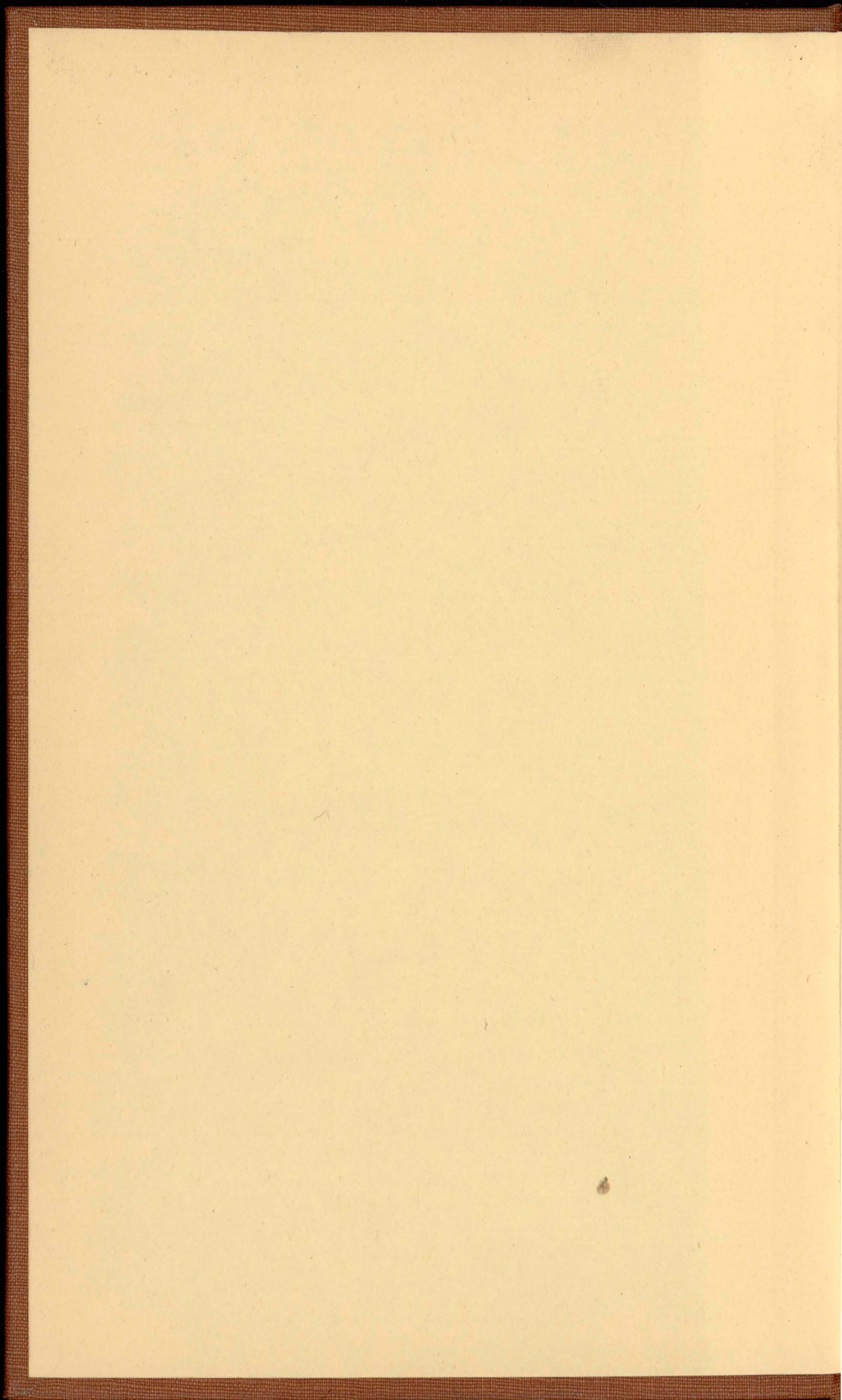
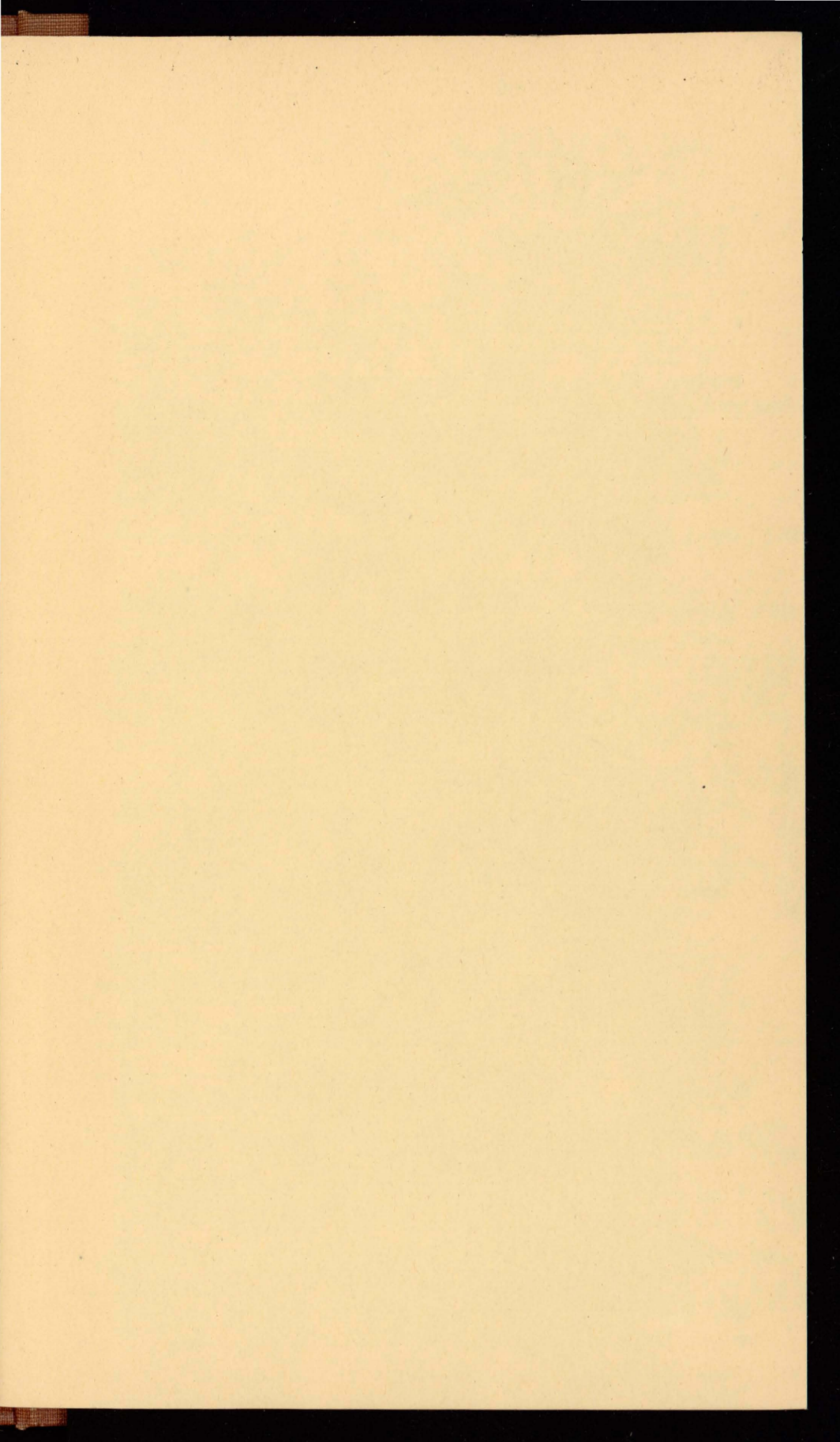


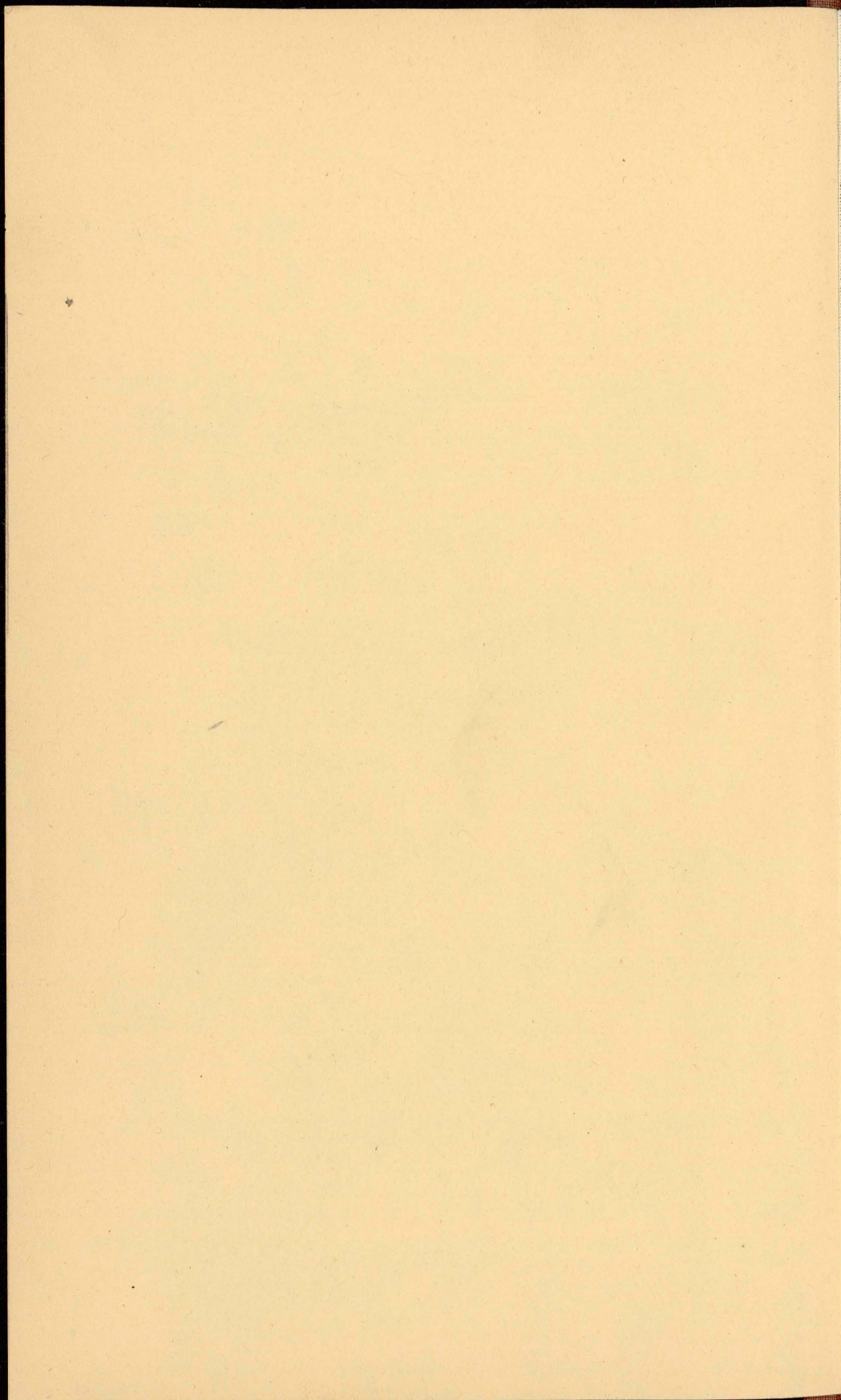
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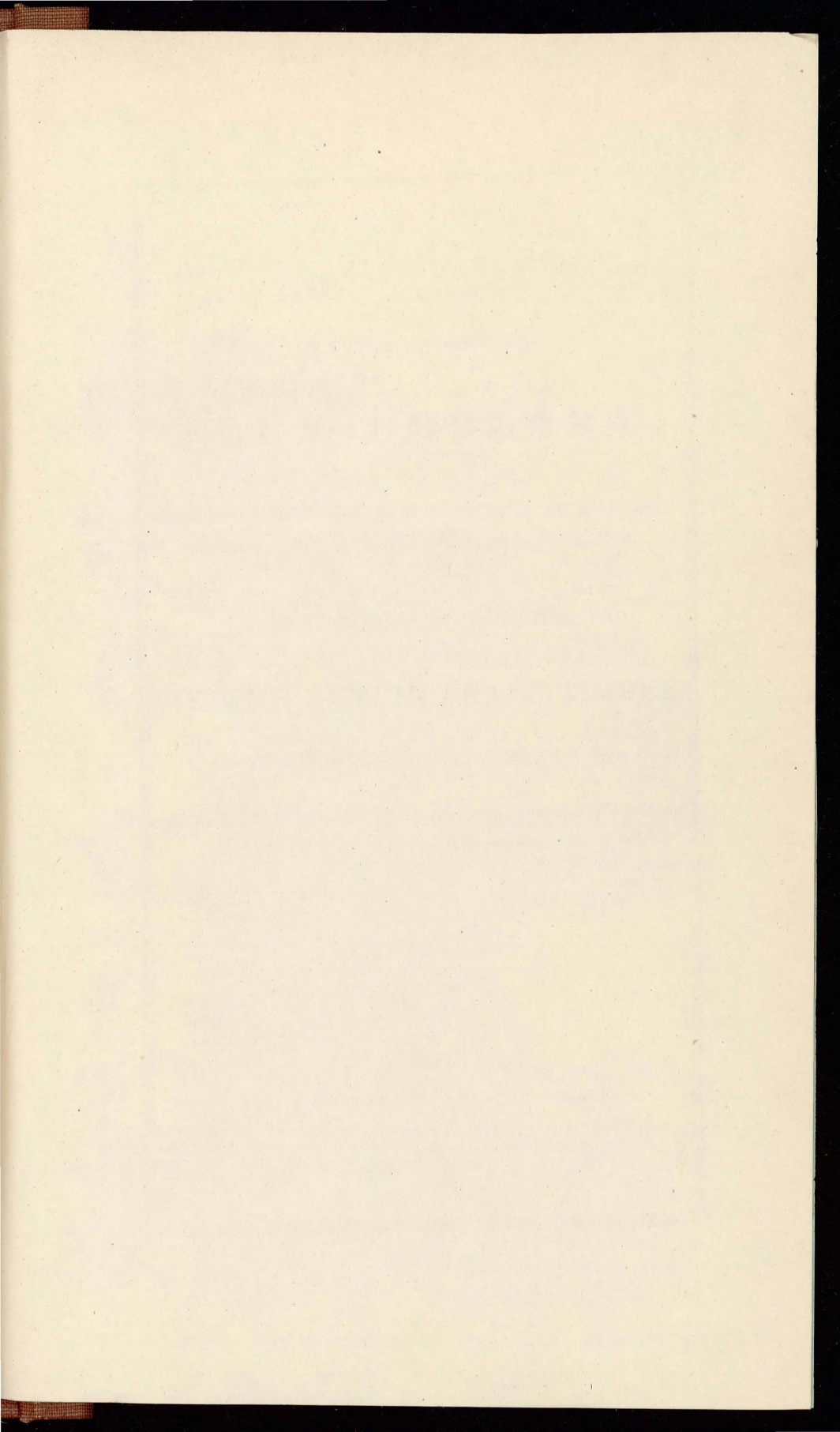
REMARKS ON THE MALIGNANT OR BLUE CHOLERA

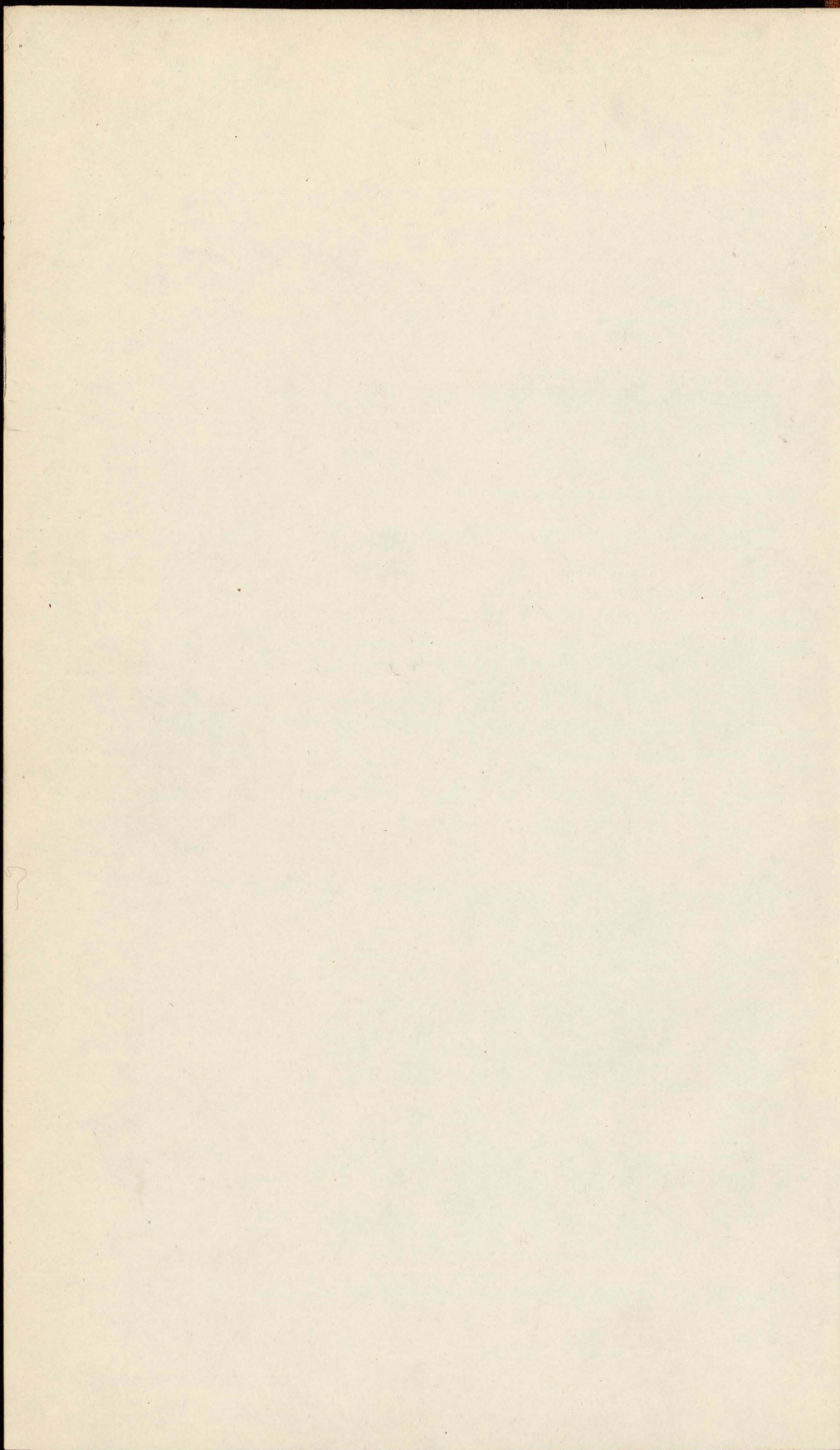
1832











REMARKS

ON THE MALIGNANT OR

BLUE CHOLERA,

ARISING FROM THE PROGRESS OF THAT DISEASE,
AND ANTICIPATORY OF ITS REACHING THE

METROPOLIS OF IRELAND,

Goss, John
BY THE SENIOR PRACTITIONER

OF THE MEDICAL FIRM OF GOSS AND CO.,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, LONDON, AND FORMERLY
IN THE MEDICAL SERVICE OF THE HON. EAST INDIA COMPANY.

"Veniente occurrere morbo."

DUBLIN:

JOSHUA PORTER, 72, GRAFTON-STREET.

1832.

REVISED

OF THE SECOND

BLUE CHOLERA

AND THE PREVENTION OF IT IN INDIA

METROPOLIS OF LONDON

BY THE SENIOR PHYSICIAN

OF THE METROPOLIS OF LONDON

IN THE HOUSE OF COMMONS

LONDON

PRINTED BY W. CLAY AND COMPANY

Goss, John

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GOVERNMENT

ARRIVING FROM THE PROGRESS OF THAT DISEASE,
AND ANTIQVITY OF ITS REACHING THE

METROPOLIS OF IRELAND

WCB
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1832

BY THE SURVIVOR

OF THE MEDICAL FIRM OF GOS AND CO,

CITY OF GLASGOW, THE DISTRICT AND

MEMBER OF THE ROYAL COLLEGE OF SURGEONS AND FELLOW

OF THE MEDICAL SERVICE OF THE EAST INDIA COMPANY.

SUBJECT MATTER RELATING TO THE

REASON WHY THIS DISEASE SHOULD

BE CALLED BLUE CHOLERA

AND I HAVE IN CONSEQUENCE

OF THAT FACTING AND DUBLIN: PRINTED BY

JOSHUA POYLER, 15, GRAYTON-STREET.

THE COUNTRY AND

ADVERTISEMENT.

As I happen to be in Dublin at this particular moment—when the inhabitants are anxiously waiting the arrival of every mail from the Sister Kingdoms, in the metropolis of each of which, as well as in the extensive city of Glasgow, this mysterious and awful disease is now present—I think it but reasonable that I should offer my *brochure* on the subject, notwithstanding so many other professional men have already given publicity to their opinions. One claim to attention, however, I possess in a singular degree, it is, that having acted professionally in India, and having been the subject of Cholera both in that country and in England, my views are

drawn from observation, and not from hypothesis; and with this practical illustration I submit the few following pages, with some diffidence, certainly, but without fear of misconception, as my sole object is, to the best of my power, to offer remedial assistance to a community from which I have received so many repeated marks of kindness and confidence; and, as I shall leave Dublin in a few days, I can have no better opportunity of publicly acknowledging them.

37, Baggot-street,
February, 1832.

REMARKS, &c.

THE characteristics of this disease approach with so little warning, that there is hardly time to draw the usual inferences as to the best mode of curing it. In no case is activity of mind in the medical attendant so immediately called for, as upon his *decision* and *promptness* depends the only chance of the patient's LIFE. At all times is the responsibility of practice very great; but here, the disease appears at once to fix his death-hold, and even glares at that bold humanity which, often successful in many doubtful and dangerous cases, unhesitatingly seeks to liberate the victim. The responsibility, therefore, is extreme, while the chance of success is, at the best, but worse than doubtful.

The premonitory symptoms are mild and fallacious, because they excite little, indeed no apparent feelings anticipatory of the malady itself. Majendie, who, it will be remembered, visited Sunderland to investigate

the disease, on his return, when asked by the faculty of Paris for his explanation of the Cholera, replied, "*When the symptoms are known, death has commenced.*" So that it was his opinion, that the profession had to contend with death and not with disease. A careful investigation of all the reports confirm Majendie's view, and clearly show, that the medical agencies must be directed to the restoration of vitality, which seems more or less suspended, rather than to attempt to effect any counter operation to arrest and repel disease. Were the premonitory symptoms to be clearly understood, this state of things might be averted, and the probability of a preventive treatment well understood. The extensive observation of Mr. Kennedy, of Mr. Orton, or of Mr. Searle, all of them experienced India surgeons, who have published elaborate treatises on this all engrossing subject, exhibit such inconclusive premonitory symptoms, that we are led to admire the immediate conclusion of Majendie's idea, so awfully impressive, and so fearfully true. It is better, therefore, to dismiss all speculation on the subject, and endeavour to exhibit those symptoms which indicate by

their certainty THAT THE ATTACK HAS ABSOLUTELY COMMENCED! leaving all other symptoms to the judgment and self-control of the community, who, by a prudent regulation of the animal and domestic economy, may assuredly guard against the probable occurrence of actual disease, or at least mitigate its power by timely care.

It is confidently affirmed, that the *idle*, the *dissolute*, the *dirty*, are those most susceptible of attack; to the last may be justly added, the poor, (and how numerous they are here!) the constitutionally weak, those who are already subject to any morbid affection—the infirm, and the aged. What an extensive field for disease to move in! who shall escape? The stout, hale yeoman, let him be wise in time, and use his health as a guard against disease, by standing sentry over its purity. Is it the wealthy voluptuary, or the giddy votary of fashion, let them beware; wealth and fashion will be found but indifferent protection against this living death, which can clutch its victims at the shrine of either; let them examine at once into the privacy of their health, and “*while it is yet day,*” take pre-

cautionary measures. I can assure them, I have known, during the last few months, that in England, several instances of mortality occurred among those who could be least suspected of irregularity in conduct.

Most unquestionably, however, it is among the poor that the ravages are most destructive; because the habits of the lower orders of society are even more unnatural than the artificial habits of the wealthy. In the hapless mendicant, squalid in person, how often does the *filthiness* of neglect reduce still lower the habit, which is constitutionally weak and *unfed*, I will not call it even *ill-fed*. What few pence can be obtained is too often devoted, not to the improvement of diet, but to the purchase of drams, which, if they do not absolutely intoxicate, *always stimulate*, and this continual stimulus on an *unfed* system, will prevent the possibility of healthy action; it vitiates every law of Nature. Do but accidentally pass the noxious vapour emitted by the breathing of a fellow-creature thus circumstanced, and humanity shudders; then reflect that thousands upon thousands of such unfor-

tunates are aggregated in certain localities of Dublin. After this, if CHOLERA ASPHYXIA visits any of those haunts, what can avert the repetition of traditionary records of plague and pestilence, but an all-merciful Providence?

I trust not to be understood as intending to connect poverty with crime, but merely to point at a glaring fact so detrimental to public health.

MEN of wealth, and WOMEN of fashion, it is upon you the God of Nature calls to mitigate these evils, by timely and effectual exertions, that, when the visitation comes, as come it probably will, the march of death may be in some measure arrested, by FOOD, CLOTHING, and WARMTH—by wholesome warmth, not *pestilent* heat—these offer the most likely agents, which the poor of this extensive city are so lamentably in want of; let it be remembered too, that by reducing the force of the disease numerically amongst the *poor*, you ensure the more certain chance of escape for *yourselves*.

SYMPTOMS.

The symptoms generally observed are, sensation of heat about the *scrobiculus*, or pit of the stomach—great lowness of spirits, and general lassitude—nausea, amounting to vomiting—small and frequent alvine depositions—scanty urine—a full pulse, but somewhat oppressed—the features betray anxiety, and there is a cold dampness perceptible on the skin.

The above symptoms might be termed premonitory, but that their continuance is so transient; the patient, too, considers he has a slight cold, to which his pursuits may probably have exposed him, and in accounting for which, he fatally omits a prompt application for advice. The neglect of a few hours will soon usher in a heavy accession, increasing every symptom with a severity the most formidable, and the second or last stage soon becomes painfully manifest. The ricey discharge commences somewhat between the appearance of whey and gruel—the abdominal muscles quiver with agonizing spasms, which extend to the extremities—the skin assumes

a shrivelled appearance, and gradually that pointed mark of the living death is traced on the features of the hapless sufferer in those leaden characters which have given rise to the dreaded name of the disease, "*The Blue Cholera.*"

Now the features sharpen, and become, as it were, pinched up—the voice changes into a weak, hollow, almost inarticulate aspiration—the pulse is scarcely, say not to be, felt—those vessels only which serve as conduits to the brain appear to retain any active principle.

The tongue takes on a most singular appearance, *cold, clammy, and liver-like*—a suspension of vitality now is impending—the stomach appears to be working upwards and downwards, then backwards—the secretions of the bladder and bowels cease—thirst becomes excessive—the nails of the fingers and toes turn blue—all is *cold*, even the *breath* is cold.

TREATMENT.

Can these symptoms be mistaken? Was not Majendie correct? and must not the giant

grasp be met by unflinching energy, that its hold may be relaxed, and the constitutional powers enabled to react? It is only at the instant when such momentary relaxation is effected, that medicine can be of service. So general and so immediate has been the congestion of all the internal parts, that blood-letting should be early attempted, or it need not be attempted. Those who have written extensively, have rather perplexed us with their theories on this point. It is, however, pretty clear, that if blood-letting has been *early* resorted to, the symptoms have become moderated; while, when practised in an advanced stage, it is believed to have been prejudicial. As the case advances, the blood will not flow from the orifice; or, if it does, it is by drops, evidencing a considerable change in its consistence, becoming pitchy in its appearance. Dr. James Johnson, however, cautions the profession against expecting this appearance generally. This eminent medical jurist is evidently coming round to the generally received opinion, that this disease is contagious, which at first he distinctly denied; and being an old India practitioner, his opinion for some time had weight.

The extremities should be freely rubbed with a stimulating liniment, as well as with a warm hand, until the spasms are mitigated, and the circulatory impulse in some measure restored: at this time, if any tendency to perspiration becomes perceptible, let it be encouraged by every possible means of warmth; by blankets, dry heat, and as equal a pressure by rubbing as can be borne. The central Board of Health in London have strongly advised poultices of mustard and linseed; but if any readier means of *dry* heat, as sand, can be applied, it will be better.

Internal Remedies.—*Opium*—*Brandy*, the real Cogniac, not the abominable compound sold under its name; or, what is more readily procured here, *good old whiskey*, will be found useful; as to the expensive essential oils, they will be found nearly useless, (unless it be the oil of peppermint,) while the patient is needlessly harrassed by being nauseated with them. Calomel, in large doses, has been found useful in some cases, and in others has failed; so has, indeed, every medicine, and it is but right to state, that Dr. Southwood Smith's declaration is but a verification of a general

opinion, that he has read much, and seen much, and yet knows nothing as to a remedial system in this terrible malady.

Powerful stimulants, however, to restore the suspended faculties, and such means as tend to effect a perspirable effort, are the only general recommendations that can safely be hazarded; much, of course, will depend upon the constitution of the patient, and still more upon the skilful observation of his medical attendant. It will be readily understood, that it is utterly impossible to suggest a systematic code of medical regime; but simply to give a general view, and strongly to urge the immediate application for personal advice and assistance.

Ammonia has been given by some, and benefit has resulted, probably where acidity has been detected in the secretions.

Emetics have evidently produced good effects, yet in some cases are unequivocally denounced.

The Stomach Pump is not without its sup-

porters, as a ready means of supplying the organ with powerful stimuli.

Inhaling of Oxygen Gas has been tried; indeed, there is nothing available but what has been tried with various success.

Should there be any indication of natural reaction, the efforts must be redoubled, and now will the addition of warm spiced beef-tea be found serviceable. Isinglass, if at hand, may be dissolved in it, and repeating frequently some warm volatile medicine.

The gradual reappearance of urine, with bilious discharge of fæces, will be among the early favourable prognostics, and if attended by gentle perspiration, the recovery of the patient may be safely calculated upon; while, as has been already noticed, the reverse of these symptoms will leave the case hopeless.

PREVENTION.

I consider Dublin to be an unhealthy location, and that it contains among its great population, heavy numerical disproportion

of those who, in the event of the appearance of this peculiar Cholera, will probably be affected; that the habits of this numerous class *predispose* them to it, and that consequently the measures of Government, as well as the aid of Parochial interference cannot be too immediately, nor too largely extended. The Profession will do their duty—when was it ever backward in the cause of humanity? In what other city is the medical society surpassed in talent? All other vocations can be exempted from a voluntary intimacy with pestilence, but the medical man follows the law of nature, and knows no moral fear but what occasionally troubles him from the conscientious feeling that he *may* not have done enough—what a lesson to general society—let them imbibe this precious spirit, and by keeping their minds tranquil, and their constitution free from intemperance, by adopting preventive means at once, and by avoiding unnecessary exposure to the disease when it does approach; they of the more fortunate order of society, will, doubtless pass unscathed by its ruthless malignity. But their duty ceases not here, they must

earn their exemption from disease, if not from present mortality, by propitiating, as far as they can, the merciful interference of that Providence, on which they know a call is never made in vain; by imitating at an humble distance its glorious example, "BENEVOLENCE and CHARITY to the lower orders." Let the MEDICAL PROFESSION have ample means; let the measure for their distribution "be full, even to running over;" and thus without danger to themselves, the opulent must, as the middle classes may, prove the useful means of extending relief to others.

It would be unbecoming to urge with importunity, on the public authorities, the necessity of daily visitation over the whole city, nor would I advert to it, had I not within these *three days even* had ocular proof, that in some parts of the city any regulation of the kind cannot have been observed; and without public regulations, how can public health be preserved?

Much diversity of opinion has been expressed as to the contagion or non-contagion

of this disease—*time* alone will determine this point.

Considerable doubts have been stated as to whether this complaint is, or is not, the real Asiatic Cholera—and indeed, some surgeons unequivocally affirm the identity, others deny it—the same difficulty is expressed by military officers of high attainments, whose opportunities of judging must be respected—it is gratifying to observe the sound sense of some, in the House of Commons, who expressly declared, that if the public mind be not alarmed, and public meetings be as much as possible avoided, the danger will be of a very confined degree.

This recommendation is particularly applicable to this city—and until all fear of danger be passed away, every public meeting, not absolutely necessary for public business, should be suspended at once.

It seems to escape the penetration of all parties who have discussed the question, that the present Blue Cholera is identical with

the Asiatic pest, but has become considerably modified by its acquaintance with European constitution. May not there have gradually happened an atmospheric tendency to a similar complaint, that would have occurred without the intrusive visit of this unwelcome scourge, not to the extent certainly, but partaking of its symptoms. Does not the Small Pox in India in a degree differ with that disease in England? I say it does. Does not the Measles differ also? I again say it does. Why then may not the Cholera have some distinctive appearance, but with the same generic principle to maintain its identity.

It may not be irrelevant to state here, that the late *Mr. Chamberlaine*, a native of this city, who will be remembered by many of the older branches of the first families, practised much in the West Indies; he afterwards established himself in Clerkenwell, a very large parish of London, chiefly populated by the operative classes; his practice was extensive and successful. I was apprenticed to this gentleman, and whom I often heard describe Cholera as a common

disease in the West Indies—certainly during my pupilage it was an annual visitor in Clerkenwell.

I have before shown it to have been well known in the East, before it became a subject of such fearful alarm, and that it is not unfrequent in London ; but that atmospheric changes have produced a variety in its morbidity, which increases its danger, and renders its characteristics more inexplicable in their severity ; and that in consequence, the advance of fatal symptoms is so instantaneous as yet to defy development—indeed the medical man has scarcely time *to think*, being imperatively called upon at the moment *to act*.

In some measure—as a proof of my position, that atmospheric influence may have had some powerful tendency to bring about Choleric disease, during the last twelve months, in London, I boldly appeal to any professional man of extensive practice there ; it has been no secret, during the end of last spring, during the whole of last summer, and the autumn, anomalous symptoms of

Choleric affections were frequent, dangerous—nay, fatal. In my own observation, it spared neither age nor sex, nor the mendicant, nor the respectable in life, no, not even the medical men nor their connexions.

It is the belief of many observing men, that this visitation was either the precursor of Cholera, or the Cholera itself in a mild form, I own myself, to be among those, who agree with them in this opinion, and when I state, that I also had a partial attack last August, in which I could recognize my former foe in a premonitory form, I do not hesitate to urge upon the community I am now addressing, to consider the expediency of uniting hand, heart, and purse, in preventing its appearance here.

They will thus, by extending the means of health, produce a cheerfulness among the poor, they will even participate in this cheerfulness themselves, and while their benevolence is extended to others, they will reap their harvest in the internal conviction of having done their duty.

Reader:—You have borne with me thus far, do not dismiss this tract with reproof, if it has not realized your expectations—remember that the intricacy of the subject, and my limited talents will plead an excuse, for offering to you, at least, an honest attempt to be useful, and should I indirectly prove so, how ample will be my reward.

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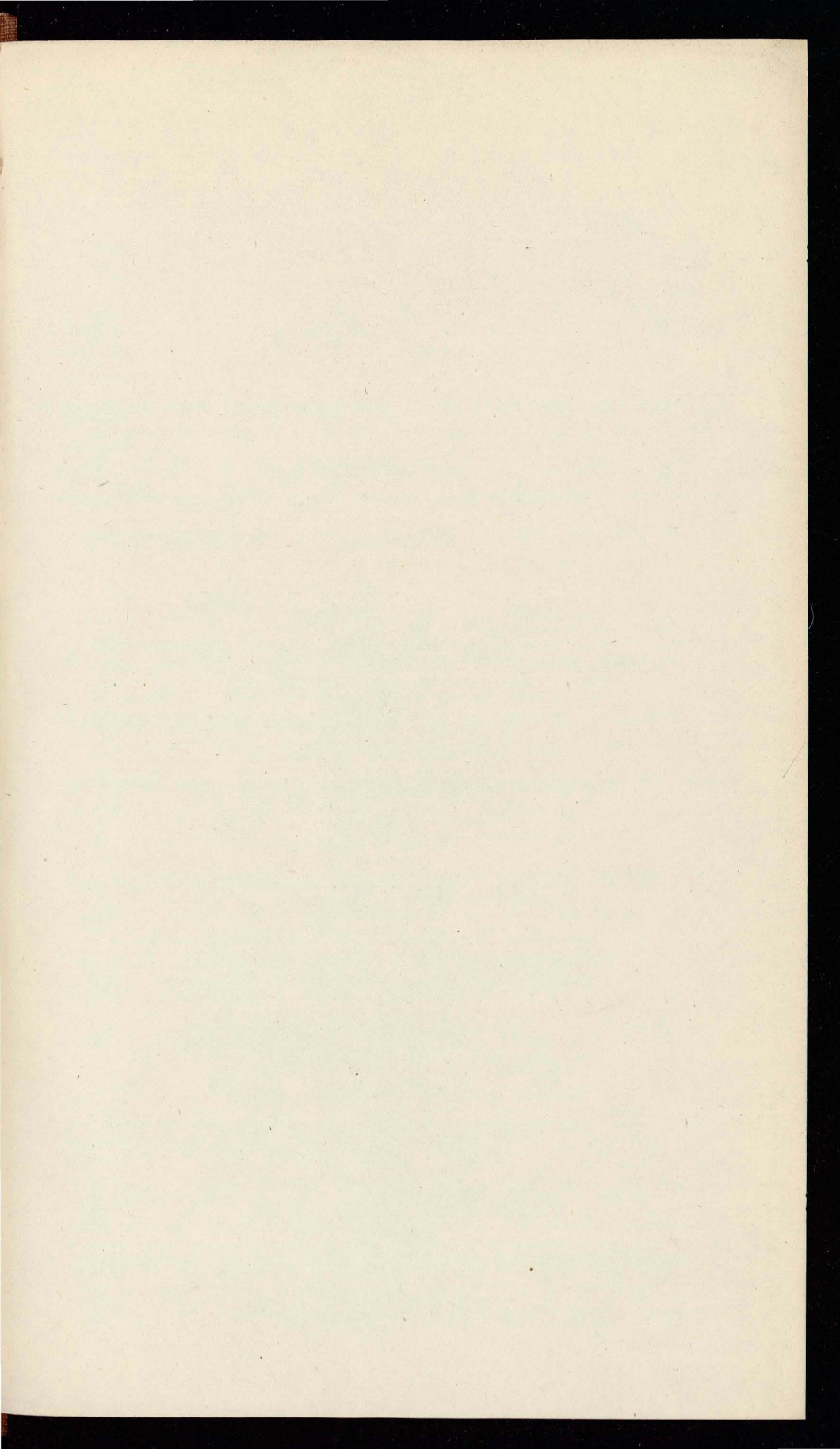
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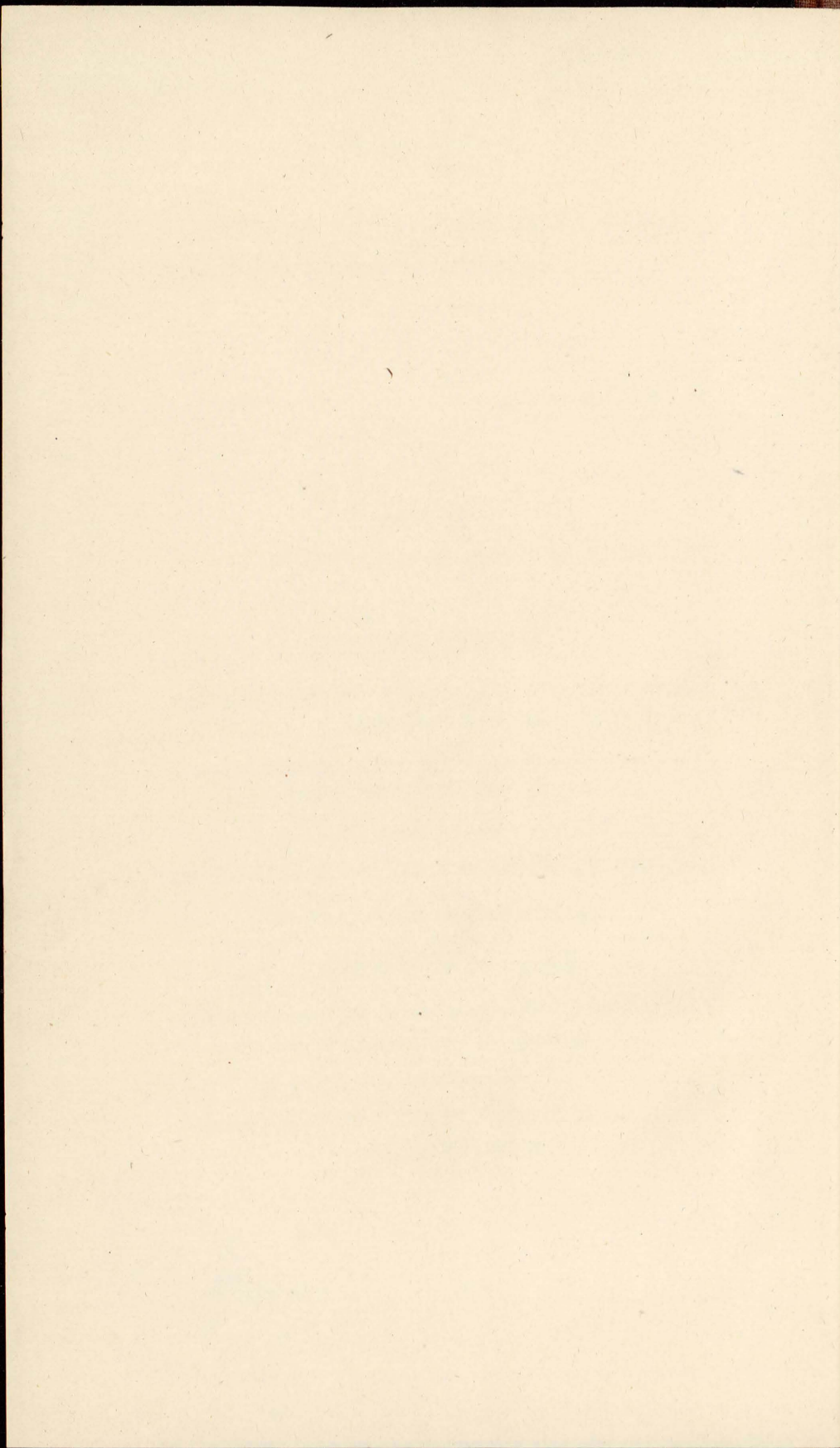
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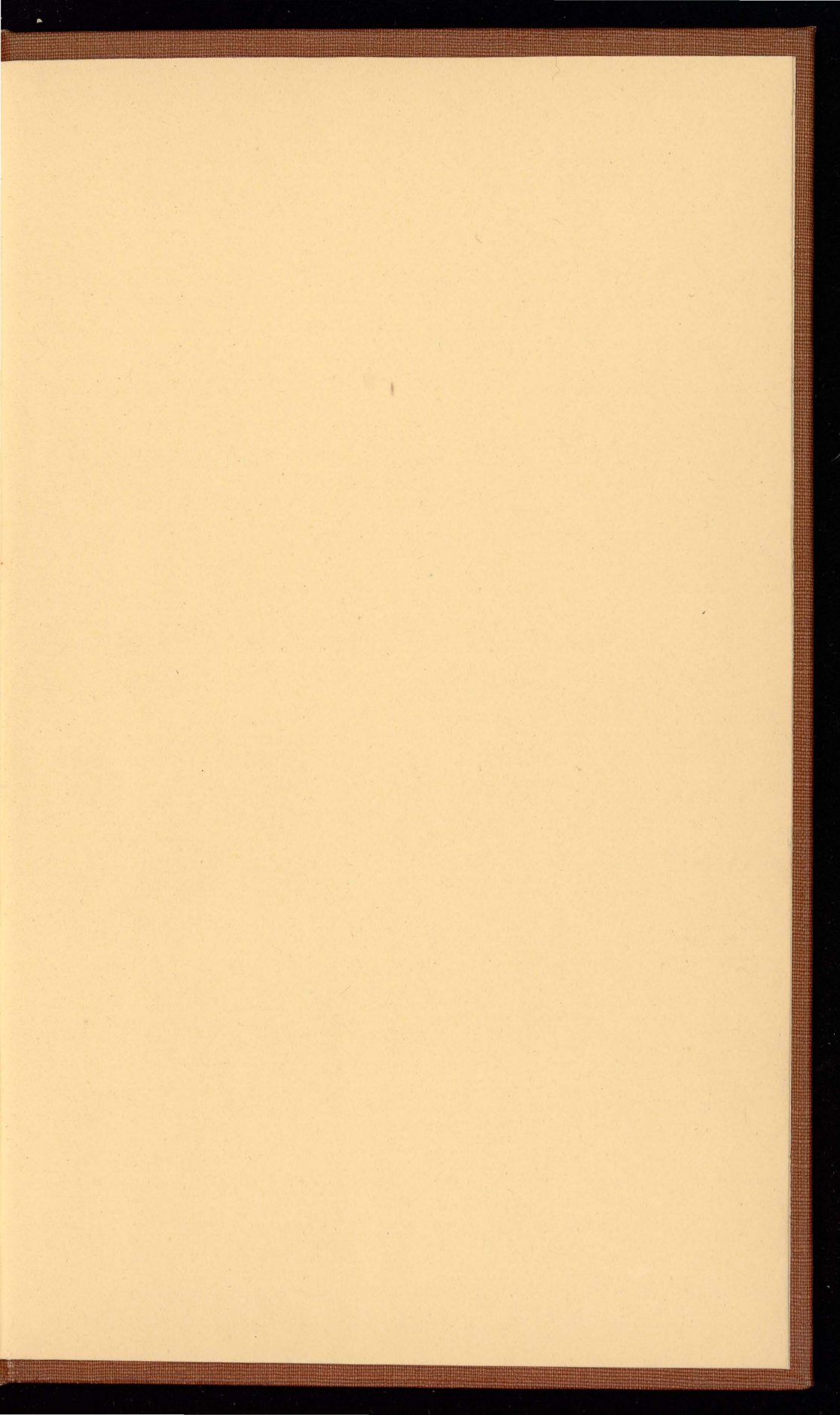
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