ought to be classed with the intermittents, and that the group of symptoms usually called cholera do really constitute the cold stage of an intermittent,—no doubt an intermittent having a specific character of its own, but having, at the same time, much in common with other intermittents. Indeed, no one who has had an opportunity of seeing intermittents, even in this country, but must be struck with the remarkable similarity in the physiognomy of the two diseases. The symptoms preceding an attack of cholera—viz., the sudden debility, tremors, general uneasiness, and epigastric oppression, are such as usher in the cold stage of an intermittent; and though the subsequent symptoms are not in all respects similar, yet we have in both the determination of the fluids to the interior, causing coldness and lividness of surface, shrunk features, and great prostration; followed, in the one instance, by shivering; in the other, by cramps. The purging and vomiting, which are the result of this determination of fluids to the interior, though not frequent symptoms in the early stage of intermittents, are sometimes, however, observed; while in some of the severer forms of cholera, they are either absent or very limited in amount. But it is not my intention to maintain that there is an absolute identity between cholera and any particular form of intermittent, but that there is such an affinity as to justify this classification, and to point to a more rational mode of treatment. The origin, progress, and present habitudes of this disease, will also tend to confirm this view of its nature. Its first appearance amidst the marshy plains of Bengal; its favourite haunts along the beds of rivers; and its selection of our damp and filthy closes and alleys—which may be regarded as the swamps of our towns, as the principal scene of its ravages,—here cholera will meet with forces acting in the same direction as itself. The malaria of these places, though insufficient of itself to produce the disease, becomes a powerful auxiliary to the choleric virus; it is of a similar nature, and readily associates with it in action.

This view may tend to dissipate, in some respects, the great obscurity which hangs over the question of contagion. It is well known that intermittents, in certain circumstances, become contagious, and no doubt cholera was so originally, but the choleric virus, ere reaching this country, has become so weak and attenuated, as to be incapable, of itself, of producing the disease, except in circumstances of peculiar concentration; otherwise it would extend, irrespective of place or person. It is only when it meets with agents which co-operate with it, as in our filthy alleys and swampy places, that it becomes developed, and even then principally in persons of intemperate habits, who are also the chief victims of intermittents in warm countries. It should likewise be remarked, that a lengthened exposure to the miasm is required before the disease can manifest itself. This explains why so few medical men become affected, whose visits are of so short duration; while friends and attendants, who remain longer, are frequently attacked. The only cases where its contagious nature was distinctly exhibited, occurred in individuals who had washed the clothes of cholera patients. Three well-marked instances of this came under my observation, all of whom had cholera in its most virulent form, and died within a few hours. Here the clothes must have imbibed and accumulated the virus direct from the body of the patient, and communicated it, in its most concentrated state, to these persons.

Assuming these views to be correct, the course of treatment becomes obvious. Our whole efforts should be directed to push the disease into its sweating stage, and if called at an early period of the disease, ere collapse shall have occurred, little difficulty will be experienced in arriving at this desirable result. The vomiting and purging—which are the result of internal congestion, and will cease as soon as the skin is stimulated to action—ought in a great measure to be overlooked, and the most powerful sudorifics employed. Those that were found most useful I have already stated, in the earlier part of this communication. The difference of treatment in men and women, however singular, is founded on actual observation. Should cramps be present, anti-spasmodics, such as ether and chloroform, may be used to relieve these, but ought not to be relied on as a means of curing the disease. There is no safety until a warm, copious perspiration shall be produced, and maintained until every vestige of purging and vomiting have ceased. When collapse shall have taken place, this course of treatment becomes less applicable, and recourse must be had to the most powerful stimulants. In such cases, consecutive fever usually follows, and must be treated upon general principles.

It is now time that medical men should abandon the empirical treatment they have hitherto pursued in cholera, and

proceed to investigate, in a more scientific spirit, its true nature, in the trust that it is better to have a principle which connects some of its phenomena, than to be continually groping in the dark.

Leith, 1848.

DESCRIPTION OF AN IRREGULAR DISTRIBUTION OF THE VEINS OF THE NECK.

By HOLMES COOTE, Esq., F.R.C.S.

THE following account of an irregularity in the distribution of the vessels of the neck—of importance with reference to the application of a ligature around the subclavian artery, in that part of its course between the outer border of the sterno-mastoid muscle, and the lower border of the first rib,—may be of sufficient interest to merit a place in your journal:—

A well-made, muscular subject, about six feet high, a negro, was received for dissection in the Medical School of St. Bartholomew's Hospital, the last week of December, 1848. The chest was remarkably broad, and the clavicles curved prominently forwards. Upon the reflection of the integuments and the platysma myoides from the right side of the neck, a large vein, an inch and a quarter in diameter, was seen lying immediately to the outer border of the sterno-mastoid muscle. It received the external and the internal jugular veins, the supra and the posterior scapular veins, and a considerable trunk, which, given off from the cephalic vein, passed over the clavicle, to terminate in this large reservoir. The reflection of the sterno-mastoid muscle brought into view the internal jugular vein, which inclined obliquely outwards, to open into the reservoir in front of the omo-hyoid muscle. The carotid artery and the vagus nerve pursued their usual course, but they were unaccompanied by any vein; the nerve lay external to the artery. The other vessels of the neck presented no irregularity worthy of notice. The distance between the outer border of the sterno-mastoid muscle and the margin of the trapezius measured two inches and a quarter, the clavicles being long. Of this, one inch and a quarter was occupied by the large vein; the remaining inch by the supra-scapular vein and artery, the posterior-scapular vein, the large trunk from the cephalic vein, and the chords forming the axillary plexus of nerves.

It appears to me that, in a neck so constituted, it would be impossible to cut down, with safety to the patient, upon the subclavian artery, as it emerges from between the scaleni muscles. If the irregularity were not observed before the commencement of the operation, the first incision would most probably lay open the large venous trunk, and cause death by the admission of air into the circulation. The application of a ligature to veins of such size would be inadmissible.

Southampton-street, Jan. 1849.

TREATMENT OF ULCERS OF THE LOWER EXTREMITY.

To the Editor of THE LANCET.

SIR,—The admission to the pages of your widely-circulating journal of the accompanying brief remarks upon a notice, in the recent number of the *British and Foreign Medico-Chirurgical Review*, of an essay by me on the "Treatment of Ulcers on the Leg, without Confinement, by Bandaging and Water-Dressing," will much oblige, your obedient servant,

HENRY T. CHAPMAN, F.R.C.S. &c.

The chief practical object of the publication in question is the advocacy of the treatment, not alone of indolent ulcers but of those intractable cases, confirmed irritable ulcers, by a modification of water-dressing and bandaging, in following which I have met with a greater degree of success than under any other method of treating them.

Applied to the simply indolent ulcer, or to ulcers but slightly irritable, this proceeding differs from the mode of water-dressing employed with the bandage, by many surgeons, in such cases, in the following particular:—After dressing the sore with a compress of wet lint, before the bandage is put on, I encircle the part of the limb on which the ulcer is situated with from three to six, or more, *moistened strips of linen or calico*, of the same length and breadth as the straps employed by Baynton, drawn tightly, and crossed in precisely the same manner as the adhesive plaster. These wet strips adhere to the skin as closely and smoothly as the strapping;