may use the term, in the selection of its places of visitation, yet careful observation has disclosed many circumstances which favour its development, and knowing these, we may have it in our power to diminish its malignity and to restrict the number of its attacks.

The disease is by no means one of recent origin. The description of a disease of an analogous character, if not identically the same, has been described in a Hindoo work of great antiquity; and between the years 1629 and 1781, repeated epidemics of a disease approaching in its character to Algide or Asiatic cholera, have been described as having visited India and Hindostan. In the latter year the disease fatally visited Ganjam, a city of Hindostan, situated on the Bay of Bengal, and destroyed in this and other cities, in a short period of time, 30,000 negroes, and 8000 of the white population. Whatever may have been the origin of the disease in those days, its ravages were of a local character, and although it must have prevailed epidemically, yet we have no account of its having travelled beyond the countries specified. This may very possibly have been due to the more restricted international intercourse which then existed. One thing is certain, that with the solitary exception of an epidemic of this disease which prevailed throughout Europe towards the close of the seventeenth century, it has restricted its ravages to the countries specified, prevailing in them at different times and different places, with marks occasionally of a sporadic, at other times of an epidemic character, and continued to do so till the memorable year 1817, when it manifested itself in Jessore, a city of British India situated on the Delta of the Ganges, whence it spread, like a destroying angel, to the south, north, east and the west, proving equally fatal and malignant everywhere, and unchecked in its career, either by the severity of winter, or the expanse of the Atlantic ocean, only ceased its ravages on the confines of civilization in this Hemisphere. During this period of fifteen years, its march appeared to be a steady and an onward one. In 1819, it penetrated to its most southerly point, invading the Mauritius, in 20° south latitude. In 1829, it reached Archangel, on the White Sea, in 64° north latitude: the most easterly direction of which we have account was the Philippine Islands, situated in east longitude 125°, which it invaded in 1841; and its most westerly, St. Louis, Miss., in 1832, situated in about 90° of west longitude; thus running over, during the years specified, no less than 84° of latitude, and 215° of longitude. Such was the disease which originated at Jessore in 1817. In 1845-6, it again broke out at Curachee, a town situated near the mouth of the Indus. During the last and the present year, it has visited the principal kingdoms of Europe, with a rapidity seven fold more quick, and the history of its westward progress, is an object of intense anxiety.

A careful examination of all the evidence with reference to the origin and progress of the cholera, discloses this important fact, that a humid atmosphere, wet and sultry weather, and marshy situations, are peculiarly adapted to its development. Exceptions will undoubtedly be found to the complete truthfulness of this observation, but in its main features the observation will hold good, and may be safely acknowledged as a rule. In 1817, the summer was a peculiarly rainy one at Jessore, and the city itself is surrounded by marshes. In 1846, Dr. Thom, of the 86th Regt., stationed at Curachee, observes that "the thermometer stood at from 98 deg. to 104 deg. Fahrenheit and the quantity of moisture was greater than I ever saw in any part of the world, at any season, the dew point being at 83 deg., and the thermometer in the shade being at 90 deg., the lowest range; even this gives 12.19 grains of vapour in each cubic foot of air," and he further shows that the quantity of rain which fell was unusually great. When the epidemic raged in Burmah, Dr. Parke observes,—"during its progress, it attacked chiefly or exclusively the towns and villages situated in low and marshy places, on the banks of rivers and shores of the sea." In India and Hindostan, it was observed to prevail most frequently with southerly or easterly winds, which favoured moisture, and as a general rule, we may observe, that this excessive moisture was either a prelude to, or an accessory of, its appearance, as witnessed by Dr. Prout, during its existence in England, in 1831–2; and, wherever it has prevailed, this fact is notorious, that the most marshy situations, the worst drained localities, have been especially selected as the sites of its greatest virulence. Whether all this induces a cause of malarial origin, of electrical atmospheric disturbances, or whether this state of the atmosphere predisposes to the generation of animalculæ or fungoid causes of the disease, is a matter of little moment, as regards the lesson obviously taught. Although exceptions are to be found of its prevalence in dry and arid situations, yet they are too few to invalidate the above position as the rule.

Of what nature soever be the exciting cause of this disease, and there has been no want of speculation on this point, its mode of propagation is a question of at least as great, if not greater, importance. Does the disease propagate itself by contagion, or is it a simple epidemic of a non-contagious character? The medi-