way so competent, not only to prosecute the examination, but also to communicate its results to the profession. The present treatise consists of two parts, the first of which comprises the pathology and psychology of scrofula, with introductory physiological remarks, necessary to the clear comprehension of the facts therein propounded by our author. The second division comprehends the semeiology, etiology, therapeutics, and cure of consumption, and is illustrated by a number of cases of great practical interest. The pathology of scrofula and consumption have occupied, apparently, the attention of Dr. Addison for a considerable length of time, and he has evidently devoted himself with great ardour to the elucidation of this difficult subject. His opinions are valuable, not only *per se*, but as confirming or disproving those of Laennec, Louis Carswell, and Andral, who, as is well known, have differed considerably in their views as to the intimate nature of tubercle.

According to the researches of Dr. Addison, tubercles have been found, more or less abundantly, in *one-third* of the number of lungs, apparently healthy, which he has examined with the microscope. This is a much higher proportion than is usually supposed, and if confirmed by an extensive series of investigations, in distinct localities, would confirm the hypothesis, that the presence of tubercles does not necessarily interfere with the proper functions of the lungs.

In the small space which can be devoted to a review, in this Journal, it is impossible to enter into the physiology or pathology of the subject, and we have only room for a brief notice of the therapeutics and cure. Here Dr. Addison rests all his hopes upon *prevention*, believing that, when granulations, tubercles, and cavities co-exist, the best devised methods of *cure* are not to be relied on. It must be observed, however, that this treatise was written, and indeed published, before cod-liver oil had been extensively used in the treatment of phthisis, and, therefore, no notice has been taken by Dr. Addison of that remedy, which, we venture to hope, will be found to answer the expectations of those who have used it. In this respect the treatise is, necessarily, incomplete, but in all others we can strongly recommend it to those who have not hitherto perused it.

INQUIRY ON CHOLERA.

(No. V.)

By THOMAS HUNT, Esq.

MR. BLOXAM, of *Newport, Isle of Wight*, has not only reported his own experience in cholera, but has taken the pains to collect information from others in his own neighbourhood. His report is full of interest on several points, and as it cannot easily be condensed without serious damage, it is here presented entire.

“Newport, Isle of Wight,

December 19, 1849.

Sir,—I herewith forward to you replies to the questions published in the *Provincial Journal* on the subject of cholera. From the tenor of the inquiries I conclude that some statement may be looked for on many points of the inquiry, although I should have had no cases under my own immediate treatment; I have therefore put myself to some trouble to collect information from those who were principally concerned in treating or otherwise watching the cases in question, which occurred in this neighbourhood. I have met, however, with various obstacles to making out anything like a complete history of the subject. One great difficulty is that of drawing the line between cholera and other cases. I find that the cases reported or registered as cholera, are not all such in fact, according to the definition given in the *Provincial Journal*; and that in some cases it was not known at the time whether the rice-water evacuations existed or not, and it is now impossible to ascertain whether some of the cases that have been reported to me, had this peculiar symptom or not. Only one case came under my care, to which I should myself give the name of cholera. In this case, when I first saw the patient, there was frequent vomiting of a transparent and nearly colourless watery fluid, without any white particles in it; a watery fluid was also constantly running from the bowels, without any power of controlling it; whether there were any white particles in this discharge or not, it was impossible to say positively, but I believe the case to have been one of those in which this particular appearance is not exhibited. The patient died in twenty-five hours from the first attack. I believe myself that this case, considering all the symptoms, ought to be called cholera; I feel satisfied that cholera, (according to the definition) more nearly resembles, or in its nature is more nearly allied to, such cases as this, than these cases are to any other disease of this country. I will not, however, stop to argue this point of nomenclature; I believe such cases were frequent *during* the cholera epidemic, or that several of those included in the list I have of cholera cases, may have been of the same description, although it is impossible to say which of them. Under these circumstances, I am obliged to take the list as it is given to me, and you must determine for yourself, what value to attach to the report built upon it.

1.—This town did not remain altogether unvisited by

the cholera in 1832, and as the history of the visitation is somewhat remarkable, I beg leave to refer you to the foot of page 246, in the first number of the *British and Foreign Medico-Chirurgical Review*, for the circumstances which may be supposed to have protected the spot from further mischief, as well as for the origin of this visitation, as referred to in question 10.

2.—I have not had more than one case under my own care, and that one was fatal.

3.—The first case that occurred in Newport or its immediate neighbourhood, was on July 9th, the last case was on October 26; one case only having occurred after September 14. The first case was the first that occurred within five miles of the town; and indeed, two or three seamen that were put on shore at Cowes, labouring under the disease, were the only cases that had previously occurred in the island. On July 9th a man came to this town from Portsmouth, where the disease was prevalent, he himself suffering from it on the journey. Ten hours after his arrival in Newport, he was removed to an isolated building, and died fourteen hours after the removal. On July 13th, a child about three years old was attacked with the disease in the same street. It is important to understand the nature of the spots in which those cases occurred, and also their relative position to one another. The street, (South-street,) was then undrained, the houses, for the most part, dirty, and crowded with inhabitants, of a low description. A large proportion of the cases that ultimately occurred in the town, occurred in this street. The subject of the first case, however, resided in the best part of the street; he was on a comparatively elevated spot, amongst the best of the houses, with the open country in front, there being at this, as well as the greater part of the street, houses only on its north side. The second case occurred in a small very crowded court, called the Tontine Yard, distant 180 paces from the site of the first case. It has been argued that the second and subsequent cases were to be attributed to contagion, resulting from the first case; but I have not heard that there was any direct communication between the parties of the first and other cases. On July 14th, two other cases (age about 2 or 3) occurred in the same yard; and on the 21st eight cases had occurred in the same place, and seven out of the eight proved fatal. One of the number proved fatal in seven hours, one in twelve, one in fourteen. The duration of the others is not recorded, and they were probably not so speedy. On the date, July 21st, ten other cases had occurred in other parts of the town, and three of these in the aforesaid South-street; one of them on the 14th. The evacuations of these cases in the Tontine Yard, were examined by the medical gentleman who attended them (Mr. Waterworth,) and he describes them as having the true rice-water appearance.

I have returns of eighty-two cases in Newport, and forty-two deaths; and, although my list is not quite complete, I have reason to believe it not very defective. The number of severe diarrhoea and analogous cases, would be very much more numerous. The population of Newport, according to the last census, amounted to

4052. The town is built on a clay soil, in a low situation, with the principal river of the island running through it. It is not generally considered a healthy spot.

In the village of Carisbrook, which is one mile distant from Newport, there were seven cases. All these commenced and terminated within the period of one week: they all terminated fatally. The seven persons had all eaten of some stale cow-heels, and, with one exception, it seems that they all died within forty-eight hours of the time of eating this food, and all with symptoms of cholera. After careful inquiry on the subject it does not appear that any other person in the village than these seven, ate of this food, with the exception of one child, and she ate very sparingly of it. I also find, that no other person in the village than these seven, had symptoms of cholera. I felt it to be very desirable to ascertain what the nature of the evacuations was in these cases, but it was not known in more than two of the number. In one, so much of the evacuations as was seen, was not of this nature; in the other I am positively informed that the evacuations had the rice-water appearance, several of them having been examined. These cow-heels had been the property of a man who died in Newport, after a short and violent attack of cholera. Two women who laid out his body, and a third who washed his clothes, died after a short illness from cholera; and it is supposed that they had eaten of the cow-heels, though the fact is not known for certain. The articles were sold at a low price after the man's death.

Another distinct set of cases, which are included in the list for Newport, may be worthy of a separate notice. A man reported to be of drunken and dissolute habits, who lived on some marshy ground, near to a stream of water, indulged to an imprudent extent in eating and drinking, on the evening of July 24th, crab forming part of the meal. He was soon after this attacked with symptoms of cholera, having for four days previously, however, had some disorder of the bowels. He was removed to his parent's home and died on the 25th, seventeen or eighteen hours after the setting in of symptoms of cholera. On the 30th of the month, four other inmates of the house had taken the disease and died of it. The house in which this happened, was one in a row of houses on one side of the high road, just beyond the limits of the town. The row is not crowded with inhabitants, nor are the inhabitants of a low or poor description, and there had not previously been any cases of cholera in the immediate neighbourhood. The ditch, however, by the side of the road, was the only drain that the houses had the benefit of, and it was often observed to be offensive. Each of these five cases was attended with the rice-water evacuations.

4.—During the progress of the disease in this town, inquiries were carefully made, as to the local circumstances of the neighbourhood where each case occurred, and it was stated, that, almost invariably, there was some impurity found to account for it. I think, however, that in some instances, the impurity was of no

very aggravated nature; but, on the other hand, I should think there was not one case occurred in a really well-drained and well-ventilated dwelling.

5.—The cholera was accompanied with the milder forms of disease in great numbers. I am not aware that typhus was by any means prevalent, during the presence of cholera, but the cases of typhus became very numerous on the subsidence of cholera.

6.—The attacks appeared to be little or nothing influenced by age, sex, or occupation. With very few exceptions, the cases were amongst the poorer part of the population; they were frequently traceable to intemperance, fear, or gross errors of diet. In one of the exceptions just alluded to, I believe the disease to have been produced more by fear and expectation, than by anything else.

8.—I am not aware of any peculiarity as to the symptoms or malignity of the cases.

9.—I am not aware of any such exempting circumstances.

10.—I have not made any inquiry as to the quantity of ozone in the air, but there are some other conditions of the atmosphere on which I can give some information. I will first refer to the month of July, as it was in the early part of this month that we were invaded by the epidemic, and I will then take a few days, which are of peculiar interest, inasmuch as that they are connected with the first cases, and also include a period, during which, the disease showed peculiar energy.

The height of the barometer is taken every day at 9 A.M., and the reading corrected, in the several respects required for perfect accuracy. The mean height, as ascertained in this way, for the nine years preceding the present, is 30.000, whilst that for the month of July is 30.045, and that for July, 1849, 30.037. If I take the highest point attained in each July, for the same period of years, the mean of these terms is, 30.386, the corresponding term for 1849, 30.457; the lowest points, taken in the same manner, are respectively, 29.630, and 29.583, so that the barometer rose more than ordinarily high, and fell more than ordinarily low, during July last; the range between the two points being, in the one case, .765, in the other .874. The mean change in the height of the column, from day to day, was greater than that of the preceding years, in the proportion of .142 and .130; but, although the barometer appears thus to have been unsteady during the month, it was not subject to violent changes, for if we take the greatest change that occurred in each July of the preceding years, the mean of these is, .401, whilst the greatest change, last July, was .356; it must be borne in mind, however, that this refers only to the readings at one hour in the day, the changes that take place at other hours of the day not being noticed in the calculation; but it may as well be stated, on the other hand, that if any remarkable change is observed at any time of the day, I note it in the journal, and there is no such note last July.

The mean temperature for July, calculated upon the same period of years, is 62.8, that for July 1849. 62.2.

Taking the highest temperature that occurred each July preceding, we get a mean of 81.3, whilst that of last July is 79, and the lowest readings are, 42.6 and 39; the month, therefore, appears as yet to have been remarkable for the coldness of the nights rather than for the heat of the days, and the thermometer never through the month attained any unusual height; but these calculations are built upon the readings of the thermometer, kept, as is usual, in the shade; and I have for some years kept a thermometer enclosed in an air-tight box, exposed to the full influence of the sun—a situation where may be obtained a much better indication of the temperature we are subjected to. The thermometer thus placed rose daily in July on an average, during the five preceding years, to 82.9, and in July, 1849 to 84.0; whilst the average minimum height attained, in the former period, was 66.0, and the minimum in the latter period was 69, so that, taking the month through, there was an excess of heat during the day—the heat of clear sunshine, it should be remembered—and also an excess of cold in the night. This point may be further illustrated by taking the daily difference between the maximum and minimum, by the thermometer in the shade; the mean difference for the preceding years is 19.8, for the present year 22.0; the mean of the greatest differences observed formerly, and the greatest now, is 31.0 and 32, whilst the mean of the smallest differences formerly, and the smallest now, is 6.6 and 11, so that it becomes very evident that the nightly fall of temperature was great through last July. And this fact would probably have been still more conspicuous, if calculations had been made, with the assistance of night thermometers, subjected to the full influence of radiation, which mine are purposely screened from.

I make observations with the hygrometer (Daniell's) daily, at 9 A.M., and have eight years to refer to for the former period. The mean dew-point, for the former and latter period, is 54.3 and 52.7, the mean of the highest, formerly, 62.4, the highest, latterly, 60; the mean of the lowest, formerly, 45.9, the lowest, latterly, 44; the mean difference, formerly, between the dew-point and temperature of the air was 10.6, latterly 11.6; the mean of the greatest differences, formerly, was 16.4, the greatest, latterly, 18. Thus it appears, that the air was in an unusually dry state during last July.

I now proceed to show the peculiarities of a limited portion of the month,—that portion which is rendered interesting by the commencement, as well as by the virulence, of the epidemic. The dates now given should be compared with the dates formerly given, in referring to the early cases. The mean height of the barometer for the five days, 6th—10th, was 30.267; on the 10th the height of the column was 30.457; and then on each of the following ten days a fall was observed; and on the 20th the height of the column was 29.638.

I will now give the thermometrical observations of the nine days, 12th—20th; and as this period is just about the middle of the month, I will compare the

statements made with corresponding terms, calculated upon the whole month, for preceding years. The mean of the maximum readings for the period specified in last July, was 74.1, the ordinary amount being 72.0; the similar terms, as ascertained by the thermometer in the sun, were respectively, 87.1 and 82.9. The mean fall of temperature each night was 22.8 and 19.8.

The mean dew-point for each occasion was 52.3 and 54.3. The difference between the dew-point and temperature of the air, 12.2 and 10.6.

From the 5th to the 16th there was not a drop of rain.

I fear this statement has become somewhat lengthy, but I think it will suffice to show that meteorological peculiarities existed contemporaneously with the appearance of the epidemic. Some peculiar state of the elements was strongly indicated by the barometer; and if it might be said that this indication alone would not enable us to anticipate the effects that would result as to health, the same cannot be said of the thermometric and hygrometric peculiarities, especially if it be considered that the attacks usually commenced a little before day-light, where the depression of temperature would be at its greatest. This hour of attack was observed in the cases generally, and in all the five that were specially alluded to in the neighbourhood of Newport.

13.—It did not strike me that any *one* mode of treatment in these cases alluded to was more particularly successful, nor do I think that any was calculated to be so. Some of these cases appeared to me to depend on fear and apprehension, and it seemed that anything which inspired the patient with a feeling of security and confidence was sufficient to effect a cure. Other cases I thought dependent upon some impairment of the nervous function, the sympathetic being probably the system principally concerned; and these, I thought, were materially benefitted by the exhibition of ammonia, combined with citrate of ammonia. Other cases again seemed to depend upon irritating matters in the alimentary canal, or some derangement in the functions of the chylopoietic viscera; the former I did not hesitate to treat with aperients, in moderate doses; the latter I thought were greatly benefitted by treating them with ammonia and magnesia.

14.—My own impression is that there is no one means that will prove generally very efficacious in preventing the spread of the disease. I do not by any means imagine that nervousness, fear, or expectation are alone the causes of the disease, but I think that any measures which give encouragement to these depressing agents will prove injurious, although, independently of this effect, they may be calculated to do good. I think that inducing people to be prepared with some remedy (which they are to use upon the first notice of the disease) which they are to take, in case their bowels should act once more in the day than they are accustomed to do, and thus setting everybody on the perpetual watch for some intimation of the approach of the dreaded enemy, and teaching them to

regard so simple an event as must probably have occurred to every one at some time during the existence of the epidemic, as a token of its actual presence, was calculated to do, and in fact has done, immense mischief. I do not know whether such a system would, in other countries, inspire confidence and calmness of mind, and thereby do good, but I think that in this country it created dread and despondency, and a nervous watching for the disease.

15.—I think that the measure here referred to will prove beneficial when the parties concerned approve of it, and think it a security, and *vice versa*. I think, however, that it is a mistake to attribute the disease to any one cause;—meteorological phenomena,—the state of mind,—the bodily health,—the description of food that parties are subjected to,—exposure to atmospheric vicissitudes,—local impurities and infection, most probably all play their part, though not all together; and when impurities, for example, happen to play a prominent part, great benefit, most probably, will be derived from the removal of the population from their neighbourhood.

I may further state that Carisbrook is on a somewhat higher level than Newport, and is built upon chalk; it is generally considered a healthy place.

I am, Sir, your obedient Servant,
JOHN C. BLOXAM.

An inquiry into the laws which regulate the erratic course of cholera, in order to be in any degree successful, must necessarily embrace meteorological observations; and it is hoped that the important peculiarities recorded in the foregoing valuable document will excite attention and elicit other reports on the same topic.

Bedford Square, March 8, 1850.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

Varicose aneurism of profunda femoris at its origin, from a large ulcerated communication between femoral artery and vein, just at the giving off of the profunda, following upon deligation of femoral artery for aneurism; the operation followed by three attacks of severe hemorrhage after the separation of the ligature; extreme disease of aorta: death from pleuritis and pericarditis.

Mr. ALFRED BAKER narrated the following case to the Society:—

For the report of the case previously to the patient coming under his care on November 10th, 1848, Mr. Baker was indebted to the kindness of a friend who had charge of the man after the operation of deligation. February 20th, 1844.—William Baldwin, aged 41, a strong healthy-looking man, formerly in the army, but at present a porter. He states that it was about