

fever patients soon get well, with the aid of tonics, and proper care.

Miners and others are very liable to get poisoned. No one has yet been able to satisfy me what the offending material is. It grows all about the outskirts of the town and in the interior. Persons who lay on the ground and travel through the woods are most liable to it. I suppose every one to be so, who comes in contact with the poison. It produces violent inflammation of the skin, the areolar tissue becomes thickened, and pus sometimes forms. It manifests a partiality to parts—thus the eyes, face and scrotum are the most frequent seats of the disease. The best treatment appears to be cathartics, cooling lotions, rest and low diet. It may become *chronic*, and on the whole is an unmanageable complaint.

I have not been at the gold mines, but I have seen many intelligent and respectable men who have spent considerable time among them; and from these and other reliable sources, I learn that the reports which I had heard respecting them before I left the States were not exaggerated. The mines are probably the richest and most extensive in the world. One thing is certain, they far excel any that have heretofore been discovered. History furnishes no parallel, unless the mines of ancient Ophir may be considered as forming an exception. A large portion of the gold actually occurs in "lumps," weighing from ten penny-weights to as many ounces. Occasionally, though rarely, large lumps are found, weighing from one to several pounds. It requires neither experience, skill nor science to obtain the gold; but it does require *immense labor and great exposure*, to pursue this business successfully. The diggers stand in the water, the mercury ranging from 90° to 100°, exposed to the malaria of

"Swampy fens,

Where putrefaction into life ferments,
And breathes destructive myriads; or from woods
Impenetrable shades, recesses foul,
In vapors rank and blue corruption wrapp'd,
Whose gloomy horrors yet no desperate foot
Has ever dared to pierce; then, wasteful, forth
Walks the dire power of pestilent disease."

The complaints most common in the mining districts are congestive, intermittent and remittent fevers, and disorders of the bowels.

But taking California as a country, it is remarkable for the salubrity of its climate, the fertility of its soil, as well as the unequalled wealth of its mines.

"Rich is thy soil, and merciful thy clime;
Thy streams unfailing in the summer's drought;
Unmatched thy guardian oaks; thy valleys float
With golden waves; and on thy mountains flocks
Bleat numberless."

You have doubtless received my communication dated at Panama, wherein I make mention of the occurrence of the cholera on board the Propeller Col. Staunton, on her trip from New Orleans to Chagres, in April last. I mentioned the cases that occurred on the way from the latter place to Panama, those in Panama, &c. There was one other fatal case that I was not advised of at the time of writing; the patient was a passenger in the Staunton, who undoubtedly received the infection on board. The disease extended no farther. (See p. 455, last vol.)

I also assumed that malignant cholera had never prevailed on the Pacific shores of the American continent, but did not attempt an explanation of the question why it did not, it having been often introduced. I cannot ascertain that the cholera ever prevailed as an epidemic at Valparaiso, Panama, Acapulco, San Blas, San Diego, Mazatlan, or Monterey. The fact is certainly a very curious one, and conflicts somewhat with the doctrines of "*contagion*" and "*electric influence*." It conflicts with the first because it did not extend to the physicians, nurses, and others who came in contact with the sick. Dr. —, who had the cholera on board the Staunton, and attended one patient at Panama, was a fellow passenger with me in the Oregon. He says it did not appear to him to be contagious. The woman who washed the clothes that he had on at the time of his sickness, was in good health when he left Panama, a month afterwards. The trunks, baggage and effects of those who died at sea were

sold at auction, but experience has proved that they were destitute of *fomites*. It had the same bearing upon the second doctrine because the circumstances to which the advocates of this theory attribute the origin of the malady would be just as effective on this as on the *Atlantic* side of the continent.

To what cause shall we attribute the origin and progress of this devastating and fearful pestilence, if not to that unknown one, *epidemic influence*?

I remain very truly yours,

J. P. LEONARD.

San Francisco, June 30, 1849.

REPORT OF THE GENERAL BOARD OF HEALTH.

FIRST PROCEEDINGS.

May it please your Majesty,—

As the Public Health Act and the Epidemic Diseases prevention Act, which we, the members of the General Board of Health, were appointed to administer, constituted a new and untrodden field of legislation, we have felt it our duty to render an account of our first proceedings, and of the grounds on which we have asked for amended statutory provisions to carry out the views of the legislature.

In presenting the following report we beg leave to express our regret that the pressure of incidental and irregular demands and emergencies for the direction of measures to arrest the spread of Asiatic cholera, have prevented our submitting it earlier for practical consideration during the present session of parliament. For this delay, and for unavoidable incompleteness in the report, which may not be supplied by our published notifications, and for any imperfections in the first exercise of the powers with which we are charged, we would bespeak a gracious consideration.

We deemed it our duty, in carrying into operation the Nuisances Removal and Diseases Prevention Act, to follow out the conclusions to which the metropolitan sanitary commissioners had previously arrived respecting the mode of propagation, the localising condition, and the means of checking the spread of epidemic diseases—conclusions derived from the largest experience of such diseases at home and abroad, and which were generally acquiesced in. With reference especially to the pestilence which seemed at that time to be impending, it appeared to us to be established by the evidence which they had presented in their first and second reports, that Asiatic cholera differs in no respect from other epidemic diseases, either in the circumstances which favor its localisation and extension, or in the classes that are peculiarly predisposed to it, and consequently that the means which experience has proved to be effectual in preventing the origin and spread of the most formidable of these common epidemics, typhus fever, would in the same manner be found effectual in the prevention of cholera.

The evidence also appeared conclusive that the character which, on its first appearance in Europe, was generally thought to be peculiar to cholera, and which gave it its chief terror—the absolute suddenness of its attack—was not true to the extent supposed; but that, on the contrary, with very few exceptions, and those chiefly on its first outbreak in a new locality, it gives distinct warning of its approach in time for the adoption of remedies capable of arresting its progress.

RE-APPEARANCE OF CHOLERA.

Though, when we entered on our office, cholera had not as yet broken out in any part of the United Kingdom, it appeared to be steadily approaching us from the Continent, advancing precisely in its former track.

The results of the experience of the disease which had been collected from so many sources, exhibiting its progress among populations in different climates and under widely