

crets, and that they had been in various ways afflicted by them.

Allusion was made to the well-known convulsive epidemic in the Orphan House of Amsterdam, recorded and treated by Boerhaave.

It was observed that, notwithstanding the general mental excitement of the last half century, and the marked tendency to belief in the supernatural, there was no record of any occurrence similar to those first described: the nearest approach to it, in our times, was the attempt to enlist the children in the advocacy of total abstinence. From extensive inquiries respecting the Orphan Asylums, and the great educational institutions, there did not appear to be any prevalence of imitative convulsive disorders. These immunities were attributed to a better understanding of the position of children in society.

It was suggested that probably much of the epidemic constitution of the present time was due to the repressed excitability. Confessedly it was more nervous than at any previously recorded epoch.

Short of positive illness, there appeared to be an increasing asthenia during five or six years preceding the completion of physical development, apparently the result of exhaustion, and requiring much care, but commonly passing into full health and recruited energy.

In conclusion, it was observed that the office of the medical practitioner and of this society, was not so much to cure these cases, as to direct the public attention to them with a view to their prevention. The evil was in the hands of parents and preceptors. It was suggested that, in some cases, there was an undue call upon children for aid in religious objects. It was, however, a most difficult problem how best to prepare the child to meet the excitement of the world. Probably the chief thing to be supplied was opportunity for bodily activity combined with mental relaxation.

An animated discussion followed, in which Dr. Sibson, Mr. Hunt, Col. Sykes, Mr. Walsh, and Dr. James Bird took part.

At half-past nine Dr. Snow read the remainder of his paper

On the Mode of Propagation of Cholera, commencing, however, with an abstract of the portion read at the former meeting. He enumerated many circumstances in the history of Asiatic cholera, and some particular facts, which he considered to prove that the malady was propagated by human intercourse, as, indeed, he believed all epidemic diseases to be. He stated his belief that there was no evidence opposed to the communicability of cholera, for the facts

thought to bear this construction were only considered to do so on the assumption that if cholera be communicated, it must extend itself, as the eruptive fevers are believed to do, by means of some emanation given off from the patient into the surrounding air, or by contact with the patient or articles of clothing, &c. which have been near him. Nearly all the arguments which were thought to disprove the communication of cholera would apply equally well to syphilis, did we not happen to know the way in which it is communicated. He considered that cholera always commenced by a local affection of the alimentary canal, and that the constitutional symptoms were always the result of the local disorder. It followed, therefore, that being a communicated disease, and commencing by a local affection, the morbid poison must be applied to the part first affected; that, in short, the cholera poison must be swallowed—must multiply itself in the alimentary canal, and pass off in the feces and matters vomited; and that the disease must be communicated by these evacuations being accidentally swallowed: this being a method, however, by which the complaint might still be communicated, providing it did not begin in the alimentary canal, but by constitutional symptoms, like the eruptive fevers. He enumerated many circumstances giving a general support to this view of the propagation of cholera: one of these circumstances being its increased prevalence from want of personal cleanliness, whereby those waiting on the sick could not fail to contaminate the food which they ate themselves or prepared for others. Some particular instances of apparent communication of cholera by means of articles of food were also related.

The author continued to the effect that, in his opinion, cholera was likewise often communicated by means of drinking water, owing to the contents of drains and sewers being emptied, either accidentally or systematically, into the source whence supplies of water were taken. He related the particulars of many violent local outbreaks of cholera connected with the contamination of limited portions of water, and stated that the sudden way in which these outbreaks took place, immediately after the evacuations of one or more cholera patients entered the water, precluded the supposition that the impure water was merely a predisposing cause. The great prevalence of cholera in the south districts of London, and in many large towns, was connected with the drinking of river water into which sewers emptied; and in Rotherhithe and Bermondsey—the metropolitan districts in which cholera was most severe—many of the inhabitants had no supply of water ex-

cept from certain tidal ditches which received great quantities of excrementitious matters. In the towns, such as Birmingham, in which this connection between the sewers and the drinking water did not exist, the cholera either did not spread, or it extended itself only amongst the poor and dirty. All the early cases of cholera in London, in the autumn of 1848, following one in a seaman from Hamburgh, occurred amongst persons who obtained their water by dipping a pail into the Thames, or from St. Bride's pump, which had a communication with the river by means of the Fleet ditch sewer. He believed that several diseases, including abdominal typhus and the plague, were communicated in the same way as cholera, and that ague was often caused by drinking the ditch-water of marshy places. He considered that the progress of cholera could be better stayed by sanitary measures than by quarantine regulations; but the sanitary measures should have a relation to the mode of communication of the disease, or they might be injurious instead of beneficial; the late epidemic of cholera having, he believed, been much aggravated in London, and especially in Hull, by presumed sanitary measures.

The reading of the paper occupied the time of the meeting until a quarter past ten: the discussion was therefore adjourned until the next ordinary meeting in July, when a paper "On the Use and Limits of Statistics, as applied to Epidemic Diseases," by Mr. Hunt, will be read.

ACADEMY OF MEDICINE, PARIS.
May 20, 1851.

American Lepra (Lepra tuberculosa—Elephantiasis.)

M. GIBERT read a report on a memoir upon this disease, by Dr. Echeverria, translated from the Portuguese, and addressed to the Academy by M. Jules Bourcier, ex-consul of the Republic of Quito. The author, who had himself suffered from the disease, had been confined with sixty-five unfortunate companions in the Lazaretto of Quito. Of this number sixty presented all the characters of lepra. M. Echeverria admitted, with the most ancient authors, two forms of the disease,—the Greek, or tubercular, and the Arabian elephantiasis; both forms being sometimes met with in the same individual.

He admits, besides, two other species of lepra,—the scaly and the crustaceous, both much more rare than the tubercular. M. Echeverria is opposed to the view of the

contagiousness of this disease, and adduces facts to show the fallacy of the opinion which thus dooms the victims of this hideous malady to the miseries of Lazaretto. Its hereditary tendency is confirmed by M. Echeverria, who had before him four examples of its transmission in this way.

With respect to treatment, the author deplored the sad custom of declaring incurable every individual attacked with the disease, and sequestering them as objects of horror and disgust, without medical aid, and cut off from the possibility of intercourse with their fellow creatures beyond the walls.

The report concurred in the views of M. Echeverria, that the subjects of this malady should be treated as patients; not as incurable and dangerous to others, and therefore to be excluded from all social relationships.

M. CLOT-BEY stated that he had had frequent opportunity of witnessing this disease, which he stated to be prevalent throughout Egypt, being more severe on and towards the sea-coast.

M. Clot-Bey observed that he had seen very many cases in which it had not been transmitted to members of the same family; he doubted the possibility of its communication, and did not consider it to be necessarily hereditary. This is so well known in Egypt, that the people take no precaution for its prevention; they do not hesitate to have leprous servants in their houses, even wet-nurses, with the disease. He had never interdicted nursing when consulted on this point, and had never seen the malady communicated. During a visit which M. Clot-Bey made to Crete some years ago, he had also seen the Greek leprosy. In that country there is a general belief in its contagiousness; but in spite of precautions there are many individuals who conceal the fact of the existence of the disease that they may escape sequestration, and remain in daily communication with healthy persons, without any evil resulting. With respect to treatment, M. Clot-Bey had not been able to arrive at any definite conclusions.

M. HUZARD stated that he had seen lepra in Senegal, and was convinced that it is not contagious. The lepers are not separated there, and the notion of transmissibility is not entertained in that country.

M. GIBARDIN and M. RICORD mentioned facts which confirmed the opinion of the non-contagiousness of lepra.

May 27, 1851.

Etiology of the Plague.

M. CLOT-BEY observed that the Academy might perhaps be surprised that he should