

Thus, instead of the limited course which it pursued in 1831-32, confined to Russia, Prussia, and Denmark, till it finally reached England, and only returning in 1843-44, and 45, upon Austria, Saxony, Southern Germany, France, and Italy, and attacking them in the irregular manner in which it is wont to revert to places that it had left intact in its first progress,—it is now advancing upon the whole of Europe at once by five different routes, and appeared in as many points in the extended line between Greece and Riga.

We have, therefore, reason to fear that its future progress may be marked by a virulence proportioned to its extended front and uniform progress. Under such circumstances, I hold it to be an imperative duty in any one who has had an opportunity of studying the disease, to add what he can to the imperfect knowledge that we possess on the subject: and I venture to hope that these considerations will excuse me for throwing aside much of the diffidence that I should otherwise have felt in publishing my own views and until they should be further confirmed.

It was my good fortune first to study the disease under my cousin, Mr. G. H. Bell, in Edinburgh,—author of what appears to me to be incomparably the best work on the subject that I have met with. I afterwards saw the disease in London, when it was the fashion to treat it on Dr. Stevens' system of endeavouring to supply the exuded serum of the blood by the administration of salt and soda. After this, all the experience I had of it was a chance case in Bombay, till 1842, when a series of epidemics of peculiar character commenced in Persia, where I was attached to the embassy, and was in medical charge of the Persian army.

The first of these was dysentery; then a peculiar periodical disease, till then undescribed, attended with intense disturbance of the circulation and the nervous system: which also appears to have been observed at Strasburg. Then came tropical remittent, then congestive ague:† and this finally terminated in true Cholera.

To this series of disease I am indebted for being led—as I cannot but think I have been—by a species of natural analyses, and by easy transitions, to a clearer insight into the nature of the disease; and to a practice, unbiassed by theory, and simply arising out of the process of accommodating my remedies to the changing type of disease: which then proved successful in every case I attended, where the feet had not already become warm, while the legs and body remained cold.

This is a symptom which my whole experience teaches me to consider as a sign of actual death. In this most authors of experience bear me out, and I have invariably found that every interference with the patient who presented this fatal symptom only increased the spasms and suffering, and hastened the consummation.

Almost every intelligent author on this subject has classed cholera with the cold fit of ague—as, indeed, the whole of its features render nearly inevitable; and viewing it in this light, the rationale and use of bleeding, as recommended by Mr. Bell and other authors, could not be better laid down than it is in his work on Cholera Asphyxia. Yet among these authors I have searched in vain for a single statement that cholera is—what I am satisfied it will invariably be found to be—a congestive ague of quotidian type. All whose works I have read consider it as, in its whole course, merely the cold fit of an ague, and that the fever which occasionally succeeds to it on recovery is the hot stage.

In my belief, no single paroxysm of ague of any kind ever occupied more than twenty-four hours in passing through all its stages, and, according to my experience,

(whenever its progress is sufficiently slow to run that course) invariably completes an entire paroxysm within that period, consisting of the congestive or cold stage, and the remission. The stage of reaction which follows congestion can scarcely be said to exist in cholera, and the sweating stage, or stage of relaxation, is only occasionally perceptible, being so little marked as to be nearly undistinguishable from the short period of remission or intermission, but in every case of the epidemic which I had most opportunity of observing, there was invariably a diurnal remission and quotidian accession; and I am greatly inclined to believe this universal in all forms of cholera, where not prevented by previous death or cure.

This, sir, will doubtless appear to you a very bold assertion, and I am aware that it is one which, without the stethoscope at the bed-side of the patient, will be most difficult to verify, seeing that the chillness of the surface is almost as great in this stage as in that which precedes it: at the same time it is very valuable, and will at once indicate a principle for the guidance of the practitioner, which will induce the utmost confidence in his plan of treatment.

The symptoms of these stages are so little marked as to require the most attentive observation to distinguish them, and until the opportunity shall present itself of actually looking for them, I do not expect to be credited, and all that I can hope for at present, from those most conversant with the disease, and who have not as yet entertained this view, is, that they will at least give it their consideration, and try to recollect whether in the more protracted cases that have fallen under their treatment, they have not observed that the patient, after tossing about for many hours in an agony of suffocation, seems at last exhausted, and after long jactitation and continuing to throw off every covering he at last for a short period remains quiet and submits to the load of the bed-clothes. This temporary repose is in most cases almost the only symptom, except a more tranquil action of the heart, that marks the intermission, and forms the most obvious and almost the only guide to the essential part of the treatment of a severe case. In a very short time this period of comparative tranquillity ceases—the patient begins again to yawn, to throw up his arms like one bleeding to death, and in a few minutes more to toss about again, and show every symptom of suffocating agony.

These symptoms of the return of the congestive stage have, in the mass of my cases, appeared exactly twenty-four hours after the first accession, inasmuch that I invariably made a point of seeing my patient some time before the hour of the commencement of the first attack, and selected it as the moment for the successful use of the lancet, where that fearful but powerful remedy was necessary. But does it indeed require all the sudden and perfect restoration to health which attends its use, to compensate for the first anxious moments of suspense until the blood begins to trickle, or to reconcile the practitioner to such a measure? for when the first few drops ooze from the wound, they seem the harbinger of immediate dissolution; but when its flow is once established, and the patient is at once restored to health, no triumph of art and just principle can exceed it. Latterly, however, I was not in the habit of waiting so long; when the repose of the patient had been well marked for a short time, I bled, with much less difficulty in obtaining blood—with much less struggle and danger to the patient, and with equal success—forestalling, instead of combatting, the anticipated period of fatal congestion.

In the remittent, and afterwards in the intermittent fevers which preceded the appearance of cholera in 1842, I found quinine alone, so far from relieving the symptoms, invariably aggravate all of them. I was led by circumstances to administer it in combination with iron, with complete success; and when by almost insensible transitions the epi-

\* Vide Medico-Chirurgical Transactions, for 1842.

† Vide British and Foreign Medical Review, 1843; a paper on Congestive Ague, or Fainting Fever, written for the Russian Government by the author.