

really working both here and abroad. And as long as she works she will have the sympathy of the English people in all her difficulties. It is only to enable her to do her work better amidst the distractions of the times that combination in council and action is recommended."

WHETHER CHOLERA IS CONTAGIOUS.

BY JACOB BIGELOW, M. D.

(From *The Boston Medical and Surgical Journal*.)

WITHIN the present century, cholera, a disease indigenous in hot climates of the East, has, at various intervals, made its appearance in the temperate latitudes of Europe and America. It is now again exciting interest from its possible, and, perhaps, probable approach to this country.

The experience of the last thirty or forty years has led a majority of medical men who had observed the disease to believe that, as a general law, it is not contagious. In this belief I must individually remain, until evidence more satisfactory than any which has as yet appeared shall justify an opposite conviction.

The great epidemics of 1830 and 1847 had a remarkable coincidence in the path which they pursued, and in the order and dates of their arrival in different cities. They seemed to have followed certain great routes of travel, and to have avoided others equally frequented. According to Lesegue, they both visited consecutively, and in corresponding months, Tiflis, Astrachan, Moscow, Petersburg and Berlin. In 1831, cholera did not take the most frequented route from Berlin to Paris, but passed along the shores of the Baltic, crossed over to Sunderland, went down to London, and again crossed the channel, and arrived in Paris about six months after its appearance in Berlin. A disease propagated by contagion of any kind would hardly have avoided the most frequented thoroughfares from Berlin to

Paris, while it occupied half a year in going round England.

The epidemic now or lately prevailing in Europe appears to date back at least nine months, at which time it existed among the caravans of pilgrims visiting or returning from the City of Mecca. In the middle of May last it was at Alexandria and Cairo, in June at Constantinople, Ancona, and Marseilles, and in November at Paris, Havre and other European cities.

Thus it appears that cholera has now existed in Europe from three to eight months, among cities having constant commercial intercourse with seaports of the United States, during which time thousands of passengers and tens of thousands of bales and packages have been landed in our maritime cities. If cholera was as contagious or portable as many believe it to be, it ought to have begun and perhaps finished its work in many of our seaports before this time.

Epidemics require two things for their introduction and extension. These are—first, predisposition in the inhabitants of the place visited; and, second, the arrival or presence of an existing cause. This cause in some epidemics, such as smallpox, is contagion. In others it is an occult influence, not yet discovered nor understood, nor known to be controlled, except in some instances, by hygienic agencies. No country, I believe, has succeeded in keeping out cholera by quarantines, and no country, as far as we know, can produce it artificially or retain it after the predisposition has disappeared. In its own time it moves on thoroughfares where men are travelling, and spreads in cities where they are stationary, for no better reason known than that mankind are its necessary food, and that where there are no people there can be no cholera. But why, of two frequented roads or cities, it selects one and avoids the other, investigators have not yet been able to satisfy us.

The credit of having introduced the present epidemic into Europe is by a sort of popular acclamation assigned to