degree of vitality, and to retard the increase of the classes possessing the lower degrees of vitality. It is, however, within the power of man greatly to aid the operations of nature, by offering additional rewards to the higher degrees of labour, and affording additional facilities for the increase of that part of the population which is now ascertained to possess the highest degree of vitality.

October, 1854.

OBSERVATIONS ON CHOLERA.

By ROBERT MOLLOY, M.D.

AN attentive perusal of the many valuable papers on cholera which have appeared in *THE LANCET*, has forced me to conclude that we, as a professional body, have departed somewhat from the track of legitimate inquiry. In our anxiety to obtain a cure or antidote for this formidable disease, we have overlooked the Baconian rule of progression from the "better to the less known," and have forgotten that the surest way to secure available information is to study the antecedents and accompaniments of this, as well as of every other epidemic. The late outbreak afforded me an opportunity of making a few observations upon some of the phenomena which precede and attend upon cholera; and as no reference that I am aware of has been made to them by previous writers, I hasten to lay them before you as briefly as I may.

Observation 1.—During the prevalence of the cholera *no one was absolutely well*. All I came in contact with, with scarcely an exception, were suffering from furred tongue, mal-aise, languor, depression of spirits, pains in the back and limbs, with other symptoms of low fever; indicating the existence of "something" of general influence (predisposing).

Observation 2.—Universality of diarrhoea, even in persons usually least disposed to such attacks. When diarrhoea was not absolutely present, there were fugitive pains in the bowels, flatulent rumbling and roaring of intestines, to such an extent that it might be heard frequently several yards off; and the evacuations from the bowels, when examined, were lumpy, containing little or no bile. This condition almost invariably terminated in diarrhoea, and has been well described by "M.D." in *THE LANCET* of Nov. 4th.

Observation 3.—Tendency of diarrhoea when it first appeared, about the end of July and commencement of August, to pass into dysentery, with bloody motions, intense and distressing tenesmus, occasionally going on to prolapse of anus, both of which would persist for days after the intestinal secretions had been rendered healthy.

Observation 4.—The peculiar mode in which diarrhoea commonly made its appearance; the instantaneous nature of the attack, with the impossibility of resisting or even controlling it by any exertion of will; and the great force with which the secretions were ejected from the bowels.

Observation 5.—Singular manifestation of the cholera poison, wholly different from what we have seen before, (at least, I have never seen it.) Many patients in a state of collapse would seem to improve: vomiting, purging, cramps, would all leave, warmth and pulse return, reaction be established, and at the time when a favourable prognosis might fairly be given, and hope at the highest, they would quietly pass away in a painless sleep. Is this due to a compound poison—a narcotico-irritant? Like arsenic, giving rise to extreme irritation of the digestive mucous membrane primarily, and at length causing death by its narcotic action on the nervous centres?

Observation 6.—On the subsidence of cholera, typhus and other fevers of a low type resumed their influence; but it has been especially followed by an epidemic affection of the glands of the throat and mouth, external as well as internal, which become suddenly enlarged, and acutely painful, without any disposition to pass into suppuration or ulceration.

As the few remarks which succeed are intended to be speculative and suggestive rather than explanatory, I would venture to draw some deductions from the pre-announced observations, which I shall put interrogatively, in order the better to fix the attention and elicit the opinions of those of your correspondents who have had the greatest experience in the treatment of this virulent disease.

Conclusion 1.—That a stage preceding diarrhoea must be admitted? This may be caused by starvation, excess in drink, exhaustion, illness, mental anxiety, anything in short which reduces the constitutional powers below par.

The sequence may be thus stated:—Low fever, or other systemic derangement—diarrhoea—collapse.

Conclusion 2.—That the presumable seat of disease is the gastro-intestinal mucous membrane?

Conclusion 3.—That cholera is contagious? Using the term as synonymous with infectious. A peculiar poison in cholera is now very generally admitted, and if the preceding observations be correct, causation by predisposition is complete—a poison and a fit recipient.

Conclusion 4.—That the purgative or "eliminative" treatment is not the rational treatment may be clearly demonstrated by the following reasons:—That cholera has not unfrequently been caused by the use of aperients—that the excessive discharge does not cure itself—that it is inadmissible, and would be highly injurious in diarrhoea following fevers, the diarrhoea of phthisis, of exhaustion, or of dysentery—and by the nearly unanimous experience of the contrary practice adopted in the diarrhoea which almost invariably precedes cholera. Besides, if the truth of the fifth observation be conceded, it would tend to show that death does not necessarily result from the presumed drain of the serum of the blood, and its consequent thickness, but from the narcotic influence of the cholera poison upon the nervous centres.

November, 1854.

EARLY OPERATION FOR HARE-LIP.

By ALEXANDER DOUGLAS, Esq., M.R.C.S., Stratford.

THE earliest operation on record for this malformation, I believe, was performed by me on a child now ten weeks old. I attended the mother in her labour, which was a natural but rather protracted one, it being her first. There was no tumefaction of the child's scalp or features, which were strong and healthy. Two hours after birth, finding the child tranquil, I operated in the usual manner, it being a case of single hare-lip, without fissure of the palate; instead of pins I used fine sewing needles, cutting off the points with pliers. There was but trifling hæmorrhage. The third day the child drew the breasts, and on the fourth I removed the needles. The case was very successful, having healed by the first intention.

My reasons for operating thus early were—Nature's law, that infants bear much injury during birth without fatal results, and their capability of fasting for the first three days after birth, milk being seldom secreted until then.

November, 1854.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

GUY'S AND ST. MARY'S HOSPITALS.

AMPUTATIONS AT THE ANKLE-JOINT.

(Performed by Mr. BIRKETT and Mr. URE.)

CASE 1.—This operation is now so frequently performed at the various hospitals of this metropolis, that putting them upon record can have but a statistical interest. It would, however, be very desirable, as to statistics, if the profession could learn, by well-arranged figures, the per centage of cases where the flap sloughs, and also the proportion of patients who eventually are enabled to make a satisfactory use of the stump. But this is not this day our object, we wish merely to acquaint our readers with certain modifications in the operation which bears Mr. Syme's name. One of these consists in an attempt to render the plantar flap firmer and more resisting; the other in the sawing of the thin plate of bone on the lower portion of the tibia and fibula, without disarticulating, after the soft parts have been dissected into the proper flaps. The latter modification was lately introduced by Mr. Birkett at Guy's Hospital, the former by Mr. Ure at St. Mary's.

Mr. Birkett's patient is a young man, about twenty years of age, who has been suffering for some time from scrofulous caries of the metatarsus. An operation had been undertaken some