

Result of an inquiry into the invariable existence of a premonitory diarrhoea in cholera, in a series of communications to the Registrar-General / by David Macloughlin.

Contributors

Macloughlin, David, 1786-1870.
Great Britain. General Register Office.
Great Britain. Colonial Office. Library
King's College London

Publication/Creation

London : John Churchill, 1854.

Persistent URL

<https://wellcomecollection.org/works/qadh3gz9>

License and attribution

This material has been provided by King's College London. The original may be consulted at King's College London, where the originals may be consulted.

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



KING'S
College
LONDON

FC02 RC126 MA2

Library

Macloughlin

Result of an inquiry

1854

201174481 7



KINGS COLLEGE LONDON



**Transferred on
permanent loan**

MMVII

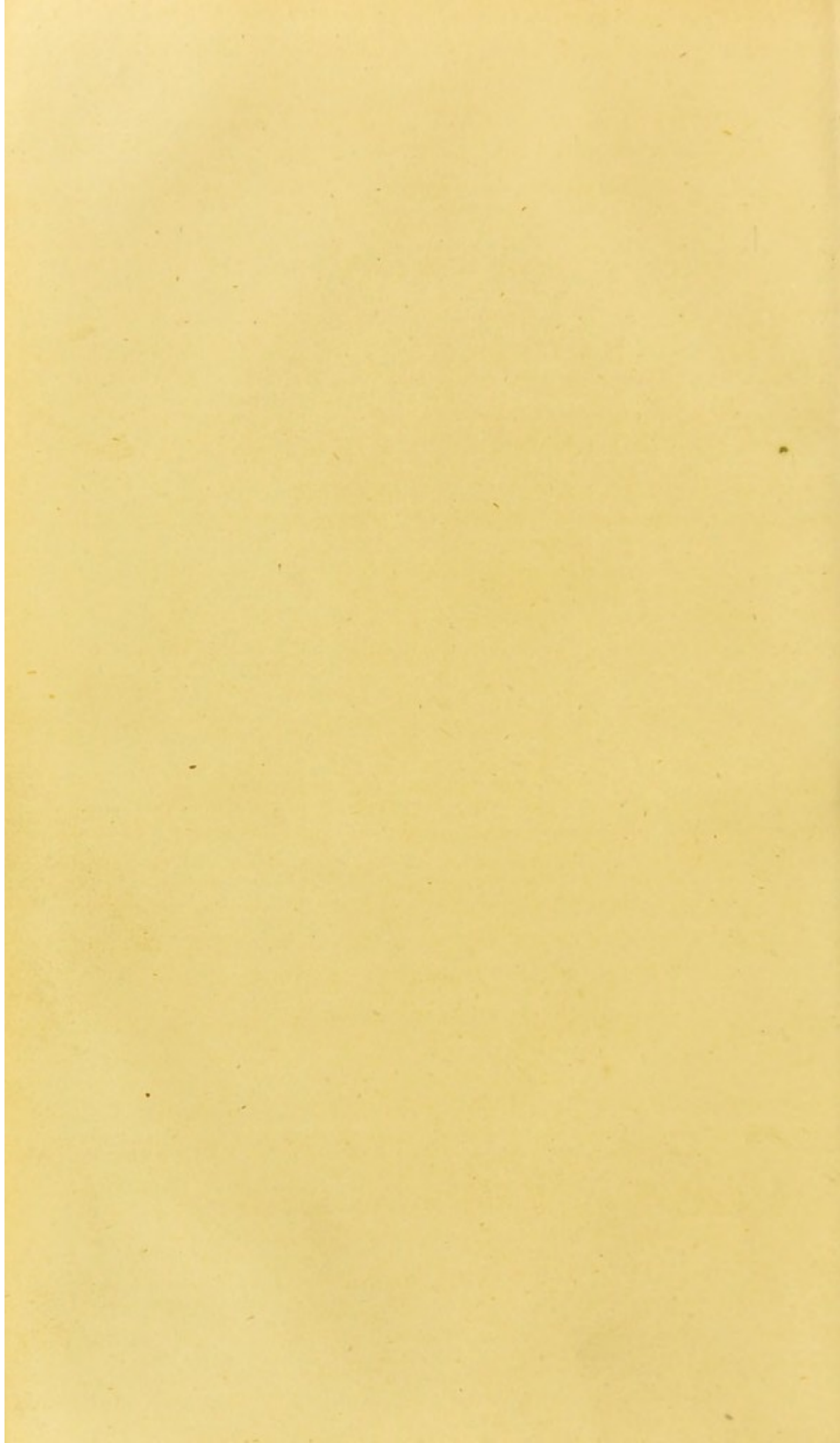


Digitized by the Internet Archive
in 2015

<https://archive.org/details/b21297782>

3801

800



RESULT OF AN INQUIRY
INTO THE
INVARIABLE EXISTENCE
OF A
PREMONITORY DIARRHŒA
IN
CHOLERA,

IN A
Series of Communications to the Registrar-General,

BY
DAVID MACLOUGHLIN, M.D.
HONORARY MEMBER OF THE ROYAL IRISH ACADEMY;
MEMBER OF THE LEGION OF HONOUR OF FRANCE, ETC., ETC.

LONDON:
JOHN CHURCHILL, PRINCES-STREET.

1854.

[*Price Eighteenpence.*]

THE
ROYAL SOCIETY
OF MEDICINE
REPORT
ON
CHOLERA
AND
DIPHTHERIA
AND
ON
THE
RELATION
OF
THE
DISEASES
TO
THE
WATER
SUPPLY
OF
LONDON
BY
DAVID HARRISON, F.R.S.
AND
JAMES H. BURNETT, F.R.S.
LONDON:
LONGMANS, GREEN & CO., LTD.
1907.



1171023

EXTRACT

FROM THE REGISTRAR-GENERAL'S RETURN.

“It is admitted that diarrhœa *generally* precedes cholera, and that diarrhœa should never be neglected for a single hour, in a time of epidemic cholera. If it be established that the latter disease is invariably, or almost invariably, preceded by a well-defined stage of illness which is amenable to medical treatment—it will at once allay alarm, and be a most important addition to the resources of medical science.”—*Registrar-General's Return, October 8, 1853.*

The object of the following inquiry is to show that diarrhœa is the first, the most essential symptom of cholera; and that in every case of cholera, a diarrhœa, for a *few hours*, or for a *few days*, or for a *few weeks*, precedes, and gives the patient warning that an attack of spasms, vomiting, etc.—that an attack of cholera, in fact—is coming on; and to point out, also, that consequently cholera has four distinct stages—

The stage of diarrhœa—the stage of spasms, vomiting, etc.—the stage of collapse—and the stage of reaction.

Heretofore the term cholera has been given only to the second, third, and fourth stages; the first stage, that of diarrhœa, has not been considered as essential to the disease.

EXHIBIT

STATE OF NEW YORK

The following is a list of the names of the persons who have been appointed to the office of Justice of the Peace in the County of New York, for the term of office beginning on the first day of January, 1901, and ending on the first day of January, 1902.

The names of the persons appointed to the office of Justice of the Peace in the County of New York, for the term of office beginning on the first day of January, 1901, and ending on the first day of January, 1902, are as follows:

The names of the persons appointed to the office of Justice of the Peace in the County of New York, for the term of office beginning on the first day of January, 1901, and ending on the first day of January, 1902, are as follows:

TO THE REGISTRAR-GENERAL.

SIR,—When cases of cholera began to appear here in August last, you were so good as to call the attention of medical informants to the necessity there was, where death had resulted from an attack of cholera, to state on the certificate of death, whether the patient had laboured under an attack of diarrhœa previous to the attack of spasms, vomiting, purging, etc.—previous, in fact, to an attack of cholera—and if so, for how many hours, how many days, or how many weeks, the patient had laboured under this diarrhœa previous to the attack of cholera.

And you also requested them to state distinctly those cases where spasms, vomiting, purging, etc., had come on suddenly, and without any premonitory diarrhœa.

You are aware that I had made it my duty to see the relatives and attendants on the last moments of those reported to you as cases of cholera without any premonitory diarrhœa, in order to ascertain the correctness of the returns made.

Now that cases of cholera have ceased to appear,

and now that we may consider the epidemic to have passed away, I take the liberty to place before you the result of my inquiries.

From July last to the 11th of February, 1854, eight hundred and seventy-eight deaths were registered of cholera.

Out of this number, twenty-one cases were reported to you as cases of cholera without any premonitory diarrhœa; that is, that twenty-one persons, said to be in perfect health—free from diarrhœa—were suddenly seized with spasms, vomiting, purging, etc., without having received any warning by a diarrhœa, or by any symptom, or train of symptoms, that they were about to be attacked by cholera.

I have seen the relatives of those who have died, and the medical gentlemen who attended them in their last moments, and who had certified that these twenty-one cases were cases of cholera without any premonitory diarrhœa; and on investigating more closely into the history of these twenty-one cases, in the presence of these medical gentlemen, it was found that fifteen of them had a diarrhœa for some hours—or some days—previous to the attack of spasms, vomiting, purging, etc.; previous, in fact, to the attack of cholera, as you may see by taking the trouble to cast your eye over the first fifteen cases in this report.

You will also be pleased to remark, in the sixteenth case in this report—that of the mate of the *Anna Christina*—that the captain of that vessel acknowledged to the Swedish Consuls, Messrs. Tottie and Sons, the day before the mate was taken ill, that he had several cases of severe diarrhœa on board, but

that he refused to call in medical advice, as he wished to leave the port of London the next day with a clean bill of health, so as not to subject himself, his crew, and his ship to quarantine, on his return to Norway.

When the mate was taken ill, the same motive which prompted him to refuse to attend to Messrs. Tottie and Sons' recommendation the day before to have medical advice for his men, prompted him, no doubt, to assert to Dr. Baines that the mate was perfectly well up to the moment he was seized with spasms, vomiting, purging, etc.—with cholera. Therefore, as the captain had an interest to deceive, we cannot take his word that the mate was in perfect health up to the time he was seized with cholera; and as Dr. Baines speaks only from what the captain and some of the crew told him—who were, with the captain, interested in concealing the truth—what the Doctor says cannot be taken in evidence. And besides, he informed me that he had not inquired at what time the diarrhœa had begun before the spasms, vomiting, purging, &c., came on, or whether the spasms, vomiting, purging, &c., had come on at once, without any previous diarrhœa. So that his testimony, even as a medical gentleman, fails; for he did not examine into the history of the case as he, as the medical attendant, was bound to do.

To resume, therefore, we have the certainty that there were, the day before the mate was taken ill, several severe cases of diarrhœa on board the *Anna Christina*; and we have the certainty that the captain and the crew had a motive to conceal the truth. And further, we have the proof, by Dr. Baines' own acknow-

ledgment, that he did not inquire into the history of the case as he, the medical attendant, was bound to do. Consequently all the collateral circumstances force us to conclude, that the mate had a diarrhœa for some time previous to the attack of cholera, and that this is not a case of cholera without a premonitory diarrhœa.

As to the seventeenth case, you will remark the loose manner in which this case was inquired into, and how little it says for the accuracy of proceeding at the London Hospital.

If we cannot say that the eighteenth case had a diarrhœa before she was attacked with spasms, vomiting, &c., the medical attendant was not justified to certify, without inquiry, that she had no diarrhœa. We are, however, left with the certainty, that this woman was not struck down from perfect health by spasms, vomiting, purging, etc.—by cholera, in fact; as she complained, before going to bed, that she felt very ill,—but with what, no one knows.

The nineteenth case is one of hypercatharsis, in consequence of an over dose of purgative medicine, and is not one of cholera.

The twentieth case is one of retrocident gout, and not one of cholera.

The twenty-first case is one of strangulated hernia, and not one of cholera.

To resume, fifteen cases out of the twenty-one had positive diarrhœa for a few hours, or a few days, previous to the attack of spasms, vomiting, &c.

The sixteenth case.—The collateral circumstances force us to conclude that this man laboured under diarrhœa previous to the attack of spasms, etc.

The seventeenth.—Nothing is known of the previous history of this case.

The eighteenth.—The patient was ill previous to the attack of spasms, vomiting, etc., but with what, no one knows.

The nineteenth, twentieth, and twenty-first cases cannot be referred to cholera.

Consequently you have now before you the proof that during this outbreak of cholera in London, in which eight hundred and seventy-eight persons lost their lives from the disease, not one of these but had a diarrhœa—for some hours, some days, or some weeks—previous to the attack of spasms, vomiting, purging, etc.; previous, in fact, to an attack of cholera.

I may here add, that this is not the first outbreak of cholera in which I have undertaken such an inquiry as the above. I did the same in Paris, in 1832; in 1848 in this country, and again in 1849; in which last outbreak I inquired into the previous state of health of 3,902 cases of cholera, and I did not find one single case which had not had a previous diarrhœa.

I have made the same inquiry from hundreds of medical gentlemen, both on the Continent and in this country; and although several have asserted that they had had cases of cholera without any premonitory symptoms, yet when such cases were re-examined by these gentlemen and myself, it was found that either their history had not been carefully inquired into, or that the medical attendants were not aware what was meant by a premonitory symptom.

In conclusion, permit me to call your attention to the superficial manner in which too often medical gentlemen make their investigations at the bedside, with

regard to that most important and essential point,—the state of health of their patient previous to their being summoned to his assistance.

If this attention to the previous history of the patient's case had been given in all countries, it is impossible to suppose that we should only now, after epidemic cholera has for seven and thirty years attracted the attention of the whole civilised world, begin to have some knowledge of that first, most essential, and most invariable symptom of the disease—diarrhœa—which gives warning of the approaching danger.

Permit me also here to express my most sincere thanks for the care with which you have been pleased to press on the attention of your medical informants the necessity there was to state, in every case of cholera, whether a diarrhœa had or had not preceded the attack; and if it had, how many hours, how many days, or how many weeks had elapsed from the first liquid evacuation to the first attack of spasms, vomiting, etc.—of cholera, in fact. And permit me further to hope, that if it is the will of Divine Providence to inflict on us another outbreak of this scourge, that you will continue to press on the attention of your medical informants, as you have done in this outbreak, the necessity of stating, in every case of cholera, whether a diarrhœa has or has not preceded an attack of spasms, vomiting, etc.; and where a diarrhœa has preceded the attack of cholera, that they should report distinctly the time which has elapsed from the first liquid evacuation to the first symptom of spasms, etc. I need not tell you, that by so doing

you will do more to give us an accurate knowledge of the rise and progress of cholera, and thereby do more to benefit the public at large, and the medical profession in particular, than any individual, or any set of individuals, have yet done.

POSTSCRIPT.

In taking leave of the inquiry into the evidence of the existence, in every case, of a diarrhœa previous to an attack of cholera, allow me to avail myself of this opportunity to reply to several communications which have been addressed to me, relative to the symptomatology and etiology of the disease.

I am reminded, by five communications, that I am not the first who has called attention to the existence of a diarrhœa previous to an attack of cholera. One gentleman calls my attention to the work of Dr. Venables on cholera, three other gentlemen remind me of the opinion of some of the medical profession in India, and a fifth refers me to the opinion of Dr. Maccan on the same subject.

There cannot be a doubt but that accurate observers, in all countries, have remarked the frequency of a diarrhœa previous to an attack of cholera; but it is also certain that, in all countries, cases of cholera have been reported as having taken place without a premonitory diarrhœa. So far as I am aware, in no country has an inquiry been undertaken and carried out to ascertain whether, in every case, a diarrhœa preceded an attack of cholera, or whether cholera can occur without any premonitory diarrhœa.

In this country, the General Board of Health, which

assumed that diarrhœa was a premonitory symptom of cholera, assumed also that cholera does, in some cases, occur without any premonitory diarrhœa (see their Report published in 1850), leaving the question where they found it.

The College of Physicians of London have instituted no inquiry for themselves into this question; they have copied from others, and they have been such good copyists that they have copied the errors of their prototypes. They, too, have assumed that cholera can attack suddenly without giving any warning of its approach by a diarrhœa; and they, too, have left the question where they found it.

Therefore, neither in this country, nor in any other country, that I am aware of, has the inquiry been carried out to show that in all cases of cholera there is a premonitory diarrhœa for some hours, some days, or some weeks previous to the attack of spasms, vomiting, purging, etc.—previous to an attack of cholera, in fact.

However, provided the pathological fact which I have endeavoured to point out be found useful, the gentlemen who have taken the trouble to address me, may claim for themselves or for their friends any portion of credit that may be given to the inquiry. I am anxious to establish the pathological fact, not the personal question.

A gentleman informs me that he has had two very severe cases of cholera, where there was neither purging or vomiting; and he consequently concludes that I am wrong in laying it down as an invariable rule that cholera is always preceded by a diarrhœa.

But this gentleman has not stated on what symptom, or on what train of symptoms, he recognises that these two cases were cases of cholera; nor has he mentioned whether his patients were males or females.

Happily, however, he says they have recovered, and he gives the credit of their recovery to the free administration of opium and calomel; and he does me the favour to advise me to have recourse to this plan of treatment, which, he says, has never failed in his hands.

The gentlemen who acted with me in 1849 may remember that several such cases, without vomiting and without purging, were reported as cases of cholera by gentlemen who held a distinguished place in public estimation in their locality. Yet, when these cases were inquired into, in the presence of the medical gentlemen who had reported them, these gentlemen were often themselves the first to acknowledge that they had taken a case of *hysteria* for a case of cholera.

I do not mean to say that the two cases reported above are cases of hysteria, nor do I wish to prejudge the cases. As I am seeking for truth, if this gentleman will favour me with his name and address, if he will permit me, I will do myself the pleasure of calling on him, and inquire more into the two above cases.

Another gentleman states that he had a case of cholera without spasm, vomiting, or purging, "and that it was proved *by an autopsy that it was a true case of cholera, as the whole intestinal canal was filled*

with the characteristic serous fluid." And he also concludes that I am in error when I say that cholera is always preceded by a diarrhœa. But this gentleman gives no history of the state of the patient's health previous to his visit, which he ought to have inquired into, and stated. However, he has said enough to show that, before he saw the patient, there had been a very severe diarrhœa; for he says that "the whole intestinal canal was filled with the characteristic serous fluid." Therefore, there could not have been any fœcal matter in the intestinal tube, or it would have discoloured the serous fluid.

It is well known to every medical practitioner how difficult it is to clear the intestinal tube of all the fœcal matter, even by repeated doses of strong purgative medicines. As this patient had no fœcal matter in his intestinal tube, it was either carried off by violent purging, or it had turned to the characteristic serous fluid of cholera,—which would be a discovery in pathology.

Is it not possible that this gentleman saw his patient only in the stage of collapse, when for some time before death the spasms, vomiting, and purging cease, and life ebbs away, while the unfortunate patient is free from physical sufferings?—and that this gentleman forgot, as is too often the case, to inquire under what symptoms his patient laboured previous to his being called to his bedside?

However, if this gentleman will favour me with his name and address, and if he will allow me, we will go together, and make some further inquiries from this person's relatives how he first was attacked with the disease.

The General Board of Health put forth a statement, in the *Times* newspaper of the 8th of November, 1853, relative to a supposed case of cholera, which had proved fatal, at Lewisham, on the 28th October, 1853, "that the mere absence of purging vomiting, at the time, is no evidence that the case was not a case of malignant cholera. Indeed, the very worst cases of this formidable disease are those where these symptoms are wholly or partially absent, the powers of life being struck down at once by the poison."

In consequence of the above statement, I waited on the General Board of Health, to ascertain on what grounds they had made the above statement; and I there saw the President of the Board, who candidly acknowledged that he knew nothing whatever of medical science, and nothing of cholera in particular; but he was so kind as to refer me to a member of the Board, who was evidently as well informed as the President. This gentleman replied to my inquiries, that such cases as the above were reported to the Board, and that the Board had taken it for granted that they had been reported correctly. On pressing him, as it is a scientific question of importance, to give up his authority, that I might make further inquiries, he evaded giving a direct answer, by referring to what was related to have occurred in other countries, and especially in India.

As the point is one of the highest importance to ascertain whether cholera strikes down at once, in any case, the powers of life, without giving a warning of its approach by a diarrhœa, I addressed a letter, on the 23rd November, 1853, to the President of the

General Board of Health, in the hope that I should obtain from the President the information which the member of the Board, to whom he had referred me, could not give. (See No. 22.) But that letter has remained unanswered. I shall leave you to form your own opinion as to the conduct of the President, and that of the General Board of Health, in this instance, who have put forth a statement more than doubtful, and who have not the candour to admit that they were in error.

It is much to be lamented that while there have been three severe outbreaks of epidemic cholera in Great Britain within these six years, during which the General Board of Health have had the full power to dispose of the weight of the British Government for the purpose of studying the disease, and for the purpose of bringing relief to the afflicted, that the Board have not studied scientifically one single question connected with the disease,—that they have not done one single thing towards relieving suffering man. Nay, so far from elucidating any point connected with the disease, they have, by assertions more than doubtful, as above, given a false direction to scientific inquiry, and have thereby retarded the progress of those who are anxiously seeking for truth.

Three medical officers who have been a long time in India, state that they have seen several outbreaks of epidemic cholera there; and that the attack of the disease is so extremely sudden, that frequently an individual, at his usual occupation, is suddenly seized with cramps, vomiting, purging, etc.,

without having had warning of the approach of the disease by any symptom whatever, and is carried off in a few hours.

Did these gentlemen carefully inquire whether their patients were perfectly healthy, and free from any diarrhoea at the time they were seized with spasms, vomiting, purging, etc.? Will they forgive me if I say, that I have a doubt that they made the inquiry? I am led to this doubt by the statement of one of them, who gives, as an example of the rapidity with which cholera runs its course in India, the following instance. A trumpeter of the 51st Regiment blew the trumpet for the officers' dinner so strong and so correctly as to be the subject of remark; and yet only a few minutes after, he was seized with cholera, and died before the officers' dinner was over!

I have the authority of Mr. Mouat, surgeon of the 9th Regiment of Foot, to say that he was the person who remarked how strong and how correct this man sounded his trumpet, and that an hour, or an hour and a half after, he saw the man in collapse. But I have also the authority of Mr. Mouat to say, that he did not inquire whether this man had or had not a diarrhoea previous to the attack of spasms, etc.

That the patients of the above three gentlemen were at their usual occupation, and apparently in perfect health, is no proof that in reality they were not labouring under a diarrhoea,—perhaps for some days, or some weeks. If you will take the trouble to refer to cases Nos. 6 and 7, you will see that these persons believed themselves, and they were believed by their friends, to be in perfect health up to the moment they were seized with spasms, vomiting,

purging, etc.; and yet these persons had a diarrhœa on them for a longer or shorter period, which they did not attend to, because it was a painless diarrhœa. And further, if you will refer to your own weekly return of the 27th of August, 1853, you will see the case of a ballast heaver, who had in the morning a diarrhœa which he did not heed, and died in seven hours after the first evident symptoms of cholera appeared.

But I will not detain you with referring to cases, to prove a fact now well established,—that individuals may have a diarrhœa on them for weeks without feeling any weakness in their mental or physical powers, and may appear to all about them to be in perfect health; yet a few moments after, they are attacked with spasms, vomiting, purging, etc., and carried off in a few hours. It is such cases as these which have led superficial observers to suppose that cholera strikes down at once an individual in perfect health. They forgot to inquire into their patients' state of health immediately before the spasms, vomiting, purging, etc., came on, and whether they had or had not a diarrhœa previous to the attack of spasms, etc.

Two gentlemen inquire whether I have remarked that the disease was more virulent and more rapidly fatal in this last outbreak than in 1832-48-49. I have paid as much attention to the subject as I am able to do, and I must say that I have not observed any increase in the virulence of the disease, or that it was more rapidly fatal in the last than it was in the three former outbreaks. I have seen the disease

come on as insidiously, by a painless diarrhœa, which did not attract the patient's attention, and ran its course from the first symptoms of spasms, vomiting, purging, etc., till life was extinct, as rapidly in the first outbreak as it has done in the last one; and I see no reason whatever to suppose, if cholera reappears this season epidemically amongst us, that the disease will be more virulent or more rapidly fatal than in former outbreaks.

If the General Board of Health, who have put forth the opinion that there is a coming outbreak, and that it will be more virulent and more rapidly fatal than former ones, had been acquainted with medical science, and with cholera in particular, they would not have established their opinion on the assertion, "that now the stage of approaching cholera is absent." No medical gentleman knows as yet more than that every case of cholera is preceded by a diarrhœa. Happily, however, every case of diarrhœa does not run into cholera; but no medical gentleman can yet tell what diarrhœa will run into cholera, and what will not. Formerly, rice-water evacuations were supposed by superficial observers to be the pathognomic symptom of approaching cholera, but more careful observations have proved that this is an error; consequently the General Board of Health's assertion, that we shall have another outbreak of cholera in the ensuing season, and that it will be more virulent and more rapidly fatal than any previously known, is not supported by any physical sign, or by any pathological fact.

It is, indeed, painful to see that the General Board of Health, instead of studying scientifically

the disease with which they have to deal, palm on the public the fruits of their untutored imagination for the fruits of accurate observation. Are they not aware that by putting forth assertions unsupported by, and contrary to, facts—as they have done in this instance, and as they have done in their Report on Cholera for 1848-49*—that they have given a false direction to scientific researches on this most important disease; and that they have thereby injured, not advanced, the public interest?

I am asked whether I consider the cholera a contagious disease or not. The question whether the disease is contagious or not, has not yet been scientifically investigated; but in every country it has been decided according to the fears, or according to the supposed interest, of each.

When cholera first appeared in this country epidemically in 1831-32, the then Sanitary Commission pronounced it a contagious disease without inquiry.

When it re-appeared epidemically again in this country in 1848-49, the General Board of Health assumed that it was not a contagious disease; but proved at the same time that it was imported into England,—hence a contagious disease†.

It might be permitted to the Sanitary Commission, imbued as they were with the idea of contagion, to

* See their Report on Epidemic Cholera, for 1848-49, page 14. See the Registrar-General's Report on Cholera, for 1848-49, page xi., drawn up by William Farr, Esq.

† See Case, No. 23.

give way to their fears, and to speak from their apprehensions, rather than from their cooler and well-informed judgment.

It might also be allowed to the General Board of Health, composed of noblemen and gentlemen, totally and completely ignorant of medical science, and of the manner of proceeding with and carrying out a medical inquiry, to assume that cholera is not a contagious disease, and to prove that it is a contagious disease.

But no such liberty can be permitted to the College of Physicians, who assume to possess the best medical information in the empire, and who have had their attention specially called to this disease for these seven-and-thirty years, and who have been two-and-twenty years composing their monograph upon it. From the College, therefore, we were bound to expect a perfect work, on the symptomatology, pathology, and etiology of cholera, which would remain as a monument of what was known, and be as a beacon to guide future pathologists to fresh discoveries in this important malady.

But if the hopes of the profession were great that the College of Physicians of London would, at last, throw some light on the symptoms, pathology, and etiology of cholera, these hopes have been sadly disappointed. The College have not studied one single question connected with cholera; they have copied from others, and, as was said before, they have copied their very errors,—and therefore they have not advanced our knowledge of cholera on any one single point.

It has been stated that the College had not

ascertained what are the symptoms of the disease, that they had copied from others on this most important point, and that they had copied their very errors.

We find on the question of the etiology of disease, the College still copying from others, without any investigation for themselves; wasting their time, and the time of those anxious for information, in passing in review wild hypotheses. Surely the College of Physicians must be aware that medical science is founded on well-authenticated facts, and not on hypotheses; and that their first duty was to collect for themselves well-authenticated facts as to the rise, progress, and termination of cholera, before they attempted to enter into the consideration of its etiology.

I submit, therefore, that since the College of Physicians have not shown that they have made themselves masters of the symptoms, anything they may say as to the cause of the disease must be considered as mere unfounded assertions unworthy of attention,—just as unworthy of attention as would be their prescription at the bedside, if given before having ascertained under what disease their patient laboured.

Consequently, whether we look to the opinion of the Sanitary Commission, whether we look to that of the General Board of Health, or whether we look to that of the College of Physicians, we are forced to conclude that the question of the etiology of cholera has not as yet been scientifically studied in this country.

Called to give an opinion on this question, whether

epidemic cholera is or is not a contagious disease, I beg leave to say that, if I turn to your Weekly Returns of births and deaths, I find an epidemic diarrhœa prevailing every year in this country, more or less severe, from the end of July to the month of November.

On inquiring at the same time into the state of health of that portion of the population which are not labouring under diarrhœa, it is found that all are sensible that the functions of the stomach and bowels are disturbed, as they have more flatus, and are more annoyed by borborygmus than usual; that those who are habitually costive, and pass hard fœcal matter, now have more frequent calls to relieve their bowels, and that they pass soft fœcal matter. And further, that that portion of the public who neither labour under diarrhœa, or are annoyed by having their stomach and bowels disturbed by an excess of flatus, or by borborygmus, have, however, their stomach and bowels now so sensible to purgative medicines, that half, or one-third, or one-fourth of the usual dose will act violently, and even destroy life.*

I have observed the same epidemic, diarrhœa, to prevail yearly in the above months in Spain, Portugal, Canada, France, Belgium, and Ireland; and this yearly diarrhœa in those countries is never supposed to depend on contagion.

Formerly it was supposed that it depended on the use and on the abuse of unripe fruit; but by referring to your Weekly Returns, it is found that

* See Case 19.

the majority of deaths from diarrhœa at this season of the year falls on children below a year old, who cannot use, or abuse the use of, unripe fruits.

If I refer to my own personal experience, I find that when in charge of three military hospitals at Coimbra in Portugal, in 1812, which together contained above 2,000 patients, diarrhœa was very fatal, although no fruit was allowed to pass the sentries into the hospital. The same thing occurred at the hospital at Maya, in Spain, the next year; and again in the year 1815, in the hospital at Valenciennes; and subsequently in the cavalry hospitals belonging to the army of occupation quartered about Calais and Boulogne-sur-Mer in 1816, 1817, and 1818. Therefore, whether I refer to your Weekly Returns, or whether I refer to my own personal experience, I must remain convinced that the use and abuse of fruit does not cause this universal derangement of the functions of the stomach and bowels of whole populations from July to November yearly; and further, that no one has ever thought that it depended on contagion. All who have a right to hold an opinion on this subject, consider that it depends on atmospheric influences with which we are as yet not acquainted.

If, again, I refer to your Weekly Returns, I find that during the prevalence of yearly epidemic diarrhœa, sporadic cases of cholera occur, which are called summer, English, etc., cholera; and on inquiring into the symptoms of these cases, I found that invariably the attack of spasms, vomiting, purging, etc., was preceded by an attack of diarrhœa for some hours, some days, and some weeks, and that in no instance

have I found a case so called without its having been ushered in by a diarrhœa. I may add, that I have seen sporadic cholera in Canada, Portugal, Spain, France, Belgium, and in Great Britain and Ireland,—I have seen it in camps and in quarters, in hovels and in royal palaces; and in all these different countries, and amongst all these different ranks of society, I have uniformly found it ushered in by a diarrhœa of a longer or shorter duration. In none of these countries, nor amongst any of these different ranks in society, has sporadic cholera been thought to depend on contagion.

As I have before stated, I have now seen four severe outbreaks of epidemic cholera; and in all these outbreaks I have seen an epidemic diarrhœa usher in the epidemic cholera, rage with it while the cholera raged, and persist after it had disappeared; and I appeal to your Weekly Returns during the last three outbreaks of cholera in this country, viz., 1848, 1849, and 1853, in support of this observation.

I have shown in the foregoing pages, that during this outbreak of epidemic cholera in London every case of cholera was ushered in by a diarrhœa for, I repeat, a few hours, a few days, or a few weeks, previous to the attack of spasms, vomiting, purging, etc.; and I again repeat that I have never found, in any of the outbreaks of epidemic cholera which I have witnessed, one single case of a person, in perfect health, struck down at once with spasms, vomiting, purging, etc. Consequently, as to the symptoms of epidemic cholera and those of spo-

radic cholera, we find them identically the same in both ; both are ushered in by a diarrhœa, and both run their course with the same rapidity, either by destroying life a few hours after spasms, vomiting, purging, etc., have come on, or disappearing as suddenly, and leaving the patient only labouring under weakness.

But not only have I found that the symptoms of epidemic cholera were identically the same with those of sporadic cholera, but, on inquiry amongst the population where epidemic diarrhœa and epidemic cholera raged at the same time, I have found that that portion of the population who were not labouring under diarrhœa had the functions of their stomach and bowels disturbed by flatus and borborygmus, and that they had a pressure on the sphincter of the anus as if their bowels would be relaxed independently of their will ; that that portion who were liable to costiveness—passing only every two, three, four, or more days, hard fœcal matter—have now every day one or two passages in their bowels of soft fœcal matter ; and further, on attending to the action of purgative medicines on that portion of the population which appeared to have their bowels in their normal state, I found that a half, one-third, or one-fourth of the usual dose of purgative medicines acted now violently, and in some cases did destroy life ; as you may see by Case No. 19 in the Report.

Consequently, whether I look to the symptoms of epidemic cholera as compared with those of sporadic cholera, I repeat, I find them identically the same ; or whether I look at what takes place amongst the

population who are not labouring under diarrhœa, where epidemic cholera prevails, I find the functions of their stomach and bowels affected in the same way as when sporadic cases of cholera exist. It therefore follows, that as the symptoms of epidemic cholera are identically the same with those of sporadic cholera, and that when either epidemic or sporadic cholera exists, the functions of the stomach and those of the bowels of the population are affected in the same manner in both, that as sporadic cholera is not a contagious disease, neither is epidemic cholera.

Not only have I arrived at this conclusion,—that epidemic cholera is not a contagious disease,—by an attentive inquiry into its symptoms and into the symptoms of sporadic cholera, and by comparing the symptoms of each, and also by an attentive inquiry into the state of the functions of the stomach and bowels of the population where cholera exists either epidemically or sporadically—but I have also inquired whether, when cholera is epidemic in a locality, the disease can be conveyed from it to a healthy one by human intercourse, or whether it can be communicated to a healthy person by touching or by washing the soiled clothes of those labouring under the disease; and I have uniformly found, that where it was reported that an individual had arrived in a healthy locality from one where epidemic cholera prevailed, and that he had infected it, that the premonitory epidemic diarrhœa was prevailing previous to the arrival of the individual supposed to have brought the disease; and where it was asserted that persons had caught the

disease from washing the clothes of persons labouring under epidemic cholera, I have found that either they had not washed these clothes, or that they had themselves the premonitory diarrhœa on them previously.

Without troubling you with the details of a number of inquiries of this kind which I have made, permit me to place before you one of each, which will exemplify the whole.

In 1849, a carrier between Ruslip, near Uxbridge, and London, was said to have brought the disease from London to Ruslip, to have infected first his mother, two children, and a female,—all living together, who were the first victims,—and from them the whole village, by which fifty or sixty persons were attacked, and fifteen had fallen a sacrifice to the disease.

I went to Ruslip, and I there saw the three medical gentlemen who attended the locality, the carrier who was supposed to have brought the disease into the village, who was then convalescent, the friends and relations of those who had died, those who were then labouring under the disease, and those who were recovering from its attack.

The three medical gentlemen informed me that for several weeks previous to the illness of the carrier diarrhœa prevailed epidemically in the locality, and for miles in the country about, so that in every house one or two, or more, of the inmates had a diarrhœa.

The carrier informed me that he had a diarrhœa for two weeks previous to being seized with spasms,

vomiting, purging, etc., and that his mother, who was the first victim to the disease, boasted the night he was taken ill that she had had a diarrhœa on her for some weeks, but that she was so strong that nothing could hurt her. He also informed me that the children and the female, who were the next victims, laboured under a diarrhœa previous to their being seized with spasms, vomiting, purging, etc.

The friends and relatives of those who had died admitted that some had a diarrhœa previous to the carrier being seized with spasms, vomiting, purging, etc., and that others were attacked with diarrhœa after the carrier had been taken ill. And all those who were now labouring under the disease, or who were convalescent from it, admitted—some that they had a diarrhœa on them previous to the illness of the carrier, others that they were attacked with diarrhœa subsequent to the carrier's illness.

As it has been demonstrated, by careful and attentive inquiry at the bed-side, that diarrhœa is the first, the invariable premonitory symptom of an attack of spasms, vomiting, purging, etc.,—of cholera, in fact,—it is evident that the first symptoms of the disease was in the village of Ruslip, previous to the carrier being seized, and that we have, therefore, every proof possible that the carrier did not bring the disease into the village.

A medical gentleman, of some standing at Woolwich, informed me, in 1849, that a woman who had washed the soiled clothes of two of her sons, who had died of cholera, had caught the disease, and had died in consequence. The position of the informant,

who had attended this family, and the clear details which he furnished, certainly gave the impression, that at last here was a well-authenticated case of infection by handling and by washing the soiled clothes of cholera patients.

I went to Woolwich, and accompanied by this medical gentleman, called at the house where this woman had lived, and there saw her relatives and friends. From these I learned that this woman was ill herself with diarrhœa, while she was attending on her two sons; so ill, in fact, that when the clothes were about to be washed, she could not do her work, but employed another woman to wash them for her. This woman I also saw, and she acknowledged that she had in no way suffered from having done this work.

Consequently, although this poor mother so soon followed her children to the grave, yet she did not take the disease from washing their soiled clothes; as she had, if we are to believe her relatives and friends, the first symptoms of the disease on her when she was attending the death-bed of her sons.

To resume, therefore :

That as epidemic cholera has identically the same symptoms as sporadic cholera,—

That as sporadic cholera cannot be transmitted from a person labouring under the disease, to a healthy individual,—

That as sporadic cholera cannot be transmitted from an infected to a healthy locality, by human intercourse, or by goods,—

And that, as sporadic cholera cannot be communicated to a healthy person by washing or by handling the soiled clothes of persons labouring under cholera,—

I must arrive at the conclusion, that since sporadic cholera is not a contagious disease, epidemic cholera cannot be considered a contagious disease.

COPIES OF LETTERS

ADDRESSED TO

THE REGISTRAR-GENERAL.

[CASE, No. 1.—*August 19th, 1853.*]

IT was reported in your last Returns, that a child died of cholera at No. 9, New Rochester-row, St. John's Sub-district, Westminster, after seven hours' illness and without any premonitory symptoms. I have called at this house, and have seen the father and mother of this child. The mother said that the child was ill for above twenty-four hours before she was seized with cramps, purging, vomiting, &c.

The morning of the day previous to her death, she was unwell; but as she was a sickly child they were not alarmed about her, and left her the whole day under the charge of her sister, as both parents were obliged to go to their work, which kept them from home till about twelve at night. When they returned home they found the child very uneasy, and much worse than when they had left her in the morning; they were told that her bowels had been acted on, and that she had vomited several times. In about two hours after their return home, she was seized with violent spasms, vomiting, and purging, and died seven hours after.

It is evident, therefore, that this child was not struck down from her full health at once, by spasms, vomiting, purging, &c.,—by cholera, in fact; but that there had been a warning, not so evident possibly as

to arrest the attention of those unaccustomed to see cases of cholera, but more than sufficient to satisfy one acquainted with the insidious advance of the disease, that an attack of cholera was imminent.

[CASE, No. 2.—*September 23rd, 1853.*]

In your last Weekly Returns, it is stated, that a case of cholera occurred at No. 1, Charlotte-street, Waterloo-road, in a child five years old, which proved fatal in seven hours, and without any premonitory symptoms. I have seen the child's mother, and the medical gentleman who attended her. The mother was out all day at work, and does not know how the child passed the day; but when she returned home at night, she was in bed apparently well.

About half-past three the next morning, she was called up to attend to the child, who had a copious liquid painless motion, and about half an hour after a second motion of the same character. The mother made a fire, got some warm drink, which the child took and went to bed, complaining of no pain, or of any uneasiness, and slept a short time. She then awoke, had a third copious evacuation, liquid and without pain, but felt sick at stomach. In less than three-quarters of an hour she had a fourth very copious liquid painless evacuation, and vomited freely. The mother feeling now alarmed, sent about six o'clock for medical assistance, and at about seven, when the medical gentleman arrived, the child had had severe cramps, vomiting, purging, etc.

There was, therefore, in this case, a painless diarrhoea for about three hours previous to the attack of spasms, purging, vomiting, etc.; and there is nothing

therefore in this case which forms an exception to the rule,—“*that in every case of cholera there is always a premonitory diarrhœa for some hours, some days, or some weeks, previous to the attack of spasms, vomiting, purging,*” *etc.*; and that it is during the stage of painless diarrhœa that the disease can be arrested, and that it is within the reach of medical science. If this child had had medical assistance in time,—that is, before the spasms, *etc.*, had come on, would she have been saved? No one can reply to this question in the affirmative; but her parents were warned of the danger of delaying to send for medical advice in such a case. Her father and two of her sisters were seized with the painless diarrhœa four days after her death; they had assistance immediately, and they are now well.

[CASE No. 3.—30th September, 1853.]

A man is reported in your last Weekly Returns, to have died on the 28th instant, at No. 8, Orchard-street, Kingsland, Hackney South District, of cholera without any premonitory symptoms. I have seen his widow, and his medical attendant. His widow states that he had been an invalid for the last ten months, and unable to work; that for many days previous to the 21st instant he complained of feeling weak in his inside, and walked bent as if he was weak; but that she did not notice that he had or had not a diarrhœa. He went to bed apparently in his usual health; at about four o'clock next morning he had a free evacuation; in about half an hour after he had a second; about half an hour after he had a third, with vomiting, and some uneasiness in his limbs; he took some brandy then, which eased him for a short time, when

the purging, vomiting, and cramps came on; and when the medical attendant saw him, at about eight o'clock, he was in collapse. This man had, therefore, a diarrhœa for at least an hour and a half before the spasms, vomiting, purging, etc., came on,—if he had not suffered from it for some days before, when he complained of feeling his inside weak.

[CASE No. 4.—*October 14th, 1853.*]

I have been to No. 12, Foxlow-street, Bermondsey; and I have seen the relatives of the woman who died on the 7th instant, of cholera, who is reported in your Weekly Returns as a case of cholera without any premonitory symptoms; and I have also seen the medical attendant on this woman. From her relatives I have learnt that she was taken ill at four o'clock P.M. on the 7th, when she had a very copious liquid stool; that she had several more from that time till about half past seven o'clock, when spasms, vomiting, purging, etc., came on; and being very urgent, the medical attendant was sent for. He arrived at about nine o'clock. She was then fast sinking into collapse. Neither had her relatives nor the medical attendant inquired whether she had or had not a diarrhœa previous to four o'clock, the hour she had a copious liquid stool. However, it is certain that the spasms, vomiting, purging, etc., did not come on suddenly; but that a period of at least three hours and a half elapsed from the first liquid evacuation to the first attack of spasms; therefore, this case proves the rule laid down in your Weekly Return of 24th September, 1853, that in every case of cholera the patient has a diarrhœa for a few hours,

a few days, or a few weeks previous to the attack of spasms.

[CASE No. 5.—*October 28th*, 1853.]

With reference to the case of cholera which occurred on the 17th instant, at No. 27, Downham-street, Islington East, and which has been reported to you as a case of cholera without any premonitory symptoms; by the wording of the Report sent to you, it was evident that it was not drawn out by a medical gentleman, and therefore not entitled to confidence. However, as I have made it my duty to inquire into every case of cholera reported to you without any premonitory symptoms, I went to the house of the deceased, and there saw the nurse who had attended him. From her I learned that this gentleman had gone to bed the night before his death at half-past nine o'clock, as he did not feel well; and that he went to bed without taking his usual supper, as he felt too ill to do so; that at about one o'clock he called her up, saying that he had a violent diarrhœa, and that he felt very unwell; that while speaking to him, he began to vomit; that he went into the next room, where there was a fire; that he was shortly after again sick at stomach, and again vomited; and that about half past two o'clock spasms came on, when the medical attendant was sent for. Neither she nor his wife was aware that he had any diarrhœa when he went to bed. The medical attendant informed me that he saw the patient at about three o'clock, and found him sinking, but that he did not make any inquiry as to the state of health of his patient previous to his seeing him.

Therefore, neither the nurse, nor the widow, nor the medical gentleman knew anything as to the state of the deceased's bowels previous to one o'clock A.M., the morning he was taken ill. It is certain, however, that he was ill the night before when he went to bed, and that at one o'clock next morning he stated that he was very ill with diarrhœa, and that cramps came on at about an hour and a half after he called the nurse to him at one o'clock. We are certain, therefore, that an hour and a half elapsed from the moment he called for assistance till he was seized with spasms, etc.; consequently, he was not struck down from rude health by spasms, vomiting, purging, etc., and this is also not a case of cholera without any premonitory symptoms.

[CASE No. 6.—*November 3rd, 1853.*]

A man died at No. 6, Holland-street, St. Saviour's, on the 17th October, and was reported to you as a case of cholera without any premonitory diarrhœa; as appears by your Weekly Returns of the 22nd October.

I have been to this house, and have seen the landlady, and a lodger in attendance on the patient from the time he was taken ill with spasms, etc., the patient's brother-in-law, and his sister.

From the landlady, and from the lodger who attended him from the moment he was taken with cramps, I learnt that they both had observed him go to the water-closet very frequently, all the day previous to his being seized with spasms, etc., in the evening. His sister and his brother-in-law stated, that for the last two months he was bad in his inside; that

he had a looseness; that he took rum to relieve himself; and that, at his tea on the evening he was seized with spasms, etc., he took rhubarb in his tea, to settle his stomach.

This man, therefore, had certainly for a day, if not for two months, a diarrhœa; and, consequently, his case is not one of cholera without any premonitory diarrhœa.

[CASE No. 7.]

A child, two years old, is reported in your Weekly Returns of the 12th November, 1853, to have died on the 10th November, at No. 17, Spring-gardens, Mile-end New-town, Whitechapel, of cholera, without any premonitory symptoms.

I have seen the father and mother of this child, and the medical attendant. The father and mother informed me that the child had a diarrhœa for three days before being seized with spasms, vomiting, etc.; but as the child seemed in other respects perfectly well, had no pain, ate her food with her usual appetite, and was in good spirits, they believed that the diarrhœa was of no consequence. So satisfied were they that nothing was the matter with the child previous to the attack of spasms, vomiting, purging, etc., that the father told me he could not have believed any medical gentleman who would have told him that his child required medical aid, under such circumstances.

The medical attendant did not inquire whether the child had or had not a diarrhœa previous to the attack of spasms, vomiting, etc. The parents told him that the child was in perfect health when she

was placed in bed; and that two hours after she was seized as has been stated.

Consequently, this is not a case of cholera without any premonitory symptoms.

[CASE No. 8.]

A case is reported in your Weekly Returns of the 22nd October, of a child, two years old, who died at No. 18, Gedling-street, St. James', Bermondsey, of cholera, without any premonitory diarrhœa, "having been placed in bed at ten o'clock in the evening of the 15th October in apparent perfect health, and found before twelve o'clock in collapse."

The father and mother informed me that the child's habit was to have a passage in her bowels once a day; that the day before she was found in collapse, they had given her a dose of rhubarb, in consequence of some slight eruption on her skin; that this dose of rhubarb acted three times that day copiously; that the next day she had a fourth copious liquid evacuation; that she ate her food as usual; that she appeared in her usual spirits; that she was put to bed at about ten o'clock, and found at about twelve o'clock in collapse, having passed a copious fifth liquid stool in her bed, and having vomited; that medical assistance was sent for, but she rapidly sunk without much spasms.

There can be no doubt that this was a case of cholera; but was it a case of cholera without a premonitory diarrhœa? Certainly not. The child was, by her parents' account, of a leucophlegmatic constitution; and all medical practitioners are aware that persons having such a constitution cannot support

depletion or purgatives like others. Her habit was to have but one passage in her bowels daily; when forced to have four copious evacuations in about thirty hours by the rhubarb, it was more than her constitution could support, especially at a moment when cholera is epidemic, and at a time when the bowels of every individual feels the epidemic influence of cholera; and the fifth passage in her bowels ushered in spasms, vomiting, etc.

We must not be misled by the fact that the child appeared in her usual health at the moment of being placed in bed, and that she ate her food as usual, and conclude that she was then quite well. It is a daily and hourly occurrence to find persons who are labouring under diarrhœa at the moment, who take their food as usual, and will not allow that they are ill up to a few moments before they are seized. You have in cases Nos. 6 and 7 examples of this; they ate their food, were in good spirits, and appeared to all about them to be in perfect health, till the moment they were seized with spasms, vomiting, purging, etc. yet these persons had the premonitory symptoms on them—No. 6, for certainly a day, if not for two months; No. 7, for nearly two days.

And in your Weekly Return of the 8th October, you reported a case of cholera at Poplar, where the patient had had a diarrhœa for six weeks, before spasms, vomiting, purging, etc., came on; who ate and did his work as usual; and appeared in perfect health to his wife, and to his relatives and friends, till the moment he was seized with spasms, etc. Therefore, the apparent good health and spirits of the child when she was placed in bed must not deceive us.

That apparent good health and good spirits were only apparent; the child had at that moment received the fatal blow to her constitution, and the consequences were but too soon to be evident. Consequently, this child's case is not one of cholera, without a premonitory diarrhœa; it was, on the contrary, a case of cholera, with a premonitory diarrhœa of at least thirty hours.

However distressing it may be to all concerned, I must say that the child's death was brought on by the improper administration of the purgative. To all who have seen and who have studied cholera, it has been forced on their observation how susceptible their patient's stomach and bowels are even to the smallest dose of purgative medicine when cholera prevails; and especially females, whose bowels are at all times very capricious,—at one time acted on by the smallest dose of a purgative, at another time requiring twice or three times the usual dose to produce a moderate passage.

[CASE No. 9.—*November 3rd, 1853.*]

Although the following case would have probably run into cholera in a few hours, yet there is no doubt in my mind that the event was hurried on by an improper dose of rhubarb and salt. It is the case of a boy seven years old, which has been reported to you as having died of cholera without any premonitory symptoms.

I have been to the house No. 20, St. James's-street, sub-district Kensington, and have seen the aunt and uncle of the boy. The aunt informed me that

the boy had, about six o'clock in the morning, a very copious liquid evacuation; that it ran from him, he said, as if poured out, without any pain or uneasiness; that he felt weak, and remained in bed; that about nine he had another copious liquid evacuation; that he then felt sick at stomach, and refused his breakfast; that at about ten o'clock she gave him a dose of rhubarb, with salt,—not salts,—to settle his stomach, she said; that in a few minutes after taking this dose he vomited, and he was again purged; that a short time after he again vomited, and he was again purged; that then spasms came on; that the medical attendant saw him at about twelve o'clock, and he found the child then sinking. The medical attendant made no inquiry from the relatives, or from the child, as to the state of his bowels the day before. However, even admitting that the child was in perfect health the day before, we have here a period of more than four hours from the first liquid evacuation to the first attack of spasms; consequently this child had a premonitory diarrhœa, which was unfortunately overlooked.

[CASE No. 10.]

A man, aged twenty-seven, is reported in your Weekly Returns for 29th October to have died of cholera on the 26th October, and it is reported to you by the medical attendant that he was seized with spasms, vomiting, purging, etc., between three and four o'clock in the morning, and that he was in collapse in half an hour after.

I have seen this man's widow, a neighbour of hers, and the medical attendant.

From the widow I learn that her child was ill with

cholera at the moment her husband was taken ill; that she was so occupied with the child that she did not attend much to what her husband did, or to the time he got out of bed the first time to go down to the water-closet, but that it might be about half-past three o'clock; that he shortly after went down again, that is, in about ten minutes or a quarter of an hour; that shortly after he attempted to go down a third time, but that he was then seized with spasms, vomiting, purging, etc., and then she and another woman ran for the medical attendant.

Her neighbour said, she was up and heard this man go down to the water-closet at one o'clock, or half-past one; that she heard him go down a second time in about an hour after, and to attempt to go down a third time in about an hour more, when she heard him call out for assistance.

The medical attendant said that he saw this man at half-past four or five; that he found him in a state of collapse; that he inquired whether he had any bowel complaint the day before, and that he was told by the patient that he was quite well up to the time he was called up to go to the water-closet.

Are we to believe the widow, whose mind was pre-occupied with her child's illness, as to the time her husband first went to the water-closet, and as to the time when he was seized with spasms, &c.? or are we to believe her neighbour, whose mind was not pre-occupied?

The testimony of the medical attendant cannot be received on this point, as he speaks but from hearsay. But whichever testimony we accept, there can be no doubt that a diarrhœa preceded the attack of spasms,

vomiting, purging, etc.; and that, as the medical attendant saw him only between four and five o'clock, his assertion that the man fell into collapse half an hour after he was taken ill is the result of hearsay, and not the result of his own observation. His testimony on this point is therefore not admissible.

To resume: therefore, as there was a diarrhœa previous to the attack of spasms, etc., of a certain duration, this was not a case of cholera without a premonitory diarrhœa.

[CASE No. 11.]

At No. 1, Tittle-court, sub-district St. Olave's, a labourer is reported to have died on the 22nd October (see your Weekly Returns for 29th October), and the medical certificate states that this man had no premonitory symptoms, and that almost from the first he was in a state of collapse.

I have seen this man's widow, and she informed me that her husband left his bed about four o'clock in the morning to go to the water-closet; that in about half an hour he got up again, and again at about half-past six; that he then dressed himself and went out to his work, but returned at about eight, saying he felt very ill; that he went to bed, and that in about half an hour after he was seized with spasms, vomiting, purging, etc., when she sent for medical assistance. This man had therefore a diarrhœa for at least four hours previous to the attack of spasms, and the medical attendant could not have made any inquiry into the antecedents of the case, as he certified that this man fell into collapse almost from the first, when we have the testimony of his widow, who states that

he went to his work at half-past six, and returned at eight o'clock.

To resume: there was therefore an interval of about four hours from the first liquid motion to the first attack of spasms, etc., and in the interval the man was able to go to his work; consequently he was not in a state of collapse from the first.

[CASE No. 12.]

At No. 1, Norfolk-place, St. James's, Bermondsey, a child, three years old, is reported in your Weekly Return of the 29th October, to have been found by her mother, on the morning of the 17th October, passing rice-water evacuations, and having had no premonitory symptoms.

I have seen the mother of this child, and she informs me that the child went to school all day; that she was not aware that she had had a diarrhœa the day before; that on the morning of the 17th October, at about two o'clock, the child had a passage in her bowels, and again another about half an hour after, and a third a short time after this, when she fell asleep and slept soundly till about seven o'clock, when she had a fourth evacuation. The mother then observed that the evacuation contained very little fœcal matter; that she then sent for the medical attendant, who came and prescribed for the child at about nine o'clock; that, however, the diarrhœa persisted, the child having a liquid watery evacuation about every two or three hours for two days and a half, when the spasms, etc., came on, and she died on the eighth day from the time she had the first liquid stool on the morning of the 17th October.

There was therefore, in this case, an interval of about sixty hours from the first liquid stool to the first attack of spasms, etc. Consequently this is not a case of cholera without a premonitory diarrhœa.

[CASE No. 13.—*December 29th, 1853.*]

In your Returns of the 19th November, is a case of cholera reported to you as a case of cholera without a premonitory diarrhœa.

I have seen the mother of this child, and she says that he was playing with his companions all day in the yard; that at about three o'clock, P.M., he was seized with vomiting and purging; that she took him up stairs, and gave him some warm drink; that he had two or three motions in rapid succession; that the motions were liquid; that he now seemed to be relieved, and dozed off to sleep till about ten o'clock, when he was seized with spasms, vomiting, purging, etc.; and that she then sent for the medical attendant.

As the child was all day playing in the yard, she could not say whether he had had, previous to three o'clock, a passage in his bowels or not, nor had the medical attendant asked that question. However, as about seven hours elapsed from the first liquid motion observed to the first attack of spasms, it is evident that this is not a case of cholera without a premonitory diarrhœa.

[CASE No. 14.]

Seeing it reported to you that a woman died "*of a sudden attack of cholera,*" on the 26th of November, 1853, at No. 16, Sweet Apple-square, Bethnal-

green, and that an inquest had been held to ascertain the cause of death, I went to the house, and I saw the husband of this woman, her father and mother, and a person who had not left her bedside from the moment she was taken ill. These persons informed me that this woman had a diarrhœa for at least a week; that she had medical advice and medicines; that the diarrhœa seemed arrested the morning of the day she was seized with spasms, vomiting, etc.; that that day she washed the soiled linen of her house; that in the evening, about nine o'clock, she went out to purchase something, but returned very soon, and said she felt very ill; that some warm drink was given her; that she lay down, and went to sleep; that about one o'clock next morning her husband awoke her, to get her to take off her clothes and get into bed; that immediately on being awoke she had a very copious evacuation; a second and a third, in rapid succession; that the husband ran for medical assistance; that it was at least three hours before he could find any; and when he returned home, he found his wife suffering severely with spasms, vomiting, etc.; and at about eleven o'clock, A.M., she breathed her last.

There was therefore in this case a premonitory diarrhœa for a week, which had been arrested for a few hours by some medicines; but the poor woman did more than her strength allowed her to do during the day, and the diarrhœa returned with increased violence. There is, consequently, nothing in this case contrary to the rule laid down,—that a diarrhœa precedes in every case an attack of spasms, vomiting, etc.

[CASE No. 15.]

I have been to Denmark-hill to inquire into the case of cholera reported to you as one "without premonitory symptoms," which had occurred on the 30th October, 1853, and I have seen the master of the house and the medical attendant.

The master of the house informed me that the gentleman who had died of cholera had dined with him the day before, and remained with the family in the evening; that he appeared in good health, and went to bed at his usual hour; that in the morning, when he came to breakfast, he appeared so ill that he requested him to go to bed; and the gentleman then informed him, that at about six o'clock he had had a very copious liquid stool, and again in about an hour; and, subsequently, a third and fourth. The master of the house immediately sent for medical advice, and by the time the medical attendant arrived (at eleven o'clock), the patient was then labouring under spasms, vomitings, etc.

The medical attendant informed me that he had not inquired when the diarrhœa had come on, or when the spasms, vomitings, etc., first attacked his patient; that he found him at the moment of his arrival sinking; and that he was so occupied with doing what he could to avert the fatal blow, that it escaped him to make the above inquiry.

However, we have the testimony of the master of the house, that some time elapsed from the first liquid stool till the first symptoms of spasms, etc. Whether the diarrhœa began at six o'clock in the morning, and the spasms at ten o'clock, is immaterial. The patient did not labour under spasms at nine o'clock

in the morning, when he came down to breakfast, and it is certain that then he had had a diarrhœa for at least three hours. Consequently, this is not a case of cholera without any premonitory diarrhœa.

[CASE, No. 16.—*April 24th, 1854.*]

With reference to the case of the mate of the *Anna Christina*, reported in your Weekly Returns for October, who died of cholera, on the 26th September, reported by you as a case of cholera without any premonitory symptoms, and with reference to my report to you in this case, which appeared in your Weekly Returns of the 8th October, I beg leave to say, that as soon as I saw Dr. Baines's letter, I called on the Swedish Consuls, Messrs. Tottie, Alderman's-walk, Bishopsgate-street, to learn where the vessel was, and to have her followed, with a view to ascertain from the captain whether the mate was or was not in perfect health up to two o'clock on the morning of the 20th September;—whether, in fact, he had any diarrhœa previous to the attack of spasms, vomiting, etc.

As soon as the Messrs. Tottie were aware of the object of my visit, they told me that the captain had called on them, on the 25th September, for his certificate of health; that he had informed them that he had several men labouring under severe diarrhœa; that they advised him to send for medical advice, which he refused doing, stating that it would deprive his vessel of a clear bill of health. They then told him to take his own course, but that he might bring himself into trouble. Next day he returned to them, and said he had lost one of



his men by cholera. The Messrs. Tottie, of course, do not know if the mate was one of the men who the day before laboured under severe diarrhœa, and to whom the captain alluded. The vessel is to be here again in six weeks, or two months, when the case of the mate will be properly investigated, and reported to you.

I may here add that, when I had the pleasure to see Dr. Baines, he distinctly told me that he did not inquire at what time the spasms, vomiting, etc., had come on after the diarrhœa had begun, or whether they had come on simultaneously, and without any warning diarrhœa;—an omission which I have every reason to be surprised at, as having been made by one so well acquainted with his profession as the Doctor is; especially when, in 1849, he had heard me so often insist on this very point, the necessity to ascertain at the bedside the time which had elapsed from the first liquid evacuation to the first spasms, etc., to assist us in forming an opinion as to the probable success of our plan of treatment.

[CASE, No. 17.]

It was reported by you that a case of cholera, without any premonitory symptoms, had occurred at the London Hospital. I went there and saw the medical gentleman who had admitted the child, who was labouring under cholera; and he told me that as he did not understand the parents, who were Germans, and as he could not make himself understood by them, and as he could obtain no account of the case from any one, he concluded that this was a case of

cholera without any premonitory diarrhœa, and certified it as such!

[CASE, No. 18.]

I have been to the house, No. 27, King-street, Spitalfields, Whitechapel, to inquire about the case of a woman, who is reported to have died there on the 3rd November, of malignant cholera, without any premonitory symptoms.

I have seen her husband, her mother, and the medical attendant. The husband informed me that he returned late on the evening of the 2nd, when his wife told him that she felt very ill; but that she did not say, nor did he inquire with what she was suffering; that she went to bed, and that at about two o'clock she attempted to get out of bed, but before she could do so her bowels were *very, very* copiously relieved; that she complained of feeling very faint and ill; that he went for her mother, who came immediately, and found her in great pain; that the husband went then for medical advice, who came at about five o'clock, and found the patient sinking. The husband added that he had not seen his wife the whole day, as he was out at his work since the morning, and that he therefore did not know if she had or had not a diarrhœa on her previous to his return home; he only knew that she complained of feeling very ill when he returned.

Neither did her mother know anything as to her daughter's state of bowels that day, as she had not seen her till sent for. The medical attendant acknowledged that he had not inquired whether she had a

diarrhœa previous to the attack of spasms, vomiting, etc.

Therefore we are left with the certainty only, that this woman was ill when she went to bed,—with what, no one inquired; and if we cannot say it was with a premonitory diarrhœa, the medical gentleman was not justified in certifying to you, without inquiry, that she had no premonitory diarrhœa.

[CASE, No. 19.]

In your Weekly Returns for Dec. 31st, 1853, a woman is reported to have died at No. 1, Claremont-place, Pentonville, on the 21st December, of cholera, without any premonitory diarrhœa.

I have been there, and I have seen the lady with whom this woman lived, and the medical attendant. From the lady I learn, that she was a thin, spare, weak, and nervous person, aged fifty-four; that she was subject to spasms in her bowels, for which she was in the habit of taking purgative medicine,—to carry off, she said, the bile. That on the morning of the 19th December, she had one of her usual attacks of spasms in her stomach and bowels. That as she was of a costive habit, and was accustomed to take a smart purgative to relieve the spasms, she took without medical advice, a large table spoonful of castor oil. This not having acted, in the evening she took again, without medical advice, a dose,—a blue pill five grains, and a black draught, salts and senna. That all these purgatives did not begin to act till ten o'clock next morning, when her bowels were repeatedly relieved. She thought herself better,

and attempted to get up, but was obliged to return to bed again, and fainted. The medical attendant was then sent for. The lady stated further, that she had no spasms in the limbs, no vomiting, no discoloration of her skin, before or after death, as she particularly watched to see if she turned blue in any part of her body; that her skin was not cold and clammy; that she complained of no thirst, no burning pain at the pit of the stomach; nor did she call for cold water. As she passed everything now involuntarily, she was not aware whether she passed water or not; that to the last the evacuations were fæcal, not watery, and very offensive.

The medical attendant said that he saw the patient in the morning; that she was recovering from a faint; that the skin of her face had a leaden hue; that she was passing everything involuntarily; that she had no pulse at the wrist; that he considered her sinking; and that he considered her also labouring under an attack of cholera.

This gentleman established his diagnosis on the leaden hue of the skin of the face, on the absence of pulse at the arm, and on the diarrhœa. He is contradicted as to the aspect of the face by the lady; and the absence of pulse, and the involuntary passage from the bowels, are no proof that this was a case of cholera,—especially when we find that she had taken, for her, an over-dose of purgatives.

Therefore, this is not a case of cholera; it is one of hypercatharsis, in consequence of an over-dose of purgative medicine.

[CASE, No. 20.]

I have been to No. 2, Goodwin-buildings, White-chapel, and I have seen the widow of the man reported in your Weekly Returns of the 24th December, as a death from "*malignant cholera, without any premonitory symptoms.*"

She informed me that her husband had, eight years ago, a severe injury in his back; that in consequence he had for some weeks a severe pain in his back and left knee; that subsequently the pain attacked his left instep; that every year since he was, in the autumn, subject to pain in that instep; that for the last six months he frequently complained of the pain in his instep, and that he frequently was lame in consequence; that the day he was taken ill he was in his usual state of health and spirits; that he went to bed at his usual hour, but that at about one o'clock the next morning he awoke, complaining of great pain in his instep, in the same place where he usually felt pain; that the pain went on increasing; that she bathed the instep with vinegar and brandy; that after a short time the pain suddenly ceased in his instep, and that immediately her husband began to breathe quick, and he said that the pain of the instep had gone to his heart; he had now a slight motion, and vomited once, but only phlegm; that she then sent for the medical attendant, and her husband died twenty-four hours after he first was taken ill. He had no diarrhœa, no spasms, no vomiting, except one of a little phlegm; that he passed his urine freely; that his voice did not appear weak till a few minutes before death; that no part of his body turned blue before death, and that his countenance after death was calm,

placid, and like white marble; that she had a few days before attended a friend of hers who had died of cholera, but that her husband appeared to her not to have one symptom such as her friend had.

Was this a case of malignant cholera? Certainly not. Every medical gentleman will recognise this as a case of retrocident gout.

[CASE, No. 21.]

In your Weekly Returns of the 11th February, a case is reported as one of cholera which occurred at No. 27, Charles-street, Hackney-road sub-district, and the medical attendant stated in his report to you "that the patient presented all the symptoms of *malignant cholera*. He was completely in a state of collapse, almost voiceless and pulseless, surface livid, pain in the abdomen, cramps, vomiting of rice-water fluid, BUT NO PURGING."

I have been to the above house, and have seen this man's widow and the medical attendant.

The widow informed me that her husband had a hernia; that it frequently came down; that he returned the intestine usually without difficulty; that two days before she called in medical advice the hernia had again come down, but that this time he could not return it; that for the two days he suffered great pain in the tumor and in his abdomen; that on the morning of the second day he began to vomit, but had no passage in his bowels; that finding he was growing worse she sent for medical advice, and that the medical gentleman did all he could to procure a passage in the bowels, but could not.

The medical gentleman admits that the patient had

a hernia, but that when he saw him the hernia was reduced, and that the patient's appearance was as is stated in his report.

Was this a case of cholera? Certainly not. Every surgeon will recognise this as a case of strangulated hernia; and had an autopsy been made, this diagnosis would have been found correct.

The medical gentleman laid great stress on the livid state of surface and on the rice-water fluid vomited; but blueness of the surface takes place in strangulated hernia, in slow internal bleeding from wounds, in females dying from flooding, etc., as well as in cholera. As to the rice-water fluid vomited, that takes place when vomiting occurs from a strong emetic, when the whole contents of the stomach have been removed, and when the contents of the gall-bladder have ceased to regurgitate into the stomach,—which is well marked in sea-sickness. Therefore the presence of these two symptoms alone do not justify us in concluding that we have to deal with a case of cholera. This may also be said of the almost voiceless and pulseless symptoms—both are common to strangulated hernia when mortification has taken place; and as the hernia had returned, as the medical attendant has said, when he first saw his patient, is it not in accordance with practice that a hernia may return, and yet remain strangulated, in consequence of having formed adhesions at the point where the abdominal ring compressed it while the intestines were protruded externally?

To resume: it is not the presence of a few symptoms which are common to other diseases which constitute a case of cholera, but it is a group of symptoms

developing themselves in regular order which constitutes a case of cholera, and a diarrhoea is the first, the constant, the invariable symptom of the disease, and no case of cholera can take place without a diarrhoea. Therefore, as this man had no passage in his bowels, he was not labouring under cholera.

[No. 22.]

Copy of a letter to the Earl of Shaftesbury, President of the General Board of Health.

“MY LORD—The following is the paragraph on cholera to which I alluded, and which emanated from the General Board of Health.

“‘Extract from the *Times* newspaper, 8th November, 1853, relative to a case of supposed cholera which occurred at Lewisham, on 28th October, 1853:

“‘The mere absence of purging and even vomiting at the time, is no evidence that the case was not one of malignant cholera. Indeed the very worst cases of this formidable disease are those where these symptoms are wholly or partially absent; the powers of life being struck down at once by the poison.’”

“As it is a question of the first importance, whether cholera occurs without purging, or without vomiting,—without, in fact, giving any warning of its approach by a symptom, or by a train of symptoms,—will your Lordship permit me to ask on what grounds the Board came to the conclusion that cholera ever takes place without purging and without vomiting?

“If this knowledge has been obtained by any member of the Board at the bedside, I trust there

will be no objection to state where such cases occurred in London, that the fact may be verified.

“ If the Board have made the above statement on the authority of books, or on the authority of persons not sufficiently conversant with medical science, or with medical inquiries, I am certain they will in future pause before they give circulation to statements that cholera can take place without purging and without vomiting; statements which are contradicted by accurate researches at the bedside, and by accurate researches after death, by autopsy.

“ I take the liberty to inclose the copy of a letter, which I have addressed to the Registrar-General, and which will show that I am at this moment investigating the truth of those cases reported to him as cases of cholera without any premonitory diarrhœa; and that up to this instant not one case of cholera has died in London, during this outbreak, without having had a premonitory diarrhœa for some hours, some days, or some weeks, before an attack of spasms, etc.

“ Your Lordship will therefore see how essential it is that, in future, the Board do not put forth statements that cases of cholera do take place without purging, and without vomiting, unless such cases have been fully and properly investigated.

“ With reference to the child who died at Lewisham, on the 28th October, the Board must be aware that that case cannot be received as a case of cholera, not even on the authority of Mr. Case and of Mr. South. These gentlemen did not examine the case scientifically; they did not perform the autopsy, which they were bound to do, before they gave a

professional opinion; and, therefore, whatever they have said must be received as mere conjecture, unworthy of the attention of pathologists.

“ Cholera is a disease quite alarming enough without alarming the public more, by placing before them doubtful cases, and drawing from these conclusions which are more than doubtful.

“ I have the honour to be, my Lord,

“ Your obedient Servant,

“ D. MACLOUGHLIN, M.D.,

“ Member of the Legion of Honour of France.

“ London, 23rd November, 1853,

“ 34, Bruton-street, Berkeley-square.”

[CASE, No. 23.]

The General Board of Health assumed that the first case of epidemic cholera which occurred in Great Britain, in 1848, occurred at Horselydown, September 22nd (see page 14 of their Report on Cholera); but they forgot to state, that that case occurred in a sailor, belonging to the *Elbe* steamer, which had arrived two days before from Hamburgh, where cholera raged; and that on the passage from Hamburgh to London, two men belonging to the vessel had died of cholera.* They also forgot to mention that a man who slept in the same room as the sailor at Horselydown, on the night of the 21st and the 22nd September, was himself seized with cholera six days after. Therefore it is evident that cholera was on board the *Elbe* steamer when she arrived at London; and since the General Board assume that the

* I have the Captain's authority for stating this.

sailor who belonged to this vessel, and who died on the 22nd September, was the first case of cholera which occurred in Great Britain and Ireland in 1848, it is evident that they have proved—if we rely on the accuracy of their assumption—that the *Elbe* steamer imported cholera into this country in September, 1848. It is evident, therefore, that the General Board of Health still, if we believe their assumption, have proved that cholera can be conveyed from an infected to a healthy locality by human intercourse,—that the disease is, in fact, contagious. It is useless for them to tell us that the cases of cholera which occurred on the 30th September, and 1st, 2nd, 3rd, etc., of October, had no intercourse whatever with the case which occurred at Horselydown on the 22nd September. It is evident, I repeat, that cholera was on board the *Elbe* steamer when she arrived in the Thames; and it is also evident that the Board have not shown that none of the crew of that vessel had any intercourse with the individuals attacked on the 30th September,—1st, 2nd, 3rd October; or with the landsman who slept in the same room as the sailor during the night, from the 21st to the 22nd September, and who was himself seized with cholera six days after. Therefore, I repeat, the General Board of Health, while they assumed that cholera is not a contagious disease, have proved that it is a contagious disease.

To show how careless the General Board of Health are of facts, which are in opposition to their pre-conceived opinions,—we see them here assuming that the case of cholera which occurred at Horselydown on the 22nd September, 1848, was the first case of cholera which had occurred in Great Britain in 1848;

when by referring to your Weekly Returns, for 1848, up to the 21st September, we find that previous to the case which occurred at Horselydown on the 22nd September, one hundred and seventy-nine medical gentlemen had certified to you that one hundred and seventy-nine cases of cholera had occurred in London from the 1st January to the 21st September, 1848.*

* See the Registrar-General's Report on Cholera, page 11, drawn up by William Farr, Esq.



