

powder give the purgative draught: powdered rhubarb, ten grains; castor oil, half an ounce. Mix.

From the age of four years to fourteen: The powder—calomel, nine grains; ginger, nine grains. Mix. The draught—castor oil, three quarters of an ounce; tincture of rhubarb, two drachms; powdered rhubarb, eight grains. Mix.

From the age of fourteen and upwards: The powder—Calomel, fifteen grains to twenty; ginger, fifteen grains to twenty. Mix. The draught—castor oil, and tincture of rhubarb, of each one ounce. Mix.

During the progress of this stage, small doses of simple saline mixture or soda water should be taken every half hour.

Indications in the second stage: To free the stomach and bowels from their morbid contents; to increase the volume of blood, and restore the circulation.

Remedies.—For children up to the age of four years: Common salt, one scruple; carbonate of soda, six grains; oxymuriate of potash, two grains. Mix, for one dose.

From four to fourteen years of age: Common salt, one drachm; carbonate of soda, ten grains; oxymuriate of potash, three grains. Mix.

For persons above the age of fourteen years: Common salt, two drachms; carbonate of soda, one scruple; oxymuriate of potash, seven grains. Mix.

The above powders, dissolved in a small quantity of cold water, to be given every quarter of an hour until the excess of purging subsides, and the pulse is clearly perceptible; from which time extend the period between each dose, first to half an hour, then to one hour, and so on till both pulse and breathing are vigorous. During the progress of this treatment, as much cold water may be taken as the patient desires; the more the better.

The cramps are greatly relieved by a hot salt-water bath; from seven to fourteen pounds of common salt, dissolved in a sufficient quantity of water to cover the whole body, and the patient to remain in from ten to twenty minutes, at a degree of heat from 110° to 120°; if the cramps continue, the bath must be repeated every two hours. The patient must be kept in bed between blankets, with bottles of hot water to the feet and legs; a free current of fresh air should be allowed to pass through the apartment, and, if possible, directly over the face of the patient, the body being kept as warm as possible. To render the atmosphere of the room as healthy as possible, curtains, carpets, and all moveable furniture should be taken away.

Solution for injection: Common salt, three drachms; carbonate of soda, half a drachm; oxymuriate of potash, fifteen grains; water, forty-eight ounces. Mix. To be slowly injected into the veins, at a temperature of 100°; from sixteen to thirty-two ounces will be generally found sufficient to restore the circulation in patients under fourteen years of age; beyond this age, from forty-eight to eighty ounces may be injected, and repeated on the circulation again declining."—pp. 39—44.

The author gives a number of cases to prove the accuracy of his views and statements.

The work concludes by insisting on the following precautionary measures, to be adopted by all classes:—

"In order to preserve the healthy from an attack of this disease, the following plan of diet and medicine should be pursued. Animal and vegetable food, well cooked, may be taken once or twice a day; fish, if quite fresh, is not objectionable; and to persons who do not take wine daily, malt liquor in moderate quantity is in general the best beverage. Wine drinkers should not exceed from four to six glasses of the best port, and that ought not to be taken sooner than one hour and a half after dinner; tea or coffee taken early after dinner is at all times bad; and spirit and water, or any other fluid in large quantities, is also injurious. Small doses of calomel and rhubarb, about three grains of the former to ten of the latter, should be taken about once a month; and persons troubled with indigestion would be benefited by taking, twice a day, between meals, the following stomachic powder, mixed in about three or four tablespoonfuls of cold water: Carbonate of soda, one scruple; powdered ginger, ten grains; columbo, rhubarb, each five grains. Mix. A dose for an adult.

Ripe fruits may be taken in moderation without the slightest mischief. I believe all kinds of shell fish during the autumnal season to be decidedly objectionable; but less so if cooked.

Sudden changes of temperature, and all circumstances that weaken the constitutional powers, either in diet or in habits, must be carefully avoided, as they have a great tendency to predispose all persons to the immediate influence of the specific disease."—pp. 59, 60.

Cholera and Influenza; with brief Suggestions for their Treatment. By J. C. ATKINSON, Esq., M.R.C.S.E. London: Ollivier. 1848. pp. 59.

MR. ATKINSON commences by enumerating some of the causes to which attacks of influenza and of cholera have been attributed, and readily shows that such speculations are the measure of our ignorance—an argument which is equally applicable to the multitudinous modes of treatment suggested for the cure of those diseases. He adopts, too, the very reasonable opinion, that atmospheric influences have much to do with the spread of both influenza and cholera, and then proceeds to prove that there is a greater identity between the two diseases than has been hitherto supposed to exist. Being himself the subject of a sharp attack of influenza, and finding the *secundum artem* treatment unsuccessful, he had recourse to an unusual amount of stimulating agents in the shape of "brandy, rather more than a pint; Scotch ale, two pints; elder wine, a tumblerful, and a drachm of laudanum," all in the course of four hours. The influenza was cured, but a plentiful eruption of nettle rash appeared on the surface of the skin. Herein lies the foundation of Mr. Atkinson's theory. The poison was in the blood; there was no space for more evil spirits than one, and the weaker came forth. So it is in cholera: a poison enters the blood, poisons the system; bring it forth, and the patient is saved. Mr. Atkinson says,—

"Believing then, as I do, that the epidemic cholera and influenza are identical, as regards the imbibition of an identical acid and powerfully depressing poison, and that in both there is, in consequence of its rapid absorption into the blood, a low state, or rather annihilation of the vital powers, circulation through the heart almost uninterrupted; the rational question suggested is, what is the most successful mode of ejecting this pestilential matter, to restore the equilibrium which has been lost, whether it be preferable by *pyrogenic* means to evacuate the same by the skin, by emetics, or by calomel and opium?"

He therefore applies heat to the skin, gives an emetic, an antacid, (thirty drops of liquor potassæ,) and brandy, with laudanum and oil of cajeput. He anticipates as the result, on re-action, the appearance of the urticaria rash. Another peculiar view of the author's, to the effect that sulphuretted hydrogen gas prevents the spread of cholera, deserves notice. He shows this by the fact, that in the neighbourhood of an offensively smelling gas-house no cholera occurred, and in Holland, the immunity of which from cholera was remarkable, the atmosphere abounds in this gas.

There will be ere long, we fear, too many opportunities for the author, in common with many others, to put his theories to the test of practice. We shall willingly announce the result; until then we must be excused from giving our unqualified assent to any views, which, though reasonable, have still to be tested by extended experience.

Medical Societies.

WESTMINSTER MEDICAL SOCIETY.

OCTOBER 21, 1848.—J. WEBSTER, M.D., F.R.S., PRESIDENT.

THE Society commenced its meetings for the session this evening. The rooms in Savile-row were completely crowded, reminding us of the Society in its most palmy days. About sixty fellows and visitors were present.

THE PRESIDENT, on taking the chair, gave an inaugural address on the state of the Society, which was in every way prosperous. In the course of his remarks, he made the following observations with reference to

CHOLERA, AND THE HEALTH OF LONDON.

Before dismissing the subject of cholera, it must be interesting for the fellows to know, notwithstanding the anxiety now prevalent respecting that malignant disease, that hitherto it has not made much progress in the metropolis; and if its present fatality be compared with other epidemic maladies, we have as yet really not much reason for alarm, as proved by the fact, that during the six weeks ending on Saturday, the 16th of October last year, the number of fatal cases of this disease

in London was twenty-six; whilst the total number of deaths caused by the same malady throughout the entire metropolitan population, during the six weeks ending on Saturday last, the 14th instant, amounted to sixty-seven, being, as yet, only a little more than double the mortality by cholera during the same number of weeks in the previous year. Compared with this, it is instructive to mark the different results observed in another epidemic now prevailing in London with great severity, but which, notwithstanding, does not call forth much remark, or cause anxiety to the extent it deserves—I mean scarlatina, also discussed last year in the Society; but which, unfortunately, is now so malignant, that hundreds of victims have been recently sent to an untimely grave, according to the registrar-general's reports. In these tables it is stated, that during the six weeks terminating on Saturday, the 16th of October, 1847, already quoted in reference to cholera, 302 individuals died in London from scarlatina; whereas, during the six weeks ending on Saturday last, the 14th inst., as many as 972 persons have sunk under that virulent complaint; or upwards of quadruple the average mortality by the same disease in the previous five autumns. Without undervaluing the importance of the epidemic which at present attracts so much notice, I think such a dangerous malady as scarlatina deserves even as great attention from medical men and the public as cholera—more especially seeing the subjects of its attacks are usually children, or young people just entering upon the morning of life; whereas the victims of cholera are generally drunkards and persons of worn-out constitutions, or those who have set every hygienic rule at defiance. Scarlatina being, however, a disease of frequent occurrence in this country, and although it annually carries off thousands of individuals, hitherto no boards of health have existed; no quarantine laws, and very few sanitary measures, have been put in force by public bodies for preventing the approach of this malady, the scourge of youth, notwithstanding its highly infectious nature. But this is only another illustration of the prevailing disposition, in the minds of many persons, to view whatever is familiar with indifference, whilst anything new or uncommon is sure to attract attention. It will also be instructive to recall to our recollection the recent invasion of the epidemic influenza, which was so fatally prevalent in the metropolis at the early part of last winter, when 1213 persons died from that complaint during six weeks ending on Saturday, the 8th of January last. At the same time, the total deaths registered from all causes were increased to an extraordinary extent, being so high as 2454 in one week, and 2416 in the subsequent—instead of 1046, the ordinary weekly average of previous seasons. Contrasted with this plague-like mortality, it must be gratifying to hear, that London, comparatively speaking, is not at present unusually unhealthy, notwithstanding the actual presence of cholera, the great malignity of scarlatina, and the prevalence of typhus, by which disease 424 persons have died in the metropolis during the last six weeks, instead of 260, the averaged deaths by typhus of a similar period during the five preceding autumns. Such facts are important; and although the cholera now occasions considerable anxiety, the total deaths from all causes, throughout the metropolitan population, have actually diminished, especially during the last fortnight, notwithstanding the prevalent epidemics. This satisfactory state of the public health in London is proved by the mortality tables, which show, that instead of the weekly average of 1154 deaths, as in the last five seasons, during the week ending on Saturday, the 7th October instant, 1005 persons died from all causes in the metropolis, and only 991 in the week terminating last Saturday, the 14th; thus making an actual diminution of not less than 312 deaths in the two weeks now referred to, being an increase of fifteen and a half per cent. last year over the two similar weeks of the present season. I now mention these important facts to the Society, not to paralyze exertion, but as useful statistical data, to which reference should be made in order to arrive at correct conclusions when an epidemic like the cholera prevails in the community; and to show how far the average mortality is thereby affected.

CASE OF PROLAPSUS OF THE FUNIS AT THE SECOND MONTH OF PREGNANCY.

Mr. I. B. BROWN related a case of this rare phenomenon. The subject of it was thirty years of age, and the mother of three children. She was threatened with abortion, and after two or three attacks of hæmorrhage, attended with expulsive pains, in one of these the cord was found to be presenting in a loop. The following day a severe pain came on, and the cord burst. This was followed by profuse hæmorrhage, and the expulsion of the fœtus. The placenta was found to be nearly

bloodless. In consequence of the severe pain experienced in removing the placenta, the patient was placed under the influence of chloroform. It was quite successful, and she is doing well.

Mr. HIRD afterwards read a paper on the

PATHOLOGY AND TREATMENT OF CHOLERA.

After giving an account of the disease, and describing the symptoms in a highly graphic manner, he proceeded to detail the post-mortem appearances which he had observed in twelve cases of the disease. In speaking of the treatment, he reviewed the various remedies that have been proposed for the disease, and stated his conviction that no known remedies have any specific power of counteracting the peculiar agency of the poison. In order to attain even a moderate amount of success in the treatment, he considered it absolutely essential to the appropriate administration of remedies, that the pathological condition of the several internal organs of the body should be carefully observed, and the treatment directed in accordance with our views of the actual state of the malady. On the first appearance of symptoms of cholera, three grand objects are to be attained—viz., the arrest of the frequent evacuations from the bowels; the rousing of the vital energies of the patients, so as to enable them to resist the influence of the morbid poison; and the return to a healthy condition of the secretions and excretions of the body. In the first stage of the disease, Mr. Hird found, in those cases where bile was plentiful in the evacuations, that scruple doses of the compound chalk powder, with opium, in infusion of cusparia, with a little compound spirit of ammonia and spirit of cinnamon, were of great service, and frequently checked the further progress of the disease; and in cases where the evacuations were watery, and contained very little or no bile, a powder containing five grains of calomel and half a grain of opium, administered immediately, and followed up with a grain of calomel, a quarter of a grain of opium, two grains of cayenne, and five grains of sugar, every half-hour or hour, in proportion to the symptoms, tended to restore the secretions much more effectually than the one or two scruple doses of calomel, and two or three grains of opium, repeated at longer intervals; and that the rapid exhaustion which frequently followed the use of the latter was rarely observed. When the symptoms increased in violence, and were not checked after about three doses of the above, and when the characteristic rice-water evacuations, and other symptoms of the second stage, set in, Mr. Hird found the greatest benefit from the acetate of lead, in two or three grain doses, in combination with five minims of Battley's solution of opium and spirits of cinnamon, every half-hour. Immediately before administering the acetate of lead, a mustard emetic was given; and simultaneously with the use of the medicine, an enema of starch, turpentine, and a little laudanum. A mustard poultice, or a flannel wrung out of hot water, and saturated in a mixture of equal parts of liquor ammonia and turpentine, and frictions to the chest, abdomen, and extremities, were steadily persevered in. By these means the functions of the heart and lungs were kept up; internal congestions were, as far as possible, prevented, and time thus afforded for the system to overcome the morbid poison. In the stage of reaction, the treatment applicable to typhoid fever was called for. Bloodletting, the author considered, required great discrimination in its use; the abstraction of blood generally was equivalent to the abstraction of life, and never ought to be resorted to, except the patients had been in robust health, were young, and where the blood had not been deprived of a very large quantity of its albuminous, serous, and saline constituents.

Mr. HIRD objected to the use of large doses of opium in every stage of the disease. He believed that it interfered with the restoration of the renal, biliary, and other secretions, and that it invariably increased the tendency to coma, consequent on the non-action of the depurating organs.

Dr. PEREGRINE had seen three cases of the disease in the present invasion: two of these occurred at the Lock Hospital. He regarded all the symptoms of the disease as the result of the draining of the serum from the system. He believed the more simple our treatment the more effective it would be. He spoke of the importance of arresting diarrhœa in its early stages, and believed that the compound chalk powder, with opium, was one of the best remedies to effect this. In the advanced stages of the disease it was important to keep up the warmth of the surface of the body by the application of heat.

Dr. SNOW objected to the application of warmth in cases of cholera, and founded his objection to its employment, on the fact, that in cases of asphyxia such application was injurious

Cholera was not asphyxia, but in some points resembling it, so far as the internal congestion was concerned.

Dr. CARR referred to two cases of cholera recorded by himself in *THE LANCET* of that day, and recommended the treatment therein employed to be followed by other practitioners.

Dr. MURPHY inquired if cholera had been found to be prevalent in any district; but no one present had seen it.

Dr. SKIERS entered at much length into the pathology of the disease, and of the mode of its treatment in Paris. He regarded the fatal symptom to be suppression of urine. It was essential to arrest the first symptom of diarrhoea. In the advanced stages, the administration of cold water, *ad libitum*, and the application of warmth to the surface, was the most effectual plan of treatment.

The debate was adjourned.

Foreign Department.

Indian Hemp in Cholera.

Dr. WILLEMIN, sanitary physician at Cairo, now on sick leave in Paris, in consequence of an attack of cholera which he experienced in the discharge of his duty, read, on the 17th Oct., before the Académie de Médecine, a paper on Epidemic Cholera, as lately observed by himself in Egypt, and on the salutary effects of the active principle of the Indian hemp (cannabine) in the treatment of the disease. It was at Boulac, (a small town near Cairo,) whilst fifty-two cholera patients were dying per diem, that Dr. Willemin was seized. This physician has observed a very strange fact in that locality. The northern part of the place is composed of large, spacious, and well-ventilated houses, wherein the wealthier part of the community dwell. The southern division is occupied by the poorer classes, and the houses are closely built together, ill ventilated, and very uncleanly. Strange to say, the northern district has suffered the most by the cholera; and the southern, seemingly so unfavourably circumstanced, has had but few cases. The very same difference was noticed at Cairo, where the north-eastern division, rich in numerous plantations, has been severely dealt with; whilst the Jewish quarter, where filth abounds amazingly, was hardly touched by the disease. Dr. Willemin, who pledges himself for this fact, attributes it to the prevalence of northern winds at the time, which wafted the pestilence first on those parts of the city situated towards the north, and which parts then became a sort of bulwark or protection to the southern districts. The appearance of the cholera in Egypt was preceded by no sporadic cases, or any peculiarity in the public health which could have announced the approach of the disease. Cramps were much less frequent among the Arabs than they are noticed to occur in Europe. This Dr. Willemin ascribes to the lower nervous irritability of the Arabs as compared with Europeans. Conjunctivitis was noticed, in a few cases, as a premonitory symptom, owing, perhaps, to the predisposition to ophthalmia existing among the Egyptians. Dr. Willemin's post-mortem examinations have shown—high vascularity of the intestinal mucous membrane; black, tarry blood in the congested liver and hepatic vessels; renal engorgement and congestion of the lower part of the lungs. Venesection at the onset of the disease, or better in the premonitory symptoms, had good effects, especially in the unusually hot season when the cholera broke out in Egypt, the thermometer marking from 100° to 104° F.

Dr. Willemin called the especial attention of the Academy to a new remedy which he has had occasion to try, and which, though used in desperate cases, yielded excellent results. This remedy is cannabine, the active principle of the Indian hemp, extracted from the crude drug by a French apothecary at Cairo. A tincture was prepared, in the proportion of one grain to ten drops of alcohol; and from twelve to fifteen drops, representing about one grain and a fifth, to one grain and a fourth, of the active principle, were given to four patients who were already very ill: they all died. Similar doses were then administered to three patients, whose symptoms were not yet so desperate, and they all recovered. Finally, the cannabine was tried again with three other persons almost in *articulo mortis*: they were given stronger doses than those above mentioned, and they all recovered. The last of these patients was no other than Dr. Willemin himself: he took as much as thirty drops of the tincture in one dose, equal to three grains of the active principle. His limbs and tongue were cold, cyanosis was complete, and the pulse very weak. A short time after the ingestion of the remedy reaction took place. Dr. Willemin

considers that this substance excites the nervous centres, the action of which is almost paralyzed by the disease; and that it thereby fulfils the most urgent indication—viz., that of preventing death by the abolition of the nervous influence. The author begs the Academy to get the remedy tried further, in order to arrive at a fixed opinion as to its efficacy.

Dr. MOREAU, (of Tours,) physician of the Bicêtre Asylum, near Paris, writes to *L'Union Médicale* a long letter on the same subject, which he closes by the following conclusions:—"Indian hemp ought to be extensively tried in cholera—1st, because it prevents prostration better than any other remedy, and seems to recall the principle of life when it is on the point of vanishing; 2nd, because it has proved efficacious in a disease very similar to cholera—the plague; 3rd, (and this is the best of all reasons,) because it has already been proved, by experience, to possess some virtue in cholera cases; 4th, because the use of this remedy, even in large doses, is not fraught with any danger; (Dr. Moreau gives the resinous extract, one drachm of which answers to about four grains of the cannabine;) 5th, and lastly, . . . because we have no other weapon against the disease!"

ON SMOKING TOBACCO.

[REPLY TO MR. HORTON.]

To the Editor of *THE LANCET*.

SIR,—Mr. Horton, in *THE LANCET* of Oct. 21st, condemns the use of tobacco, and asks, how is cholera to be prevented by the use of a poison, which produces the alarming symptoms he enumerates? I will endeavour shortly to answer him. In the first and most important place, by relieving the mind from that most depressing agent, fear; and, secondly, whether by neutralizing the miasm which primarily makes health succumb, or by disguising noxious effluvia which would secondarily affect health, through fear, I will not dilate to argue. It is neither fair nor reasonable to argue against the proper use of any agent, because an improper use of the same will produce disease. I have been a smoker well nigh fifteen years, and must plead not guilty, so far as having been subject to the horrifying symptoms enumerated by Mr. Horton. I positively deny that the singularly unpleasant sensations, so pathetically expressed by Mr. Horton, are of frequent occurrence amongst smokers. To those to whom the grapes are sour, doubtless Mr. Horton will address himself with success, for with such, the horrid qualms and distorted countenance too evidently portray that the soothing weed is not for them. But, in truth, will not every symptom above enumerated be produced by brandy, and even opium, if improperly administered; yet who would on that account interdict them? With all due respect for Dr. Prout and his valuable works, I must decline giving in my adhesion to the justness of his opinion on this subject, unless he merely means the immoderate use of tobacco.

Your obedient servant,

October 23, 1848.

A TOBACCO SMOKER.

DR. RANKING, AND HIS "PAY IN ADVANCE" CIRCULARS.

To the Editor of *THE LANCET*.

SIR,—I thought it customary with all respectable medical authors to entrust the business of selling their works to their publishers. I supposed that the "to be had from the author" fashion, was confined to such worthies as Perry & Co., Brodie & Co. &c. But I was mistaken. I find that Dr. Ranking, after the example of the *Medical Times* "pay in advance" luminaries, solicits, by circulars, the pre-payment of thirteen shillings to himself for his "Abstract" for the forthcoming year; and to every one who thus subscribes forthwith, he guarantees the free transmission of the work by post on the day of publication. This smacks strongly of the shop; and apart from the gross unseemliness of a medical writer resorting to such a catchpenny plan to dispose of his works, is the doctor sure that he will outlive the present year, much less that he will see the year 1850? What security, then, have the subscribers who may be simple enough to pay in advance, that the publication will ever again appear? And if not, whom are they to look to for the restoration of their money? Moreover, what advantage is it to the profession to get the work from the doctor himself, rather than in the regular way through their booksellers? None whatever; but, on the contrary, there is the trouble of procuring and forwarding a post-office order, &c. It is deplorable to see a physician degrading himself by making such a contemptible exhibition.

I am, Sir, yours &c.,

Montgomeryshire, Oct. 19, 1848.

J. J.