

## Correspondence.

### THE CHOLERA QUESTION.

LETTER FROM JAS. G. DAVEY, M.D., L.R.C.P.Lond.

SIR,—I learn from Dr. Johnson's letter of February 12th, that he is at a loss to understand how, or in what way, the pathological theories advocated by him and me, in regard to cholera, harmonise, or approximate each other. His own and my views Dr. Johnson declares to be "so diverse" that there can be no collision between them. To support this position, the few following words are quoted from me, viz., "The proximate cause of choleraic disorder is located in the ganglia of the great sympathetic nerve." Now, if Dr. Johnson had proceeded farther with the perusal of my several papers, in the *Lancet*, he would have seen in what way the "agreement between him and me" does really exist. If Dr. Johnson had continued the inquiry, he would have discovered that the presence of "the morbid matter in the blood" (to which *alone* he refers the disease under consideration), together with its ill effects on the powers of life, is referred by me to a first cause—one not yet reached by himself; so far as one can judge from the *Notes on Cholera*, etc.

The "*irritant action of morbid blood*" on the organism, the greatly impeded circulation and respiration, the discontinuance of the ordinary chemical changes effected in the lungs (as indicated by the reduced amount of carbonic acid exhaled, as well as by the defective oxidation), the reduction of the temperature of the body, collapse, and the deranged secretions of the primæ viæ—to say nothing of the "complex and admirable correlation between the various organs and functions of the body, so that derangement of one organ involves often, as a necessary consequence, disorder, even structural change, in one or more distant but closely associated organs" (Johnson), are points insisted on by me in the several papers referred to in my last letter in the *JOURNAL*, and to each one of which Dr. Johnson has also devoted a full share of attention. The kind of "resemblance," then, between our "doctrines," no one needs to be at a loss to understand; and these, I think, are not so very "*remote*"—due regard being, at the same time, had to Dr. Johnson's views, as contrasted with my own, in reference to the order of occurrence of the several pathological facts above enumerated.

I have read, as Dr. Johnson suggests, at page 95 of his book, the remarks as to the practice of ten Indian medical men who used, in many instances, "a combination of opiates with purgatives" for the cure of cholera; and, I believe, that in a correspondence with Dr. Johnson some years since, I called his attention to the eliminative treatment of cholera, as adopted by one of the gentlemen named by him, viz., Twining. Let me add here, it was in 1834, at which time I was at Calcutta, that I learned from Mr. Twining this "new" (?) mode of managing cholera patients. In this year (1834), it was that I got to condemn chalk mixture and opium in all cases of cholera and of ordinary diarrhœa; to know that in the worse and most fatal forms of the first-named disease there is, very commonly, neither vomiting nor purging; and to conclude, therefore, that the accepted "theory" which ascribed collapse, and even death, to the loss of the fluid constituents of the blood, was a mere sham; and that, in words written twenty-four years ago (see *Lancet*), the great objects to be kept in view in the treatment of "cholera asphyxia" are, first, to support the vis vitæ; secondly, to restore, by a careful elimination from the stomach and bowels, the

morbid secretions therein formed—the normal condition of the whole organic apparatus, *i. e.*, the thoracic and abdominal viscera—the early seat of the malady, and source (internal or subjective) of its several and prominent phenomena; or, more briefly, "*to substitute a normal for an abnormal defecation.*"

Dr. Johnson will excuse me if I ask him to read an excellent little book, *On the Nature of Cholera as a Guide to Treatment*, by Mr. William Sedgwick. This book might persuade Dr. Johnson to look more kindly for a first or antecedent cause of that "*blood-poison*" in cholera to which alone he now refers the "arterial spasm"—the arrest of the blood-current in "the pulmonary arteries," the "impediment to the passage of the blood from the right to the left side of the heart," the small amount of oxygen introduced into the system, the reduction of temperature, and the diminished formation of carbonic acid, bile, and urine, etc., etc. Should Dr. Johnson be induced to commence this search for such a first or antecedent cause, he will, I think, find it in that portion of our organism, viz., the cœliac plexus, and the several ganglia of the sympathetic nerve, on which the very dangerous, even fatal effects of a heavy blow on the epigastrium, of fear, of narcotic poisons, and of bites of venomous serpents, etc., are expended. The *shock* to the organic nervous system, in these several instances, involving, as it must do, a great and manifest interruption to the action of the heart and lungs, etc., is—as a physiological necessity—directly followed by blood-poisoning and its manifold results. However little the carbonic acid formed in the system may be, the lungs are in no position to get rid of it; its presence but aggravates the ill effects of the shock. Diarrhœa or vomiting and collapse succeed, when death not unfrequently closes the scene; and *very much the same phenomena occur to a cholera patient.*

I am, etc., JAS. G. DAVEY.

Northwoods, near Bristol, February 18th, 1866.

### LETTER FROM G. BODINGTON, L.R.C.P.ED.

SIR,—I am willing to leave the cholera question now to the judgment of the profession so far as I have been concerned with it. There is, however, a matter of a personal character demanding a few remarks from me.

Dr. George Johnson, in his letter of the 17th inst., alludes to "one of your correspondents" (who had written in a previous number of your *JOURNAL* in terms somewhat deprecatory of his own abilities as a controversialist) in language which is neither polite nor even civil. He avoids all the statements and arguments of "your correspondent"; but takes advantage of his moderate estimation of his own "competency" to hold him up to derision—to "stamp him out", as it were. Dr. George Johnson "puts his foot down", and your correspondent is done for, of course. This may be to Dr. G. Johnson a very satisfactory way of coming to conclusions on a controversial question, which you yourself admitted in last week's *JOURNAL* to be one of great importance. But I must remind him that, in respect of the quotation from Bishop Butler's preface, which he huris at the heads of his opponents—including your too modest correspondent of last week, of course—I know of no medical writer to whom Butler's remarks are so thoroughly and completely applicable as to Dr. George Johnson himself; and he should know, and indeed will learn practically, that he who flings missiles at others may expect to have them hurled back and returned with interest. To quote Dr. George Johnson's own words, we really "have had enough of baseless assumption and indefinite speculation on this subject."

I much regret that he should have given an adverse turn to this controversy, which has nothing to do with the real questions at issue, or the promotion of scientific inquiry; but which of necessity requires a reply, by way of rejoinder, on account of the personal insinuations in which he has indulged.

I am, etc., GEORGE BODINGTON.

Sutton Coldfield, Feb. 19th, 1866.

### THE TREATMENT OF RHEUMATISM.

LETTER FROM JOHN PURSELL, M.D.

SIR,—In the JOURNAL of the 10th instant appear some editorial comments on the last volume of *Guy's Hospital Reports*, on the subject of the Treatment of Rheumatic Fever. The cases were under the care of Drs. Gull and Owen Rees, and were treated negatively by the use of what is called "mint-water"; "the rheumatic entity", as you correctly term it, being "left to its own devices"; or, in other words, "the cases were left to Nature, so far at least as the mere giving of drugs was concerned." Now, as to the conclusions drawn from the forty-one cases reported, it is assumed that the ordinary treatment of rheumatism *minus* drugs is as efficacious as the ordinary treatment by drugs. You further proceed to remark that "Dr. Gull's undoubted conclusions drawn from these cases are, that the drug-treatment of acute rheumatism, *cæteris paribus*, is no better than no treatment at all; that cases treated without drugs do as well in all respects as cases treated with drugs; and that, therefore, too much importance is attached to the use of drugs in those cases of acute diseases which have a natural tendency to recovery."

It is apparent that Drs. Gull, Owen Rees, and Sutton, have passed by unnoticed the pamphlet I wrote and published on the Successful Treatment of Rheumatic Affections, in July 1863 (published by Churchill and Sons), and which was favourably noticed in the JOURNAL of the following September. In this pamphlet, I gave the details of six cases (out of some hundreds) of acute rheumatism treated by the plan there detailed; not by calomel and opium, but by a generous diet, the administration of bark in the form of cinchona or quinine, combined with opium, every four or five hours, and continued mild counterirritation on the spine. By the united agency of this treatment, I further demonstrated the curability of the severest forms of acute rheumatism in a period varying from four to seven days—that is, from the commencement of treatment to the establishment of convalescence.

Again, is it not well known to every experienced member of the profession, from long observation, that invariably, where inefficient means—such as homœopathic or mint-water treatment—has been pursued, the patient will and must be the subject of various depositions in the fibrous or synovial structures, independently of the treatment, usually of a negative character, being protracted to an almost indefinite period? I have lately had under my professional care two cases of chronic rheumatism, each of two years' standing, and both the sequelæ of acute rheumatism, where in each case one of the knee-joints became preternaturally enlarged from effusion of organised lymph and thickening of the synovial membrane. Both were cured in about a month by the local application of the unguentum hydrargyri mitius cum camphorâ, spread on lint, and applied to the diseased joint, renewing the dressings and flannel bandages every four or five days, and prescribing laxative medicines every three or four mornings. No treatment can in any degree equal the success of the above

both for safety and success, as fully detailed in my recent work; and, further, there is no remote probability of any sequelæ attending the convalescence. I have treated many cases of sciatica and lumbago, of an acute and chronic character, which have speedily succumbed to the means employed, without the aid of baths, etc., which usually have proved of no permanent benefit.

I am, etc.,

JOHN PURSELL.

27, Park Crescent, Brighton, Feb. 20th, 1866.

### POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I have now in the hands of the printer the draft of a Bill containing seventeen clauses; with a commentary on each clause, pointing out the reasons for their proposition. There is also a letter addressed to the members of Parliament bringing all the important points of the subject prominently before them. A copy will be sent to each medical officer who has sent a subscription to the Association within the last twelve months, as well as to each member of Parliament, as soon as the Bill is brought before the House.

If any of your readers can assist me by naming a gentleman willing to undertake the charge of the Bill, I shall be glad to hear from him. The printer informs me he cannot keep the type standing; I therefore trust that those medical officers who intend subscribing will do so without delay, so that I may order the number of copies of the pamphlet actually required for them.

I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, Feb. 17th, 1866.

*List of Subscriptions received by Mr. Griffin.* W. Norman, St. Columb Major, 5s.; R. R. Allen, Belper, 10s.; F. Eldridge, Andover, 20s.; E. Heginbotham, Wincanton, 10s.; J. W. Combs, Ticehurst, 5s.; J. Wills, Sturminster, 10s.; J. Smart, Bethnal Green, 10s.; W. Jones, Wigton, 5s.; M. Mason, Sudbury, 10s.; J. A. Ledgard, Carlton, 5s.; R. Ransom (not union), Cambridge, 10s. 6d.; J. Dowse, Huddersfield, 5s.; C. Taylor, Melksham, 5s.; C. H. Parsons, Foleshill, 5s.; T. Hewlett, Hendon, 21s.

*List of Subscriptions received by Mr. Prowse.* C. Dandy, Ormskirck, 20s.; G. R. Burt, Chard, 10s.; J. H. Somerville, Walsal, 10s.; G. S. Robinson, Saffron Walden, 10s.; W. Williams, Festiniog, 10s. 6d.; R. Roberts, Festiniog, 10s. 6d.; T. S. Douglas, Cockermouth, 10s.; W. Sutherland, Bellingham, 5s.; J. S. Barrett, Abingdon, 10s.; J. W. Moorhouse, Ellesmere, 10s. 6d.; L. H. Franklyn, Lexden and Winstree, 5s.; E. Jones, Merthyr Tydfil, 10s. 6d.; G. R. Cook, Dartford, 5s.; J. G. Terry, Tenterden, 5s.; W. Hitchens, Bath, 10s.; S. Molyneux, Wigan, 10s. 6d.; J. Renton, Hexham, 10s.; W. Dixon, Doncaster, 10s. 6d.; H. Grace, Bristol, 10s.; H. M. Grace, Clifton, 20s.; C. M. Thompson, Godstone, 10s. 6d.; M. J. Egarr, Wisbeach, 5s.; H. Harland, M.D., Uckfield, 21s.; E. F. Whitaker, Witney, 5s.; J. Hessegrave, Huddersfield, 5s.; S. Drew, Wortley, 7s. 6d.; E. P. Hemingway, Eton, etc., 21s.; R. Slater, Ashton-under-Lyne, 5s.; F. Workman, Reading, 10s.; H. Bishop, Tunbridge 21s.; G. H. Macnamara, Eton, 20s.; W. Lattey, Southam, 5s.; R. Lamb, Islington St. Mary, 5s.; E. Marshall, Croydon, 21s.; J. C. Reid, Morpeth, 5s.; W. Arras, Carlisle, 10s.; R. Smith, Epsom, 5s.; J. S., 5s.; T. Holyoake, Seisdon, 10s.; L. F. Yelf, Shipston-on-Stour, 10s.; T . . . s, 5s.; J. Tiley, Hitchin, 5s.