"1. Because in some houses where deaths occurred the water remained unaffected.

"2. Because in some houses where the water was used without intermission the inhabitants escaped.

"3. Because, when the water became turbid, in many cases it was not used, but procured from other sources.

"4. Because the attacks did not coincide with the discoloration of the water, the thunderstorm which flooded the sewer having occurred at least a week previously, and the water, at least in some instances, had returned to its original purity.

"I would caution non-medical local registrars not to arrive at hasty conclusions regarding the causes of this epidemic, which the most scientific and practical medical men are apt to view with doubt and suspicion. If the general health is decidedly injured by the imbibition of any gas of a known deleterious nature, or water containing any refuse matter, the action is visible, the health retrogrades perceptibly, the appetite declines, and the usual accompaniments of deranged animal functions ensue; the poisonous operation of the material absorbed is distinct, and the same action, the same train of symptoms, will always be present in the human system; but where no one symptom of a deranged condition of body is manifested—when the countenance exhibits no single indication of disease, where no functional derangement is present, and this before any attack of an epidemic disease—we have no just reason to suppose that we had been, as we have been recently told by the sanitary commissioners, inhaling poisonous air and drinking impure water; while, at the same time, no chemical or other test proved the existence of miasmata; nor has any evidence been given whether the whole of the individuals living on this spot subsisted on the water supplied by the pump in question entirely, and that in an unmixed or unboiled state. These are the important points for investigation before any rash generalizations are made, (as there have been;) and we must carry them out in a different spirit, if we wish to profit by our inquiries.

"In conclusion, I submit it would be well if the government of this country were to offer a reward for the discovery of some efficient means for checking this fearful epidemic, and this would be worthy our civilization; for it has been found that entire dependence on improved drains and sewers cannot be placed; and then it may be the glory of this country, as in the case of the immortal Jenner's discovery for small-pox, that a conquest has been achieved over this merciless destroyer of the human species."

Reviews.

The History of the Cholera in Exeter, in 1832. By Thomas Shapter, M.D., Physician to the Devon and Exeter Hospital, &c., &c. London: Churchill. Exeter: Holdon. 1849. 8vo, pp. 297.

This is an extremely interesting work, and the interest which belongs to it is by no means of a local character. "The History of the Cholera in Exeter, in 1832" is the history of this fatal disease in every town in the united kingdom at that period. Dr. Shapter's narrations recall many of the scenes which were then witnessed by those whose duties or feelings lead them to enter into the struggle against the enemy, wherever it appeared or threatened to appear. There everywhere existed the like fearful anxiety during the period of approach, and the bustle of preparation to meet the pestilence; the same consternation when it came, and the tales of horror which accompanied it. Lastly, but in too few instances, and Exeter appears to have been one of the fortunate exceptions, came the results of the dearly bought experience in providing for the future. When cholera visited Exeter in 1832, it found a city close, confined, badly drained, and still worse supplied with water. The quaintness of Dr. Shapter's illustrations of the mode in which this latter duty was performed "by hoops and buckets," carries the imagination back at least two or three centuries. These things are different now, and so likewise, so far as we have heard, is the progress of the present epidemic in that city, as compared with its destructive character during the previous visitation. Dr. Shapter's work contains eighteen chapters, which include—1. The Constitution and General History of the Board of Health. 2. The Physical Condition of Exeter. 3. Quarantine. 4. The Cleansing and Purifying the City, &c. 5. Flannel Belts. 6. Medical Assistants, Medicines, Nurses, &c. 7. Cholera Hospital, and House for Convalescents. 8. Burial Grounds. 9. Fumigations, Destruction of Clothing, &c. 10. Food for the Poor. 11. Doubts as to the propriety of holding Public Assemblies, Assizes, &c. 12. Correspondence with other Boards. 13. Account of the Disease as it occurred in Exeter. 14. Various incidents, abuse of medical men, &c. 15. Public acknowledgments and day of thanksgiving. 16. An account of the cholera in an adjoining parish. 17. General financial statement. 18. Conclusion. An admirable map of the city, indicating the points at which the disease prevailed, and a number of well-executed wood-engravings, illustrative of the more striking scenes of the period, add to the value of the work.

We might readily extract many interesting passages, but the numerous demands on our space forbid our doing more than recommending the perusal of the work itself. Dr. Shapter's views on the nature and character of the disease are correct, clear, practical, and equally applicable to our present visitation as to that to which they more particularly refer. The generation of medical men that has been added to our ranks since 1832 will be particularly interested in hearing how their predecessors felt and acted in circumstances of greater difficulty than even those by which they are now surrounded. They can nowhere find those circumstances better described than in the work before us. The author seems to have been an active participator in all the incidents of the eventful period, and to have collected every fact or document illustrative of his subject. Future historians will gladly avail themselves of his labours.

An Inquiry into the Bearing of the Earliest Cases of Cholera which occurred in London, on the strict Theory of Contagion. By Edmund A. Parkes, M.D., Physician to University College Hospital. 1849. London: Churchill & Highley. 8vo, pp. 28.

At the request of the Board of Health, Dr. Parkes undertook "to examine into the evidence which might be derived for or against the doctrine of contagion, by an analysis of the early cases of cholera in London." The results of the inquiry, as stated in this pamphlet, are by no means in accordance with the opinion of the Board of Health, so dogmatically pronounced in the earlier days of its official existence. Dr. Parkes commences by stating, in a manner which displays his knowledge of the subject, the leading doctrines entertained by those who hold opinions on the origin of epidemic disease; the one class, comprising the strictly contagionists, which "refers epidemic diseases to the action of specific poisons, which (it alleges) multiply themselves only during their passage through the animal body." They attribute no influence to the operation of external circumstances, beyond that of rendering the body a more or less fit recipient for the action of the poison. The modified contagionist, as the preceding, looks on epidemic diseases as being produced by specific agents, *some* only of which, under certain circumstances, propagate themselves chiefly, or possibly solely, by means of their action on the body. This party takes into account the further influence of various atmospheric and terrestrial agencies, and seeks to inquire how far their combined operations may suffice, not only for the extension, but for the generation, of certain of these poisons.

Without entering on a fruitless discussion here, we are disposed merely to say, that the advance and spread of knowledge limits, every day, the number of diseases comprised within the strictly contagionist doctrine, as well as the number of those persons who entertain the opinion in its wide acceptation. On the other hand, it cannot be denied that rashness—if not a failing deserving a harsher designation—has led to the promulgation of a third opinion, which is not mentioned here—the strictly non-contagionist; or that which the Board of

Health professed to entertain some twelve months ago. It is more than probable that the doctrines comprised in the modified contagionist theory are correct; they appear to be so particularly in the case of the present epidemic. For example: in this inquiry there are comprised the first twenty-eight cases of true Asiatic cholera which occurred in London last autumn. The first of these cases is that of a seaman who arrived from an infected port (Hamburg), in an infected ship, was taken ill, and died at Horseleydown. In the twelve [twenty!] days following his death, twenty-seven cases presented themselves. Of the whole number, including the first, seventeen cases were traced to have been in contact with persons diseased, seven were not known to have had any communication with the sick, and six were stated not to have had such communication. The twenty-eight cases occurred in ten different localities, of which nine displayed all the elements considered capable of diffusing and strengthening, if not of developing, the morbific influence. Under such circumstances arises the question—Was the cholera imported from Hamburg by the sailor who died in Horseleydown, or had it an independent origin? Dr. Parkes leans to the latter view. We are not satisfied that in this respect he is correct; and some of the statements on which his arguments are founded, are shown by Dr. Snow, in a pamphlet, noticed below, to have been incorrectly supplied to him. It is evident, that whilst, in reality, Dr. Parkes is a modified contagionist in opinion, he permits his arguments to tend towards what must be called the non-contagionist doctrine. When, however, we find actually seventeen cases out of twenty-eight following communication with the sick—seven more cases in which it cannot be said that communication did not take place, and only six in which it is stated that it did not occur, and how difficult it is to say, in such a whirpool of men and things as London presents, that it did not!—we confess that Dr. Parkes' facts appear to us to tend rather to the "strictly contagionist" than to the non-contagionist view. The latter doctrine has led, in London and many other towns, to the non-removal of the sick to special hospitals, as was done in 1831-32. Can, we must ask, the much greater diffusion of the disease on this occasion than on that be in any way attributable to this mode of proceeding? The Lancet expressed its opinion, long before the epidemic appeared, as to the danger and impropriety of the practice. The ravages of the disease, still extended as they are, afford too favourable an opportunity for correcting the evil.

We strongly recommend a perusal of Dr. Parkes' essay, as containing an admirable summary of the doctrines which relate to the origin and spread of epidemic diseases generally.

On the Mode of Communication of Cholera. By John Snow, M.D. 1849. London: Churchill. 8vo, pp. 31.

Dr. Snow at once adopts the doctrine which declares the cholera to be a disease that can be communicated from one individual to another. To ascertain how this is accomplished is the object of the present inquiry. Not apparently by "emanations from the sick diffused in the atmosphere, inhaled, and absorbed by the blood passing through the lungs." The arguments adduced by the author against such a mode of propagation are not by any means decisive, the chief being that the effects of the poison are shown directly on the alimentary canal, and not as those resulting from poisoned blood. Hence the probability of the poison being swallowed. The author finds no difficulty in such a supposition; the hands of persons in attendance on the sick, and even of those removed from them, may come in contact with the ejecta and excreta, and thus communicate the poison. This, however, is but one mode. Wells become contaminated by sewers, which sewers contain an abundance of morbific matter. Dr. Snow gives several examples, some of them as disgusting as true. What can be said of the Thames, the great well from which three-fourths of London draws its supplies? Could chemistry resolve a hogshead of Thames water at this moment into its constituents, how many elements of the cholera excreta daily poured into it would it be found to contain? In reference to Dr. Snow's exclusive view, it must of course be received with great limitation. His essay, however, is a continuous argument which cannot readily be condensed, and to offer a counter-argument in its absence would be unjust. We recommend our readers to refer to the short essay itself. They will at least learn, with some surprise, the nature of the polluted beverage which many of the inhabitants of the first city in the world enjoy. Let those who are not disposed to go farther read the following, and ask, is it not time to supply London with pure water?

"The water was found to be polluted by the contents of the drains and cesspools to a great extent. That removed by Mr. Grant from the tank behind No. 1, [Albion-terrace,] had, when first taken out, an odour distinctly stercoraceous. It is less offensive now, at the end of twelve days, than when it was removed. It does not become clear on standing, owing to a kind of fermentation going on in it, which prevents the mud from entirely settling to the bottom of the vessel. After being filtered through paper, it is quite clear, but retains a slightly disagreeable taste, and froths on being agitated. On evaporating 1000 grains to dryness, there is a residue of nearly two grains over and above the residue of salts obtained by evaporating water obtained from a pump which is supplied from the same springs. This excess consists, there is no doubt, of soluble organic matters, the exact nature of which has not been determined. In the water-tank behind No. 7, there was a dark-coloured offensive deposit, six to nine inches deep, although the depth of the tank was only two feet. There was also a scum on the surface of the water. Some of the deposit which was removed has been undergoing putrefactive fermentation, and giving off sulphuretted hydrogen, ever since, having a tendency to expel the cork from the bottle in which it is kept. It possesses the odour of privy soil very distinctly. Various substances have been found in it which escape digestion, as the stones and husks of currants and grapes, and portions of the thin epidermis of other fruits and vegetables. Little bits of paper were likewise found."—pp. 19, 20.

The History, Modifications, Stages, Pathology, and Treatment of Cholera, as it prevailed at various times in the Bombay Presidency, from 1818 *to* 1842. By James Bird, M.D., A.M., late Physician General Bombay Army, &c. 1849. London: Churchill. 8vo, pp. 48.

If the statements of the named and unnamed correspondents of the daily journals contained a particle of truth, the cholera, instead of being the most fatal of all diseases, should be the most manageable. It yields to the most opposite modes of treatment. Brandy and cayenne pepper, or freezing mixtures within and without; emetics, or saline effervescents; saline purgatives, or chalk mixture and catechu; electricity or opium; castor oil or camphor drops; olive oil or lunar caustic; calomel or carbonate of soda; the wet sheet or the hot-air bath. All these, and fifty other medicaments, have been declared to be specifics for the cure of the disease. How absurd! We suspect that numbers of the people who write their letters have never seen a real case of cholera. Had their practical experience been of the most limited kind, they would have found the power of their specifics in the inverse ratio of the merit which they assigned to them. Such, at least, is the opinion of those who have seen the disease in every phase, and in every climate. For example, that of the author before us, who, observing the empirical suggestions for the treatment of cholera which everywhere abound, felt that he could render a useful service by collecting the facts which his eastern experience placed before him, and extending them by a review of the knowledge of the disease which European research had acquired, thus lead the way to something intelligible, or definite in practice. Dr. Bird has been eminently successful in the object which he proposed. We have here, in a small space, a very complete outline of the present state of our knowledge of Asiatic cholera; and of the extent to which that knowledge guides us in the