

Concomitant Degeneration of the Ophthalmic Artery.§—The arteries within the skull I believe to be those which are the earliest to give evidence of degeneration, and we can seldom examine the brain after the age of fifty without finding that these vessels already present traces, more or less obvious, of this alteration. The above condition may exist, too, without the patients having suffered from head-affection, and the brain shall be found, in all respects, healthy. Distinct osseous deposition in the coats of these arteries is far more uncommon than is the like change in other parts of the arterial system; and whilst the aorta and larger vessels of the lower limb present ossific patches, the arteries of the brain are generally rendered opaque, only, by that precursory process—fatty degeneration. It is by no means uncommon, I find, to see the ophthalmic arteries in the last-mentioned condition in the old subject, and where the arcus is developed. "In several cases of internal (?) and external arcus senilis Dr. Schön has found the ophthalmic artery ossified." (Mackenzie).*

(To be continued.)

CHOLERA IN JAMAICA.

AN ACCOUNT OF THE FIRST OUTBREAK OF THE DISEASE IN THAT ISLAND IN 1850.

By J. WATSON, Esq., Surgeon of the Naval Hospital, Jamaica.

THE ancient but decayed town of Port Royal consists of perhaps the filthiest collection of hovels, occupied by the filthiest inmates, which the whole civilized world can show. It is built on a peninsula of sand, which is only about two or three feet above the sea level. Any rain that falls soon percolates through the sand; the sea-breezes blow constantly by day, and in general the place is looked upon as salubrious for Jamaica, in spite of its filth. Indeed it is frequently resorted to by invalids from other quarters, for the sake of its fresh sea-breezes. By the last census, the population was between 900 and 1000. The past summer was unusually rainy, and the tides, in the latter part of September and beginning of October, were uncommonly high, two coincident circumstances, which rendered the ground floor of houses damp. It is the practice of the great majority of the natives to sleep on those floors, with nothing more than a mat under them, and commonly in the same rags which they wear during the day. The doors and windows are shut, and from six to twelve persons are thus pent up in a space less than is comprised in the dimensions of a common sitting-room. The temperature in the shade, during the day, has averaged 88° Fahr., and a few degrees lower at night, and the barometer was observed to range lower than usual. The natives, who are of all shades of colour from black to white, but mostly black or dark brown, live chiefly on fish salt or fresh, and large quantities of the crude vegetables of the country, such as yams and plantains. Drunkenness is not particularly their besetting sin.

Everything thing being thus admirably disposed to encourage the full development of any pestilence, I was, on the 7th of October, requested to see a woman, about fifty years of age; she complained of having been purged the preceding night, and was, when first seen, cold, and had cramps of the extremities. She was also passing upwards and downwards the rice-water-looking fluid characteristic of Asiatic cholera. She died the same day. At this time, no one entertained any suspicion that such a pestilence was hovering over the island. In consideration of the mischief which would be caused by the announcement that cholera had appeared, if it should turn out to be unfounded, the coroner, who was furnished with a written statement of the case, consented to dispense with an inquest.

On the night of the 7th and on the 8th two other persons became affected with similar symptoms, in the same neighbourhood, and died rapidly. After making two post-mortem examinations, I reported formally to the authorities that

malignant Asiatic cholera existed in the town. At first the report was received with incredulity, and was poo-poo'd; but the danger of the reported calamity was too terrible to permit it to be disregarded. The custos of the parish (I believe this official corresponds with our lord lieutenant of a county) and some medical gentlemen were deputed from Kingston to investigate here, when only the three cases above mentioned had occurred.

I am not quite certain whether they were at once convinced when I detailed the histories of those cases. However, the disease very quickly spread abroad through this town in such a way as to be unmistakable. In less than a month it destroyed upwards of 250 of the inhabitants, or one-fourth of the entire population.

About a week or less after cholera appeared in Port Royal, a few stray cases were reported in Kingston, a large city of 50,000 inhabitants, situated at the head of the harbour. Somewhat later, it was found in Spanish Town, which is the capital, and which is about twelve miles from Kingston inland; and simultaneously the low-lying villages on the plain, and near the margins of this extensive harbour, were most severely attacked. Cholera gradually advanced into the central parts of the island, and is reported to have reached the towns on the north side.

In Kingstown and Spanish Town, which I think might successfully dispute with Port Royal its acknowledged pre-eminence in filth, fœtor, and all unwholesome abominations, and which are so far worse because they are much larger there, in both towns, the mortality has been terrible, but it is yet of unascertained magnitude, and unchecked.

There was of course very soon a general panic. Some said the disease was imported by the medium of contagion; there consequently appeared in many places great unwillingness to attend to the sick, and even difficulty in procuring people to inter the dead. The latter were reported, in many instances, to have been cast away in by-places to get rid of their bodies, and they were only discovered by the John Crows, or carrion crows of the island. Husbands refused to put their hands on the dead bodies of their wives to lift them into coffins, and even mothers deserted their children when the latter took the disease. Such were the mature fruits of teaching the people to believe cholera to be contagious. In Port Royal, where we preach, I believe, a truer and certainly a more comforting belief, the poor people showed no unwillingness to help one another in their deep distress.

I do not propose now to attempt a medical history of this epidemic. The symptoms in the persons attacked here were similar to those which I witnessed in Lisbon in 1833, and which are reported to exist in cholera patients in all parts of the world. The treatment has embraced the usual remedies, and they have in most instances been equally ineffectual here as elsewhere after the disease fairly developed itself. My present object is to throw as much light on the statistics of cholera in Jamaica, on this its first visit to the colony, as my opportunities of observation and my abilities will permit me to do.

For many months past, American steamers have been in the custom of touching here and at Kingston on their voyage between New York and Chagres, for the purposes of coaling, receiving and discharging passengers, &c. Their passengers and crews landed, of course, at both places.

About a week before cholera appeared in Port Royal, two young men arrived from Chagres at this place. They reported that their father died of cholera at Chagres shortly before they left. Those two were the only individuals, so far as I can learn, who, about that time, became resident here after returning from Chagres, where cholera was said to exist, and they were suspected to have introduced the disease. They both laboured under common intermittent fever on their debarkation, for which I attended them, and they were soon restored to perfect health, after taking some doses of quinine. No case of cholera has up to this time occurred in their house, nor in the two adjoining houses, right and left of theirs. No ship is known to have arrived in this port with a case of cholera on board, or which has had any one ill of that disease during the voyage from Chagres, or elsewhere, to Port Royal.

The disease exhausted itself here in less than a month from the date of its first appearance. Nine medical officers were assiduously employed for that space of time, day and night, attending to the sick in the fœtid hovels of the town, and in the hospital, not one of whom was seized. There is here a small respectable community, belonging to the church, the navy, and army, who, with their families, are placed in circumstances favourable to health. Not one of them has yet taken cholera, nor any member of their families, although they

* Ossification of the Coronary Arteries, associated with Fatty Degeneration of the Heart.—Dr. Quain says—"In thirteen of the thirty-three cases of fatty degeneration of the heart (Series I.), the coronary arteries were more or less ossified or obstructed, likewise in seven of the second series, and in five of the third. In all the cases I have myself examined on this point (except in a case of phthisis, and in some cases allied with it), I have found more or less obstruction of these vessels. I have seen the coronary artery extremely ossified, going to the only part of the heart affected, (see Case 26, Series I.) A nearly similar condition will be found reported as having existed in several other cases in both series. At least arteries proceeding to the seat of the disease are found more or less obstructed, (see Cases 9 & 26, Series I., and Cases 2 & 3, Series I.) In the last case the coronary artery was single and ossified."—*Med.-Chir. Trans.*, vol. xxxiii. 1850.

formed part of a community which was losing one-fourth of its number.

In Spanishtown and Kingstown, the well fed and properly housed portion of the inhabitants have not experienced the same immunity, as many of them have died. It may be observed, however, that persons of a similar class here are generally in the prime and vigour of life, as they are necessarily occupied in the performance of duties which could not be discharged at the advanced age to which many of the respectable civilians in the island have attained. Moreover, the persons alluded to here are mostly unmarried, and have therefore less of the class of young children and other predisposed individuals among them.

On the first outbreak of cholera, the Naval Hospital contained about thirty patients, most of whom were far advanced in convalescence from intermittent fever, which they had contracted in the *Bermuda* schooner, at Grey Town, Nicaragua. One of them died of cholera.

Five days after cholera showed itself, the *Indefatigable* frigate arrived, also from Grey Town. Her crew was sickly, from a similar fever to that with which the *Bermuda's* people were affected, and it was contracted at the same place. Her men, however, were very weak on their arrival; whereas the crew of the *Bermuda*, as has been just stated, was nearly restored to health.

We are quite accustomed, in this hospital, to the type of fever which generally prevails in ships returning from Nicaragua: it is, when the patients reach this place, usually intermittent, manageable, and curable by proper nourishment, quietude, and medicine.

The *Indefatigable* sent to hospital, at this unfortunate juncture, 121 patients. They did not convalesce well, and most of them had diarrhoea. Twenty-nine men died from the undermentioned causes—viz., Seven of uncomplicated fever; eight of pure cholera, sent in the first instance as such from the frigate, which did not allow communication with the town; thirteen, first admitted for the cure of fever, who afterwards were seized with, and died of, cholera; and one man who was sent to the hospital as a nurse, who became the subject of cholera.

In the meantime, seven persons belonging to the hospital staff died—viz., Five nurses—men taken from the same class of the natives, who were then dying in numbers in the town; one washerwoman, a debilitated old creature; and the cook, an old discharged soldier.

On the 12th inst., the sloop *Persian* came into port from the same Grey Town, and her men had suffered more than had the crews of the *Indefatigable* and *Bermuda*, because she had been employed there more than thirteen weeks, a much longer period than either of the other two vessels. The *Persian* had lost many of her men from fever, at Grey Town, and on her voyage to Port Royal; and on her arrival, her officers and people were universally affected with aguish ailments, or with debility, arising from former attacks of fever. She arrived here a few days after patients had ceased to die of cholera in the hospital, and before the mortality had quite terminated in the town, and has up to this time sent fifty officers and men to the hospital.

The *Persian's* patients were of necessity placed in the same wards in which cholera patients had recently died, and which still contained patients convalescent from cholera: they were attended by the same nurses and medical officers, and were surrounded by every circumstance conducive to the contagious extension to them of cholera. Not one of those men, up to the present time, has been affected with that disease, and their convalescence has been generally very favourable. Only one man died in hospital, and he was admitted moribund, affected with fever.

To recapitulate: *Bermuda's* people, being nearly restored to health, before cholera appears, lose only one man in hospital by cholera.

Indefatigable comes in when the disease is raging with the utmost virulence in the place, and suffers very severely.

Persian arrives when cholera has ceased, or nearly on shore, and although her patients are exposed to every imaginable source of contagion, they totally escape contamination, and have convalesced as favourably as such patients usually do.

I cannot reconcile those very remarkable and interesting facts with the opinion which a great number of people entertain, that contagion has been the principal agent in the spread of cholera in Jamaica. On the contrary, I think they prove, that if it acted at all, it played only a secondary part, and that some totally different influence mainly directed the march of the present fatal epidemic.

Certain learned Pandits tell us that the contagion of

cholera is so virulent as to attach itself in some miraculous way to two lads, who, however, are not themselves attacked; that these two individuals carry their invisible charge through a sea voyage, and then contaminate the whole population of Jamaica. Will they be pleased to explain how it happened, that, if this contagion be so virulent, fifty highly predisposed men were thrust into hospital wards which were still reeking with the emanations from the bodies of cholera patients, and that not one of them took cholera?

While the above-mentioned melancholy scenes were being enacted in the town, and in the hospital, the soldiers in the garrison, white and black troops, who with their wives and children amounted to about three hundred individuals, became subject to the disease, and lost in a few days, I think about eighty out of their number. They were marched to Stoneyhill barracks, which at the time was very deficient in sleeping accommodation, and in every way less comfortable than the quarters they left. The march (through a swampy country) of twelve miles or thereabout, was performed under a heavy incessant rain. The change under these adverse circumstances was so beneficial, that the pestilence was checked among them.

Port Royal, Jamaica, Nov. 26, 1850.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

Congenital Inguinal Hernia; Strangulation; Operation.
Death. Autopsy.

(Under the care of Mr. ERICHSEN.)

We had, a little time ago, occasion to record a case of congenital hernia, of the inguinal kind, which presented this peculiarity—that the communication between the tunica vaginalis and peritonæum had existed for many years without any of the viscera being displaced, or else that some portion of bowel had been for an indefinite time lodged in the canal without the patient's knowledge. The case occurred in the London Hospital, under the care of Mr. Critchett.* (*THE LANCET*, December 7, 1850, p. 632.) We recently observed another instance of congenital hernia, at the University College Hospital, under the care of Mr. Erichsen, offering several features of interest, which will appear in the sequel. Among these we would, however, mention at once the apparently great length of time which may elapse before any portion of the abdominal viscera are protruded through the unclosed portion of the tunica vaginalis. In the London Hospital case, it might be supposed that no protrusion took place for a great number of years; and in the one presently to be related, the hernia followed a kick on the groin when the patient was a few years old. Under such circumstances the pathologist might certainly find some repugnance in writing "*congenital hernia*," and would probably prefer saying, "hernia connected with congenital imperfection." We subjoin an account of Mr. Erichsen's case, the details of which were kindly furnished by Mr. Watkin Williams, house-surgeon to the hospital.

The patient, a married man about fifty years of age and following the occupation of horse-keeper, was admitted December 1st, 1850, under the care of Mr. Erichsen. His

* We would here beg to introduce a remark bearing upon the practice of insurance offices. The proposer is told, that if any of his statements are hereafter found untrue, the contract will be invalidated; and in the series of questions he is asked, "Are you labouring under any form of hernia?" To which he may readily answer, (as Mr. Critchett's patient would have done,) "No." But suppose a case similar to the above; the office would, of course, inquire of what disease the assured died, and hearing that it was from strangulated hernia, would demur paying the claim. Such a litigation has really occurred, and we would suggest that the validity of the contract should not rest on the evidence of the assured, but on the (remunerated) investigation of the usual medical attendant of the proposer, controlled, if the office think proper, by an examination carefully made by their own surgeon. No one can tell, unless a close scrutiny be submitted to, whether hernia exists or not.