

**A letter on spasmodic cholera : designed to shew, from strong presumptive evidence, the communicability of this disease : in refutation of "Letters on the cholera morbus, shewing that it is not a communicable disease."**

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A

LETTER

ON

**SPASMODIC CHOLERA,**

DESIGNED TO SHEW,

FROM

STRONG PRESUMPTIVE EVIDENCE,

THE COMMUNICABILITY

OF

THIS DISEASE :

IN REFUTATION

OF

“LETTERS

**ON THE CHOLERA MORBUS,**

SHEWING THAT IT IS

NOT A COMMUNICABLE DISEASE.”

---

“ QUID DIGNUM TANTO FERET HIC PROMISSOR HIATU ?”

HOR. DE ARTE POETICA.

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LONDON :

PRINTED FOR HIGHLEY, FLEET-STREET; COX,  
BOROUGH; AND ANDREWS, DURHAM.

1832.





**A LETTER**  
ON  
**SPASMODIC CHOLERA,**

*&c. &c.*

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WE shall be supported, by public opinion, in affirming, that if ever there was a subject, which exceeded all others (of a morbid nature), in its individual, and national importance, and in which a correct, or erroneous, conclusion, might most directly influence the security, and prosperity, of this kingdom;—if ever there was a question, demanding for its discussion the most sober, and candid, deliberation;—a thorough absence of all party spirit, and an earnest, and straight-forward, desire to search after the truth, it is the one now before us,—viz., whether Spasmodic Cholera be transmissible from the infected to the un-infected,—through the medium of the atmosphere,—by means of inanimate substances,—or by contact.

We claim, under this strong conviction of the importance of our subject, the usual privilege of freely expressing our sentiments on any work, professedly written for public perusal; and though we enter upon the consideration of these letters on “Cholera Morbus,” with every disposition to think favourably of the motives of the unknown author, yet, as we cannot bring ourselves to accord with his inferences, and must strongly disapprove of the means, by which he has laboured to accomplish his implied object, we feel no hesitation, or reluctance, in freely, though respectfully, canvassing the merits of the work before us, and in stating those facts, and arguments, which have induced us to arrive at different conclusions.

In doing this, we are desirous of avoiding the transfer to our



pages of any portion of those comments, and personal aspersions, which relate to subjects, totally irrelevant to the momentous, and abstract point, under discussion. We also decline entering into any investigation of those discrepancies, and intricacies, which have hitherto entangled every enquirer into the communicability of this disease; knowing to what extent, discussions on this part of our subject have been carried, at the present crisis, we judge it to be the safer, and better plan, to endeavour to learn the manner of the production, and the laws that have regulated the transmission of the Pestilence, which has reached our shores, and has already commenced its usual inland course.

But, in the first place, we must declare our strong conviction, that there can be no graver error, when writing upon any subject of moment, than the employing vague, and equivocal language, calculated to mislead, and delude the judgment; we, therefore, feel it our paramount duty towards the public, (who are not supposed to be critical judges of technical nomenclature), to enter into a pointed examination of the title-page of these letters, convinced, that, however invidious the task may at first appear, we shall be fully justified to our readers, as we proceed, in laying bare the very ingenious, and specious views, concealed under the premises, as well as the deceptive tendency of that general, and sweeping declaration, of "ample evidence," the presence of which we have in vain looked for in the letters themselves.

In saying this, we cannot, of course, assert, that this author has designedly availed himself of an unworthy stratagem, with a view of deceiving the mind of the public, or serve the selfish ends of party, and ultimately of carrying his point, under cover of a masked battery: but we would rather (though appearances are assuredly against him) conclude, from the sequel, that in the zealous prosecution of a more worthy object, he has yielded to an undue bias, insensible of that ascendancy, which an overweening fondness for a favourite theory acquires over the mind.

The public, however, may draw severer conclusions of the author's motives, from the following extraordinary facts,—first, that although no doubt can be entertained of his intention to write upon, and advocate the cause of, *The Spasmodic Cholera*, he has, by an inexplicable anomaly, headed these letters with the title of "*Cholera Morbus*," thereby specifically denoting, for his subject, a disease utterly different in its origin, and nature, from *Spasmodic Cholera*; and, secondly, he has omitted no opportunity of impugning the Quarantine and Cordon Regulations, in language, if not positively rancorous, certainly not, at all times, the most temperate, or judicious.

We should not have been induced to subject these letters to so particular, and critical, an analysis, solely on the score of doctrine, had not the nature of the title-page powerfully impressed us with the danger of being misled by words, as to the real character of this disease, when words might, by deluding the public



mind, be employed as the instruments of destruction. But, with this danger before our eyes, we feel ourselves fully justified, in subjecting the title, premises, and commentary, to such an investigation, as may itself prove the importance of the enquiry.

In doing this, we wish to direct our reader's particular attention to the leading points only, and then extracting, and grouping together, the most striking features of the letters, under consideration, we will, ultimately, contrast them with such authentic facts, as we have been able to collect from well known documents, and such, we believe, as will be found to bear most forcibly upon the main point under discussion.

Had these letters proceeded from the pen of an inexperienced, or of an unprofessional writer, ignorant of the arrangement of disease, as well as of the language employed in describing its genus, and species, we should have merited the charge of exercising a fastidious, and hypercritical, severity; but the circumstances of the case are widely different; for we learn, from the author's own declaration, "that he has enjoyed an experience of thirty years in various parts of the world;" hence, he may be considered as a veteran in the service; and, from the specimens his pages supply, we are convinced, that he is no incompetent judge of the symptoms, and nature, of Spasmodic Cholera. We are, moreover, willing to rest our belief in his decision upon the identity of European Spasmodic Cholera, with the disease which has lately appeared in England: thus, we become furnished with data of the utmost importance, by which we shall be materially aided in arriving at some definitive conclusion: nevertheless, though he is thus formidable from his professional standing, and knowledge of his subject, we have not, either on the score of age, or experience, deemed his declarations of sufficient weight, to exempt, from a critical survey, the bearing and position, of those outposts, under cover of which he has erected his principal battery.

Having no private ends to serve, the sole motive, that animates us in this investigation, is an earnest desire to arrive at the truth, by bringing authenticated facts in opposition to unfounded assertions—to expose every attempt to delude, and mislead, the mind of the public, by false theories, and falser inferences, on points purely scientific: and, finally, to interpret, and correct, the misrepresentations, and mis-statements, which are scattered through the pages before us. In doing this, we have been at great pains to procure, from the fountain head, the most minute, and correct information; and, whenever we had cause to suspect the nature of our intelligence, we were not satisfied till further authority, had either confirmed, or disproved, ere we ventured to employ it, rejecting all hearsay evidence, and mere newspaper reports, we will stand answerable for, (and, if duly called upon, will prove the truth of,) the facts herein laid down, wherever a reference is not given to works already before the public.

We proceed, at once, to consider the Title-page, and premises,



of these letters, and to lay bare the specious views, which they conceal.

That the Cholera Morbus "is not a communicable disease," as set forth in the Title-page of the series of letters before us, and, that it "cannot, under whatever name known, be transmitted from the persons of those labouring under it to other individuals, by contact,—through the medium of inanimate substances,—or through the medium of the atmosphere," is a position established, we admit, by the highest authority, and verified, by experience commensurate with our own times.

Why, then, this flourish of trumpets, upon the simple statement of a professional truism, familiar to every tyro in medicine, and to every member of society, who has given the subject his consideration? and, why, we ask, have the laws, that govern Cholera Morbus, been advanced, as a test of the non-communicability of Spasmodic Cholera? *Two diseases, as we will prove, can hardly be named, more decidedly opposed to each other in origin, history, and effect.*

As we cannot suppose a man of such experience, as the author, really ignorant of these facts, we, gravely demand what could have induced him to fight under false colors? Can he, as a professional, and scientific, man, imagine, that the solution of the problem of the infectious, or non-infectious, nature, of Spasmodic Cholera, can, at all, depend upon any evidence, derived from the nature of Cholera Morbus? Or, does he hope to redeem his pledge, by attempting to substitute one disease for another?

That some such forlorn hope has influenced him, we must necessarily conclude from the insinuations, contained in his first letter, in which, he declares, that he has "been long quite familiar with Cholera, in which a perfect similarity to the symptoms of the Indian, or Russian Cholera, has existed."

Now, if such bare assertion, unbacked by even one of the many cases with which the author has been so "long quite familiar," be admitted as fact, the identity of the diseases becomes at once established! But, how can such unsupported, and indefinite, assertion, bold as it is, stand alone, against the host of high, and undisputed, authorities; whose united evidence establish the opposite doctrine? Being, however, anxious to give the point at issue the most impartial, and unbiassed, consideration, we will proceed to consult the highest Medical Authors, on

- I. Cholera Morbus, under whatever name known"—and
- II. The Spasmodic Cholera of India—Russia—Austria—England, &c., and then leave it to an intelligent public, to draw their own comparison between the two disorders, and to decide, what degree of confidence that medical man deserves, who stakes his professional judgment, on the proofs of their identity.—(Vide Letter 1, page 5.)

1. Cholera Morbus will be found, in our standard works, under



the names of Cholera,\* Cholera Morbus,† and Cholera Biliosa;‡ these titles invariably, and definitively, implying a disease which is occasioned by a sudden irruption of *bile* into the intestines, and stomach, attended with sickness, the patient discharging, by vomiting, *pure bile*, which, also, passes off by the bowels, in great quantities;§ this is attended with severe griping pains in the bowels, and cramps in the muscles of the legs; the pulse is small, and very frequent, and often, in a few hours, the patient is brought into a state of considerable danger: our authority adds, the prognostic, in this country, is favourable;|| the usual cause is superabundant, and, perhaps, acrid bile.

2. The Cholera Morbus generally shews itself, in this country, at the close of summer, or at the beginning of autumn; the heat of the sun¶ is supposed to be one efficient, and proximate, cause—hence, the greater violence of the disease in hot climates.

3. Sydenham states that the Cholera Morbus is one of the number of autumnal epidemics, *rises* in August, and finishes its course in a month.\*\* Dr. Willis adds in a note, “the disease, here described by Sydenham, is the true Cholera Morbus; and what is evacuated consisting, for the most part, of bile.

4. The term, “Cholera,” is of ancient date, for we trace it in the writings of Hippocrates. Celsus derives it from a compound Greek word, literally meaning a flow of bile; while another authority believes it to be derived from a word implying intestinal flux:—some authors formerly, and several, of the present day, have expressed this disease by the “pleonastic” term, Cholera Morbus.

5. Cholera stands alone in Galen, and Celsus, and, if a distinctive adjunct were not necessary in their days, it must be wholly superfluous in ours,—as tending to engender confusion, and mistake, in the appropriate use of epithets.††

6. A Dutch Physician, of high authority, in the seventeenth century, employed this term to describe this autumnal, and bilious complaint: “hot, bilious, vomiting, irritating the stomach, and

\* The authorities are Galen, Hippocrates, Arataeus, Paul Æginetas, Celsus, Traillian, Cullen, Sauvages, Lienard, &c.

† Bonetus, Bontius, Sydenham, Willis, Pemberton, &c.

‡ J. M. Good's Works, vol. 1., who has distinguished Cholera, biliosa, and flatulenta—synonymous with humida, and sicca of the antients.

§ See Act: Med: Berolin, dec. ij. vol. iii. p. 73, by Galen, Cholera, from flatua; Menjotus, &c.

¶ Dr. Pemberton's Practical Treatise.

|| Hippocrates; Cholericæ bilis eruptiones seorsum ac deorsum.—Celsus ait, “Bilis, supra, infraque erumpit.”

¶ Hippocrates, ait 5. Sect. xxvij. in æstate vero Affectiones Cholericæ.—“iterum, in Sect. xl.; Affectiones Cholericæ magis in æstate fiunt.”

\*\* Sydenham, vol. 1. p. 10—Ch. ij. p. 218.

†† See J. M. Good's Works—Dr. Hawkins on Cholera, pp. 125, 126.



intestines, is incessantly, and copiously, discharged by the mouth, &c."\*

7. In Mr. Curtis' able history, upon Cholera in India, will be found a letter from Dr. Paisley, upon a disease, which these gentlemen termed Cholera Morbus—"it is, totally, a disease of highly putrid bile, which operates on the system as a poison; the putridity, and acrimony, of the bile, being considered the proximate cause."

It will be in this place right to observe, that the Russians, and French, have called Spasmodic Cholera,† Cholera Morbus, implying distinctly the former disease, in which no trace of bile is ever found.

During the experience of thirty-five years, we do not remember to have met with one instance, in our own practice, of death, from the Cholera Morbus. We believe death to be an extremely rare occurrence in this country, except among the aged, and delicate, or from bad treatment; and we have never heard of any post-mortem examination of those, who did die from this disease, indicating any peculiar morbid appearances.

In consulting our authorities on Spasmodic Cholera, we cannot give a stronger proof of our wish to afford the author of these letters every reasonable consideration, than by availing ourselves of the writer's own materials, whenever an opportunity affords:—hence, we will, first, transcribe his own vivid description of this disease, before we refer to the pages of our best writers on the subject, which will be found in strict unison with his own.

In the fifth page of his Series, in describing cases of Cholera, bearing a "perfect similarity of symptoms to the Indian, and Russian, Cholera," our author records the following striking symptoms:—the collapse,—the deadly coldness, with a clammy skin,—the irritability of the stomach—and prodigious discharge from the bowels, *of an opaque serous fluid, untinged with bile in the slightest degree*,—with a corresponding shrinking of flesh, and integuments,—the pulse less, and livid extremities,—the ghastly aspect of countenance, and sinking of the eyes,—the restlessness, so great, that the patient has not been able to remain for a moment in any one position;—and again, in page 7, line 39—"The blue skin, the shrivelled fingers, the cold tongue, the change in voice, and the suppression of urine,"—in addition to these, which may be received as the pathognomonic signs, which contradistinguish Spasmodic Cholera from Cholera Morbus, we may state the following peculiarities, as invariably attendant upon the severer forms of this disease, viz.:—excessive blueness of the nails, the vomiting, purging, and cramps, ceasing, when the patient is under confirmed collapse,—with the intellect entirely unimpaired, and sleep seldom,

\* Bontius Bataviae, 1629. De Cholera Morbus.

† See Russian Reports—M. Jonnes Rapport.



or never, occurring, unless, as it has been observed, "it is the sleep of death."

Again, another author observes, "those that recover from the first, (the cold, or collapsed) state, are found, soon after re-action takes place, with an excessively rapid, and feeble pulse; with a fever of the typhoid cast, (the true Choleric Fever,) and occasionally, with a recurrence of the most aggravated symptoms of the first stage, with a brown, foul, dry, tongue, and with excessive thirst; the countenance flushed, and sinking; the conjunctiva no longer white, but suffused with blood; stupor frequently takes place at this crisis;—when such patients die, death occurs in the comatose state."

Of the post-mortem appearances, the most remarkable are—externally—the livid color of the skin,—the extreme emaciation of the face, even after a few hours' illness,—and the permanent rigidity of the muscles:—internally—the lungs, cavæ, spleen, and heart, being gorged with dark coloured blood, of a leaden hue, and more resembling tar, than the vital fluid,—the dull, red, color, of the inner membrane of the stomach, strikingly contrasted with the florid hue of the arterial vessels, ramifying on the edge of the rugæ, which are often studded with aphthous ulcerations,—the contraction of the pylorus, and colon, especially at its cruræ,—the ducts of all the abdominal viscera, being closed,—the urinary bladder being firmly contracted, shrivelled, and almost invariably empty.

Such is the general sketch of a case, where death has occurred in the collapsed stage; it is right, however, to remark, that, in proportion to the violence, and rapidity, of the disease, the post-mortem appearances are found to exhibit every degree of intensity.

Let us next endeavour to ascertain, whether Spasmodic Cholera prevails in one season, more than another. It has been observed to have prevailed in India with equal violence, when the thermometer was at  $40^{\circ}$  or  $50^{\circ}$  as when it stood at  $90^{\circ}$  or  $100^{\circ}$ , during the prevalence of incessant rains for months, and when the face of the earth was scorched by long continued heat, and drought.\*

In Russia, the malady spread as winter advanced, and attacked Moscow at the end of Nov. 1830, when the thermometer was  $16^{\circ}$  below zero; the rivers frozen, the country covered with snow; the number of deaths, in that city, being sixty out of the 100, who were attacked with it; eighteen being daily seized. It overspread the villages on the table land of Malwah 3,000 feet, and Erzeroum in Armenia, 7,000 feet† above the sea.

This disease has been called *Mort de Chien* in the East, which is a corruption of the Arabic, *Mordechic*, the very name by which Dellon says, the natives denominated it, and which significantly imports "the death blow;" according to Golius, "actio inferens"

\* Dr Hawkins, 46, 47.

† See Quarterly Review, Nov., 1831.



mortem;" and hence synonymous with "mors repentina," or "mors violenta."\*

We have the authority of Mr Curtis, who has furnished us with one of the earliest histories of this disease, for saying, that it is known in India, especially in the Presidency of Madras, by the name of *Mort de Chien*. This writer, whose history of this disease was published in 1807, was the first who designated it Spasmodic Cholera—Spasm being one of the most prominent, and distressing, symptoms, in conjunction with the thorough absence of bile in the alimentary canal.†

We may, as well, in this place, observe, that the generic term Cholera, whether used with, or without, the definite article, has indifferently been employed, when either species of this disease is implied, or understood.

A modern writer, of deserved celebrity, states, that the common *bilious* Cholera is a *disease distinct* from the *Spasmodic* Cholera. In India, as well as in Europe, the common bilious Cholera is well known, and not usually fatal. In the first place, as the name indicates, the *discharges are, more or less, colored with bile*, and the general commotion of the alimentary canal seems to arise from a superabundance of bile, thrown upon it. In the *Spasmodic Cholera*, on the *contrary*, the *discharges are generally whitish*; and *no hope* is held out of recovery, *until they acquire a bilious tinge*.‡

Although it be admitted, that Cholera Morbus, and Spasmodic Cholera, have certain symptoms in common, especially in the most aggravated cases of the former; and as this limited resemblance has been assumed, as constituting the identity of these diseases, the writer, with ingenuity, peculiarly his own, deduces the following inferences,—because no one has ever deemed Cholera Morbus infectious, wherever it has been found in the known world, Spasmodic Cholera is consequently incommunicable. Lest the author of this subterfuge, and this delusive sophistry, should attempt to screen himself under the declaration in the table of contents, having already given a full definition of the former, and only an outline, occasionally, of the latter, we will furnish the reader with those distinguishing, and pathognomonic symptoms, which are always present in a greater, or less, degree, in the confirmed collapse stage of Spasmodic Cholera, and which are never observable in Cholera Morbus: these are—the intellect unimpaired—the absence of sleep—the suppression of urine—a sense of oppression, and heat, though the trunk, and extremities, are as cold as ice—the

\* See T. M. Good, vol. 1. p. 257.

† See the following Works in illustration of these symptoms—Orton's Essay on the Epidemic Cholera—Kennedy's History, M. Jounes Rapport, &c.—Hawkin's History, Scott's Reports—Bombay, and Bengal Reports—Dr Girdlestone's, Heyne's, and Whyte's Works.

‡ See Dr. Hawkins, page 127.



cessation of the circulation—cold tongue, and breath—blue tint of the nails—cessation of vomiting, purging, and spasm in this stage;—the other symptoms, that have been already mentioned, being superadded to these, constitute that group of signs, by which Spasmodic Cholera may be known from Cholera Morbus.

By contrasting the symptoms of Cholera Morbus, together with the seasons of its prevalence, with those of Spasmodic Cholera, we feel assured that the reader will have the best means of forming his judgment of their separate character:—We, therefore, consider it unnecessary to extend our extracts or quotations, further; but, refer him for additional information, to the above-mentioned authorities, which may, we trust, be admitted, as sufficient, by all parties, to establish the distinction between Cholera Morbus, and Spasmodic Cholera. We are willing to abide by such convincing, and powerful, evidence, and trust, that our credulity, and judgment, will not be deemed deserving of censure. If our conclusions are admitted, it may safely be inferred, that the writer of these letters is fighting under false colours, with an ulterior view of establishing the identity of Cholera Morbus (a disease universally acknowledged to be uninfected) with Spasmodic Cholera. Hence, the deceptive title given to these letters, and, on this ground, his ridicule of, and rancour at, the cordon, and quarantine laws.

But, we must not rest satisfied with his bare assertion, that he “has been long quite familiar with Cholera, in which a perfect similarity to the symptoms of the Indian, and Russian, Cholera, has existed.” (Letter 1, p. 5.) He must prove the identity of these widely distinct diseases, and then we become at once his converts. On this proof his whole train of argument depends; by this he must stand, or fall; for, he has set his professional judgment on the east, and he must “stand the hazard of the die.” How will the symptoms during life, or the appearances after death, bear him out? Will one disease, which hitherto has appeared only during a few weeks in autumn,—has rarely proved fatal,—and always indicated the presence of abundant bile,—identify itself with another, which has raged equally, and at the same time, when the mercury sunk below zero in Russia, or rose to 90° in India, and never ceased from destroying for fourteen years—during which period, millions have fallen its victims;—and, where the presence of bile can never be discovered during its paroxysm; and where its re-appearance, alone, holds out a hope of recovery? But, though he does not attempt to support his assertions, by giving his own professional account of cases, so “perfectly identic,” and with which he has been so “long familiar,” he supplies the cases of “several others, who are equally so:” and to these, we now beg to direct the reader’s attention: with a strong *presentiment*, that we shall succeed, either, in placing the “ample evidence” they supply, in a very doubtful light, or mar our own “cause:” for we fully coincide with our “author” when he says—

“If contagionists cannot point out a difference between some of



the severe cases, to which public attention has been drawn, and the most marked cases of the Indian, or Russian Cholera, I think that now there should be an end of all argument in support of their cause."—*Letter 3, p. 23.*

But, when he demands all the names of those ships which brought to this country, in the course of the present year, the "*contagion*," which has produced, at so many different points, cases of severe Cholera, causing death in some instances, and in which the identity with the "Indian Cholera," "the Russian Cholera," &c., has been so *perfect*, that all the "perverse ingenuity of man, cannot point out a difference," we differ from him in thinking, that "Contagion" was indicated—as the identity of the disease was not, as we will shew, proved in any one instance; and we, therefore, do not consider ourselves as called upon to supply "the names of the ships by which the contagion was brought"—though from Sunderland (a place with which he is evidently well acquainted), the enquirer may readily gain every information respecting the vessels, which arrived from the Baltic, about the time that the pilot, Robert Henry, was attacked, whose case will presently be considered.

We will group with these extracts, without further comment, the following—where, in speaking of the London Board of Health, he says,—“Above all, why has not allusion been made in their papers to those cases of *pure Spasmodic Cholera*, which have occurred in various parts of England, within the last five months, and the details of which have been faithfully transmitted to them? If those cases be enquired into thoroughly, and impartially, and if several of them be not found to be *perfectly identic* with the Epidemic Cholera of India, and Russia, &c., I hereby promise the public to disclose my name, and to suffer all the ignominy of a person making false statements.”—*Letter 6, p. 43.*

We will first take into consideration the disease which attracted public attention at Port Glasgow, and on which our author lays great stress—(vide l. 3, p. 23)—and shew, that the *decision of its identity with Common Cholera, arrived at by the Medical Officer sent down by Government to investigate its character*, is supported by the unanimous testimony of leading men in various classes of society. Our first extract is from a letter, received from high official authority in that neighbourhood, and dated Port Glasgow, Dec. 20th, 1831;—

“Some months ago, individuals were attacked by a disorder, which was alleged, by the Medical man who attended them, to be Asiatic Cholera. It was, however, the general belief, that it was *not* that disease; and Government having sent Dr. Daun to make enquiries, he, after the most minute investigation, came to the conclusion, that it was *not Asiatic Cholera.*”

Our next extracts are from the letter of a highly respectable Surgeon at Greenock (dated 24th Dec., 1831), who, after stating that several severe cases of Cholera had occurred at Port Glasgow, proceeds to say,—

“The attention of Lord Melbourne was directed to the subject, and



after some correspondence had passed, the Privy Council sent down Dr. Daun from London, to examine into the nature of the disease. \* \* \*

Before Dr. Daun arrived at Port Glasgow, the disease had suddenly disappeared, and he had only to look at the patients that had been ill. I met with Dr. Daun when he was here—he was of opinion that the cases were not more than *ordinary bowel complaints, common at that season of the year.*”

Another letter from a Physician of eminence, at Glasgow, confirms the above statement, adding,

“That alarm arose from an idea, that the disease had been traced to a vessel loaded with hemp, which had about that time arrived at Port Glasgow, from Petersburg.”

A considerable merchant, from the same quarter, contributes exactly the same intelligence in these words,

“Government, about three months ago, sent down a medical person from London, to make enquiries on the subject of the disease that has appeared at Port Glasgow, when it was satisfactorily ascertained, that the cases above alluded to, were only severe attacks of the *Common Cholera.*”

Reserving our comments for a future time, we proceed to the insulated case of Martin McNeal, which occurred at Hull.—*Vide Let. 1, p. 6 and 7 ; Let. 3, p. 24,* our author informs us that

“The same medical gentleman who had been sent to Port Glasgow, was sent to Hull to report upon this case. *He arrived there too late, but having seen the details* of the case, he admitted that he saw no reason to declare them different from those which occurred in the Indian Cholera.”

He adds,—“*The disease did not spread* to others, either by direct, or indirect, contact with this patient.”—*Vid. Let. 1, p. 7,* where an account of this case will be found; and to which we direct our reader’s attention.

On the 14th of August, Robert Henry, a pilot, died at Sunderland, (*vid. Let. 4, p. 35,*) under very extraordinary symptoms, and which, we will admit, may have been those of true Spasmodic Cholera (as reported upon to the Home Secretary by the *Mayor* of that town). He, perhaps, was the first of the many victims, now, daily falling before this terrible disease, as it *spreads* slowly, but surely, over the land. Admitting Henry’s case, then, to be Spasmodic Cholera, we require no lengthened evidence, beyond the facts universally known, to prove, that in this case, “*the disease did spread.*”

The next Sunderland case that attracted public attention, did not occur till the 25th of October; but our readers will recollect the numerous cases of “*Serous Diarrhæa*,” and “*Common Cholera*,” which were entered distinct from the “*Malignant Cases*,” in the *first* official reports, but *afterwards classed under one title of Cholera*, a much larger portion of which proved fatal, than is usual in this country, in such cases, even at that season, (Autumn) when the disease prevails in its due course. And, again, though no deaths from “*Malignant Cholera*” were reported from Henry’s death on the 14th of August, until Spout’s death on the 27th of October, we know that several deaths did occur during that period, from the *severe bowel attacks of a new description, which then prevailed to*



*an alarming extent* :—and were suddenly, on the 9th November, published to the world as Diarrhœa, &c., &c.

We will however presently view this case in all its bearings. Now let us see what deductions may justly be drawn from the above notices of—I. The Port Glasgow cases. II. The case of McNeal, at Hull,—and III. The case of Robert Henry, at Sunderland—which we have selected, as the only three cases of importance, adduced by the author, in support of his assertions, and to which we intend principally to confine ourselves, more particularly, as he has placed them as the main stay of his cause, and upon them appears chiefly to rely. (Vid. p. 43, l. 6.) The other cases we will dispose of more briefly afterwards.

These aggravated forms of Cholera, having all occurred at Ports of considerable traffic, naturally enough gave rise to a suspicion of their being of foreign origin, at a period, when the public attention was peculiarly alive to the subject, owing to the fearful spread of Spasmodic Cholera on the Continent; and, by the fact, of its having already reached many of those Foreign Ports, whence vessels were constantly arriving in our own harbours: a report, that the first case at Port Glasgow was connected with the circumstance of a vessel from Petersburg, (an infected Port), having entered the Clyde, was well calculated to rouse the alarmists, and upwards of twenty cases of a *disease*, were immediately discovered, which was declared by competent Medical authority after a strict investigation, made by order of Government, supported by the united testimony of most of the Medical Practitioners in the neighbourhood, to be the Cholera Morbus usually prevalent at that season of the year, and not Asiatic Cholera. Here then we dismiss the Port Glasgow evidence without further remark. Our author would lead us to infer, that excess in fruit, and liquor, had produced the disease, which proved fatal at Hull; when in l. 1. p. 7. he informs us that the patient had “two days preceding his attack, ate freely of fruit, and got intoxicated at a fair.” Yet, although this case occurred in August, when Common Cholera is prevalent, from the symptoms given us, we should certainly deem it distinct from Autumnal Cholera, and either ascribe it to surfeit, or suspect, from the appearances of inflammation in the stomach, the presence of a mineral poison, in either case, we may class it with the Cholera mentioned by Sydenham—vide vol. 1 cap. II., of Cholera Morbus, of the year 1669, where he says—

“There is also an indisposition caused by a surfeit, which happens at any time of the year, which with respect to its symptoms resembles the Cholera Morbus, and yields to the same treatment and yet it is of a different kind.”

And which is again alluded to in a note to the 7th paragraph of the same chap. in these words—

“But there are other causes, which we have specified, creating a second species of Cholera, which requires different treatment. If it should be occasioned by *corrosive poison*, all such things ought to be given as will sheath the stomach and intestines, from the force of its irritating power.”



Assuming this case, (p. 6.) which the writer describes, as occurring at Hull, on the 14th of August, 1831, to be authentic, we readily admit, that we have never met with an instance of Cholera Morbus, so crowded with aggravated symptoms, as the one here related; and although we cannot speak in praise of the post mortem examination, yet, as it contains one of the pathognomonic appearances of Spasmodic Cholera, viz.—“red patches on the mucous membrane of the stomach,” we are convinced, that it deserves our unbiassed attention: we must here remark, that the declaration, “that his friend does not appear to attach much importance to them, from their common occurrence in a variety of other diseases,” is an impeachment both of his friend’s experience, and judgment, (in the diseased case he has reported,) and by implication of his own; first, because viewing the case as identified with the Spasmodic Cholera, the mucous membrane of the stomach is found more, or less inflamed, and in extreme cases, patched with red; and secondly, because “red patches” are seldom, if ever, discovered, excepting after a mineral poison had been swallowed. Now we are inclined to view that remarkable symptom, deemed so unimportant by the author’s friend, as strongly indicating the disease produced by a mineral poison, alluded to by Sydenham. We deeply regret that the most minute investigation, as to the possibility of McNeal’s having swallowed poison, was not made; we appeal to the understanding of our readers, and our professional brethren, whether at any other period than the present, when Cholera is deemed an explanation of every anomaly, the appearance of “red patches” on the mucous membrane of the stomach, when connected with sudden death in 16 hours, would not have been sufficient to have warranted a judicial enquiry?

We do not desire to exact, too severely, a detail of all the minutæ, observable in the mort-mortem examination, yet we cannot avoid expressing surprise, after the very particular narrative of the symptoms, (though he professed only to call it a mere “abstract of the case”) p. 6, Letter 8, that a further statement was not made of the diseased appearances, particularly of the gall-bladder, of the ducts of the abdominal viscera, of the colon, and especially of the urinary bladder:—had these been faithfully given, from our own experience, we feel convinced, that this case would have afforded such characteristic morbid appearances, and would have contrasted it so decidedly with the Common Cholera of this country, as to have stamped it as being of other—perhaps of foreign origin: such striking, and distinguishing marks, were never exhibited, either during life, or after death, in any case of Common Cholera!

We must express our strong dissatisfaction at the indefinite manner in which Dr. Daun’s opinion of this case has been detailed: We find that intelligent medical officer giving a decided opinion, that the disease at Port Glasgow was not Spasmodic Cholera. Again, at Sunderland, we have documents, signed by himself, boldly declaring *that* disease, “Spasmodic” and “Malignant Cho-



lera;" and deciding, at once, upon its identity with the Russian disease. But the author states, "that Dr. Daun arrived at Hull *too late* to see the case," but having seen the details, he *admitted* that he saw *no reason to declare them different* from those, which occurred in the Indian Cholera." To have arrived at any satisfactory conclusion, he must have seen details very much clearer, than we are furnished with in these letters! But can any thing be more feeble and indefinite than the language employed? inferring doubt, at least, of the real nature of the disease. How unlike Dr. Daun's conduct on other occasions, when he could speak for himself!

We will, however, view McNeal's case as one of Spasmodic Cholera. We may argue, that the chance of his being exposed to infection was assuredly not diminished, by his spending the two previous days at a fair, the favourite resort of sailors; his indulgence on those days promising every necessary predisposition to receive infection.

But, passing that by, as no satisfactory evidence can be adduced at this distance of time, we will be content that the possibility existed; and on that ground, we will proceed to shew the inconclusive nature of the arguments, which the writer employs, to prove, that had the disease been infectious, it must necessarily have spread to others. For, in page 7, he says,

"As the symptoms in the case of McNeal, were perhaps more characteristically grouped than in any other case which has been recorded in this country. So it has also, *in all probability*, occurred, that *more individuals had been in contact* with him during his illness, and after his death, as the facility in obtaining persons to attend the sick, rub their bodies, &c., *must be vastly greater* in the army, than in ordinary life; so that, in such cases, it is not a question of one or two escaping, but of many, which is always the great test."

Where are the writer's proofs, that many individuals "had been in contact with Martin McNeal during his illness, and after his death?" Granting the "facility of obtaining persons to attend the sick, rub their bodies, &c., being very great in the army," can we, for one moment, suppose, that the officer, who deemed it his duty to report the case immediately to Government, in such strong terms, as to induce them to dispatch Dr. Daun to investigate the circumstances, would not take every possible precaution to prevent the spread of infection, by immediately separating the patient from all communication with every one, beyond the necessary attendants? Knowing, too, that Spasmodic Cholera had been declared, by the Government under which he served, to be an infectious disorder?

The writer must be very ignorant, indeed, of military hospital practice, if he imagines that an army Surgeon dare run so serious a risk, even under far less suspicious appearances. Yet, the possibility of such an unpardonable neglect of duty, unsupported by any proof, beyond the writer's imagination, is advanced as a conclusive argument, well worthy of holding a high place in his series of "*ample evidence of the non-infectious nature of Spasmodic Cho-*



lera." But we are trifling with our reader's time, by stopping to expose such barefaced inferences.

Ere we dismiss this case entirely, we will observe, that it does not follow, because numbers are exposed to infection, that any must necessarily imbibe it. Most of our readers will be aware of instances, similar to these enumerated, and which have repeatedly occurred in our own practice, viz., where one of a large family has been attacked by Scarlet Fever, or Small Pox, without its being communicated to any of the rest: again, a case lately occurred, where a mother fell a sacrifice to the former disease, yet the infant at her breast, her other children, and servants, though exposed hourly to the infection, escaped: and thirdly, children living, and sleeping, in the same apartment with a patient under Scarlet Fever, did not receive the disease; and yet no specific precautions were used; but, although such cases are familiar to every one, nobody disbelieves the infectious nature of these disorders.

In speaking of the fatal case of Robert Henry, the pilot, who died at Sunderland on the 14th of August, our author states, in Let. 4, p. 34, that

"Some attempt was made at Sunderland, to establish, that the disease had been imported from foreign parts, but due enquiry having been made by the Collector of the Customs, this proved to be unfounded."

From these remarks, it is very evident, that this case was of a highly suspicious character, as to its nature, and source; and, in the list of cases, given in p. 23 and 24, our author has entered it, as one "in which the identity with the 'Indian Cholera,' the 'Russian Cholera,' &c. &c., has been so perfect, that all the perverse ingenuity of man cannot point out a difference." We are the more satisfied of this, as the circumstances that attended its appearance at the time, and the mortality that has succeeded it, unite in establishing its identity, and origin, with the Russian Cholera.\* Let us consider these circumstances,—I. Shortly before Henry died, a vessel, from Riga, (an infected port), had arrived off Sunderland. II. Henry, being a pilot, was early, and peculiarly, exposed to any infection, that might be brought by vessels from foreign ports.† III. Henry dies on the 14th August,

\* We may here remark, that no cause for Henry's being particularly the subject of Cholera, is attempted to be adduced, as in the case of McNeal, at Hull, whose drunkenness, and eating freely of fruits, might well be considered as predisposing to Cholera of any kind.

† The fact is notorious, that pilots are in the habit of boarding vessels when out at sea, in defiance of quarantine laws, not merely to offer their services to steer them into harbour, but to carry on a little trade, illicit, or otherwise, as the case may be. In August last, a pilot, at Tynemouth, was detected in boarding a vessel from the Baltic, and compelled to perform the regular quarantine; this occurred within our own observation.

Several vessels performed quarantine above the bridge, in the mouth of the Wear, near a place called Deptford.



of a disease, identified with that, which was raging at the port, from whence a vessel, then in the river, had recently sailed. IV. After a few weeks, this disease commences the same course it had pursued at the aforesaid port, and surrounding country.

In the absence of direct proof, which every interested and party exertion was made to repress, by promulgating the most conflicting reports, thereby casting ridicule upon the enquirers, we may draw a sufficiently satisfactory conclusion from such striking circumstantial evidence.

The extract entered above was, unfortunately for the writer, published on the 15th October, before the disease at Sunderland had declared its infectious character, by attacking, and destroying, hundreds, in that town alone:—hence his hasty conclusions were, that Henry's would be an insulated case, well adapted to confirm his former arguments against the infectious nature of Spasmodic Cholera. But are his conclusions still the same as they were on the 9th November? when he says,

“Let this be, therefore, no small consolation, when we find, that by the official news of this day five more deaths have occurred at Sunderland.”—*Let. 6, p. 44.*

But to proceed. About the time of Henry's death, a bowel attack, having novel features, made its appearance at Sunderland, termed by the medical men, “*Serous Diarrhœa*,” from its *leading symptoms*, and which also happened to be a *leading symptom* of Spasmodic Cholera: cases of this disease were very numerous, and continued increasing at the period, when autumnal bowel attacks for the most part disappear. No official notice was taken of this till some weeks had elapsed, when Spout died (in Sunderland) of a disease having exactly the same symptoms, both before, and after death, as that which killed Henry ten weeks before.

The attention of Government was immediately attracted, and Dr. Daun was sent down to enquire into the character of this strange disorder—who declared it “*Spasmodic Cholera*,” in which opinion he was confirmed by a “General Meeting of the Medical Department,” held at Sunderland, on the 1st of November, who unitedly voted it “*Continental Cholera*.” (Vide Dr. Clanny's letter in the *Sunderland Herald*, 12th November, 1831.) The secret was out,—the cases of Diarrhœa, and of Cholera, were reported; first under those titles, finally under Spasmodic Cholera:—and why had the secret been kept? May we venture to judge, from the fact, that the life, and property, of the President of the meeting, which had declared that Continental Cholera was in Sunderland, and “*amongst us*,” were threatened with destruction by a party, that *refused to have* Cholera in their town:—unfortunately, they were backed by the newspapers, and by many influential individuals, whose commercial interests were at stake; and the cry of “*no Cholera*” was raised on all sides, for weeks after this disease was ravaging their streets. Nay, there are still some,



who deny that it is any thing more than Autumnal Cholera, and amongst those, unless he has changed his sentiments (an example set by many candid individuals in these parts), we may rank the author of the letters before us.

It is worthy of remark, that the history of Spasmodic Cholera, since it has reached these shores, should correspond, exactly, with that of the Plague in 1665, not only in its attacking, at first, single individuals, and then lying dormant for weeks, but in its being accompanied by an "increase of those distempers which bordered nearest upon it," and eventually in the gradual manner in which it spread—for instance, the Plague after desolating the west end of London, considerably abated, ere it spread to Southwark; and the Cholera prevailed for weeks at Newcastle before a single case occurred at Gateshead; yet in both instances the communication remained perfectly open. How vain the attempt to scrutinize the laws by which infection is regulated, must strike forcibly every thinking mind. To elucidate this part of our subject, we will extract some passages from Dr Hancock, "on the laws and phenomena of Pestilence."

"In the latter end of November, or the beginning of December, two men, said to be Frenchmen, died of the Plague in St Giles's, at the upper end of Drury Lane. About three weeks after, another man died in the same house of the same distemper."— *Vide p. 52.*

"About the 12th of February, six weeks after the last death, another died in another house, in the same parish, in the same manner."— *Vide p. 52.*

"While there was no mention of the Plague in the weekly bills, and no increase for a time after it had been mentioned; yet it was apparent, that there was an increase of those distempers which bordered nearest upon it."— *Vide p. p. 52, 53.*

"It was not, however, till the beginning of May, or five months after the supposed introduction of fomites into St Giles, that a case of death, or even of infection, was reported to have taken place within the walls of the city. This occurred in Bearbinder-Lane. It was found on inquiry that this was a Frenchman, who having lived in Long Acre, near the infected houses, had removed for fear of the distemper, not knowing that he was already infected."

"We might suppose, that this individual would have spread the contagion of so formidable a malady round him in every direction. But it appears on the contrary, that till the second week in June, or nearly seven weeks after the death just noticed, the city continued free. There never having died any of the Plague, except that one Frenchman, within the whole ninety-seven parishes. Southwark was entirely free, having not one yet that died on that side of the water."— *Vide p. p. 53, 54.*

"It was a merciful disposition of providence, says the writer of the Journal, that as the Plague began at one end of the town first, so it proceeded progressively to other parts, and did not go eastward till it had spent its fury in the west; and so as it came on one way, it abated in another."— *Vide p. 55.*

We have now gone calmly, and dispassionately, through the three cases, on the evidence of which the author mainly depends (*vide p. 43, l. 6.*) we therefore consider the accusation of "*shirking*" in the following passage as inapplicable to ourselves—

"I request that the public may particularly remark, that, frequently as those cases have been cited as proofs of the absurdity of *expecting the arrival of the disease by a ship*, THEIR IDENTITY HAS NEVER ONCE BEEN DISPUTED BY



THOSE MOST ANXIOUS TO PROVE THEIR CASE. No; the point has, in common parlance, been always *shirked*; for whoever should doubt it, would only hold himself up to the ridicule of the profession, and to admit it would be to give up the importation farce.—*Vide p. 49, l. 8.*

We will now briefly review the “several *pure cases of Spasmodic Cholera*,” still remaining, in the list furnished at page 23, Letter 3. We will begin with the three cases of Cholera, that appeared in the *Lancet* for September, No. 421, page 811 :—

*1st Case.*—Here we find the patient, a healthy young woman, “vomiting a *dark bilious matter*, mixed with something like oatmeal grains, and of an exceedingly *nauseous* and *bitter taste*,” &c., followed by “the most profuse purging: the matter, ejected and dejected, having a most *offensive smell*, so as scarcely to be borne:” in the *collapsed stage*, “she suffered dreadfully from *retchings*, which occurred about every twenty minutes, and these were immediately followed by the most *agonizing paroxysms of cramp*,” &c. This patient recovered.

*2nd Case.*—“Which occurred in a woman, about the age of fifty or a little more, and *which*” (the *symptoms*, we presume), “were *very similar* to those of the former \* \* \* \* \* The *matter vomited* by this patient, was, however, of a *darker colour*, and more resembling *coffee grounds*, and emitted a *strong acrid smell*. The *feculent dejections* streaked with *blood*, &c. This patient also recovered. These cases were furnished by a surgeon at Rotherhithe.

*3rd Case.*—“The patient, aged 66, was a nurse in St. Giles’ Workhouse,” after remaining a *lengthened time* in the *collapsed stage*, the “*eyes sunken*, and *wide open*, with a *wild stare*. She had cold clammy *sweats*,” &c., after an effervescing draught of mint, and opium, *vomiting entirely ceased*, but the *purging went on*,” &c. She recovered at the end of ten days.

This is a very badly drawn up case, by the house-apothecary of St. Giles’ Workhouse.

We next turn to “the detailed case of Patrick Geary, which occurred in the Westminster Hospital.” We find it reported in the *Lancet* for July, No. 412, page 543, as a case of ENGLISH CHOLERA. He was fifty years of age, and had been ill for some time previous to his being attacked. After suffering very severely, from cramps, purging, &c., “he began to *vomit a fluid*, which he says was *bitter and sour*,” &c., in the *collapsed state*, we find him suffering from “some *delirium*, the slightest movement of the lower extremities *occasioning cramps* \* \* \* \* \* *eyes suffused*, but not sunk, *extremities bathed* with cold *perspiration*, \* \* \* \* \* *respiration hurried*.” This patient also recovered.

The three cases of Cholera to which our correspondent may allude in the same Number of the *Lancet*, we have, out of consideration to his reputation, abstained from giving at length. Two occurred to waiters at Hotels in Margate, evidently, arising from bile, and ingesta;—the other, in a young lady, “aged 18, of delicate habit, who had gratified her appetite on the previous day



by eating roast duck for dinner, and finishing a day's pleasure by supping on gible pie;" the most remarkable symptom noticed by the "medical gentleman in charge," was "the sclerotic coat of the eyes possessing the peculiarity of being of a *pale rose colour*." Emetics, and aperients, quickly restored these patients!!

We scarcely know what to think of a "professional man, of 30 years' experience in various parts of the world," identifying such cases as the above, with Continental Spasmodic Cholera. There is not, in all these cases, one of those striking symptoms recorded, which contra-distinguish Continental Cholera from the severer forms of the autumnal disease of this country. But, on the contrary, we have in the 1st, 2nd, and 4th cases the *presence of bile* indicated, by the *taste* in the mouth, *smell*, and *colour*, of the discharges, the dejections being *feculent*; in the 3rd case, *no notice whatever is taken* of that part of the subject! The retchings or vomiting, with *severe*, and sometimes *agonizing cramps*, and *purging continued during the collapsed stage* in each case. In the 3rd case, we find the *eyes wide open*, with a *wild stare*, and in the 4th case they are *suffused*, and *not sunken*; with a *hurried respiration*, and some *delirium*, *all under collapse*. Now, let us compare these symptoms with Continental Cholera, in which *bile is contra-indicated*: and *cramps, purging, vomiting, &c., cease in the confirmed collapse*: when the *eyes are rarely suffused*, the *conjunctiva* being, in general, remarkably *clear*, the *eyes half closed*, and *not staring*, and *always sunk*, in a dreadful degree; the *dejections like rice-water*, or *thin gruel*, and *not feculent*: the *mind clear to the last*, *never delirious*: the *respiration peculiarly calm*, and *not "hurried"*: the body covered by a *clammy exudation*, but *not "bathed in perspiration"*; *no "sweats"*. We will not lose time, by making further remarks on all these cases. It is to be regretted, that the author could not, or did not, fulfil his half-pledge of forwarding the details of the "case with thorough 'congee stools,' spasms, &c., which had occurred at Winchester on the 22nd of September, in the 19th foot, in a man of regular habits, and of the nature of which case the medical gentleman in charge *had no doubt*." Perhaps, the author of this paragraph "had no doubt of the nature" of that case either; had he examined the cases in the Lancet, above noticed, he might have arrived at the same decision, and thereby saved his credit and judgment!

Upon application being made to the Treasurer of Guy's Hospital, respecting the "case there, which caused some anxiety about the middle of July last," we received the following letter:—

"Clapham Common, Dec. 31, 1831.

"SIR,—A letter has been forwarded to me, as Treasurer of Guy's Hospital, which cannot, therefore, be answered by any of our medical officers, as they are not present. I will not, therefore, lose this post, as you urge me for an immediate reply. I inform you that I am well aware of the case to which you allude, and which was admitted into Guy's last autumn. It was an *aggravated case* of the Cholera of the season, and yielded to the usual remedies.

"I am, Sir, your obedient servant,  
BENJ. HARRISON, Treasurer of Guy's Hospital."



We have no means of procuring "the fatal case of John Wright," or the one at the Military Hospital at Stoke; nor do we deem such necessary, after the examination we have given of seven of the strongest cases brought against us.

As no clue is given to aid our search for the two cases "reported in a medical periodical, in August last," we must necessarily pass them by in silence; we will, however, furnish a notice of the terrific case, lately published in the *Sun* newspaper, which, perhaps, was equally authentic with those reported in the *nameless periodicals*.

Copy of a letter from Hull, dated 22nd Dec., 1831:—

"DEAR SIR,—Your letter, dated the 17th, but not stamped by the post-office till the 19th instant, I have laid before the professional gentleman who attends my family; and as he is in daily communication with the "*Medical Board here*," I cannot do better, I imagine, than give you a copy of his note to me on the subject:—

'I think you may safely assure your friend at ....., that there has been no case of Spasmodic Cholera in Hull. The case which appeared in the *Sun* newspaper is wholly void of truth; the medical man who is said to have attended it, (Botham) has this day made an affidavit before the Mayor, that he never heard of such a case, nor was he the writer of the letter. Had there been an attack of Cholera, I should have heard of it.'

The foregoing, I beg to state, is from one of our first medical men, and on it your "*Medical Board*" may firmly rely.

"The enforcement of quarantine laws took place in August last, and remains the same," &c. &c.

We have thus met the case broadly; and now let us view it a little more closely.

Thus have we endeavoured to set forth, and explain, to our readers, that *Cholera Morbus*, and *Spasmodic Cholera*, are distinct diseases, from the symptoms, and diseased appearances of each, and from their proximate causes, and effects: from which we have ventured to infer, that the writer's declaration in his title page, his evidence, and his general conclusions, are fallacious, inadmissible, and untenable.

That he has made a point of bringing this question to a short issue, by a *coup de main*, is too evident, and it may be added, not by employing the most worthy means; and though the foregoing examination, and reflections, contain, in our estimation at least, a full refutation of all that he has hitherto offered, we intend to bestow a few more words upon his series of letters; and we are rather sanguine, in the hope, that it will not give us much trouble to unravel, and expose the fallacy, and sophistry, of his premises, and arguments.

Waving, for the present, any objection we may have to other points of the question, we shall hasten to meet our correspondent upon his own ground, and "attempt to support the affirmative of it, in one of the two ways," by which he says it can alone be fairly supported, viz., by "ample evidence;" should we succeed to the satisfaction of our readers, as well as of ourselves, the conclusion, we appre-



hend, will be, that all that he may have advanced in these letters, can only be considered as "*vox et præterea nihil.*"

Ours may be viewed as a slight amendment to the writer's statement of the question, the affirmative of which will stand thus:—That Spasmodic Cholera is a communicable disease, and not Cholera Morbus, as declared in his table of contents. It is needless to repeat, in this place, the points of dissimilarity, although our author has stoutly and ingeniously maintained the "most perfect similarity throughout," in these two diseases. This will avail his cause but little, as we have pledged ourselves to shew, by strong presumptive evidence, the communicability of this Pestilence. In proceeding to redeem our pledge, in refutation of the contents of his letters, let us see how our proofs stand.

#### *Sunderland.*

1st. On the 27th of October, 1831, a man, named Spout, or Sprout, called the elder, having been under the influence of Spasmodic Cholera for 36 hours, was found in the stage of collapse, universally cold, no beating of the artery at the wrist, axilla or carotids, tongue cold, of a dark livid colour; intellect undisturbed; suppression of urine, &c. He died during the course of that day. He had lived at the corner of a street opposite the Moor, at Sunderland.

2d. On the 28th, his son, an adult, who lived very near him, and who had attended his father during his illness, was seized with the same disease: this fact was confirmed by the Physicians who saw him in the collapsed stage. On the 29th, re-action took place, and he appeared better; on the 30th, the malignant symptoms became more intense; and he died in the Infirmary, on the 31st, in a comatose state.

3d. The Nurse of the Infirmary, who assisted in laying him out, was seized, soon after, with a similar disease; having fearfully expressed her apprehension of the Cholera, from being sensible of a fetid smell that arose from the corpse. The Physicians who visited her, had difficulty in ascertaining whether she was alive: she died the following morning, November 1st, in the confirmed stage of Spasmodic Cholera.

4th. The daughter of the elder Spout, who had attended her father, and, we believe, her brother, was attacked in a similar manner, but recovered.

These cases, we understand, were among the first, that were officially reported by the Chairman of the Board of Health, on Tuesday, the 1st of November, at a General Meeting of the Medical department, &c.; when the following was put from the Chair, without comment:—"Is it the opinion of the Medical Gentlemen present, that we have the Continental Cholera among us? Those who are of this opinion, will hold up their hands." when it was carried unanimously.\*

As we are well acquainted with several of the Medical Practitioners present, we can attest their high respectability, and integrity.

In illustration, and confirmation, of the correctness of this Me-

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\* See the first article in the Sunderland Herald, Nov. 12th, 1831.



dical Report, the writer of the letters, which we are now analysing, expresses himself in the following words, implying that the pestilence at Sunderland, was the *Continental Cholera*, viz.—“That this Board of Health was among the first who told THE PLAIN TRUTH.”

The post-mortem examination of the young man exhibited all the striking characteristics of the disease of which he died.

The following cases occurred in the family of Bell, which, not only strongly indicate the infectious nature of Spasmodic Cholera, but its more rapid influence after death.

In this family of Bell, the propagation of Spasmodic Cholera, from individual to individual, we have considered as well marked, and deserving notice. The chain of infection being, at the same time, more lengthened than in the preceding :—

“Mrs. Tutty, of Warren Street, was seized with this disease, soon after she had attended the funeral of a child, who had died of the Cholera. Mrs. Bell, who had lent her friendly services to Mrs. Tutty, during her illness, was also attacked. Mrs. Bell’s son, was seized soon after he had been with his infected mother; and he died. A man, named Elliott, in Warren Street, was next seized, after having had intercourse with the preceding, and died in ten days. Mrs. Bell, in the mean time, had become convalescent, and she attended the funeral of her son-in-law, Elliott. In a short time from this, she experienced a violent relapse of the Cholera, which carried her off. Finally, this morning, I saw a young, stout, man, named Todd, suffering under a violent attack of Spasmodic Cholera, which began last night. He lived in a room, situated on the same floor in the house, in Warren Street, where Elliott died. This evening, Todd is also gone. Here, then, two of the cases, were those of persons, who contracted the disease consequent on following the rites of burial.”—Dec. 13, 1831.

We have received the following statement respecting the family of Carr, who lived in Stamp’s Lane :—

“The mother was seized with Spasmodic Cholera, after having had intercourse with her infected relations. The daughter contracted the complaint and died. Another child, apparently from sleeping with the mother, caught this disease, and died. A third child, in the same family, died; and yesterday, the 20th of December, the father was seized, and he died.”

Before proceeding to give further groups of cases that bear upon the infectious, and contagious, nature, of Spasmodic Cholera, the reader may be interested in the fact, that this pestilence has not attacked any of the soldiers in the barracks. Of the 400 men, who reside in them, and a considerable number of women, not one has been seized. The barracks are situated in the very worst part of the east end of the town—a flat, moist, and dirty, locality,—and the pestilence has prevailed in the streets along their walls. Neither the women, nor the men, are permitted to hold free, or indiscriminate, intercourse, with the people of the town. The gates of the barracks are kept shut, and all suspected persons debarred entrance; thus, a quarantine has been observed.



Another correspondent, in a letter dated the 2d of December, 1831, says:—

“I have much pleasure in telling you, that not a single case of the Cholera has occurred at the barracks, since the men were confined to them.”

The death of the Nurse of the Choleric Hospital, may, in this place, be announced. She was, apparently, a remarkably healthy woman, and died a few hours after an attack of Spasmodic Cholera.

*Cases that occurred at Houghton-le-Spring, in the family of Knox:—*

“MY DEAR SIR,—The facts I have been able to ascertain from the mother, are the following:—A boy, five years old, was seized with the Cholera in the morning,—with vomiting, and purging, and died at night. To these symptoms there appear to have been added, the usual symptoms of Spasmodic Cholera. He lay a corpse for two days. After him, his sister, 12 years old, was seized with similar symptoms, and is now lying comatose, but warm, and with a sensible pulse, in bed. After her, another boy was attacked, 9 years old, and is recovered. After him, a third boy, 7 years old, who had milder symptoms, little vomiting; is still purged, and has complained of slight cramp. The woman says, that she, herself, was first ill with the same complaint, and suffered from cramp. They have all been deadly cold.”—Dec. 25, 1831.

“*Gateshead Fell, Dec. 29.*”

“At this place, situated two miles beyond Gateshead, a considerable number of persons have been attacked with Cholera. Of ten cases, that occurred previous to yesterday at noon, five have died. All of these appeared in the same neighbourhood, and they presented one of the most miserable features connected with the Pestilence; the subjects of the attack were seen lying in pairs in the same rooms, either dead or labouring under severe symptoms. The history of the inroad in this quarter, as I have received it, is rather curious, and it shall therefore be noticed.

“Sometime ago a woman died of Cholera, at a place called Washington, about 7 miles from Sunderland. Two men who attended the funeral of this woman, were soon afterwards seized—one died, and the other recovered. The mother of the individual resided in Gateshead Fell, then an uninfected place, who insisted upon having her son’s body brought home to the Fell, in order that it might be in her house for the usual period preparatory to the interment. The body, and the clothes of the deceased were brought home. From this house, as from a focus, the Cholera is said to have spread to the families in the immediate vicinity.”

#### *Washington Cases.*

“DEAR SIR,—Your note reached me this morning. Two deaths from Cholera have taken place in this parish; the first, a woman was taken ill, on Monday, the 12th of December, 6 o’clock, A. M.; having been to market at Newcastle, on the Saturday previous, and returned home late:—the 2d, a young man, in perfect health, who lodged at the house of the above-named female,—watched the corpse the night after her death, and assisted in carrying the coffin at the funeral. The latter case appears to bear upon the face of it, a strong presumption of contagion. I am happy to afford you the above information, which is all I am possessed of.

“*Washington, Dec. 21.*”

Yours’, truly.”

Washington is situated between Sunderland and Newcastle, both infected towns.



The first case of Spasmodic Cholera which occurred at Durham, is directly connected with the infected town of Newcastle:—

At 6 o'clock, on Sunday evening the 18th of December, our informant says—I was called to visit John Dalton, who was ill at Richardson's lodgings, in Claypath. My patient had complained of pain at the pit of the stomach, and about the navel, and with cramps in the legs—was perfectly sensible; he had vomited frequently, and was much purged, the ejections were pale coloured, and without any feculent odour;—had voided urine during the day, yet felt a pressing desire to pass it with every dejection from the bowels, tongue was ash coloured, moist and cold; thirst excessive, respiration difficult, much oppression at the præcordia, pulse quick and weak, sometimes imperceptible at the wrist—extremities cold—he fell into the collapsed state before eleven at night; the state of re-action took place at 12 o'clock—and he died at 7 o'clock the following evening—he never passed water from 11 o'clock on the 18th, at night, to the time of his death, on the 19th.

The post-mortem examination was made 3 hours after his death—the stomach assumed the characteristic marks of the disease, as did most of the other morbid appearances—gall bladder distended with bile—the common duct pervious, yet no bile in the duodenum, stomach, or intestines—the arch of the colon was collapsed, and its cruræ contracted—the urinary bladder contracted, containing a very small quantity of serous fluid, faintly smelling of urine—the inner membrane of the bladder was inflamed, and displayed that peculiar lurid hue, which was so evident in the stomach.

For these facts we are indebted to a medical practitioner, who attended the patient from eleven o'clock on the night of the 18th to his death, and who witnessed the post-mortem examination.

The arrival of John Dalton at Durham, on the 16th, and his coming from a house where a woman died of Spasmodic Cholera in Sandgate, Newcastle, of the name of Clarke, is attested by a deposition signed by M. C. Emmerson, Superintendent of the Mendicity Office, Durham.

That Mrs Clarke died in Sandgate on the morning of the 15th of December from Spasmodic Cholera, and that the aforesaid John Dalton slept at Mrs Clarke's lodging-house a few nights, and left the house on the 16th of December, we have in our possession the most satisfactory evidence.

That this woman was seized with this disease at noon on the 15th, and died the next morning at eight o'clock, we have the evidence of the Surgeon who attended her, and of the Secretary of the Board of Health of Newcastle, stating distinctly that she died of "Malignant Cholera."

In addition to the above, we have been favoured with the statement of another Surgeon, who corroborates the above statements, and adds, "that the man Dalton, who left the lodgings on the 16th for Durham, was very active in assisting the poor woman Clarke; and that he appeared in perfect health when he left Sandgate. Several cases of Spasmodic Cholera exist in the same neighbourhood."



We are happy to add, that from the prompt vigilance, and preventive measures, which were adopted by the Durham Board of Health, and the Mendicity Society, no second case has yet appeared in that city. This patient Dalton declared, in our informant's presence, that he had assisted Mrs. Clarke during her illness, and had touched her cheek, and limbs.

The manner by which Spasmodic Cholera was introduced into North Shields, we have received from a Surgeon of high reputation in that town :—

“The first person affected here was a travelling beggar from Sunderland: the man first took it, and recovered; then his wife was seized, and died—she having, upon opening the bundle of rags, which he had brought from Sunderland, complained of a disagreeable smell arising from them. By an order from the Board of Health, the clothes, &c., of the deceased were burnt; but the man contrived to conceal a parcel of rags, and when his nurse went out, he opened these rags, and sent one of his children to sell them; on the return of the poor woman, she complained of a dreadfully offensive smell, which had proceeded from the rags, she turned suddenly sick, which was followed with all the symptoms of this disease, and died in three or four hours.”

The particulars of this case, with the other North Shields cases, will be found in the Medical Gazette for this month.

These facts are corroborated by several letters now before us.

#### *Ryton Cases.*

Dec. 26, 1831. At Crawcrook, Jane Johnson, aged 55, was attacked with Spasmodic Cholera at 3 A.M. Was seen at 6; she was found then suffering from severe spasms in the legs, the countenance shrunk, pulse quite imperceptible at the wrists—cold clammy exudations, and complained generally of cold, and spasms—had been sick and purged, &c. &c. She died at half-past 10 A.M.

Dec. 26. A tramper, in the Stall Gate Lane, in the township of Ryton, named Bridget Moore, aged 15, was attacked at 4 A.M., and was seen at 3 P.M., when she was found complaining of spasms in her legs, arms, and bowels, vomiting and purging—countenance shrunk, a blue livid appearance about her eyes—coldness, clammy exudations—pulse quite imperceptible—tongue extremely white and cold—complains of constant thirst, and will drink nothing but cold water—the voice whining, and low: a thin serous fluid was thrown up by vomiting; purging of a milk-like fluid almost constantly.

Dec. 27. Was seen at 9 A.M. She had a bad night, eyes more shrunk, countenance altogether looked worse,—pulse still continued imperceptible,—re-action took place at 3 P.M.; at 7 P.M., the pulse became perceptible, but very feeble:—the craving for cold water still continued;—the vomiting and purging had quite ceased.

Dec. 28, at 9 A.M., the patient had a restless night, with pain in the bowels, and a slight return of the vomiting;—owing to a course of aperient medicine the symptoms gradually diminished, and sleep was induced; this patient recovered, though her bowels still remain inactive.

Dec. 28, at 7 A.M., Patrick Moore, aged 50, father of the last patient, was seized with the same disease. The symptoms in this case were very similar to the last; at 10 A.M., he was seen;—his pulse was imperceptible,—countenance very much shrunk,—extreme coldness, and clammy exuda-



tions, with vomiting and purging,—the spasms of the legs and bowels were very severe,—intellect clear. 8 P.M., the spasms much relieved,—vomiting and purging continue,—the fluid dejected was tinged with blood; in this case the tongue and breath were exceedingly cold, and blueness of the extremities and face well marked; at 8 A.M., on the 29th, he had no sleep during the night, and the spasms are returning in the legs,—the voice is more feeble; at 1 P.M., he was gradually getting worse,—the spasms very severe, countenance shrunk and shrivelled,—voice scarcely audible,—the patient died at half-past 8 P.M.

Jane Johnson admitted, that on the Saturday preceding her attack, she had been at Newcastle, and had passed through the Close, where the Cholera prevails; it is strongly suspected, however, that she was in Sandgate purchasing clothes; some persons who were of her party acknowledge this to be the case.

Bridget Moore admitted, in my presence, that she was in Sandgate, Newcastle, on Saturday, 24th of December, throughout the whole day—selling brooms—she saw a female patient in the act of being removed to the Cholera Hospital, and, from motives of curiosity, stood by to see the patient. She was in the house where the patient was, and was sufficiently near to be sensibly affected by the smell proceeding from her.

It is but justice to the Surgeon, who attended the above patients, to say, that the recovery of the poor girl is to be attributed to his unremitting attention, and judicious treatment.

It is affirmed, by several correspondents, whose letters are now lying upon our table, “that the Cholera prevails in families at Gateshead, and at Newcastle, as well as it has done in Sunderland, and in other places, in the immediate neighbourhood.”

“*December 27, 1831.*”

“This annihilating Pestilence has rendered the memory of one family very remarkable. James Kidd, a gardener, who had just recovered from a rheumatic fever, was attacked yesterday with violent symptoms of Cholera, and died about six o’clock, P.M. Before Kidd had expired, one of his children, aged five years, was seized, and died also in the evening. Kidd’s wife was then attacked, and her mother, and both expired to-day: so that four of this family are interred, or about to be interred, within 24 hours. Moreover, while I was in the Hospital, at Oakwellgate, to-day, another child of Kidd’s, a girl, aged 13 or 14, was carried in, suffering from severe symptoms.”

“*Newcastle, Dec. 27, 1831.*”

“The progress of the Cholera is awful; it appears to be spreading in every direction. The disease has appeared in various parts of the high town; but, with the exception of one female, has, I believe, been confined to the poorer class of society. It is also appearing in the neighbouring villages.”

“The most terrific attack, that I believe has occurred in Europe, is at Gateshead. Not a single case occurred there, or any where on the south bank of the Tyne, till the 24th, when there were two suspicious cases at Gateshead. From one o’clock on Sunday (Christmas Day) to ten o’clock this day (45 hours) 119 persons have been seized, and 52 have died. This is a greater number than the medical reports contain, which you will see in the papers,” &c. &c.



“ Gateshead, 9th January, 1832.

“ Many of the cases I saw in this place occurred in individuals, who had been engaged about the sick the day preceding their attack. One woman who died, after a few hours' illness, informed me she had, for several hours the day preceding, been rubbing the limbs of a relative living in a different street. The disease, in some instances, has attacked almost every member of a family, and destroyed, in one, three, in another, five, and in a third, six individuals.\*

“ Dear Sir, yours truly.”

With these cases our cause closes;—and when the question, plain of itself, becomes thus illustrated by facts, and its uniform character and meaning, have been established by historical evidence, we do not require the authority of opinions, however respectable, to inform our judgment, or to confirm our belief.

Let us look at the subject of infection in a fair point of view: for example, “ *when a person comes from an infected place, or house, in which another has died of a given pestilence,—from an infected atmosphere; and he is placed in a situation where every thing with the exception of his presence, is conducive to health, and where no infectious malady exists, and then, if, from communicating with him, others fall into a disease, which, in every leading feature, resembles his, the morbid condition, thus engendered, would be considered an absolute infection;*”—here we have the strongest proofs, that can be obtained, of any disease being reproduced,—of its being transferred from the infected to the un-infected: hence, we are justified in concluding, that the same series of morbid actions will always happen again, if these circumstances, so far as we have been able to collect them, co-exist. These facts, being verified in the course of Spasmodic Cholera, may be received as the basis of our reasoning; thus constituting the surest grounds upon which we can proceed, as well as the safest test, by which the communicability of this disease can be tried: all impressing upon us the belief, that man is the receiver, conveyer, and transmitter of this Pestilence.

The preceding reflections will apply, with equal force and correctness, to the presence, and influence, of inanimate substances; and admit, we presume, of the same line of reasoning, and of a similar definitive conclusion.

In the moment of most critical suspense; when the situation of this kingdom is so alarming, as to rouse the attention of every one, who pretends to a concern for private safety, or for public welfare; when the evil, that has been long lowering in the East, has, at last, come home to ourselves; when appearances not only justify suspicion, rendering themselves just ground for enquiry, but, when the results of such investigation, justify the conviction, that a new, and foreign, Pestilence, of a deadly, and infectious, nature, has visited our land; we had consoled ourselves with the hope, that if any writer

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\* See Instances of Contagion in Mr. Kennedy's History of Contagious Cholera, p. 234.



had enlisted himself in the cause of his country, especially one, who has displayed so much sensitiveness, on the score of humanity,—so much ingenuity,—such deep interest, and apparent sincerity, in the final adjustment of this vital, and all-absorbing topic, viz., the COMMUNICABILITY OF SPASMODIC CHOLERA, that such an individual would have entered upon the discussion with a becoming seriousness, candour, and decency,—with a strict adherence to those laws, and observances, which ought, at all times, to guide, and regulate, every one, in the pursuit of truth.

Without pluming ourselves much upon our professional sagacity, or any extraordinary depth of observation, we need only mark how the subject has been introduced in the title-page of these letters,—the line of reasoning that has been adopted, and the general tone of sophistry, and of subtlety, that pervades the entire series, and look no further for the ultimate object in their publication.

We have given the writer's declaration in his own words,—for we feel incapable of wilfully misrepresenting any man's opinions—we denounce no man's motives—these are matters, which concern only the conscience of the individual; but this, we must say, that as some degree of uncertainty necessarily connects itself with our conclusions on subjects, which, from their very nature, are insusceptible of absolute demonstration, it will always be the proof of a sound mind, and the part of a wise policy, rather to err on the side of caution, than on that of precipitancy, or presumption:—remembering, that there is a temerity, that generally brings its own punishment.

Looking to the writer of these letters, as a "Master in Cholera," amongst the necessary qualifications of a judge, we had expected to have found him announcing, as a mutual agreement, "*audi alteram partem*," that great desideratum in all judicial enquiries; possessing that patient examination of witnesses, which justice, and equity, at all times demand: and exercising that nice balancing of evidence,—the fearful duty of summing up;—and, lastly, impartially stating the points of law, before the case was delivered over to the jury, for their verdict. We ask, have our expectations been realized? have we met with any qualities, so essential to the character of a judge, or of an arbitrator? For those particular, or general, laws, by which the great, and leading, principles, of this question, are to be judged, and decided, can we satisfactorily refer to the writer's commentary, and notes?

Without commenting further upon the obvious unfairness of the writer's proceedings throughout the entire series of his letters, and of his mode of putting instances of alleged cases, as an argument, against a contrary opinion, not established by negative, but by presumptive, proof, nearly approximating to demonstration; we may, at least, say, that when instances are thus put, in the way of argument, the least that is requisite to make them of weight, is strict accuracy in their statements, and perfect fairness in their selection.



We have dwelt longer upon this part of our subject, because, in our opinion, it comprehends a very important, and extensive, portion of the letters under consideration.

However, he has compelled us, (by his departing from those forms, and rules, which writers of his profession, are always expected to observe,) to believe that he has been misled by the prejudiced, or interested, views of others; and, though we do not charge him with deliberate treachery to the public, or to his professional brethren, yet he has been guilty of a dereliction of his public duty, in listening to the suggestions of others, and in employing, knowingly, their opinions, and statements,—vague, and unauthenticated,—in lieu of that “ample evidence,” which he had formally, and distinctly, declared at his onset.

Although we do not deny, that the writer was, certainly, at liberty to advance what evidence he chose, and to conduct his own cause in his own way;—even, to fancy cases, and make what comparisons, and deductions, he thought proper; yet, his suppositions, and assertions, still continue as distinct from fact, as his fugitive commentaries are from solid argument, and legitimate induction.

He must have been aware, that the nature of Spasmodic Cholera, which is a point of fact, is to be determined by evidence only; and that he, who attempts to move land-marks, no matter what the object be, established by former, and authoritative decision, is bound to explain his motives, and refer to clear, and distinct, evidence.

Before taking a final leave of the author's letters on “Cholera Morbus,” we feel bound to take a cursory view of those portions of the letters, which are purely professional; leaving him to those highly dignified characters, with whom he has kept up an uninterrupted running fight (p. 8, ad-finem) upon matters relating to the official documents of the College of Physicians, to quarantine, and cordon, regulations, which appear to haunt him, like phantoms, in all his reveries, and lucubrations.

We have stated that he has assumed the identity, and produced nothing more, than ambiguous comparison, between two diseases, bearing a resemblance, only, in their generic name, and in a few points of external character, and none, whatever, in their origin, or nature:—in point of fact, they will be found, as we have represented them, totally dissimilar in every pathognomonic, and distinctive particular. Instead of removing that obscurity, that has hitherto veiled the subject, he has done more to mask, and to entangle, it by sophistry, than any writer, who has had the unblushing effrontery to tread in the same steps, or who has yet attracted the attention of the public. He introduces himself to our notice under false colours, palms upon the incredulous reader assertions, and unsubstantial proofs, instead of “ample evidence,” and draws conclusions from false premises, and principles.

The question of the communicability of Spasmodic Cholera, to



those who mean fairly, lies within a very narrow compass, however difficult it may sometimes prove in its solution. Facts, and groups of cases, are the great desiderata; and what unprejudiced mind, after a careful consideration of the few cases, that we have selected for their inspection, (which, however, comprehend all that concern infection, contagion, and transmission by means of inanimate substances,) can refuse to assent to the conclusion, that this disease may be communicated through the medium of the atmosphere, and by means of actual contact,—from the infected to the uninfected,—and by means of infected substances?

It is a little extraordinary, we confess, that the writer, who, from his knowledge of certain events entirely of a private, and professional nature, confined to the precincts of Sunderland, should not have entered the first plague spot of England, at which place he would not only have found ample scope for observation, but would have experienced every facility in prosecuting his enquiries, not from his learned brethren at Sunderland alone, but from the official medical men themselves, whose urbanity, and liberality, have been felt, and acknowledged by every one, who has resorted to that place, from professional curiosity. We are able, from experience, to speak in these warm terms of their conduct, and in saying this, we are doing them but mere justice.

We repeat, that our surprise is great, that he should have neither sojourned there, nor at Newcastle, as he has shewn so much activity, and perseverance, in selecting *insulated cases of Cholera*, throughout England, Ireland, Scotland, &c.

We have sometimes found it difficult to persuade ourselves to a contrary belief; yet, as he has preserved silence upon this point, he must be considered as absent from the great theatres of Pestilence. Had he visited our northern coast, he would have been overwhelmed with groups of cases, so linked, that the incredulity of the most wilful, and confirmed anti-contagionist, must have yielded:—he would have been able to have traced, from each focus of Pestilence, its gradual, and orderly spread, in every direction of human intercourse, and communication. An insulated case could have been with difficulty selected, even by the oblique eye of a non-contagionist. Ample evidence might thus have been obtained, confirming the belief of the communicability of Spasmodic Cholera. So rapid has it lately shewn itself in its propagation, and fatality, and, at the very time when these sheets are preparing for the press, so concentrated, and subtle, is the virulence of this Pestilence, that it requires more than common vigilance to detect, which, of the three means of communication, proves most active in the work of destruction.

From a Correspondent dated Dec. 27, 1831:—

“Although the town of Gateshead is separated from Newcastle merely by the river, across which there is a bridge, and constant communication, the Cholera did not appear in Gateshead before Saturday last, unless we admit the case that occurred there about a fortnight since to be unequi-



vocal. On Saturday, Elizabeth Thompson, who lived in Pipewell-gate, was seized with Cholera, while engaged in her usual avocation of selling fruit upon the bridge. This was the forerunner of a severe visitation, strongly resembling, in its rapidity, and power, the destructive inroads of the pestilence in India. Not more than one death had been recorded at Gateshead previous to 6 o'clock on Sunday evening; but on Monday morning, at 10 o'clock, 39 cases of attack were announced, and 9 deaths. To-day, 59 cases are reported from different parts of the town, and 32 deaths, making, it may be said, in the short space of two days, the alarming total of 99 cases, 42 deaths, and 8 recoveries, out of a population of about 12,000!

The following facts have this day been furnished us by a Medical practitioner of high respectability in the neighbourhood of Houghton-le-Spring; where an entire family having died of Cholera, the furniture, clothing, &c. were sold off. A healthy woman purchased, took home, and washed the blankets, a few hours after she was taken ill, and died of confirmed Spasmodic Cholera: her house had previously been entirely free from sickness, and was situated in a hitherto healthy neighbourhood.

The writer has deprived himself of the real means of obtaining "ample evidence" of this disease, by not studying its character, and habits, in these "spots of Pestilence," and our readers will join us, in expressing our astonishment at his apparently studied neglect of this best source of information, to which medical men, from other countries, as well as most parts of England, have been, and still are, repairing in groups, for instruction.

At the opening of his fifth letter, an exhortatory address will be found, which ill harmonizes either with his declaration in the title page, or his general treatment of the point under discussion; and indeed it is difficult to believe, that any writer, who has so palpably neglected the advice laid down in the following passage, could have ventured to apply it either to himself or others.

"It was well, and wisely said, that to know any thing thoroughly, it must be known in all its details: and to gain the confidence of the public in the belief of non-contagion in Cholera, it is in vain that they are informed that certain alleged facts, brought forward industriously by contagionists, are quite groundless, unless proofs are given, shewing this to be the case. The public must, in short, have those alleged instances of contagion, which have gained currency, circumstantially disproved, or they will still listen to a doctrine leading to the disorganization of the community wherever it is acted upon. It is solely upon this ground, that these letters have any claim to attention." And has the writer, it may be asked, any claim "to know this subject thoroughly," by the partial, and unfair means, which he has taken? And does he venture to look for the "confidence of the public in the belief of non-contagion in Cholera," by any futile attempts to disprove contagion, when he has so miserably, and unworthily, failed in establishing non-contagion, by negative proof?

Had the believers in the contagious nature of Spasmodic Cholera, depended upon negative proofs, the facts that they could



have advanced, are neither few, nor inconclusive. The reader may probably permit us to select the following :—

“In November, 1822, when the Cholera prevailed at Aleppo, M. de Lesseps, the French Consul, invited all the resident Franks, to accompany him to his country-house, which was situated in the vicinity of the town. They took refuge in a garden, which was surrounded by a high wall, and ditch. Two doors only were kept open, the one, securing the ingress, the other, for going out. The number of individuals thus congregated, consisted of about two hundred Franks, and some natives. Notwithstanding the varieties of constitution, habits, and manners, of this little colony, not one was attacked by a malady which was raging all around them.”

“M. Guys, the French Consul at Lattaquia, shut himself up with all the Europeans, when the Cholera was decimating the inhabitants of the town, &c. : they all escaped.”

“When the Cholera was ravaging the Mauritius, M. de Chozal shut himself up in his house, and subjected all the inmates to the strictest quarantine regulations. He and his household were left untouched.”

“While the malady was destroying 15,000 inhabitants in the town of Manilla, in the space of 14 days, the captains of the different vessels riding in the harbour, having interdicted their crews from intercourse with the shore, preserved them in health. The Governor of a small town, Cavita, situated in the bay, preserved the inhabitants by similar precautions.—*M. de Jonnes*, p. 150.”

“While the Cholera was devastating the towns on the banks of the Volga, Sarepta, one of these, shut its gates, interdicted all intercourse with the infected places, and escaped the disease.”—*Salanoff*.

“In Persia, when the malady was attacking the large towns on the high roads, the caravans were forbidden to pass through Tehera, the residence of the Shah. This measure was adopted on the recommendation of Dr. Martinengo. This capital remained free from 1821, to 1829, after which it was attacked, owing to a neglect of the means, which had hitherto preserved it.”—*Jonnes*.

“The troops, and their families, in the barracks at Sunderland, which are situated in a flat, and dirty, part of the eastern portion of the town, although the pestilence has been raging in the streets in their neighbourhood, have escaped being infected, by performing quarantine.”

We agree with the writer, in feeling convinced, that “the public must, in short, have those alleged instances of contagion, which have gained currency, circumstantially disproved,” or else his sole object of establishing non-contagion, namely, the removing of “those horrid quarantine laws,” that “infamous cordon system,” can never succeed. We should be amused to learn how the writer by his ingenuity, (with which he certainly abounds) could set about the task of proving that the “doctrine of contagion” would lead to the “disorganization of the community;” it is certainly the first time we have ever heard it gravely declared, that preventive, and preservative measures, which ought to result from establishing the doctrine of contagion, disorganize society; \* finding that

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\* A remarkable coincidence of opinion seems to exist between *M. Majendie*, and our correspondent. In the Academy of Sciences this Savant declared, that “he



his avowed object is the destruction of the contagionist, we are shrewdly of opinion, that, if "his letters have solely upon this ground any claim to attention," he will have very little reason for consolation, or triumph.

How does the writer reconcile the following conflicting statements, in describing a disease, which he states is identified by a "perfect similarity of the symptoms (p. 5) of *Indian Cholera*—by a prodigious discharge from the bowels of *an opaque serous fluid (untinted with bile in the slightest degree)* : yet, in criticising Sir Gilbert Blane's definition of Indian Cholera, he says, "that Sir Gilbert marks out for the public, what he considers as forming one of the principal differences between the English and Indian Cholera, viz., that in the latter the discharges consist of liquid dejections, resembling *thin gruel* ; in the English disease, they are *feculent and bilious*." Has not the writer drawn the same distinction ? He then continues (p. 39), "Now if he (Sir Gilbert) has read the Indian reports, he must have found abundance of evidence, showing that sometimes there were *even bilious* dejections, not at all like what he describes ; and again, if he is in the habit of reading the journals, he must have found *abundant* evidence of malignant Cholera, with discharges like water gruel, in this country."

Leaving Sir Gilbert Blane to answer for himself, we, who have also read the Indian reports, acknowledge that there is abundance of evidence, showing that sometimes there were *even bilious* dejections, in the common Cholera of India, but never in the Spasmodic Indian Cholera ; and though we are not "in the habit of reading the journals," yet we have found it necessary to do so, that we might examine the cases, to which the writer has referred us, as instances of Spasmodic Cholera ; and so far from having found "abundant evidence of malignant Cholera, with discharges like water gruel, in this country," we unhesitatingly affirm, that all those cases, which, in compliance with his request, we have examined, are any thing but instances of malignant Cholera : for they had all *bilious vomitings at the commencement*, and not one had "discharges like water gruel."—"Hæ nugæ seria ducunt in mala."

The close of the fifth letter, from which these consistent, and lucid passages have been extracted, furnishes us with another instance of the creative fancy of the writer.

"I shall add no more on the present occasion, than that my information from Edinburgh notifies the death, from *Scotch Cholera*, of two respectable females of that city, after an illness of only a

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considered that the fatal effects of this disease had been considerably augmented by the precautions taken on the Continent to prevent its progress, and that he approved of the judicious conduct of the British Government, in *refraining* from all rigorous measures for preventing communication by land."



few hours." We are anxious to learn, what indications of infection were present in these cases;—whether these females fell ill together, as they are represented to die together, or whether they were seized successively;—whether they were "water gruel," or "bilious cases;"—one, or the other, or both!

Although, we hear the writer tauntingly enquiring (in p. 43, let. 6), "why has not allusion been made to those cases of PURE SPASMODIC CHOLERA, which have occurred in various parts of England, within the last five months," &c. "If those cases be enquired into thoroughly, and impartially, and that several of them be not found to be PERFECTLY IDENTIC with the epidemic Cholera of India, of Russia, &c., I hereby promise the public to disclose my name, and to suffer all the ignominy of a person making false statements?" After this apparently honest declaration, we had expected our author, if he had thought right to oblige us with any evidence of these assertions, would have furnished something more satisfactory, than the following passage is calculated to convey, especially when we consider upon what terms they were advanced:—"Indeed I may confidently assure the public, that in at least *one case* which occurred about two months ago, the opinion of a gentleman in India, and who had investigated the history of the symptoms, the identity with those of Asiatic Cholera was not denied;"—the uncertainty which is indirectly cast upon the remaining "several cases of this disease, which have occurred in various parts of England," has been expressed so particularly before, that we will proceed to those points, to which these remarks are intended as mere preliminaries.

While he is descanting upon the symptoms, "taken down by the medical gentleman in charge," (p. 43, 44,) in reference to the three cases, upon which we have already dwelt, at Sunderland, Hull,\* and Port Glasgow, for the purpose of satisfying, and calming,

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\* Since our remarks on McNeal's case (as given in pages 14, 15, and 16, of this Letter,) were sent to press, we have received a letter from the Medical officer who attended him, and from which we give the following extract:—

"Bristol, 7th January, 1832.

"SIR,—The letter which you addressed to me, at Hull, only reached me here a few days since, owing to the regiment being on the march; and I feel happy in giving you the information you require, respecting the case of private Martin McNeal, of the 7th Royal Fusileers, who was attacked with Cholera on the 11th of August last, at Hull, and died the same day. The patient was a stout middle aged man, his ordinary habits temperate, and regular. Three days, however, previous to his being seized with this complaint, he committed some excesses at a fair, in the vicinity of the barracks. At four A. M., on the 11th of August, he awoke with a sense of uneasiness at the epigastrium, which was soon followed by purging and vomiting. At 9, he was in the most perfect state of collapse. The eyes sunk, features contracted, tongue, and breath, cold. Face, and extremities, blue, cold, and shrivelled. Spasms violent, evacuations like rice water, no secretions, nor pulse. He was placed in a tent apart from the other soldiers, but six or eight people attended upon him, to none of whom was the disease communicated.



the fears of the "good people of Sunderland," for whom he seems to entertain the anxiety of a parent; he retains the same rancorous indignation against those professional heretics, "the advocates, *par metier*, of contagion in Cholera," who "have not a loophole to creep out at,"—yet, in his ecstasy, he has let fall a few words, which, in spite of his usual subtlety, denote that these cases of Cholera, identified by himself with Indian and Russian Cholera, bear "A GREAT SIMILARITY to the first stage of the MALIGNANT FEVERS of the Pontine Marshes;" presuming that he would never apply the term "*malignant*" to the intermittents of this district, we are left to conclude that *it* relates to some INFECTIOUS FEVER, as the epithet, in a medical sense, *always implies*.

As it will be waste of time to dwell longer upon such a "*peccadillo*," we will direct our readers' attention to the seventh letter, in which they may think that he has carried things too far, to make good his retreat. It is the "*ne plus ultra*" of contradiction, and subterfuge: the writer has evidently mistaken the extent of his capacity, as well as of his memory; and has appealed to facts, which refute and falsify the very opinions, and doctrines, which they were intended to verify.

We would willingly have treated the writer's proceedings more courteously, and with less severity, if he had not, in defending his cause, aimed a blow at the very principles of pathology, and at the doctrines of two of our highest medical authorities; independent of this serious charge against him, we consider his inferences as mockeries, and delusions, of the common sense of the public:—that he has miscalculated his host is too apparent; for, had we admitted his premises *in limine*, he might have claimed our assent to the consequences; but we foiled him at the very first onset, by laying these attempts bare, and exposing them in their true light, in the very face of his title page.

We feel ashamed at crowding our pages with so many extracts,

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"I have reason to believe, that the authorities with whom I corresponded, did not regard this disease as one of the Blue Cholera of India, but an aggravated case of English Cholera, heightened by the previous excesses of the patient.

"&c., &c., &c."

We again repeat, "that we have never met with an instance of 'Cholera Morbus,' so crowded with aggravated symptoms, as the one here related;" and as we have been enabled to obtain more minute information respecting this debatable case, we are happy in having it in our power to supply the above official document, as it confirms our opinion given, in p. 16, viz., that every precaution would be adopted, to prevent the spread of infection, as soon as a suspicion of the character of the disease arose.

The precaution of separating McNeal from the other soldiers, implies an anxiety, that would induce equal care in preserving the attendants on him from unnecessary exposure.

We daily hear, that at Gateshead, Newcastle, &c., far more than "six or eight," have escaped, whenever the most *ordinary precautions* are adopted. The advantages of "Separation and Precaution," were strikingly exemplified in the case that occurred at Durham.—P. 26, 27.



but the subtleties, and sophistry, of the writer, oblige us to draw so largely from his letters.

“It may be inferred, from what I have stated at the close of my letter of yesterday,\* that if a Commission be appointed, I look forward to its being shewn, as clear as the sun at noon day, that the most complete illusion has existed, and, on the part of many, still exists, with regard to the term *Indian*, or *Asiatic*, Cholera; for a form of Cholera, possessing characters quite peculiar to the disease in that country, and unknown till very lately, in other countries, *has never existed THERE.*” We would willingly unravel, and learn, the sense of this opening passage, if “*THERE,*” relates to India, or to Sunderland, the reference equally implies a solecism, agreeably to his decision upon the identity of these cases of Cholera, as their differences depend upon their “*varieties, and forms;*” (p. 43, 44, &c.)—Again, that the disease that exists at Sunderland, was the Continental Cholera, is likewise verified by the writer’s asseveration,—(p. 56)—where he observes “Let the Sunderland Board of Health not imagine, that their situation is new, for a similar odium has fallen *on the first*, who told the plain truth,” this truth was that “*Continental Cholera is amongst us.*”† He then continues, “Cholera from a cause, as inscrutable, perhaps, as the cause of life itself, has prevailed there, and in other parts of the world, in its severest forms, and to a greater extent, than previously recorded; but, whether we speak of the mild form, or of a severe form, proceeding or not to the destruction of life, the symptoms have *every where* been precisely the same.” If this passage be considered an illustration of the preceding member of the paragraph, or as a running commentary, upon the text, its pleonasm in either case, must be confirmed, and its direct allusion to the inscrutable nature of a *Cholera contradistinguished* from the *Common Cholera*, distinctly intimated.

We have arrived at the chief bone of contention, viz. the writer’s wilful mis-statement, and misrepresentations, of Sydenham, and his attempt at weakening the authority of Cullen, by *inuendos*, and false implications.

It is not necessary to repeat the points of dissimilarity between Cholera Morbus, and Cholera Spasmodica; it will be sufficient, after what has already been shewn, to affirm, that they are distinct diseases; and upon this strong conviction, we venture to examine, and animadvert upon, the following references.

Although the writer has renounced all claim to the confidence of the public, (which his standing, and abilities ought to have en-

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\* Which was dated Nov. 9th, 1831.; where he states that “by the official news of this day, five more deaths have occurred at Sunderland.” From which declaration, it may fairly be inferred, that the writer, while penning the letter of the 9th, was not residing far from Sunderland.

† Vide Dr. Clanny’s Report.



sured,) by his own conduct, for it is not probable, that such palpable mis-statements can long pass without public detection; we, nevertheless, felt we should be guilty of a culpable omission, if we suffered to escape, unnoticed, the following assertions:—

“In the country, it has been over and over again remarked, that as far back as 1669, the Spasmodic Cholera prevailed epidemically, under the observation of Dr. Sydenham, who records it.”

That Sydenham may speak for himself, we will give all that this nice observer, and faithful recorder, of symptoms, has written upon the character and nature of CHOLERA MORBUS, accompanied with the notes of his able commentator, Dr. Wallis.

Upon the different duration of autumnal epidemics, Sydenham observes, in the tenth page of his first volume, “the CHOLERA MORBUS, which is of the number of autumnal epidemics, rises in *August*, and finishes its course in a month; though there are other diseases which arise at the same time, and run on to the winter, &c., all which, generally cease in two months.\*

Again, in his second chapter, (p. 218,) speaking of the “CHOLERA MORBUS, of the year 1669,” he says, “this disease, as we said, was more epidemic than I ever remember to have known it in any other. It comes almost as constantly at the close of *summer*, and towards the *beginning of autumn*, as swallows in the beginning of spring, and cuckows towards midsummer. There is also an indisposition caused by a surfeit, which happens at any time of the year, and which, with respect to its symptoms, resembles the CHOLERA MORBUS, and yields to the same treatment, and yet it is of a different nature.”

“The CHOLERA MORBUS is easily known by the following signs: immoderate vomiting, and a discharge of vitiated humours by the bowels, with great difficulty and pain; violent pain, and distension of the abdomen, and intestines; heart-burn, thirst, quick pulse; heat, and anxiety, and frequently a small and irregular pulse; great nausea, and sometimes colliquative sweats; contraction of the limbs; fainting; coldness of the extremities, and other like symptoms, which greatly terrify the attendants, and often destroy the patients in twenty-four hours. There is likewise a dry Cholera, caused by a flatus,” &c.

In a note of Dr. Wallis, upon this passage, from Sydenham, will be found the following remarks, (p. 219, vol. I.)—“The disease, here described by Sydenham, is the TRUE CHOLERA MORBUS, and may be concisely defined “a vomiting, and, at the same time, a purging, of a *bilious humour*, attended with anxiety, gripings, and spasms, of the extremities.”†

This commentator adds, “*what is evacuated consisting, for the*

\* Sydenham used *epidemic* in the sense in which *endemic* is now more properly employed.

† See Cullen's *Synopsis Nosologiæ Methodicæ*, vol. ij., p. 24.



*most part, of BILE.* Hence, it is concluded that the *immediate cause of this complaint*, is violent contractions of the stomach, and intestines, *occasioned by an INCREASED BILIOUS SECRETION, and COPIOUS EFFUSION INTO THE ALIMENTARY CANAL : THE BILE BEING ALSO OF A MORE ACRID QUALITY THAN NATURAL,*" &c.

Dr. Wallis remarks,\* "though our author considers this distemper to be confined to the month of August, yet, has he observed that it sometimes appears towards the end of summer, when the season was unusually warm, and that in proportion to the heat, the violence of the disease was greater. From the observation of others, it has shewn itself more early in the summer, and always, sooner or later, according as the great heat, sooner or later, sets in : hence, it is concluded, that this disease is the effect of a *warm atmosphere*, producing some *change in the state of the bile*, either rendering it *more acrid*, or *more copious*, and thus preparing it to *pass off in larger quantities* than usual."

Though our correspondent has not referred to "A VERY VIOLENT CHOLERA MORBUS, that raged at the close of the summer of 1676," and which will be found in the forty-third page of the second vol. of Sydenham ; for the benefit of our readers, we have chosen to transcribe the history of it.

"At the close of summer, the CHOLERA MORBUS raged epidemically, and being rendered more severe by the extraordinary heat of the season, it was accompanied with more violent, and inveterate, convulsions, than I had hitherto observed ; for, not only the abdomen, (which is usually in this case,) but all the muscles of the body, and especially those of the arms, and legs, were affected with terrible spasms, so that the patient would sometimes leap out of bed, and writhe himself all manner of ways, in order, if possible, to mitigate their violence."

"But though this disease admitted of the usual method of cure, yet *stronger opiates*, and a more frequent repetition of them, than ordinary, were manifestly indicated."

Having finished our extracts from Sydenham, we next proceed to the consideration of the writer's allusions to Cullen :—

"For many years after the time of Cullen, who frequently promulgated opinions founded on those of some fancy author, rather than on his own observations,† it was very much the fashion to speak of redundancy of bile, or of acrid bile, as the cause of the whole train of symptoms in this disease, but since the

\* In the 223rd page, Sydenham observes, that CHOLERA MORBUS rarely lasts longer than the month of August, wherein it began, &c., and whoever carefully attends to the appearances of a LEGITIMATE, or TRUE CHOLERA MORBUS, of which only we now treat, &c.

† Dr Cullen started at once into a new path, bold, comprehensive, and original. "We remember our first opinion of it ; and now that thirty-five succeeding years have cooled our ardour, uninterrupted study, and practice added to our information, we can decidedly pronounce that his plan has not been excelled,—and has not *publicly* been equalled. The foundation of Dr Cullen's system is, considering the human body, as a congeries of animated organs, regulated by the laws, *not of inanimate matter, but of life, and superintended, by an immaterial principle.*" Are these principles "fanciful?" Probably these *physiological principles are not in unison with our Correspondent's doctrines!*!



attention of medical men has been more particularly drawn to the subject, practitioners may be found in every town in England, who can inform you, that, in severe cases of Cholera, they have generally observed that NO BILE whatever has appeared till the patient began to get better."

We beg here to observe that Cullen retained the *ancient generic title Cholera*, to designate the *same disease*, for which other writers have employed the pleonastic term *Cholera Morbus*.\*

"In this disease, a vomiting, and purging concurring together, or frequently alternating with one another, are the chief symptoms. The matter ejected both upwards and downwards, appears manifestly to consist chiefly of bile."

"From this last circumstance I conclude, that the disease depends upon an increased secretion of bile, and its copious effusion into the alimentary canal; and as in this it irritates, and excites the motions above-mentioned, I infer that the bile, thus effused in larger quantity is, at the same time also, of a more acrid quality. This appears likewise from the violent, and very painful, gripings, that attend the disease, and which we can impute only to the violent spasmodic contractions of the intestines, that take place here. These spasms are commonly communicated to the abdominal muscles, and very frequently to those of the extremities, &c., while a coldness of them, with cold sweats, and faintings, coming on, an end is put to the patient's life, sometimes in the course of one day."

"The attacks of this disease are seldom accompanied with any symptoms of pyrexia, (or fever): and although, during the course of it, both the pulse, and respiration are hurried, and irregular, yet these symptoms are, generally, so entirely removed by the remedies that quiet the spasmodic affections, peculiar to the disease, as to leave no ground for supposing that it had been accompanied by any proper pyrexia, or fever."

"This is a disease attending a very warm state of the air; and in very warm climates, it may perhaps appear at any time of the year; but even in such climates it is most frequent during their warmest season; and in temperate climates, it appears only in the warm seasons."

"From all these circumstances, it is, I think, very evident that this disease is the effect of a warm atmosphere, producing some change in the state of the bile, in the human body; and the change may consist, either in the matter of the bile being rendered more acrid, and thereby fitted to excite a more copious secretion, or in the same matter, it being prepared to pass over in larger quantity than usual."

Then follow some interesting, and valuable remarks upon the arrangements of nosologists, respecting Cholera as a genus, &c., amongst which the following struck us as being peculiarly applicable to the present question:—

"The application of Cholera, therefore, should, in my opinion, be confined to the disease I have described above; which, by its peculiar cause, and perhaps also, by its symptoms, is very different from all the other species that have been associated with it." "I believe that all the other species, arranged under the title of Cholera by Sauvages, or Sagar, may be properly enough referred to the genus of Diarrhœa.

"The distinction I have endeavoured to establish between the *proper Cholera*, and the other diseases that have sometimes got the same appellation, will, as I

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\* See Cælius Aurelianus—Hoffman, Fordyce's Elements, p. 2. Edinb. Med. Essays—Parr's Med. Dict.

By Bontius, and Thevenot it is said to be most frequent in sultry weather, and to be endemic in India, Mauritania, Arabia, and America.



judge, supersede the question, whether the Cholera, in temperate climates, happens at any other season than the above assigned."

"In the cases of a *genuine Cholera*, the cure of it has been long established by experience."

"In the beginning of the disease, the evacuation of the redundant bile is to be favoured," &c. "When the redundant bile appears to be sufficiently washed out," &c.

We should deem a more formal apology necessary, for having occupied so much of our reader's time, by such extensive extracts, did we not feel convinced, that they contain more than at first sight meets the eye of the non-professional reader; and that the matter to be derived from them, is of infinitely more value, in elucidating the present point, than any thing that we can suggest.

It seems evident, from the beginning, that our correspondent's object has been to establish *one genus of Cholera*, of which all the rest were *mere grades, and varieties*; and that, no matter how numerous the appellations may have been, they were nevertheless only intended to designate one, and the same disease: it became necessary to collect ample evidence, to rebut his novel, and unorthodox assertions.

Aware of this *ruse de guerre*, we saw the necessity, after reconnoitering the disposition of his forces, to destroy his out-posts, before we could attempt, with any prospect of success, to drive him from his main works.

Leaving metaphor, it will be evident, after due deliberation, that the writer, in the present instances, has been guilty of the most flagrant breach of consistency; first, by insinuating, that "SPASMODIC CHOLERA had prevailed" in *Sydenham's time*, had had been recorded by him; and next, by implication, that Cullen had been misled "by some fancy author, rather than relying upon his own observations," and thereby attributed Cholera, falsely, to "acrid bile, or to a redundancy of it;" hence had misrepresented the disease, by mis-stating the symptoms; and thirdly, "that practitioners in every town in England can inform us, that in SEVERE CASES OF CHOLERA, they have generally observed that NO BILE whatever has appeared till the patient *began to get better*." We are at a loss to find words sufficiently strong to express our indignation at designs so subtle, at subterfuge so disgraceful, as lie concealed beneath these assumptions.

These great Masters in Medicine are found describing the *common bilious, and autumnal disease of this country, as well as that which arises from the same cause, in other countries, viz., from a "redundancy, or acrimony of bile;"*—the former, under the pleonastic term, CHOLERA MORBUS; the latter under the generic appellative CHOLERA—*both implying one and the same disease.*

Sydenham is falsely charged with having "recorded the prevalence of Spasmodic Cholera in 1669," because he has merely stated "CHOLERA MORBUS" as being "MORE epidemic in that year, than he ever remembered to have KNOWN IT IN ANY OTHER."—Vide, p.



218, vol. 1. And again, "because he has described it, at the close of summer in the year 1675," p. 433, as RAGING with MORE SEVERITY, from the EXTRAORDINARY HEAT of the season," and as "accompanied with MORE VIOLENT AND INVETERATE CONVULSIONS, than he had hitherto observed;" hence, more fatal.

While Cullen's reputation is assailed, because he has so accurately described the predisposing, and proximate, causes, (viz. heat and bile), of the TRUE CHOLERA MORBUS, unaccompanied with the symptoms of an aggravated case; thus depriving our correspondent of an opportunity of charging Cullen with having "recorded" *Spasmodic Cholera*. Not contented with these unworthy stratagems, we find him "at his dirty work again," in stating that, "severe cases of Cholera may be found in every town in England, in which NO BILE whatever has appeared, till the patient began to get better." Concluding that he can only mean, by this ambiguous assumption, cases of "SPASMODIC CHOLERA," from his adding, "in which NO BILE whatever has appeared, till the patient BEGAN TO GET BETTER;" we have no other alternative left us, than to maintain, that he has risked an assertion at the credit of his professional judgment; hence, we are willing to leave the construction, and analysis here offered, to be decided by a jury of our professional brethren in this country.

Fearful lest he should have failed in convincing his readers by these insinuations, he has recourse to another stratagem, to illustrate his *undefined cases of Cholera*. "In fifty-two cases of Cholera which passed under my observation in the year 1828, the absence of bile was always most remarkable. I made my observations with extraordinary care, one of the cases proved fatal, in which the group of symptoms deemed characteristic of the Indian, or Indo-Russian Cholera, was most perfect, and in the mass, the symptoms were as aggravated, as they have often been observed to be in India,—in several, spasms, coldness of the body, &c."

Our *only clue* to the real nature of the kind of Cholera, to which the writer here alludes, is the ABSENCE OF BILE, and although we are a little startled to find that only "one of the cases proved fatal," yet if we place any faith in the existence of these "fifty-two cases," we must conclude that they were all the TRUE SPASMODIC CHOLERA.

We must, after dwelling so long upon the contents of the opening of this letter, beg leave to refer our readers to the remaining paragraph of it; assuring them that they will meet with a lengthened continuation of the same labyrinth, and sophistry.

The writer has frequently indulged himself in the general assertion, "that, those who believe in the communicability of Spasmodic Cholera, no matter whether conscientiously, or capriciously, are the real cause of all the public evils, that are, and have been, the result of this Pestilence;" and, is it his belief, and persuasion, that those, who "openly favour the side of *communicability*, contrary to their inward conviction," p. 4, line 22, and that others,



“too frequently, from ignorance, and credulity, availing themselves of mere rumours, or whispers of experience, as confirmation, and sometimes, as the very ground work of their philosophy,” &c., “regulating their measures, not by official information of its accredited ambassadors, but by the gossipings of news-mongers in the streets;” p. 28, finally, “the suppliers of false facts,” p. 30, line 22, are able to produce such “wide-spreading,” and ruinous effects?

Had he employed a little calm reflection, it might have convinced him, that such national, and commercial calamities, do not, nay, cannot, arise from characters, so insignificant, and unworthy, as he has described; but from some more weighty, and influential source.

Had the writer viewed the question, with a less jaundiced, and oblique, eye, and had he dared to have looked into it more closely, he might have discovered, that he had heaped coals of fire upon the wrong head. But we will pursue such torturing remonstrances no further, and ask him, what, now, becomes of that premature, and indecent boasting, with which he ushers in the prophetic prelude to his eighth letter?

“Already has the problem of the contagious, or non-contagious nature of this disease been, solved upon our own land,”—why this vain boasting? although it has been solved too conclusively, “upon our own land,” yet, “the due distribution of the resources of this pre-eminently humane nation, has lost, not merely “an hour,” but days, weeks, and, we might add, months, “in shaping the arrangements accordingly,” p. 48. Is not the pestilence, “we may ask, permitted to take its own course?—is not a free communication permitted from an infected, to every uninfected, town throughout this kingdom, *though the LATEST OFFICIAL DOCUMENTS designate THIS PESTILENCE, “INFECTIOUS SPASMODIC CHOLERA?”* While all admit, “serpiti contagio vulgi,” every thing is permissive, nothing compulsory,—no restraint is coercively placed upon vagrants, or trampers; and though they may not, *en masse*, be the importers of so condensed a body of poison, as the caravans, in the East, yet they disseminate the morbid virus with as much *certainty*, and *ultimate effect*.\* But to return to the point from which we digressed.

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\* “Avoiding the desert, the malady accompanied the caravans which traverse Mosul, Diarbekir, Orfa, Bir, &c., and having crossed the Syrian frontier in this direction, the disease attacked Aleppo in the beginning of Nov., having attacked Mosul in the July previous. We have the authority of the French Consul for asserting, that the IRRUPTION OF THE CHOLERA WAS COINCIDENT WITH THE ARRIVAL OF THE CARAVANS IN ALL THOSE TOWNS.”—*Quarterly Review*, 1831.

“In a letter from M. Jomard, dated Alexandria, Nov. 18, communicated to the Academy of Medicine, at Paris: we observed the following passages,—the CHOLERA WAS PROPAGATED AT MECCA BY THE PILGRIMS. IT HAS ACCORDING TO CUSTOM, FOLLOWED THE BEATEN TRACKS, AND THE COURSES OF CANALS AND RIVERS.”—*See Dr Cooke, on Scarlet Fever, Plague, Spasmodic Cholera, &c.*, p. 156, 165.



When we read the following interrogatories of our correspondent, we were inclined to doubt our very senses—"What now becomes of the doctrine of a poison, piercing, and rapid, as the sun's rays, emanating from the bodies of the sick, nay, from the bodies of those who are not sick, but who have been near them, or near their houses?" We are authorised to answer, VERIFIED, by the daily, and hourly, authentic reports of facts, now in rapid, and deadly progress around us! As if it were intended to silence such unseasonable, and obtrusive doubts, a letter has this day been addressed to us, from the Reverend President of the Board of Health at Gateshead, in which we find the following expressions:—

"Moreover, after all, the disease baffles examination, both as to its nature, and the remedies; it is not possible to trace contagion, or infection, in every instance, particularly where, as in Gateshead, it broke out, apparently, simultaneously in all parts of the town, and carried off fifty persons in as many hours!"—*January 4, 1832.*

From an oral report, afforded by a gentleman at Gateshead, we learn, that it is difficult to determine whether, in its character as an epidemic; whether by contagion, infection, or by means of inanimate substances, this Pestilence proves most fatal—so virulent is the poison, and so subtle are the attacks of this chameleon-like and noisome Pestilence:—in one respect, however, he adds, we all agree—that AFTER DEATH, THE DISEASE IS CONTAGIOUS!

"In the occurrences at Newcastle and Sunderland," (for we find our writer now including the former infected town in his commentaries,) he says, "how has the fifty times refuted doctrines of the disease spreading from a point in *two* ways, or in one way, tallied with the facts?" We answer, from our own knowledge, most exactly!—thus belying his unblushing charge: for the disease "has spread, and is spreading," even while these sheets are preparing for the press, "from a point in two ways;"—in truth, it is extending like rays from a focus!\*

We invite him to approach, and enter the plague spots in the north of this fair isle, if he has no inward misgivings, and mingle with the stricken, the dying, and the dead; and then he would receive convincing proofs of "the fifty times verified facts," that SPASMODIC CHOLERA IS A COMMUNICABLE DISEASE, IN THE MOST COMPREHENSIVE SENSE; although he still clings, with the pertinacity of a sinking man, even to a shadow, and exclaims, in his last expiring struggle, "the absurdity of this doctrine has now been displayed in the broad light of day!"

After this closing speech, it would have been reasonable to expect, that he would have withdrawn from the field, yet we find him, at the close of this paragraph, amusing himself with the following proposition:—"Now, the matter may be reduced to the

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\* Vide instances on Gateshead Fell, &c.



simple rules of arithmetic, viz., if as 'CONTAGIONISTS PAR METIER,' say, the poison from the body of one individual be, in a twinkling of an eye, and in more ways than one, transmitted to the bodies of a certain number who have been near him, &c., how, many thousands, or tens of thousands, in every direction, should, in a multiplied series of communication, and transmissions, be now affected?" It is highly probable, that the dreadful havoc which this disease produced in Hungary would solve his question.\*

But does he seriously believe, that this "matter may be reduced to the simple rules of arithmetic," and that too, at the suggestion of "contagionists:" we would gravely ask him, whether he supposes, that the flippant, and bold assumptions, which he has every where, in his series of letters, condescended to adopt, are the best calculated to gain the attention, and command the confidence, and conviction, of the contagionists, or of the public? If he should entertain so vain a hope, we assure him, that he will be most miserably disappointed.

We are firm believers in infection, from conviction; and he must be told, as a piece of salutary advice, that we feel too conscientious in our own integrity, to be alarmed, or disconcerted, by his arithmetical hallucinations, or to be deterred from doing our duty to our countrymen, either by the scorn, or ridicule, of his own immaculate, and disinterested, party, to which he has so often attempted to consign us.

It was our intention to have passed over the ninth letter, but upon re-considering its contents, we have determined to introduce into our pages, a few novel, and whimsical, scenes, which may lighten the dreary, and fitful roads, through which we have been obliged to drag our readers.

The author has introduced a new and unusual evidence in page forty-seven in the following grotesque language, "my witness is not a Doctor, but a *Duke*—the Duke de Mortemar, lately Ambassador from the *French Court* to St Petersburg, who has just published a pamphlet on Cholera, extracts of which are now made," &c. "Read them, people of all classes, read them over, and over again!" our correspondent exclaims; having read them once, and not being able to recommend them to the attention of our readers, we shall confine our remarks to a few choice passages, leaving the writer to the undisturbed enjoyment of the "morceau" furnished by this noble personage.

"Learning that the Duke de Mortemar believes in something like contagion (p. 30), and for no earthly reason, one may suppose, than for his inability to satisfy himself for the existence of another cause; as if it were not sufficient to prove that in reality the moon is *not* made of green cheese, but one must prove what it is made of." Our correspondent, seizing upon a few passages, that he sup-

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\* See our accounts from Gateshead, &c.



poses might impugn the doctrine of contagion, breaks out into the following pathetic soliloquy—"How delightful is the simplicity of truth!" Why, Sir, a morceau like this, and from an honourable man, let him call himself contagionist, or what he may, is more precious at this moment than Persian turkois, or Grecian gems. Make me an example, men say, of the culprits, "who let the Cholera Morbus into Sunderland,"—concealed in "susceptible articles! Yes, and that we may be on a level in other matters, destroy me some half dozen witches, too, as we were wont to do of yore." From such ebullitions of a heated imagination, we will turn to the liberal assertions of a Dr. Lefevre, whom our correspondent next introduces amidst his *Dramatis Personæ*.

This physician to our embassy at St Petersburg has expressed himself rather in the violent tone of a partisan, than in the language of honest indignation; yet, our author seems pleased with his acquaintance, and exclaims, "hear all this, Legislators! Boards of Health throughout the country, hear it!" &c. "One more short quotation from Dr. Lefevre, a gentleman certainly not among the number of those who stand denounced before the professional world, as unworthy of belief." He says, "as for many reports, which have been circulated, and which, *primâ facie*, seem to militate against the statement (communication to attendants,) &c., I have endeavoured to pay the most impartial attention to them: but I have never found, upon thorough investigation, that their correctness could be relied upon; and, in many instances, I have ascertained them to be designedly false,"—to which our author re-echoes in small capitals, "DESIGNEDLY FALSE!" and to which we have ventured to re-echo, in larger capitals, DESIGN-EDLY FALSE!!

Feeling no disposition to disturb him in the full enjoyment, either of the Duke's "morceau," or the physician's *courteous malediction!!* and leaving these worthies to their "feast of reason, and their flow of soul;" we beg leave to remind our author, that as he does not favour us with even a glimpse of "Dr. Lefevre's reason," for the suppression of urine in Cholera, he will excuse our entering fully into this subject in the present letter, and merely observe, that in turning to our Aretæus, we find the well known passage to which he alludes in the fifth chapter of that accurate writer, which is *so contra-distinguishing a symptom of Spasmodic Cholera*, and never of Cholera Morbus. Here we again discover our correspondent tripping, and let him consider, for we will take him at his word, how his own assertion, and inferences return upon himself.

We have, at last, arrived at the concluding letter of our author's series, and happy we feel, on our own, as well as our readers' account, whose patience has, we fear, ere this been exhausted.

To one passage we intend limiting our remarks; our motive in selecting it is twofold; first, because it will be found to contain a very fair specimen of the writer's powers of discrimination, and reasoning; and, secondly, because it furnishes, by implication,



strong presumptive proof, that he considers that the DISEASE which has RAVAGED SUNDERLAND, was of FOREIGN ORIGIN.

“The situation of our medical brethren at Sunderland is most perplexing, and demands the kindest consideration on the part of the country at large; but let nothing which has occurred disturb the harmony so essential to the general welfare of that place. In truth, both parties may be said to be right—the one in stating that the disease in question is *Indian Cholera*, because the symptoms are precisely similar—the other, that it is *not Indian Cholera*, because it exists in Sunderland, and without having been imported—IN NEITHER COUNTRY IS IT COMMUNICABLE FROM ONE PERSON TO ANOTHER, as is now plainly shown upon evidence of a nature which will bear any investigation; and, if blame, on account of injury to commerce, be fairly attributable to any, it is to those who, all the world over, pronounced this disease, on grounds the most untenable, a disease of a contagious, or communicable nature.”\*

What the writer’s “medical brethren at Sunderland” may think of his officious and injudicious intimations, we do not pretend to know; but thus far we will say, that they have undergone a heavy and perilous task, through good report and through bad report,† and we firmly believe, that whatever their opinions may have been respecting the nature of this Pestilence, that they at all times acted conscientiously, and to the best of their judgment.

Having already, we hope, shewn, in the preceding pages, that the writer has attempted to maintain delusive principles, by inadmissible, and false arguments; his last dying speech, touching “contagion,” demands no additional notice. After such a rhapsody, let us try how well his premises, and arguments hold good;—and whether his statement, and acknowledgment, are not at variance with each other; whether they do not tend to falsify the cause, which they were destined to defend, and prove.

\* See note, p. 34.

† It is painful to find scientific men knowingly propagate misrepresentations, for the sake of party, at the expence of principle. Why, we ask (as connected with our present subject), could not a Physiologist of foreign notoriety, after his visit to Sunderland, where, we have been informed from good authority, he was received with great hospitality, and without ANY RESERVE, from the members of our profession, appear before the Academy of Sciences, in his own country, as THE REPORTER OF FACTS? If reliance can be placed upon the accounts received from Paris (vide *Standard*, Dec., 1831), this personage, “in delivering a verbal report of his visit,” is said to have “LAMENTED THAT THE POPULAR PREJUDICE AGAINST DISSECTION WAS SO GREAT, THAT THE FACULTY HAD NOT BEEN ABLE TO OBTAIN PERMISSION TO OPEN THE BODY OF A SINGLE PERSON WHO HAD DIED OF THE CHOLERA!!!”

In justice to our professional brethren at Sunderland, we consider it our duty to refute this insinuation, by affirming that, to our knowledge, SEVERAL POST-MORTEM EXAMINATIONS WERE MADE, EVEN ON THE FIRST APPEARANCE OF THE DISEASE, OF PATIENTS WHO DIED FROM CHOLERA IN SUNDERLAND, THE RECORDS OF WHICH ARE KEPT. The plain evidence of facts is superior to all declarations. If there be not an error of the press, the conclusion is inevitable. As our Schools of Anatomy are likely to suffer, for a time, from the acts of the sanguinary murderers, we needed not a scientific coadjutor, to raise suspicion in the minds of the people.

————— spargere voces,  
In vulgum ambiguis.



“Let the Sunderland Board of Health not imagine that their situation is new; for similar odium has fallen *on the first*, who told the *plain truth*, in other instances:—At Tortosa, a few years ago, the physician, who announced the appearance of the Yellow Fever, was, according to different writers, STONED TO DEATH; and at Barcelona, in 1821, a similar fate had well nigh occurred to Dr. Bahi, one of the most eminent men there. We need not, I presume, fear that a scene of this kind will take place in this country, —though the cries of ‘no Cholera!’ and ‘down with Ogden!’ have been heard.” We ask, what is *the plain truth that was first told by the members of the Sunderland Board of Health?* In referring to a document published on the 12th of November, 1831, and signed by the president, Dr. W. R. Clanney, we find an ample reply, “the following was put from the chair, without comment: is it the opinion of the medical gentlemen present, that we have the CONTINENTAL CHOLERA AMONGST US? when it was carried unanimously IN THE AFFIRMATIVE.”

Having our author’s own acknowledgment, that THIS DECISION WAS THE TRUTH, we venture to assert, from his own words, that the disease at Sunderland IS OF FOREIGN ORIGIN; and that he has, by implication, thus furnished the strongest proofs against himself.

That the view here taken of the sense of the preceding passage is correct, receives considerable illustration from the example advanced by the author, in support of his own meaning, viz., “that the physician was stoned to death for speaking the truth;” or, in other words, for announcing the arrival of the Yellow Fever at Tortosa! This disease, the reader should be informed, is considered *indigenous in the West Indies*, consequently a FOREIGN DISTEMPER AT TORTOSA.\*

One word more, and we conclude our analytical sketch of these letters. We ask the writer of them, who seems intimately acquainted with the domestic concerns of Sunderland, whether the promoters of the “cry of no Cholera,” were always so peaceable, and dove-like, in their demeanour, as to preclude the possibility of a similar outrage, (*to that which had been inflicted upon the Physician at Tortosa, and Barcelona,*) befalling the person of him, who was amongst the first to speak the truth in that town?

Our limits warn us not to expatiate, as we might do, on many other points illustrative of the present subject.

The great leading principles which we have been desirous of establishing in this Letter, are the distinctive difference between Cholera Morbus, and Cholera Spasmodica, and the communicability of the latter: the manner in which our undertaking has been

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\* Febris flava, febris maligna Barbadosensis—Bisset on the Yellow Fever of the West Indies—Blicke on the Yellow Fever of Jamaica—Dr. Rush, Dr. Chisholme, &c. &c.



executed, and the degree of success, with which it has been accomplished, are now submitted to the consideration of the public.

If we may be allowed to know ourselves, we believe that we are neither influenced by a desire to offend, or by the fear of offending,—by a regard to self-interest, or by a prejudiced attachment to opinions, which have been received without enquiry, or maintained without examination;—truth, confirmed by undeniable evidence, and demonstrated by fair and reasonable inferences, are the objects we are desirous of pursuing, and of ultimately obtaining.

What hope is there, we ask, while we proceed as we are, and have been, proceeding, (though we are assured by our government, and convinced by experience, that this disease is an **INFECTIOUS PESTILENCE**) that it will not overspread this fair land, in proportion to the increasing influence, which it is acquiring every day, and ultimately carry off one-third of the population, whom it attacks? Have we not grounds for viewing the result with alarm? Is our prospect more comfortable, when we look back to the millions whom it has destroyed since its first out-breaking in India, in 1807?\*

It is a new, and imported evil, we grant; but is not the greater proportion of our pestilential evils of foreign growth? Is it upon the wane, or has it evinced a symptom of self cure?

We appeal to our fellow-countrymen, whether it can be supposed, that a full, and candid, exhibition of the real fatality, and character, of Spasmodic Cholera, will ever be secured, by the means that have hitherto been adopted? We do not put these questions, for the purpose of embarrassing the authorities that are placed over us; but with the sincere, and anxious, desire of inviting their immediate, and serious attention to the real state of the case. We ask, is it possible to obtain the whole truth by permissive regulations? From the returns already made within the scope of our own knowledge, we are bound to reply in the negative. We could furnish ample evidence, that there are several villages, and places, north-east of the point at which we are now writing, from which no official report, according to the lists daily issued, from the Central Board of Health, has appeared. From such facts as these, it must be self-evident, that, unless the power entrusted to the Boards of Health, be absolute, and compulsory, and the parochial, and professional, reports be obligatory, it will be in vain to expect ever to know the evil, the danger, or the fatality, of this pestilence. Hence, we must put up with the shadow, instead of possessing the substance. In many matters this might suffice; especially, if the evil complained of was passive, and stationary; but in the present instance, the evil is active, and progressive; stealthy in its approaches, and deadly in its nature, which has not, hitherto, been checked, either by an antidote, or specific.

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\* Vide Curtis's History.



We are merely stating facts, known to every one, in the vicinity of the infected towns, who are willing to learn them. We are neither desirous of exaggerating its history, "aggravating the horrors of the picture, or to conceal it." Yet we acknowledge we are desirous of avoiding all mystery, and secrecy, in order that the public may not be deceived, and that they may be prepared for the worst.

Having daily proofs of its steady, and progressive course;\* witnessing its ravages, and apprehending, from the sad experience of the past, that it may gain root in our soil, and thus become added to our already crowded catalogue of diseases, we dread the results of concealment, as our private and national welfare is concerned.

Let it be remembered, that the suddenness of its attack contains no parallel in the present diseases of Europe, more especially in these kingdoms.

Can it be expected, we repeat, that half-measures are calculated to arrest this disease? While Pestilence is on foot, are we justified in passively succumbing to its influence, and, with a paralyzing fatalism, make no decided effort for the public preservation, when human means *have been, and are, available*? We maintain, that the people of England ought to be apprised of their danger, nothing concealing; to keep the truth from the people, is a gross mistake,—a more fatal error cannot well be entertained, or acted upon:—for the magnitude of the present evil demands, not only the vigilance, and deliberation of Government, but of every individual in this island.

Let us then meet, and attempt to counteract it, with prompt and decisive, though not with too presumptuous measures—not by deception, and pusillanimity, but by adequate, and efficient means.

Should we have been, by means of the preceding remarks, and exhortations, in any degree, the humble instruments of rousing that manly discipline of mind for impending dangers, which consists in contemplating its effects, and in adopting sanatory, and precautionary, measures against its incroachments, the ultimate result, contemplated in these pages will have met with its ample reward.

If the writer, whose letters we have analysed, be ultimately induced, by the force of passing events, to retrace his steps, and to think seriously upon those points, which we have felt it our duty so closely to discuss,—he may be prevented from again employing his pen in a cause so unworthy of his talents, and ingenuity, by considering the wholesome advice, and chastening reproof, which are combined in the following passage, to which the motto selected for this letter is a prelude: "*Quanto rectius hic, qui nil molitur inepte.*"

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\* Two cases of Spasmodic Cholera have been reported, as occurring at Durham, to the Central Board in London.



Having discussed the great questions before us, we have intentionally drawn a veil over those parts of our correspondent's letters, which were purely personal and polemical.

It is, to use the language of a well known writer, astonishing, it is painful, to see men of parts, and ability, giving in to the most unworthy artifices, and descending so much below their true line of character; but if they are not the dupes of their sophistry, which is hardly to be considered, let them consider that they are something much worse—and though our day of trial is at hand, yet it is to be hoped that there is a fund of good sense, and sound principle, in this country, which cannot long be deceived by the acts either of false reasoning, or false patriotism.

In taking leave of our correspondent, we have, in pursuance of his example, availed ourselves of the use of the mask; and, as there is little prospect of our becoming personally acquainted, we feel it unnecessary to offer any apology, for employing a signature, which furnishes him with no better reference, than that which is concealed under the well known words,—

“STAT NOMINIS UMBRA.”

#### ERRATA.

- Page 4, line 27—“Or serve,” *read*—of serving.  
 7, — 9—“Prog-nostic,” *read*—pro-gnostic.  
 7, — 17—“Willis,” *read*—Wallis.  
 15, — 31—“Mort,” *read*—post.  
 —, — 35—“And would have contrasted it,” *read*—which would have contrasted.

FINIS.