the cases yielded to the exhibition of brisk cathartics. In the former case, that of Snutch, who presented a very obtuse appearance in his countenance, I ordered the application of leeches to the temples, and administered eight minims of the tincture of digitalis, every three hours, in six drachms of camphor mixture, attending carefully at the same time to the necessary dejections. On the second day, without any imminent symptoms, the boy died. In the case of the boy Northridge, I prescribed quarter-grain doses of extract of elaterium, in half an ounce of camphor mixture, every three hours; emesis, diuresis, and catharsis, speedily ensued. In less than two days all oedema was removed, and the boy rapidly regained his health.

INFLAMMATION AND ULCERATION OF THE STOMACH FROM CAYENNE PEPPER.

By ELI PICKOP, Esq., M.R.C.S., BLACKBURN.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—If you think the following case worthy of a place in your *Journal*, I shall take it as a favour if you will insert it at your earliest opportunity, as it adds another victim to the very general practice of quackery, and perhaps rather an uncommon case.

I remain, yours sincerely,

ELI PICKOP.

Blackburn, January 7, 1850.

On Wednesday evening, November 21st, 1849, I was called to visit John Cox, a pipe maker, residing in Blackburn, aged 32, whom I found in a state of coma. He had been delirious for a short time, and was evidently dying when I saw him; he only lived two hours after I left him. The account I received was, that he complained on Saturday, November 17th, of pains in the limbs, shoulders, and back of the neck, and thought himself labouring under rheumatism, for which he had prepared an infusion of yarrow and cayenne pepper, which he took until the following Tuesday. He then had another infusion made of cleavers, mountain flax, centaury, vervain, raspberry leaves, and cayenne pepper, in about three gills of water, which mixture he took until he became delirious. The quantity of cayenne he had taken was about one ounce and a half from the Saturday night to the Wednesday night. He had enjoyed very good health up to this time. A more likely man for long life I never saw.

Post-mortem.—Assisted by Dr. Irving, I made an examination twenty-three hours after death. External appearance very muscular and healthy; the membranes of the brain were very much congested with venous blood; the brain itself quite healthy; a little adhesion of the left pleura; the lungs very much congested with venous blood; the pericardium contained a greater quantity of fluid than usual; the heart healthy. The

stomach presented the greatest degree of inflammation I ever remember seeing. On taking hold of it there was as much heat present as if the man had been alive; the internal lining of the cardiac end was one mass of inflammation, and studded with ulcerations, but decreased towards the pyloric end. It certainly appeared as if the cayenne had imbedded itself in it. The inflammation, but not the ulceration, continued along the small bowels, but diminished as it proceeded. The right and left lobe of the liver were very much congested with venous blood. There was little or no bile in the gall-bladder, and the rest in a healthy state.

In viewing this case, we see a man in the prime of life only complaining of a few local pains, as the result of a little cold, for which he consults Dr. Coffin's last edition of *Quackery*, and from that, as he presumes to know everything about himself and the proper treatment he ought to pursue, he gets the foregoing medicine made up, for which he has to pay the sad penalty. The most singular thing is the absence of vomiting, and that he never complained of any internal pain. From the Sunday he had been bathed in perspiration, and said he had intense heat all over his body, with great thirst. His wife observed that he appeared as if partly intoxicated on the day of his death. We cannot wonder at the amount of mischief done to the stomach, when we take into consideration the immense quantity of pepper he had taken in so short a time. The intense heat complained of was a striking evidence of the effect of the cayenne upon his system; and yet the celebrated Dr. Coffin states that he has given as much as four ounces in fifteen hours, with success, which seems to me very strange indeed.

ON THE PRIMARY INTRODUCTION OF THE OLEUM JECORIS ASELLI OR COD-LIVER OIL AS AN INTERNAL REMEDY FOR DISEASE.

By W. S. OKE, M.D.,
PHYSICIAN TO THE ROYAL SOUTH HANTS INFIRMARY.

As the cod-liver oil at the present time is very much used in the treatment of strumous disease, and of atrophied and weak conditions of the system; and, moreover, as it has been reported to be curative even of some cases of tubercular phthisis, it may not be unacceptable to many readers of this *Journal* if I inform them when, and by whom, this popular medicine was primarily introduced into medical practice in this country.

In the "Medical Reports of Cases and Experiments" published by Samuel Argent Bardsley, M.D., Physician to the Manchester Infirmary, in April, 1807, I find the following passage, (p. 18,) under the head of "Chronic Rheumatism:—"

"There is another internal remedy which has enjoyed a very high local reputation in Lancashire, and was introduced into practice about thirty years ago by one

of the physicians of the Manchester Infirmary. It is the *oleum jecoris aselli* or cod-liver oil, and was recommended to me by my late highly respected colleague and friend Dr. Percival, as deserving a fair and extensive trial in chronic rheumatism. It is a medicine so very nauseous both in smell and taste, that however disguised, many delicate stomachs cannot bear it; yet I have known this repugnance not only overcome, but such is the power of habit, a relish for its high flavour has succeeded to the original disgust. From long and repeated experience I am enabled to speak of it as a medicine of efficacious but limited powers. In some instances where every other means have proved unsuccessful, it has operated in a manner so decidedly beneficial as to excite astonishment. But on the other hand, it has frequently failed in some of the mild and more common rheumatic affections. The circumstances under which I have found it most advantageous, when used both externally and internally, are the following:—

“1st. In the chronic rheumatism of elderly persons, where the muscles and tendons have become rigid and the joints nearly inflexible, in consequence of the disease having been brought on by excessive labour, hard fare, dampness and cold.

“2nd. In women whose constitutions have been worn out by repeated rheumatic attacks after parturition, and more especially in the decline of life.

“I have seen a few patients recover entirely by the exhibition of the oil, who, on their admission into the house, were unable either to preserve the body in an erect posture, or support its weight on the lower extremities.

“I do not intend to enter into any explanation of the *modus operandi* of this medicine in the cure of rheumatism. Whether it subdues the disease by exciting a specific action upon the small obstructed vessels, or whether it serves to lubricate the rigid fibres by favouring the secretion of fat, I shall not pretend to determine; but the fact certainly is, that patients, who have for some time taken this remedy, are disposed to *increase in bulk and fatness, and it scarcely ever was attended with decisive advantages without producing these effects in a greater or less degree.* Warm table beer is the vehicle for the oil, which the lower order of patients most commonly prefer. The dose was half an ounce to an ounce and a half, twice a day, according to the delicacy of the patient's stomach and the effects of the medicine. It is seldom uniform in its mode of operation; sometimes it acts upon the kidneys, at others upon the bowels, producing griping and diarrhoea. I have observed an eruption on the skin, preceded by prickling heat, in many patients after first making use of the oil; but in a majority of cases, it produced after a short period none of these sensible effects. I have never found it to excite sweating unless when taken in bed and assisted by drinking plentifully of warm liquors. It was remarked, that if after about a fortnight's trial, no abatement of the pain or rigidity ensued, it was in vain to persist solely in the use of this remedy; but when its beneficial effects had once commenced, so slow and gradual was the progress of cure, in many

instances, that patients have continued to receive advantage during the whole course of six or eight months trial.”

“In serious rheumatic affections of the large joints, no great benefit was derived from its use, unless when joined with the local application of vapour and electricity. Indeed as an internal remedy for chronic rheumatism, I consider it inferior in many respects to gum guaiacum, although it exceeds that and every other medicine, (with perhaps one exception, which will hereafter be noticed,) in the relief and cure of such peculiar states of the disorder as have been just described.

“It is of importance to remark, that this medicine has preserved its reputation in our infirmary, nearly unimpaired, during the period of thirty years; for I find its annual consumption to have been from fifty to sixty gallons soon after its introduction in 1776; and the quantity dispensed for many years back has seldom fallen below the above amount; the last year it exceeded forty gallons.”

From the above passage it appears that the cod-liver oil was first employed in the Manchester Infirmary in the year 1776, for the cure of chronic rheumatism; that, though it was found of limited use, it was in some cases of such decided efficacy, as to excite astonishment; and that in cases benefitted by it, it was observed to be generally productive of a manifest increase of the bulk of the body.

I am not sure whether the use of this medicine was revived in the present day for the cure of chronic rheumatism. I am informed that it was; and if so, it is not the less creditable to those who have *originated* its use for the cure of diseases, that directly atrophise the body, such as mesenteric tabes and tubercular phthisis, in which, from its tendency to increase bulk, it is, *a fortiori*, more clearly indicated than in chronic rheumatism.

I perceive that in their first annual report the Physicians of the Hospital for Consumption and Diseases of the Chest have given a statistical document as to their experience of cod-liver oil in phthisis pulmonalis, which is very gratifying and full of encouragement; and it is to be hoped that a report equally gratifying will shortly issue from the accumulated experience of the members of this Association. They have been judiciously invited to furnish materials for such a report, and there is every probability that from so extensive a field the most important points will be gathered.

I have myself frequently prescribed this remedy in the treatment of phthisis pulmonalis, and am still doing so. The result of its administration in my own practice is—

1st. That in some cases a fair trial of its therapeutic power could not be made, from the intolerance of the stomach of its nauseous flavour.

2nd. That in others it totally failed either to improve the system or moderate the disease. But—

3rd. That in some cases now under treatment, it appears to have arrested the progress of the disease, and improved the general health.

These last are well marked examples of extensive lesion of the lungs, and should all, or either of them, terminate in recovery, I shall have much pleasure in reporting fully so important a fact to the Editor of the *Provincial Medical and Surgical Journal*.

Southampton, December 26, 1849.

Hospital Reports.

ESSEX AND COLCHESTER HOSPITAL.

COMMUNICATED BY P. MARTIN DUNCAN, M.D.,
PHYSICIAN TO THE HOSPITAL.

Case of Severe Convulsions following a Blow on the Back of the Head.

JOSEPH GOODWIN, aged 28, sailor in a coasting cutter, unmarried, and of tolerably sober habits, was admitted September 21st, 1849. States that he has never had syphilis, that he never had "fits" of any kind before his present illness, and that none of his family were ever subject to them. He bears a good character for sobriety and diligence. Whilst in perfect health, a little more than two years ago, he fell from a boom to the deck, a distance of twelve feet, on the top of his head; he was stunned, remained insensible for a few minutes, and recovered of his own accord. For several days he felt giddy and oppressed, but he soon lost these symptoms, and returned to his duty. During two years he enjoyed tolerable health, and lived well. A month since, after suffering slight wandering pains in the back of his head, he was suddenly seized with a spasm in his left arm and leg; in the course of a day or two this spasm increased to violent and continued convulsion of the muscles of the left side. The fits increasing in number and in severity, he applied to me for relief.

September 21st, 1849.—*Present condition.*—Is a powerful, well developed, short man, fat, and in good condition; he walks with difficulty on account of the fatigue which has resulted from a succession of convulsive fits; his face is somewhat flushed, and has a dull and stupid expression; his cranium is not very symmetrical, the forehead receding considerably, but there is no tenderness or heat of the scalp; he speaks slowly and distinctly, can hear perfectly well, but his sight is not so perfect as it was before his accident, vision being more distinct with the right than with the left eye; irides sluggish, the left more so than the right; says his memory fails him; he has no symptoms of paralysis; a dull heavy pain in the back of his head, and the "fits," which vary in number during the course of every day—occurring never less than five, and as yet not more than fifteen times daily—are the prominent symptoms; without any warning or scream, his left leg and arm, and left side of his face, are violently convulsed; the leg is drawn upwards, and the thigh crossed upon the opposite member; the biceps and the

pectorals are the muscles most prominently affected in the arm; the mouth is drawn up to the left side, and his face greatly distorted; the limbs, and muscles of the face, remain thus convulsed for forty or sixty seconds, during which time the abnormal muscular efforts never cease; he retains a certain amount of sensibility during the fit, and answers rather incoherently when spoken to loudly; no force that I can use overcomes the rigidity of his limbs during the fit; he does not grind his teeth, nor does he squint during the fit, but subsequently complains of lassitude and of pain in the calf of his leg; there is no paralysis of the right side during these convulsions; neither does he pass his fæces or urine involuntarily; talking or thinking more than usual seems to produce these fits, as he had three whilst I was examining him; his pulse and respirations are increased in frequency, but there is no swelling of the external jugular veins during his seizure; there is no tenderness of the spine; his heart and lungs are healthy; his liver is felt extending a little below the ribs; the tongue is large, flabby, and foul; the bowels are open only once in three days, and his pulse is somewhat irregular, varying from 72 to 80 beats in the minute. He has not slept for three nights; urine scanty, highly lithic, specific gravity, 1030, contains no albumen. In this case all the symptoms denoted a greater or less amount of disease of the brain. The facial spasm precluded the notion that the convulsions of the extremities depended upon lesion of the spinal cord; and the absence of paralysis, or affection of the organs of speech and hearing, rendered the idea of any great amount of disease in the brain highly improbable.

The want of sleep, the defective state of his memory, and the fact of his having had, two years ago, a blow on the head, are strong indications of injury to the superficies of the brain; but the absence of coma, or of any paralysis, and the presence of convulsion, prove that such injury cannot have interfered with the structure of the grey matter of the convolutions. The convulsed state of the left extremities pointed to the right side of the head as the seat of lesion, but the facial spasm was on the left side, and the left eye was less useful than the right. The drawing upwards of the left corner of the mouth, coupled with the absence of paralysis of the right side of the face, denoted disease of the left portio dura, and the history of the case proved that the disease was intercranial. The fact of there being an affection of the left portio dura does not militate against the idea of the disease being on the right side, for in many cases of severe cerebral disease of one hemisphere, paralysis of the facial nerve of the opposite side occurs; it is more or less subject to the law of "crossed action." It follows then that increased or irregular action of the left portio dura may be consequent upon an irritating disease of the right hemisphere of the brain. Vivisections, and the experience of both careful physiologists and pathologists, have proved that the hemispheric lobes and their superficies have a certain power of exciting motion, either directly or indirectly, through their influence upon other ganglia