ought to be the case if these diseases were identical, on account of the greater frequency of gonorrhœa.

I shall now remind you of a case we observed in the course of last summer. A man entered the hospital for constitutional symptoms after *one* chancre only, the *first* he had ever been affected with. But in the course of his life he had had no less than *thirty-two* distinct discharges from the urethra, cured without mercurial treatment, and never followed by secondary symptoms. We will add that, at the present moment, thirty-eight cases of general syphilis exist in our wards, in none of which has gonorrhœa had anything to do with the development of the disease.

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. 151.)

SPECIAL REPORT.

Chlorosis—Anæmia.—81 Cases.

<i>Ages.</i> —Under a year	1
9 to 20	38
20 — 30	33
30 — 40	7
40 — 50	2

81

Anterior Duration.—Less than 6 months 34

6 to 12 months 17

1 — 2 years 13

More than 2 years 17

81

Average Duration of Treatment.—In 14 cases cured, 39 days; in 22 cases convalescent, 34 days.

Season.—January, February, March . . 15

April, May, June 13

July, August, September . . . 33

October, November, December . 20

Result.—Cured, 19; convalescent, 27; irregular, 35.

State of the Uterine Functions:

Catamenia scanty, in general pale	33	} Leucorrhœa in 7
Catamenia absent for more than one period	17	
Catamenia regular in color and quantity	10	
Catamenia profuse	6	
Had never menstruated	6	
Omitted	8	
		3
		1
		1
		1

This table shows the variable state of the uterine functions, coincident with a common condition of the general system; the latter, therefore, cannot be ascribed to derangements of the former. Leucorrhœa, it will be seen, existed in about one-sixth of the whole.

Bellows Murmur.—We have only registered it in 56 cases, but, since its presence formed the basis of our diagnosis, we do not doubt its existence in all. It presented the gradations of tone and intensity so often described, and more particularly adverted to in our

former report—was more frequently present on the right than the left side of the neck—was chiefly seated in the veins, occupying, in most instances, the superficial and deep vessels, and, when discoverable in the carotid, presented the ordinary intermitting and blowing character.

Another year's analysis confirms our former statement, that however loud the murmur in the cervical vessels, no analogous sound can be detected over the heart, apart from cases of valvular disease; and we again revert to the fact, because at variance with the experience or assertions of almost every other observer. We have not met with a single exception up to the present moment, and, though the ordinary view was adopted by some of our medical friends, their subsequent results have been similar to our own.

In addition to what we have before stated, as to the precautions necessary for its detection, we may observe, that in cases where the anæmia is partial, and the sound feeble, it is a good plan to lighten the pressure on the stethoscope gradually, and, at the last moment of contact, a soft, brief murmur will be heard, evidently in the superficial veins. The lower diameter of the instrument should be small.

Both sides of the neck should be examined in doubtful cases, and the research not hastily relinquished if at first unsuccessful. We have discovered it loud and distinct in cases where it was supposed absent by a previous auscultator.

The great practical importance of the sound is its indication of anæmia, and this in individuals where the ordinary external appearances might not have led even to the suspicion of its existence. On the other hand, its absence in cases where the general aspect of the patient would have justified the opposite inference, would be a strong fact in favor of the pallor depending upon some other condition, natural or acquired. We are more and more satisfied of the great practical value of this sign as a means both of diagnosis and treatment.

Diagnosis.—The term chlorosis is altogether objectionable. It would be far better to include every case where the bellows murmur could be discovered under the general head of "anæmia," without reference to the local symptoms.

Treatment.—With scarcely an exception, it consisted in the administration of the sesquioxide of iron, in doses from half a drachm to a drachm, twice or three times a-day, with or without an equal quantity of the compound spirits of ammonia. The bowels were regulated by aloetic aperients, conjoined with the sulphate of iron, and occasionally with calomel. Gastric and head symptoms were relieved by an emetic, and local pains by warm plasters, opiate and irritant embrocations, mustard poultice, or a blister. The diet was dry and nutritious, and everything done to invigorate the general health. One great practical difficulty is to secure regularity and perseverance in taking the medicine, and the bulk of the sesquioxide forms the principal objection to its use.

It may not be unprofitable to the student if we glance briefly at some other preparations of steel which experience has sanctioned.

The muriated tincture is a cheap, convenient, and efficient form, in doses from twenty to sixty drops twice or thrice daily, given in water, infusion of

ginger, or quassia. We have principally employed it during the past year.

Dr. Mc Divitt, in his Report of the Kent and Canterbury Hospital, is very partial to the following draught:—

Muriated tincture of iron, half a drachm;
Tincture of hyoscyamus, one drachm;
Tincture of aloes, half a drachm or a drachm;
Infusion of quassia, ten drachms. Mix. Three times a day.

The acid solution of the oxysulphate of iron is a still more agreeable form, and has been extensively used by the practitioners of Derbyshire and the North of England, and admits of convenient combination with the sulphates of magnesia and soda.

Mr. Dyson gives the following formula:—

Sulphate of iron, two to three drachms;
Nitric acid, three drachms;
Distilled water, one ounce and a half. Mix.

Rub the acid and salt together in a glass mortar for a quarter of an hour, then add the water gradually, and strain through paper; of this the dose is from five to twelve drops twice a-day.

The persesquinitrate of iron is an elegant form, and, like the muriate, and probably also the preceding, is well adapted for cases where the bowels are irritable, and other chronic mucous discharges are present. It is particularly recommended by Drs. Graves, Kopp, and Adam under these circumstances. (*Vide* Dr. Graves' "Clin. Med.," p. 672; also "Amer. Jour. Med. Sci.," May, 1839, p. 61.)

The lactate and citrate of iron have been recently much praised, but we have no personal experience of their value. The latter admits of convenient combination with alkalies.

The "aqua chalybeata" of Messrs. Bewly and Evans, Dublin, contains thirteen grains of the citrate to the pint, dissolved in water highly charged with carbonic acid and flavored with orange-peel. It is highly recommended as a most grateful and refreshing chalybeate.

The acetate of iron of the Dublin Pharmacopœia, made by digesting for three days one part of the carbonate of iron in six of acetic acid, is a favorite preparation with many practitioners in Ireland. Dr. Perceval, who was much attached to it, used to prescribe it in asses' milk.

Dr. Lane, in his compendium of *Materia Medica*, insists on the value of giving alkalies with steel. The following powder, he says, will secure all the good effects of a chalybeate, and more certainly than in large quantities when uncombined:—

Sesquioxide of iron, five to ten grains;
Sesquicarbonate of ammonia, two to three grains;
Sesquicarbonate of soda, ten grains. Mix.

Dr. Ashwell has, in a "variety of cases," where the sulphate and other preparations of iron disagreed, given the subjoined powder, once or twice a-day with success:

Sesquioxide of iron, eight grains;
Ipecacuanha, one grain;
Mercury with chalk, two grains. Mix.

The sulphate of iron administered in the effervescing form, with the carbonates of soda or potash, and thus reduced to the protocarbonate, is well worthy of attention.

Mr. Donovan ("Dub. Jour.," Mar., 1840, p. 159)

recommends the protocarbonate to be given as follows, for extemporaneous use:—

Blue sulphate of iron, in fine powder, half an ounce;
Calcined magnesia, two scruples;
Water, six ounces;
Tincture of quassia, two drachms. Divide into six draughts, one to be given night and morning.

The ferri carbonas saccharatum of the Edinburgh college ("Christison's Dispensatory," p. 425) is a powerful and excellent medicine. Dr. Clarke found it to surpass greatly the sesquioxide in energy. The dose is also smaller; from five to thirty grains.

The "ferri iodidi syrupus" is deserving of adoption both as regards accuracy and elegance of prescription. A saccharine iodide, obtained by drying up the syrup, Dr. Christison considers should replace the present preparation.

We are indebted to the same source for an improved formula of the celebrated *Æthiop's martis*, under the name of "ferri oxydum nigrum," which has not yet been subjected to a practical trial.

It is also probable that the anhydrous sesquioxide of iron, recommended as an antidote against arsenic, would prove a very excellent chalybeate.

There is much evidence in favor of the following pills, which are similar to Bland's antineurotic pills, forty-eight of which were considered sufficient for the cure of a chlorotic patient:—

Powder of tragacanth, six grains;
Mucilage of acacia, seven drops. Mix, and add

Powdered sulphate of iron, a drachm and a half;
rub well together, and then add a drachm and a half of Subcarbonate of potash. To be made into twenty pills. One to be taken night and morning.

The "ferruginous pills" of M. Vallet, reported on by M. Soubeiran, in the "Bul. Med. Gen. de Therap." Mar. 1838, are essentially similar to the preceding, and less susceptible of oxydation.

Dr. Osborne has analysed the far-famed "Widow Walshe's pills," and they consist principally of a sulphate of the peroxyde of iron.

Dr. "Heberden's ink," as it was called, is composed of

Crown bark in coarse powder, eight ounces;
Filings of iron, four ounces;
Columba root, sliced, three ounces;
Cloves, bruised, two ounces. Digest for three days in boiling water sufficient ultimately to yield three quarts of mixture. Filter this, and add Compound tincture of cardamoms, one pound two ounces;
Tincture of orange peel, two ounces. One to two ounces two or three times a-day.

It is rather a preparation of cinchona than of steel, and must be regarded as unchemical.

The steel sugar plums for children are not to be despised, as well as the steel bread before alluded to. Indeed, nothing is trifling which lightens the burden of taking physic, and which facilitates the use of therapeutic agents. The practitioner who possesses the tact of efficient and pleasant combination has many claims to public favor and support over his equally informed but less chemical neighbour.

Mr. Knight has recently directed attention to the strong chalybeate spring of Dorton, near Brill, in Buckinghamshire. The climate is dry and bracing, and the situation elevated. ("Prov. Med. and Surg. Journ.")

Professor Liebig's views on the effects of iron on the due oxygenation of the blood, go far to explain the admitted importance of this agent in all cases characterised by a deficiency of coloring matter.

The case registered "less than a year old" was in every respect an example of pure anæmia, and is the only well marked instance of the kind so early in life and apart from local disease which we have met. There was also a remarkable congenital hypertrophy of the tongue, which protruded from and filled up the mouth, presenting a bloodless gelatinous look, and imparting to the face an almost disgusting appearance. The child exhibited no indication of visceral disease, was not emaciated, and became faint and uneasy in the upright posture. The use of small doses of sulphate of iron and calomel for two months surprisingly improved its appearance, and restored color and vigor to the whole frame. The volume of the tongue was only slightly diminished. We afterwards lost sight of the case.

Bronchitis.—84 Cases.

Sex.—41 males; 43 females.

Ages.—(Extremes, 3 months and 75 years.)

Under a year	5
1 to 5 years	4
5 — 10	5
10 — 20	7
20 — 30	13
30 — 40	14
40 — 50	15
50 — 60	8
60 — 70	6
70 — 80	5
	—
	82
Omitted	2
	—
	84

The above results are almost identical with those of the preceding year in every particular, indicating the uniformity of the laws which govern diseased as well as healthy action. Bronchitis is especially frequent in the middle and later periods of life; and, comparing the whole number of males with females, the former are much more frequently attacked than the latter.

Seasons.—Winter, 17; spring, 15; summer, 29; autumn, 21.

These results are not in accordance with those of the preceding year, the admissions being fewest in the summer of 1840, and most numerous in the spring and autumn. We cannot trace sufficient differences in the temperature, atmospheric pressure, amount of rain, or direction of the wind, satisfactorily to account for this variation, though the summer months of 1841 were colder and moister than in 1840.

Occupations.—They admit of no useful classification; the great majority were employed in-doors.

Anterior Duration.—Under a month . 35

1 to 6 months	31
6 — 12	5
1 — 5 years	3
Above 5 years	5
Omitted	5
	—
	84

Result.—Cured, 19; convalescent, 21; relieved, 11; irregular, 31; omitted, 2.

Anterior Duration of Treatment.—16 cases cured, 15 days; 19 cases convalescent, 13 days; 10 cases relieved, 12 days.

Treatment.—In no instance was bleeding, either general or local, prescribed. We feel surprised, when perusing the writings of others, at our infrequent recourse to sanguineous evacuations in this as well as in many other forms of disease. We cannot attribute it to system, having formed none upon the subject, and having no theoretical objection to such a mode of relief; at the same time it has never been practised merely because recommended, having sought in the use of this, as well as of every other active remedy, those rational indications which can alone justify their employment, and without attention to which the practice of medicine becomes blind empiricism. It must be remembered that a very large proportion of our cases was subacute and chronic, and the general character of our local disease, more particularly among the poorer classes, inclines to the asthenic condition. The result may also depend on the presence of temporary and seasonal depression of strength, and might not occur again. We are, however, inclined to think that sanguineous depletion is often too lightly advised, and its after consequences not sufficiently considered. It is a remedy easily applied, is in popular estimation, forms part of the favorite combination of "active treatment" (as if the real merits of treatment were in proportion to its vigor), and often produces immediate relief. Theory has also, at different times, exerted a powerful influence; and the inflammatory hypothesis has, of late years, enjoyed no small amount of popularity and support. It is, perhaps, now rather upon the wane, but theory of some sort must ever prevail; and we may soon have to combat the tendency to relinquish a means, of which, when rightly applied, manifold experience has amply testified the value.

In only 4 cases was a blister prescribed, and counter irritation of a milder kind was had recourse to in very few instances.

Emetics were administered in 21 cases, and, we think, with advantage. Our general indications were the symptoms indicative of a congested condition of the stomach and chest, whether accompanied with profuse or deficient bronchial secretion.

The ordinary class of expectorants was rather sparingly exhibited, with the exception of ipecacuanha.

The combination of quinine, conium, and ipecacuanha, was very frequently of much service. Equal parts of the muriated tincture with cantharides and henbane we can also recommend; and in some cases of an acute character, and especially with rheumatic taint, the combination of the hydriodate of potass with the caustic solution and opium proved very serviceable.

Threatening cases in children, with hectic, emaciation, frequent cough, and dyspnœa, have certainly quickly rallied under the use of small and repeated doses of calomel and quinine, combined with other accessory means—such as the warm bath, mild external opiate, emollient or irritant applications, and a carefully regulated diet; while against the sequelæ of measles and whooping-cough we know no better com-

bination than that of calomel and ipecacuanha, as recommended by Dr. Cheyne.

We shall now direct the student's attention to some practical results of other observers, selecting those which are least adverted to in our standard treatises upon the subject.

Dr. Watson, of Bath, physician to the Institution for Diseases of the Chest, speaks favorably of small and repeated doses of ipecacuanha and colchicum in acute bronchitis.

The following emulsion is a favorite American remedy in chronic cases with copious viscid secretion:—

Nitric acid, one drachm;
Water, four ounces;
Gum ammoniac, one drachm. Mix. Half an ounce in any fluid vehicle three or four times a-day.

The decoction of polygala with the etherial tincture of lobelia, in said to act like a charm by Mr. Curtis, where expectoration is difficult and dyspnoea urgent ("Lancet," Dec. 8th, 1838).

In a severe case, with copious diaphanous tenacious expectoration, Mr. Wardleworth ("Lancet," March 23, 1839) successfully administered—

Tincture of ergot of rye, two drachms;
Syrup of poppies, half an ounce;
Water, one ounce and a half. Mix. A teaspoonful every second hour.

Dr. Venables ("Med. Gaz.," April 27, 1839) says "I know of no remedy more beneficial in hepatic affections and in those of the muco-pulmonary membranes generally, especially with hectic purulent expectoration, than the following:—

Bichloride of mercury, one grain;
Dilute hydrochloric acid, half a drachm;
Hydrochlorate of morphia, one to three grains;
Simple oxymel, mucilage of acacia, of each two ounces;
Wine of ipecacuanha, two drachms;
Distilled water, four ounces. Mix. A tablespoonful three or four times a-day.

In the Rev. Mr. Townshend's Elements of Therapeutics, we find the following singularly strong testimony (whether from a competent judge or not the reader must decide) in reference to the subjoined electuary:—"This, in the space of thirty-five years, I have prescribed to many hundred patients, and in some protracted, obstinate, and most distressing cases, yet I can affirm that, in no instance, as far as I can recollect, has it ever failed to cure:—"

Flowers of sulphur, powder of inula, and liquorice, of each one ounce;
Honey, four ounces. Mix. A teaspoonful three times a-day.

Sulphur is a very old and favorite medicine in chest diseases. A very similar form is strongly recommended by the celebrated Dr. Marryatt. "No single plan (says Dr. Little) is to be compared to counter irritation with turpentine. It may be applied in the most acute stage, and with bleeding and sweating, keeping the bowels free with cooling laxatives." He sponges the chest freely with the turpentine from two to six times a-day, and then carefully covers it with flannel.

A very experienced practitioner mentioned to me that he knew of no remedy so useful in the chronic

bronchial affections of old people with copious secretion as the compound tincture of benzoin. His formula was—

Compound tincture of benzoin, two to four drachms;
Compound tincture of camphor, one drachm and a half to half an ounce;
Syrup and mucilage, of each two drachms;
Water, or almond emulsion, six ounces. Mix.
Two tablespoonfuls three or four times daily.

Mr. Henry Rees ("Lancet," Nov. 16, 1839), says, "In attacks of acute upon chronic bronchitis, the iodide of potassium with potass and ipecacuanha are very valuable." The diet should be strictly farinaceous and vegetable.

Mr. John Brady, the intelligent medical resident of St. Peter's Hospital, Bristol, informed me that his almost invariable practice in acute and subacute cases was to give five grains of grey powder and a grain of ipecacuanha, with opium if indicated, two or three times a-day, continuing it three or four days, or more if necessary. Depletion was only employed to meet particular indications, and in chronic severe cases a blister was conjoined with nourishing diet. In instances not requiring confinement in bed his favorite pill was a grain of ipecacuanha and half a grain of opium three times a-day. Mr. B. had great confidence in the above plan, and we can ourselves speak very favorably of its efficacy. Many other observers recognise the value of mercury under similar circumstances; but perhaps the majority, either from theory or habit, are disposed practically to limit its use to parenchymatous inflammation.

Dr. Christison says, "I do not know a better remedy for catarrhal coughs of all kinds than the following:—

Syrup of squills, mint water, of each two ounces;
Ammoniated tincture of opium, three drachms to half an ounce;
Compound spirits of lavender, three drachms to half an ounce. Mix. A tablespoonful to be taken every five hours.

Dr. Henderson ("Med. Gaz.," May 9, 1840) states that, after many years' extensive experience, he thinks the use of lead most valuable in all cases, in children as well as in adults, where the secretion is copious. The quantity for an adult has not exceeded twelve grains in twenty-four hours, in doses from one to three grains, occasionally combined with Dover's powder or squill. In children the common dose varied from one quarter to one grain eight or ten times a-day. In no instance did he observe any bad effects. We have adopted this plan in some cases with advantage.

Dr. Watson ("Lancet," September 18, 1841), in cases with profuse glairy secretion, advises the balsams, particularly the compound benzoin tincture. He suggests creosote internally and by inhalation, as likely to be useful, and, where no fever was present, has derived great benefit from two to three grains of the sulphate of iron in infusion of roses three times a-day.

In the sinking stage, Mr. Braithwaite ("Retrospect of Med. and Surg.," 1839) says that the combination of a spirituous tincture of lobelia with ammonia is superior to all expectorants.

Dr. Davis ("Obst. Med.," vol. ii.) was very par-

tial to the following mixture in all cases of thoracic disease in children, after depleting measures had been premised :—

Chlorate of potash, fifteen grains ;
Dilute hydrocyanic acid, two drops ;
Syrup of red poppies, two drachms ;
Mint water, three ounces. A sixth part every four hours for two years of age.

In chronic pituitous catarrh with œdema, Dr. Wetherhead considers digitalis our sheet-anchor, either in infusion with the nitric æther, or in powder with the bitartrate of potass. The infusion of digitalis with the ammoniated tincture of iron, as advised by Dr. Holland, would be highly applicable under similar circumstances. The effects of cubebs on membranous disease may render it serviceable in chronic bronchial affections, and its combination with the sesquioxide of iron is not unworthy of attention.

The endermic application of morphine and belladonna to allay pulmonary irritation is also deserving of the student's remembrance; and in children particularly, opiate embrocations, as recommended by Dr. Bow and others, are very valuable additions to our therapeutical resources. Perhaps in chronic cases we are too apt to neglect the benefits to be obtained by permanent drains, so frequently advised by the older writers. We have known great relief to follow a caustic issue in the arm, and, in the retrospect of some obstinate cases, regret we have not more frequently advised it.

The above scattered fragments of experience may furnish the busy practitioner with some available hints. We are not attempting to lay down any systematic rules for the treatment of bronchitis; but to those who may wish for a powerful practical exposition of the subject, we would particularly recommend Dr. Stoke's excellent treatise in his work on Diseases of the Chest.

[To be continued.]

CASE

OF

HÆMORRHAGE FROM THE MUCOUS SURFACES,

FOLLOWING THE

EXHIBITION OF MERCURY,

WITH REMARKS ON THE MODE OF ACTION OF MERCURIALS IN GENERAL.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Should the following communication appear of sufficient interest, its insertion in your Journal will oblige.

I am, Gentlemen,
Your obedient servant,
C. RADCLYFFE HALL.

Holmes Chapel, Cheshire,
May 15, 1843.

Thomas Roylance, aged twenty-two, a bricklayer, of strong muscular habit, and previously healthy, never subject to hæmorrhage, contracted gonorrhœa, and, on noticing the discharge, applied to a druggist; complained to him that he had a swelling in his groin. The druggist informed him that he had got "the real disease," and not a "clap," and prescribed some pills,

and a mixture of corrosive sublimate, copaiba, and spirits of nitre.

4th day. Had been purged by the medicine; felt very weak, and his skin had become yellowish.

7th day. For the last two days the mixture caused vomiting, and considerable pain in the abdomen; nose began to bleed, and in the evening slight pyalism commenced; applied to a farmer, who professes to stop bleeding by a *charm*.

8th day. I first saw the patient. The gums were spongy and bleeding; thin blood oozed in drops from the nostrils; the skin and conjunctivæ were yellow; the trunk and extremities covered with petechiæ; the urethra discharged matter, but the urine was passed without scalding; one of the inguinal glands slightly enlarged; pulse 80; bowels confined. To take sulphate of magnesia in infusion of roses, with an additional quantity of acid.

9th day. Epistaxis increased; vomits and expectorates blood; hæmaturia; bowels not opened. A colocynth pill every third hour.

10th day. Bowels have acted several times; chamber vessel contains about a pint of unmixed blood, loosely coagulated, which was voided by the urethra; the man spits blood incessantly; epistaxis profuse; the blood dark, grumous, and very thin; face and conjunctivæ of a lemon color; surface of skin and tongue cold; pulse very frequent, but scarcely to be felt; blood drops from the orifice of the urethra; petechiæ of a yellowish-green hue.

On raising him upright, with the intention of plugging the nostrils, he fainted completely; the nostrils were then plugged, whilst his head was hanging down over the edge of the bed. Tincture of opium, forty minims; tincture of sesquichloride of iron, one drachm, were given in water; brandy, yolks of eggs, and lemon-juice, supplied every few minutes, and another drachm of the tincture of iron, administered in doses of twenty drops during the next two hours. I now saw him again. Blood still dropped from the urethra, but he had ceased to spit any. To take a tablespoonful of lemon-juice every hour, eggs and port wine frequently, and an ounce of the following mixture every two hours :—

Sulphate of alumina, two drachms;
Dilute sulphuric acid, three drachms;
Tincture of opium, one drachm;
Water, seven ounces and a half. Mix.

14th day. Omitted the wine for last two days, but still continued the mixture and lemon-juice; petechiæ and yellowness of surface gone, and hæmaturia now for the first time ceased.

The plugs were removed from the nostrils. With good diet and the country air he soon regained strength. The clap still remained, the urethra discharging thick matter in some quantity. It yielded readily to the usual remedies.

On referring to the excellent work of Dr. Pereira—perhaps the most complete of our modern treatises on materia medica—I find mentioned, amongst other effects of the long-continued use of small doses of the bichloride of mercury, "dry cough, pain in the chest, disordered respiration, and bloody expectoration." Beyond this, no notice is taken of hæmorrhage as an occasional consequence of the administration of mercury. Such an occurrence is well exemplified in the