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By CHARLES VINES, Esq., Surgeon,

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II.—DISEASES OF THE RESPIRATORY SYSTEM.

From the nervous we pass on to the diseases of the respiratory system. On the 19th January, 1848, Mr. May presented the larynx and trachea of a boy, aged four and a half, who died with symptoms of croup. The rima glottidis was extremely small; mucous and sub-mucous tissues engorged and vascular; a slight ulceration within the glottis, and the opening blocked up with a small firm muco-purulent mass. The inflammation did not extend below the larynx; duration of the disease, two days. The treatment consisted of caustics, local bleeding, tartarized antimony, calomel, and hot fomentations. Tracheotomy was considered, but not performed, in accordance with the prevailing medical opinion in this country. Mr. May remarked, that though in croup the inflammation generally involved the trachea and bronchi, more or less, it might be limited to the opening of the glottis, and that this

case shewed the necessity of a most accurate diagnosis. In future cases, unless there existed positive evidence that the trachea and bronchi were involved, he would take the chance of laryngotomy. It was clear that an opening in the wind-pipe would have given a probability of preserving life, while the local disease was submitted to the curative influence of remedies. It was also obvious that an opening through the crico-thyroid membrane would have been as efficient as one made through the trachea.

III.—DISEASES OF THE CIRCULATING SYSTEM.

Angina.—The first case in this class of diseases was related by Dr. Wells, on the same evening. P. H., a porter, aged 65, was admitted at the Dispensary December 29th, 1847. He stated that three months ago, while driving a chaise, he was seized with a violent pain across the chest. The pain was so severe, as to oblige him to go home and remain in bed for some days. Subsequently he got about again, but the pain did not leave the chest, was aggravated at intervals, and accompanied with dyspnoea. For the relief of this condition, he applied at the Dispensary. His pulse was very irregular and intermittent, with a fluttering action of the heart, but the first and second sounds perfectly distinct and normal. There was no oedema of the lower limbs; his chief complaint was the paroxysms of severe pain across the sternum, and the dyspnoea. He expired suddenly on the evening of January 7th, after an attack of pain and dyspnoea more violent than usual.

The *post-mortem* appearances were as follows:—Left lung entirely bound down by old adhesions of the pleura. In the right pleural cavity was a large quantity of serum; the pericardial sac also contained a sero-sanguinolent fluid; patches of thickened membrane upon the external convexity of the heart; the cavities somewhat dilated; valves quite healthy; coronary arteries both ossified, the left being converted into a bony tube. There were several cartilaginous deposits in the aorta. In one of these was an aneurism, passing through the internal coat. Dr. Wells added that this was not a true case of angina; in angina the intermissions are perfect, whereas in this case they were incomplete.

Hydropericardium.—On February 16th, Dr. Cowan related the case of a woman, which was taken into the Royal Berkshire Hospital as one of emergency, suffering from great dyspnoea, respirations 30 in a minute,

extreme faintness, feeble pulse, leading to the supposition that there was great impediment to the heart's action, which was regular, though depressed. Temperature low; great prostration; irritable stomach and bowels; slight oedema. The diagnosis was, that there was pericardial effusion, which prevented the free action of the heart. There was no bronchial sound, no cough, no bellows or friction-sound over the heart; but there was greater dulness over a larger surface than the natural limits of the precordial region; the effused fluid being serous. She had been exposed to wet, and had had rheumatism. Her condition was so depressed that active measures could not be employed, and her stomach and bowels so irritable, that mercury in any shape could not be tolerated, vomiting and serous diarrhoea immediately following. The hot-air bath, and dry cupping over the chest, were the chief remedies, and wine, with other nourishment, was ordered. Blisters and sinapisms had not the slightest effect, the heat of the surface being so depressed; they never act when the temperature of the skin is very low. Morphine was given at night, with great benefit, and she gradually, though unexpectedly, recovered.

Steatosis of the Heart.—On the 22nd March, 1848, Mr. Harrinson exhibited a specimen of steatosis, or fatty degeneration of the heart. The history of the case is as follows:—On the evening of the 28th of February, Mr. P., after having been engaged in his business all day, suddenly fell down on the floor, and expired. Mr. Harrinson saw him a few minutes afterwards. His face was extremely pallid; no frothy fluid was issuing from his mouth; he was 67 years of age, tall, moderately stout, but pale and flabby; he had always enjoyed good health till within the last two days, when he complained of an oppression and pain in the precordial region.

Post-mortem examination thirty-three hours after death.—Thoracic and abdominal parietes loaded with fat; lungs healthy; the heart was soft and flaccid, of a dirty, pale, yellow colour, and appeared one mass of fat; a fatty transformation or infiltration of the muscular substance so soft, that it could be moulded like putty; the ventricular walls thin, and the left cavity dilated; the investing pericardium was raised in various places, by air vesicles and fatty fluid, which streamed down the scalpel; valves and endocardium healthy; coronary arteries normal; auricles and large vessels gorged with blood.

Mr. Harrinson made some remarks on the two varieties of the disease, and referred for a full account of this affection to an excellent paper by Mr. R. Smith, published in the *Dublin Journal*, July, 1836; and to Hasse's "Pathological Anatomy," by Dr. Swain, in one of the Volumes of the "Sydenham Society."

Fibrinous Concretion of the Heart.—On the 19th of April, 1848, Mr. Harrinson presented a specimen of diseased heart, taken from a patient, who, having previously enjoyed pretty good health, began to complain of debility, lassitude, and obscure chest symptoms. Suddenly he was attacked with extreme difficulty of breathing; the skin greatly congested; blue from head to foot; surface cold; pulse scarcely to be felt; heart

beating rapidly, and rather forcibly; orthopnoea; cough; expectoration of viscid mucus mixed with blood;—*not* hæmoptysis. Crepitation was heard at various points, and percussion was dull. He gradually sank.

Autopsy sixteen hours after death. General surface still dingy; about a pint of straw-coloured fluid in each pleural cavity; the lungs gorged with black fluid blood; the heart filled the pericardial bag; right auricle enormously distended with blood, the ventricle comparatively empty; left cavities distended with black blood and fibrinous deposit. The auricle was hypertrophied, and almost filled with a mass of vegetation, nearly closing the auriculo-ventricular opening, only a small orifice remaining posteriorly. The vegetations were made up of large granules, intimately adherent with each other, and connected with the auricular surface of the valves, forming a solid vascular nucleus. The ventricular surface of the valves was perfectly free. Liver large and gorged.

On examining the fungus, it appeared to be more a fibrinous deposit than any vegetation from the valves, for the serous membrane of the valves elsewhere did not exhibit any trace of inflammation, and it was probably deposited there on some unknown nucleus.

IV.—DISEASES OF THE DIGESTIVE SYSTEM.

From the diseases of the circulatory we come to those of the digestive system:—

Hepatic Tumour.—On the 25th of August, 1847, Mr. Harrinson presented a tumour taken from Mrs. N., aged 40, who had been married 20 years,—no children. He read the details of her case, which were those chiefly of chronic hepatic and dyspeptic disease. On inspection after death, there was found disease of the heart and liver, effusion into the pleuræ and peritoneum, disease of the ovaries; and this tumour, the size of a small melon, was found on the superior and posterior surface of the liver, (of the right lobe,) intimately connected with it, but easily detached. It appeared to have a large vessel connecting it with the hepatic ducts, and seemed to be filled with mucus and inspissated bile. On opening it in the presence of the Society, it appeared to contain some laminæ of lymph or mucus, and the lining membrane presented some spiculæ of bone. The question arose, what was the tumour? Some thought it a biliary cyst, or supplemental gall-bladder, or analogous to those cysts which form on the kidney. Mr. Harrinson was of opinion that it was an aneurism of one of the hepatic ducts.

Morbid Conditions of the Epigastrium.—On the 20th of October, 1847, Mr. Walford read a paper on certain morbid conditions of the epigastric region, in which he ably upheld the views of Dr. Wilson Philip, on the importance of a due and perfect discharge of the functions of the liver, in the healthy economy of the system, and the value of their early correction, in those disposed to phthisical disease.

In confirmation of these opinions, Mr. Walford referred to cases which had occurred in his own practice, in which he believed that the development of that treacherous malady phthisis, had been prevented by a due regulation of the digestive functions. There can

be no doubt that prophylactic measures are of the highest importance, in the treatment of cases predisposed, either to consumption, scrofula, or any of the disorders of an hereditary or specific type. The prevention of phthisis would indeed confer a boon on mankind; but anxious as we are for the accomplishment of this object, the fatal prevalence of the disease seems at present to bid defiance to the very best efforts of the healing art.

Congenital Contraction of the Intestines.—On the 22nd of December, 1847, Mr. Harrinson presented the intestines of a newly-born infant. The case was similar to one presented at a former meeting, published in Dr. Wells' Retrospective Address, and taken from the second child of the same mother. The infant, shortly after birth, began to suffer from vomiting and constipation, which the usual remedies failed to relieve. The rectum was found to be pervious only to the extent of three or four inches. The child died on the tenth day. On examination after death, the upper portion of the intestines was found distended with air and meconium. The greater part of the ileum was a mere cord; the cæcum was filled with a hard substance; the colon and rectum were cords with a small bead of black matter here and there. The last portion of the rectum was empty. The other organs were quite healthy.

Sub-peritoneal Abscess.—On the 19th of January, 1848, in conjunction with Mr. Waldron, (joint attendant on the case,) Mr. May presented a portion of liver in illustration of acute circumscribed sub-peritoneal abscess, which had occurred in a lady aged 61. She had rigors, pain in the right hypochondrium, with vomiting, restlessness, dyspnoea, pyrexia, and prostration. A tumour of considerable size was felt in the part affected. She was extremely corpulent and of hepatic aspect. The symptoms were relieved by local bleeding, mercury, opiates, hydrocyanic acid, and hot soothing applications to the part, and she seemed to be progressing favourably until the day before her death, when the pulse became rapid and feeble, the restlessness increased, and she sank rapidly, the mode of death being asthenia and syncope.

A *post-mortem* examination disclosed a considerable quantity of sero-purulent fluid in the cavity of the abdomen, which had escaped during life from the cysts of an abscess formed in the convex and right portion of the liver. The abscess was entirely sub-peritoneal. The surface of the liver was black, and apparently disorganized at the site of the abscess, but was healthy in all other respects. The gall-bladder contained several calculi. Heart and lungs healthy, with the exception of a little congestion in the right base.

Enlarged Spleen.—On the 19th of January, 1848, Mr. Walford exhibited an enormous spleen, taken from W. O., aged 64, who died December 28th, 1847. He had been ill six weeks with erysipelas, and for some days before death had bronchitis of the right lung.

Post-mortem examination twenty-four hours after death.—Old pleuritic adhesions; the air-tubes of the right lung filled with muco-purulent matter and frothy fluid; left lung sound; heart small, but sound. The

spleen was found enormously enlarged, extending to the pubes, and over to the right of the mesial line; it was hepatized, and its weight not less than five pounds; the liver also was much enlarged, its weight not less than seven pounds, and its structure softer than normal; gall-bladder healthy; stomach and alimentary canal not examined; left kidney healthy; in the right was impacted a large calculus.

The cause of the enlargement of the liver and spleen is not clear, probably hereditary. He never had ague, nor had he been in a hot climate. Two years ago he considered himself perfectly well. He suffered severely at times with symptoms of renal calculi, the attacks were followed by the excretion of lithic acid.

On the morning of the day on which he died, he had taken from a chemist some aperient pills, which, acting powerfully, induced faintness, and was the cause of Mr. Walford being sent for, who found him dying.

During life his gait and mode of speaking clearly showed impeded action of the diaphragm. His walk was slow and cautious.

Cirrhosis of the Liver.—On the 19th April, 1848, Mr. Harrinson related a case of cirrhosis of the liver, and made some highly valuable and interesting remarks on that disease.

In January, 1848, Mr. Harrinson commenced attending a publican, aged 55, who for many years had been addicted to drinking. He had been remarkably strong and healthy, but latterly subject to cough, with expectoration; his countenance sallow and cachectic; he was liable to fits of hysterical convulsions,—and it was on one of these occasions that Mr. Harrinson first attended him. An attack of influenza succeeded, and a train of symptoms next followed, in which hepatic derangement, ascites, and anasarca of the lower limbs were prominent. Dr. Cowan attended the case in conjunction with Mr. Harrinson, and the remedies employed were mercurials, elaterium, opium, blisters to the abdomen, with a nourishing and supporting diet. His strength, however, gradually failed, petechia and purpura took place, the legs ulcerated, and, at the end of two months, the patient died.

Post-mortem examination 29 hours after death:—Head not examined. Right lung healthy, but compressed to the spine with bloody fluid, amounting to many pints; the left lung remarkably spongy and voluminous, though gorged with fluid; heart healthy; the pericardium contained bloody fluid. The abdominal parietes were lined, and viscera bound down by, thickened peritoneum, red, shining like velvet; the gall-bladder was small, and contained a little bile; the liver smaller than natural, and on incision presented a yellowish white appearance; little nodules appeared elevated from the cut surface, the nodules were yellowish, the interstices greyish; the right kidney smaller, whiter, and firmer, than natural; the left larger than natural, congested; spleen small and softish.

Mr. Harrinson alluded to the lengthened period (twenty days,) this patient had taken mercury without producing the usual effect on the gums, attributable primarily to the portal contamination; secondarily, to the congested state of the intestines.

Mr. Harrison also made some interesting remarks on the pathology of cirrhosis, and described minutely its insidious and fatal effects on the system at large.

V.—DISEASES OF THE REPRODUCTIVE SYSTEM.

Miscarriage, followed by Convulsions.—On the 20th of October, 1847, Dr. Cowan related the case of a lady, who, after suffering from miscarriage, induced by a fright, was affected with violent epilepsy, hemiplegia on the right side, and loss of speech. She was partially conscious, with a staring eye, and most violent action of the carotids. During the fits the paralysed side moved. On examination after death, the longitudinal sinus was found distended with coagulated blood, and all the small veins leading into it were filled as if with injection, as was also the right lateral sinus; the left lateral sinus was empty; there was also disease of the anterior parts of the brain. The case was most like phlebitis of the veins of the brain, if such condition could occur. As no examination of the other parts of the body was allowed, it was impossible to say what was the state of the uterus, liver, or lungs.

Your reporter said that he had now a case where erysipelas of the head and face followed upon abortion. The concomitant symptoms were a rapid pulse, and foetid vaginal discharge. The remedies were directed to relieve the puerperal condition, and the patient speedily convalesced.

Mr. May strongly advocated the practice of injecting the uterus and vagina with warm water in puerperal cases. When there is a quick pulse, tender abdomen, and foetid vaginal discharge, he always resorts to this plan of practice.

Morbid Placenta, with Dead Fœtus.—On the 24th of November, 1847, Mr. Harrison presented a specimen of a morbid placenta, with dead fœtus. A lady, aged 23, married in May. Symptoms of pregnancy went on till after quickening, when all signs of it began to decline. At the end of six months a thick gelatinous red discharge took place, which continued for a fortnight, after which pains came on, and the present specimen was expelled. The whole mass of the placenta was diseased. Mr. Harrison had no doubt that the disease of the placenta was the cause of the death of the fœtus. Cases of this description are often involved in much doubt and obscurity, syphilis, mercury, scrofula, and debility, having each in turn been assigned as the morbid cause.

Large Ovarian Cyst.—On February 16th, 1848, Dr. Woodhouse presented a large ovarian cyst, which appeared to arise from the right ovary, and to be involved in the broad ligament, the Fallopian tube being much enlarged, and extended seven or eight inches, adhering to its side. In the wall of the sac were two or three small cysts containing fluid, and the interior presented projections of membrane, which seemed to be boundaries of smaller cells, which had burst and become merged into the larger one. Thirty-eight pints of limpid serum were drawn off. Dr. Woodhouse considered this an instance of what Dr. Bright calls the simple, sessile, non-malignant, ovarian tumour. The patient dated its origin from a miscarriage, about twelve

months before her death, but a more minute enquiry from her friends rendered it highly probable that she laboured under the disease years before.

Puerperal Metritis.—On the 16th of February, 1848, Mr. Walford read an interesting case of a lady, who, after delivery of her second child, went on very well for the first two or three days, when tenderness of the hypogastrium, quickness of pulse, and slight fœtor of the lochia came on, which, not yielding to tepid injections and purging, was relieved by the abstraction of twenty ounces of blood. He considered the inflammatory symptoms to be uterine. Two days after, the liver was found to be enlarged, and had this discovery been made earlier, a judicious mode of treatment might have prevented the occurrences which succeeded the labour.

Mr. Walford made some practical observations on the effects which a diseased and congested state of the liver and spleen is likely to have on the system, through inability to receive the diverted current of blood after the uterus contracts.

Following up the same line of reasoning, we may conclude, *cæteris paribus*, that the cessation of the catamenial period will prove far more critical, and perhaps fatal in its effects, in those cases where the liver has been previously diseased.

VI.—DISEASES OF THE URINARY SYSTEM.

Albuminuria.—On the 25th of August, 1847, Dr. Cowan mentioned the details of a case recently under treatment. A gentleman, after repeated attacks of gout, became comatose, with scanty urine, though the skin was moist. On testing, the urine was found to be albuminous, and of low specific gravity, which led to the diagnosis that there was induration of the kidney, with a deficient secretion of urea, and the coma in consequence. A copious secretion from the bowels relieved the system, and the patient recovered, but will probably have another attack. The diagnosis turned entirely on the examination of the urine, without which the case would not have been clearly understood.

Absence of Kidney.—On the same evening, Mr. Harrison read the following history of a case:—A man, aged 50, traveller to a wine-merchant, was treated for a fortnight for pleurisy of the right side. The dyspnoea was very urgent, and he gradually sank. On a *post-mortem* examination, there was found acute pleuritis of the right side, with copious albuminous effusion; also intense pericarditis, with solid deposit and sero-purulent fluid; lungs healthy, but compressed; liver hard, irregular on the surface, cirrhotic; left kidney large, lobulated, and much mottled; right kidney absent, only a mass of cellular membrane found in its place; urine found in the bladder highly albuminous. The disease of the kidney no doubt disposed to the inflammation, and made it more intractable.

Calculus.—On the 16th of February, 1848, Mr. Walford presented a large calculus of lithic acid, taken from the right kidney of a patient from whom he had removed the large spleen exhibited at the last meeting.

Mr. Dunn also presented a calculus, taken from a patient in the hospital, by Mr. Maurice, (weight, one

ounce and ten grains,) consisting of lithic acid, with a coating of oxalate of lime.

VII.—FEVER.

Typhus.—There is but little to introduce to the Society on the subject of fever: one isolated case only stands recorded. On the 22nd of March, 1848, Mr. F. Bulley was called to a case of typhus fever, which he treated in part on hydropathic principles, and the patient recovered. Dr. Cowan made some valuable remarks on the cold-water system. He thought that the advantages of hydropathy were much exaggerated, and that the cures attributed to this system, might fairly be traced to the change of air, scene, and other circumstances into which the patient was thrown, and in fact, that the cold water had but little to do with the success of the treatment.

VIII.—MALIGNANT DISEASES.

Several interesting cases of malignant disease having occurred during the year, I have thought it better to arrange them under a distinct head.

Cancerous Tumour in the Posterior Mediastinum.—On the 19th of April, 1848, Dr. Cowan mentioned the case of a female, aged 56, plethoric, rather healthy in appearance, who was admitted into hospital on the 11th of March. Her complaint commenced with a dry hacking cough. Puffiness of the face, hands, and neck, had been noticed for the last six weeks. She had sickness, with regurgitation of food when coughing. On admission, she exhibited a congested state of the jugular veins, without pulsation; heart regular in action; no oedema of feet and legs; intense bronchial character of the respiration between the shoulders; parenchyma and lungs healthy. The only sign of disease was obstruction of the circulation in the heart, increased by decubitus. Two views might be taken of this case: either there was aneurism; or some tumour in the posterior mediastinum, pressing on the veins. Temporary relief was afforded by cupping and other remedies. She was seized on the 15th with greater difficulty of breathing and fainting, from which she was rallied by stimulants, but died on the 17th. On a *post-mortem* examination, a tumour of a malignant character was found arising from the bronchial glands, passing down to the right side of the trachea, pressing on the œsophagus behind the heart, compressing the vena cava superior, and taking the course of the right bronchus, through the base of the right lung and diaphragm, into the liver. The liver below and the lungs above were intimately adherent to the diaphragm, which had also degenerated into the same kind of morbid structure. Dr. Cowan founded his diagnosis on the peculiar respiration heard between the shoulders at the base of the lungs.

This was the fourth case of malignant disease in the posterior mediastinum which had occurred in his practice, and they all presented nearly the same symptoms.

Scirrhus of the Œsophagus.—On the same evening Mr. May presented a case of malignant disease of the œsophagus, which occurred in a female aged 68. The complaint began four months ago, with difficulty of deglutition. The case was so well marked as to

preclude any curative attempt. Temporary relief was afforded by blisters. About three weeks before her death, she complained of dyspnoea, which gradually increased till death took place by apnoea. The autopsy discovered a mass of scirrhus deposit in the upper portion of the œsophagus behind the larynx.

Scirrhus of the Liver.—Dr. Cowan mentioned another case of malignant disease, in a woman who had been out of health about two years. Three weeks before death, her medical attendant noticed a tumour of the liver, which appeared to be of a malignant character. Neither dropsy nor jaundice were present, nor any other symptom but the general characteristic condition of the system. The *post-mortem* examination discovered a large scirrhus tumour of the liver. The great value of the diagnosis in these cases is the determination of the line of treatment necessary to be pursued, and the abandonment of all useless remedies.

IX.—SURGICAL DISEASES.

The last class of cases I have to record are the surgical or accidental.

Pistol-shot Wound.—On the 25th of August, 1847, your reporter presented a specimen of bone, taken from the skull of Mrs. C., who eight years ago was wounded in the eye by a pistol-shot. She came under treatment some months since, suffering from great debility and general derangement of health, and an acrid discharge from the right eye. She died at the end of July. On examination after death, the eye was found collapsed, the brain softened, and the optic nerve wasted. There was a slight projection of bone into the middle fossa of the base of the skull, to which the brain and membrane were adherent. The ball was found lodged in the ala major of the sphenoid bone, just beneath the projection into the middle fossa, above referred to. Your reporter read the early history of the case, as given by Dr. Walker, who attended her at the time of the injury, which gave interesting details of this extraordinary case, and explained the doubts and difficulty of ascertaining the true position of the ball, although the impression was that the ball was lodged within the cranium. This case excited some public interest at the time, for the pistol was fired by the husband of the unfortunate woman, and it became the subject of a judicial enquiry at the Abingdon assizes. The man was transported, and owed his life to the doubt as to the pistol containing a ball or not.

Hernia.—On the 22nd December, 1847, your reporter related the case of a female, who ten years ago was admitted into St. Mary's Infirmary, with umbilical hernia, which had latterly increased to an enormous size. She had suffered at various times from symptoms of strangulation, but had lately died from an attack of bronchitis. On a *post-mortem* examination, a large fibrous tumour was found proceeding from the left ovary; this occupied the pelvis, and passed upwards into the abdominal cavity; the intestines were protruded at the umbilical opening, in a large irregular mass; the ascending and transverse colon, with the whole of the small intestines, were contained in the hernial tumour, which was enveloped by peritoneum, thickened in some

parts to the extent of a quarter of an inch, and like fibro-cartilage.

Dislocation of the Spine.—On the 16th February, 1848, Mr. Dunn presented, what he considered to be, a dislocation of the spine, between the last cervical and first dorsal vertebra, in a young man aged 22, who was caught by the smock-frock, and dragged into a thrashing mill. It seemed to be a laceration of the intervertebral substance, but there did not appear to be any fracture of the articular surfaces. Mr. Dunn considered this to be a case of pure dislocation of the spine, though this is denied by most writers.

On the same evening Mr. Shoreland related the case of a soldier, who in a state of partial intoxication slipped from a verandah, ten feet high, but caught by his hands when falling, which gave a jerk to the spine, and fractured the fourth dorsal vertebra. He was taken to the hospital, where he remained till next morning without shewing any signs of paralysis, and he was not minutely examined, it being supposed at the time that it was merely a contusion from the fall. Whilst sitting up in bed and taking his breakfast the next morning, he was observed to have fallen forwards, and on the orderly raising him up, he was found quite dead. On inspection after death the spine was found dislocated, with fracture of the bone. Sitting-up produced a displacement, and fatal pressure on the cord was the consequence.

Operation for Cicatrix.—On the 19th of April, 1848, Mr. May presented Charlotte Taylor, a hospital patient, whom he introduced to the Society on a former occasion, and who had undergone the operation of a section of the skin under the chin, which was drawn down by the cicatrix of an old burn. The girl happening to be in town, called to show herself, and prove the great and satisfactory results of the operation, by which the deformity is nearly obliterated, and there is no appearance of a return of the contraction.

I have now, gentlemen, completed the history of the transactions of our Society during the past year, and though we cannot boast of much that is novel or striking in what has been brought forward, yet, we may safely say that there has been much that is practical and useful.

Let us not relax for one moment in our efforts to advance the standard, and promote the usefulness of our profession. If we can add but one mite to the treasury of medical knowledge, we shall have performed a duty to our fellow creatures, and created a feeling of satisfaction in our own consciences. It is by the interchange of ideas,—by the aggregation and association of talent, that we may hope to increase our professional knowledge, and societies like ours are well calculated to effect this object.

Before concluding this address, I would express the thanks of the Society to Mr. Dunn, for his kindness in undertaking the care of the museum.

I thank you, gentlemen, for your kind and patient attention to this prolonged, and I fear, somewhat tedious address.

OBSERVATIONS ON CHOLERA.

By CHARLES COWAN, M.D., Physician to the Royal Berkshire Hospital.

(Read before the Provincial Medical and Surgical Association, at the Anniversary Meeting, held at Bath, August 16th and 17th, 1848.)

At the present moment, the following non-professional experience on the all-engrossing subject of cholera, drawn up by Lieutenant General Welsh, of the Madras army, a true Christian philanthropist, and a sound observer, will not, I feel sure, be unacceptable. Such evidence has, at all events, the advantage of being free from professional bias, while it essentially confirms the conclusions of the majority of medical writers, as to the cause, progress, treatment, and non-contagious character, of this terrible disease. It has also the strong recommendation that the means so diligently employed were attended with more than ordinary success. To the best of General Welsh's recollection, he thinks that the deaths did not exceed five or six in a hundred, while many medical men were losing from a fourth to one half of their cases. He attributes the favourable result in his own practice to the power of wholly devoting himself and servants to the prompt application of the remedies, and to never abandoning their vigorous employment until life was extinct; and under circumstances similar to those which now threaten us, we must be indebted to reported results more than to theory, for our therapeutics.

Notwithstanding all that has been written, (and it is legion,) we are wholly ignorant of the essential cause of cholera, and our treatment must therefore, necessarily, to a certain extent, be empirical. On the other hand, it is impossible to doubt, that means of the most opposite class have, in numerous instances, proved efficient, and out of the vast mass of information now accumulated, each practitioner must select those processes of cure most congenial to his judgment, and most sanctioned by success. Hence the importance of collecting the experience of individual observers, that some approach to soundness of inference may be secured, from the very extent, if not from the accuracy, of the materials.

The neutralizing power of large numbers over minor discrepancies is well-known, and, on a similar principle, from vague, though widely concurrent, testimony, many valuable practical indications may be deduced. This idea is now receiving a very apt illustration in the pages of our useful and greatly improved Journal, on the important question of the treatment of burns, and we think a similar concentration of experience on the therapeutics of cholera, would equally elicit some interesting results, and greatly tend to settle the general line of practice most prudent to adopt.

Judging from the long ages which have elapsed, there is but little reason to anticipate that we shall ever become familiar with any of the specific causes of