resemblance between that great man's theories and mine that I consider myself as the mere executor of what he has planned.

Caron in 1811, and Broussais a few years later, assumed a much easier mode of classification; denegation was their sheet-anchor. In syphilis, according to Broussais, there exists no virus, no morbid poison, and the therapeutics has only to measure and restrain the various degrees of irritation; and yet, some men of the "so-called" physiological school, carried away by the strength of facts, which are "stubborn things," freely exhibit mercury as a *specific* in these "irritations!"

You perceive, Gentlemen, that since some thousands of years syphilis has worn the garb of the most influential doctrines, which have, in rotation, set "the fashion" in pathology; the humorists at one time, the solidists at another, have invested venereal diseases with their own modish robes; and the self-christened "physiologists" have clad them, in their turn, in a short coat of their own making, which, unfortunately, has left syphilis shamefully exposed.

At the close of this, our first meeting, we must request you all, Gentlemen, to examine our patients with the assistance of your own senses, and not to rely exclusively upon our words. It shall be my endeavour, in the course of these lectures, to avoid the moving sand of theory, and, also, too frequent reference to authors; our unchangeable motto shall be, "Facts, not names."

SECOND REPORT

OF

PRIVATE MEDICAL PRACTICE FOR 1841.

By CHARLES COWAN, M.D. E. and P.,

Physician to the Royal Berkshire Hospital and Reading Dispensary, &c. &c.

[For the *Provincial Medical Journal*.]

(Continued from p. 111.)

SPECIAL REPORT.

Fever.

Sex.—16 males; 11 females.

Ages.—Under a year 1
1 to 5 years 7
5—10 1
10—20 2
20—30 11
30—40 3
40—50 2

Season.—March, 2; April, 1; May 1; June 3; July, 4; August, 1; September, 1; October, 8; November, 3; December, 2.

Anterior Duration.—Under a week . 11
1 to 2 weeks 6
2—3 6
3—4 1
More than a month 3

Average Duration of 12 cases cured, 8 days.

Result.—Cured, 13; convalescent, 2; irregular, 12.

Symptoms.—Pyrexia of a mild character, frequent recurring chills, muscular prostration, cerebral inertia, headache, constipation, and mild diarrhoea, were the prevailing features. The respiratory mucous membrane was either free or only slightly affected. The disease was only prevalent in October, when the

weather was mild, moist, rain falling twenty-two days, with boisterous winds from the west and south-west, the barometric mean being lower than in any other month, 29.457; the mean temperature was also eleven degrees higher than the preceding month.

They were all comparatively mild cases, with no tendency to a malignant type, and were treated in the early stages with emetics, laxatives, and salines; and in the latter with quinine.

Fever of severe type we have seldom witnessed in this neighbourhood, and when present has generally been traced to local and removable causes. It is, however, occasionally met with of a very slow and lingering character, and is generally dependent on chronic intestinal mischief. We have also seen some well-marked instances of prolonged hectic disturbance apart from all discoverable local disease. A mild tonic plan with change of air and the use of sedatives seem the most efficacious means; but this form of disturbance sometimes resists all medical treatment, and after very variable periods subsides without any evident crisis.

We shall now briefly advert to the experience of others in the treatment of fever, selecting that which may not have sufficiently attracted the student's attention. A surgeon in extensive practice has found the following powder very advantageous in 140 cases of simple fever, continuing its use until the gums were slightly affected:—

Nitrate of potash, four grains;
Tartrate of potash, a quarter of a grain;
Mercury with chalk, five grains. Mix. Repeated every four hours.

And in all fevers of a low type he was convinced of the benefit of the saline treatment. His formula was—

Chloride of soda, three drachms;
Carbonate of soda, two drachms;
Hydrochloric acid, half a drachm;
Camphor mixture, six ounces. Mix. Half an ounce every hour.

He founded his experience upon notes of 120 cases.

In reference to the use of mercury, Dr. Macartney says, "In no single instance have I known mercury fail in arresting the progress of fever, provided it be not combined with visceral affections or characterised from the beginning with great prostration of strength."

Mr. R. Stevens (*Lancet*, 25 June, 1842) asserts the value of mercury in all contagious diseases, and he has met with more than ordinary success since employing it in the treatment of fever.

Dr. Elliotson, and many other writers, speak favorably of the mild use of mercury in this disease; and when the type was inflammatory it might, perhaps, be always judiciously prescribed.

Mr. George Ross, of Enfield (*vide "Lancet,"* March 4, 11, and 18, 1843), in some very interesting and able observations on fever, well worthy of careful perusal, strongly recommends the employment of ipecacuanha emetics, followed by fifteen to thirty grains of calomel, and an equal quantity of jalap, four hours afterwards. This is repeated on the recurrence of exacerbation of the symptoms, which assume in almost every case a quartan type, two or three times, and neither excites excessive purging or any inconvenient constitutional disturbance. The quantity of calomel necessary seldom exceeds a drachm; the

effect is quickly beneficial, the convalescence rapid, and the duration of the complaint curtailed. He objects to repeated small doses of mercury, as more distressing to the patient, more likely to excite intestinal irritation, and much less successful in the result. He thinks well, though less favorably, of the saline treatment, and in intractable cases would administer the nitrate of potash in doses of ten to twenty grains three times a-day. We again refer the reader to Mr. Ross's excellent paper.

In the "Lancet" for December 14, 1839, some very interesting results on the use of salines are given by Dr. Jordan Lynch. He practised in the worst districts of London, and states that his success after employing the following treatment exceeded his most sanguine expectations. After premising an emetic, and a brisk purge of calomel and rhubarb, or jalap, he gave a solution of three drachms of common salt to the pint of water in the twenty-four hours, the patient drinking largely of cold spring water, adding to the mixture a drachm of muriatic acid as the symptoms improved, with effervescing soda powders till convalescence was complete, supporting the strength with beef-tea and porter. The acid effectually checked the diarrhoea. Out of 97 cases not one died, and recovery, he says, took place in as many days as it required weeks on the ordinary plan.

Dr. Copland, in his elaborate article "Fever," par. 596, says, "The chloride of soda is a valuable medicine in all the typhoid forms of fever when judiciously prescribed;" and Chomel, who gave it an extensive trial, states that it has proved more successful in low fevers than any other means when perseveringly employed. Drs. Graves and Stokes also think highly of it in petechial fever.

Dr. Wilson, of the Middlesex Hospital, adopted Dr. Stevens' saline treatment, with great advantage, during the prevalence of petechial fever in 1837. The patients were all put into a warm bath and washed with soap, the head shaved, and cold applied if necessary. The following powder was given in water every four hours:—

Carbonate of soda, half a drachm;
Chloride of sodium, one scruple;
Chlorate of potash, six grains. Mix.

If this were refused, a drachm of the chlorate of potash in a quart of water was given for drink in the twenty-four hours. In some severe typhoid cases, where active treatment was inadmissible, in addition to wine and beef-tea, Dr. Graves gave carbonate of soda, one scruple; nitrate of potash, ten grains; every three hours, with great success.

Dr. Furnival, in his work on consumption and scrofula, says, "In the middle or even later periods of typhus, I must bear testimony to the great efficacy of large doses of the sesquicarbonate of soda alone, every four hours, either in water or some tonic effusion. It is surprising how soon the tongue will clean and the collapse give way."

Dr. Bright speaks favorably of a similar plan, and the common effervescing draughts, prescribed as simple refrigerants, may be more more actively useful than the prescriber suspects.

Among the German writers there is extensive evidence in favor of the hydrochlorate of ammonia in putrid adynamic fevers, and a very general preference

has been attached by writers of all classes to combinations in which chlorine plays a part. Indeed, the compound recommended by Dr. Stevens is probably resolved in the stomach into the muriates of soda and potash. The nitrate and chlorate of potash are also particularly deserving of trial.

The above practical testimonies in favor of the saline treatment of fever are more than sufficient to entitle the subject to the student's serious consideration; though the value of such treatment is practically demonstrated, the theory is not free from much painful obscurity, but some additional insight into the possible *modus operandi* of such remedies may be gleaned from Professor Liebig's researches on the influence of soda on the decomposition of our tissues and in the formation of bile.

If continued fever may be regarded in all instances as the result of a morbid poison in the system, either imbibed from without or generated within, and that its phenomena are functional efforts for its elimination, or disturbances kept up by the presence or reproduction of the exciting cause; in either case it is easy to conceive how remedies of the class now alluded to might prove useful; either by facilitating the excreting act where the poison is not reproduced, by stopping the fermenting process, by neutralising the morbid agent itself, or modifying the element of the blood which is essential for its continued transmutation. There can be little doubt that a more accurate knowledge of the chemical changes induced, would admit of equally accurate remedial appliance; but at present we are almost limited to empirical experiments, and more indebted to practice than to theory for our successes. Hence the importance of being acquainted with what others have beneficially tried. It is not easy to say whether the efficacy of the saline treatment depends on the base, the acid, or the salt. Considerable evidence might be adduced of the utility of mineral acids as well as salts, and the apparent contradiction in the means may be the simple result of our ignorance. The acid may be the effective agent when administered in a combined as well as a free state; and the favorable results ascribed to both may depend on their correct but empirical application to fevers of a particular type.

Dr. Paris states that in the Westminster Hospital a drachm of the muriatic acid combined as a drink has been given for many years in typhus fever with evident advantage; and in the "Lancet" of 23d Jan., 1841, a very strong statement is made by Mr. Alghuen, of the value of the oxymuriatic acid, when freely administered under similar circumstances. Huxham, Fordyce, Frank, Hufeland, and many others, unite in the recommendation; but both theory and practice preponderate as a general rule in favor of the preceding class.

Dr. Buzorini ("Brit. and For. Med. Rev.," Oct. 1839) thinks that ipecacuanha possesses a specific power of exciting the nervous system. It increases all the excretions, moderates the alvine discharges, diminishes restlessness and delirium. Dr. B. founds his opinion upon ten years' experience, and advises its being given in infusion in the proportion of one or two scruples of the root to five or seven ounces of water. Dose, half an ounce every two, three, or four hours. In influenza, and fevers with bronchial com-

plication, especially in children, it might prove a very useful and cheap practice.

Frank's celebrated fever powders consisted of tartar emetic, six grains, and bitartrate of potash, half an ounce, divided into six powders, and one given every hour.

A provincial physician in extensive practice, and with keen observing powers, attributes great benefit to the following formula in all cases of severe febrile disturbance, eruptive or otherwise :—

Liquor of the acetate of ammonia, five ounces;
Potassio-tartrate of antimony, six grains;
Syrup of poppies, or of ginger, one ounce;
Tincture of opium, one drachm;
Spirit of nitric æther, six drachms. Mix. Half an ounce every one or two hours.

It excites vomiting, and then purges and sweats.

Against headache in congestive fever the formula of Raspail has been much vaunted :—

Liquor ammonia, one ounce;
Distilled water, nine ounces;
Chloride of soda, five scruples;
Camphor, ten grains. Adding any agreeable scent.

A piece of linen to be steeped and applied over the part, carefully protecting the eyes by a thick bandage above the brows. The action is often rapid, the pain ceasing in fifteen to thirty minutes. It ought to be reapplied at the commencement of the paroxysm, and is also very valuable in other local congestive conditions. M. R. thinks there is a peculiar chemical change excited in external applications depending on the nature of the local action. Before concluding we would just allude to the use of belladonna for the relief of head symptoms with contracted pupil, as recommended by Dr. Graves, and to the good effects of emetic tartar and opium in cases of cerebral congestion, as stated by the same observer. Dr. Stokes' excellent observations on the indications for the use of wine in fever, being founded on an examination of the heart rather than of the pulse, are also of a truly valuable and practical character.

Influenza.

Sex.—16 males; 18 females.

<i>Ages.</i> —Under a year	2
1 to 5 years	4
5—10	1
10—20	6
20—30	6
30—40	6
40—50	6
50—60	0
60—70	3
	34

Season.—January, 2; March, 25; April, 6; May, 1.

Anterior Duration.—Under a week . 7

From 1 to 2 weeks 5

„ 2—4 11

More than a month 7

Not registered 4

Average duration of treatment, 10½ days.

Results.—Cured, 21; irregular, 11; relieved, 1; died, 1.

Symptoms.—The most prevailing were frequently recurring chills and heats, general but not extreme prostration of muscular power, frequent irritative

cough, with substernal soreness and oppression, headache of a tensive character, and catarrhal inflammation of the lining membrane of the head, face, and fauces; the digestive mucous membrane was only affected in five cases; in some the appetite remained good, and in a few was craving; the pulse was soft, accelerated; the attack was in general sudden, and the prostration rapid; in several instances the convalescence was slow, and the foundation laid for subsequent ill health.

In whatever the exciting cause might consist, it was clearly very rapidly and extensively diffused, indiscriminate as to age, sex, or rank, and, as far as we could judge, not propagated by contagion.

It will be observed that three-fourths of our cases were of more than a week's duration. In the acute cases antimony and alkalies, with opium, rest in bed, with spare diet, and pediluvia, constituted the treatment. In the more chronic, quinine and sulphuric acid, with opium, were principally employed. The effects of quinine in quickly checking the febrile paroxysms, and restoring the general health, were very satisfactory.

In this neighbourhood the epidemic set in about the close of February, arrived rapidly at its maximum in March, and seemed exhausted by the beginning of May. During the preceding December, January, and February, the temperature had been unusually low; the atmosphere very dry; the prevailing winds, N.E., N., and E. While in March it blew thirty days from the S., S.W., and W.; the mean temperature rose ten degrees; the quantity of rain considerably increased; and, what is rather singular, the barometer rose higher, and remained more stationary than in any other month of the year. A similar fact is noticed by Dr. Holland for the epidemic of 1830. During April and May the rise of temperature was progressive, the amount of rain still greater, while the wind blew nearly equally from every point of the compass, yet the epidemic quickly declined, which favors the inference, that its intensity during March may be ascribed more to the influence of sudden atmospheric and other changes upon an unprepared system than to the presence of any specific cause of infection. This idea is supported by the rapid invasion of the epidemic, its general diffusion, its invading all ages and constitutions, its non-contagious character, and by the nature of the functional disturbances. We are aware that in the valuable report on the influenza in the 6th vol. of the Provincial Transactions, it is concluded that "the exciting cause of influenza cannot be found in sudden vicissitudes of temperature, great heat or cold, damp weather or melting snow, however much all or any of these circumstances may predispose to or originate the more ordinary catarrhs, eruptive fevers, and other disorders of spring, autumn, and winter;" but we think that if atmospheric conditions possess the importance here ascribed to them, it is more reasonable to regard them as capable of originating a disease like influenza, than of exciting the specific disturbance of eruptive fevers. All sudden changes of weather may not be productive of special forms of disease, and yet these may still be the products of particular combinations. We are capable of very imperfectly estimating the combined influences included under the term "weather," and the com-

parison of one season with another is at all times liable to considerable fallacy. Apart, however, from any specific effect, seasonal changes are, no doubt, at all times closely connected with those constitutional peculiarities modifying more or less every form of disease—changes to which the illustrious Sydenham so sagaciously directed his attention, and on the right appreciation of which successful treatment is often so closely dependent.

Convergent details of atmospheric conditions from numerous observers would, no doubt, terminate in some practical additions to our scanty knowledge upon the subject.

From the essay of Dr. Holland on epidemic influenza in his philosophic and interesting volume, and Dr. Graves' excellent lecture on the same subject, the reader will reap much pleasure and instruction; and we cite these authors the more willingly, as they are decidedly of opinion that the disease is not attributable to mere atmospheric variations. The memoir of Dr. Black, of Bolton, published in the Seventh Report of the British Association, may also be advantageously consulted.

Hooping Cough.

Sex.—8 males; 9 females.

<i>Ages.</i> —Under a year	1
1 to 2 years	4
2—3	4
5—10	5
10—20	2
20—30	1

<i>Anterior Duration.</i> —Under a week	1
1 to 2 weeks	2
2—4	5
1—2 months	4
2—4	5

Average duration of treatment of 7 cases reported cured, 17½ days.

Result.—Cured, 10; irregular, 6; died, 1.

We observed nothing in the *symptoms* worthy of remark.

Treatment.—In acute cases, an emetic daily, or on alternate days, a strong anodyne or counter-irritant liniment to the chest, mercurial laxatives, and the internal use of opium with antimony.

In more chronic cases, emetics were frequently given; if the bronchi were much involved, the counter-irritation was more active, and quinine, with small doses of calomel and ipecacuanha, administered.

In the single adult case registered, mild purging, and the compound conium pill, afforded quick relief.

Observations.—The popular and professional catalogue of remedies for hooping-cough is both lengthened and varied, proving the usually obstinate nature of the disease. It cannot, however, be doubted that particular combinations have at times been attended with more than ordinary success; and it is the part of sound wisdom to treasure up these evidences of remedial triumphs, since circumstances may arise in the practice of all, where we are baffled in the application of our general principles, and are glad to resort to more specific and empirical means. There is, no doubt, a tendency in most minds to place exaggerated reliance on particular remedies, and to attach to them results which are attributable to the natural progress of the disease; but, on the other hand, it is possible

to under-estimate their value, and to adhere too obstinately to imaginary principles. Success is, after all, the best test of being right, though it is often very obscurely obtained; and in the practice of our art we are frequently compelled to be content with results apart from their explanations, and to submit to failure where our theory seems most complete.

Dr. Thompson considers prussic acid his sheet-anchor, gradually increasing the dose, and combining carefully regulated temperature with a milk and vegetable diet. He says the disease seldom resists more than four to five weeks.

When the acute symptoms have subsided, the following extensively used formula of Dr. Beatty, of Dublin, recommended by Graves, has proved very useful:—

Compound tincture of bark, five ounces;

Tincture of lytta, tincture of camphor, of each half an ounce. Mix. A teaspoonful three times a-day in linseed or barley tea.

Above five or six years of age the dose may be increased one-third daily until half an ounce is taken.

The liquor arsenicalis, in decoction of bark, is favorably mentioned; and in the second volume of the Provincial Transactions, p. 412, a combination of the tincture of lytta with the tincture of lobelia is stated to have proved successful.

Belladonna by liniment, plasters, and internally, is undoubtedly a valuable agent. Dr. Waldeck, of Berlin ("Bul. Gen. de Ther.," 1838) gave from one-tenth to one-twelfth of a grain for a dose, and speaks very positively in its favor. Dr. Lombard, of Geneva (French "Lancet," 9th June, 1838), mentions as a sure symptom of the decline of the disease the greater frequency of accesses during the day than night, and *vice versa*. He speaks highly of the sesqui-oxyde of iron in diminishing the number and violence of the fits, giving twenty-four to thirty-six grains a-day in divided doses. Dr. Steymann ("Bul. Gen. de Ther.," March, 1838) brings forward similar evidence.

Dr. Crossley Hull's great remedy in all cases was powdered alum, which he prescribed in a little water eight times a-day, beginning with ten grains, to be increased two grains each dose till twenty are reached, which was then continued till the cough had ceased, which he states was the case generally in a week or less. The above doses are for young persons about fourteen; adults may increase the dose to twenty-six grains. Infants are to begin with four or five grains, increasing two grains a dose to fifteen. No other medicine was given; milk to be avoided.

Dr. Reece strongly advises a warm irritating plaster to the chest, and the following medicine:—

Tincture of assafœtida, one drachm;

Tincture of opium, ten minims;

Powder of ipecacuanha, ten grains;

Water, two ounces. Mix. A teaspoonful every three hours to a child two years' old, increasing the dose ten minims for every year.

When this fails, the two following formulæ are (too) highly praised:—

Powdered leaves of conium, one scruple;

Mint water, two ounces;

Syrup, two drachms. Mix. A teaspoonful three times a-day to a child of any age, adding ten minims to the dose, till nausea and giddiness are felt.

Di-acetate of lead, four grains;
Syrup of poppies, two drachms;
Fennel water, two ounces. Two teaspoonfuls to a child from two to ten years every five hours; half an ounce for an adult.

It is said to cure generally in three days (?) There is other confirmative evidence in favor of lead in this disease, and a formula in combination with conium is given in our report of the Reading Pathological Society for 1842.

Mr. C. H. Chavasse ("Lancet," May 30, 1840) speaks highly of the following formula:—

Sulphate of copper, half a grain;
Syrup of poppies, half an ounce;
Anise water, an ounce and a half. Mix. A teaspoonful to be taken every second or fourth hour, according to the age.

Sir William Watson's celebrated prescription was—

Tartar emetic, one grain;
Tincture of opium, twenty minims;
Distilled water, one ounce. Mix. A teaspoonful every, or every other night.

Mr. Pearson, after premising an emetic, relied much upon—

Tincture of opium, one minim;
Ipecacuanha wine, five drops;
Carbonate of soda, two grains;
Water, half an ounce. Make a draught, to be taken every four hours.

Dr. C. Wachtl, of Vienna (vide Provincial Journal, January 21, 1843) has found cochineal very useful in rapidly checking the paroxysms.

Cochineal, ten grains;
Bitartrate of potash, one scruple;
Sugar, one ounce;
Water, six ounces. A teaspoonful every four or six hours.

It is an old and popular remedy.

The following is Roche's far-famed embrocation:—

Olive oil, one ounce;
Oil of cloves, half an ounce;
Succinum oil, half an ounce. Mix.

We are not the advocates of one or all of the above, but think their occasional efficacy sufficiently attested to justify their use in particular cases.

Secondary Syphilis.

Sex.—11 males; 5 females.

State.—10 married; 4 single; 1 infant; 1 not registered.

<i>Ages.</i> —Under a year	1
20 to 30 years	7
30 — 40	5
40 — 50	2
60 — 70	1
	16

Result.—Cured, 9; irregular, 7.

Average duration of treatment in 7 cases cured, 32 days.

Anterior Duration.—Under a year . . . 6

From 1 to 2 years 8

More than 2 years 2

Treatment.—It was, in all, similar to that detailed in our first report. The hydriodate of potash internally, with opium, in sufficient doses, to allay pain; flannel clothing and nutritious diet. The addition of

iodine to our therapeutics of syphilis is an invaluable boon. We have not met any cases in which that remedy, when persevered in, has failed; it has generally been continued for two or three weeks after all local symptoms have disappeared; the poisonous effects have been observed in a few cases, but the inconvenience is temporary and does not require a discontinuance of the medicine. It is right to state that our cases were not of the worst description.

The number of local symptoms which yield to so simple a plan is very striking, and is one of the many proofs of the vast importance of correctly seizing the constitutional condition.

[To be continued.]

ON THE TREATMENT OF SPASMODIC CHOLERA.

By GEORGE FIFE, M.D.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The treatment of spasmodic cholera, like that of every other disease, must be modified by circumstances—as the general habits and constitution of the patient, the period or stage of the disease, and the violence of the attack. In each stage the indications vary, and consequently the best course for me to pursue is to consider each stage separately, it being kept in mind that, however different the symptoms may be at different stages, they all depend on one general cause, for the removal of which the best and most judicious exertions of the physician are but too often insufficient.

Treatment of the First Stage.—When an epidemic cholera prevails, every derangement of the organs of digestion is to be regarded with the utmost jealousy, especially if diarrhoea and nausea, with epigastric uneasiness, be present, as in many instances such symptoms barely claim notice, when the most aggravated attack sets in. It may generally be held as extremely unsafe to use any very active purgative, as innumerable cases are recorded wherein the exhibition of such medicines have apparently at once matured the disease. This remark applies equally to the disease as it occurs in this country and in India. In this state a person may remain for several days, or even weeks, when the true choleric discharges may suddenly appear, and collapse as rapidly ensue. In this stage the first indication undoubtedly is to mitigate, if not at once to check, the discharges, as the longer these persist unrestrained, the more speedily the formation of the disease in all its malignity is effected. When vomiting is not urgent, and the diarrhoea has gone even to a considerable extent, the most effectual relief has been obtained by the exhibition of a full dose of calomel with a moderate dose of opium, given in *powder*. Stimulants, if used at all at this period, require caution. If the patient be robust, and any tendency to vertigo or confusion be present, a moderate abstraction of blood will prove useful, which appears to arise from its removing congestion, and also relieving the system, in some measure, from a portion of fluid which, from its altered condition, is not only unfit for the purposes of the economy, but seems to exert all the properties of a poison. In this way it increases the power of the