

## CHOLERA—EXAMINATION AFTER DEATH.

*Post Mortem Examination of a Case of Supposed Spasmodic Cholera, with Remarks.* By J. A. ALLEN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN accordance with my suggestion, previously made, to DR. WRIGHT, of Whitehall, he has availed himself of an early opportunity of making a *post mortem* examination of a case of suspected spasmodic cholera. The patient was a child, two and a half years old, whose father was an inhabitant of that place—intemperate, resided in a poor, miserable hut, and died with symptoms of the Asiatic cholera seven days before. The father had been familiar with the emigrants who recently died at Forts Edward and Miller. The child, says Dr. W., had enjoyed good health, as the mother stated, till daylight on the morning of June 22d, when it was taken with “vomiting, purging, and cramps of the legs, stomach, &c. ; discharges from the stomach and bowels, of a transparent jelly appearance ; cold extremities, and sinking of the vital powers.” The vomiting ceased two hours before death, which occurred in about five hours from the attack.

Dr. W., on examination, found the stomach distended with a thin, turbid fluid, which was so confined that it gushed out, through the first aperture made in its coats, to the distance of a foot or two, and continued to flow several minutes. The quantity contained in the stomach was supposed to be about three pints. The duodenum was quite empty, and the upper portion of the small intestines contained a small quantity of muco-gelatinous matter, slightly colored ; further down they were more loaded with a white matter, resembling the white of an egg. In the lower portion of the smaller intestines, there was an intus-susception, of about two inches in length. The large intestines were free from any appearance of disease, and had no contents. The coats of the alimentary tube exhibited no marks of disease, except a slight discoloration in those of the stomach, and of the portion of the canal next to the incarcerated part. Two common-sized worms were found in the bowels, and several small ones. The liver and spleen were in a state of congestion with blood. The gall bladder was filled with bile, and the duct leading from it impervious with apparently concreted bilious matter.

It is to be regretted that Dr. W. made no examination of the heart, large bloodvessels, the lungs, and brain. His exhibition, however, of the case is obviously sufficient to fix the specific character of the disease, while it evolves additional facts respecting the pathological character of the alarming epidemic cholera, of which this case was probably an instance. No blame, in short, should be attributed to Dr. W. because he did not examine more thoroughly ; on the contrary, he is entitled to public gratitude for what he did do, since the suspicious nature of the complaint was such that he was obliged to make his examination alone, except in the presence of a solitary old matron protected by a huge bunch of tansy.

Had this case been an instance of simple intus-susception, its fatality would not have been so speedy. This affection of the bowels was

produced by the spastic action of the muscular coats of the alimentary tube. Analogies are mentioned in the Asiatic reports. Besides, while death from intus-susception rarely occurs within several days, in the present case it took place within five hours from the attack. Had the ailment been caused by the irritation of worms, such kind of effusions and ejection would not have been discovered. In short, the symptoms of the disease, its rapid fatality, and the appearance on the autoptical examination, were in perfect accordance with those cases of cholera which have been reported from India. Upon these morbid appearances, DR. JAMESON remarks—"In many, especially those who died early, the stomach and intestinal canal were found full of a whitish, turbid, dark or green-colored fluid, without the slightest mark of inflammation. The liver was congested, inflamed, and harder than usual, &c." The stomach and gall bladder have almost universally been found filled, and several of the vital organs gorged with blood.

In summing up the whole history of this epidemic, it is evident that a deadly sedative agent presses on the vital organs, especially the nervous, vascular, and glandular systems, suspending or deranging their functions. The suspension or derangement of the action of the nervous and muscular systems is shown by the impaired sensation, and inordinate and violent muscular contractions; that of the vascular by the subsidence of the pulse, and the fatal effusions and congestions usually found in some of the vital organs. This pulselessness, as it has been called, evinces an unequal expenditure, or a want of vital power. From this sinking of the vital energies, the complaint has been called "*Death-stroke*," or "*Mort de chien*." There is an augmented or morbid action of the secretions of the mucous system, while there is a suspension of the functions of the glandular and serous systems. This is proved by the increased quantities of ejections from the stomach and bowels, while the skin, bladder, &c. seem to have entirely lost their functions; and the same may be said of the *serous membranes*; for no particular morbid appearances have been found, says DR. SCOTT, in any of the cavities of the body which are lined with serous membranes, or in these membranes themselves. The cavities of the pleura, of the pericardium, and of the peritoneum, have almost uniformly been found in a natural state. Hence it appears that in spasmodic cholera the natural functions are all in turn disordered, but not invariably so; that the vital functions, especially of the heart and bloodvessels, are invariably affected, and consequently the functions of the lungs must suffer with that of the heart. The animal and sensorial functions, it seems, suffer least of all in this morbid struggle; for the mind, we are told, usually remains clear and unimpaired.

If the preceding view of this subject be correct—and that it is, we have abundant evidence—it is obvious that no one remedial agent, and, in fact, no one class of remedial agents, can be found adequate for its cure. There must be a simultaneous combination of active remediate measures, to insure any prospect of success in a violent attack. Upon the general course adopted with the most success in India, MR. CORBIN remarks to SIR GILBERT BLANE—"The outline of the treatment alluded to, is to administer twenty grains of calomel, and to wash it down with sixty drops of laudanum, and twenty drops of oil of peppermint in

two ounces of water ; to bleed freely in the early stage, and to support the warmth by external heat, the hot bath and hot friction, and internally by cordials."

The adaptation of the above outline of practice must be governed by general principles of medical science. No fixed method, it is evident, can be adopted. The science is not thus degradingly empirical. Cholera cases, like all others, require a particular adaptation of remedies, to meet the exigency of each individual case.

*Middlebury, Vt., July 2d, 1832.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 18, 1832.

### THE CHOLERA.

IN England and Scotland, the whole number of cases to the last date was 10,499 ; deaths, 3,941. At Liverpool, the cases are not numerous. In Ireland, they are diminishing. In Montreal, the number of new cases are few, but more malignant than heretofore—almost every one proving fatal. We extract the following from the Atlas, published in this city, as, if correct, being worthy of particular note :—

*A Case of Cholera in Erie, Pa.*—An aged woman died of Asiatic cholera, at Erie, on the 26th June. This case, we think, is full of instruction. She was an emigrant, who arrived at Quebec on the 2d June, and whose husband died of cholera on the passage. She made her way through the Canadas to Buffalo, where she took the steambot, and was landed at Erie on the 22d. On the 23d, she washed the clothes of her deceased husband, and on the 25th was taken with cholera, of which she died on the 26th.

At Philadelphia, one case has been reported by the Board of Health. One at Newark, N. J. ; four at Kingston, N. Y. ; and four at New Haven, Ct.

At Albany, a river town, where it was expected the disease might be very rife, the number of cases is quite limited, and a few only have been said to exist in other and neighboring towns.

At New York, the report in our last was to the 8th instant. On the 8th, there were 42 cases and 21 deaths. On the 9th, 48 cases and 14 deaths. On the 10th, 66 cases and 19 deaths. On the 11th, 76 cases and 25 deaths. On the 12th, 71 cases and 26 deaths. On the 13th, 66 cases and 32 deaths. On the 14th, 86 cases and 44 deaths. Besides these, there were reported, at Bellevue Almshouse, situated directly in the Sound, and containing eighteen or twenty hundred inmates—57 cases and 14 deaths on the 9th ; 43 cases and 25 deaths on the 10th ; 58 cases