

two ounces of water ; to bleed freely in the early stage, and to support the warmth by external heat, the hot bath and hot friction, and internally by cordials."

The adaptation of the above outline of practice must be governed by general principles of medical science. No fixed method, it is evident, can be adopted. The science is not thus degradingly empirical. Cholera cases, like all others, require a particular adaptation of remedies, to meet the exigency of each individual case.

*Middlebury, Vt., July 2d, 1832.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 18, 1832.

### THE CHOLERA.

IN England and Scotland, the whole number of cases to the last date was 10,499 ; deaths, 3,941. At Liverpool, the cases are not numerous. In Ireland, they are diminishing. In Montreal, the number of new cases are few, but more malignant than heretofore—almost every one proving fatal. We extract the following from the Atlas, published in this city, as, if correct, being worthy of particular note :—

*A Case of Cholera in Erie, Pa.*—An aged woman died of Asiatic cholera, at Erie, on the 26th June. This case, we think, is full of instruction. She was an emigrant, who arrived at Quebec on the 2d June, and whose husband died of cholera on the passage. She made her way through the Canadas to Buffalo, where she took the steamboat, and was landed at Erie on the 22d. On the 23d, she washed the clothes of her deceased husband, and on the 25th was taken with cholera, of which she died on the 26th.

At Philadelphia, one case has been reported by the Board of Health. One at Newark, N. J. ; four at Kingston, N. Y. ; and four at New Haven, Ct.

At Albany, a river town, where it was expected the disease might be very rife, the number of cases is quite limited, and a few only have been said to exist in other and neighboring towns.

At New York, the report in our last was to the 8th instant. On the 8th, there were 42 cases and 21 deaths. On the 9th, 48 cases and 14 deaths. On the 10th, 66 cases and 19 deaths. On the 11th, 76 cases and 25 deaths. On the 12th, 71 cases and 26 deaths. On the 13th, 66 cases and 32 deaths. On the 14th, 86 cases and 44 deaths. Besides these, there were reported, at Bellevue Almshouse, situated directly in the Sound, and containing eighteen or twenty hundred inmates—57 cases and 14 deaths on the 9th ; 43 cases and 25 deaths on the 10th ; 58 cases

and 25 deaths on the 11th; 48 cases and 25 deaths on the 12th; 35 cases and 17 deaths on the 13th; 29 cases and 22 deaths on the 14th.

The Medical Committee, sent hence to examine the disease at New York, have made a report, which we give below. It will be remarked, as a prominent fact in this account, that the disease, as seen by the committee, is not attended by the extreme suffering usually supposed to attend it; and we also learn, from the committee, that the death by it is easy, compared with the usual modes in which that event is occasioned by other diseases.

*To the Board of Health Commissioners of the City of Boston.*

The Medical Deputation, appointed by the City of Boston to visit New York, for the purpose of making observations relative to the disease now prevailing in that place, respectfully

R E P O R T :

THAT, in the execution of their commission, they have diligently occupied the principal part of three days in that city, in inspecting the various receptacles of the sick, and in instituting such inquiries as they deemed important relating to the object of their mission. They have visited all the cholera hospitals, together with the Almshouse at Bellevue, and some of these institutions repeatedly; they have seen upwards of two hundred cholera patients, and witnessed several post mortem examinations.

They consider the New York disease to be the same cholera which has successively prevailed in Asia, Europe, and Canada. It is distinguished by most of the malignant symptoms which have been noted in other places, and which are already familiar to medical readers—such as the sudden development of the disease; the rapidity with which the patient is prostrated; the short course after which death takes place—a majority having died within twenty-four hours of the time of supposing themselves ill, and some in a less period; thus furnishing, during the stay at New York, an opportunity to observe both the beginning and end of a considerable number of cases. It is distinguished, also, by the suddenness and peculiar character of the alvine evacuations, which at length become flocculent and pearl-colored; by the thirst, and burning at the region of the stomach; by the coldness, dampness, and lividity of the skin, and its corrugation on the hands and feet; by the shrinking and peculiar expression of the countenance; by the sound of the voice, resembling a feeble wall; by the more or less spasmodic affection of the muscles; by the sinking and loss of the pulse for a long period before death, and by the clearness of the mind to the last.

But although some of these symptoms were strongly marked in every instance, yet in few were they all assembled; and in some, but those not the less malignant, the most striking symptoms were wanting. The spasmodic affections, though occurring at some periods of almost every case, were not so common, or so long continued, as to constitute a very leading feature. The evacuations were less profuse, and continued through a smaller portion of the disease, than was to have been anticipated. The blue or dark color of the skin was also less universal; and though seldom wanting in the hands and nails, yet many presented it no where else. Very few exhibited a striking darkness of the whole body; though in many, at the last stage, the face and extremities were of a dull slate color, resembling that of the hands of mechanics who work in the black dye. The tongue was not uniformly, nor even generally, cold; nor did the countenance, even at the approach of death, exhibit always the usual peculiarities of the disease.

Another deviation, which was noticed, from the common description, was the absence of any apparent marks of great suffering. The patient seemed generally quiet and indifferent, made but little complaint, and paid but little attention to the presence of strangers, or other external objects. In a room containing ten or a dozen patients, it was not common to see more than one or two at a time under the influence of any degree of spasm, and frequently a perfect stilles prevailed.

No evidence could be obtained that a specific contagion had any agency in the origin or propagation of this epidemic. Its history was like that of an indigenous disease, and the first cases are believed to have occurred among persons confined in the Almshouse and Penitentiary. In the city, the first cases were scattered, isolated, and frequently remote from each other.

In regard to treatment, the delegation believe that more depends upon preventive, than upon remedial means. A large portion of malignant cases of cholera, among which are often found the earliest cases which occur in cities, may be regarded as for the most part incurable. This apparently

arises, not wholly from the nature of the disease, but, in perhaps a greater degree, from the character of the subjects upon whom it most readily alights. These are the degraded and suffering poor, the superannuated, the intemperate, the debauched—persons frequently whose lease of life is finished or forfeited, and in whom cholera only anticipates, by a few weeks or months, the inevitable course of nature. It would be unreasonable to expect that such cases can be within the control of remedial art.

On the other hand, it is our belief that even during the epidemic presence of the disease, in places generally salubrious, there is little cause for apprehension among the healthy, the cheerful, the active, the discreet, and temperate—those who fearlessly pursue their respective paths of duty, and occupy their minds with other subjects than the cholera. Among such persons, we have reason to believe that the attacks of the disease are comparatively rare, or, if they do occur, are mild, giving timely notice, by premonitory symptoms, which are not difficult to be removed by medical aid. It is not unreasonable to suppose that certain national temperaments, among which we may happily class that of our own population, predispose to immunity from the disease. The English, under parallel circumstances, have suffered less than the French, both in Europe and in Canada.

The assumption which has been frequently made, that the disease differently affects classes in different walks of life, is true only in reference to habits, and not to condition. The laboring part of the community, when temperate and prudent in their modes of living, are as likely as any who could be named to escape the disease. The numerous operative classes, the day laborers, also domestics who reside in clean and comfortable houses, may be expected, certainly as much as any class whatever, to enjoy health, under the ordinary precautions of temperance and regularity of life.

The result of their observations, made in the city of New York, leads this delegation to feel the urgent importance of completing in this city the preparatory arrangements which have been so wisely begun. The disease, perhaps, may not visit our healthy region at all; nevertheless, if it does come, it should not find us unprepared. The provisional hospitals, which have already been engaged and organized, furnish honorable testimonials to the wisdom of the health commissioners. We would beg leave respectfully to urge the importance of engaging, at an early period, a competent number of nurses, carriers, and attendants, both male and female, and particularly that these should be persons of good character and temperate habits, for reasons which will be obvious to the board.

It is expedient that a supply of fuel should be deposited in each of the hospitals, with fire places or open stoves in most of the rooms. During the cold days of this week, the patients in the New York hospitals were thought to suffer by the reduced temperature of the atmosphere—the disease being one in which external warmth is difficult to be maintained. To exclude the cold air, the attendants had recourse, in many cases, to closing the windows and doors of the sick rooms, thus producing a confined and concentrated atmosphere, which, if long continued, must tend to aggravate, as well as to multiply the disease. It would be better, in such cases, to keep up fires sufficient for the necessities of the patients, while the external air might be freely admitted, to accomplish the necessary ventilation.

Litters for the conveyance of the sick should be provided and kept at all the hospitals. These may be conveniently made, in the form of a wide hand-barrow, with a sacking and mattress, the top covered with a cloth awning. The men who are to carry them should be in attendance at the hospitals.

The provisions necessary for the complete and early organization of the cholera hospitals will involve a considerable, and perhaps an unnecessary expense. They are such, however, as must appear proper to every wise man in a reflecting community. Should the event prove that they have been altogether superfluous, there will be sufficient reason devoutly to thank Providence that they are so.

Boston, July 13, 1832.

JACOB BIGELOW,  
JOHN WARE,  
JOSHUA B. FLINT.

In this city, every proper preparation has been made by the authorities for the reception of the disease. Three provisional hospitals have been fitted up; one at the west part of the city, with the attendance of Drs. Lewis, Stevenson, Fisher, and Dyer; one at the north, with Drs. Ware, M'Kean, Choate, and Thompson; and one on Fort Hill, with Drs. Adams, Homans, Davis, and Davenport. Two or three others are in contemplation. Every accommodation is provided at the hospitals, for such as may be taken sick of the disease without proper conveniences at their own houses, and medical assistance will be at hand at any hour

of the day or night. No instance, we apprehend, has been presented, in any place the disease has threatened, of a more thorough or better organised system of preparation, than that now exhibited in this city. Adding to this the general cleanliness of every private and public place, and our elevated and healthy situation, we have every reason to expect that the disease, if it should appear among us, will be limited in its fatality, and divested of many of its horrors.

The 4 cases of cholera at New Haven were in the same family. Mrs. Northup and her son were first attacked. They had come from New York, where they resided in a family in which two persons had died of cholera. Shortly after, Mr. John Jones and wife, the father and mother of Mrs. Northup, and both intemperate, were seized with the same disease. No other cases have appeared at New Haven. We have more and more reason to believe that the view we formerly took, of the plurality of causes of this disease, will be found to be correct.

*Effect of Cholera on the Fetus in Utero.*—The London Medical Gazette states that a patient, far advanced in pregnancy, was carried into the cholera hospital in Dublin, and, by a stethoscopic examination, it was ascertained that the child was alive. The next day the woman was dying, and, from the cessation of the fetal pulsation, it was judged that the child was already dead. In another cholera patient, also in the same hospital, it was ascertained that the fetus died before the mother.

Whole number of deaths in Boston for the week ending July 14, 24. Males, 12—Females, 12.  
Of infantile, 4—marasmus, 2—typhus fever, 2—consumption, 3—scarlet fever, 1—inflammation on the lungs, 1—measles, 3—unknown, 2—convulsions, 2—bleeding at the lungs, 1—from a wound, 1—dropsy, 1—stoppage in the throat, 1.

## ADVERTISEMENTS.

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THIS very superior Article, manufactured by MARCUS BULL, Philadelphia, is kept constantly for Sale, by the Subscriber, at the Manufacturer's Prices. For the excellence of this Foil, reference may be made to DR. J. F. FLAGG, DR. N. C. KEEP, and DR. HARWOOD.

July 11.

NATHAN JARVIS, 188 Washington Street.

JUST PUBLISHED, at the Office of the Boston Medical and Surgical Journal, "A RATIONAL VIEW OF THE SPASMODIC CHOLERA, chiefly with regard to the Best Means of Preventing it. By a Physician." The purpose of the writer has been to embody, in a plain, practical form, all the important facts and suggestions, in regard to the prevention of Cholera, which have been developed in its march through other countries, and in its progress thus far in our own. These have been so condensed as to form a manual which, from its cheapness, may be within the reach of those to whom, on account of their condition and circumstances, it is most necessary.—Price, 12 1-2 cents.

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