

by Dr. Strange in the *Journal*, Nov. 28th, 1849. There were likewise a few cases of severe bilious diarrhoea treated at the same time; early distinguishable from the more true though slight symptoms of the real disease."

An important question is therefore now open, which until very recently has scarcely been mooted out of the Association, viz., whether the diarrhoea so frequently prevailing contemporaneously with the cholera,—and which as frequently proved fatal, *per se*—be a mild form of the cholera, depending upon the same influences and tending to the same crisis, or, whether it be essentially a different disease, rather preventive of cholera than conducive to its development. This will be seen to be one of the most important questions connected with the subject. It is included though not formally stated, in the queries; and it is hoped it will not be overlooked in the replies which may be yet forthcoming. The subject is just now being discussed in the pages of the *Lancet*.

DR. JOHNSON, of Shrewsbury, details some interesting facts relative to the outbreak of the cholera in that vicinity. "The cholera first made its appearance in this neighbourhood at the House of Industry, Kingsland. Its outbreak was attended with some remarkable circumstances. On the 24th of July, the intelligent surgeon of the establishment (Mr. Keate) assured me that the House was particularly healthy, and it was remarked that day how few inmates required professional aid. The very next day, viz., July 26th, early in the morning, the disease broke out in the wards, and in the course of a few hours many others were seized almost contemporaneously, and many of those seized died. It was not confined to one ward of the House of Industry, but almost at the same moment, inmates of the Lunatic Asylum occupying the other end of the same building were attacked, as if a noxious blast had passed through the whole building and affected the predisposed. It is curious also that the greatest number of deaths was within the first three days of the epidemic, viz., on July 26th, 27th, and 28th. In the House of Industry there were forty-five cases and twenty-eight deaths. In the Lunatic Asylum thirteen cases and eleven deaths. In these establishments there is no local impurity of the air, as discoverable by the senses, which does not exist in thousands of habitations where no cholera has appeared. The House of Industry stands high and dry, is removed from the town, and is clean and well-ventilated." Dr. Johnson adds, "I was told, that just as the disease broke out at the Cross Houses, (Atchan Union,) the potato tops in an adjoining field were all turned black in one night, and in a narrow strip all across the field, as if by a blight. The appearance had gone off when I went to see the spot. The sudden way in which the disease broke out at the House of Industry just resembled this."

My object in quoting the history of this remarkable outbreak of the disease is to elicit similar reports from other quarters. It is plain that such events as these must have an influence in determining the doctrine of contagion, even if they be rare exceptions to the general

commencement of the epidemic. It is hoped that this case will attract the attention of Dr. Snow and others who have adopted the contagious theory of propagation, as it appears at first sight difficult of explanation on any such hypothesis. At the same time it may be right to mention, that many facts are contained in other reports which seem to favour the opinion that the disease is personally transmissible from one patient to another. On these and other points, however, negative facts are as valuable as positive, and even more so, especially the fact of exemption, of which I solicit every possible account; and, perhaps, I may be allowed to request a more correct description of the geology of the exempted places. At present the *red sandstone* formation appears to have had the advantage. I will add at present only one additional quotation, from the responses already received. It relates to the treatment.

DR. TOPHAM, of Wolverhampton, relates that in about one hundred cases, more than half of which were fatal, all kinds of treatment failed; but that croton oil, in large doses, was the most successful. I may add, that the rise and advance of the disease in Wolverhampton had very much the appearance of a contagious disease, until all traces of contagion were lost in the general prevalence of the epidemic.

Bedford Square, Jan. 1, 1850.

P.S.—Although it was requested that reports should be forwarded, if possible, before the 1st of January, there is no intention of closing the inquiry at present.

## Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.\*

JUNE 7TH, 1849.

MR. RUSSELL IN THE CHAIR.

*Bladder greatly dilated and hypertrophied, from very old and firm strictures: kidneys healthy.*

DR. RUSSELL narrated the history and particulars of the following case:—

Wm. Grove, aged 44, bricklayer, a large and stout but unhealthy-looking man, came under my care at the Birmingham General Hospital, May 5, 1849, suffering under an attack of cystitis. I gained the following history from the sources referred to:—Has not been very intemperate, though he has drunk rather freely at times. He had gonorrhoea very severely about twenty years ago, from which he dates the commencement of his troubles. His wife tells me that he had difficulty in making water as long ago as seventeen years; and a stricture seems to have existed so long as twelve years ago. Bougies were passed. He neglected himself almost entirely, but during the last two years he came occasionally under Mr. Clarkson's care, with temporary attacks of intense lumbar pain, and difficulty in passing water, with constant dribbling and greatly

\* Concluded from page 714 of last volume.

distended bladder. Mr. Clarkson does not believe that he has had a dry shirt on for years. His symptoms were generally quickly relieved by warm baths, hyoscyamus, ether and alkalies, and he then left off attending for a time; but at last Mr. Clarkson, struck by the similarity of many of his symptoms to those of calculus, attempted to sound him, but could not pass a catheter farther than an inch, and was obliged to desist on account of the extreme pain from the operation. Whilst he was under my care he presented a repetition of the symptoms for which he had often applied to Mr. Clarkson. His urine I found strongly alkaline, turbid, and containing a considerable quantity of ropy mucus, but neither pus nor albumen, and free from any indications of disease by the microscope. Being at first ignorant of the stricture, on account of his very imperfect history, I applied leeches and fomentations, enjoined rest, and gave alkalies, ether, &c., with diosma, but without any benefit, and it was only when Mr. Carter was endeavouring to ascertain whether a stone was present, that we discovered the stricture, and were unable to pass an instrument farther than an inch from the orifice, the operation causing extreme pain. I then tried acids, but without success. He was subsequently under the care of Mr. Cripps, who succeeded in passing, with great care, a (No. 2) bougie, to the length of six inches, but was then stopped by other very firm strictures. The urinary symptoms subsided somewhat, but he had got erysipelas of the scrotum and thighs, and lower part of the abdomen, followed by profuse mucous diarrhoea, and died in the evening of May 31. For some time he had been subject to some cough, without expectoration: this last week the cough has been worse.

*Sectio-cadaveris eighteen hours after death.*—Commencing decomposition in the superficial textures of the scrotum and flanks; large quantity of subcutaneous fat; muscles well developed; some pus in the cellular tissue of the pubic region, under the skin. *Lungs* much and generally congested, and firmer than usual. *Heart* healthy; tricuspid orifice admitted three fingers. *Stomach*: Its mucous membrane thick, irregular, and rather congested in patches; liver healthy, except some congestion of the hepatic venous system: its cells also healthy; spleen healthy. *Kidneys* presented solely venous congestion; plexuses of veins of considerable size, ramified over their surface; examined by the microscope they were found quite healthy; their capsules delicate, and easily removed; their pelves also healthy. The bladder very much hypertrophied, its greatly enlarged bundles of muscular fibres were evident even before removal of the organ, and when it was opened they were seen forming a large network of very thick strong bundles. The mucous membrane was entire, and without ulceration. The capacity of the bladder was increased nearly three times, I should guess. By the microscope the mucous membrane was seen to be composed merely of a delicate membrane, with scarcely any indication of epithelium; a large abundance of triple phosphate prisms adhered to it. The urethra could not be examined. More than half a pint of urine

which remained in the bladder was turbid, deep coloured, nearly free from mucus, (so much at least as was collected,) specific gravity 1023, very ammoniacal, and did not contain albumen.

Dr. Russell remarked on the great amount of dilatation of the bladder with the hypertrophy; this was probably owing to the gradual operation of the dilating force, continued through a long period of time, as explained by the history. To the yielding of the bladder, and to the gradual and temporary operation of the resisting power, is probably to be ascribed also the singular freedom from disease in the kidneys. He also drew attention to the absence of ulceration, and of the other states of disorganization of the bladder, usual in such cases. The mucous membrane, however, was shewn by the microscope to have degenerated, but it was still capable of secreting mucus copiously.

The exposure to which the patient's trade (brick-laying) subjected him, had doubtless much concern in producing the temporary attacks of retention of urine. His death was occasioned by the erysipelas and diarrhoea.

#### *Microscopic appearances of scirrhus of the mamma.*

DR. RUSSELL described the case, and presented drawings to the Society illustrative of the following appearances:—

The tumour had been forming several years. The patient, aged 40, was a nervous delicate lady, mother of five children. It was removed by operation, and Dr. Russell was indebted to Mr. Cripps for the opportunity of examining it. It was yellowish-white; presented fewer of the characteristic white lines than usual. On pressure, a thick yellowish semi-fluid matter issued. This was so abundant that, subsequently, in examining the solid portion, each slice required careful washing in order to remove the cells composing the more fluid portion, before the fibrous stroma could be seen. The cells composing the semi-fluid matter were of considerable size, very delicate, with a very soft outline; all contained an inner cell, of variable size and denser structure. The cells varied in diameter, from 1-832 to 1-2500th inch; the more general diameter about 1-1400th inch. Numerous compound cells were present, from 1-625th to 1-5000th inch; many entirely filled with oil-globules. The fibrous stroma was pearly and semi-transparent in thin slices; its fibres were arranged in separate bundles, interlacing, so as to form very distinctly an irregular coarse network. By acetic acid the separate bundles were rendered much more sharply defined. I did not discover any of the yellow element of fibrous tissue.

#### *Spermatozoa in urine, in a case of epilepsy.*

DR. RUSSELL exhibited a sketch of spermatozoa, in the urine of a young man, aged 19, under his care for epilepsy. The detection of them had led Dr. Russell to the discovery of a cause for the debility under which the patient was suffering, namely, spermatic discharges. He had been the subject of epilepsy for three years.

## NORWICH PATHOLOGICAL SOCIETY.

At a meeting of the Society, held in the Museum Room at the Norfolk and Norwich Hospital, C. B. ROSE, Esq., of Swaffham, President, the following specimens were exhibited:—

*Obstruction of the bowels.*

DR. RANKING stated that the person from whom the specimen had been taken was a female, aged 65, a patient of Mr. Joy, of Northwold, who had enjoyed previous good health. She first became constipated upon the 7th of June last, for which simple aperients, followed by stronger purgatives (croton oil and large doses of calomel) were administered, but to no purpose. After a few days, vomiting ensued, which speedily became fecal, and afforded great relief to her symptoms. There was no distension, no abdominal pain or vascular excitement, and the patient, within a fortnight of her death, (which took place eight weeks after the first appearance of obstruction) went about the house, troubled only with her occasional vomiting and the debility consequent upon imperfect nutrition. She took food plentifully. Dr. Ranking first saw her, in consultation with Mr. Joy, on the 30th of July. On examining the abdomen there was no tension or tenderness. Under the right ribs a distinct, hard, rounded, and insensible tumour was perceived, which was evidently in some way connected with the obstruction. She soon after died, not having had a motion for eight weeks.

Upon examination *post-mortem* a thickened ring was found in the transverse arch of the colon, not of scirrhus hardness, and quite obstructing the passage. An opening had been formed above the seat of the stricture which communicated with the ileum. The colon was connected by firm adhesions to the liver.

*Ulceration of the stomach, and death from the administration of a tobacco enema.*

MR. EADE, jun., of Blofield, detailed the following case:—

F. B., aged 10, admitted into the Workhouse February 10th, 1845. Well made, and in good plight, but looks rather pale, and is hysterical. Her general health has been pretty good, but she has suffered much from constipation, with occasional pains in the abdomen and at the pit of the stomach. Her family are generally healthy, but her mother died of obstruction of the bowels.

March 1st.—The bowels continue to be very obstinate, an evacuation being obtained with difficulty every few days. She has also been much troubled with sickness, vomiting medicines as well as food, the vomiting occurring very soon after taking anything, and being accompanied by pain in the region of the stomach.

22nd.—The bowels have been scarcely at all relieved since last report. The sickness has continued, and she is now suffering very severe pain in the abdomen, which

is not increased by taking food, but is rendered much more urgent by the administration of even a small glyster. She was now ordered—Opium, gr. ss.; Calomel, gr. x., to be repeated in six hours if necessary. This procured a full evacuation, and for a few days all the symptoms were much relieved. The pain and vomiting however, soon returned, nearly everything taken into the stomach being rejected within twenty minutes, and now no further evacuation was obtained from the bowels for nearly five weeks, yet all this time she did not appear to lose flesh, and presented the appearance of a person in very tolerable health. The abdomen gradually became much enlarged, but was everywhere tympanitic.

July 9th.—The symptoms have remained much the same, and she states that the bowels have not been relieved for nearly nine weeks, in spite of medicines and glysters perseveringly administered. On the evening of this day, having heard the remedy warmly recommended by another patient in the sick-ward, she persuaded the nurse to administer to her, on her own responsibility, a tobacco enema, composed of about three drachms of tobacco, boiled in a pint of water. This did not seem to produce any marked effect for half an hour, when she became very faint; the faintness increased, accompanied by cold perspirations, for half an hour more, when she was slightly convulsed, soon became collapsed, and died in about an hour and a half from the time of the tobacco being administered.

An inquest was held, and the body examined thirty-six hours after death. The *body* presented no remarkable appearance externally: it was plump, and nearly an inch of fat was found beneath the integuments. *Chest*:—The lungs healthy in every respect; no fluid in the pericardium, but the heart itself excessively flaccid, so that when laid upon the table it quite collapsed like an empty stomach: all its cavities were very empty, but in each ventricle there were from two to three drachms of fluid black blood. *Liver* normal. *Stomach* contained several ounces of semi-fluid food; numerous small ulcers were found in the mucous membrane of the pyloric half, irregularly scattered, and with uneven edges, surrounded by a halo of redness. The *intestines* were examined for nearly their whole length: no ulceration, stricture, or morbid appearance of any kind was found; the duodenum and jejunum were quite empty; in the ileum was a little semi-fluid fecal matter; colon empty, and distended with gas; there was no smell of tobacco perceptible in the abdomen or anywhere about the body

*Inflammation of the external jugular vein and veins of the arm, with albuminous urine.*

MR. EADE also communicated the following case:—

Mrs. H., aged 25, labourer's wife, in the eighth month of her first pregnancy. Applied April 25th. Very pale and anæmic in appearance, but states that her health has been pretty good, with the exception of some swelling of the feet and ankles, which she attributed to her state of pregnancy, until about a

fortnight ago, when, without any exposure to cold or known cause, this swelling became much greater, and then she also observed a little puffiness of the arms and face, and within the last three days the face and eyelids have become much more oedematous, and she has experienced some slight pain shooting up from the under jaw to the eye on the right side of the face. At present there is very considerable œdema of both legs, of the face and eyelids, and of the right arm, the left arm being only very slightly swelled; the oedematous parts do not pit much on pressure. On the right side of the neck, which is also somewhat swollen, an indistinct sensation is given to the finger as of a hard resisting cord in the course of the external jugular vein, but she has never had any pain or uneasiness here, and the part is not tender to the touch. She has no sickness; tongue white, moist; no palpitation of the heart, whose sounds are normal, but rather weak; bowels regular; appetite not good; has had a little pain in the back at times; urine pale, turbid, and acid; it is cleared by Liq. Potassæ or a gentle heat, but coagulated by boiling, or by the addition of nitric acid; under the microscope it shews an abundance of lithate of ammonia, with a good deal of epithelium, some of which contains a few oil globules, but no casts of the tubes of the kidney are visible. She was ordered Sulph. Mag. and Pulv. Jalap. Co.

29th.—The swelling is much diminished everywhere, except in the right arm and neck, and here she has had considerable pain and uneasiness, which has extended up to the ear, as well as both behind and in front of it; and the external jugular vein has now become decidedly hard and cord-like, and it can be traced from the lower border of the parotid gland downwards to within about an inch or an inch and a half above the clavicle; the vein is now tender, and almost painful to the touch, and this tenderness also extends in a distinct line along the course of the transversalis colli vein, but no hardness can be felt here; below the clavicle there is pain and tenderness in the course of the great vessels, to about the middle of the arm, the whole limb being much swollen, and the skin tense, and of a milky white colour; there is also swelling of the right breast and of the pudenda; states that yesterday she had a little bleeding from the right nostril; bowels well open; urine, specific gravity 1020, strongly acid, clear and pale, rather scanty in amount, contains a large quantity of albumen; under the microscope it shews a few blood-discs, and one or two casts of the uriniferous tubes without any fat, but very little epithelium, and no lithates. App. hirudines vj. part. dolent.

May 1st.—Much relieved by the leeches; the tenderness and swelling greatly diminished. A calomel and jalap powder at night, and a little sulphate of magnesia daily.

6th.—Has been gradually improving, and the swelling has greatly diminished, but there is a circumscribed swelling over the belly of the biceps, which threatens an abscess; had a little bleeding from the gums a day or two since; bowels open; urine 1020, acid, and still containing a considerable quantity of albumen, but not

more than one-third of the quantity which at first was present in it: under the microscope it shows no blood-discs; some dark roundish globules, and abundance of epithelium. States that she has not felt the movements of the child for three or four weeks, and during this period the size of the abdomen has not increased.

11 P.M.—Was called to her as being in labour, but before my arrival she was delivered of a dead child, of about seven months' growth. The placenta small and bloodless.

10th.—The swelling in the arm has nearly healed, but two or three of the small superficial veins, at the bend of the elbow, are looking dark and red. The neck is nearly well, although the hardened jugular vein may still be felt. App. hirudines iv. venis dolent.

14th.—Health nearly restored; urine contains albumen, although in diminished quantity; countenance very pale; has at times a little pain in the back; no sickness.

29th.—Urine pale, limpid, in natural quantity, specific gravity 1030, and contains only a trace of albumen. Subsequently to this she left the neighbourhood.

#### *Urinary pearls.*

The PRESIDENT said that the specimens he then exhibited were pathological curiosities, and although their introduction at the meeting might not be productive of any practical good, still he trusted they would not consider them unfitted for their notice. The calculi were found in the bladder of an ox, and are not very unfrequently met with; they had been denominated by Dr. Golding Bird "urinary pearls," from their being composed of the same materials, with the same molecular arrangement as the oyster pearl, viz., carbonate of lime and animal matter.

The specimens he exhibited were for the most part very minute, none of them attaining the diameter of one-eighth of an inch. They occur as little polished spheres, spheroids, and ovoids, occasionally made up of two or three spheres, united at their surfaces. The smallest of his specimens measured in its short diameter 1-200th of an inch, and its long diameter 1-150th; the largest specimen was about 1-10th of an inch, but they sometimes attain to 1-8th of an inch; and he had been informed by Dr. G. Bird that Dr. Taylor had met with one large enough to mount on a pin for his cravat. For further particulars he referred them to Dr. G. Bird's able work on "Urinary Deposits;" and to a paper in the *Medical Gazette*, Vol. 7, (new series) by Dr. Taylor, "On the Formation of Pearls in the Urinary Bladder of a Bullock." He was not aware that calculi, composed solely of carbonate of lime, had at present been discovered in the bladder of man, although the late Dr. Yelloly invariably met with it interspersed through the bone-earth or phosphate of lime calculi, in the magnificent collection of calculi which the Museum where they were now assembled possessed.