is, doubtless, to distinguish between a mild case of the Indian and a severe case of the English cholera.

In the first stage of Asiatic cholera, or the state of collapse, the general aspect is altered—the body contracted (a man appears to be altogether a smaller man than he was before the attack); the countenance and the eye have lost their expression; the manner is peculiarly piteous and imploring; the voice is husky, with an odd whine; the patient appears altogether helpless; the liver and kidney secretions are arrested, and that of the intestinal canal altered; there is an almost constant oozing of (apparently) serum from the anus; and, whenever I tried it, five grains of calomel taken every four hours had no effect; it was not absorbed, nor did it act on the bowels as a purge. In the second stage, or state of reaction of those patients who recover, they appear, first, feverish; next, the liver begins to furnish unhealthy bile (the first improved appearance in the motions is a dark and afterwards a green color); then the excessive thirst abates, and they begin to take nourishment, to pass urine, and to improve in every respect.

The sign most to be depended upon when a child is attacked, is a blue ring round the sunken eyelids.

Although I may have failed to define the pathognomonic appearances, yet they constitute an alteration from the natural aspect, manner, and voice, which alterations, when once seen, cannot be easily either mistaken for anything else or forgotten.

In the English cholera, though a patient may be upwards of sixty hours without passing any urine, the symptoms and general appearances are very different from those of the Indian cholera.

CASE II.—August 23, 1842.—I was desired to see William Roe, cowkeeper, Babworth, near Retford, who had been affected during the last three days with purging. His skin was cold and dark-colored; his eyelids appeared sunken; his pulse was 60, indistinct; he had frequent vomitings and purgings of a fluid, like thin gruel, without either color or smell; was restless on his bed, as if from exhaustion; his toes, though flexed, yet were permanently drawn upwards and backwards; he had violent cramps in his legs and abdominal muscles; had not passed any urine during the preceding night nor that day; and he was constantly asking in a low, hoarse voice for water. He had opium and stimuli, and turpentine frictions.

24. I had a message from him; "he had not passed any urine, but was rather better."

25. Visited him; found him still stronger, and he had passed (at twice) three or four ounces of urine.

27. Found him recovering.

This man had been working in the harvest field; drinking new ale several days (from the mash-tub); and he had been exposed in sultry weather (under a hedge or a tree) to occasional heavy showers. There was not any appearance in the general aspect, manner, or voice, of the Indian cholera.

I am, Gentlemen,

Yours, &c.,

W. ALLISON.

Retford, Nov. 12, 1842.

CEREBRAL AFFECTION SUPERVENING ON SCARLATINA.

By JONATHAN TOOGOOD, Esq.,

Senior Surgeon to the Bridgwater Infirmary.

I am induced to send the following case, which may perhaps be worth a place in the Journal at a time when scarlet fever so generally prevails. I regret very much that the state of the urine was not carefully noted at the time, which would have rendered the case much more interesting:—

A boy, aged eleven, had scarlatina mildly, on the decline of which he took several doses of purgative medicine. Three weeks after, he was affected with slight anasarca of the face, swelling about the throat and left ear, for which he was ordered fomentations and a dose of calomel, which operated freely; but during the whole of that day he was sick, vomited several times, and complained of headache. On the following morning the pain in the head was much increased, his vision became very indistinct, and he was comatose. His pulse was slow, soft, and languid, and he was observed occasionally to be affected with spasmodic twitches. Local bleeding and cold applications were directed. Four hours afterwards the coma had much increased, he became quite flexed, and had a violent convulsion. At this time the pulse was small, slow, and languid. He was bled from the arm to ten ounces, the head shaved, and a dozen leeches applied. He had no other convulsion, but the pain in the head still continuing, and the blood being much buffed and cupped, six ounces more were taken at the expiration of five hours. During both bleedings, the pulse rose both in strength and frequency. Cold applications were constantly applied to the head, and two grains of calomel directed every three hours. On the following morning he was quite sensible, the sight was restored, but he still complained of some pain in the head; this was completely removed by local bleeding and purgatives, and he recovered entirely in a few days.

ACEPHALOUS FŒTUS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—If the following particulars relative to an acephalous child should be considered sufficiently interesting, I beg you will give them insertion in the "Provincial Medical Journal."

Yours obediently,

JOHN WICKENS WEST.

Poole, Oct. 29, 1842.

On the 25th instant I was sent for to attend a woman of the name of Rigless, aged forty-seven, in labor with her tenth child. In all her previous confinements she employed a midwife, and gave birth to nine living children, all well formed. In the early part of her last pregnancy she experienced a severe fright, and was consequently under great apprehension that all would not go on well with her; she, therefore, was anxious to employ a medical man. Until ten days previous to her labor, she felt the movements of the child, but since then they ceased altogether. On the night of the 25th she was taken in labor, and I was