speaking, very obstinate and very rebellious. They require the same plan of treatment as psoriasis in general, which I may have occasion to speak of at a future period, and shall therefore dismiss the subject for the present, merely observing that the application of three or four leeches behind each ear at the commencement of the treatment in psoriasis ophthalmica, and at a later period frictions, with an ointment composed of the protochloruret of mercury, which is also an appropriate remedy in cases of psoriasis of the lips, will be found exceedingly beneficial.

Before concluding, I would beg to call the reader's attention again to the importance of accuracy of diagnosis in cutaneous pathology, and the necessity of this may be seen from the striking difference—a difference not only of degree but of kind—which existed in the nature and severity of the various eruptions of the face described in this paper. For example, we have seen that the two first—pityriasis and herpes—are very slight and transitory affections, if they are not injudiciously interfered with, or mistaken for other eruptions requiring more active treatment. How different from these in their nature and progress are the varieties of psoriasis which attack the lips and eyelids! We have seen that the latter are often rebellious and intractable diseases, and yet the regions they occupy are not unfrequently the seat of other eruptions of a different order and far milder character, and, nevertheless, one has been mistaken for the other. In a word, the treatment of a great number of cutaneous affections is but of secondary importance compared with their differential diagnosis. Many of them will get well almost without any treatment, provided they are allowed to pursue their natural course; and, on the other hand, a mild and simple eruption, by being mistaken from a similarity of external appearances for one of a severe and rebellious character, and treated accordingly, may be aggravated and prolonged for an indefinite period. A case in point came under my observation at the Hospital of St. Louis in 1836, in which herpes labialis had been mistaken for psoriasis of the lips, and sent to the hospital under that impression. However anomalous such an error may appear, the parts were so completely altered from the appearance they usually present when the seat of the vesicular eruption, by the erroneous treatment employed before admission, that it required considerable care and attention to ascertain the nature of the disease. There was no elementary lesion present, and the diseased surface was abraded, chapped, and furrowed. The appearance of a few vesicles the following day, however, revealed its true nature, and a cure soon followed. The patient was suffering at the same time from eczema of the legs.

29, Margaret-street, Cavendish-square.

Dec. 30, 1842.

SUDDEN DEATHS AT STRASBOURG.

The causes of death, as ascertained in twenty-six cases of sudden death at Strasbourg, by post-mortem examination, were as follows:—Apoplexy (cerebral hæmorrhage), 1; serous apoplexy, 1; cerebral congestion, 4; cerebral and pulmonary congestion, 1; hæmoptysis, 1; foreign bodies in the bronchi, 2; pulmonary congestion, 13; syncope, 1; perforation of the intestines, 2.—Total, 26.

ON THE USE OF THE PROTO-IODURET OF IRON IN THE TREATMENT OF PHTHISIS.

By A. DUPASQUIER,

Physician to the Hotel-Dieu of Lyons.

After having devoted five or six years to experiments with the ioduret of iron in cases of phthisis, I published, about a year ago, some observations on the mode of administering this remedy. It had been my intention to follow up this memoir by one on the treatment of pulmonary consumption with the proto-ioduret of iron, but as I have hitherto been prevented from want of time, I avail myself of an interesting paper on the same subject, drawn up by M. Boissière, one of my *internes*. This paper I publish without the slightest alteration, merely adding to it a few notes.

On the Use of the Proto-ioduret of Iron in Phthisis
By M. Gilbert Boissière, late interne at the Hôtel-Dieu, Lyons.]

The present memoir is founded on the study of twenty-seven cases of pulmonary consumption, observed during a period of four months, in the wards of M. Dupasquier. The restricted number of patients, and the short time during which they were submitted to observation, must plead as an excuse for the imperfections of my essay; still upon some points I have been able to collect a number of facts sufficient for the deduction of certain conclusions.

I must observe, in the outset, that it was much easier to determine the influence of the proto-ioduret of iron on certain functions and on isolated symptoms, than its action on the progress of the disease, taken as a whole; to ascertain the former a few days' observation sufficed, to settle the latter it would have been necessary to follow every case to its termination, but of the twenty-seven cases which I observed, seven died before the remedy had time to act, and of the remainder only one was discharged cured. Still, though we can reckon only a single cure, the improved condition of the other patients was sufficiently striking to authorise me to declare that the proto-ioduret of iron is the most efficacious remedy that the physician can have recourse to in cases of pulmonary consumption.

Physiological Action.—Under this head I would place all the phenomena observed during the use of the remedy, and which have no relation to the symptoms of phthisis. They are primary or secondary.

a. Primary Effects.—Having experienced these myself, after taking a dose of twenty drops,* and having found, on questioning the patients, that they experienced similar effects, it will suffice to relate what I felt myself. Before taking the proto-ioduret, I examined the pulse carefully on three occasions, at intervals of ten minutes, and found that it beat regularly seventy-five times in the minute. After a quarter of an hour the pulse had risen to 85, and I felt some

* The preparation employed by M. Dupasquier is a pure proto-ioduret of iron, in which the iodine is completely saturated by the iron. The solution, which is very similar to that prepared by Mr. Squire, contains one part of the salt to five of water.—Eds.

headache; after an hour the mouth was cool and there was slight dryness in the throat; the pulse had now fallen to 80, but the headache remained.

b. Secondary Effects.—When the remedy is administered in small but gradually increased doses for eight or ten days, the sensations just noticed are felt in a permanent manner; after this the organs become accustomed to it or they may be slightly irritated, and this irritation may continue during the whole course of the treatment. The mucous lining of the mouth and pharynx may be the seat of burning pain with tumefaction of the mucous membrane, which is red and often covered by a small papular eruption; this state is often attended by loss of appetite, thirst, and a remarkable change in the sense of taste. In some cases mastication is completely prevented by the pain arising from the contact of food. This local inflammation is, however, rare; it occurred only four times in the twenty-seven cases.

In one half of the cases the patients suffered from nausea and vomiting on the first or second day of treatment; but these symptoms seldom continued longer; they seem to depend rather on irritation of the *velum palati* and uvula than of the stomach; although in one case the latter organ appeared chiefly to have been affected. On the whole it may be stated that the first impression of the ioduret of iron on the digestive organs is slightly irritant; but tolerance of the remedy is soon established, and it then acts as a tonic.

The same exciting and subsequently tonic action is also exercised on the circulatory system, and on the apparatus which produces animal heat; the pulse becomes more rapid, and the heat of skin is increased during the first few days; and this increase appears to me to be proportionate to the weakened condition of the patient.

In a fortnight or three weeks, however, the pulse loses much of its frequency, and becomes more full and strong; the heat of skin subsides, is more uniform, and the patient is better able to resist atmospheric changes than he had been.* While the effects just noticed are being produced the patient's countenance becomes slightly florid; the muscles and flesh get firm instead of flaccid, as they were; and in some cases symptoms of plethora set in, accompanied, or not, by signs of local congestion. In an early stage the lungs are commonly the seat of this congestion, as is seen by the increase of dyspnoea, cough, and sometimes slight hæmorrhage; in other cases the head is affected, and the patient complains of headache, loss of sleep, pains in the eyes, ringing in the ears, &c. In three cases the remedy gave rise to some affection of the skin—as urticaria, eczema, and lichen.

* This acceleration of the pulse is primary, and depends on the excitement produced by the remedy; it is sometimes of very short duration, but in other cases persists for a considerable time. Very frequently, however, after a few days' trial of the remedy, the number of pulsations is very considerably diminished, and this, generally speaking, is a good sign, and shows that the remedy is producing all the good that can be expected from it. In a few cases the patient is materially benefitted even though the pulse continues quick; but when the pulse has been much accelerated in the first instance, and continues so for some time, we have little to hope from the administration of the remedy.—A. DUPASQUIER.

In the following sections I shall examine successively the ioduret of iron; 1st, on the symptoms of phthisis, taken separately; 2nd, on the different periods of the disease; and 3rd, on its different forms.

1. LOCAL SYMPTOMS.—*Oppression.*—Under this term are comprehended two very different symptoms, dyspnoea and accelerated respiration. In many cases these two symptoms coexist and seem to be confounded together, but in others they are perfectly isolated. They are, however, quite independent of each other; I have seen one persist after the disappearance of the other; or one increase while the other symptom was gradually subsiding. With a few exceptions, it may be laid down as a general rule, that during the first days of the administration of the remedy the dyspnoea and frequency of respiration are increased; but after the first or second week they gradually decrease, and finally disappear. The frequency of the respiratory act diminishes much more rapidly than the dyspnoea; and the latter often remains when the frequency of the respiration has been reduced to its normal standard. Still the difficulty of breathing is always removed, if we are enabled to continue the remedy sufficiently long to dissipate the congestion and effusion which surround the tubercular deposits. When, towards the end of the treatment, the dose of the ioduret is suddenly and considerably increased, the frequency of the respiration is also greatly increased, while the dyspnoea either subsides or remains stationary.

Hæmoptysis.—As I have already remarked, the ioduret sometimes determines slight discharge of blood from the lungs, during the first few days of its administration; but this rarely occurs, and when it does happen the hæmoptysis is slight, and disappears as soon as the tonic influence of the remedy is felt; besides, the manifest benefit which results from its use in cases of hæmoptysis occurring in the first period of phthisis, should render our minds quite easy upon this point. In two patients admitted into M. Dupasquier's wards with hæmoptysis, I saw the hæmorrhage promptly arrested by the ioduret; and I have remarked that this symptom was of much rarer occurrence in the wards of M. Dupasquier than amongst other patients who were not treated with the ioduret of iron.

Cough and Expectoration.—During the first few days the cough is somewhat more frequent, the expectoration more abundant, but easier; on the fourth or fifth day these two symptoms diminish in intensity, and the relief is so progressive that in three weeks or a month the patient, who before that coughed constantly during the whole day, and scarcely enjoyed a quarter of an hour's repose, now coughs only four or five times a day, or perhaps once or twice. The quantity of matter expectorated is likewise considerably diminished; in a month it is often reduced by one-half, three-quarters, or even seven-eighths. I have seen patients who expectorated twelve ounces daily, spit not more than an ounce in the twenty-four hours, and in a few cases the expectoration ceased altogether; in six cases both the cough and expectoration disappeared entirely; in four the expectoration ceased after forty days; in the other two after the fifteenth day.

I have but few remarks to make on the influence of

the remedy over the quality of the matter expectorated; it seemed to me that the sputa became thicker, while they diminished in quantity, being more viscid, and the expectoration more and more difficult.*

Pains in the Chest.—The pains of which I now speak are those peculiar to consumptive patients; they occupy the interscapular region or walls of the thorax, and appear to arise from sympathy with the affected parts underneath. I have always seen these pains yield within three weeks or a month; but the ioduret of iron never seemed to have any influence on pleuritic pains, or on those seated in the walls of a cavern.

2. PHYSICAL SIGNS.—*Tubercles.*—The physical signs of the presence of tubercles in the pulmonary tissue are—bronchophony, intense and prolonged expiratory sound, bronchial souffle, roughness of the vesicular murmur, dulness on percussion, and thoracic *fremissement*. It is evident that if all these signs disappear completely after the administration of the ioduret of iron for a sufficient time, we are entitled to conclude that the tubercles have disappeared, and that diminished intensity or extent of the physical signs indicates a proportionate diminution of extent or intensity in the tubercular deposit. I have seen only six cases, in M. Dupasquier's wards, of crude tubercle, without caverns; in no case did I witness complete removal of all the signs above indicated, even on one side of the chest. In one case no diminution of the physical signs occurred; but in the other five I detected some remarkable changes. Thus, in two patients the expiratory sound and the bronchial souffle completely disappeared, and the respiratory murmur was restored to its natural state; the other signs had not disappeared, but they had diminished more than one half in one of the cases at the end of two months, and in the other at the end of fifteen days. In three cases the intensity of the bronchophony had diminished one half at least; and the dulness of sound and *fremissement* were equally diminished. I remarked that the diminution of the extent over which the physical signs were observable generally kept pace with the diminution of intensity, and that it always took place from below upwards, commencing at the limits between the diseased and healthy tissues, and being more rapid in the lung which was least affected.

Caverns.—I shall only notice such physical signs of cavern as are admitted by all authors—viz., pectoriloquy, gurgling, and the cavernous souffle; to these M. Dupasquier adds the peculiar character of the *fremissement*. In two of eight patients affected with cavern, and who are still alive, the pectoriloquy and gurgling have completely ceased; in one of the two there remained some bronchophony and slight cavernous respiration; in the other these two latter symptoms, also, completely disappeared; but it should be remarked that in the two cases now alluded to the caverns were very circumscribed, the physical signs not occupying a space greater than the area of the stethoscope. In the six remaining cases all the phy-

sical signs of excavation remained, although a remarkable improvement had taken place in every other symptom.

General Symptoms.—The most important of these are the gradual emaciation and loss of appetite, the gradual loss of strength, night sweats, and the evening exacerbations. In three of the six cases of phthisis in its first stage, already noticed, the night sweats and evening fever were absent; in two of the remaining three cases the nocturnal perspirations persisted for three months, but during that time they gradually diminished, and are now scarcely perceptible; in the third case they disappeared entirely at the end of a fortnight. In six of the eight cases of cavern the perspirations were not modified; in two they ceased after forty days; the two latter were the cases in which the physical signs of cavern had also disappeared. From these facts it follows that the ioduret of iron exercises a beneficial influence on the cutaneous exhalation from phthisical patients in certain cases at least. But its influence on digestion and nutrition is much more evident. Every one of the patients (in a period varying from eight to fifty days) recovered their appetite; the weight over the epigastrium and febrile paroxysm during digestion ceased; the face lost its earthy hue and assumed a good color; the emaciation in some cases ceased altogether; the softness and flaccidity of the flesh disappeared; and the muscular strength was restored. Several patients who had been admitted in such a degree of weakness as to be unable to stand upright or walk, were after some time enabled not only to walk about for half the day, but to take fatiguing exercise.

With respect to the influence of the ioduret of iron on the different periods of phthisis, I must content myself with recording M. Dupasquier's opinion that it is most efficacious in the third period, or, at least, that its action is then most evident, and more so in the second stage than in the first. The same difference of action holds good with respect to constitutional and accidental phthisis; the former is much more susceptible of benefit from the ioduret of iron than the latter; in the three cases which I saw, the use of the remedy was attended by no benefit whatever; hence my remarks on the use of the ioduret should be understood as applicable, almost exclusively, to constitutional phthisis.

Mode of Administration.—As the proto-ioduret of iron is rapidly decomposed by the contact of air, it should only be prepared as it is required for use. As a vehicle the syrup of gum is the best medium in which we can give it, and after the syrup come effervescing waters or distilled water. The decomposition of the remedy is easily known by the greenish and then the reddish brown color which the fluid containing it assumes.

The solution employed by M. Dupasquier contains about one part of the ioduret to five of distilled water. The dose to commence with is generally fifteen drops, but when the patient is very weak or young ten or five drops will be sufficient. As soon as tolerance of the remedy is established, the dose is to be increased by five or ten drops every two or three days until 120 drops are taken, and this dose is continued, or the use of the remedy is suspended for a week, and it

* I have observed that the sputa gradually lost their purulent character, and assumed the catarrhal or mucous one. This is explained by the energy and rapidity with which the ioduret of iron diminishes the suppuration from vomice, whereas its action on the secretion in cases of chronic bronchitis is much less marked.—A. DUPASQUIER.

is again given in the dose of fifteen or twenty drops.

Whenever any unusual or suspicious symptom manifests itself during the administration of the remedy, it is suspended to see whether the occurrence of the accident may depend on it or not. Thus it may give rise to headache, loss of sleep, and palpitation; but these, as well as derangements of the digestive organs often disappear of themselves.

The remedies employed by M. Dupasquier, in conjunction with the ioduret of iron are—claret wine, Hoffmann's elixir, bark and the bitters, effervescing draughts, opiates with conserve of roses, and some of the astringent vegetable substances; finally, the pectoral drinks commonly employed to allay the bronchial irritation. The regimen which he enjoins is almost exclusively animal; he makes the patients clothe themselves warmly and take as much exercise as their strength will permit.—*Gaz. Med. de Paris*, No. 52.

CASE OF CHOLERA.—SIMPLE TREATMENT OF DISEASE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As I consider journals like yours principally useful to general practitioners, medical assistants, and medical students, from the preference you give to practical points, good cases, and clinical observations, over queer novelties, strange coincidences, and theoretical speculations, I send the following case and remarks for publication, should they meet your approbation.

I was sent for on last Tuesday morning to see a poor man who had been vomiting and purging all the previous night, and who was not expected to live another hour. I found him laboring under all the symptoms of Asiatic cholera—constant vomiting; incessant purging; stools like rice water; face pale and shrunk; the tongue and lips as pale as the face. He spoke in whispers, and the cramps were almost intolerable. I ordered a large mustard poultice to his abdomen, a bottle of hot water to each of his feet and hands. I gave him four pills with two grains of calomel in each, one to be taken immediately, and repeated every hour; and also a mixture with one drachm of laudanum, three drachms of syrup of poppies, and eight ounces of water. Two tablespoonfuls to be taken every half hour.

In about an hour reaction commenced; two hours after the vomiting and purging stopped, the cramps ceased, and the man recovered.

Now, it is to simplicity in prescribing medicine for such cases that I wish to direct the attention of your readers, and also to endeavour to carry out an observation often made by the late Dr. Babington—viz., "That medical men in general were too careless as to the vehicles with which they combined active medicines; and that he had known many cases of affections of the brain and nervous system made worse by medical men ordering camphor mixture in place of plain water, with other medicines which might have done good. The camphor mixture had acted as a stimulant, and thereby prevented sleep and rest, which were the objects most desired." I have found the same remark to hold good in cholera and other cases where the stomach is affected—that the mint and other aromatic

waters, camphor mixture, spirit of lavender, &c., &c., increase the irritability of the stomach and cause medicines to be thrown off, which, if mixed with common water, might have had the desired effect. The same remark applies to pills: if calomel be made into pills with bread or mucilage, it is much more likely to remain on the stomach than if made up with any of the confections or extracts. As to ointments and lotions I need not say a word, as we can tell by the eye, at once, whether they have soothed or irritated, and the different effects from fresh and rancid lard are obvious to every person.

In cases of English cholera where chalk is indicated, the simple chalk mixture with laudanum will be found more effectual than if combined with aromatics and stimulants.

The good effect of hydrocyanic acid in relieving sickness at stomach is often prevented by not giving it with water alone, or simple syrup and water; syrup of orange-peel, syrup of saffron, or any other apparently harmless adjunct, might counteract the effect of small doses of the acid.

Therefore, in all cases where the brain or head is affected, or where the stomach is delicate or irritable, we ought not to give even infinitesimal doses of medicines which are not absolutely necessary. Nor will this be wondered at for a moment when we reflect upon what is called the idiosyncrasy of some people. One will faint away on perceiving the least smell of musk, another will be sick with the smallest quantity of ipecacuanha, another will be thrown into fits at the sight of a cockroach, and another will be salivated with a grain of calomel. When such important effects result from these apparently trifling causes, surely we cannot be too particular in avoiding adjuvants (?) which may possibly defeat the objects we have in view. I hope also the day is gone by when English practitioners found it necessary to pay more attention to taste, color, and smell, than to scientific formulæ. This was one of the evils of their being obliged to charge for medicines and not for visits, which I hope an enlightened legislature will soon remedy.

I am, Gentlemen,

Your most obedient servant,

W. SIMPSON.

4, High-street, Bloomsbury,
December 31, 1842.

BIRMINGHAM ROYAL SCHOOL OF MEDICINE.

CLERICAL MUNIFICENCE.—That truly noble and munificent benefactor of mankind, the Rev. Dr. Samuel Wilson Warneford, has placed in the hands of William Sands Cox, Esq., the founder of the Royal School of Medicine and Surgery at Birmingham, the sum of *One Thousand Pounds* in furtherance of the intended collegiate institution for the board, lodging, and care of medical and surgical students. A sum of £50 has also been presented by the Rev. Vaughan Thomas, of Oxford, for the same purpose; and we understand that a letter on this subject from the pen of this highly talented and accomplished scholar will be shortly submitted to the noble patrons and friends of the school.