

evening. I examined their arms, and found that the cow-pock pustule was maturing very nicely, and I took three or four points of lymph from their arms, by way of trying if it would communicate the vaccine disease to another child, as I thought it was not improbable that the measles had overpowered the first disease, but the child whom I vaccinated with it, took the cow-pock, and it went through all its stages with perfect regularity.

Never having heard of similar cases, and knowing the fact to have been generally denied, with regard to two diseases (even mild ones) existing at the same time from Hunter downwards, I thought it my duty to communicate it at large to the profession.

I remain, Sir,

Your obedient humble servant,

JOS. WM. MOSES.

Anglesea Lying-in Hospital, Dublin,
Oct. 12, 1832.

ESSENTIAL OIL OF COPAIBA.

To the Editor of THE LANCET.

SIR,—I am desirous of calling the attention of the members of the profession to a remedy which I have reason to believe is very little known; I allude to the essential oil, of copaiba, which I have been in the habit of using as a substitute for the balsam for nearly three years, with very decided benefit.

The balsam of copaiba consists of two parts, a resin and an essential oil; when carefully distilled, it yields one-third of oil, which is perfectly transparent and colourless, and retains the peculiar flavour and odour of the balsam. The remaining portion is the resin, which has been recommended as a substitute for the balsam, but is almost inert, and what little efficacy it does possess, is derived from the small quantity of oil which it retains. The essential oil has almost escaped notice, although really possessing the whole of the properties of the balsam, freed from the irritating qualities which appear to reside in the resin.

The balsam has maintained its ground as the most valuable of our agents in the cure of gonorrhœa; its nauseous taste renders it also the most disagreeable. It frequently produces vomiting, and as frequently purgative effects. Its use is often followed by severe fever and eruption, possessing the characters of lichen agrius. From one or other of these effects, or its nauseous flavour, it can be continued by few persons only for a sufficient length of time to complete their cure. The essential oil of copaiba owes its great value to its

being free from these several objections; it can be taken by the most delicate person without producing sickness or purging, and when combined with any aromatic essential oil, such as aniseed or cloves, its disagreeable flavour is entirely corrected.

It appears to possess all the beneficial properties of the balsam in a more concentrated form. It may be administered in the dose of one scruple to half a drachm three times a day in the same mode and form of preparation as the balsam itself. It may be given in the acute stages of gonorrhœa without any risk, and when a speedy cure is important, the dose may be gradually increased.

I am informed that this oil is a very old preparation which had fallen into disuse. The first of which I made trial, was procured from Messrs. Lowe, of Bishopgate Street. It has been subsequently prepared for my use by Mr. Remnant, of Smithfield Bars, who has paid great attention to its preparation.

J. RUSSELL.

Broad Street, Golden Square,
October 12, 1832.

TREATMENT OF SCARLATINA.

To the Editor of THE LANCET.

SIR,—During a practice of thirteen years in a populous town, I have of course met with a great number of cases of scarlet fever, and finding, latterly, the following treatment succeed beyond my most sanguine expectations in many cases where there did not appear a chance of recovery, particularly in children aged from two to six, who were attacked with the disease in the malignant form, terminating fatally to not a few when the disease has prevailed, I have sent to you to request its publication.

The treatment has been strictly antiphlogistic. In the first instance I prescribe an emetic, followed by a dose of calomel and antimony after the operation of the emetic; also a saline purgative mixture, in repeated doses, until the bowels are freely opened or evacuated; I then give a saline mixture with antimonials every three or four hours, allowing nothing in the form of nourishment but barley-water. In many cases I find it necessary to apply leeches and blisters to the throat, and whenever the disease assumes a malignant character, and the life of the patient is threatened by extensive ulceration, and sloughing of the fauces, &c. (wherein I am inclined to believe the danger exists, if not speedily checked), I commence giving the chloride of lime in solution (Fincham's solution I prefer),

proportioning the dose to the age of the patient. To children two or three years of age, I give ten drops with water, and a little syrup every three hours, which, possessing little taste, they swallow without objection. In addition to this, I recommend small doses of hydr. c. creta, and Dover's powder each night, which seldom fails to procure sleep, and bring about a healthy secretion from the bowels. Generally, on the fourth or fifth day after persevering in the above plan, the sloughing process is not only stopped, but the throat begins to assume a healthy aspect, and the little sufferer recovers rapidly.

Blistered surfaces are sometimes troublesome to heal in scarlatina when they ulcerate, and for this I find the best remedy to be one ounce of Fincham's solution of the chloride of lime, to five of water, applied frequently with lint.

It affords me great satisfaction to add, that I have not lost a patient with scarlatina since I have employed the chloride of lime; the diaphoretic and antiseptic properties are too well known to the profession to require further comment from me. I am, Sir, your most obedient servant,

JAS. WM. RUTHERFORD.

Old Brentford, Oct. 5, 1832.

TREATMENT OF

MALIGNANT CHOLERA

AT THE

BRISTOL CHOLERA HOSPITAL.*

To the Secretary of the CENTRAL BOARD OF HEALTH, London.

SIR,—In accordance with the wishes expressed by the Central Board for the collection of information upon the treatment of the present epidemic, I have drawn up the following brief outline of the practice pursued in the Cholera Hospital of this city.

This institution is under the immediate superintendence of Mr. Goldney, an able and assiduous practitioner, residing on the spot with an assistant, and is visited daily by Dr. Carrick, Dr. Kentish, and myself, the medical members of the Board of Health.

It will be proper to premise, that the cases admitted have been for the most part of the worst description, so that there has been but little experience within the limits of the hospital respecting the bilious diarrhœa, upon the treatment of which the first query of the Central Board is founded. Some few cases of this affection have, however, oc-

curred among the attendants, but have been easily controlled by the exhibition of opiates and astringents, conjoined in one or two instances with moderate bloodletting. Successful, however, as this practice has been with such cases and numerous similar ones without the walls of the Hospital, it has proved utterly inefficient when the evacuations have been wanting in the bilious character. The rice-water aspect of the stools once having presented itself, the practitioner who has had any experience in this disease knows too well that he has more serious work before him, than that of quieting the irritability of the intestinal nerves, of checking inordinate peristaltic action, of relieving a little local plethora, or of constringing relaxed exhalants. The presence of the true choleric poison being indicated by this formidable symptom, it is evident that more resolute measures must be taken, that a violent morbid action having commenced in the system, the counteraction must be proportionally vigorous.

To this effect, out of the multitudinous plans and specifics that have been praised in various quarters, the bold exhibition of calomel is the measure on which the principal reliance has been placed in this hospital; all other remedies and applications that are at the same time used, being found by experience to be scarcely more than occasionally subsidiary. At different times a fair trial has been given to other therapeutic agents which have been recommended to the profession by good authority, but we have always been compelled to return to our usual treatment, and have been less inclined to repeat our deviations from it.

The mode of administration has been for the most part as follows:—The patient having been laid in a warm bed, half a drachm of calomel is exhibited in the form of powder, a mustard cataplasm is then placed upon the epigastrium, this application having been found particularly useful in moderating the tendency to vomit. The dose of calomel is repeated every two or three hours, according to the severity of the case. In cases that have not passed into collapse before the commencement of this treatment, it has rarely happened that more than three or four doses have been necessary; for as soon as the temperature of the surface begins steadily to rise, and the circulation to acquire more strength, the medicine is suspended. In a few hours the dejections become tinged with bile, which is afterwards discharged in profuse quantities, and the urinary secretion returns, though always later in its appearance than the bile. But during this period, other measures of an accessory description are not neglected; the extremities are assiduously rubbed; if the vomiting continues,

* Communicated by the Central Board of Health.