Dr. VilliShire related the case of a gentleman, who being the subject of ascarides, had suffered from an eruption about many of the profession, but has never been adopted.

In leisure he finds during the year; he will then discover the .6800 per annum; they are generally conducted by single individuals. What an amount of toil and labour has lightened times, as the present are considered, what system in a commercial country like this, that such a state of things should have created an example not to be related; but in our enlightened times, as the present are considered, what system can be worse than one which causes a professional man to occupy his time in the business of a pharmacist and a book-keeper, instead of storing his mind with useful information.

The public are clearly the losers by this system; and nothing can be more certain than this, that at the termination of the present epidemic, when statistical information might have afforded materials for an able digest of all that had occurred, during the prevalence of cholera, connected with medicine or otherwise, it will be found, as after 1832, that statistical records are not avail of toward the advancement of medical science, from the simple fact, that no well-concerted method has been applied to meet this desideratum.

The professional men, as they are at present engaged, have neither the opportunity nor the inclination to devote themselves, as a body, to professional attainments; their mode of conducting business almost precludes the possibility of success, even under the most strenuous exertions. The great bulk of the good does not prevail, or during attendance upon any dangerous cases, can scarcely be conceived by those who are unconnected with the profession. Let any man ask his professional adviser what is the motive of the year, and he will then discover the cause of differences of opinion, want of unanimity, uncertain results of inquiries upon important subjects connected with public health, and all the attendant train of evils inseparable from the present state of medical affairs.

Medical Societies.

Dr. WILLSHIRE related the case of a gentleman, who being the subject of ascarides, had suffered from an eruption about many of the profession, but has never been adopted.

The maggots were exhibited; they were the larvse of the ichneumon fly which Dr. CRISP had seen some larvse of the ichneumon fly which had passed dead from a man who had frequently passed the verge of the anus. On a late occasion, on examining one of his motions, he discovered some maggots in it instead of the ascarides. The maggots were exhibited; they were 6.800 per annum; they are generally conducted by single individuals. What an amount of toil and labour has lightened times, as the present are considered, what system in a commercial country like this, that such a state of things should have created an example not to be related; but in our enlightened times, as the present are considered, what system can be worse than one which causes a professional man to occupy his time in the business of a pharmacist and a book-keeper, instead of storing his mind with useful information.

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The bed-linen nearly always became wetted by the cholera evacuations, which were almost without colour and odour; and the hands of persons waiting on the patient became very cleanly in their habits, and also had opportunity for washing their hands, they would be liable to swallow some of the excretion, and leave portions on the food they handled or prepared. Those persons best determined, who, amongst the working classes, had to eat their meals generally in the sick room; hence the thousands of instances in which, in this class of the population, a case of cholera in one member of the family was regarded as more or less certain to be followed by one or more other cases amongst the rest of the family. The excretion, and leave portions on the food they handled or prepared, were very cleanly in their habits, and also had opportunity for washing their hands; hence, in the event of one workman getting the cholera, the others were very likely to contract the disease, and take it to their families.

One important medium of the conveyance of the cholera poison from one patient to another was the drinking-water, when it became contaminated by the evacuations, either by their permeating the ground and getting into wells, or by their being conveyed by sewers into a river. Since he (Dr. Snow) first published his views on this point, Dr. William Budd had found the microscopic bodies before alluded to in the alimentary canal. He (Dr. Snow) understood that others had not succeeded in finding them in the air, and he was of opinion, that they were very small, and in an early stage of development, and much resembling those which had been subsequently detected in the alimentary canal. He also mentioned to him that he had been informed by an American friend that this was particularly noticed at Philadelphia.

Dr. Swayne then related a number of instances where, as in Albion-terrace, Wandsworth-road, there was a very great increase of cholera in the houses next the sewers, and which were served by that portion of the drainage that contributed the sewage to the river. He also mentioned to him that he had been informed by an American friend that this was particularly noticed at Philadelphia.

Dr. Swayne also alluded to the large quantities of crystalline and amorphous matters usually found in the urine, which are present in the evacuations of cholera, and stated that he had examined the depositions in several well-marked cases of diarrhoea from other causes, without detecting microscopic cells which he had been examining. This was followed by fever and restlessness during the night, and the ensuing morning by violent diarrhoea. Dr. Swayne also alluded to the large quantities of crystalline and amorphous matters which were present in the evacuations, and stated that he had examined the depositions in several well-marked cases of diarrhoea from other causes, without detecting microscopic cells which he had been examining. This was followed by fever and restlessness during the night, and the ensuing morning by violent diarrhoea.

Dr. O. WARD remarked that among several young ladies' schools which he attended, neither diarrhoea nor cholera had occurred. This made him think that the diarrhoea was the prevalent disease, and that cholera was only the complication of it. He considered that he had noticed that in places where there was much stagnant water, and where small-pox and scarlet fever had been prevalent, the cholera had been rife. Farts, also, which had been of great frequency during the late epidemic, escaped, owing to better drainage and improvement in the supply of water. He stated, with respect to miners, that the wells in the neighbourhood of the mines were dried up, and that the workers could not get clean water from the mine itself, the water from which, being pumped up from the pit, ran down into reservoirs, and was thence obtained for use. This might explain the cause of cholera.
the cholera being so prevalent in mining districts. Birmingham and Leicester were so hilly that the drainage was good; hence their immunity from the disease.

Mr. Walsh explained why, in districts where the water in open ditches was too offensive to use in any way, cholera was less prevalent than where that fluid was somewhat more pure; for in one the people refrained from drinking it, while in the other, as about "Jacob's Island," in Rochester, it was no uncommon thing to see the people drinking use of the waters over from which they fetched their supply of water. He spoke of the value of house-to-house visitation as likely to form a supply of valuable materials respecting the causes and mode of propagation of the disease.

Dr. Willshire could not agree with Drs. Swainy and Snow that the cholera was at first a merely local disease, and that it was occasionally arrested by the use of chalk mixture &c. Officially we see cholera patients in a state of collapse, and half dead before the "local" affection of the alimentary canal presented itself; the remedies in question were then of no use whatever; was it to be said, that those cases of diarrhoea which chalk mixture &c. cure were really cases of cholera? Did not, on the contrary, the treatment usually found most successful in cholera—-the saline treatment of Stevens—-militate against the opinion of the local nature of the disease? He did not regard the condition of the water in certain localities as the cause of cholera; if it were, why had we been free from the disease since 1832, since which time the cause in question had existed. The water bore a mere contingent relation to the disease, nothing more.

Dr. Copeland said that he considered cholera to be an affection of the whole system, but directing its chief virulence to the alimentary canal. He was greatly interested in the discovery of the effects of hygienic treatment. He had long been a follower of Dr. Snow. He considered, also, that Dr. Snow's hypothesis did not explain certain great and sudden outbreaks of cholera that had happened in India.

The debate was adjourned until Saturday, October 20th.

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Foreign Department.

The Yellow Fever at New Orleans.

Dr. Thomas, a French physician, who practised thirty years in New Orleans, has just published a practical treatise on the yellow fever. As the author has had opportunities of witnessing in that city the epidemics of 1818, 1820, 1822, 1837, 1841, and 1847, he may be looked upon as no mean authority. We refer the reader to the pamphlet, in which he presents the following title, "On Cholera Morbus, and its Preventive and Curative Treatment according to Homoeopathic Doctrines;" being a Report published by the Hahnemann Society of Paris. On this production, Dr. Vzanois (who was physician's assistant to Dr. Amadri, in 1834, when homoeopathy was public put to the test at the Charite, and failed) has published a few strictures in D'Union Medicale, and we find them so appropriate, that we shall submit to our readers the most important and practical part of this clever exposure. Dr. Vernois, in passing in review the therapeutic agents recommended, says, "The homoeopathic materia medica contains fourteen specifics for combating cholera, the various preparations of the precious substances. The frequency of the symptoms presented by a cholera patient, from the incubation of the disease to its fatal termination." The homoeopathic attendant is not afraid with the parched thistle to lose sight of his patient, and not to lose sight of him for an instant. He is to administer many emetic globules as there are fits of vomiting; as many globules generating cold and cramps, as there are algide and spasmodic seizures, &c. The 14 precious substances are, bromy, producing 76 symptoms; camphor, producing 50 symptoms; staphisagria, producing 73; arsenious acid was put down for 1068, and is now reduced to 129; hyoscyamus, 67; lachesis,* 118; soluble mercury, 73; arsenious acid, 129; opium, 76; phosphorus, 53; phosphoric acid, 56; sumach, 69; ergot of rye, 53; and white hellebore, 63. Homoeopathists are getting sober, as to the number of symptoms produced. Hahnemann endowed mercury with the power of "curative method." To sustain the strength, Virginian snake- root, and Bordeaux wine. In passive haemorrhage, the subcutaneous method. To sustain the strength, Virginian snake-root, and Bordeaux wine.

* Trigonospermum Lacteum Rhoeas, a distinct species of the class reptilia.

Decreasing intensity.—The author remarks that yellow fever is becoming a less formidable disease than it formerly was. Since the epidemic of 1837, one-fourth only of the cases are fatal, and the proportion is sometimes even smaller; whereas, formerly, thirdly-fourths, and more, of the persons attacked, fell victims to the disease. This favourable state of things is, according to Dr. Thomas, to be attributed to extensive draining, and other hygienic improvements which have been effected.

Treatment.—The author agrees on this head with the reporters of the Medical Society of New Orleans. Venesection at the outset, but seldom repeated, or else leeches to the epigastrium; cold, acridulous, and gaseous drinks; tepid baths, and washing, to be a good method of introducing the balsamic action, diaphoretic draughts and laxatives, when the stomach can bear them. For nervous symptoms, assaphostis, castor, and valerian in injections, and morphia salts by the enemas. In acute diarrhoea the strength is added to the crude root, and Bordeaux wine. In passive diarrhoea, the sulphuric acid lemonade, ratanhy, albuminous topical applications, and catarization with the nitrate of silver. Dr. Thomas thinks we must take into the hypo-gastric and rectal states, and he prescribes it in the second period. As to counter-irritation, he gives the preference to the cupping-glasses, and especially to moxas.

Morbid Anatomy.—Dr. Thomas is an anti-contagionist, and protests against an assertion made in the Compendium de Medicine Pratique, that the supporters of contagion are in great majority in the countries where the yellow fever habitually reigns. This is the fact neither at New Orleans nor in the rest of the United States, nor at Havanna and the West Indian Islands in general, all of which countries the author visited, being all the time in constant communication with his professional brethren. He cites the experiments of Drs. Guyon and Chervin, who tasted some of the black vomit, and inoculated themselves with it; they put on the shirts, and slept in the beds of persons who had died of the disease, without catching in the least degree anything from it.

End of Report.