

that our statements are absolutely incorrect, in saying "that bodies identical in appearance were found in other secretions, and in other diseases, and when present in cholera stools were seen not to be so on their first dejection," &c. In reply to this we beg to refer him to the letter of Dr. Jenner (Report of the Cholera Committee of the College of Physicians) who distinctly states that "on examining microscopically, four alkaline stools, passed at different stages of *typhoid fever*, I found in them bodies which appeared to me identical with those described and figured by the Bristol Committee." And again, we invite his attention to a paper by Dr. Basham, (*Medical Gazette*, October 19,) in which he states that he has found cholera cells in the urine of dyspeptic patients; and further, that in several specimens of cholera stools, these cells were not present on the first evacuation, but appeared after the lapse of some hours.

There is one other part of the letter which calls for notice, viz., the remark that "such a statement proves the anomaly of having irresponsible Editorial articles in a journal the *property* of a particular class of men." If we rightly understand this passage, it would imply that the Editors of this journal are to have no opinion of their own, but are to be subservient to the *proprietary* in every view they may express. We venture to hope that such an opinion is not prevalent in the Association, for we respectfully submit, that, to say nothing of the well-known fate of those who try to please everybody, to be thus shackled would utterly annihilate the usefulness of the Editorial function. We most emphatically disclaim the writer's insinuation that we have favoured metropolitan scientific efforts, and discountenanced those of the provinces. We take no special interest either in the metropolis or in the College of Physicians, and we do, on the contrary, most cordially sympathize with the provincial portion of the profession in everything which affects its interests and honour; but at the same time we are confident that we should not earn the approval of the Provincial Medical and Surgical Association, by supporting against our conviction any doctrine solely because it emanates from one of its members, or by refusing to acknowledge the merits of those who are not included within its ranks.

In conclusion we repeat, that in expressing the opinion we have done on the subject in dispute, we have been actuated solely by the wish to do

what is right: we have neither favouritism nor antipathies. We shall be only too glad to find ourselves mistaken, and that so simple an explanation of the origin of cholera shall be the correct one, and be owing, moreover, to the energy and talent of members of our Association.

Reviews.

First Annual Report of the Hospital for Consumption and Diseases of the Chest. By THE PHYSICIANS OF THE INSTITUTION. London: Churchill. 1849. pp. 42.

HAVING taken an active part in the original establishment of this noble Institution, it is with peculiar satisfaction that we have the opportunity of perusing this, the first Report of its operations. It is, on the whole, a most valuable statistical document, and is well calculated to enhance the reputation for close and accurate observation, which its compilers are known to possess.

There are some, we are aware, who doubt the wisdom of placing consumptive patients in the wards of a hospital, and we have recently seen objections to the plan, based, however, as we believe, upon erroneous premises. An inspection of the admirable arrangements in the establishment from which the present Report is taken, would, we are assured, materially modify such opinions. The hospital is a splendid building, specially erected for the purpose, and every means which science can suggest as applicable to the hygienic and medical treatment of tubercular disease has been scrupulously carried out. Not the least of these admirable arrangements, is the adoption of a plan of ventilation suggested by Dr. Arnott, by means of which the temperature of the most genial climate is combined with the free supply of pure air. The comfort which this affords to the majority of the inmates is mentioned in the Report.

The information comprised in this document is distributed under three heads:—1. The number of patients treated, and the facts of their history which have reference to the origin and progress of the disease. 2. Some of the principal signs and symptoms of phthisis. 3. The duration of the disease, and the results of treatment. On each of these points we shall give copious extracts.

The total number of cases of phthisis comprised in the Report is 4358, of which 888 were in, and 3470 out-patients.

In reference to sex, the experience of the Institution is not in accordance with general observation, the result of which is, that the female sex is more liable to the

disease than the male. Here the reverse obtains, the males constituting 61 per cent. That this is in reality the correct statement, rather than that more generally entertained, is countenanced by the mortality tables of the Registrar-General.

From a table having reference to the point, it would appear that the age most liable to phthisis in both sexes, is that between 25 and 35 years. Under the age of 25 the liability is greater in females than in males; the reverse being the case after 35.

Regarding hereditary predisposition, the reporters have elicited some curious facts. For instance, they have found that females inherit the disease in larger proportion than males; of the former, thirty-five per cent. could trace their disease to consumptive parents; of the latter only eighteen per cent. gave the same information. It also appears that sons inherit the disease from the father more frequently than daughters, while mothers, on the contrary, transmit it more commonly to the female children. Similar results, as the reporters notice, have been observed with respect to the transmission of insanity.

The spirometer has proved of much service in the diagnosis of phthisis at this hospital, and the reporters speak highly of its results in cases in which auscultation fails to reveal the presence of tubercles.

In speaking of particular symptoms, the authors of the report justly give great consideration to hæmoptysis. This symptom was inquired into in 1,381 cases, with the result of ascertaining that it was present in one or other stage of the disease in sixty-three per cent. Sex had but little influence in reference to the occurrence of spitting of blood, though, as a matter of course, some difference exists as to its import in certain cases. As the authors remark, the fact that sex appears to have so little influence show the paramount agency of tubercular disease in giving rise to this symptom.

The stage of the disease at which hæmoptysis occurred was noticed in 696 cases, and it appears that it is a symptom more frequent before than after softening, in the proportion of three to one. The explanation of this fact favoured by the authors is, that in the first stage the blood-vessels are subjected to the irritating influence of the deposited matter; they are then liable to partial compression and congestion, and it is easy to suppose that under these circumstances blood may be extravasated. At a later period of the disease it is supposed that the blood-vessels become blocked up or obliterated, and that any hæmorrhage then is rather to be attributed to fresh deposit than to ulceration of vessels connected with cavities.

On the subject of treatment and the duration of the disease, the authors' observations are both important and encouraging. In reference to this part of the inquiry, the patients are classed according to the amount of benefit received. By the term *relieved* the

report implies the diminution of the more distressing symptoms while the patient remained under observation; by *much relieved* is meant the removal of the principal symptoms, the patient still remaining delicate. The term *arrest* implies that all symptoms of the disease have disappeared, and the patients have returned to their occupations. It appears from the tables that nearly one-half of the patients, both males and females, who seek relief in the first stage, obtain it to a limited extent; about forty per cent. are materially relieved; and in about twelve per cent. males, and near seven per cent. of females, the disease is to all appearance arrested.

In the second stage it is found that about 60 per cent. experience a mitigation of their more urgent symptoms: as might be expected, few instances of *arrest* of disease are noticed.

In the third stage, relief is obtained in about 25 per cent., and, in addition, another 28 per cent. are materially benefitted. The cases of arrest amount only to 3 per cent. for males, and 4 per cent. for females. Viewing these results collectively, we find that in 6 per cent. the disease is arrested; while relief is obtained to a greater or less extent in 60 per cent.

After a brief account of the local advantages enjoyed by the Institution, and the internal sanitary arrangements to which we have already alluded, the reporters proceed to notice a few of the more usual therapeutic resources. Of these,—

Naphtha was not found to have any effect in ameliorating tubercular disease, though it seemed occasionally to be useful in bronchitis with profuse secretion. *Iron* was useful in the earlier stages, but failed in inducing any material improvement at subsequent periods.

Cod-liver Oil.—"This substance" the authors remark, "is deserving of special notice, as having been productive of more good in the treatment of phthisis than any other agent yet employed." This satisfactory announcement is, as will be seen, amply borne out by the succeeding details.

Of 542 cases in which the oil was exhibited, 293 were in the first stage of the malady, and 249 in the second and third: of the first class 190 were males, and 103 females. Of the males, 72 per cent., and of the females, 62 per cent., had their symptoms materially improved; in nearly 18 per cent. of the males, and in 28 per cent. of the females, the disease was arrested. In the second class 139 were males, and 110 females. Of these, improvement occurred in 53 and 61 per cent. respectively, and in 14 per cent. the disease was arrested.

This most important evidence is received by us with peculiar pleasure, as it entirely supports the view of the therapeutic power of cod-liver oil, derived from a tolerably extensive private experience, and we trust that the accumulated experience of the profession which we

are earnestly endeavouring to acquire, will still further strengthen us in our confidence.

There are many of our medical brethren who are unacquainted practically with the effects of cod-liver oil, and there are not a few who affect to ridicule the idea of its possessing any virtue; it is to be hoped that after the evidence here so honestly adduced, they may be inclined to experiment a little, for their own enlightenment, and their patients' welfare.

In exhibiting the oil, we would, however, caution our readers, that the quantity of spurious oil in the market is enormous, and that, wherever it is in their power, they should obtain it from some manufacturing chemist, in whose rectitude they have implicit confidence. For our own parts, the many instances in which we have met with adulterated samples, even from sources which should be unimpeachable, have induced us to place little confidence in any oil, the manufacturers of which we do not personally know.

In conclusion we express, we are assured, the general feeling of the profession, in thanking the Physicians of the Hospital for Consumption for their well-timed and most gratifying Report.

INQUIRY ON CHOLERA.

PROPOSED PLAN OF PROCEDURE—FIRST FRUITS.

By THOMAS HUNT, Esq.

In the prosecution of this important inquiry, it appears highly desirable that ultimately a condensed analysis or digest of the experience of the whole Association, so far as it can be obtained, should be presented to the members; this should indicate, in as clear, and pointed, and concise a manner as possible, what has been demonstrated by the inquiry. The results may thus be collected as rays of light into a focus, so that each member may, without the toil of reading a wearisome essay, be presented with a view of what is practically known by the Association of the cholera. This is the main object sought by the Council in setting the inquiry on foot. If no new discovery be elicited, much good may yet be done by dissipating the false views, and exposing the hasty conclusions, which have mystified the subject. But it is plain that the chief excellence of such an abstract, namely, its brevity, will necessarily exclude from it much that is interesting in the correspondence, consisting of isolated cases and local facts, as well as original observations, ingenious theories, bright thoughts, and happy conjectures, the records of which are too valuable to be lost; it is therefore proposed, as long as the inquiry is open, to insert from time to time, a short paper in the *Journal*, containing such extracts from the correspondence as shall appear to possess peculiar interest, as well as such

reports of the progress of the investigation as shall direct the attention of the members to points of inquiry which might possibly be otherwise overlooked.

As a specimen of the plan, the following notices are submitted:—

1. Dr. Tunstall, of Bath, (who, as being the first in order of time to contribute a report, is entitled to the first notice,) relates, that in the epidemic of 1832 he remembers to have observed, that all the females between the ages respectively of 15 and 45 who suffered from the cholera, were attacked just as the catamenia appeared. It would be interesting to know whether this has been observed by other practitioners. He likewise considers the exemption of the Bath Hospital from the late visitation to have been, in some degree, promoted by the prophylactic measures adopted, among which he mentions immediate attention to the first symptoms of diarrhoea, the patient being sent to bed, kept warm, and taking a mixture of chalk, aromatics, and opium. Before the attack, if patients required purgatives, they were administered with unusual caution, the milder kinds, such as castor oil and rhubarb, being substituted for colocynth, salts, and "house physic." He was confirmed in this by observing that patients taking cod-liver oil or quinine, conjoined with iron, and other remedies not usually purgative, were more liable to diarrhoea than others. The exercise of the patients was limited to a certain boundary line, to separate them from the effluvia of drains, &c.

2. Mr. Conway Edwards, of Batheaston, so far from agreeing with Dr. Tunstall in the necessity of dealing tenderly with the bowels, relies chiefly on drastic purgatives, and forwards a tract embodying his views, entitled, "The Purgative Treatment of Spasmodic Cholera." He endeavours to show that "no just confidence can be placed in any treatment but what clears the stomach and alimentary canal of offensive and acrid secretions, subdues nervous irritation, and, lastly, gives tone and energy to the system." He accordingly condemns the primary exhibition of opiates, wine, brandy, ammonia, chalk, catechu, and logwood, and treats his cases, with calomel, jalap, scammony, and Epsom salts, with perfect stillness in bed; then a combination of opium, chloroform, and camphor, with a diet of milk-porridge, mint julep, and rice-water, applying hot moist bran bags, wrung out nearly dry, to the back, stomach, and legs. Having been accustomed to treat in this way a severe form of diarrhoea which annually breaks out in his neighbourhood in the cider season, he resolved to try the plan in cholera, and has not lost a single case, nor seen an instance in which the severest forms of vomiting and purging were not arrested by it. He does not, however, mention more than thirty cases of cholera thus treated, and of these, the type appears to have been of remarkably mild character, occurring in a healthy district, in elevated sites, over the freestone formations, in absence of grave-yards, and (except in one instance) other sources of putrefaction, without evidence of contagion or symptoms of collapse. This plan of treatment, therefore, has not, in Mr. Edwards's experience, been subjected to any severe or satisfactory test; but the theory on which it is founded, (relieving the alimentary canal by removing offensive secretions instead of shutting them up,) is rational, and has been