

chance of benefiting the patients be adopted in the treatment of cholera.

It will be objected that the strong, healthy, and robust succumb to the epidemic; but this is only apparently so: for no one can thoroughly fathom the arcana of the human frame, and many a man is looked upon as hale and strong with whom some function, some secretion, some process of organic elaboration is at fault. Such a man is apparently proof against the attacks of the poisonous influence, but his powerless grappling with the disease shows that something was wanting to make him truly strong and vigorous, and he dies, to the astonishment of those who do not look deeper than the surface. This is the secret of most recoveries, and this fact (or supposed fact) should serve to prevent the over-abundant drugging of cholera patients, of which some practitioners are too fond.

Admit that cholera, like typhus, is nothing more than the effect of a virulent principle, which, at certain times, and in certain places, is carried by the atmosphere, and all the symptoms are easy of explanation, and a treatment which might almost be called rational naturally flows from the hypothesis. The vomiting and dejections are a kind of violent attempt at elimination; the blood, perhaps still charged with the virus, becomes thick from the loss of its watery parts, and the two causes (one in some degree vital, and the other mechanical) give rise to an arrest of functions, to congestion in the cerebrum, and eventual death. When the vomiting and purging are over, the patient has to contend against—first, the weakness consequent upon the loss of so much albuminated fluid; and, secondly, the remains of the virulent principle in the inspissated blood left after the loss of so much water; and if his medical attendant can keep him alive until the blood becomes more dilute, and the poison thereby less active, he will have the credit of a cure.

That the poison once admitted into the circulation causes a kind of irritation in the blood is extremely probable, and the consequence of that irritation and abnormal state is an undue activity of the veins and glands of the intestinal and gastric mucous membrane. It may thus be doubted whether diarrhoea be really and truly a premonitory symptom; one might, on the contrary, be inclined to maintain that looseness of the bowels does harm during an epidemic of cholera only so far as it tends to weaken the individual. But his diarrhoea will be as free from serious results as it is in ordinary times, if the subject do not inhale a portion of atmospheric air sufficiently charged with the virulent choleraic principle.

We are aware that we are building an edifice upon a hypothetical basis; but though our position cannot be actually proved, it may nevertheless come very near the actual truth, if there is any reliance to be placed on analogies. However this may be, we need hardly tell our readers that several aggravated cases of cholera have been admitted and have died at some of our hospitals. The German hospital at Dalston has now two patients in the wards, who are recovering from the disease, and an emigrant from Hamburg died of cholera in that institution about a fortnight since. We shall shortly offer a detailed account of these cases.

At St. Mary's there have been several fatal cases, all coming from the same locality. At the Middlesex Hospital two cases have been admitted, of whom one died and the other recovered. But at Guy's, St. Bartholomew's, St. Thomas's, &c., &c., no cholera patients, as far as we could ascertain, have as yet been admitted, although private practitioners have had several cases of a fatal nature in Bermondsey, &c. As in former epidemics, the disease has also appeared in its usual form on board the *Dreadnought* hospital ship.

We shall just mention a few particulars of the cases which have come under our cognizance at St. Mary's and Middlesex Hospitals, and shall anxiously follow all the phases of the epidemic as manifested in our public institutions. The following case was noted down by Mr. Lawrence, one of the resident medical officers:—

Emma A—, aged nine years, was admitted Sept. 17th, 1853, into Carlisle ward. At seven o'clock on the morning of admission, this child was quite well and running about; but an hour afterwards she began to be sick, would not take her breakfast, and craved for drink. At about nine o'clock she began to be purged, and what she first passed consisted of healthy fecal matter; the purging, however, continued, and the stools became light-coloured and quite aqueous. The poor little girl did not complain of much pain, except some uneasiness in the chest. She had passed no urine since she was taken ill, and had been nursing a child belonging to a house where a woman lay dead from cholera.

On questioning the father, it was found that the child lived in a healthy place, and that she always had plenty of food,

though very little meat. A person was lying dead from cholera in the court where the patient has been for the last two days (Elm's-place); and a woman, about forty years of age, had been admitted into this hospital a week before from the same locality, and had died of cholera in twenty hours.

When this child was admitted, she was pulseless, though the heart's action was strong; the surface was quite cold, the countenance pinched and blue, and the patient complained of constant and almost unquenchable thirst; respiration 44.

She had at once a warm-air bath, brandy-and-water, salt-and-water, &c. The child was sick after taking the brandy; but as she had salt-and-water also, the vomiting might be looked upon as the effect of the latter. At five o'clock in the afternoon, the poor little girl was not quite so cold, but very low and debilitated. At seven o'clock, Mr. Lawrence was called to the patient, found her sinking, and she died a few minutes afterwards. On a post-mortem examination, no notable alteration was found, except hypertrophy of Peyer's glands.

MIDDLESEX HOSPITAL.

Cases of Cholera.

(Under the care of Dr. GOODFELLOW.)

ON Sunday, the 18th of September, a girl, seventeen years of age, was admitted, with all the symptoms of cholera. She was placed at three o'clock P.M. into Northumberland ward, and died at nine. (It will be remarked that Dr. Babington's suggestion is being acted upon at our public institutions, as the cholera patients are admitted into the general wards.) This patient had been taken ill two hours before admission, and was coming from a crowded and unhealthy neighbourhood. She was ordered brandy, a warm bath, and full doses of chlorate of potash. The girl had had severe vomiting and purging before admission, but had only two attacks of the kind after she had been received into the house. The surface remained blue and cold in spite of the means used to excite the circulation, and she died, as stated above, six hours after admission.

A little girl, seven years old, had been admitted, with all the symptoms of cholera, a few days before this patient was brought; and by means of the warm bath, stimulants, &c., she recovered rapidly.

CHARING-CROSS AND ST. BARTHOLOMEW'S HOSPITALS.

Talipes Equinus suspected to depend on Hysteria; Division of the Tendo-Achillis, and subsequent Orthopædic Treatment; Recovery.

(Under the care of Dr. CHOWNE and Mr. STANLEY.)

WE have had several opportunities of dwelling on the morbid tendency existing in some female patients, either to simulate certain affections, or to fall into the belief that they are really labouring under diseases and deformities; and the general impression left on our mind is, that a treatment directed to the invigoration of the system, to the rectification of uterine functions, and to a proper mental training, was the most likely to overcome the difficulties, and fit the patient to the performance of social and domestic duties. But the great stumbling-block which lies in the physician's way is the possibility of his making a mistake, and treating as fancied ailments actual pathological states, which may require very energetic therapeutical means. Nor is it a mere trifle to accuse a patient of deceit; for we get but little credit when we are right, and a large amount of blame when we are wrong. The physician must therefore bring all his discretion, judgment, and acumen into play, to avoid the quicksands which in such cases surround him on all sides.

We have known several cases in our hospitals, which passed from the physician's care into the hands of the surgeon; and in each case, strange to say, was the affection looked upon in a different light by the latter from what it had been by the former. These cases were principally connected with contractions of limbs, or supposed inability to move the leg, and as surgeons frequently come in contact with *bona fide* examples of such affections, they are not so likely to feel suspicions arising in their minds, and treat the cases upon general surgical principles. The patients cheerfully submit to various operations and the application of apparatuses, (sometimes of a very restraining nature,) and the affection, be it either real or feigned, is removed.

While indulging in these remarks, we are forcibly reminded of a former patient of Dr. Chowne, whose case was reported in this department of THE LANCET some time since. (Vol. i., 1852,

p. 94.) Here there was real or feigned contraction of the knee and the girl was discharged as hysterical; she finds, however, her way to St. George's Hospital, where she is placed under the care of Mr. Cutler, who sets matters right by orthopaedic treatment. Now did this patient deceive both the physician and the surgeon, or was the former mistaken? We incline to the belief in the former supposition, upon this simple ground, that when we asked the girl whether she ever had been in any other hospital of London, she coolly answered "No." The case upon which we beg this day to dwell for a few moments, bears the strongest analogy to the one quoted above; for the patient was also at first under Dr. Chowne's care, went subsequently to St. Bartholomew's, was treated surgically, and left in a fair way of recovery. One great difference, however, is that the woman did not deny having been under medical treatment before; but, on the contrary, protested energetically against certain suspicions of feigning which had been clearly hinted by the physician. We refrain from any reflection just now, and leave to our readers the task of distinguishing, by means of the following details, whether this second case is, or is not, perfectly analogous to the first.

S. W—, was admitted into the Charing-cross Hospital, under the care of Dr. Chowne, February 22nd, 1853. Her age is about thirty; she is of middle height and slight figure. The account which this patient gave of herself was marked by some extraordinary details and seeming exaggerations, which, together with an apparently uncandid expression of countenance, and a peculiar manner of describing and exemplifying certain difficulties with regard to the condition of her limbs, led Dr. Chowne to ask himself whether she was not one of those hysterical women, who, under a morbid impression of the mind, are apt to make statements liable to doubt as to the reality of the circumstances they describe.

As a child this woman enjoyed good health, and came into the condition of puberty at fourteen years of age; but, according to her own account, she has been ill more or less for fourteen years. The complaint was general weakness; but she states that she has been very bad during the last five years; that her first severe attack was on the heart: that it consisted of violent pain and palpitation, and that the organ beat as violently as if it would really come out. She further says that her medical man got on her bed, and knelt with all his weight on her heart to keep it still; that when he was kneeling on her she was half afraid he would break her ribs,* and observed to him that he must not kneel any heavier. She considered that this pressure gave her relief, and she asked the surgeon to take her out of bed, and stand on her chest, to keep her heart still! The medical attendant did not do so, however, and very properly, and at last he recommended no other pressure than a bandage would produce. After this, she had what she calls spasms, but the attack on the heart she did not consider spasms. The cardiac pain came just below the heart and in the lower part of the body, and then it caused stoppage of urine, so that the use of the catheter was necessary, the instrument being introduced two or three times a day for a long time. She feels sometimes as if the womb had fallen. She said also that about six months prior to her coming into the hospital she was seized with a stiffness of the left arm and hand, from the shoulder to the tip of her fingers; that her arms and fingers were as if dead; had no movement, and could not be bent.

The prominent difficulties of which she complains, and for which she obtained admission into the hospital, are, that her ankle is stiff, that the stiffness extends to her knee and hip-joint; that, on the one hand, she has not any strength or power of herself, either in her foot, instep, or leg; and, on the other hand, that the ankle-joint is not movable by the efforts of any one else. The patient observed, moreover, that when her arm and fingers were stiff and immovable they were quite cold, not in pain, but benumbed, and quite dark blue or purple. They were bathed with bay salt and hot water, and it was, she says, during this period that the foot and leg of the same side were attacked as already described.

Besides mentioning that the ankle and knee and hip were stiff, the woman said that when she attempted to walk with her crutches, the affected limb was forcibly drawn forward and across the other, so that during whatever progress she made on her sound leg, with the help of crutches, the leg said to be affected was crossed over, and in advance of the other.

Dr. Chowne said to the patient that he had no doubt of her having had attacks of spasms and of palpitations, but he could not consider the statement that her medical man "knelt upon

her heart for the purpose of keeping it quiet" to be correct, and this threw a doubt over her description of the present condition of the leg.

Upon his examination of the limb and attempting to flex the foot, he found at first a seemingly very firm rigidity; but upon continuing the pressure, and at the same time engaging the patient's attention to another subject, the joint gradually yielded, and it did not require either excessive pressure nor a great length of time to bring the foot fairly at right angles with the tibia, and the capability of lateral movement was also proved. At other times the state of the joint and the power of the muscles, with regard to voluntary action, were made subjects of particular attention. While, for instance, the leg was kept steady by one hand, and the foot moved pretty rapidly in different directions, varying suddenly (and of course unexpectedly to the patient) the force and direction and quickness of the movements, it was found that the muscles were capable of very strong voluntary resistance. Nothing could be more obvious indeed than that there was muscular and voluntary resistance to the hand.*

With regard to the affected foot being brought forward against her will, and crossed over the other, during her attempts to walk, Dr. Chowne endeavoured to ascertain whether there existed any peculiar action in the adductor muscles during attempted progression with the limb. She was therefore requested to sit quite upon the edge of her bed, with her feet upon the floor, in the ordinary sitting position, and then a finger being held near the point of her shoe, she was desired to raise the foot and let it follow the finger as it moved upward. This she did, and, without any difficulty, brought the leg and femur so high as to be at right angles with the body, without any undue action of the adductor muscles, or any tendency to cross over before the other. In the supine position the leg could also be raised without crossing over the other.

The limb said to be affected was not found to be perceptibly colder to the touch than the other; it had been ascertained, however, that it was smaller than its fellow, and Dr. Chowne remarked, in relation to this point, that, although diminution of size might be the result of disuse, he did not venture to say it was so in the present case.

During her stay in the hospital this patient was more the subject of observation and investigation than of active treatment. So far as her general health was concerned, she had not any important symptoms of ill-health, except on one occasion, a severe attack of spasmodic difficulty of breathing, accompanied by pain in the chest, which, by means of ether and camphor, soon passed off.

At this period the patient informed Dr. Chowne that, prior to her admission into the hospital, she had complained of severe pains in the region of the uterus, and had consulted a physician in London, who made an ordinary examination per vaginam, which examination, however, was so painful, that (to use her own expression) she felt as if almost the whole hand was introduced. Shortly prior to her leaving the hospital, she complained of slight pains in the uterine region, and a similar examination was made, but without detecting any disease.

Dr. Chowne remarked, in relation to the state of the limb, that as the peculiar accounts she had given, (accounts which, in the course of his observations, had been rendered at least doubtful,) had not afforded him any satisfactory or valid guide for treatment, he did not deem it desirable to detain her longer in the hospital, and she was accordingly discharged about two months after admission.

Let us now follow this patient to St. Bartholomew's Hospital, where we were not surprised to see her, accustomed as we are to these metropolitan migrations of patients from one hospital to the other. She did not deny, as stated above, any portion of her history, but complained bitterly of having been suspected.

ST. BARTHOLOMEW'S HOSPITAL.

Talipes Equinus, supposed elsewhere to be feigned; Division of the Tendo-Achillis; Scarpa's Boot; Recovery.

(Under the care of Mr. STANLEY.)

S. W—, aged thirty, an unhealthy-looking woman, and unmarried, was admitted into Lucas ward, May 19, 1853, with talipes equinus, which had existed nine months, being consequent, according to her history, on an attack of hemiplegia. She was ordered broth diet, and saline purgatives to regulate her bowels, which were constipated.

* Dr. Chowne, in alluding to this incident, stated that he knew the medical man, and was sure he would not adopt any but scientific and proper treatment.

* Dr. Chowne was kind enough to give us an opportunity of ourselves putting the patient to this test, and we felt this resistance very distinctly.