evacuations. I have also known it to succeed where acetate of lead had been exhibited without success. It should be given in similar doses to those recommended by Dr. Elliotson in the treatment of chronic diarrhoea. Tepid water acidulated with lemon juice should be allowed the patient, ad libitum. In addition, the usual methods of keeping up the external heat should be resorted to, and particular attention paid to the temperature of the apartment, which should never be allowed to sink below 70° F.

Parsonstown, May 6th, 1832.

SKETCH

OF THE

ORIGIN, PROGRESS, CAUSES, SYMPTOMS,
TREATMENT, AND POST-MORTEM APPEAR-
ANCES, OF THE

CHOLERA IN PARIS.

To the Editor of THE LANCET.

SIR,—I transmit to you the observations which I have made on cholera since its appearance in this city. I have not advanced a single fact unauthenticated; I have hazarded no theory; I am attached to no particular dogma. I have not, therefore, enlisted physiological or pathological characters in the confirmation of favourite opinions. I simply submit the most remarkable circumstances, and the most striking results of the therapeutic agents employed, in order that medical men, by the comparison, and by the accumulation of proved inductions and general testimony, may exercise their unprejudiced judgment in the employment of the most rational and most efficacious remedies. If you consider that this parallel between the French and English mode of treatment is unnecessary, or that the difference is so slight, so undefined, that the publication of my paper would be productive of no beneficial result, I request you not to occupy the pages of your valuable journal with it. I am, Sir,

JORDAN R. LYNCH, M.D.

64, Rue St. Andre des Arts,
Paris, May, 1832.

Cholera made its first appearance in France, at Paris, on the 26th March, among the poorest and most distressed portion of the inhabitants, none of whom seemed to have had any communication with persons arrived from England, or any other country, as the patients resided in a part of the city little frequented by foreigners.

Notwithstanding that the disease did not appear to be propagated by contagion in the

first instance, in no house in which it appeared was it confined to one individual, but in all cases attacked many. It was a fact remarked by all the medical attendants, that when a medical man's services were required to-day, he might rely on having one, two, or three, to-morrow added to his list.

This circumstance led many to infer, that cholera was more or less contagious, but those who entertained a contrary opinion endeavoured to account for it by the moral predisposition of people residing in the same house, who were terrified at the sight of the ghastly disease. I shall cite one striking example, that of a distinguished person, the Neapolitan ambassador, Prince Castaglioni, a bigoted and cruel aristocrat, who was in the habit of daily tracing on the map of Europe the progress of cholera for the last eighteen months, and sent every week for his physician to indicate its march. He was continually employed in calculating on its fearful arrival in France. His guilty conscience saw in it the avenger of the murdered Italian patriots. As soon as it broke out he sent in consternation for his attendant. Next day he was attacked with diarrhoea, which was succeeded by an attack of cholera which it was impossible to arrest. In most cases the exciting causes were moral affections of different kinds, viz. love, passion, dread of cholera, losses in commerce, play, indulgence in venery, too unremitting application to study, of both of which latter instances the French students afforded melancholy examples; also drunkenness, in which cases they were frequently attacked without any precursory symptoms; inflammation and derangements of the intestines; the ascendent, the vegetable, and the weak diet, to which cause I attribute the greater ravages that were witnessed in Paris than in London, which opinion is confirmed by this fact, that many medical students who had resided for two or three years in France, were carried off, while those who had arrived within the last six or eight months from England, Ireland, and Scotland, were not seriously affected.

All these were considered predisposing causes; but, on the other hand, I have seen those attacked who resided in different *étages*, in different families, whose profession in life, circumstances, age, and residence in the same house, were different, and who were uninfluenced by strong moral causes.

The symptoms were, digestive derangement, existing for two or three days, more or less grave, sometimes so slight as not to have fixed attention, and the neglect of which ended in diarrhoea, one time ceasing then recurring, without any other phenomena than general debility, sensation of oppression,

nausea, cardialgia, frequent vomitings, evacuations, presenting two different aspects; 1st, a transparent liquid, with slight yellow tint, at the bottom of which gelatinous-albuminous flakes; 2nd, a liquid thicker, whiter, tinged with blood or bile; odour not very disagreeable; acescent.

After the invasion the grave symptoms came on more or less rapidly; very variable coldness of the extremities, then of the trunk; the circulation, which from commencement was diminished, became imperceptible; in many cases ceasing altogether, and first of all in the extremities. Action of the heart almost indistinct; the colour of skin in the bilious and dark-complexioned becomes blue; black in the fair; and in the leuco-phlegmatic dark yellow. In the former, or where it is in the worst form, the skin becomes of a leaden hue, then a marked blue; of this description, at the commencement, 10 out of 100 were not saved.

All the above were modified by different degrees of intensity. If not terminated by death, they were followed by the second period, that of reaction, characterized by a return of heat. In the former period there is a suspension of almost all the functions.

The indications that arise from its study are so positive, that there can be no doubt of the diagnostic means to be employed. One hundred cholera patients during the first period of the disease, offer the same principal features in different degrees; whereas in the second period the characteristics are more equivocal, and the shades of diversity more numerous. Sometimes the vomiting ceases suddenly, in general gradually succeeded by frequent emission of gas per anum, and hiccough; the diarrhoea follows the same course, and ends, sometimes, in a constipation, not the effect of the medicines administered. The appearance of the urine is variable, extending from two to five days. It is not in every instance an infallibly happy prognostic.

This is the mildest form of reaction; it has been divided into four kinds, typhoid, ataxic, adynamic, and inflammatory; the last should be placed second, from its relative degree of frequency, from its importance, from the polemical disquisitions to which it has given rise. The study of this stage, I think, most easy. Nature seems as if to throw off the incubus of incipient death; she excites herself; she rallies from the state of general atrophy. At this period all the profundity of the skilful physician is required to adapt his succour to the powers of the constitution; here, specifics, favourite remedies, resolve themselves into charlatanism. This is frequently followed by perspiration, which lasts some days, at

the end of which, sometimes, the organs resume their functions; but the termination is rarely so favourable. This, like the others, is subject to the greatest variety; the transition to heat is the leading mark; it is in general gradual, imperceptible in shades, approaching more or less the typhoid character; heat inconsiderable; pulse small, feeble; vomitings tinged with bile; phlogosities of lips and tongue; tenderness of epigastrium; more or less stupor; prostration great; integrity of intelligence. If these continue, life extinguishes like a candle. In other cases, excitement; thirst; violent reaction, too violent for the strength of constitution; inflammatory type, *en resume*.

I will submit, without comment, the comparative efficacy of the remedies adopted, with their results.

At l'Hotel-Dieu, entered from 26th March to 23d April, 1920; died 1161; in which hospital the treatment was greatly diversified.

Baron DUPUYTREN tried, first, superacetate of lead and cautery, without effect; latterly, he used strong tea, ammonia, laudanum, and occasionally bleedings.

MM. MAGENDIE and PETIT applied alcohol 5i; ol. terebinth. ferrum calidum dorso. M. HONORE, sulph. æther, malaga wine. BALLY, sulph. quinine, ol. tiglium.

At the Pitie, MM. ANDRAL, LOUIS, LISFRANC, and VELPEAU, almost the same. Here ipecacuanha, latterly, with benefit. From 29th March to 14th April, entered 592; dead 313.

At Val de Grace; under the service of BROUSSAIS, who considers it a gastro-enterite, and subjected it accordingly to what he calls physiological treatment, bleeding, antiphlogistics; but he was obliged (to use his own words) to have recourse to the dangerously stimulant treatment. From 29th March to 26th April 127 sick; cured 24; dead 51; remaining 52.

St. Louis. M. ALBERT; ipecacuanha; in commencement 18 grains; sulph. quinine; application of leeches to epigastrium; administration of ice during the thirst. From 29th March to 26th April, entered 233; cured 80; died 81; remaining 57.

The same treatment has been approved of in Hungary. Bleeding there, as well as in Podolia, has not answered their expectations. In Hungary, in a population of nine millions and a half, 25,000 attacked, half dead.

In attendance at the arrondissement to which I was attached, when we bled we generally lost our patients. The change was marked by the adoption of that mode of treatment. The *convalescence* was grave; a relapse fatal; progress tedious; orbital excavation

remained for at least fifteen days. On the 9th of April, dead in domiciles and hospitals 1020; on 10th, 985 dead; 11th, 850 dead; 12th, 863; 13th, 785. From this time it daily and rapidly decreased. The severity mitigated up to this. They seemed devoted before to certain death. On the 15th, the sources of life seemed less compromised; pulse more perceptible. On the 23d only 105 attacked; on the 24th 81 attacked; 25th 62; 27th 71; and then on, gradually lessening. Galvanism, protoxyde of azote, oxygenated water, powdered charcoal, calomel and opium, arteriotomy, general bleeding, counter-irritation, produced little or no happy effect.

Post mortems.—The inductions from this source have not established any decided fact. The leading characters are the same as lately described by Dr. Green in THE LANCET. Equivocal appearances presented in one case, have not been found in another, and their absence or presence, backed by ingenious conjectures and plausible reasonings, have caused the broaching of many fanciful theories, and the physical cause of the disease rests in the same impenetrable obscurity. I will only notice a few appearances at variance with those generally found. Serous effusion in brain; generally healthy spleen, small, without blood; generally gorged intestines; dark appearance of inflammation, generally congested, without redness; mesenteric ramifications enlarged, in general much smaller. Semilunar ganglia in two or three instances, traces of inflammation; generally natural; glands of Peyer, unenlarged, uninfamed; vascular patches in general developed as in typhus fever about the 10th day. Kidneys natural, in general congested; bladder always contracted.

APPEARANCE OF THE
CHOLERA IN LIVERPOOL.

To the Editor of THE LANCET.

SIR,—The cholera, the malignant, the Asiatic cholera, has now beyond all dispute made its appearance in Liverpool, and our Board of Health, in spite of some misgivings, no longer doubt it; but the evincing of, and the perverse adherence to, a sceptical spirit in the belief of its existence, seems to be inseparable from its presence everywhere; at least such has been the case in all places which have been visited by this pestilence in England. It was not to be supposed that Liverpool would be singular in this; hence, the cry of “*No cholera*,” “*We have no cholera*,” was to be

heard everywhere, from the rising of the sun to the setting thereof; it was raised by the *faculty* and echoed by the populace, and up to the present moment this false, preposterous, absurd, dangerous report, is perseveringly propagated and encouraged.

The following account of five cases of cholera which have occurred in my own practice since Monday last, 14th instant, is condensed from my note-book. The evidence they afford is to the point, and very convincing, and establishes pretty clearly two things, 1st, That the cholera of Asia has commenced its ravages in Liverpool, and, 2dly, That this disease is contagious, relatively considered.

CASE 1.—*Samuel Prince*, iron-founder, aged 30 years, rather stout and robust, residing in Union Place, Lower Chisenhale Street, Liverpool, was seized with cramps, vomiting, and purging, at eleven o'clock on Sunday evening, 13th instant, but had been troubled with a diarrhoea the whole of that and the preceding day. Did not see him before nine o'clock next morning; vomiting and purging were then severe and almost incessant; great prostration of strength; countenance fallen, intensely anxious and dejected—a true picture of horror and dismay; pulse slow, and almost imperceptible; skin without the least moisture, but not harsh, soft, cold, conveying to the touch that peculiar feel which is given from a human body some two or three hours after life has become extinct, or in that state when the animal heat is almost entirely confined to the heart and internal parts. Face, neck, and the upper and lower extremities, of a distinct blue colour. Respiration laborious and hurried; tongue covered with a dense white coat, and the breath nearly as cold as the skin; the matter vomited was exactly similar in consistence and colour to that which had passed through the intestinal canal, very thin, and of a palish white, not the least offensive, and nearly inodorous, and on standing a few minutes, deposited a flakey sediment, closely resembling the grounds of white wine posset. Urine suppressed. Complained of acute pain over the region of the liver, and along the margin of the ribs—a feeling of stricture; stomach and bowels slightly tender, and not particularly painful on moderate pressure. Head not materially affected, but he frequently called out for some cotton-wool to be put into his ears; this being done, he observed his hearing was more distinct; the whizzing and clashing sounds subsided immediately; thirst intolerable; preferred cold water as a drink to any other fluid. With such prognosis before me I could not mistake the nature of the disease.