the radius partly from its socket, and would altogether dislocate it did not the ulna prevent the whole force from being exerted on that bone.

The symptoms of this accident are sufficiently distinct. The arm is semiflexed; forcible flexion or extension causes great pain; the hand is nearly proned; nothing, however enticing, can induce the child to lift the arm, or, in fact, to move it in any direction; and in spare children about two-thirds of the head of the bone may be distinctly felt projecting in front of the external condyle of the humerus.

The reduction of this dislocation is exceedingly simple, for if the wrist be taken hold of and rotation performed two or three times successively, the muscles will immediately return the bone, and that with so much force that if the fingers of the left hand be placed underneath the joint the reduction is comparatively as sensibly communicated as that of the humerus; indeed if the ear be close to the joint, sometimes it may be heard. After this the child will move its arm freely, and will receive anything offered to it. From the many cases which occur to me and my partner, I am quite sure the accident must be general: but I can easily conceive that it might be constantly overlooked, because in an *examination* of the limb rotation is always had recourse to, so that the reduction in this case is effected, and no injury suspected to have existed.

I am, Sir,

Your obedient servant,

JAMES S. WHITAKER, F.L.S., M.R.C.S.
225, Shoreditch, Sept. 15th.

REMARKS ON THE TREATMENT OF CHOLERA,

WITH ILLUSTRATIVE CASES.

By ERICUS WARING, *Esq., Surg., Margate.*

THE great attention which has been directed to the subject of cholera during the present summer, the alarm occasioned by it in many families, and the mode of treatment adopted in some lately-published cases, induce me to trouble you with this communication; for notwithstanding its great prevalence from local causes in this neighbourhood, and the occasional violence of its attacks, yet there must, I confess, some great change take place in its nature, or in the efficacy of our present remedial means, ere I shall be induced to resort to the administration of laudanum* by the ounce—(according

to the prescriptions, LANCET, page 543, Patrick Geary took eighteen and a half drachms in twenty-three hours)—or to quiet the alarm of the attendants and assist the warm-bath and stimulants in producing reaction and warmth, by directing “cloths wetted with chloruret of lime to be hung round the bed.” Neither do I feel disposed even to try the hydrocyanic acid “in all cases depending upon an irritable state of the stomach and intestines,” as recommended by another correspondent, who distributes the panacea with a profusion, and talks of using it in quantities, and with a freedom and *sang-froid*, that would make the nervous system of the renowned Fire-king himself to feel the impression of its directly sedative influence.

I confess too that I have yet to learn how “the pressure the liver receives in the act of vomiting” can occasion any additional flow of bile into the *equally compressed intestines*, and feel disposed to continue in the good old belief, that the liver is frequently the principal cause of the mischief. Considering the time of year of its attack, and considering also that “one of the immediate effects of the calorific rays of the sun is to stimulate the liver to an excessive secretion of bile, and that hence the alimentary canal is overloaded with it, and perhaps the blood impregnated,” it does not seem extraordinary that, under such circumstances, suppressed perspiration, cold drinks, or indigestible food, should occasion sudden and severe derangement of health. By keeping this in view and attending to the peculiarities of each individual case, there will be no difficulty in adopting such a plan of treatment as must speedily prove effectual. These may be threefold, according to the nature of the attack. In the first—where a sense of fullness at the stomach, and constant nausea, make it apparent that depraved, or superabundant secretions, and acid ingesta, are offending, and the other symptoms are not extremely severe—it will be proper, after having produced reaction, and cleared the stomach by a gentle emetic, to administer diluents and laxatives in small and repeated doses, and alterative doses of mercury if required. But if the severity of the spasms be very urgent, or the retching and anxiety very considerable, or the patient be of a delicate habit and irritable temperament, it will become necessary, after the warm-bath or pediluvium (having cleared the stomach by an emetic), to administer a free dose of solid opium; this speedily allays all irritability and sickness, assists in restoring the proper balance of the circulation, and frequently produces a refreshing sleep, after which the stomach easily bears the administration of the laxatives and diluents ne-

* The liq. opii sed. of Battley is far more effectual in allaying sickness, but it is of importance to abstain from introducing any thing into the stomach except in the smallest compass; and hence the superiority of solid opium in remaining on the stomach when all fluids would be rejected.

cessary to complete the cure. But in the more sudden and severe cases, and which cannot be so distinctly traced to any very obvious cause, where the sickness is particularly severe and constant, the spasms very general and excessively acute, and the depression of the vital powers very marked, all thought of emetics or aperients must be laid aside, the warm-bath and stimulants, and especially dry warmth to the pit of the stomach, with opium in free doses and in small compass, should be immediately had recourse to. If on a fair trial it does not succeed in checking the sickness, the hydrocyanic acid may then be administered with the most decided effect; but as a common remedy in cholera, it is probably inferior to opium, from the increase of circulation and determination towards the surface caused by the latter. The sickness and spasms having been thus overcome, and reaction fully established, warm diluent drinks and gentle purgatives soon restore the sufferer to convalescence.

The following three cases, selected from a great many, and which are condensed as much as possible to save space, will illustrate the different varieties in the plan of treatment:—

CASE 1.

Sept. 2, 1831. H. T., head-waiter at a large tavern, after a severe day's work, and having had but one slight meal, was taken suddenly, at 10 P.M., with faintness, soon followed by sickness, severe pain, and sense of fulness at the stomach and bowels, great thirst and anxiety, with coldness of the extremities, and spasms extending over the body and extremities, but particularly severe in the calf of the right leg. Having had his feet placed in hot water and taken some warm drink, he vomited a considerable quantity of yellow and greenish fluid, and partly digested food, after which the sickness abated. He was now wrapped up warmly and ordered warm drinks, and to take gr. x of blue pill directly, and a draught containing sulphate of magnesia and rhubarb to be given with it, and repeated every three hours. The circulation soon became restored, and the surface of the body exceedingly hot, accompanied with some pain in the head and slight delirium, increase of thirst and distension of the bowels, which continued till four A.M., when the medicine producing several copious and offensive evacuations, he broke out into a profuse sweat, and was relieved of every bad symptom. At eight o'clock, the principal complaint he had to make was of the extreme soreness of a "knot" in the calf of the right leg, the consequence of the spasm of the previous night; he had still considerable thirst and a furred tongue, which were entirely removed, and the evacuations brought to a

healthy character, by the continuance of the mercurial alterative and aperient for two more days.

CASE 2.

August 22, 1831. Miss C., aged 18, of delicate habit, had gratified her appetite on the previous day by eating roast duck for dinner, and had finished a day's pleasure by supping on gilet pie; during the night the catamenia (it being about their proper period) appeared in small quantity, accompanied with pain, and at about five A.M. she was taken with itching, pain in the bowels, and purging, which symptoms gradually increased, till at ten o'clock she was found to be suffering from them very severely, accompanied with coldness of the extremities and surface of the body; pulse extremely weak; great anxiety; and severe cramps of the legs, extending up the thighs, less violent in the arms and trunk, but very severe in the back, and darting through the pelvis. After having been placed in the hip-bath an emetic was given, which operated copiously; two grains of opium, in substance, were shortly afterwards administered, which succeeded in allaying all pain, spasm, and sickness, and produced perspiration and a comfortable sleep. The usual aperients being afterwards given, she was, on the following day, about the house, and on the next perfectly well. In this young lady, who was of a delicate figure, clear complexion, and much personal attraction, the sclerotic coat of the eyes possessed the peculiarity of being of a pale rose colour.

CASE 3.

Sept. 9, 1831. Two A.M., W. C., waiter at an hotel, about 50 years of age, corpulent and of bilious habit, was suddenly taken an hour ago with the following symptoms:—Constant and violent sickness, vomiting a clear liquid, but with great straining; excessive thirst; has been purged about ten times this last hour, with great pain and gripings; tongue dry, with red edges, but not coated; breathing short and much oppressed; circulation very languid; countenance sunk and depressed, indicative of acute suffering; extremities and surface of the body cold; great restlessness; the cramps affect nearly the whole body, and the contractions are so severe that the finger may be laid in the furrow made in the gastrocnemii. His powers are evidently overcome by the violence of the attack; the feet were immediately placed in very hot water, and he took—*Tinct. opii*, m. xxx; *spts. ammon. ar. m. xl*; *aquæ*, $\mathfrak{z}$ i, m. This giving no relief he was ordered *opium*, gr. ii, *statim sumend. et repet. in duabus horis*. Two additional blankets had been placed over him. Eight A.M. By about four o'clock reaction had taken place, the feet and sur-

face became, and continued, warm, pulse fuller and quick, slight pain across the forehead, sickness not relieved, great tenderness in the epigastrium, cramps less severe, thirst still violent, tongue red and very dry, countenance anxious; restless; bowels not open since two o'clock. R *G. opii*, gr. ij, *statim sum.*; *empl. lytta ampl. scrobic. cordis*. To take nothing into the stomach but cold water, and that only by sips. One P.M. In all respects much the same. R *Acid hydrocyan.*, m. ij; *aqua*, ʒi, m. 2da *qq. hora sum.* Six P.M. Has taken the acid three times; the sickness has quite ceased; pain at pit of stomach relieved; bowels open three times, motions exceedingly offensive; slight pain in the head, no doubt occasioned by the opium and acid; has had the cramp but once; is in every respect better. R *Magnes. sulph.* ʒiss; *p. rhei*, grs. v. 4ta *qq. hora*; tea and gruel.

Sept. 10. Eight A.M. Has had some sleep, and is free from sickness and cramp. Medicine has produced several copious and highly-offensive bilious motions; pulse is full; much thirst. Continue the purgative and take *opii*, gr. jss, at bed-time. On the next day he was convalescent.

Margate, Sept. 14, 1831.

REMARKS ON THE EXISTENCE OF CHOLERA IN ENGLAND,

WITH CASES.

By H. K. RANDELL, Esq., Surgeon,
Rotherhithe.

HOWEVER deserving of confidence the opinions of Dr. James Johnson may be with the public, or with the medical profession, I must confess I feel a little sceptical as to the truth of his predictions respecting the cholera, which has lately raged with such unparalleled virulence on the shores of the Baltic, and is now desolating several of the German states, "that it will never prove formidable in England." And although I agree with him that it is a matter of the highest importance to guard against what is termed "*cholera-phobia*," yet when facts, which are *stubborn things*, interpose themselves, and come under one's immediate observation, they make such a deep impression upon the mind that hypotheses, however well-founded, and conclusions, even when drawn from apparently legitimate sources, can no longer be relied on. Doubtless the lowness, and the variations of temperature to which England is subject, and of which the Doctor speaks in very confidential terms, do constitute very great physical barriers to the operation of cholera, and contagion generally; as do likewise

the breadth and cleanliness of our streets, and he might have added, the excellence of sewer drainage, by which the generation of putrid exhalations in many parts of this great metropolis is almost entirely prevented, all animal and vegetable matter, likely from decomposition to generate effluvia in any way, being rapidly carried down into the river, where of course it is rendered innocuous. Fortunately for the doctor too, he lives in a part of London where these physical advantages are indeed in perfection. But he does not appear to recollect, that at least one-half, perhaps more, of the population of London and its suburbs, have no such residuary immunities; I allude to the thickly-populated districts of St. Giles's, Spitalfields, Shoreditch, Houndsditch, Whitechapel, Wapping, Shadwell, and part of Limehouse, on the Middlesex side of the Thames, and the extensive neighbourhood of the Borough, on the Surrey side, where the population is inconceivably dense, the houses small and low, the drainage for the most part in a very incomplete state, and ventilation exceedingly bad. The habits too and modes of living of the inhabitants of these districts generally are so irregular, that their constitutional powers are in an enfeebled state, and, doubtless, if exposed to the influence of a contagion which has proved so destructive to life, they would speedily fall its victims by thousands. If then cholera has already manifested its virulence in districts reputedly healthy, as *I believe there is but good reason to fear it has*, who shall say that it will not break out in those which are the contrary. I am far from wishing to create alarm, but my attention has been much excited to this subject by a plain observation of facts. *I have certainly met with cholera in a more virulent degree than I ever before witnessed*, and two cases in point I shall subjoin. But I believe I am not singular in dissenting from Dr. Johnson's opinions on this subject. I have met with some of our highest professional authorities who entertain similar opinions to my own; and if it be really true that there is a "*pestilence which (so to speak) walketh in darkness*," observing no regular or even track, desolating various parts of Europe simultaneously, pursuing its murderous course in the face of adverse winds, and visiting countries in which, in its present form, it had never before been heard of, who can say that England will be exempt?

CASE 1.

Early on the morning of the third of last month, I was requested to visit Mary Reed, ætat. 22, a young woman of an athletic frame and constitution, who I was told was dying. On reaching the house, I learnt