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

system, when aided by other appropriate means, to take on a new and healthy action. When vertigo and headache exist early in the disease, stimulants are to be sedulously avoided; and even when these symptoms are not present, their use appears questionable. In ordinary cases the best plan of proceeding seems to be to give a moderate dose of calomel with opium, five or six grains of the former with a grain of the latter. Should this succeed in arresting the symptoms, after an interval of from four to six hours, a dose of castor oil may be given, either with peppermint or some warm tincture. In addition to these measures, it is advisable, even although no diminution of temperature have taken place, to apply heat to the surface of the body, especially to the extremities. If the tendency to vomiting be great, a sinapism applied to the epigastrium will prove serviceable. The patient may have at intervals strong beef tea, seasoned with Cayenne pepper, or sago or arrow-root, with a little sherry wine or brandy. On the whole, however, stimulants are better avoided at this stage of the disease.

Second Stage.—The sinking or collapse, which is the characteristic feature of this stage, is as much the consequence of the unchecked progress of the first as the hot stage of intermittent fever is the necessary sequence of the cold. Hence it is important, however desirable it may be to palliate the more urgent symptoms, to direct our measures with the strictest regard to the general cause upon which the disease itself depends. If in any stage of cholera it be requisite to qualify general rules, it is in this; wherefore, although I cannot sufficiently condemn the lavish abuse of stimulants, it is not to be denied that their just employment has been attended with inestimable benefit. I will now, as briefly as possible, consider the measures applicable to this period of cholera *seriatim*. From the opinions already expressed, it will be anticipated that even at this period of the disease I do not entertain the horror of actual depletion which many writers do; on the contrary, in no cases (according to my experience) has it proved more useful than in those where pulsation at the wrist was either lost or reduced to a mere thrill, where the whole symptoms of collapse were well defined, and especially where cramps and vomiting persisted. Under these circumstances I have used the lancet with marked success. In one case, which Mr. Miller (an assistant to the late Dr. Mackintosh, in the Drummond-street Cholera Hospital, Edinburgh) saw with me, this was remarkably evident, although Mr. M. at the time thought that I had destroyed all chance of doing good, but who presently found the pulse restored, the cramps and vomiting subdued, and the temperature of the surface rapidly improving. With the aid of ten grain doses of calomel, with half a grain of opium, saline effervescing draughts, composed of carbonate of soda and tartaric acid, and castor oil, this patient was convalescent in two days. The violence of this case may be estimated by the fact that the poor woman was collapsed within two hours after her first feeling of indisposition, having been up to that period occupied the whole day in washing. Many other cases might be adduced, similar both as to character and termination to the preceding, but no benefit would arise from their detail. The

utility of blood-letting may be ascribed to the following effects:—

It relieves the congestion of the viscera which manifestly exists, and the presence of which is almost sufficient to account for the prostration of the powers of the system, vital and natural. It removes from the system a portion of fluid, which, from its altered state, may be viewed, in the strictest sense of the term, as a poison, and it also renders the system more susceptible of the impression to be made by other medicines. Firm as my belief in the efficacy of blood-letting in cholera is, when practised with due discrimination and the necessary precautions, nothing can be more remote from my intention than to advocate its universal adoption, as few facts are better known than the dissimilarity of different epidemics, or even of the same epidemic at various periods of its prevalence. In most cases where I have resorted to it, a dose of ammonia has been given, with the object of preventing sinking, which is said to have ensued. Ammonia is preferable to alcoholic compounds, as being more diffusible and less permanent in its effect, and consequently less liable to excite, or to keep up undue reaction.

Calomel is the remedy next in importance; its operation is so well known and appreciated, that it is unnecessary to say more than a few words on its utility in cholera, which may be regarded as owing to its efficacy as an excitant of the secreting organs, and to its general alterative action. In this disease, time being of the first importance, the attempt at its gradual introduction into the system is futile; hence, to obtain its speedy effect, it must be given in full doses and at short intervals. The doses in which I have given it have varied from six grains to half a drachm, and even these doses have seldom produced an unpleasant degree of pyalism, or any other bad effect. The first dose was generally combined with from half a grain to two grains of powdered opium, which, except in cases where diarrhoea and vomiting persisted, was seldom repeated, whilst the calomel itself was continued until the evacuations resumed the bilious character.

Opium.—The utility of opium at this period of cholera appears somewhat questionable, as, unless given in very large doses, it not only exerts little influence over the spasms, but also retards the operation of the calomel, especially as to the restoration of bile and the other secretions. In large doses it is highly objectionable, as there is already such a degree of depression of the vital powers that the super-addition of narcotism is to be studiously guarded against. When diarrhoea continues, it is highly useful in the form of enema, combined with starch or heated port wine. This I believe to be the least objectionable mode of administering it.

Emetics.—Of this class of medicines in the treatment of cholera I cannot from experience speak, although at an early period of the disease it is highly probable that they may be useful, by relieving the system of any noxious matter, and by equalising the circulation. By Mr. Morley, of this town, they have been extensively employed and highly extolled.

Stimulants.—At this stage of cholera stimulants are not only useful but indispensably necessary. From experience I believe that, as a general rule, the most

diffusible and least permanent in their action should be selected, as, where a case is duly watched, the effect of these is readily maintained for the requisite time. For this purpose ammonia is perhaps the best, as it can either be given alone, or in combination with wine or spirit. One circumstance should ever be kept in view—viz., that as soon as reaction is manifestly present, stimulants should either be altogether discontinued or given with extreme caution, as, otherwise, reaction is little less dangerous than collapse itself—in fact, so far as experience enables me to judge, I believe that where the disease has been seen in its most fatal form, more cases have died from cerebral congestion than in the state of collapse. It only now remains for me to state that, in this stage, the application of *heat* is of the utmost importance, and that it should be aided by the assiduous employment of friction, not only to the extremities, but also to the trunk itself, and particularly along the course of the spine, in which region some stimulant embrocation may be advantageously superadded.

Of the saline injection I refrain from speaking, as I have had no personal opportunity of witnessing its effects. It, however, seems to be well supported alike on physiological and pathological principles.*

Third Stage.—This consists simply of reaction consequent on the previous depression of the powers of the system, and, when not vigilantly regarded, is very apt to attain such a degree as to constitute a new disease, which may be looked upon as neither more nor less than common fever with great tendency to cerebral congestion, if not actual inflammation.

To enter upon the treatment, therefore, would be of no use, as the ordinary principles on which fever generally is treated, are amply sufficient as a guide to the least experienced practitioner. Suffice it then to state, that the head must be most jealously watched, and that the first manifestation of derangement of the cerebral organs must be promptly met; in many cases it has been necessary to resort to the topical abstraction of blood, even where the reaction did not present an extreme character. In such cases the first indication may be slight incoherency or somnolency; in some the eye has been extremely sensitive to light. Whenever, then, such symptoms are present, a few leeches to the mastoid processes and a purgative will be beneficial. Should they persist, general blood-letting, blistering the neck, and cold to the shaven scalp, should be resorted to, and a turpentine enema given at intervals of three or four hours.

Another occurrence at this stage of the disease is severe bilious vomiting. When febrile action is slight, and no cerebral symptoms exist, it will generally yield to the effervescent saline draught with a few drops of the tincture of opium; if these means do not counteract it, a full dose of calomel seldom fails in doing so.

In conclusion it may be stated that, although the lavish employment of stimulants tends powerfully to increase the state of reaction, the degree of it will be found in a large majority of cases to correspond rather with the previous depression, even where such means have been most cautiously exhibited. The practical

inference to be drawn from this fact is, that where collapse has been extreme the danger to be apprehended in the subsequent stage of reaction is proportionately greater—hence the practitioner cannot be too much on his guard, or too prompt in his application of the means above enumerated.

With my best thanks for the space which you have devoted to this subject,

I have the honor to remain,

Your most obedient servant,

GEORGE FIFE, M.D.

Sunderland, May 2, 1843.

SACCULATED ANEURYSM,

WITH A NARROW MOUTH, PROJECTING FROM THE ARCH OF THE AORTA, AND PRODUCING A MURMUR OF REFLUX; WITH CLINICAL REMARKS.

By Professor HENDERSON.

Mrs. Cameron, aged fifty, was admitted into the Edinburgh Infirmary on the 28th of August, 1840. Is the mother of eight children. It appeared that she had enjoyed good general health till sixteen months before her admission; from, and ever since that period, she had been affected with the ailments for which she entered the house, and which she ascribed to the sudden communication made to her of the death of two of her sons. She stated that, on receiving that intelligence, she fell into violent hysterical fits, and continued afterwards in a state of almost uninterrupted unconsciousness for about three weeks, and that, on her recovery from that state, she was for the first time sensible of an unusual pulsation at the upper part of the left side of her chest in front, which she described as having gradually ascended as high as the clavicle; it was only after it had been noticed to have attained the latter situation that she became sensible of any considerable pain in the seat of the pulsation, and suffered from difficulty in breathing. Active exertion, and more especially the exertion of ascending a stair, produced, after that event, so much difficulty in breathing that she often felt in danger of suffocation. It is further related in the report made at the time of her admission, that the pain under the left clavicle had become much aggravated within a short time previously, and had been apt to recur in violent paroxysms, on which occasions it darted acutely towards the left shoulder, and prevented free inspiration. It was observed that the superior part of the left side of the chest, in front, was a little more prominent than the corresponding part of the opposite side, and that the left clavicle was somewhat elevated and pushed forwards, and that it rose and fell in correspondence with the systole and diastole of the heart.

She did not come under my care till the following year, and on the 14th of June, 1841, the state in which I found her is described in these words:—The left clavicle projects considerably at its sternal extremity, and a nearly equal degree of prominence is presented by the contiguous portion of the sternum. The rounded margin of a pulsating tumor is felt at the inner edge of the right sterno-mastoid muscle, having its highest point an inch above the sternum; a powerful impulse is felt by the hand all over a space extending from the right side of the upper fourth of the sternum and towards the left, nearly as far as the axilla,

* From the extreme character of the cases treated by the saline injection, a fair estimate of its actual value can hardly be formed.—G. F.