

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,
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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

that she had gone to bed at ten o'clock on the preceding night in excellent spirits, and apparently the most perfect health, having taken some bread and butter and half a pint of porter for her supper. About two in the morning she awoke with considerable pain in the right hypochondrium, extending downwards to the umbilicus; this was of an acute character, and was speedily followed by excruciating cramps of the arms, legs, and thighs, and the flesh of her belly they told me appeared drawn into lumps; vomiting of a dark bilious matter, mixed with something like oatmeal grains, and of an exceedingly nauseous and bitter taste, quickly preceded the accession of pain in the belly, and with it the most profuse purging; the matter ejected and dejected had a most offensive smell, so much so as scarcely to be borne. In less than two hours she was so reduced that the stools passed involuntarily, and she had scarcely power to raise her hand to her head. On entering the room, her position was supine in the extreme, the countenance so altered and ghastly, that I sat some little time by her bed-side before I recognised her as the individual I had seen nursing her child in the street on the preceding evening, apparently in the most robust health. Around the eyes, which were now deeply sunk in their sockets, the skin was of a dusky purple; the features were altogether more shrunk than I had ever before witnessed in any case; the *alæ nasi* were so pinched in as to lead one to suppose it was not possible for her to breathe through the nostrils; the lips were also of a dusky purple, as were likewise the nails of the hands and feet; the whole surface was dark, and of a death-like coldness, and, in short, the entire capillary circulation appeared to have ceased; the tongue was thickly coated with a dirty-brown fur; respiration slow and faint; and the pulse thready, intermitting, and, for seconds together, scarcely perceptible; in fact, she appeared to be in a state of approaching dissolution. Before seeing her, vomiting had ceased, but she suffered dreadfully from retchings, which occurred about every twenty minutes, and these were immediately followed by the most agonising paroxysms of cramp, which, faint as she was, compelled her to scream out. Whilst sitting by her bed-side she was seized by one of these paroxysms, which lasted about two minutes, although I was told they had previously been of longer duration. During the fit the pulse could not be felt, and was hardly perceptible for some minutes afterwards. As no time was to be lost I immediately gave her a large dose of brandy, and ordered her, as quickly as possible, to be plunged into a warm-bath for twenty minutes; the brandy was almost immediately

ejected. The following mixture was ordered to be administered:—

℞ *Ammonia carbonatis*, ʒj;

Tinct. opii, ʒij;

Mist. camphorat. ʒvij *ft. mis. cupis*
capt. 4tam part. omni hora.

The first dose was given whilst the bath was getting ready, and like the brandy was speedily ejected; the second was administered just after a paroxysm of cramp, and whilst in the bath, and was partly retained, as was the whole of the third, after which the retching subsided, and the cramp became less violent. She expressed great comfort from the bath, and after having been taken out she was placed between warm blankets, and bottles of warm water were applied to the soles of the feet and palms of the hands. After an interval of three hours I visited her a second time, and found that although she had had several attacks of spasm, yet that she was warmer and felt rather better. The pulse was stronger, the countenance less sunk and anxious, but there was still great prostration. Nothing, however, had passed per rectum since leaving the bath. I ordered her to sip a little warm arrow-root occasionally, to repeat the bath as before, and the mixture, a quarter part of which was to be taken every two hours.

Nine o'clock P.M. Astonishingly improved; surface generally warmer; feels quite comfortable ever since the second time of being put into the bath, and has had no recurrence of spasm whatever from that time. The countenance is no longer expressive of distressing anxiety, but is calm, and almost natural; pulse stronger and much more expressive; tongue white; in short, she does not appear like the same woman. She complained, however, of great soreness of her body and limbs generally (doubtless the effect of the spasms), on which account I directed the repetition of the bath, and ordered her to take ten grains of the compound powder of ipecacuanha after coming out of it.

August 4. She slept soundly during the night; the soreness is much better, all dangerous symptoms have left her, and she merely complains of weakness and a feeling of sinking at the precordia. Good animal diet and port wine were recommended, and aromatic tonics were prescribed. She has continued perfectly well to the present period, and has regained her wonted looks of good health.

That I may not occupy too much space in your valuable periodical I will not detail all the particulars of

CASE 2.

which occurred in a woman about the age of fifty, or a little more, and which were very similar to those of the former.

To this patient I was called in about four hours after the commencement of the attack, whereas in the former case seven hours had elapsed, and consequently I had an opportunity of personally witnessing the disease before it had produced that excessive collapse which had so nearly proved destructive to life. The symptoms, however, were precisely similar, excepting that the spasms, if any-thing, were more severe; and occurred at much shorter intervals; and so dreadfully affected were the flexor and extensor muscles of the hands, that the fingers were drawn in the most opposite directions. The matter vomited by this patient was, however, of a darker colour, and more resembling coffee-grounds, and emitted a strong acid smell. The feculent dejections, streaked with blood, were passed involuntarily, and produced a burning sensation at the anus. The agonies of the poor creature during the continuance of the spasms were heart-rending to behold. A similar plan of treatment to that of the first case was adopted with this patient, and I am happy to add with the best results. The return to convalescence, however, was slower, and she has not yet recovered from that excessive state of debility into which she was brought by the violence of the attack.

Besides these two cases I have witnessed many others of a less dangerous character, and which I am free to admit come more under the denomination of *English cholera*, as it is termed. In many of these, however, the disease has been more violent in its effects than is usually the case, and has not appeared to have arisen from the ordinary exciting cause of cholera in this country, viz., *offending ingesta*, but from sudden changes of temperature.

Of the correctness, therefore, of Dr. J. Johnson's predictions I leave the medical public to judge. For my own part I must say that I do not think them deserving of implicit confidence; and from the unqualified manner in which he has sent them forth to the world I cannot help thinking them injurious, on account of their being likely to engender a false feeling of security, and a careless adoption of measures which might, in the shape of *police regulations*, and under the blessing of Providence, prove efficient in mitigating the influence of the contagion, and in lessening its fatal effects.

It might, and doubtless will, be urged, that little can be augured from an individual case or two, and that it is a matter of policy to prevent the excitation of alarm. If, however, this policy be acted upon, the disease may commit extensive ravages before sanitary measures are had recourse to, and the alarm which would follow such a discovery would doubtless be tenfold more direful in

its effects than that which might result from the present disclosure. But I feel some consolation in knowing that my individual testimony does not stand alone. The case related by Dr. Roe, in a preceding Number of your Journal, would lead one to believe that there is great reason to fear that cholera has really manifested itself in London; and within the last week intelligence has reached me, from undeniable authorities, of the disease having proved fatal in four cases, (one a child, the other three previously healthy men), in a period of from two to thirty-six hours.

Now, Sir, these are staggering facts, and certainly demand attention. They should teach literary medical authorities to be more guarded in the dissemination of opinions connected with subjects of such momentous importance. I cannot help thinking too, that, after what I have related, it is imperative on the part of the "*collective wisdom*," which constitutes the new-appointed "*BOARD OF HEALTH*," immediately to commence investigations upon this matter, that further information may be obtained, and salutary measures adopted, for no one will, I think, be found to dispute the old adage—"Prevention is better than cure."

48, Paradise Street, Rotherhithe,
Sept. 9, 1831.

SEVERE CASE OF CHOLERA.

To the Editor of THE LANCET.

SIR,—Observing in THE LANCET of the 20th of last month, some interesting remarks on the English cholera, by Mr. Wilson, I beg to state that among a prodigious number of these cases which have lately fallen under my care, there was one, the symptoms of which I think were more distressing than either of those mentioned by Mr. Wilson. The patient, aged 66, was a nurse in St. Giles's workhouse, who, it appears, went to bed perfectly well on the 2nd of this month, and about an hour after was attacked with most distressing vomiting and purging, and with cramps in every part of her body to such a degree, that her arms were drawn up to her shoulders, the fingers completely shut, the feet and toes drawn upwards, and the calves of her legs in large knots, and a prickling sensation was felt all over her body, the face not excepted. The ward she slept in was in a distant part of the house, and owing to a mistake in locking a door which is usually kept open all night, and the key taken away, she could not obtain my assistance till the morning, when I never witnessed a human countenance so ghastly; her face was almost blue, the