

be at a little higher ebb than it is at present—when no man will disgrace himself by becoming a Fellow of an institution that admits none as “Fellow” but those who believe in a particular creed—only bowing the knee and swearing to obey laws in the making of which he has no voice, then my conduct will be ascribed to those motives which I know influenced me in manifesting it.—I have the pleasure to remain, yours in well-wishing,

JOHN EPPS, M.D.

89, Great Russell-Street, Nov. 1, 1833.

LONDON MEDICAL SOCIETY.

Monday, October 28th, 1833, concluded.

DIAGNOSIS OF MALIGNANT CHOLERA.

Mr. PROCTOR this evening inquired whether members generally had found the cholera at its last irruption less fierce than at its first appearance. My medical friends, he observed, most of them tell me that either their treatment has this season been more successful, or the disease has been much less severe.

Mr. STEPHENS (no one seeming to think that the severity of the disease had diminished) drew attention to some of the “minuter shades which distinguished the epidemic,” and dwelt long on the subject of troublous apprehensions and sensations within, experienced by himself during its prevalence, though not amounting to an attack of the disease,—expressing his opinion that “the world should know that feelings might exist during the epidemic, creating fear of, without leading to, it.” Carefulness in diet he regarded as of the first importance on such occasions.

Dr. WILLIAMS suspected that “mental anxiety” was the proper answer to the riddle.

Mr. STEPHENS said nay, but rather that the symptoms caused the mental anxiety.

Mr. PROCTOR.—These remarks lead me to say, that I think three distinct diseases prevailed during the epidemic. One of them diarrhœa, the other English cholera, the third Asiatic cholera. As an opinion has been promulgated that the malignant cholera existed in this country long before 1831, I wish to observe that I believe no two diseases to be more distinct than the English and the Asiatic cholera, and I believe that the cases in the Hackney Road Orphan Asylum, and those named by Dr. Ayre, were purely English cholera.

Dr. JOHNSON.—I am not disposed to agree with Mr. Proctor as to the three diseases. The diarrhœa is a beginning of

the epidemic cholera, and that diarrhœa is only a greater degree of what Mr. Stephens felt. Scarcely any one, indeed, enjoyed perfect health during the cholera season.

Mr. PROCTOR.—The diarrhœa was distinct, because it often went no further. Besides, just such diarrhœas have occurred at other than the cholera seasons. Cholera, too, in the majority of cases that I have seen, has afforded no premonitory signs.

Mr. HOOPER.—For my part I have always traced a preceding diarrhœa. Medical men may often have been deceived on this point, because many patients were afraid of medical men during the epidemic, and sought no advice till the disease was far advanced.

Mr. HEADLAND.—These discussions are very heterogeneous. We are all still at sea on the subject. The advances made by us towards obtaining a knowledge of the disease, are not such as to raise the scientific character of the profession. What a mess of remedies is our treatment! I attended one case in which four medical gentlemen were consulted, every one of whom prescribed differently.

Mr. BURT.—And did the patient recover?

Mr. HEADLAND.—He did, Sir. (*Laughter.*)

Mr. STEPHENS.—My experience leads me to say, that Mr. Proctor’s three diseases are all shades of the same malady.

Dr. WILLIAMS.—What, after all, is “malignant cholera?” How am I to know it from any other form of cholera? Some say that it kills rapidly; others, that it takes time. What is an undoubted diagnostic sign of the disease? I listened with great attention to Dr. Tytler’s statements, but I did not gather from him sufficient distinctive marks to guide me. How far are we to regard common cholera morbus as the first grade of malignant cholera?

Dr. UWINS.—I and Dr. Johnson must take great credit to ourselves for having dissipated the cholera-phobia when it first arose in this country. The epidemic (thus we understood the worthy doctor, who rather bothered us; for, from being one of the most modest, he renders himself one of the most unfortunate, of speakers)—the epidemic owed all its malignity to an increase of malignity in the atmosphere. One-tenth of a grain of arsenic may do no harm: two grains will kill. An excessive dose of poisonous atmosphere did the mischief. I saw many cases before “Asiatic cholera” was said to be in this country, which must be set down under the head of “malignant cholera.” Cholera is, in

fact, nothing more than a locked-up state of the secretions, and it is our business to unlock them, without plaguing ourselves about names.

Dr. NEGRIS.—I cannot coincide in these statements. The distinction between English and Asiatic cholera is quite plain. In the former, when the diarrhœa ceases, the patient is cured. In the latter, when it ceases the patient is worse,—he is then near dying. The signs also of the diarrhœa in the latter are very marked. When a patient is afflicted with the diarrhœa of Asiatic cholera, he presents a peculiar throbbing pulse, as though there had been much hemorrhage, or some affection of the heart, such a pulse as diarrhœa does not present under other circumstances,—a rather vivid and triflingly bloodshot eye, and an anxiety of countenance which is not common to simple diarrhœa. These, with the pathological characters detectable when the disease terminates fatally, render malignant cholera clearly distinguishable from the affections with which it is sometimes confounded.

Dr. SHEARMAN.—Till this point is fairly settled, all discussion on the disease is a waste of time. The distinctive marks between Asiatic and English cholera ought to be at once clearly pronounced, or the presumed distinction entirely waved. For my part, I believe them to be two diseases, candidly confessing, that during my experience of thirty or forty years, I never saw such a disease as that of 1831 before that time. Let us blindly wander from point to point no longer.

Dr. WALSHAM.—If the symptoms be the same, and such I consider them, why should the diseases be different? During the epidemic the symptoms may be more violent than at other times, but that is all. The same principles of treatment do for both,—dilution of the contents of the stomach, with chicken broth, for instance, and the use of purgatives,—though, to be sure, when collapse arrives, you can do nothing.

The PRESIDENT.—I dispute the position of Dr. SHEARMAN, for if we discuss none of the many questions that arise in this disease until our minds are satisfied on such and such points, we shall effect no good as a society. Gentlemen must, in the absence of certain preliminary information, tell each other, to the best of their ability, what they have seen, and the impressions made on their minds, no matter what views they support. We cannot conduct our discussion with strict regularity and mathematical order. The remarks of Dr. Negris, Gentlemen, are highly important. The distinction he has

laid down, and the stage of the disease at which he fixes a distinction, have never before, that I am aware, been remarked by any gentleman. If the signs he has named be present in some instances of diarrhœa and not in others; and if you often find that the diarrhœa in one case leads to malignant cholera, a most important point is decided. Gentlemen, the hour of adjournment has now arrived.

Monday, November 4th, 1833.

RESIGNATION OF THE MEDICAL OFFICERS OF THE ALDERSGATE-STREET DISPENSARY.

MISTRUSTING the courage of the Society, we did not announce last week that it was in the contemplation of several members to propose the ejection of Dr. WHITESIDE from their body, as an unfit individual to continue in fellowship with gentlemen whose interests he had eagerly sold for the price of a dishonourable notoriety. We rightly hesitated on the subject. To a certain compassionate feeling, however, we believe we must ascribe the apparent dereliction of a duty which the Society owed to the entire profession. It was rumoured that while, like JUDAS, the apostate physician had sold his brethren, like JUDAS he repented, and would, ere long, finding himself out of the pale of the profession, endeavour to re-enter it by returning his appointment into the hands of the committee. The conjecture was in some measure strengthened by an observation which fell from Dr. CLUTTERBUCK, who, with Dr. BIRKBECK, Mr. SALMON, and Mr. COULSON, were present this evening. Dr. CLUTTERBUCK having pointed out as a source of their defeat, the fact "that the committee out-voted the medical officers in the regulation question, by forty or fifty new governors made for the occasion,—a mode of carrying the question which the medical officers could not meet," observed, "Another cause of our failure was the readiness with which some individuals of the profession have aided the committee by coming forward to accept the offices we had vacated as places which it was no longer honourable to hold. I am sorry that even one of those individuals should be a member of this Society * * *. One who is even now, I believe, not influenced by improper motives in his conduct * * *, and one who will, I think, be the first to feel regret at finding himself placed as he is in the eyes of his professional brethren." The members contented themselves, under these circumstances, with passing the fourth of the following series of resolutions:—

1. "That in the opinion of this Society, the regulations recently recommended by the committee, and adopted by the subscribers of the General Dispensary, Aldersgate-Street, by which the medical appointments are offered to the competition of the richest, instead of the most talented candidates, is injurious to the interests of the poor, the respectability of the profession, and utterly subversive of the object for which such institutions were founded.

2. "That Drs. Birkbeck, Clutterbuck, Lambe, Roberts, and Messrs. Salmon and Coulson, are highly deserving the thanks of this Society, for the spirited and praiseworthy manner in which they have stepped forward to oppose the making public medical appointments matters of bargain and sale, and for resigning their offices, when they could no longer hold them without compromising their professional honour and independence.

3. "That the cordial thanks of this Society be given to H. R. H. the Duke of Sussex, for the zeal he has on all occasions manifested in patronising measures calculated to advance the interests of science, and to alleviate the sufferings of the distressed; and particularly for the countenance and support he so promptly afforded the late medical officers of the Aldersgate Dispensary, in their endeavours to uphold the dignity of the profession, and to promote the welfare of the sick poor.

4. "That the fellows of this Society exceedingly regret that any of their medical brethren should have so far forgotten the dignity of the profession to which they belong, and their own self-respect, as to have allowed themselves to be nominated and appointed to the vacant offices, trammelled as they now are by such an obnoxious regulation.

5. "That the foregoing resolutions be published in the Times, Morning Chronicle, and Globe newspapers, in The Lancet, Medical Gazette, and Medical and Surgical Journal; that copies of the votes of thanks, signed by the President on behalf of the Society, be transmitted to H. R. H. the Duke of Sussex, and to each of the late medical officers of the Aldersgate-Street Dispensary."

(Signed)
EDW. HEADLAND, } Secretaries.
H. P. ROBERTS, }

It is with regret that we postpone our report of the warmly-supported proceedings of the evening, but want of room compels us to omit it till next week.

ST. GEORGE'S HOSPITAL MEDICAL AND SURGICAL SOCIETY.

THURSDAY, October 10th, 1833. Dr. SEYMOUR in the chair.—This evening Mr. PEBBGRINE read a paper "On the Motion and Sounds of the Heart." He principally confined himself to the subject of its motion. Drs. HOPE, WILLIAMS, and Mr. LANE, followed in the discussion, and an argument ensued whether the impulse of the heart took place during the diastole or the systole of the ventricles, when the president called upon those gentlemen who had witnessed any of Dr. Hope's experiments, to give the result to the society; accordingly Dr. ALDIS said that he had seen some of Dr. Hope's experiments, and that the impulse occurred during the systole of the ventricles. He

also mentioned some cases, which had been under the care of Dr. Chambers, wherein there was a *bruit* with the first sound of the heart, and disease of the aortic valves. Mr. SMITH and Dr. HOPE afterwards had some discussion relative to the action of the auricles, and Mr. JAMES JOHNSON, after an amusing exordium to his speech, stated, that among his observations of Dr. Hope's experiments, no sound followed the contraction of the auricles. Dr. WILLIAMS in the course of the evening handed to the president an appendix which he had lately added to his work. A vote of thanks being passed for the gift, the meeting was adjourned till Thursday, October the 17th, when Mr. BRODIE took the chair, and Mr. JAMES JOHNSON read a paper on gonorrhœa.

Osteo-sarcoma.—Case of this Disease in both Jaws, in which Amputation at the Joint was effected, and very considerable Portions of each Bone were removed by Operation. By WILLIAM HETLING, Esq., M.R.C.S., Lect. on Surgery, and Surgeon to the Infirmary, Bristol.

THE above is the title of a paper in the 1st Vol. of the *Transactions of the Provincial Medical Association*, which, from want of space, we left unnoticed in our analysis of that work some months since. Our attention having since been called to Mr. Hetling's paper (which occupies more than sixty pages of the Vol.), we seize an opportunity briefly to speak of it. The paper embodies much more than the case. It comprises, in fact, a clever epitome of all that is known of osteo-sarcoma. Indeed, as an analysis, it almost exhausts the subject. The chief inference to be drawn from it is this—an important one—that diseases of the present description, either from the negligence of patients themselves, or from imperfect knowledge or indecision in the early treatment of the disease, are allowed to proceed so far that the knife at last becomes the only remedial measure. The references given in the appendix are valuable, and will save future writers on the subject much trouble, as the number of authorities has now accumulated to a very large amount.
