colour of the extremities ; suppression of urine ; the cerebral faculties unimpaired ; the pulse extremely small, or quickly extinguished. I need hardly ask any impartial medical man whether the symptoms of the disease now prevailing in London are not identical with those which I have enumerated ; we find the characteristic rice-water dejections, the extreme prostration of strength and speedy failure of the pulse, the cold and blue extremities, the suppression of urine, &c. The only modification of any importance, which the disease in this country has assumed, is the frequent occurrence of secondary fever after the stage of collapse ; but an attentive observer of the malady will trace the progress of this modification, gradually obtaining as the disease approached the western part of Europe. In Russia and the countries bordering on the east, convalescence was much more rapid, and the secondary fever, though it showed itself in many cases, was not extensively prevalent.

The pathological phenomena of the cholera which prevailed in India, Russia, &c., were,—

1. Rigidity of the body, especially of the lower extremities.

2. Collection of dark grumous blood in the veins, and distension of the cavæ and vena portæ.

3. Dark-coloured blood in the arterial system.

4. Urinary bladder contracted and empty.

5. Peculiar whitish matter lining the internal membranes of the alimentary canal and bladder.

These morbid appearances were found in all the bodies examined in Russia, and correspond with the result of dissections made in India ; the prejudice which prevails against dissection in this country, has prevented any extensive pathological inquiry ; but the few examinations which have been made in the north of England and in London by the demonstrator of anatomy at the Webb Street School, show that the essential post-mortem appearances in these cases were precisely the same as those which I have enumerated above, and which are extracted from a pamphlet published by the Medico-Chirurgical Society of Moscow. There is another pathological phenomenon which attracted little attention until lately, but which in my opinion will tend to throw much light on the diagnosis of cholera ; the rice-coloured dejections have always been enumerated amongst the characteristic symptoms of Asiatic cholera ; the nature of the dejected matter was, however, unknown until my friend Dr. O'Shaughnessy first ascertained at Newcastle that it consisted in great measure of fibrine, with the water and serum of the blood holding in solution

its alkaline salts. One of the most distinguished German chemists has also made an analysis of the dejected matter in the cases occurring in Germany, and his experiments give results corresponding in every important particular with those of Dr. O'Shaughnessy. Thus we establish an identity of this very peculiar morbid production, in the cases which have prevailed abroad and at home ; I need only add that the alvine discharge of the patients attacked in London has been ascertained to be of the same nature. If further evidence of the correspondence of the London disease with the continental be required, I may add, that every medical man (Mr. Searle, Dr. Gilkrest, Mr. Evans, &c.) who has seen the disease on the Continent and in London, has unhesitatingly pronounced them to be one and the same.

The reasons which I have advanced in the preceding observations, are such, perhaps, as medical men only can understand ; it does not seem to me at all necessary to combat the arguments of non-medical objectors, who say that a malignant disease does not exist in London, because the number of people already attacked have been so few. Such an objection shows a total ignorance of the history of this disease, and of analogous affections. When the great plague first appeared in London, it lurked for three weeks in one street, and then suddenly burst forth. I trust the inhabitants of this city will not be compelled to purchase experience at the same price. The question of identity having been disposed of, we might now consider whether the spasmodic cholera, as it has appeared in this country, is a new disease, or whether, as some medical men have asserted, it is nothing more than the common English cholera ; but as I have trespassed so far on the space allotted to correspondents, I shall postpone the examination of this minor topic to a future day.

CASES OF MALIGNANT CHOLERA.

To the Editor of THE LANCET.

SIR,—In referring to the cases of cholera which you have done me the honour to insert in your valuable Journal, I am happy to say, in continuation, that they have all gone on well, particularly cases 2 and 3 ; they have not had a single untoward symptom since last report. In the first case (Hannah Daly) there was a good deal of fever, and derangement about the head ; this continued for some two or three days, but under the care of Mr. Clarke, whose attention has been unceasing, she is now, I should say, quite recovered.

I have had two other cases under my care, and am desirous to send the particulars to you, as one of them terminated fatally. As I am well aware how valuable your space is, I will endeavour to be as brief as possible.

CASE 1.—*Margaret Donoughue*, aged 40, of spare habit, having been living for some time back in great destitution, was attacked on the morning of Tuesday, 14th inst., much in the same way as the other patients. Excessive vomiting, purging, cramps, and, from the first, great prostration of strength, coldness, and livid appearance of the face, &c. She was attended by a gentleman from Mr. Clarke's, the treatment consisting of stimulants, together with small doses of calomel and opium during the day, and at night the brandy and water was continued. I did not hear of the case until 11 o'clock on Wednesday, at which time no improvement had taken place. She then presented the following symptoms: great prostration; frequent vomiting, and purging of a fluid which so much resembles rice water; the pulse imperceptible; tongue cold, and of a fawn colour; the face livid, and, as well as the hands, shrunk; she could only speak in a low, faint whisper, and that was to complain of her heart; all her pain was about the heart; the breathing was laborious; the whole body deadly cold; and I should have said, in mentioning the dejections, they were passed involuntarily. The most obvious indication appeared to be to endeavour to relieve the patient, if possible, from this state of collapse; I therefore gave her ammonia, hot brandy and water, with tinct. opii, ad lib., and a full dose of calomel; I applied heat in the best way I could to the feet, armpits, &c.; and, as the good effects of injections were seen in previous cases, Mr. Clarke recommended that one, composed of starch, and 20 drops of laudanum, should be administered every half hour; she had also nourishment given her. About one p. m., the poor woman appeared to rally somewhat. It would be useless to give you the hourly progress; I need only say, that I continued in constant attendance on her, but at six she was evidently sinking. At this time Mr. Malling, saw her, and after hearing the account of the case, advised that the treatment I have mentioned should be steadily pursued, and that I should not relax in my endeavours. She sank gradually, and died at nine o'clock. Unfortunately, no post-mortem took place.

CASE 2.—I have gone so much into detail in the previous case, that I am afraid I shall be intruding on your patience; I would merely mention, therefore, that the other, *Jane Connell*, aged 30, living in the same house with Toomey (and had been in attendance on Mrs. Dunn, who died on the

Sunday), was taken ill at the same time with Hannah Daly, and much in the same way. I need not enter into particulars; the treatment was precisely the same as that made use of in Toomey's case, and the result perfectly satisfactory.

I scarcely dare to trust myself with making remarks upon these cases, as I have much exceeded my limits. As to the existence of a new, peculiar, and terribly fatal disease in this country, no one who has seen a well-marked instance or two, can doubt whether that be the misnamed cholera or not; I do not presume to offer an opinion. I have drawn my own inferences from what I have noticed in the many cases I have visited. As to the treatment pursued, that has been, I am aware, objected to. I am not wedded to any particular mode. I have only followed that which appeared to be most calculated to promote the object held in view. I remain, Sir, your most obedient servant,

CHARLES EDWARD BLAIR.
20, Canterbury Place, Feb. 28th, 1832.

MISERABLE CONDITION OF THE POOR IN SOUTHWARK.

To the Editor of THE LANCET.

SIR,—I am anxious to direct the attention of the rich and benevolent, through the medium of your widely-circulated Journal, to the scenes of poverty, wretchedness, and disease, now existing among the poor in the Borough. In company with Dr. Gilkrest I paid last week a visit to that part of our great metropolis, and never shall I forget the heart-rending scenes of misery which I there witnessed. In one house in Christchurch parish we were requested to visit a child represented to have been just attacked with the cholera. Dr. Gilkrest and myself visited this child. We ascended a dark pair of stairs, and were ushered into a room more resembling the den of a wild beast than the habitation of a human being. On entering this human den we saw a tall woman having the appearance of a living skeleton, seated on a box in the middle of the room. In this poor woman's face was depicted a sensation of acute mental suffering. Her half-clothed body, her haggard and ghastly features, her palsied limbs, were sufficient to excite, even in the most callous of human beings, feelings which no tongue however eloquent, which no pen however powerful, could with justice describe.

In this woman's lap was her child, half naked, who had just been attacked with symptoms of cholera. By the mother's side