

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

sat another daughter, apparently half-starved, partially covered with a dirty blanket. In this room, in which this wretched family had lived for twelve years, there was no fire-place or fire, nor the vestige of a bed or bedding. The air of the place was so highly contaminated, in consequence of an accumulation of filth in one corner of the room, that it alone, independent of the influence of contagion, was sufficient to give origin to the most virulent pestilential disease. This family subsisted on *two shillings a week*, which small sum they got from the parish in which they lived. I could not have thought for a moment that in a city like this, renowned for its wealthy and benevolent inhabitants, a scene so revolting to human nature could have existed. The only effectual way of stopping the progress of this pestilence is to remove the *predisposition of the poor*. Why is this disease, it is frequently asked, confined almost exclusively to the wretched hovels of the Irish poor? Because they are suffering from the most acute moral and physical depression. Give food to the hungry, clothe the naked, remove the filth from the habitations of the poor, and the cholera will quickly disappear. Some months ago we heard of sermons being preached and collections made for the starving poor in Ireland; have our clergymen no sympathy for the starving poor in this great city? Is there not *one* benevolent clergyman who will set the example, and devote one half hour, in pleading on behalf of the miserable, starving, poor in London? Eloquence might here find a theme on which to exhaust itself. Would that the departed spirit of the benevolent Howard could visit this city;—what would be his sensations! I hope, Sir, the daily press, instead of devoting their time to the discussion of the question of the existence or non-existence of Asiatic cholera in London, will endeavour to rouse the dormant sympathies of the benevolent, by pointing out to them the condition of the starving poor in this city. What say the Scriptures: "Blessed is he that considereth the poor; the Lord will deliver him in time of trouble."—Psalm xli. With every apology for occupying so much space in your Journal, believe me to be your obliged and obedient servant,

FORBES WINSLOW.

London, March 5, 1832.

* * When we remember the hundreds of thousands of pounds which were subscribed in England some years since for the starving poor in Ireland, we are astonished at the apathy with which the famine in London is regarded by the Cræsus who were then so prominent in charity.

RAPID EFFUSION OF SERUM.

To the Editor of THE LANCET.

SIR,—I shall be obliged by the insertion of the following case:—

On Saturday evening, Feb. 18, I was called to — Jones, æt. 7, who, three weeks before, had had scarlet fever very mildly, from which he perfectly recovered in a few days. When I arrived the child was evidently dying, but quite sensible, and complaining of pain, and some tenderness across the abdomen, the pain half an hour before having been so violent, that he was rolling about the floor in excruciating agony. There was vomiting, but mere y of what he had eaten a short time before. The bowels had acted two or three times; motions quite natural. The minds of the friends being intent on the reigning topic, they surmised that it was cholera. Although I could detect nothing poisonous in what the child had vomited, I gave him an emetic with diluents, the pain having decreased so much, that I did not think opium called for—indeed I looked upon the case as hopeless. The boy sank rapidly, and died the following morning.

On a post-mortem examination of the body the following day, we found the cavity of the pleura completely filled with serum, so that the two sides of the chest contained about two quarts. The pericardium also was so full, that on puncturing it the fluid issued in a full stream. On a section of the lungs, serum appeared to issue from their cellular structure. The cavity of the abdomen contained about a pint of fluid. The transverse arch of the colon was covered in places by a deposition of lymph.

The above case I consider interesting, on account of the *rapid* or *insidious* manner in which effusion took place, the child being originally so perfectly free from every symptom of disease, that two hours before I saw him he was playing with a battledore and shuttlecock. An hour before that he carried a large basket full of wood up some very steep stairs eighteen or twenty times. His mother said he was quite well the same day; his appetite was good; he was lively, and in good spirits; his breath was not the least short on lying down, or at any other time. He had had, the day before, a very slight cough, but not sufficient to attract notice. I am, Sir, your obedient servant,

CHARLES H. SILVESTER.

6, Minerva Terrace, North Brixton,
March 3.