the region of the liver; in both cases the use of the ointment was followed by a copious crop of pustules all over the scrotum, and no appearance of any or the least eruption on the part where the remedy was applied. Whether this was owing to any idiosyncrasy, or to some specific effect on the genital organs analogous to the action which arsenic exerts on them, I must leave you or some of your correspondents to decide.

In May, 1838, I was consulted by J. M., aged twenty-one, the son of a butcher in this town, who was laboring under symptoms of incipient phthisis; he was ordered a pectoral mixture, and an ounce of tartar emetic ointment to be rubbed on the chest in the usual manner; after a few days elapsed I was summoned hastily to see the patient, when I found him lying in bed with the whole of the scrotum covered with a dense crop of pustules far advanced towards suppuration; I immediately charged him with having applied his hands to the part after using the ointment; but he declared he had not, and prayed urgently to be relieved of the pain, which he described as burning and intolerable; this was successfully combated by cold saturnine lotions, anodyne fomentations, and emollient poultices, &c.

Soon after the above, occurred the following case:—Mr. J. D., aged thirty-nine, a respectable farmer in the neighbourhood, called on me, suffering from pain, tenderness, and slight enlargement of the left lobe of the liver; he was, in addition to other treatment, requested to rub in every four or six hours a teaspoonful of an embrocation containing one drachm of emetic tartar; on the third day I was requested to visit him, and found him precisely in the same state as before-mentioned, with the exception that, being a married man, he was, if possible, the more concerned about the condition of his organs of generation. I likewise charged him with having touched the part with the remains of the embrocation after each application; but he, like the first patient, protested he had immediately washed his hands each time after using the remedy. Strange to say, there was not the slightest trace of any redness or irritation in either instance on the part to which the application was directed to be applied; I therefore concluded that absorption had taken place, and some specific action exerted on or conveyed to the external covering of the scrotum, similar to what is observed in persons who have been laboring in mines containing a great proportion of arsenic, or those who have been exposed to the fumes arising from the consumption or volatilisation of arsenious acid in various trades and manufactures. I mentioned these facts to an eminent practitioner with whom I was connected at the time, and he stated he had only seen *one* instance of the kind during the whole of his long and widely extended practice, and that in this he at first suspected the ointment was accidentally and thoughtlessly applied to the part.

Pereira and Rayer are the only writers whom I have consulted who have touched on this subject. The former gentlemen, in his admirable work on *Materia Medica*, remarks, "Occasionally adventitious eruptions have appeared in other parts of the body, which have been ascribed to absorption of antimony into the system. But I believe, with Rayer, that they arise from the inadvertent application of the ointment

to these parts." But in these two cases I have sufficient reason to believe that this was not the fact. In another passage the same author remarks, "as a local irritant applied to the skin, may be employed in the form of aqueous solution, ointment, or plaster. It is used in the same cases as vesicatories, over which it has the advantage of *not* affecting the urino-genital organs." (*Elements of Mat. Medica*, part I, pp. 419—20.) I may here remark, that I have found the form of plaster more certain, safer, and less liable to be followed by such disagreeable results. Should this effect be often produced, it will prove a serious obstacle to the free use of this useful, but perhaps too common, means of producing counter-irritation, and would be particularly annoying if a similar condition should occur among the more refined of the fair sex.

I am, Gentlemen,

Your obedient servant,

WILLIAM GRIFFITH, M.R.C.S.,

Surgeon to the Oswestry Dispensary.

Church-street, Oswestry, Salop,

November 5, 1842.

TREATMENT OF UNUNITED FRACTURE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The publication of the letter in your last week's Journal, from Mr. Worthington, on the treatment of ununited fracture, has induced me to send you the following case, as I think it shows that union of bone, although long delayed, will at last happily take place.

On the 23rd of April last I was sent for to attend a Mr. D., of this parish, yeoman, who had met with an accident, from a kick from one of his horses; being absent from home, it was two hours before I arrived at his house, and, on making inquiry, was informed they were afraid his left leg was broken. On examining the limb very minutely, for tension to a certain extent had taken place, I found a double fracture of the tibia, about four inches apart, no doubt occasioned by the tip and heel of the horse's shoe. The fractures were reduced in the usual way, and the patient went on well for a month, at which time his wife called on me, and said her husband's leg grated. I immediately went to the patient's house, and found that on the least motion of the limb I could hear distinctly a crepitus; on inquiring how long they had discovered it, I was informed about four days previously, on his getting out of bed (contrary to my express orders), when he found his leg quite powerless. I removed the splints, and found that no union had taken place in the upper fracture, but the lower one going on well; I replaced the splints, and tried to convince him of the absolute necessity of the greatest quietness; but being of restless disposition, he did not attend to it, for at an end of the week, and five from the accident, I received the same message, and found the fracture precisely in the same state as it was before. No union having taken place and the crepitus being quite distinct, I now placed a large pad one on each side of the fracture, so that the pressure of the splints was immediately on it. Having well secured the limb, and the patient, now convinced of his error, keeping perfectly still, I had

every hope of a successful termination of a very troublesome case; and, on removing the splints six weeks afterwards, I found perfect union had taken place, and he is now quite recovered.

I am, Gentlemen,
Your obedient servant,
F. A. CLEEVE.

Bradninch, Oct. 31, 1842.

CASE OF SPASMODIC CHOLERA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I must leave to the "cognoscenti" in cholera to determine whether the following case of it was Asiatic, or English:—

John Lewis, a labourer, in August last was seized with a severe cramp, as he called it, in the stomach; vomiting and purging speedily followed, and he fainted; this occurred about twelve at night. His wife gave him a glass of hot gin, but the spasms continued through the night, attended with vomiting, and purging of the peculiar whey-like evacuations that marked the cholera in 1831. Towards ten, a.m., it was thought that he was dying, and I was sent for; and, indeed, when I came, such a conclusion was in every way justifiable. His face was that of a person *in articulo mortis*, livid, collapsed, and covered with a cold perspiration; the extremities were quite cold and blue; the heart labored heavily and pulsated irregularly, but very slowly; the gastrocnemii muscles were contracted into a hard ball; the toes tightly drawn towards the soles; the abdominal muscles cramped in a tuberculated form. I had my finger on his pulse when the abdominal muscles relaxed, and he exclaimed, "I am dying—the cramp is in my stomach!" Suddenly a large gruel-like evacuation passed, and he threw himself from the curved position in which he was lying, on his back, half fainting from exhaustion; almost immediately the abdominal muscular parietes were violently contracting, and from his groans the pain must have been intense.

As a quantity of spirit had been administered without producing any relief; I gave him small quantities of thick gruel made with milk, water, &c., at rapid intervals; placed hot bricks to his feet, and caused his whole body to be rubbed with hot gin by nurses until the mustard cataplasms, previously ordered, were ready to be applied, when they were placed on the calves, thighs, and epigastric region. Having some protochloride of mercury, jalap, and scammony in my case, I made five grains of the first, twenty of the second, and five of the third into a powder, and gave it to him, leaving a similar dose to be repeated in four hours. The first powder remained on the stomach, and I was compelled to leave my patient for a short time. In half an hour I was sent for to visit him immediately, as the bowels had been violently relieved, and the attendants thought that death had taken place. He was lying apparently lifeless; an immense evacuation had passed, composed of large pieces of undigested beef and potatoes, of which food he had partaken largely on the preceding evening at supper. The spasms had left him, and, although his pulse was so feeble as scarcely to be felt, yet there was sufficient force to indicate the case was far from being hopeless.

I immediately gave him a wineglass of brandy and two drachms of spirit of nitric æther in half a tumbler of hot water, pouring it down his throat as quickly as circumstances would permit; the effect of this was soon evident; he rallied sufficiently in ten minutes to drink a second tumbler of hot water with half the previous quantity of brandy, and shortly after this a violent perspiration came on. Notwithstanding the great relief which he now experienced, spasms seemed to affect the muscular structures of the abdomen and thighs, and at three o'clock, p.m., so much had they increased that I deemed it necessary to give opium; I, therefore, administered a drachm and a half of tincture of opium in some mint-water, which produced a sleep in a very short time that lasted until the following morning. He soon became convalescent, but for many days after complained of great tenderness of the abdominal parietes and calves of the legs.

The exciting cause of this severe attack was the heavy supper which he had made, after working the whole day without taking food; large pieces of hard meat were swallowed, scarcely touched by the teeth, and washed down with no small quantities of beer, so that when, by the action of the stomach, these pieces were driven onward to the pyloric orifice, and from their magnitude and toughness could not be propelled through it, the irritation caused by these repeated and fruitless attempts was so great as to extend its influence to the intestinal canal; hence the severe symptoms which followed.

I am, Gentlemen,
Your obedient servant,
CONWAY EDWARDS.

Batheaston, Bath, Nov. 1842.

DIAGNOSIS OF INDIAN AND ENGLISH CHOLERA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The last communication of Mr. Salter to your valuable Journal, on the Diagnosis of Indian and English Cholera, satisfactorily convinced me that the opinion I had entertained, on a perusal of his first, was too hastily formed, and the chief motive that prompted him in offering remarks on the cases I had published was, to use his own expression, "a purely scientific one." In contrasting the two cases, and especially the latter one, with most of those that were published in the year 1832, when the malignant cholera was so prevalent and fatal in this country, I must still think that they bear a great resemblance in all their prominent symptoms to them; and if such, at that period, were deemed by pathologists as cases allied to Asiatic cholera, what reason have we now, on a reappearance of the same disease, to alter our opinion as to its true nature? Mr. Whyte, assistant-surgeon in the army about the year 1817, states, that "in India it frequently commenced with a watery purging. At an interval of generally from half an hour to five or six hours, and sometimes without an interval, the patient vomits a white fluid, uncombined in any instance with bile. There was soon great debility and sinking of the pulse; the extremities became cold; the eyes sunk in their sockets, and