

was entered in the book as one of pneumonia. The proof that the honorary surgeons did not exaggerate, lies in the fact, that the children, under seven years of age (to which class their attention was confined), from the formation of the Union, to the time of the report, had died at the rate of twenty-three and a half per cent. per annum! Did Mr. Barnett also keep back this little fact from the knowledge of the Committee? I suppose Mr. B. was not sworn to tell the *whole* truth. I believe that this person's evidence was taken through the influence of the Poor Law Commissioners, who wished to avail themselves of his shrewdness and tact, to show how successful the Poor Law Amendment Act might be introduced into large manufacturing towns; and I strongly suspect, for my correspondent has only furnished me with a copy of Mr. Barnett's *medical evidence*, that it would be very desirable to hear what Mr. J. Hicklin, one of the present Guardians, and Mr. T. H. Smith, the auditor, have to say on the working of the Act in Nottingham. I am, Sir, your obedient servant,

WM. VALENTINE.

Cae Bwld, near Caernarvon,
August 18th, 1837.

* * We entirely acquit Mr. VALENTINE, and his equally respected colleagues, of a charge, if any such have been made, of having wilfully, or knowingly, contributed to the degradation of the profession; but why, we ask, did those gentlemen step forward to relieve the Poor Law Commissioners and Guardians from the responsibility which the law had justly imposed upon them, by offering to act gratuitously, as medical advisers, when, according to Mr. VALENTINE'S statement, now before us, he admits that a salary of £120 per annum was not a sufficient remuneration for the medical officer whom the Guardians had appointed. On this point we are content to rest the whole of our case.

MALIGNANT CHOLERA?

To the Editor of THE LANCET.

SIR:—Although it would be undesirable to create any unnecessary alarm in the public mind, yet it seems important that the medical profession in the metropolis should be aware of the existence of a disease which should call forth their utmost vigilance and skill. For this purpose I submit to your

discretion the publication of the following case, which has just fallen under my observation:—

About ten o'clock in the evening of Thursday last (the 17th inst.), Mrs. M., living in the immediate neighbourhood of the Post Office, St. Martin's le Grand, brought to me her infant, aged 13 months. The child had been quite well until within the last two hours. Since then she had appeared very poorly, and had been twice sick. No other symptoms had been observed. As the nature of the disease was not at all evident, I merely directed a few grains of ipecacuanha, to unload the stomach, to be followed by a dose of calomel, to clear the bowels. I requested the mother to come again in the morning, unless the child had recovered its usual state of health.

I had just left home, at half-past eleven on the following morning, not having received any message in the meantime, from my patient, when I was met by the mother, who anxiously requested me to go and see her child who, she feared, was dying. On entering the room, I was immediately struck with the countenance of the child, from its remarkable likeness to the physiognomy of cholera maligna, a disease which I had not seen in this neighbourhood for the last three years. The skin of the body, generally, was blue and cold. Placing my ear on the chest, I heard the crepitating and sub-crepitating rattles on both sides. The symptoms which had occurred since the preceding evening had produced no alarm until within the last two hours, when the blueness began to appear. There had been vomiting two or three times, and she had been purged six or seven times, but without cramps, convulsions, or any expression of pain. I was told that the child had passed an abundance of urine. I ordered the immediate application of mustard poultices, small doses of calomel, with the compound powder of chalk and opium, and the use of beef-tea, well-seasoned with salt, as a beverage.

It was all too late, for within a quarter of an hour the child expired.

I strongly suspected that this was a case of malignant cholera, although some of the symptoms which are usual in such cases were absent, and I had heard of no similar cases in the city. But, in order to arrive at certainty, I obtained permission of the friends to make an examination of the body, when the following appearances presented themselves. The time which has elapsed since death, was about twenty-six hours:—

External.—There was no rigidity of the limbs. The skin, generally, was of a livid colour, but the fingers, toes, and the posterior parts of the trunk, were of a deep purple. The features wore a rather less sunken and livid appearance than before death.

Internal.—1. The bladder had shrunk to

the size of a *raisin*. Of course it contained no urine.

2. The surface of the peritoneum was *almost dry*, as if it had been some time exposed to the air. The *pluræ* were in the same condition. The pericardium contained its usual quantity of a light straw-coloured fluid.

3. The mucous surface of the small intestines was covered at intervals with *irregular patches of an eruption*, bearing some resemblance to the clusters of vesicles which appear on the skin in *herpes zoster*, and which were composed of enlarged Peyerian glands. The glands of Brunner were developed in a similar manner. The submucous tissue abounded with *small red* spots of ecchymosis*. The vessels of the mucous membrane of the duodenum, jejunum, and ilium, were generally congested, but most remarkably so at the edges of the *valvulæ conniventes*. The stomach was distended partly with fluid, and partly with air, but it presented no appearances of disease. The descending portion of the colon was empty, and had shrunk to the size of one of the small intestines.

4. The lungs were gorged with black blood, except at the anterior and upper part of each. The *engorgement* was not sufficient to make any portion sink in water. The heart was filled on both sides with black blood, in a state of semi-coagulation, nearly as dark as tar, and of about the same consistence. The same kind of fluid filled the aorta and pulmonary artery, as well as the large veins.

5. The gall-bladder was full of bile, which presented the usual appearance. *No bile was found in the intestines*, except in those portions which had been coloured by the transudation which had taken place after death.

The fluid contained in the stomach and intestines resembled a mixture of water with ground rice, or of half-boiled gruel in which the particles of oatmeal were still visible. It was almost devoid of smell.

Up to the present time I have seen no new case of cholera, but there are several cases of diarrhoea in the neighbourhood.

I am, Sir, yours, respectively,

JOHN MANN, M.R.C.S.

Aldersgate-street,

Monday evening, Aug. 21, 1837.

To the Editor of THE LANCET.

SIR:—Should you consider the accompanying case of sufficient interest to merit insertion in the pages of your Journal, it is at your service. I remain, Sir, yours, &c.

ALFRED HAMILTON.

Broad-street Buildings, Aug. 21, 1837.

James Longhorn, aged thirty, a sailor, was keeping watch on board his ship, in the river, on Sunday night, August 13; he was walking the deck, smoking, when, it is sup-

posed (for we could never ascertain accurately) that he either fell down, or struck himself against some object by which the pipe in his mouth was driven into the tongue and broken. He was alone in the vessel at the time of the accident, but his brother sailors state, that on the next morning there was but little appearance of blood on deck, that he made signs to them that he had pulled out three small pieces of the broken pipe. On the following day the tongue was much swollen, and he got some gargle for it; it continued getting worse, and on the afternoon of Thursday, the 17th, he was brought to the *London Hospital*.

On admission the poor fellow was in a state of threatening suffocation, with great difficulty of breathing; he had not been able to speak, and had only swallowed a small quantity of fluid since the accident occurred; the mouth was closed, and there was some swelling around the neck, particularly at the back part. On separating the jaws, the tongue was found enormously enlarged, and the dressers, Messrs. Evans and Crabb, feeling fluctuation, lanced it, and gave exit to about an ounce of purulent fluid, mixed with blood, by which the man was for a time relieved; leeches were also applied over the larynx. The symptoms, however, soon became more severe, and on my reaching the hospital at nine o'clock, the man was in a much worse condition; the difficulty of breathing was increased, and it was evident that if not relieved he would soon die from suffocation. The mouth was forcibly held open by a piece of wood, and on examining the tongue I found the opening where it had been lanced: through this a probe was passed, and about two inches down, in the substance of the tongue, it struck against some hard body. This, after some little time, I succeeded in grasping, with a long thin pair of forceps, and extracted a piece of pipe, four inches in length. Immediately after it was removed there gushed from the mouth and nostrils a most frightful torrent of dark-coloured blood, and although I instantly compressed the carotid artery, first on the right side, and then on the left also, the man was dead in little more than one minute.

On examination of the neck on the following day, we found that the pipe had entered at the right side, near the tip of the tongue, traversed its substance, obliquely, emerged on the opposite side near the root, passed just below the left tonsil, and completely through the left carotid artery and internal jugular vein, so that the tobacco-pipe had acted as a plug to the wound in those vessels, and immediately the plug was removed the fatal hæmorrhage occurred. The lungs were excessively congested, and the larynx, trachea, and bronchial tubes were very much inflamed, and loaded with a thick, bloody mucus.