of Dr. Stewart's pamphlet both on the philanthropist and the profession; and if the abuses complained of really exist, and we believe that they are not over-stated, medical men, who are both the tools of the system and the sufferers by it, should not be the last in demanding its reform.

INQUIRY ON CHOLERA.

(No. II.)

By THOMAS HUNT, Esq.

THANKS to the ready response on the part of several members to the appeal inserted in the *Journal* of the 12th December, and to the indefatigable perseverance of our valued President, Dr. Hastings, whose efforts in eliciting reports have been unremitting and not unsuccessful, the inquiry on cholera does not sleep. The reports, though few in number, are full of interest, and it is difficult to select from any of them without appearing to disparage others. On almost all points of dispute they abound with conflicting evidence to such an extent, that one conclusion only can at present be arrived at, viz., that those practitioners who have formed hasty opinions, and have shewn great zeal in promoting their adoption, will, for the most part, find sufficient reason to regret their rashness; and this applies to almost every point, both of theory and practice. The following selections are quoted rather for the purpose of awakening attention to points of peculiar interest, than as proving anything. The exemption of certain cider districts from the cholera is one of these points. In the report of Dr. LINGEN, already quoted, the county of Hereford was stated to be pretty generally exempt from the disease. The publication of this fact has called forth an interesting reply from Dr. WALKER, of Teignmouth, who, having only negative facts to communicate, would probably have been silent but for this announcement.

The following facts are stated by Dr. WALKER:—“1. Teignmouth and its immediate neighbourhood have been entirely exempt from the cholera, both during the present visitation and in that of 1832. 2. During the months of July, August, and September, diarrhoea was very prevalent in this town, but in my experience it presented only the characters of the ordinary autumnal bilious and mucous disorder. About the same period small-pox, and afterwards scarlet fever, were very prevalent, and fatal.” 3. Cider is the common drink of the farm servants and labourers.

Dr. WALKER mentions other circumstances which have a bearing on the question of exemption, and to these allusion will be made hereafter. He adds—“I refrain from theorizing on the above facts, or offering any conjecture as to why this neighbourhood has been so entirely free from cholera, whilst Torquay and other places in the vicinity have been severely visited. I will only venture a remark on your interesting query re-

garding the prevalent opinion as to the propriety of a strict abstinence from fruits, and drinks, and even vegetables, in those who are exposed to choleraic influences. I have never observed, nor do I think it is true, that a moderate use of ripe fruits and indigenous vegetables, when in season, is productive of a predisposition to the disease. It is my opinion that a more free employment of these substances than is customary with most persons, would be found beneficial, both in health (or what is usually called so) and in some impaired states of the digestive organs. That which is the most judicious diet at ordinary times, is probably so during the prevalence of cholera. The due action of the bowels which the articles in question are calculated to encourage, even to a slightly relaxed state, may perhaps be salutary in that condition of the atmosphere which is supposed to exist during cholera epidemics. Most persons who have been living in localities infected with the disease, have experienced such a lax state of the system. May not this have been conducive to our safety? If persons so exposed are breathing a tainted atmosphere, and imbibing a poison into the blood, as appears most probable, may it not be that its gradual and continued excretion by means of slightly increased alvine discharges, (not allowed to go too far) is its proper and salutary mode of diminution, by which its dangerous accumulation in the system is prevented?”

The writer having adduced a few isolated facts negatively supporting this hypothesis, refers to a remarkable passage in a recent review (see No. 7 of the *British and Foreign Medico-Chirurgical Review*, p. 120,) of a work by Professor Lauzer, of Naples, as follows, viz., “At Naples it was observed that those suffered most (from cholera) who had restricted themselves to certain articles of diet, and especially those who persevered in eating only farinaceous substances and beef.” To this I will add one fact coming under my own observation, viz., that a family of eight persons, residing in an infected district, partook largely of fruits, vegetables, and cider during the last autumn, and not one of them had so much as a diarrhoea; whereas one of the servants of the household, who abstained from these articles, suffered an alarming attack of diarrhoea. Of course there is no conclusion to be drawn from these few facts, but the subject of prophylactic diet is introduced for two reasons:—1st. It appears to me to have been too much taken for granted, without doubt or disputation, that vegetable acids are harmful and dangerous in cholera times; and it is clear that the question admits of as much doubt as any question connected with the subject. 2nd. It is hoped the raising of the question will elicit more returns from the cider districts, and that such returns will allude to the consumption of cider.

Dr. STRANGE, of Bridgnorth, has kindly favored me with a report, embracing among other points the facts connected with the correspondence of the author with Dr. BELL, as published in the *Journal*. It appears that at Bridgnorth no epidemic diarrhoea was prevalent anterior to the bursting out of the cholera, although there were other premonitory symptoms, as described

by Dr. Strange in the *Journal*, Nov. 28th, 1849. There were likewise a few cases of severe bilious diarrhoea treated at the same time; early distinguishable from the more true though slight symptoms of the real disease."

An important question is therefore now open, which until very recently has scarcely been mooted out of the Association, viz., whether the diarrhoea so frequently prevailing contemporaneously with the cholera,—and which as frequently proved fatal, *per se*—be a mild form of the cholera, depending upon the same influences and tending to the same crisis, or, whether it be essentially a different disease, rather preventive of cholera than conducive to its development. This will be seen to be one of the most important questions connected with the subject. It is included though not formally stated, in the queries; and it is hoped it will not be overlooked in the replies which may be yet forthcoming. The subject is just now being discussed in the pages of the *Lancet*.

DR. JOHNSON, of Shrewsbury, details some interesting facts relative to the outbreak of the cholera in that vicinity. "The cholera first made its appearance in this neighbourhood at the House of Industry, Kingsland. Its outbreak was attended with some remarkable circumstances. On the 24th of July, the intelligent surgeon of the establishment (Mr. Keate) assured me that the House was particularly healthy, and it was remarked that day how few inmates required professional aid. The very next day, viz., July 26th, early in the morning, the disease broke out in the wards, and in the course of a few hours many others were seized almost contemporaneously, and many of those seized died. It was not confined to one ward of the House of Industry, but almost at the same moment, inmates of the Lunatic Asylum occupying the other end of the same building were attacked, as if a noxious blast had passed through the whole building and affected the predisposed. It is curious also that the greatest number of deaths was within the first three days of the epidemic, viz., on July 26th, 27th, and 28th. In the House of Industry there were forty-five cases and twenty-eight deaths. In the Lunatic Asylum thirteen cases and eleven deaths. In these establishments there is no local impurity of the air, as discoverable by the senses, which does not exist in thousands of habitations where no cholera has appeared. The House of Industry stands high and dry, is removed from the town, and is clean and well-ventilated." Dr. Johnson adds, "I was told, that just as the disease broke out at the Cross Houses, (Atchan Union,) the potato tops in an adjoining field were all turned black in one night, and in a narrow strip all across the field, as if by a blight. The appearance had gone off when I went to see the spot. The sudden way in which the disease broke out at the House of Industry just resembled this."

My object in quoting the history of this remarkable outbreak of the disease is to elicit similar reports from other quarters. It is plain that such events as these must have an influence in determining the doctrine of contagion, even if they be rare exceptions to the general

commencement of the epidemic. It is hoped that this case will attract the attention of Dr. Snow and others who have adopted the contagious theory of propagation, as it appears at first sight difficult of explanation on any such hypothesis. At the same time it may be right to mention, that many facts are contained in other reports which seem to favour the opinion that the disease is personally transmissible from one patient to another. On these and other points, however, negative facts are as valuable as positive, and even more so, especially the fact of exemption, of which I solicit every possible account; and, perhaps, I may be allowed to request a more correct description of the geology of the exempted places. At present the *red sandstone* formation appears to have had the advantage. I will add at present only one additional quotation, from the responses already received. It relates to the treatment.

DR. TOPHAM, of Wolverhampton, relates that in about one hundred cases, more than half of which were fatal, all kinds of treatment failed; but that croton oil, in large doses, was the most successful. I may add, that the rise and advance of the disease in Wolverhampton had very much the appearance of a contagious disease, until all traces of contagion were lost in the general prevalence of the epidemic.

Bedford Square, Jan. 1, 1850.

P.S.—Although it was requested that reports should be forwarded, if possible, before the 1st of January, there is no intention of closing the inquiry at present.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.*

JUNE 7TH, 1849.

MR. RUSSELL IN THE CHAIR.

Bladder greatly dilated and hypertrophied, from very old and firm strictures: kidneys healthy.

DR. RUSSELL narrated the history and particulars of the following case:—

Wm. Grove, aged 44, bricklayer, a large and stout but unhealthy-looking man, came under my care at the Birmingham General Hospital, May 5, 1849, suffering under an attack of cystitis. I gained the following history from the sources referred to:—Has not been very intemperate, though he has drunk rather freely at times. He had gonorrhoea very severely about twenty years ago, from which he dates the commencement of his troubles. His wife tells me that he had difficulty in making water as long ago as seventeen years; and a stricture seems to have existed so long as twelve years ago. Bougies were passed. He neglected himself almost entirely, but during the last two years he came occasionally under Mr. Clarkson's care, with temporary attacks of intense lumbar pain, and difficulty in passing water, with constant dribbling and greatly