

shows that where countries or cities are so neglected, diseases of an epidemic kind prevail with the greatest fatality.

The cholera is still prevailing at St. Petersburg, at Cronstadt, at Berlin, and at Hamburg; but the state of our own country now more nearly concerns us.

CHAPTER IX.

THE SPASMODIC CHOLERA IN ENGLAND.

WHILST we have been engaged in contemplating the progress of cholera, its destruction of human life, its advance from the burning regions in which it arose to the frosts and snows of Russia; and whilst these pages have been preparing for the working-man, in order that he may know the dangers which threaten him, and threaten all; the disease of which we have been speaking and writing has reached the shores of England, and is gradually, though with less violence, spreading from the place in which it first appeared to other towns; whilst the occurrence of cases of *diarrhœa*, and of *violent English cholera*, even in the centre of England, proves the strong *predisposition* existing to its attacks.

In such circumstances, inquiries which at any other time would only interest the medical public, become of vital concern to us all. We are told that our English cholera is merely a disorder dependent on an increased flow of bile; and that the true cholera of the East differs from the bilious cholera, inasmuch as instead of being attended with a great flow of bile, no bile is discharged, and the discharges are watery or resembling rice-water; it is said also that it differs

from it in the violence of the spasms, in the suddenness and fierceness of the attack, and in the extreme danger to life.

Every body knows that in the fruit season in England, it is very common to hear people complaining of disordered bowels, and simple diarrhoea or looseness. This is generally attributed to an incautious use of fruit; but it is so common, and so often observed in persons who never touch fruit, that the true explanation of it seems to be, a certain state of the air, which irritates the bowels, perhaps partly by increasing the flow of bile, and partly by increasing the flow of other secretions from various glands thickly scattered over the inner coat of the intestines. In some persons this diarrhoea is very slight, and does not require to be checked; in others it is more violent, and demands the aid of medicine, and in these cases it is very common for the person affected to complain of severe pain down the thighs and legs; in other cases, blood is discharged by stool, and this shows a more serious irritation of the bowels, often accompanied with inflammation, and is called dysentery; in others, again, there is nausea, cramps are felt in the legs, then a spasmodic pain in the bowels, and also in the stomach, a sort of *cramp*, in fact, affecting the muscles which have been described in the Introduction as forming one of the coats of the bowels. The consequence of this is, a forcible discharge of the contents of the stomach and bowels, by vomiting and by purging; and these contents are so often found to consist in a great measure of bile,

that this common form of the disorder in England is called the Bilious Cholera. Accurate observers may perceive a disorder in no respect differing from it, in the Spring, as well as in the Autumn, and chiefly, if not solely, when there is a great mildness approaching to warmth of the air, combined with considerable moisture. These are not perhaps the causes of the disease, but they very generally accompany the true causes, whatever those may be.

For the most part the Bilious Cholera is a manageable disorder. Measures calculated to remove the bile, if the vomiting and purging have not effectually done it, and subsequently to allay the spasm and irritation of the bowels, are commonly successful. Calomel is frequently given with the first intention, and opium with the second; and both are often given together. The warm bath, fomentation of the bowels with cloths wrung out of warm water,—with rest, quietness, the moderate use of stimulants, and careful diet,—are usually sufficient for the cure.

Yet even the English cholera is sometimes very severe. The skin will become pale or bluish; the countenance shrunk and changed; the voice weak; the pulse low; the whole surface of the body cold; the spasms violent; and the weakness excessive. In common English practice we believe this severe form is sometimes brought on by purging, foolishly resorted to *to carry the disease off*. It often carries off the patient. The vomiting and purging soon empty the bowels, and opium and warmth are the best means that can be used to produce

relief; or a little warm brandy and water, or some other stimulant is very often exceedingly useful. From the neglect of this, many patients die. The weakness is so suddenly brought on, and is so great, that the patient often faints as he walks across the room, or when he gets out of bed; and sometimes dies at once. The writer of these remarks knew a case in which a gentleman, supposed to have recovered, died at his dressing-table; and another, in which bleeding and purging had been very rashly employed, and the patient, a lady, died on stepping out of bed. When the vomiting and purging have ceased, if the bowels become confined, or seem full or uneasy, a moderate dose of castor oil, or of calomel, may be given with advantage; but early and continued purging by medicine, in addition to the purging by the disease, is mischievous and dangerous.

During the Summer and Autumn of 1831, whilst the cholera has been traversing the vast territory of Russia, the cases of English cholera were unusually numerous; and there has certainly at the same time prevailed a general irritability of the stomach and intestines, manifested by nausea, and by diarrhœa, of which the obstinate and long persisting cases have in some parts of England been very familiar to practitioners. Medical men would say, there has been a general disposition to irritation of the mucous membranes. The unprofessional reader must be reminded that the mouth, the stomach, and the intestines, and also the windpipe and all its branches in the lungs are lined with a smooth

membrane always covered or bedewed with mucus or spittle; and that first the influenza, and then all these cases of nausea, vomiting, diarrhœa, dysentery, and English cholera, have kept one or other of these membranes in a state of irritability ever since the month of May.

Even in the past month of December, on the very border of winter, the latter description of cases, usually limited to the months of July, August, and September, and to a short period of the season of spring, have been extremely prevalent. The weather was generally, it is to be observed, very warm and showery. More than two months have elapsed since the true cholera,—which we have no longer any right to call the cholera of the East, except with reference to its origin—the true spasmodic cholera, made its appearance at Sunderland, and there it still remains. To Sunderland it appeared to come at the end of October from Hamburgh, a port on the opposite coast of the German Ocean; at which port it had appeared, first in the shipping, and then in a drunken pauper who had been begging on board the ships, and then in the cellar where the pauper died; and then in other places. The first case at Hamburgh was noticed on the 5th of October.

Sunderland is a place of trade and shipping, from which the Newcastle coals are sent to the south of England in vessels. The inhabitants, most of whom depend for subsistence on the coal trade, dreaded that a knowledge of the cholera being among them would put a stop to this trade for a time, and cause them great loss.

Merchants and ship-owners, therefore, and several of the medical men, and others, declared their belief, at formal public meetings, and in letters printed in the newspapers, that the disease prevailing at Sunderland was nothing more than the common English cholera. It is to be hoped that all these persons had been imposed upon themselves before they began to impose upon others. In the mean time, this common English cholera, as it was called, was carrying off three or four patients every day in Sunderland alone, and the same kind of common English cholera was not to be found any where else. Dr. Daun, one of the London Medical Board, and who had been in India, was sent to Sunderland to find out the real state of the case. The disease in many instances seems to have been concealed from him; and the medical men's opinions were very various: but he soon declared that the Sunderland disease was the *true cholera of India*. During the month of November the London papers contained a daily report of the progress of the malady, under three heads—diarrhoea, common cholera, and malignant cholera. Up to the end of December a daily report has been made under the single head of cholera. The cases thus reported now amount to more than five hundred—all of which have happened in about two months; and of these five hundred patients, about two hundred, or more than one-third, have died.

Dr. Barry, whose name has been mentioned so many times already, fortunately returned from Russia in this very month of November; and

after being appointed with Dr. Russell and others to form a second or a central Board of Health in London, went to Sunderland; and set the question of the nature of the disease at rest by declaring that it was *the very same disease which he had seen at St. Petersburg*.

In Sunderland, as in almost every other place in which the cholera has appeared since it first appeared at Jessore, the first persons attacked were either sea-faring persons, or those engaged in traffic. More of the poor have died than of those better clothed and better fed; and more of the intemperate than the sober. The number of victims has been less in proportion to the number of cases than in the towns of the Continent, or of Persia and Arabia, or of India. These particulars, also, are interesting; because we gather from them the probable course and consequences of cholera in other parts and towns of England, all of which may possibly be visited in turn.

The cholera is now at Newcastle, at Shields, and in the neighbourhood of those places, proceeding very slowly, but still steadily proceeding.

We have spoken of a *wise fear*, which leads to the means of safety and protection. These means must be sought by a consideration of the history and progress of the danger that is expected. Such progress and such a history having been given in the preceding pages,—what is it that we learn from them?—and what means of safety and protection are to be adopted?—Let us reflect on what has taken place, that we may learn what we ought to do.