

To Dr. Cormack, editor of Association Medical Journal.

Contributors

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from the author

To DR. CORMACK,

EDITOR OF ASSOCIATION MEDICAL JOURNAL.

C
SIR,

In the note at the bottom of my letter, inserted in your number of the 20th Instant, you have asked for proof—that an individual can be walking about for pleasure, or for business, after the blood has ceased to circulate, and his heart has ceased to beat, in consequence of labouring under a diarrhœa.

There are three ways of giving you this proof: the first, by appealing to my own observations: the second, by appealing to the observations of others: and the third, by appealing to the future observations of the profession.

1st. As to my own observations.

When Epidemic Cholera raged in Paris in 1832, I was requested one evening to call the next morning on a gentleman, who, I was told, was not ill, but who found that his voice had suddenly become weak: so much so, that he could speak only in a whisper.

I pointed out to my informant that I apprehended his friend was attacked with cholera, and I decided to go immediately to see his friend.

On arriving at his hotel, we found that he was at the Gallery of the Museum of the Louvre, where he had been all the day with a party of friends amusing himself; visiting the different monuments of antiquity in that establishment.

In about a quarter of an hour he returned home to his hotel, situated Rue Vivienne, on foot, and walked up two pair of stairs ~~firmly~~; and on my being presented to him, he expressed regret

PRESENTED
by the
AUTHOR

that I had been disturbed from my dinner, adding that his case was not urgent ; that he felt as strong as ever, that he had nothing the matter with him but a slight diarrhœa, which did not annoy him, and which he had had on him for about two months ; and a slight weakness of his voice, which prevented him from speaking loud, and which he had remarked for a few days.

While he was thus speaking, he put out his hand to me : the skin was blue, icy cold, and covered with the icy, clammy dew of death ; he had no pulse at his wrist, nor could I discover any beating of his heart by applying my ear to his chest ; his eyes were sunk in their orbit, and the skin of the face had a blueish tinge.

After a few questions I joined his friends in the next room, and I gave them my opinion that the gentleman was in the utmost danger, that I apprehended he would not survive twelve hours : and I immediately dispatched them for further medical advice.

I returned to the patient, who was preparing to dress for dinner, and while he was speaking to me, he suddenly vomited, without any previous warning, ejecting the contents of his stomach to above ten feet from the place where he stood ; and a moment after his bowels were suddenly relieved before he could move from where he was, and before he could remove his clothes ; the next moment he was struck down by spasms in his extremities.

This gentleman was of superior cast of mind, anxious to avoid danger, but despising danger when he met it.

He at once named his disease, and requested me to do all that could be done to save his life.

Having in such cases tried and seen tried by others, without success, all that had been recommended, excepting bleeding, which was strongly advised by Professor Broussais and his disciples, I determined to have recourse to bleeding.

It was useless to attempt to open a vein : I decided on opening the temporal artery, but no blood flowed.

After having explained to the patient what I was going to do, I opened the brachial artery, and here also no blood flowed.

This gentleman lived for about eight hours after the temporal and brachial arteries had been opened ; they were not secured, yet no blood flowed ; and for the first four hours after the arteries had been opened, he got out and into bed by himself, and even walked from one room into another, in the full possession of his mental faculties.

In the same outbreak of cholera I was called in consultation to see another cholera case, where I also opened the temporal and brachial arteries under similar circumstances, and with similar results ; no blood flowed from the open arteries, although the patient lived some hours after, and though the vessels were not secured.

2nd. By appealing to the observations of others.

In 1849, while I was in charge as Medical Inspector of Poplar Union, Dr. Fagan, one of the house-to-house visitors, reported the case of a young man who laboured under diarrhœa, had become perfectly blue all over his body, in whom the doctor could discover no pulse at his wrist, nor any beating of his heart ; who would, and who did, go out to his daily work, although everything was done by the doctor to prevent him.

And in that outbreak, and in that of 1854, several of the house-to-house visitors reported cases of persons, who, labouring under diarrhœa, had their skin blue, icy cold, and clammy, without as yet having had any spasms, and walking about or attending to their usual occupations.

And one of the medical officers of Middlesex Hospital informed me last year, that he had remarked several cases of diarrhœa, where the persons had come to the hospital for medical advice, and in whom he could not discover any pulse at the wrist ; but he did not try the carotid artery, nor did he put his ear to the chest.

And I appeal, thirdly, to the observations of the profession hereafter, in proof of the existence of the pathological fact which I have stated.

Therefore, from my observations, from the observations of others,

and from the future observations of the profession, I conclude that diarrhoea may drain almost the whole serum from the blood of an individual,—that his blood may cease to circulate, that his heart may cease to beat, while he is walking about for pleasure or for business, or labouring at his usual occupation, unconscious that he has anything serious the matter with him; and he may thus be past all human aid before he is warned by a spasm that his life is in danger.

I have the honour to be,

SIR,

Your obedient Servant,

D. MACLOUGHLIN, M.D.

Member of the Legion of Honour.

July 22nd, 1855.

34, Bruton Street, Berkeley Square.

DID THE GENERAL BOARD OF HEALTH
MAKE ANY SCIENTIFIC RESEARCHES AT
THE BEDSIDE TO ASCERTAIN THE
CONNECTION WHICH EXISTS

BETWEEN

EPIDEMIC DIARRHŒA & EPIDEMIC CHOLERA;

AND

WERE THEY THE FIRST TO POINT OUT

THAT

CHOLERA IS *INVARIABLY* PRECEDED BY A
DIARRHŒA FOR A FEW HOURS, OR FOR A
FEW DAYS, OR FOR A FEW WEEKS,

AND

THAT IT IS, CONSEQUENTLY, IN THE POWER OF HUMAN
FORESIGHT TO WARD OFF AN ATTACK OF CHOLERA?

A LETTER

ADDRESSED TO

JOHN SIMON, Esq., F.R.S.,

MEDICAL OFFICER TO THE GENERAL BOARD OF HEALTH,

BY

DAVID MACLOUGHLIN, M.D.,

MEMBER OF THE LEGION OF HONOUR.

LONDON:

PRINTED BY T. RICHARDS, 37, GREAT QUEEN STREET.

DID THE GENERAL BOARD OF HEALTH
MAKE ANY SUCH STATEMENT?

THE BOARD OF HEALTH IN THE
STATE OF NEW YORK.

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*For the Royal College of Physicians
with the authors complete*

TO JOHN SIMON, ESQ., F.R.S.,

MEDICAL OFFICER TO THE GENERAL BOARD OF HEALTH.

MY DEAR SIR,

As you have some doubts as to who first pointed out the connection which exists between diarrhœa and cholera, and as you seem to believe that the late General Board of Health are entitled to the credit of being the first who pointed out, and who, by their researches, demonstrated to the profession this most important pathological fact, permit me to place before you the following data.

In 1850 the late General Board of Health published their Report on the outbreak of epidemic cholera which had taken place in this country in 1848-49, and in that Report they stated that cases of cholera occurred without a premonitory diarrhœa; showing thereby, that they believed that cholera is an entity—a disease *sui generis*—and independent of a premonitory diarrhœa; and in 1853 they held “*that the very worst cases of this formidable disease were those where these symptoms—purging and vomiting—were wholly or partially absent.*” See the *Times* newspaper of the 8th November, 1853.

And if you will refer to the writings of the profession, whether in Europe or in any other quarter of the globe, you will find that up to 1853 it was maintained that diarrhœa is not an essential symptom of cholera, and that cases of cholera do occur without a premoni-

tory diarrhœa; and the profession further maintained that where diarrhœa occurs previous to the attack of cholera, that then the diarrhœa acted merely by weakening the individual, and making him thereby more liable to be acted on by the cholera poison.

Therefore up to 1853, neither the late General Board of Health, nor the profession in any quarter of the globe, were aware of the connection which exists between diarrhœa and cholera.

On the 24th September 1853, a letter of mine, addressed to the Academie Impériale de Médecine de France, appeared in the Comptes rendus des Séances de l'Academie, and in different medical journals in Paris; and a copy of the same letter, addressed to the Registrar-General here, appeared in his weekly return of births and deaths of the 24th September 1853.

In these letters it is stated as the result of my researches at the bedside during the outbreaks of epidemic diarrhœa, and of epidemic cholera in 1832, 1848-9, that diarrhœa *always* precedes an attack of cholera for a few hours, or for a few days, or for a few weeks. And so far as I am aware, these letters are the first intimation the profession had of the positive connection which exists between diarrhœa and cholera, and the first intimation that diarrhœa invariably preceded an attack of cholera for a few hours, or for a few days, or for a few weeks.

Anxious, however, to satisfy the profession that diarrhœa always precedes an attack of cholera, and also, anxious to impress on the profession the importance of this diarrhœal stage, I requested, in 1853, the Registrar General to call on his sub-Registrars to state, when they reported a death from cholera, whether the individual had had, or not, a diarrhœa

previous to the attack of cholera. They were also requested to state for how many hours, or for how many days, or for how many weeks, this diarrhœa had persisted previous to the attack of cholera; and where cases of cholera were reported to have occurred without a previous diarrhœa, I made it my duty to inquire into these cases, and to report the result to the Registrar General.

In 1853, cholera proved fatal in London to 878 persons, and out of this number twenty-one cases were reported to the Registrar General as cases of cholera without a premonitory diarrhœa.

I visited the house where each of these twenty-one persons had resided, and I saw their relations or their friends who had attended them in their last illness, and in some instances their medical attendant, and the result was, that I found that fifteen of these twenty-one cases had had a diarrhœa for a longer or shorter period previous to the attack of cholera.

I also found that in the sixteenth case, the persons about the patient had an interest in denying the previous existence of a diarrhœa.

I also found that in the seventeenth case, the patient had been admitted into the London Hospital in a state of collapse, and as the medical attendant could not obtain any information as to whether the patient had had, or not, a premonitory diarrhœa, he reported the case as a case of cholera without a premonitory diarrhœa.

In the eighteenth case it was ascertained that the person was ill before she was attacked with cholera, but with what no one could tell.

In the nineteenth case, hypercatharsis had been brought on by an over-dose of purgative medicines.

In the twentieth case, it was discovered to have been a case of retrocident gout.

The twenty-first was a case of strangulated hernia.

Therefore, in the inquiry in 1853, carried on as it were in the presence of the whole profession in London, it was ascertained that every case of cholera which had proved fatal in London, had been ushered in by a premonitory diarrhœa.

In consequence of these researches in 1853, and in consequence of the publication of the "*Result of an inquiry into the invariable existence of a Premonitory Diarrhœa in Cholera*," the profession made more careful investigations into the state of health of their patients previous to the attack of vomiting, spasms, etc., previous to the attack of cholera, and the result has been, that the St. Thomas, the St. Bartholomew, the Westminster, the Homœopathic, the Royal Military Hospital, Chelsea, the St. Mary's, the University College Hospital, and the Middlesex Hospital, ascertained that every case of cholera admitted into their Hospital had had a diarrhœa previous to the attack of cholera.

Therefore, as no case of cholera was discovered in my researches in 1832, without a premonitory diarrhœa; nor in 1848; and especially in 1849, when I was assisted in these researches by nearly one hundred medical gentlemen; nor in 1853, when these researches were carried on as it were in the presence of the profession here in London; or in 1854, when again I was assisted in these researches by three-and-thirty medical gentlemen; and, above all, since the medical staff of eight of the first Hospitals in London, have, in 1854, reported, that in all the cases of cholera admitted into their wards, the disease had been

preceded by a diarrhœa; it may be concluded, that cholera, that is, vomiting, spasms, etc., is invariably preceded by a diarrhœa, and that consequently diarrhœa is the first, the most important, the most essential, the most invariable symptom of cholera, and that consequently cholera is not an entity, a disease, *sui generis*, independent of, and a superfoetation on, diarrhœa.

Therefore, the late General Board of Health were in error when they stated, in 1850, that cases of cholera occurred without a premonitory diarrhœa, and they were further in error when they further maintained, in 1853, "*that the very worst cases of this formidable disease are those where these symptoms, purging and vomiting, were wholly or partially absent.*"

Therefore, whatever benefit has been conferred on medical science, and whatever advantage humanity may derive from having the connection which exists between diarrhœa and cholera ascertained, it is evident that the late General Board of Health are not entitled to the credit of having pointed out this pathological fact, and much less are they entitled to the credit of having called the attention of the profession to this second pathological fact,—that every individual is warned, for a few hours, or for a few days, or for a few weeks, by a diarrhœa, *sui generis*, that he is about to be attacked by cholera, and that it is therefore in the power of human foresight to ward off an attack of cholera.

Believe me, my dear Sir,

Yours very sincerely,

D. MACLOUGHLIN, M.D.

London: 13th February, 1856.

Member of the Legion of Honour.

34, Bruton Street, Berkeley Square.

P.S. With reference to our last conversation : although it is now ascertained that epidemic diarrhœa is the first evident stage of epidemic cholera which has yet been noticed, yet before epidemic diarrhœa manifests itself in a locality, there is a change which takes place in the constitution of every individual in that locality ; and which change in the constitution is marked by every one having now more flatus in their bowels than usual ; by borborigmi, especially between the hours of one and five in the morning ; by a weight and pressure at the anus, and a feeling of insecurity, as if the person had lost the command over the sphincter of the anus, and that at any moment the sphincter would give way, and that the person would soil his clothes.

But this change in the constitution is better marked by half, one-third, or one-fourth the usual dose of purgative medicines now producing the same result as a full dose did formerly, and that a full dose will now induce diarrhœa, too often followed by fatal cholera.

If it is the will of Providence to inflict on us another outbreak of epidemic diarrhœa, it may be hoped that the General Board of Health will turn their attention to, and will investigate, this premonition to the diarrhœal stage, which, if scientifically studied, will lead to a correct knowledge of the pathology, and to a correct knowledge of the etiology of the disease ; and, above all, will direct to a rational and correct plan of medical treatment, which, alas ! is much wanted.

Second P.S. Since the foregoing has been in print, the Registrar General's Weekly Return, dated 8th March, 1856, has appeared, and in that Return it is stated, "that at No. 11, Half Moon Street, Bishopsgate, on the 7th March, a journeyman blacksmith, aged 48, died of cholera; ten hours illness. The house, "adds the Registrar," is drained and ventilated, and there is no circumstance to account for the disease."

I have been to the above house; I have seen the landlady, her husband, the medical gentleman who attended this man in his last moments, and the Apothecary of the Free Hospital, Devonshire Square, from where this man got advice and medicines for about three weeks before his death.

From the landlady and her husband, I learnt that this man complained about three weeks before his death, of giddiness, and of a derangement of his stomach and bowels; that he obtained advice and a bottle of medicine from the Free Hospital, Devonshire Square, of which medicine he took two table-spoonfuls three times a day; that he was much purged for these three weeks that he took the medicine, and felt weak in consequence; that, however, he went to bed on the evening of the 6th instant not worse than usual; that at about one o'clock A.M., he was seized with vomiting and purging; that the landlady was called to him only at six o'clock in the morning, when she found him vomiting and purging severely, and in great pain in his limbs, and that she immediately sent for medical aid.

From the medical gentleman who was called in, I learnt that he saw this man at about eight in the morning; that he immediately recognised the disease

to be cholera, and prescribed accordingly: but that his patient expired three hours after.

The Apothecary of the Free Hospital told me that this man was taking two drachms of the sulphate of magnesia dissolved in three ounces of water, coloured with a few drops of a red infusion, daily.

There can be no doubt that this was a case of cholera; and as a functional derangement of the stomach and bowels is on the increase at present in London, it cannot be doubted that this man suffered at the time under this epidemic influence, and that the purgative medicine did bring on an attack of diarrhœa, followed by developed cholera and death.

This case, therefore, comes in support of what I had the honour to state to the President of the General Board of Health, that this is the time to study the rise and progress of this change which takes place on the constitution of the whole population, where epidemic diarrhœa and epidemic cholera are about to take place; and, I repeat, which is marked by the great susceptibility of the stomach and bowels to purgative medicines, so that, one-half, one-third, or one-quarter, of the usual dose of purgative medicines, will now act as freely as a full dose would do at any other time, and that a full dose will bring on diarrhœa, followed by fatal cholera, as has occurred in this case.

14th March, 1856.

Third P.S. After the above was in type, my attention was called to an Official Report on the above case of cholera which occurred at No. 11, Half Moon Street, Bishopsgate, and in which it is stated that the case was one "of ordinary English cholera."

If, by the denomination "ordinary English cholera," it is meant to say that there is a cholera peculiar to England, I must beg leave to differ from the author of the report.

So far as I have seen, whether when the disease was sporadic or epidemic; whether in the cold winters of Canada, or in the hot summers of Portugal, Spain, or in France, Belgium, Scotland, or Ireland, I have seen the disease ushered in, and run its course with the same train of symptoms, and be as rapidly fatal in England as I have seen it to be in any of the above countries.

Therefore, I submit, that the denomination "of ordinary English cholera" is not an appropriate term; no more than the terms "malignant," "Asiatic," "summer," &c., cholera, which are so often said.

If, however, in using the term "*ordinary English cholera*," the author of the official report meant to convey the idea that the disease is not contagious, and, therefore, that the public need not be alarmed; it would have been more satisfactory to the public, had it been shown that since 29th October, 1855, to the 25th January, 1856, no one had died of cholera in London, and that consequently during those three months, the cholera poison, as it is called, had passed away, and that this man had had no communication with the woman, or with her family, who died of cholera on the 25th January, 1856, at No. 7, Plough Yard, Shoreditch, Holywell, and Moorfields, when

cases of cholera began to reappear ; or with the child of three years old, or with her family, who died of cholera on the 14th February, 1856, at No. 9, Archer Street, Kensington ; and he would have arrived at the conclusion that it was impossible that this man could have caught the disease from either of these persons, or from their family.

And had he gone further, and inquired into the particulars of the case at No. 7, Plough Yard, Shore-ditch, and into the particulars of the case No. 9, Archer Street, Kensington, he would have satisfied himself that it was impossible these two persons could have contracted the disease by their intercourse with any one, and impossible they could have communicated it to this man.

Consequently, from this scientific inquiry, he would have arrived at the conclusion, that cholera is not a contagious disease, and that the public need not apprehend that they can contract the disease by communicating with those labouring under it.

And the medical profession would thereby be led to seek for the etiology of cholera somewhere else than in contagion.

London : 17th March, 1856.