These measures, it is to be understood, are applicable only to the milder varieties of this disease. When symptoms of a more aggravated nature are present, removal from home and its associations, with complete separation from family and friends, becomes necessary. Here again removal to an asylum is *by no means* necessary with those who can meet the expenses of other measures, which are thus related in the work before us:—

“It is obvious that in numerous cases it is not always feasible to provide for the due care and management of a patient, particularly when noisy and violent, in the house where the first outbreak of disorder has taken place. Removal is indispensable, and as the door of the hotel and the private lodging-house are apt to be found closed against the admission of a raving madman, it is as well to make it understood that there is still one shift left before the regular lunatic asylum is resorted to as a matter of necessity. Many of the London medical men, connected with lunacy practice, have at command, or know where to point out some quiet domiciles unconnected with any large establishment, in which patients can be received with the requisite privacy, and remain until the period of their convalescence. Such cottages may be found in the neighbourhood of the Regent's Park, and other convenient localities within an easy distance of London; and no doubt the like accommodations are to be met with in the vicinity of most large cities. They are in fact what they are frequently termed—mad lodgings.”

III. *The law of lunacy.*—In connection with some observations which, in our number for the 20th of March last, we made commendatory of the present law of lunacy, we would now conclude our extracts with the author's observations on this subject:—

“By the Act which now controls the controller of the lunatics—*costodit ipsos custodes*—the establishment of a standing body of Commissioners is confirmed for the purpose of carrying into effect the provisions of the new laws connected with the personal treatment or detention of the insane, which provisions have of late years been repeatedly modified and altered as deficiencies have become apparent or improvements been suggested. The more immediate jurisdiction of the Commissioners is within a circuit of seven miles round London; but their duties carry them in the course of the year through the whole of England and Wales. They have the power to grant, withhold, or revoke the licences—without which insane patients cannot legally be received into any private establishment—to visit such establishments without previous notice by day or night, to examine patients and order their immediate release if they think fit, to institute criminal proceedings against any persons—either principal or employé, who illtreats or neglects an insane patient under his charge,” &c., &c.

“All these wise and judicious regulations are now carried into effect in a business-like and methodical manner, and whatever yet may remain to be done, there

can be no doubt that through the instrumentality of Parliamentary interference, an immense amount of benefit has been conferred on society within the remembrance of most of us, both in alleviating the sufferings of the insane, and in preventing those to whom that phrase is of doubtful application from being detained in durance, as was formerly too often the case, during the entire term of their existence.”

INQUIRY ON CHOLERA.

(No. VIII.)

By THOMAS HUNT, Esq.

An Account of the Epidemic of Cholera in some of the Towns of East Kent during the year 1849.—Communicated by JAMES REID, Esq., Canterbury.

THE following report is intended to give an account of the attack of cholera during 1849 in some of the towns of the eastern division of Kent. The materials for drawing it up have been kindly furnished by medical men who resided in the several towns, and who had personal experience of the epidemic. The original design had been to give a history of the arrival and spread of the epidemic, with the destruction it produced in this division of Kent. The required information not having been obtained from some of the towns before it was necessary to draw up the report, in order that it might be added to the inquiry carried on by the Provincial Medical and Surgical Association, the first intention was obliged to be abandoned.

(An account of the attack of cholera at Canterbury has been given in the *Provincial Medical and Surgical Journal*, No. 10, 1850.)

The cholera appeared in July, 1849, at Faversham, a market town about nine miles to the west of Canterbury. The population of the town at the last census was estimated at 4040. The country around is flat, being for the most part a rich loam, which is highly cultivated; a part extending towards the Swale is marshy.

Mr. W. P. Hoare, a surgeon of the town, and one of the union surgeons, gives the following report of the attack of cholera:—

“Our first case of cholera occurred on July 14th, the patient, (a travelling woman,) being seized on her arrival from Canterbury. The next, (on July 16th,) was that of a labourer in a neighbouring village, the premonitory symptoms having appeared while he was at work in the Marshes, near Milton, an infested neighbourhood. The third, (on July 27th,) a gun-stock maker, was seized on arriving from Sittingbourne, (near Milton,) and in the house where he lodged a man and two children caught the disease on July 31st. The next case did not occur till October the 7th; the patient was a labourer, working in the town. These seven cases were all fatal.”

Mr. F. F. Giraud reports, that in his parochial district he only had one case, which happened on the 7th of October, 1849, in a female 5 years old. She

had rice-water dejections, cold surface, sickness, but no cramps. The diarrhoea and sickness appeared to yield to small and repeated doses of calomel, acetate of lead and opium, under which treatment she recovered. During all this period diarrhoea of a severe character prevailed, so that few persons escaped an attack, but by prompt treatment it was in every instance easily checked. Mr. Giraud says it generally yielded to the Pulv. Cret. Comp. c. Opio., and if not, to large doses of calomel and opium.

It should be mentioned that cholera had previously existed to a serious extent in Milton, a town about seven miles W. by N. of Faversham, lying in a marshy district.

It appears that the first case of cholera at Faversham occurred in a traveller from Canterbury on the 14th of July. Now, the first case at Canterbury happened on the 15th of July, in the person of a travelling tailor, who must have passed through the neighbourhood of Faversham in walking direct from Chatham. (See Report of Cholera at Canterbury, *Provincial Journal*, No. 10, 1850.)

Cholera appeared at Canterbury July 15th, and subsided in the first week in August. It reappeared in the first week in September, and finally disappeared on the 17th of October. About eighty-two persons were attacked, and about fifty-three died. (*Provincial Journal*, p. 263, 1850.) It will be seen that there was a similarity between the attack at Faversham and Canterbury, inasmuch as between the period when it commenced and when it ended there was an interval during which there was a cessation, though diarrhoea of a severe kind continued throughout.

Three cases of cholera occurred at Boughton, a village between Faversham and Canterbury; the dates of these cases have not been obtained. One died, two recovered.

Cholera likewise prevailed at Whitstable, N.N.W. of Canterbury, during the time it was prevalent at Canterbury.

The disease appeared at Dover shortly after it had developed itself at Canterbury. Mr. E. Sankey has furnished an account. The following is an analysis of fifteen cases occurring in his practice in that town, which are appended to this report. He says:—"Our (his father's and his own) experience is decidedly in favour of Billing's treatment; we did not lose a case after we employed it, and in one instance the patient was in such a state of collapse that I had never seen the most powerful stimulants, external and internal, make the least impression on." The first case reported in this list was on August the 6th, but there were other cases probably before this, and the last on October 12th. The town was visited severely, and the disease continued during August, September, and October.

Dover is sixteen miles S.E. of Canterbury, and at the last census had a population of 13,872. In 1832, when the last epidemic prevailed, the population was 11,924. The disease appeared on the 23rd of June, and continued until July 12th, a period of twenty days. Fifteen cases occurred; ten died and five recovered.

Ramsgate, having a population in 1841 of 10,909 (regular inhabitants,) is seventeen miles E.N.E. from Canterbury, and is placed upon the chalky soil of the Isle of Thanet. Of this town Mr. H. Curling reports:—

"I find that the first case of cholera occurred July 14th, 1849, in a boy aged 10 years, the son of a plumber, and resident in London. He had been in Ramsgate four days, and was attacked soon after returning from a sea trip to Dover, which had made him very sick. He died after forty-eight hours illness. I am not aware if cholera had at that time appeared at Dover. [Cholera certainly did not exist at Dover till after the 19th of July.] The second case was a licensed victualler from London, who had had diarrhoea for some days before he left the town; he was seized with the cholera the evening of his arrival here, and died the following morning, July 19th. A young woman from London, who had been in Ramsgate but a few days, died on the 24th inst. On the night of August 2nd I was called to see three children, residing in a cellar in Portland Court, the resort of tramps, vagrants, Irish, &c. On inquiry I found six more, ill with the disease. Diarrhoea at this period was prevalent in every part of the town, but the cholera was confined, with only one or two exceptions, to the low neighbourhood adjoining King Street."

I subjoin the deaths from cholera as registered. Some deaths registered as diarrhoea are omitted, these were chiefly infants.

Date.	No.	Date.	No.	Date.	No.
July 14 ...	1	Aug. 25 ...	3	Sep. 18 ...	1
" 19 ...	1	" 26 ...	2	" 21 ...	1
" 21 ...	2	" 27 ...	1	" 24 ...	1
" 24 ...	1	" 28 ...	1	" 27 ...	1
" 25 ...	1	" 29 ...	2	" 28 ...	2
" 27 ...	1	Sep. 2 ...	1	" 29 ...	1
Aug. 2 ...	1	" 4 ...	3	Oct. 1 ...	1
" 8 ...	1	" 5 ...	3	" 2 ...	2
" 12 ...	3	" 6 ...	2	" 3 ...	1
" 14 ...	3	" 8 ...	1	" 4 ...	1
" 15 ...	2	" 9 ...	4	" 7 ...	2
" 18 ...	3	" 10 ...	1	" 11 ...	1
" 19 ...	4	" 13 ...	1	" 18 ...	1
" 21 ...	1	" 15 ...	1		
" 24 ...	2	" 16 ...	1		

—70

Of these, 16 were visitors, the rest residents, and all of the lower orders. Many known to be intemperate. 34 were males, 36 females. Fifteen deaths were registered from diarrhoea: 7 females and 8 males, but all under the age of 13 months.

The ages of those who died of cholera were as follows:—

Above	2 years and under	5	8
" 5	"	10	6
" 15	"	15	6
" 15	"	20	3
" 20	"	25	0
" 35	"	30	5
" 30	"	35	3
" 35	"	40	4
" 40	"	45	4
" 45	"	50	7
" 50	"	55	2
" 55	"	60	6
" 60	"	70	8
" 70	"	80	4

An Account of fifteen Cases of Cholera, Attended and Reported by E. Sankey, Esq., Dover.

Name.	Age.	Commence- ment of Attack.	Termination of Attack.	Result.	Treatment, &c.
1.—Alex. Somerville ...	55	Aug. 6th	Aug. 15	Well	Cal. and opium and brandy. Secondary fever. Constitution was bad from drinking and long residence in the West Indies.
2.—Thomas Wellard ...	49	Aug. 12	Aug. 12	Died in 9 hours	Cal. and opium, brandy, chloroform, æther, &c., and absorbents. This man had long been subject to diarrhoea and bilious vomiting. Died in nine hours.
3.—Mrs. Waddell ...	—	Aug. 19	Aug. 23	Well	Cal. and opium and effervescent. Not a severe case. Previous history unknown.
4.—Thos. Knott ...	56	Aug. 22	Aug. 23	Died in 5 hours	An intemperate man. Taken ill whilst at work. He was more blue and the cold sweats were more profuse than in any other case. Cal. and opium, stimulants, and hot-bath. He died in five hours.
5.—Mr. Mitchell ...	61	Aug. 27	Aug. 27	Died in 14 hours	Carb. ammonia, hot anodyne fomentation, cal. and opium, and stimulants. Died in 14 hours.
6.—Mrs. Williams ...	60	Aug. 28	Sept. 2	Well	Cal. and opium, and effervescing salines. Suppression of urine two days.
7.—Mrs. Allen ...	30	Aug. 30	Sept. 8	Well	Cal. and opium, antispasmodics. Great tenderness of abdomen, almost amounting to peritonitis, remained.
8.—William Dixon ...	86	Aug. 29	Aug. 30	Died	Died in fourteen hours. Stimulants cal. and opium.
9.—James Gould ...	64	Aug. 31	Aug. 31	Died	Ayre's plan. No opium, or stimulants. Died in fourteen hours.
10.—Fred. Hunter ...	15	Aug. 31	Sept. 3	Well	Stimulants, astringents, and sinapisms.
11.—Mary Hogben ...	48	Sept. 4	Sept. 5	Died in 11 hours	Ayre's plan. This case was like No. 2 as to predisposition. Died in eleven hours.
12.—Aldersley Daughter	17	Sept. 13	Sept. 22	Well	Billing's treatment. Menses suppressed three months after; had only made their appearance once previous to the attack.
13.—Mrs. Gould ...	About 60	Sept. 14	Sept. 22	Well	Billing's treatment, and astringent enemata. The widow of No. 9, living in the same house.
14.—Mrs. Rudney ...	About 50	Sept. 5	Sept. 8	Well	Billing's treatment. This was an unfavourable case, but resulted well; she has a bad constitution, and was under treatment at the time for secondary syphilis. In a state of collapse when first seen.
15.—Mrs. Halke ...	About 50	Oct. 12	Oct. 15	Well	Billing's treatment. This case was rapidly approaching collapse when seen.

Name of Town.	Population at the Census of 1841.	Date of commencement of Disease.	Date of termination of Disease.	Number of days it continued.	Number of Fatal Cases.	Number of Recoveries.	Total number Attacked
Faversham	4040	July 14th	Oct. 7th	54	7	1	8
Boughton	524	...	...	...	1	2	3
Canterbury	15,435	July 15th	Oct. 17th	63	53	29	82
Dover	13,872	After July 19	October	...	...	...	...
Ramsgate	10,909	July 14th	Oct. 18th	65	70	...	...
Broadstairs	1459	August 31st	Sept. 3rd	4	3	...	3
Margate	9464	July 19th	Oct. 5th	47	106	...	...

There are no means of ascertaining the numbers attacked with cholera. My own impression is, that the greater number of cases were fatal.

Acetate of lead, with opium, iced drinks, &c., were most generally approved of, but I need not say that the treatment varied according to the practitioner in attendance. I should certainly adopt the lead and ice treatment again.

Total number of deaths from all causes registered in the months of July, August, and September, were 154, the births during the same period being 75.

In the adjoining parish of St. Lawrence, which takes in part of our suburbs, only two or three cases of cholera occurred.

Not a single inhabitant of Ramsgate, in good circumstances, died of the disease.

In August two or three cases of cholera occurred at Broadstairs, a small sea-port about two miles N.N. by E. from Ramsgate. Mr. O. C. Walter, surgeon of that place, gives the following history of them:—

“A family, consisting of husband, wife, and one child five months old, arrived here by the steamer from Bayswater, (an infected place,) on the evening of Wednesday, the 31st of August. The child had had slight diarrhoea on the previous day, and by the advice of a chemist it had taken an aperient powder just before they left home. The bowels acted very frequently during the voyage. When the child was seen by me at 10 A.M. she was in a state of collapse, with profuse watery purging, which terminated in death about four hours afterwards. On the following morning the father, not feeling very well, took a black draught of his own accord, and then walked to Ramsgate, (a distance of two miles,) and back in a great hurry, in order that he might attend the child's funeral. At the grave he fainted, and when brought home to his lodgings he was found to be labouring under the usual symptoms of cholera. He died in about twelve hours. Premonitory symptoms showed themselves in the wife early on the next day, and in spite of all our efforts she also died in the night. The clothes of the deceased, together with the bedding and the carpets in their rooms, were destroyed, and the room was whitewashed and well ventilated for a considerable time before it was reoccupied. Whether these were works of supererogation or not I do not know, but I am happy to say no more cases of cholera occurred in Broadstairs.”

Mr. Walter further stated that diarrhoea prevailed to a considerable extent.

Margate, a watering place much frequented, situated about sixteen miles N.E. of Canterbury, and five miles N.W. of Ramsgate, was severely visited by cholera. The population of the place in 1841 was 9464. The number of visitors during the summer months is very large. Mr. G. H. Hoffman writes to the following effect with regard to the epidemic that prevailed at this place in 1849.

“We had two well-marked invasions of cholera in this place during the year 1849, with an interval of five months between them. Both were very instructive as to the mode of propagation of the disease; the first

remarkably so, it was confined entirely to the house in which it first occurred. When the authorities determined to disperse the pauper children of Mr. Drouitt's establishment at Tooting, in the month of January, 1849, some thirty children who were at the moment free from cholera were sent down here by rail to an establishment of a similar character to that at Tooting. The house is situated on the side of a chalk hill; it is a large building, with lofty and spacious rooms, well ventilated, and is isolated from the town by extensive grounds, surrounded by a high wall. It was formerly used as a tavern and public tea-garden. The establishment was in excellent order; there were no bad smells from privies or drains, and it was one of the last places one would suppose likely to breed cholera. There were already in the house some 100 paupers, most of them invalids from different parishes.

The children from Tooting arrived about the 6th or 7th of January, and room was found for them without much crowding. I think it was on the next day that one of these children was attacked with cholera, then several others. One of these died on the 8th. They had been for the most part placed in a very large room, formerly used as a ball room, but its former invalid tenants were not removed from it. Of the previous inmates of the house several were attacked, and three died, two on the 11th and one on the 29th. This last acted as nurse. Those affected were isolated; and all cases of diarrhoea instantly treated. After three weeks from the arrival of the Tooting children the disease disappeared. There had been no case of cholera in this house during the epidemic of 1832, or any subsequent year; nor did it recur during the epidemic of last July and following months. Neither did it extend beyond the walls of the house at the period under consideration. These facts would seem to prove, conclusively, that change from a diseased locality to one which is healthy, does not prevent the development of the disease in persons who have already been influenced by its cause; and that cholera may be communicated from affected persons to others previously free from it, and it may do this without contaminating the general atmosphere of the place, so as to constitute an epidemic. Doubtless some of the conditions necessary to the propagation of the disease were present. Those attacked were more or less invalid, but the conditions more generally insisted upon—foul drains and bad ventilation—were absent in this instance.”

The broad facts of this case are such as do not admit of being “explained away.”

The second invasion of cholera occurred in July. G. Maxtead, a sailor, was landed in a state of collapse on the 19th; he died a few hours afterwards. He had slept the night before at Blackwall, where the disease was rife. The next case occurred in a dissipated young sailor, who lived near to Maxtead's house, and it has been said assisted at Maxtead's funeral, but I cannot vouch for this. He died, and then his mother had a fatal attack. Then the disease appeared in other parts of the town, and became epidemic, though there were several cases connected with each other. Thus, one

man, an attendant at the Public Baths, was attacked, but recovered; ten days afterwards his sister-in-law was seized and died, then his wife who attended on her, and three of his children. Then he himself, who was the sole nurse of all these, had a fresh attack, and a neighbour and her two children were also attacked. The man himself fell a victim to a third attack. Lastly, another sister-in-law, who came from a distance, was seized, but recovered. The house was very dirty, and its atmosphere was contaminated by a vile smell from a privy, but I had this privy emptied, and the walls, ceilings, and floors of all the rooms lime-washed at the very commencement.

Again, a lady came from an infected neighbourhood to lodge in a very clean house, was attacked, and recovered. The woman of the house who attended on her, was then seized, and had a very narrow escape; then her sister, a phthisical person, who came from the other end of the town to nurse her, and who slept with her on the third night of the attack, was herself seized three days after, and fell a victim. Then her niece, who waited on her, was with difficulty saved from a similar fate. I could give more instances of this sort.

I have no data upon which to estimate the whole number attacked, but there were 106 deaths, of whom forty were visitors, and sixty-six inhabitants. The first death occurred on the 19th of July, the last on the 5th of October. Mr. Mottley, the author of a pamphlet on the vital statistics of this town, who very obligingly furnished me with some of the data given above, has remarked, that the deaths of visitors and inhabitants may be arranged so as to form the ordinates of two curves of intensity during July and the two following months:—

The greatest intensity for visitors was in August; for the inhabitants in September. As if the disease were imported by the visitors and communicated to the inhabitants. And this accords with my own impression from a number of isolated instances.

In the epidemic of 1832 and 1833, the disease raged with the greatest intensity in certain localities,—Pump Lane, High Street, Queen Street—all rather densely populated, and the worst-drained parts of the town. But during the last summer they enjoyed a comparative immunity. I think only four deaths happened in them, of which cases two were imported in a dying state. Whilst those localities where it was most fatal last summer, are among the healthiest situations of this very healthy town.

At the morning meeting, P. Cartwright, Esq., of Oswestry, and W. P. Brookes, Esq., of Wenlock, were appointed delegates to the general meeting at Hull, and requested to prepare and lay before the Association a memorial for presentation to Lord John Russell, advocating the claims of the medical officers of the Army and Navy to military honours.

The PRESIDENT suggested the desirability of procuring returns from all the members of the Association, stating the results of amputation in private practice, whether performed in consequence of accident or disease; as he believed Mr. Alcock, in his statistics, published a few years ago, had drawn his conclusions from returns obtained from officers of the Army and Navy, and the large public hospitals only, and consequently, the mortality appeared greater in his tables than it really was.

W. Thursfield, Esq., of Broseley, the Vice-President, having been appointed President for the ensuing year, and the other business of the branch transacted, the meeting adjourned till the evening, when the members and their friends dined together. The dinner was attended by the leading medical men in the town and county. Mr. Brookes presided.

After the national toasts, the CHAIRMAN proposed the health of "Sir Charles Hastings, of Worcester, the Founder and President of the Council of the Provincial Medical and Surgical Association;" a gentleman who was endeared to all who knew him, by his urbanity and talents, and who had the honour of knighthood conferred upon him for the services he had rendered his professional brethren, and not from any political or private considerations.

Dr. JOHNSON and W. J. CLEMENT, Esq., acknowledged "The Physicians and Surgeons of Shropshire," also proposed by the Chairman.

The Rev. B. HOWELL, Rector of Hughley, delivered a very effective speech on the blessings conferred upon the community by the labours of medical men, and concluded with a high eulogium on Mr. Brookes, both in his magisterial and professional capacities, whose health he proposed, and which was hailed with long-continued cheering.

Mr. BROOKES, in returning thanks, said that he felt the more grateful for the encouraging manner in which his health had been received, because he regarded it as an expression of the kind feeling of his brother practitioners towards him, and an indication of their desire to render him that support which could alone give efficiency to his services in the office to which they had done him the honour of electing him. Having so recently joined, or rather re-joined, the Provincial Association, of which he was formerly a member, he knew but little of their scientific transactions during the last few years; he had often, however, had the pleasure of meeting them as a fellow-labourer in the cause of Medical Reform—a cause so just, so important also to the public as well as the profession, that it had inspired its advocates with that resolution, that untiring perseverance, which were the sure harbingers of their ultimate success. The contest had been a long and

Proceedings of Societies.

SHROPSHIRE BRANCH.

ANNIVERSARY MEETING.

THE Anniversary Meeting of the Shropshire Branch of the Provincial Medical and Surgical Association, was held at the Raven and Bell Hotel, Shrewsbury, on the 8th of July. W. P. BROOKES, Esq., President.