

An attempt was made to ascribe the act to insanity, but the accused was fully committed for trial.

THE SUPPOSED CHOLERA FUNGI PROVED TO BE UREDO FRUMENTI.

MR. BUSK, the President of the *Microscopical Society*, made an important communication to the Society on Wednesday evening last, relative to the nature of the bodies detected by Mr. Brittan and Mr. Swayne, in the cholera evacuations. He demonstrated that the large bodies, figured by Mr. Swayne are nothing more than a species of *uredo*, a kind of smut frequently present on wheat, and specimens of which Mr. Busk found in a loaf of brown bread purchased in Greenwich. The *uredo* is not destroyed, even by the action of caustic potash, and it readily passes unaltered through the intestinal tract. The smaller, so called annular bodies, are not, according to Mr. Busk, sporules in an earlier stage of development than the larger bodies (*uredo*), but are evidently starchy granules, derived from the bread eaten by the patients.

In addition to the *uredo* and the starchy granules, Mr. Busk demonstrated, in a specimen of cholera evacuation supplied by Mr. Swayne, the cellular structure of the inner coat of the bran of wheat.

The identity of the bodies in the cholera evacuation with the *uredo* and the bran of wheat was quite unequivocal, and there appeared every reason to think that the small annular bodies were, as Mr. Busk stated, merely starchy granules, derived from the bread previously eaten.

The *uredo* was present in the specimens of cholera evacuation supplied by Mr. Swayne, but it was not observed in those exhibited to the Society by Mr. Busk.

CHAIR OF MEDICINE AT THE UNIVERSITY OF ST. ANDREW'S.

At a meeting of the Senatus of the University of St. Andrew's, held on the 9th inst., Dr. George E. Day was unanimously elected to the Chandas Professorship of Medicine, vacant by the death of the distinguished physiologist, Dr. John Reid.

OBITUARY.

On the 13th inst., at Alton, Hants, William Curtis, surgeon, in his 30th year.

On the 24th of May last, after a few days' illness, at Adelaide, South Australia, James Tweeddale, M.D., Royal Navy.

At his residence, No. 7, Norland Place, Notting Hill, on the 15th inst., Samuel Proctor, Esq., M.D., late of Salisbury Square, Fleet Street, aged 64.

BOOKS & PERIODICALS RECEIVED DURING THE WEEK.

(The List will be given in our next No.)

METEOROLOGICAL SUMMARY.

Mean Height of the Barometer 29.54
 Thermometer 55.3
 Self-registering do. Max. 60 Min. 31.7
 - From 12 observations daily. Sun.

RAIN, in inches, '74 - Sum of the daily observations taken at 9 o'clock.

METEOROLOGICAL.—The mean temperature of the week was 6°.4 above the mean temperature of the month.

BIRTHS & DEATHS IN THE METROPOLIS

During the Week ending Saturday, Oct. 13.

BIRTHS.		DEATHS.		Av. of 5 Awt.	
Males....	658	Males....	510	Males....	583
Females..	613	Females..	565	Females..	579
1271		1075		1162	

CAUSES OF DEATH.		Av. of 5 Awt.	
ALL CAUSES	1075	1162	
SPECIFIED CAUSES	1072	1158	
1. Zymotic (or Epidemic, Endemic, Contagious) Diseases....	272	307	
<i>Sporadic Diseases, viz.—</i>			
2. Dropsy, Cancer, &c.	56	49	
3. Brain, Spinal Marrow, Nerves, and Senses	89	125	
4. Heart and Bloodvessels.....	34	40	
5. Lungs and organs of Respiration	138	214	
6. Stomach, Liver, &c.	52	65	
7. Diseases of the Kidneys, &c.	12	11	
8. Childbirth, Diseases of Uterus, &c.	13	10	
9. Rheumatism, Diseases of Bones, Joints, &c.	6	8	
10. Skin.....	1	1	
11. Old Age	41	57	
12. Sudden Deaths.....	12	12	
13. Violence, Privation, Cold, &c....	14	36	

The following is a selection of the numbers of Deaths from the most important special causes:

Small-pox.....	6	Convulsions.....	21
Measles.....	8	Bronchitis	46
Scarlatina	56	Pneumonia	71
Whooping-cough	19	Phthisis	112
Diarrhoea.....	91	Lungs	6
Cholera.....	110	Teething	8
Typhus.....	47	Stomach	6
Dropsy	13	Liver	8
Hydrocephalus	19	Childbirth	7
Apoplexy.....	24	Uterus	4
Paralysis	16		

REMARKS.—The total number of deaths was 87 below the weekly autumnal average. The total deaths have therefore undergone a very sudden decrease. The deaths from Cholera were only 110 (*i. e.* about 15 daily). In the preceding week they amounted to 288.

NOTICES TO CORRESPONDENTS.

Notice.—In order to prevent delay in the insertion, it is particularly requested that all letters enclosing Advertisements be marked on the outside "*Advertisement.*"

Communications have been received from Dr. Snow—Mr. Wm. Smith—Mr. Beckett—Dr. Merryweather—Dr. Brinton—Dr. Cogswell—Mr. Salter—Dr. Reid—and Dr. Routh. These papers will be inserted with as little delay as possible.

Corrigenda.—In Dr. Reid's letter, last No. page 636, col. 1, 15 lines from top, for "*anti-chloristic,*" read "*anti-Loimic.*"

In the leading article, at page 627, for "*authoritative,*" read "*authoritative.*"

had not been from an invitation in your leading article of the 21st of last month, in which you give the Queries issued by the Royal College of Physicians. If you will refer to my letter of Nov. 2 of last year, in the *MEDICAL GAZETTE*, vol. xlii. p. 812, you will find a recommendation of a certain mode of grappling with cholera: that principle has latterly been most efficaciously carried out in London by the Board of Health, by the house-to-house visitation; and most clearly has it proved the only true and certain method of combating with Asiatic cholera and arresting its progress.

It must now be universally acknowledged that those most subject to be carried off by spasmodic cholera are in poverty, consequently *thin-blooded*, from the want of nutritious food,—obliged to live in small, crowded, unventilated dwellings, and in the most unhealthy and pestilential parts of towns. If such people could be better fed, and have their dwellings better drained and ventilated, this foul scourge would not descend upon them so direfully.

With respect to ventilation, it is in the power of every householder, at a slight expense, to command security for himself and family; but he cannot command good and perfect draining, which must be a work of much time and great expense. As long as sinks and rat-holes communicate with bad drains, so long will poisonous gases find ingress into dwellings: thus ventilation, only, proves the safety-valve.

It behoves the Board of Health to take time by the forelock, and to prepare for another campaign against cholera next year. It would be respectful in the Board of Health to address a circular to all the medical men in the kingdom, to request them to caution all their respective connections to apply for medical aid immediately any premonitory symptoms appeared. I am sure such an appeal would be well received and attended to. Through the instrumentality of the medical profession, the Board of Health might render immense benefit to the country in influencing the wealthy to form cholera funds in aid of their poorer neighbours. I am convinced that thousands of lives have been lost from their own ignorance of the danger of the easy choleraic bowel-complaint. If the house-to-house visitation had been instituted last year, thousands of lives might have been saved.

The question has often been asked, why many die of cholera without any apparent bowel-complaint. I remember attending a case of this kind in 1833, which I thought rather singular. My patient having been brought up to regular habits, and not having had any griping, possessed complete power over the sphincter ani: an explanation was soon afforded by a tremendous gush

of serous evacuation from the bowels,—proving that the intestinal canal had acted as a reservoir until nearly the termination of life.

I have long considered the Asiatic cholera essentially a malady incidental to thin-blooded people, passing from the Hindoo to the poor of all nations: hence the only cure can be in the prevention.—I am, sir,

Your obedient servant,

GEORGE MERRYWEATHER, M.D.

Whitby, Oct. 15, 1849.

THE UREDO AND THE MICROSCOPICAL APPEARANCES IN CHOLERAIC DISCHARGES.

SIR,—In your report of the purport of the communication I made last Wednesday to the Microscopical Society, on the subject of the so-termed cholera "fungi," there are one or two points which I would request your permission to correct.

The species of "*uredo*" described as present in a preparation of choleraic evacuation furnished by Mr. Swayne, is not, as your report would imply, the same species as that which I found in considerable abundance in some common brown bread. That it is of the same *genus*, however, there can be no doubt. The species in the cholera discharge is at least three times the size of the other, and is oval instead of round.

In the second place, I should wish it to be observed that on the occasion referred to I expressly refrained from the consideration of the smaller class of "annular bodies." The observations were confined to those of more than 1-1000th of an inch in diameter. My reason for so doing was, that I had not, in any case examined by me, happened to notice these bodies, or at least what I supposed to represent them. The "annular bodies" described by me as being probably the remains of branny and farinaceous particles, were of the larger kind, figured by Dr. Brittan and Dr. Budd, and in one figured I think by Mr. Swayne, in the *Lancet*. I mean the larger, irregular, usually more or less broken corpuscles, with thick unequal walls, and of a very undefined and undefinable aspect. It is these bodies which I believe to be what I have stated, or something of an analogous kind. With respect to the smaller "annular bodies," or those considerably under 1-1000th of an inch in diameter, I would beg to state that since the publication of what I said on Wednesday, my attention has been particularly directed to them, as exhibited in a preparation of cholera evacuation procured, I believe, from Birmingham, and kindly communicated by Dr. J. W. Griffith. The examination of these bodies has satisfied me that they are in all probability altered blood discs. They are constituted of flattened discs, or rather are, as

it may be said, rings, the area of which is filled up with a thin expansion containing granules or minute spherules. Under a magnifying power of 600 linears, the ring presents distinct transverse lines, and under a higher magnifying power—as of 1200—it is very clearly seen to be divided into numerous, almost monilliform segments. The corpuscles have the same average size as the blood disc. Any fragments of their rings, when properly viewed, will be seen to exhibit the same structure as the perfect rings; and, therefore, whatever the nature of these bodies may be, their identity cannot in future be a matter of doubt or difficulty.

Dividing, therefore, the corpuscles hitherto described and figured as occurring in cholera discharges, into three groups, I am disposed to assert that—

1st. The larger, coarser, ill-defined, annular bodies or masses, are altered branny or farinaceous particles, or of that nature; meaning by "bran," the inner layer of that substance.

2d. The more defined, uniform, and ovoid corpuscles, figured by Mr. Swayne, and regarded, I believe, by him as typical forms of the cholera fungus, are the sporules of a species of "uredo."

3d. That the smaller discoid, annular bodies, averaging about 1-3000th of an inch in diameter, are altered blood discs.

The question with respect to the nature of the bodies under discussion, of course does not involve that of the "fungous theory" of cholera in general; but with reference to this I would remark, that whatever its applicability to the mode of propagation or spread of the disease may be, the theory seems to me quite inadequate to explain its symptoms and course. To allude to merely one point: is it compatible with anything we know about the growth and development of fungi, to suppose that organisms of that kind should be propagated in such enormous quantity as to destroy life in an hour or less, without the generation of any gaseous product?

Your obedient servant,

GEO. BUSK.

Greenwich, Oct. 22, 1849.

* * Mr. Swayne has since written to us on this subject; but the letter was received too late for the present number. It shall have a place in our columns next week.

ON THE ACTION OF THE ILEO-CÆCAL VALVE.

SIR,—I am desirous of recalling to your attention the article by Mr. Roper, "on the action of the ileo-cæcal valve in stercoraceous vomiting," which appeared in your last number. The explanation which he gives is substantially the same with one which has been maintained by me for some

years, and which, some months ago, you did me the honour of publishing in your journal.

The fact of distension above the strictured bowel being a frequent coincident of fecal vomiting, has probably been long known. That it was an invariable one, Hagenot* first established.

The causal relation of the fact to the symptom was, I believe, first explained by myself, in an essay which appeared in your last and present volumes. To it I beg to refer those who may take any interest in the general question.

I am not sure that this general fact had ever been applied to the precise circumstances of the occluded large intestine and the ileo-cæcal valve, though I have an impression that such is the case. But at page 60 of your number for July 13, 1849, your readers will find the following passage from my essay, which both explains the open condition of the valve, in the same manner as Mr. Roper, and adduces a very familiar but exact parallel: "And we are no longer at any loss to comprehend how an occlusion of the large intestine returns its contents into the small intestine, and causes fecal vomiting; since the preliminary dilatation would produce a patulous state of the ileo-cæcal valve in all respects identical with that seen in the inflated and dried preparation of this part."—MEDICAL GAZETTE, July 13, page 60.

The article of Mr. Roper would appear to imply that stercoraceous vomiting is limited to occlusion of the large intestine. But that the vomiting in obstructions of the small intestine has a fecal character, is, however, a fact so notorious, that I cannot help thinking the limitation is a casual oversight on the part of that gentleman.

In conclusion, I feel sure Mr. Roper will do me the justice of believing that I have not the slightest intention of impugning the originality of his observations, far less his good faith.—I am, sir,

Your obedient servant,

WILLIAM BRINTON, M.D.
Demonstrator of Anatomy in
King's College.

22, Bloomsbury Street, Oct. 15.

THE CHLORIDE OF ZINC AS A DEODORIZER.

SIR,—In a recent number of your valuable journal you requested information as to the value of Sir William Burnett's chloride of zinc as a deodorizer. I happen to know on good authority that it has been used to a great extent at the Royal College of Surgeons, and that as a deodorizer it is found utterly useless. I have also made trial of it in a variety of ways, and am of the same

* Haller's Disputationes Anatomicae, vol. i. p. 485, et sequitur.