

CHOLERA.

57. Cholera is the topic of deepest interest at the present time. This pestilence is now prevailing over the larger portion of our country, causing in some places an almost incredible mortality, and nearly everywhere creating terror and alarm. To the medical profession, the public look for the measures best calculated to arrest the progress of the pestilence, and for the remedies adapted to lessen its fatality; and it behooves them to devote, with untiring zeal, their best energies to fulfil these expectations. With the desire to assist in this labour, we have collected and present, in the following articles, all the late investigations and discoveries which have been made, relative to the pathology, treatment, &c. &c., of the scourge which is now afflicting us.

58. *Pathological Appearances in Cholera.*—The alterations observed by M. VIRKHOW, in the intestinal canal, consist in an uniform invasion of the entire mucous membrane, without any special affection of the glandular apparatus. It is true that the solitary glands are sometimes diseased as well as those of Peyer, but these lesions are far from constant. The changes in the mucous membrane itself are very like those of diphtheritis, commencing in intense hyperæmia, with extravasation of blood, and the exudation of a whitish membrane. At this period the microscope exhibits an amorphous granular matter, interposed between the fibres of the mucous membrane, which becomes partially sphacelated. These changes are mostly seen at the lower end of the small intestine. It should be remarked that these diphtheritic appearances were not constant.

The intestinal secretions sometimes contained albumen, at others only saline ingredients. The mesenteries were almost constantly infiltrated with a peculiar whitish granular matter.

The author also frequently met with engorgement of the spleen, but this was chiefly among boatmen, many of whom had been the subjects of intermittents.

The stomach was not remarkable for any constant morbid appearance, it was generally distended and intensely injected. An epithelial exfoliation was always seen in the duodenum, and its villi were often infiltrated with fatty matter. The gall-bladder always contained an abundance of bile. The liver was pale and exsanguine. The calices of the kidney exhibited capillary injections, with increased epithelial secretions. The bladder was always empty, and closely contracted. The lungs collapsed on opening the thorax; their inferior lobe was often engorged. In several cases the author found interlobular emphysema. The pleura was sometimes covered with patches of false membrane. The heart was pale, and rigidly contracted on the left side, but the right cavities were always gorged with dark, coagulated blood, mixed with fibrinous concretions, in which were globules resembling pus. The veins were generally gorged with black blood, while the arterial system was empty. The heart was always healthy.

Such were the appearances in the algide period of cholera. In cases which died during the typhoid period, signs of inflammation with exudation were observed in various organs. It was at the commencement of this stage that the diphtheritic patches were commonly noticed, both in the intestines and in the vagina, especially when the patient had been seized during menstruation. The lungs sometimes exhibited apoplectic extravasations. In the kidney, there were often seen the appearances indicative of acute albuminous nephritis.—*Gazette Méd.*, Jan. 20th.

59. *Hypertrophy of Peyer's Glands in Cholera.*—The numerous microscopic investigations which have lately been made in Paris, tend to establish that hypertrophy of the intestinal follicles, coinciding with a protrusion of Peyer's glands, and more or less vascularity, are pretty constantly found in persons who have died of cholera. Large ecchymoses have also been discovered in all the parenchymatous organs, not only on their surface, but situated within their substance. These ecchymoses have been found so extensive, and of so dark a colour, that they looked very much like gangrenous patches.—*Lancet*, May 1849.