

## Correspondence.

### DR. JOHNSON'S VIEWS OF CHOLERA.

LETTER FROM PAUL W. SWAIN, Esq.

SIR,—Having finished the perusal of the papers on Cholera by Dr. George Johnson, I cannot refrain from offering to that gentleman, through you, my individual thanks, for the lucid and masterly exposition which he has presented to the profession.

I do not hesitate to avow that, amidst the whole literature of cholera, I know of no work which puts the phenomena of the disease so completely within the grasp of the understanding.

I agree with him most completely in his theory of collapse, and the deductions which he draws from it; and having myself gone through the ordeals of the epidemics of 1832 and 1849, I hope I shall not be deemed presumptuous in laying before your readers a few reminiscences which seem strongly to confirm Dr. Johnson's views on the treatment of the disease. In the epidemic of 1832, the disease was so new to us that we had no very fixed views about it; and I remember that the extremes of stimulation, narcotism, and depletion, were all tried in turn. We had no cholera hospital; and my own experience was confined to the paupers in and outside the Workhouse, and the few private patients I then had. We suffered severely; but not so heavily as in the epidemic of 1849, when the three towns of Plymouth, Devonport, and Stonehouse, and the immediate neighbourhood, lost about 2000 patients.

At that time I was, in conjunction with my friend Mr. May, the surgeon to the Devonport Cholera Hospital, which was a large wooden building situated on one of the bastions of the ramparts. We had under us three junior surgeons, who took turns of eight hours each to watch the patients. We soon found that the opium treatment did no good; and I at once gave as a reason, that it was contrary to common sense to administer a narcotic drug to a patient *already dying of a combination of asphyxia and black blood poisoning*. One practitioner (now dead) pushed his opium treatment to an enormous extent; giving two, three, and even seven grains, at short intervals. Most of the cases that he sent into the hospital died.

The plan we adopted was to give a hot air bath, to stimulate the epigastrium, and to have two grains of calomel dropped on the tongue by one of the juniors every hour. We gave no stimulants in collapse; but allowed as much cold water as the patient chose to drink. Outside the hospital, two out of three in collapse died; within it (and of course they were the worst cases), two out of three recovered. We found that when green bile appeared in the stools, the patients generally got out of the state of collapse. Now I doubt not that the large quantity of calomel administered in these cases acted much in the same way that castor oil does, according to Dr. Johnson's theory; and certainly nothing was more clear than that attempts to suppress the discharges by opium and astringents were entirely useless. Salivation was seldom produced; and, as far as I can recollect, that peculiar typhoid state which followed the rally out of collapse was less severe and fatal in the calomel cases, than in those which were treated by the astringent and stimulating plan. Mr. May and myself treated many cases in private practice on the same plan, and with as much satisfaction.

During the prevalence of the epidemic, there were some curious and powerful examples of the effects of inhaling choleraic vapour. Several washerwomen

died immediately after washing cholera garments. One especially I recollect, who lived in the village of Tamerton, five miles from Devonport. She washed for a family in Devonport, whose chief member was taken off by the disease. The clothes were sent to the village; and the washerwoman died in a few hours after standing over her washing-tray. There had been no cases in the village previously; but immediately afterwards ten or twelve made their appearance. Now, we lost none of our washerwomen in the hospital; and I attribute our exemption to our not allowing anything to be washed until it had lain a day or two in a vat full of solution of chloride of zinc.

In the epidemic of 1832, we lost two doctors, one in Plymouth and one in Devonport; but in 1849, we all escaped, though I myself had regular dysentery. In fact, there were many cases which took on the form of dysentery and died of it without any regular collapse. There were also many deaths among persons who had attended the funerals of their relatives; and some within a few hours of clearing out drains, etc. In one night, we lost the chairman and two other members of our Board of Commissioners (or Guardians). The effect was a sudden energy exhibited by the Board in voting all the requisite funds for medical attendance and hospital accommodation; for which the doctors had been in vain seeking, but had been constantly told that they were alarmists. With all our energy, however, beginning as it did only with the outbreak and not in anticipation of it, the disease had nearly disappeared by the time our plans were in perfectly good working order.

Such, sir, are a few of my recollections of those bad times. Most of them are suggested by the bearing they seem to have on Dr. G. Johnson's opinions; but if, at a future outbreak of cholera, any hint may be taken from such random reminiscences, this lucubration of mine will not have been penned quite abortively.

I am, etc.,

PAUL WM. SWAIN.

4, Park Place, Stoke, Devonport, Dec. 2nd, 1865.

### THE ELIMINATIVE CURE OF CHOLERA.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—If you think, as I do, that the readers of our JOURNAL would be interested in the enclosed letter from Mr. Startin, you will perhaps insert it, and so give them an opportunity of reading it.

I am, etc.,

GEORGE JOHNSON.

11, Savile Row, December 6th, 1865.

"3, Savile Row, Dec. 5th, 1865.

"My dear Sir,—I have been much edified and instructed by your papers in the BRITISH MEDICAL JOURNAL, on the Pathology and Treatment of Cholera, as they have given a rational explanation of a treatment I have adopted, with very constant success, for the relief of diarrhoea and cholera, since the year 1827. At that time, when a student at St. Bartholomew's, I was visiting a general practitioner residing in Spital Square (Mr. Newton); and one day in autumn, seeing his counter loaded with filled bottles looking like infusion of roses, I found that he was treating an epidemic diarrhoea by means of this medicine, containing from five grains to one drachm of sulphate of magnesia in each dose; this, he told me was, in his experience, far superior to the ordinary routine of chalk-mixture, opium, and astringents; and that he always administered Epsom salts and acidulated infusion of roses after each morbid evacuation, until the secretions assumed a healthy character; when, if the pain and tenesmus continued, he gave the acid without the salts, adding occasion-

ally a little ginger, kino, and a few drops of laudanum; though this, he observed, was very rarely needed, if the patient was seen at the commencement of the attack. I can assure you that my experience has quite verified Mr. Newton's observations; and during the epidemics of 1849 and 1854, there was a large consumption of these simple remedies at the Hospital for Skin-Diseases, Blackfriars, which was then open to all applicants suffering from diarrhoea; and the institution and remedies obtained much notoriety amongst policemen and others, who had seldom occasion to make a second application. The treatment is epitomised in two mixtures of the Skin Hospital Pharmacopœia, designated "Mistura acida purgans" and "Mistura acida cum opio"; and is still in constant use for the ailments in question.

"I may mention also that, some years ago, I gave these formulæ to Captain Woolley, who commands the mail steamer *Atrato*, to St. Thomas and the West Indies, where diarrhoea and dysentery used sometimes to decimate his crew; and he informs me, that he has found them of nearly unfailing efficacy, and that they have been the means, he believes, of saving numerous valuable lives, both amongst the passengers and the crew of his ship.

"If you think, as I do, that these facts corroborate your views, that the natural method of cure in cholera is the eliminative, pray make what use you please of this letter, and believe me, my dear sir, always,

"Yours faithfully,  
"Dr. George Johnson." "JAMES STARTIN."

#### PALE ALE AND DIGESTION.

LETTER FROM J. J. GODFREY, Esq.

SIR,—The data given by Dr. Munroe, from which he draws the inference that a glass of pale ale impedes digestion, are hardly such as to satisfy the exact demands of scientific investigation.

Will Dr. Munroe permit me, in the friendliest spirit, to remark, that (putting on one side the question as to the amount of alcohol absorbed from the stomach) no trustworthy deductions as to the effects of diluted alcohol taken with food can be drawn from experiments in which the quantity of alcohol added to the artificially digesting matter does not bear a tolerably similar proportion to them, as the quantity of alcohol (say the amount contained in ten or twenty ounces of beer) taken with an ordinary meal bears to the contents of the stomach at that time.

In the second experiment, the addition of two drachms of spirits of wine to a mixture of four ounces of gastric juice and half an ounce of food, simply imitates dram-, or rather double dram-drinking. To equal this, four ounces at least of undiluted brandy would have to be taken with one's dinner.

It is difficult to see the point of the third experiment, unless the stomach be looked on as a miniature bitter beer brewery in partnership with Allsopp. The amount of alcohol here is out of all proportion to the digesting contents. Reckoning it at half an ounce (Lankester), to alcoholise the contents of the stomach to the same degree during a fair dinner would require at least a quantity equivalent to three-quarters of a pint of brandy. The most unblushing toper will hardly contend that digestion would proceed comfortably under these circumstances.

From my own experiments, I am led to believe that the effect of a given (moderate) quantity of alcohol on artificial digestion depends, to a great extent, on its degree of dilution.

On this subject, Dr. Brinton says: "The effect of alcohol is also regulated by its amount and concen-

tration. Diluted, it seems to have no chemical action whatever. In larger quantities, as before mentioned, it precipitates the pepsine. And in still greater excess, it permanently destroys all its digestive energy." (*Diseases of the Stomach*, p. 32.)

I am, etc., J. J. GODFREY.

Cleobury Mortimer, Salop, Oct. 11, 1865.

#### CAROTID ANEURISM AND THE WIRE-COMPRESS.

LETTER FROM JOHN DIX, Esq.

SIR,—“When an obscure practitioner cuts off a leg or an arm in the ordinary way, he has no pretext for sounding his little trumpet; while, if he deviate from established usage and run counter to sound surgical principle, he may send the result to a learned society, or even have the happiness of seeing his name fairly printed in the newspapers.” Thus writes, on the 29th November, Professor Syme of Edinburgh.

On the very next day, I, “an obscure practitioner”, happily ignorant of this impending fulmination, did rashly “deviate from established usage and run counter to (Syme’s) sound surgical principle” in an important surgical operation.

Having to deal with a case of aneurism of the carotid, the artery was secured, not by a ligature “in the ordinary way,” and according to “established usage”, but by the “Wire Compress”—a modification of Simpson’s acupressure—devised and described by me some three years ago.

A ligature applied in such a case, cuts off the supply of blood to the brain suddenly and at once; often with disastrous consequences. It remains dangling in the wound for two or three weeks, exciting and keeping up suppuration. It ulcerates through the artery, and opens its blood-channel, at great risk of secondary hæmorrhage.

By the wire, obstruction to the circulation was gradually effected; the flow of blood was not completely cut off till the third day. On the sixth day, the wire was removed. Meanwhile, it had not interfered with the wound, nor damaged the coats of the artery.

To-day, the tenth from the performance of the operation, the man is convalescent, and might leave his bed. The wound is all but healed; the aneurism is cured, and rapidly disappearing; the artery is obliterated but not severed; and bleeding is impossible.

This I consider a very satisfactory case; and shall forthwith make it a pretext for “sounding my little trumpet.” I shall probably “send the result to a learned society”; but I shall not advertise my name in the local newspapers.

I am, etc.,

JOHN DIX.

Hull, December 9th, 1865.

BEING FUMIGATED. The steamer *Atlanta* still remains at the lower quarantine at New York, but the government has given orders to send the *Illinois* down to receive the steerage passengers. Their clothing will first be placed on board this vessel and thoroughly fumigated with chlorine gas. The passengers themselves will have to submit to a personal fumigation with bromine and nitrous acid gas. Among the steerage passengers of the *Atlanta* several cases of diarrhoea broke out during the past week, one of which ended in collapse. Dr. Sayers is of opinion that the immunity from infection enjoyed by the cabin passengers of the *Atlanta* is due to the fact that since the vessel's arrival in this port the cabin has been daily fumigated with bromine gas. (*New York Times*.)