, though against the question no proof by experiment sufficiently described exists, it is of value to have more. Therefore, a very early experiment of Dr. Gassner, in the year 1801, of which only a few lines' notice had been given by the late author, was, in the hope of further explanation, inquired into by Professor F. Heim, and the report of which he just published in the last number of "*Henke's Zeitschrift für Staats Arzneykunde*," 30th supplement, 1842, and I trust he will allow it to be communicated in an extract to you. Gassner lived at Günzburg, near Ulm, in the kingdom of Würtemberg; the short notice given, in the year 1807, of his experiment, was this (*Salzburger Medic. Zeitung*, No. 67):—"Dr. Gassner has inoculated several cows with the lymph of small-pox, and eleven have got cow-pox; with the matter produced in this way four children were inoculated, and very fair cow-pox was obtained." Professor Heim has succeeded in detecting more evidence of this interesting fact, by finding out that an inquest has been held on the said affair in the year 1807, on which occasion Gassner has stated that he has made his experiments (1801) on eleven cows, the eleventh only giving the result of cow-pox, and that he had with that lymph inoculated four children of a clergyman, and had observed the same form as described to be characteristic of the genuine cow-pox, which at that time he only knew by description; the same occurred in seventeen other children, but then he lost the lymph with the right time of its further propagation. It must be mentioned that he performed all this without the consent of the proprietors of the cows, and that the parents of the children did not know the source of the lymph used for vaccination, hence all was done and kept secret by him. Professor Heim has found another account, given by the experimenter in a letter to Dr. Ehrard (*Sammlung von Beobachtungen*, 1 vol., 1803), which is very short likewise, and gives the same statement, without any further addition of importance to the fact. Gassner died on the 19th of June, 1841, and not without having heard in the last months of his life of the successful variolation of the cow newly made in England, and then the old man of 76 years, as is recorded by his son, rose from the chair he was sitting in, and in full joy protested against the priority of the experiment, and mentioned again that he had done the same more than thirty years before, but that this at that time had not been understood, that he had been called almost a sorcerer, and had been prohibited from all further inquiries.

If you find this notice interesting enough, and I think it may be worthy of notice in the "*Provincial Medical Journal*," I have nothing to say against its publication when an English hand will have mended the Germanisms of the style.* I hope to be able to give you another foreign communication. Every new truth wants time for its reception, and so does now the

* We have had occasion to make very few corrections in Dr. Muhry's letter.—Eds.]

identity of cow-pox and small-pox. In England Dr. Gregory seems to be at the head of the opposition, and in Germany Dr. F. Heim may be called so, but seems to be on the point of going over to the other opinion, and certainly he would be, by his authority, a highly estimable ally.

Yours, faithfully,

Dr. A. MUHRY.

Hanover, April 12, 1842.

CASE

OF

PROSTRATION OF STRENGTH WITHOUT OBVIOUS CAUSE.

By EDWARD OCT. HOCKEN, M.D.

Observing a case of this kind detailed in the "*Provincial Medical Journal*," for April 2, by Mr. Toogood, I am induced to extract a very interesting example of the same from my note-book, the case of a lady whom I attended recently. The particulars are as follows:—

Mrs. D * * n, aged 35, is of the melancholic temperament, small build, and in easy circumstances; she has suffered but little from any indisposition since her childhood. She states that, from the death of two of her husband's relations, and some other family circumstances, she had been fagged and excited more than ordinary for the last two or three months, continuing, nevertheless, very well in health until about a fortnight since (from March 12, 1842), when she felt her strength suddenly leave her—to use her own expression, "she found herself sink at once." Her sight (which had never been very strong) and hearing became very imperfect at the same time.

March 12. When I saw her, professionally, for the first time, she complained of an excessive feeling of sinking and muscular weakness, and a tendency to lowness of spirits. If she made any effort to employ either her mind or body, and sometimes even without this, she became confused; had a most unpleasant noise in her head, which she likened to the clashing and confusion on a railroad, with singing in her ears; these, after continuing some minutes, would stop suddenly, and leave a most painful sense of stillness, with very imperfect vision and hearing. From this latter distressing condition she generally soon recovered, provided that she remained perfectly quiet; her sight and hearing being restored partially, although they remained constantly confused and imperfect. She had no pain in the eyes, head, or brows, and the eyes appeared natural, but, if anything, more glistening and bloodless than natural; her pulse was slow, full, and very compressible; the expression of her countenance denoted anxiety and excessive languor, being somewhat emaciated, and appearing to want the normal support of muscular tone, but there were no indications of anæmia; and her lips and the lining membrane of the mouth were of a healthy vermilion colour; irides dark-coloured.

She stated that her appetite and digestion were good; her bowels regular, though at present somewhat confined; slept well at night; in fact, that all

her secretions and excretions were healthy, and that she had no discharge of blood from any source. I directed for her the following mixture :—

Disulphate of quinine, sixteen grains;
Dilute sulphuric acid, one drachm;
Infusion of orange peel, eight ounces. An ounce thrice a-day.

Rhubarb and sulphate of potass, of each, ten grains.
A powder, to be repeated when required.

14. Has had a good night's rest, and feels less depressed than she did the day before yesterday; her pulse is stronger, and her vision improved.

15. Feeling a good appetite at dinner, she had partaken freely of mackerel, &c., and afterwards eat a few walnuts. About half an hour afterwards she was seized with great depression of strength, coldness of the extremities, feeling of faintness, and cold clammy sweating, which continued all the evening. About eleven, p.m., I was sent for, and found her faint, cold, and with a scarcely perceptible pulse, complaining of blindness and deafness, of nausea, and an assurance that she was about to die. I directed her to have some hot brandy and water, and a mustard emetic to be taken immediately, to be followed by the subsequent powder as soon as the emetic had ceased acting.—Rhubarb, ginger, and sulphate of potass, of each, ten grains, and a drachm of the cordial and stimulant drops, I am about to mention, during the attacks of leipothymia—viz.,

Compound tincture of cardomoms, and aromatic spirit of ammonia, of each half an ounce. To take a drachm whenever faintness comes on.

16. Much improved since last night; pulse much fuller and stronger; no return of faintness; vision and hearing improved. Continue the remedies.

17. She feels much more cheerful to-day, and professes herself to be much better and stronger; she says that she has completely lost the confusion in her head, the ringing in her ears, and deafness, with the occasional attacks of blindness, which were so troublesome a few days back. The continued imperfection of vision is also now much less than then. Continue the medicine. An aperient powder when required. I modified the method of administering quinine, and directed the following pills :—

Calomel, six grains;
Quinine, twelve grains;
Soap, half a drachm. Twelve pills, one thrice a-day.

19. Found her employed in domestic affairs; she stated herself to be much improved in feelings and strength, and has had no return of the confusion and unpleasant sensations in her head. Her hearing and vision are now as good as usual. She has emaciated considerably within the last fortnight. As regards her vision, she informed me that she had lost "the cloud" before her sight; but that a form of indistinct vision from which she had previously suffered, even from a child (nearly thirty years), especially from excitement, had returned—viz., that on first regarding objects her vision was good and perfect, but that on employing her eyes, even for a short time, especially if it required careful sight, all objects seemed to run together, and she was obliged to desist. Continue the remedies.

23. Feels herself nearly as well as before the attack; spirits good; strength normal; emaciation less; has lost all morbid symptoms. Pills less frequently.

29. Completely recovered.

REMARKS.

Pure idiopathic debility is doubtless an extremely rare affection, so much so, that it becomes every judicious physician to examine carefully into the condition of each and all of the various animal functions, the aggregate of which constitute life, as well as of those contingent circumstances which are capable of acting on the nervous or vascular systems either separately or conjointly. In the great majority of instances some efficient cause will in this way be detected, and these causes may be divided into three classes :—First, those which act on the general nervous system alone; secondly, those which act on the vascular system (the blood) alone; and thirdly, those which affect both at the same time. To follow out these remarks would occupy too much space at present, I must, therefore, confine my observations to those rare cases of idiopathic sinking or debility.

The idiopathic forms seem to depend either on a spontaneous deficiency (without apparent cause) of the tone and vital energy of the nervous system, or on a state of spontaneous anæmia, from some defect in the process of sanguification. These two conditions, although presenting some symptoms in common, are nevertheless sufficiently dissimilar, so as to be readily diagnosed. The case I have just narrated is a good example of the first form, and in it we see the peculiarities which distinguish such cases :—it occurred in a delicate female of naturally feeble powers; the depression was sudden and severe; the countenance was expressive of exhaustion and anxiety, not of bloodlessness; the tendency to a condition not far removed from syncope was very great; derangement of the digestive organs was followed by very serious symptoms; stimulants proved highly beneficial; and lastly, the return to health, under the employment of careful diet, slight exercise, tonics and cordial stimulants, was very rapid—indeed as rapid as the previous depression was sudden—and unaccountable. In the idiopathic forms of anæmia the naturally florid parts of the body are pale and bloodless; the pulse is rapid and jerking; and there is a tendency to a hectic state of system. These cases commence and progress gradually; the countenance is pallid and frequently œdematous in the morning, whilst the ancles swell at night; their progress is almost always slow, and tonics, especially iron, are much more beneficial than stimulants, although temporary depression may call for the occasional use of the latter class of remedies.

The case of Mrs. D. illustrates well those examples of blindness and deafness which depend on a general depression of the nervous tone of the body, and not on mere anæmia, or deficiency of blood in the parts; and connecting her case with two others which I have previously published—the one a case of most sudden and severe depression of the vital powers, with blindness, which ultimately turned out to be dependent on the infection of scarlatina—the other a case of amputation terminating fatally, and attended by loss of vision, which commenced and continued with the sudden sinking of the powers of life, preceding death

by several hours—sufficiently authorize me, I conceive, in dividing the subject of amaurosis from debility into three distinct forms—the first dependent on depression of the general nervous system; the second on a deficient supply of vitalised or arterial blood; and thirdly, those cases which follow severe illnesses, in which both the nervous and vascular systems are concerned.

15, Southampton-street, Covent Garden.
April 28, 1842.

TREATMENT OF OPHTHALMIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Seing some excellent observations by Mr. Bulley in your Number for April 9, on the treatment of affections of the conjunctiva, attended with purulent or copious discharge, I beg to say that my late partner, Mr. Alexander, thirty or forty years back, invariably treated the purulent ophthalmia of new-born infants with forcible syringing, first of cold water, afterwards one syringe full of weak zinc solution every second hour, until the cure was effected, which was generally in a short time, according to the diligence used. I have continued the plan for the last twenty-six years. The surgeon must do it himself a few times, and be very strict with the nurses, or they will not attend, and mere applications or washings outside are worse than useless. The eyelids must be fairly puffed up like a distended bladder with the injection, though it occasions great distress at the time, and requires some firmness in doing it properly. I know of more than one child blind from ulceration of the cornea through the neglect of this treatment, and I consider the forcible removal of acrid matter as more conducive to the cure than the character of the injection used.

I remain, Gentlemen,

Very respectfully yours,

M. J. MORGAN, Surgeon.

Corsham, Wilts, April 27, 1842.

PROPAGATION OF PUERPERAL FEVER.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have read with considerable interest the instructive cases of puerperal peritonitis which were detailed by Mr. Storrs, of Doncaster, in the last number of your Journal. It will be seen from that communication that, during the winter of 1840, Mr. Storrs was unfortunate enough to encounter a series of cases of this lamentable disease, and which seemed in a great measure to be confined to the field of his own practice, or at least it appeared that no other cases of the same kind had occurred to his brother practitioners in the town. From this circumstance, Mr. Storrs was inclined to believe that the disease had its origin in a peculiar contagion conveyed from a patient, having gangrenous ulceration of the leg, whom he had, just previously to the occurrence of the first case, been engaged in attending, and

indeed brought forward some conclusive evidence to prove that such must have been the case.

It may be satisfactory to Mr. Storrs to know that this cause of puerperal inflammation is not altogether uncommon, and as he has not alluded to the experience of any former observer, I will point out a somewhat analogous case, which will, I think, bear him out in his conclusions, and which I will, to save the trouble of reference, briefly transcribe. The case in question is related by Dr. Paley, of Halifax. Dr. P. had been engaged in attending, with a general practitioner, a case of gangrenous inflammation of the penis and scrotum, in a professor of music, who resided in a village near that town. He remarks, "During my attendance in this case one morning, whilst the surgeon was dressing the patient, the scrotum and penis being in a gangrenous state, a messenger came to request him to go to a woman in labour, who resided about half a mile from our patient, and he obeyed the summons without loss of time. Four or five days after this, on meeting again, he said, 'You will recollect that I was sent for to a woman in labour on such a day.'—I replied, 'Yes, and what of that?'—'She is dead; everything seemed to go on well until yesterday, when she was seized with violent pain in the uterus, and she died before I had time to do anything to relieve her.' In the course of two or three days, on meeting again, he said, 'It is very odd, Dr. Paley, I have lost another patient in the same unaccountable way as before;' and the next morning, at our meeting, he stated that he had another patient, about two miles off, seized in the same manner, whom he requested me to visit along with him. After seeing his patient, I told him that she was labouring under puerperal fever; and before we left the house he was sent for to visit another woman, whom he attended in labour, in the same village. I accompanied him, and found her also the subject of puerperal fever. I believe that he had in all six cases of this disease." Dr. Paley further remarks, "There is not the slightest doubt on my mind that the surgeon who was in attendance was the means of communicating something (call it what you please) from the patient labouring under the disease of the scrotum to the lying-in women, which in them produced puerperal fever. I pointed out these circumstances to the surgeon, and advised him to go from home for two or three weeks, and to have his clothes washed and fumigated. Notwithstanding this precaution, which I believed he rigidly observed, I received a note from him, a few days ago, stating that he had had some unfortunate cases of puerperal fever."—*Medical Gazette*, December 6, 1839, and *British and Foreign Medical Review*, April, 1840, p. 571.

I must apologise for having thus trespassed upon your valuable space, but feeling, as I do, that the subject on which Mr. Storrs has so candidly and clearly written, is one of vast importance to the credit of the medical profession, and to humanity generally, and as his observations convey one of the most valuable lessons of carefulness that has ever, perhaps, been inculcated, I take the liberty of addressing you at somewhat greater length than I otherwise should have presumed to do.

Your obedient servant,
AMICUS CANDORIS.

April 26, 1842.