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OBSERVATIONS

ON

THE EPIDEMIC

NOW

PREVAILING IN THE CITY OF NEW-YORK;

CALLED THE

ASIATIC OR SPASMODIC CHOLERA;

WITH

ADVICE TO THE PLANTERS OF THE SOUTH,

FOR THE

MEDICAL TREATMENT OF THEIR SLAVES.

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BY CHRISTOPHER C. YATES, M. D.

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## INTRODUCTION.

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THE following pages do not strictly comprehend a treatise on the spasmodic cholera. They merely contain observations elicited from time to time by what has been done during its prevalence in this country. They are intended to point out the errors which, in the writer's opinion, have occurred in the management and treatment of the disease; and, if possible, to lead to a correction of those errors.

In order to render this pamphlet more useful and instructive to the reader, it may not be out of place here to point out the premonitory and fixed symptoms of the malady; a good description of which, in accordance with the writer's own judgment and observation, is contained in the following extract from a report of a committee appointed by the medical society of this city, signed by JOHN STEARNS, M. D. chairman.

“The best writers on cholera asphyxia, generally agree that it is invariably preceded by the following symptoms:

“The patient complains of lassitude and a partial uneasiness in the region of the stomach, accompanied with some slight evacuations from the bowels, insufficient however to excite his attention or alarm. As these symptoms increase, and the evacuations become more frequent, from two to twelve times a day, accompanied with increased griping, his countenance

becomes sharp and dark, of which he seems to be perfectly unconscious. Occasional nausea sometimes appears at this period. These symptoms generally continue, varying in severity, from one to ten days before the second stage supervenes. The evacuations at first are of a dark brown or blackish hue. As the looseness continues, they become of a less natural appearance, until they assume the consistence and aspect of dirty water. Some headache, cramp of the fingers, toes and abdomen, slight giddiness, and singing in the ears, accompany these symptoms. Sometimes a costiveness of two or three days' duration supervenes, which is immediately succeeded by a return of the diarrhœa, and in a few hours after by a collapse of the whole system, with nausea and vomiting."

Of the REMEDIES recommended by the various authors and writers on the subject from abroad and at a home, I dare not undertake the record. They would fill as many pages as this pamphlet contains. The recipes are as numerous as the Arabian tales.

These are, opium in all its modifications, camphor, oil of peppermint, brandy, capsicum, cajeput oil, table salt, pepper, mustard, ice, calomel, jalap, charcoal, burnt oats, lard, mint and cinnamon waters, maple sugar, cataplasms, injections, poultices, dry and moist heat, frictions, sulphur, hot and tepid baths, tobacco juice, cordials, cupping, leeching, bleeding, saline injections into the veins, electricity, lye, turpentine, soot, hartshorn, ether, and a thousand *et cæteras*; all and every of which have had and have their *successful* advocates! And add to them, as if in mockery of the desires of nature, the total prohibition of drinks, particularly cold water, under the most ardent and unquenchable thirst!

" Can such things be,  
And overcome us like a summer cloud,  
Without our special wonder ?"

If the disease, as is contended, be of a *special* character, why has there not, in the seventeen years of its prevalence, yet been discovered and adopted a *special* remedy? Its mortality is evidently as great and terrific now as it was several years ago, when it commenced its ravages in Europe. During this period it has been the subject theme of scientific research, and has called into action the most noted medical talents; but, that we are not, as yet, advanced a single jot in our remedial knowledge, I appeal to historical and existing facts.

The power of "disinfecting agents," except on stench and putridity, I deem extremely problematical. We want proof that the atmosphere is less pure now than at other seasons. We want proof—only *probable* proof—that the air contains a particle of specific infecting matter, or that the morbid cause does not exist in our own constitutions, and has been accumulating for months or seasons. Twenty years ago I thought, with the late Dr. Alexander Coventry, that all epidemics had their predisposing causes operating on the constitution for months previous to their breaking out, as the seed in the ground, in due time to spring into life.

But allowing that imperceptible particles of infectious matter exist in the atmosphere, what proof have we that the chlorides will alter their nature or their properties? Only from this analogical deduction, that inasmuch as chloride destroys the stench of putridity, it must of consequence destroy the substance matter of infection—an unphilosophical deduction at best. But let us come to a case in point. Will chloride destroy the poisonous quality of arsenic, the emetic property of antimony, or the soporific effect of opium? If not, what right have we to suppose it will otherwise affect an imaginary particle of poisonous matter floating in the atmosphere? We *cannot* know, from any thing that has yet been discovered, that chlorides have the

slightest *chemical* influence on the quality of any matter except its odor, much less on that of the matter in question. Hence I conclude that all the expense incurred for their distribution throughout our streets and yards is a mere boon to public alarm and prejudice. The only proof we have of the benefits of chlorides is in their very useful effect of combining with offensive effluvia, so as to render them insensible to the organs of smell and taste.

I am not unaware of the opposition I shall encounter in the following publication. I am sensible that I tread hard upon *professional corns*, and that I am avowing opinions and doctrines in discordance with a great majority of physicians.

My system of *evacuants* in this disease has been condemned by a number of my brethren.\* They say I must be "mad"—well, be it so. I was honored with the same appellation in the winter of 1812–13, during the prevalence of an epidemic as mortal as this, and much of the same character. Then, too, laudanum and brandy were the order of the day, and they proved as *efficacious* then, in our several cantonments and military hospitals, and through the northern and western parts of this state, as do the same remedies in our present epidemic. Many will remember the great mortality, particularly at the military stations, where for the first five weeks, on an average, three out of five died of the "winter fever," as it was termed. I then published an essay on the disease, founding my views

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\* I avail myself of a note, whilst the above is in press, to state, that about three weeks ago, Dr. Thompson of Sunderland, in England, was in this city, and communicated the following facts to a gentleman of my acquaintance. Dr. T. left Sunderland after the cholera had ceased its ravages. He stated, that he had seen it and attended it in all its various forms—that no case proved fatal where emetics or cathartics, or both, were resorted to, in the early stages of the disease; and that the physicians eventually discarded the stimulating treatment, both externally and internally, as utterly useless and unavailing.

on the same principles that I have here adopted. In that case, however, my "madness" became as *epidemic* as the disease itself, and my course of treatment was instantly adopted by both army and private physicians, and the scene was to me a very flattering change. The disease became completely manageable.

Again, in 1822, when I first removed to this city, the yellow fever became prevalent. I treated my patients with *emetics*. But here again I was heterodox. AUTHORITY denounced emetics, as not only improper, but *dangerous*, in this formidable disease, and I was again called "mad." What was the result? I was successful in nineteen cases out of twenty. Others lost nearly half of their patients. My treatment was the result of practice and experience; theirs of theory and of *professional authority*. My success was too palpable to escape the observation of physicians; and I had the gratification of its acknowledgment from the candid and liberal, and was complimented with the fact of the adoption of my mode of treatment by others.

Now, in 1832, I am again "mad"! Well, I hope and trust that my present aberration of mind may not prove a less disappointment among my professional brethren than my former attacks. This fact I aver, and can prove, that *no case* has proved fatal under my treatment.

Were I to relate the many anecdotes, both tragical and comical that have come under my observation during this disease, of subjects treated, and reported to the board of health, as cases of "Asiatic cholera," they would excite the smiles of pity, ridicule, and contempt. But this introduction is already too long.

I have read several treatises and letters, both from Europe and of this country, on the cholera. They do not, I fear, lead

to safe results. I will here cheerfully except a letter from Dr. Caldwell of Montreal, which comprehends more useful and practical instruction, and is a better guide for the treatment of this disease than is contained in all the pamphlets that have been written on the subject; and the very able and philosophical communications of Dr. Bronson of Albany, in a series of letters to the mayor of that city, which do him much credit, and evince a thinking and independent mind. To me, personally, both these gentlemen are utter strangers; hence I am not actuated by motives of partiality in the expression of my opinions.

In the course of my remarks it will be perceived that I have avoided as much as possible to enter on speculative notions or theoretical subtleties. I have endeavored to confine myself to simple facts, on which only have I founded my deductions.

These facts, and their deductions, have been verified by a number of cases of indubitable character, and several of a most malignant nature. The latter particularly demanded, and received, the most active remedial treatment that I have thought necessary to adopt, namely, vomiting and purging by antimony and calomel; and I can assure the reader, with confidence and truth, that the result has been invariably successful. As the disease, in all its forms, has but one general character, it is reasonable to suppose, that but one general course of treatment is necessary for its cure. That course is laid down in the following pages; and if its adoption should meet with as much success in the hands of others as it has in mine, the philanthropic mind can well appreciate the value of my reward.

C. C. Y.

NEW-YORK, August 13th, 1832.

## OBSERVATIONS ON CHOLERA.

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THE following article was written on the 18th of June, before the cholera had made its appearance here :

*To the Editors of the Courier and Enquirer.*

Gentlemen: I perceive that you have partaken of the general alarm and consternation occasioned by the recent reports of the cholera morbus from Canada. Come, gentlemen, let us coolly, dispassionately, and deliberately examine the reports, the disease, and the remedy of and for this fearful cholera.

First, the reports: You will have learnt before this article is in print, that reports cannot be relied on, in cases where wonder or admiration are concerned.

Secondly, the disease: What is it? A malignant cholera morbus: and only differs from the same disease known as such by all medical writers, in its being *epidemic*. *Its mortality, in proportion to the number attacked*, is no greater than it has ever been in this or in any other country. The number of cases and the liability to the attack, alter not the nature or the character of the disease itself. When this disease becomes epidemic or endemic, and at certain periods, like all other diseases, proves more mortal than at others, still it is not the more or less the malignant cholera; as scarlet fever is still

the scarlet fever, though more malignant and fatal at one period than another; a fact but too familiar to our fellow-citizens of New-York for the last two or three years.

It is, moreover, a fact well known, that our old-fashioned cholera morbus, when severe, is often fatal, and that under a severe attack, the patient dies within twenty-four hours, and not unfrequently in a very few hours. A moment's reflection will bring *these* recollections to the minds of many whose friends and acquaintances have died in this city. In short, the symptoms are the same, varying with trifling circumstances, and the effects are the same. This is my opinion, and I have formed it on a careful examination of all the accounts I have read of the history of the Asiatic cholera. Facts, or histories from which only the facts can be collected, on this subject, have been before the public for several years. The Asiatic cholera must be well known to many European physicians, and we are of course in possession of all the remarkable occurrences attending it. Its symptoms and cure have been commented on again and again, and we have all the history of its origin, duration, and progress. We have even in our own city a physician who has not only had the experience of several months in the observation and treatment of this disease at Smyrna, its fountain head, but has himself been an unfortunate subject of its influence. If then, I thought there was any thing remarkable, any thing inconsistent with the legitimate treatment of *European* cholera, to this physician would I confidently appeal, for a knowledge of those remarkable distinctions, and on his information would I confidently found my course of treatment. Yet in the face of such authority, of such means of information, of a knowledge of all precautionary and defensive measures adopted in other countries, together with the report to our national legislature—yet, I say, in the face of all these, our city authorities have been advised to send a *commission* to Canada where the disease has broken out, and where it is said that nearly nine out of ten die: and for what? To ascertain the police? Nonsense. New-York, an old, experienced city, where epidemics have prevailed fre-



quently, to send a commission to Canada for police instructions against infections or contagions, is truly ridiculous. What then is the object of this commission?

The character of the disease and its remedy? Surely there has not been such remarkable success in the Canadian mode of practice as to justify a hope of much enlightenment on that subject; but let that pass. The public fear must be soothed; and the panic is so universal in this city, that if a *yellow flag* were displayed from some conspicuous building as the sign of cholera, I would not answer for the screams and tortures that would be uttered and suffered by *sympathy* in less than twenty-four hours. I speak from experience in these matters; I have witnessed many epidemics, and the effects of popular excitement on such occasions.

And, gentlemen, this cholera is not such a wonderfully new discovery as some people persuade themselves to apprehend. It was known epidemically in London ages ago. Yes, this very cholera, with all its prominent symptoms, is described by Sydenham as an epidemic in London about the year 1676. He says, "At the close of summer the cholera morbus raged epidemically, and being rendered more severe by the extraordinary heat of the season, was accompanied by more violent and inveterate convulsions than I had hitherto observed. For not only the abdomen (which is usual 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." He makes no other difference in the treatment between this and the ordinary cholera, than the use of the same remedies *more powerfully applied*.

Sydenham was a wise man, a *false theorist*, but an excellent physician. He has here described the spasmodic cholera.

I now come to my 3d proposition—the

*Remedy*.—But before I enter distinctly on that part of my subject, I shall, for the better elucidation of the grounds of my opinion, notice the prominent symptoms which distin-

guish this disease in its mild and its aggravated or malignant state, and the strong analogy the latter state bears to the effects of poison from arsenic.

I shall have need to remark upon the treatment proposed and recommended by the "Edinburgh Board of Health." I shall take the definition from their celebrated and learned Dr. Cullen, who confessedly in his description of diseases may be considered the best authority. He describes its symptoms truly; and that is all I ask for my present purpose.

"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 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. The spasms are commonly communicated to the abdominal muscles, and very frequently to those of the extremities.

"In the manner now described, the disease frequently proceeds with great violence, till the strength of the patient is greatly, and often suddenly, weakened; while a coldness of the extremities, cold sweats, and faintings come on, an end is put to the patient's life, sometimes in the course of one day."

Now, I contend that the cholera above described is the same with that which has lately appeared in Great Britain, and now said to be imported through emigrants from that country into Canada, and from thence threatening our own cities, with this, and *this only* difference, that the latter is of a *more malignant character*. That the remedial treatment

ought to be radically the same, differing only with the intensity of the symptoms, and increasing in power in proportion to the violence of the disease.

Here then we have a disease whose symptoms not only, but whose effects prove to a moral certainty the existence of a highly deleterious and morbid secretion in the first passages of the alimentary canal—that this morbid matter is of an acrid and vicious nature, producing a painful, griping, and spasmodic action in the intestines, and, in proportion to its intensity, calls into sympathetic action the muscles of the abdomen and of the extremities. This secretion is sometimes so acrid and of so poisonous a nature, that its effects on the system bear a strong analogy to the effects of arsenic. Physicians have often mistaken the symptoms of poison by arsenic for cholera morbus; and I distinctly recollect that in the first case of poison by arsenic to which I was called, unsuspecting of the cause, I thought it a case of cholera, and I sat by the bedside of the patient several minutes before the suspicion of poison entered my mind.

It was this strong analogy in the respective symptoms of cholera and mineral poison that undoubtedly excited the suspicions of the people of Paris that their waters and liquors had been poisoned with arsenic.

The interest of the subject will, I hope, be an excuse for this long preface to my concluding position. Now then, for the Remedy:

First. Remove as speedily as possible, the offensive matter from the stomach and intestines in the manner that nature indicates by her perhaps too feeble efforts, VOMITING and PURGING.

Secondly. Allay the spasmodic affection by anodynes.

It is evident, that while the morbid or poisonous matter remains in the bowels, causing the most intolerable, tormenting, and excruciating pains, eating and corroding as it were the parts in contact, I say, it is evident, that under such circumstances the patient must die, unless this matter is ejected, either by the spontaneous efforts of nature, or by active artificial means.

How then shall we proceed? Pursue nature and common sense, and administer vomits and purgatives? Or, shall we adopt the more SCIENTIFIC course recommended by the “Edinburgh Board of Health!” Gracious heaven! “opium and camphor!!” and that in cholera morbus, while the poor patient is writhing in agony from the noxious poison that is constantly gnawing his vitals—“*opium and camphor!*” For what! to lock up, to retain by force, and against the efforts of nature, the villainous poison in the system?

I would ask what physician could be so mad, so *scientifically* mad, as to use the most active remedies *to retain* the offending secretions where nature and common sense indicate the propriety of encouraging their most speedy evacuation? Yet such is the tendency and such the effect of opium and camphor, and carminative drafts. The fatality said to have occurred at Quebec, where almost every case proved fatal, would induce one to believe that the Edinburgh recommendations had been adopted to the very letter.

For my part, I do not believe that this disease would be half so fatal if left to its own natural efforts, as it is under such unnatural and ill judged treatment. And I do further think, that a proper mode of treatment, under the views taken of it by all respectable writers for ages past, with the addition of a more bold practice on the established principles of its cure, would disarm it of its terrors, and subject it to the power of remedies. This disease has for the last fifteen years raged in Asia as an epidemic. Its mortality in the country of plagues is not to be wondered at: but in a European or American climate, it ought to be, and I believe can be, rendered comparatively mild and innoxious.

In the spotted fever, or cold plague, as it is called, which prevailed in Vermont, New Hampshire, &c. in 1811, and the subsequent amelioration of the same fatal disease as it appeared in this state during the winter of 1812–13, in the character of an epidemic bilious malignant fever, manifesting many of the symptoms attributed to the prevailing cholera—I recollect a similar panic prevailed among the physicians, as now—and,

because a bilious disease appeared in a new form, it therefore was thought to require a new, or unheard of treatment. At that period, too, we had the advisers and the advocates of opium, camphor, wine, brandy, and all the family of stimulants. Bleeding was recommended by some—sweating by others. Under this mode of treatment the disorder proved fatal in from four to six cases out of ten, where medical aid could be procured; but in those parts of the country, particularly in the western part of this state, where the population was too scattered to enable the sick to obtain medical aid, the mortality was not half so great. I had this latter fact from an intelligent farmer, a member of the legislature from Ontario or Niagara county. But where a more rational mode of treatment was adopted—where, instead of opium, camphor, and other stimulants, to stop nausea, vomiting, violent pains in the head, chest, and extremities, torpid action of the vessels of the skin, coldness of the extremities, &c. the attention of the physician was directed to emptying the first passages, by vomiting and cathartics, that dreadful epidemic lost its terrors and became as manageable as a common fever.

How far, or whether any impression favorable to the stimulating or *quieting* plan of the “Edinburg Board of Health,” has been made upon our physicians I cannot say. Judging from the character of those with whom I am acquainted, I doubt, nay disbelieve any concurrence in any such doctrines. Many of our physicians have had some experience in epidemics, and they will bear testimony in favor of my views. They cannot think that because measles and scarlet fever have been for the last year more mortally epidemic, that therefore they should pursue an opposite course of treatment from that adopted by them in former or more mild stages of those diseases.

I then recommend, as the best and most effectual remedy for malignant cholera, when, or in whatever shape it appear, that immediate resort be had to such medium as will *cleanse the stomach and bowels*, and after such evacuation, to allay the pains and spasms by small and oft repeated doses of lauda-

num, say ten drops every ten minutes till the patient is composed. Camphor and peppermint are both obnoxious to a diseased or irritable stomach, and have fashion only for their support in any complaints. Cholera morbus generally terminates in a few hours. After a free evacuation of the contents of the stomach and intestines in the first hours of attack, all danger is past.

These are my views and opinions of the Canadian cholera, or whatever title you choose to give it. The remedy is simple, and consists in removing the immediate cause, and calming the distressing consequences by suitable anodynes. I hope my fellow-citizens may never have an opportunity to test the truth or fallacy of my doctrines, which, as far as *opinion* goes, are but the same as those of many of my predecessors; but if they should *necessarily* become a matter of consideration, I shall feel a consciousness that I have done my duty in laying before the public an opinion formed on the result of many years experience in my profession. I shall at least have the consolation to know that I have made this communication from motives of

HUMANITY.

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## LETTER TO DR. B. P. STAATS,

Health Officer of the City of Albany.

July 12, 1832.

SIR—I did conceive that the epidemic cholera now prevailing in the Canadas, whether of Asiatic, European, or American origin, came under the head of that species of disease termed by nosologists cholera morbus. I also believed that this disease was subject to similar varieties, grades and intensities, from a difference in the prevailing exciting causes and constitutional susceptibilities, as in typhus, bilious remittent, bilious malignant and yellow fevers, and I intended to offer a few re-

marks, as suggested to my mind from some experience and observation on the nature, tendency and cure of those diseases.

Anticipating the time when both our city and yours would be visited by this threatening pestilence, I had commenced, on the first of the month (July) some observations on the subject; but the performance of my intention was suspended by the sudden appearance of the disease in this city, in order that I might learn by experience what I otherwise could have treated of solely upon the authority of others.

On the 4th of July I availed myself of an opportunity to see three cases of reputed "Asiatic Cholera." They proved fatal. I examined each case minutely—received satisfactory replies to all my inquiries, although one was at the time in articulo mortis.

From this period, and whilst this communication is progressing, I shall visit the "cholera hospitals" from time to time, and state such facts and opinions as shall be dictated by my observations.

It is almost impossible to write on any practical subject in our profession, without occasionally diverging into theoretical deductions; but as all deductions are mere matter of opinion, I shall claim no credence beyond probability.

The disease now prevailing here is not the *Asiatic cholera*. It is no cholera at all, and the term is a misnomer. We have before us the history of the Asiatic disease, and partially of the Canadian type of it. I have examined the *reported* cases in our cholera hospitals. I have especially noticed those whose symptoms indicated dissolution, and who have since died. I have made my observations on both questionable and decided cases, and have not seen a single one that was marked by any symptoms of cholera morbus. No similitude to Asiatic cholera other than in the simple fact of *extinction of life*. I make this assertion in the face of hundreds who are daily visiting the hospital, and consequently hazard contradiction and disgrace if I falsify facts. I shall now state precisely what fell under my own notice.

I found, in the examination of the cases, that there was not

only a general, but an almost particular similarity of symptoms. A somewhat restless and a bloodless countenance—an evident recession of the blood from the surface and extremities, occasioned by a feeble and asthenic action of the heart, or of exhaustion from excessive stimuli—consequently, cold skin and extremities. This abstraction, as it were of blood, and consequently of heat, from the surface of the body, gives a sombre hue to the countenance, and a shrivelling of skin, which are perceptible in all the dangerous cases. There was no agony, no severe pain, no vomiting, no diarrhœa, not a groan nor a complaint during the time I was passing from room to room, and from patient to patient. To my question, have you any pain? the universal reply was, *no*, or but a slight uneasiness in the bowels. To the question, were you seized with violent pains and cramps? No.—In some few cases the attack had commenced with looseness, or a little pain in the bowels. There is not that remarkable dark or blue appearance so much talked of, and I could perceive no other appearances than I should have expected from asphyxia or drowning. Death seems to have no terror; and life is extinguished as a lamp whose oil is exhausted.

That some cases have occurred of violent cramps and spasms, I am fully aware. I only say that these symptoms are not common to the disease in question. I can say so confidently, while in passing about half an hour in the midst of fifteen or twenty cases, I neither saw a spasm, a contortion, an emission either by vomit or stool, nor heard a scream nor a groan.

I am sure that, in what I have stated, you will not recognise the disease with which common fame has credited us. Our malady however is a mortal one as far as it goes. Death occurs in a very short period, and I cannot learn that a single decidedly marked case has as yet recovered. There are in this, as there always will be under similar circumstances, an abundance of imaginary or *medical* cases, which at any other season would hardly call for medical aid. I have this moment returned from a visit to the hospital—out of



about twenty cases, there are not more than three with the marked appearance of the *reported* disease.

Having now stated that the disease is not the Asiatic cholera, nor cholera of any description; you will naturally ask me what it is? A question much easier asked than answered.

A cholera presumes bilious matter secreting either superabundantly or acridly, so as to produce violent pains and spasms in the intestines, the abdominal muscles, and the muscles of the legs and arms, and almost incessant vomiting and purging. Cholera morbus is a genus of disease arranged by Cullen in the class *neurosis* and order *spasmi*, and is defined “a purging and vomiting of bile with anxiety, painful gripings, spasms of the abdominal muscles, and those of the thighs. There are two species of this genus:

“1. *Cholera spontanea*, which happens in hot seasons without any manifest cause.

“2. *Cholera accidentalis*, which occurs after the use of food that digests slowly, and irritates.” This spasmodic affection is altogether symptomatic, and has the same and no other relation to the exciting or irritating matter in the duodenum, than a cough has to any irritating matter that may be inhaled into the lungs. Cramps are the mere result of exciting causes in the stomach or intestines. In some they never occur; in others the slightest irritation brings them on. Every nurse is familiar with this symptom, where crudities or indigestive substances become offensive to the stomachs of children; and physicians know that some persons are always cramped from vomiting.

I find that this symptom—this cramp—which in truth comes as a relief to the stomach in like manner as the incubus does to apoplexy, is made the great bugbear and terror of this disease.

Spasms are never dangerous, and they always come in aid of nature against some deleterious attack upon the nervous system. Witness their severity and continuance on the weak

female frame for days, and sometimes weeks, without any ill effects.

But, you again ask, what is it? I can only say, that, judging from the cases I have seen, the disease prevailing here under the name of Asiatic cholera, is not that disease. That it is no cholera morbus, but a species of pest or plague, indigenous to every place where its ravages have been known. It is to the universe what typhus, bilious and yellow fevers, hooping cough, measles, influenza, chicken pox, dysentery, ophthalmia, &c. are to certain districts of country. This disease is not, as I expected to find it, of a bilious character. The evacuations from the stomach and bowels contradict the suspicion; they are watery and less feculent. The majority of the patients in the cholera hospital have informed me that their evacuations were bilious, both from stomach and bowels, when they were first attacked: these cases were not dangerous. They were common cholera, and so light that they hardly deserved the name. How far laudanum, camphor and brandy will change this character into malignant cases, I leave for you to imagine. There is probably a deficiency of bile, and in its place we can only imagine some unnatural, poisonous, and morbid secretion distilling from the gall-bladder into the duodenum, of a nature little, if any, different in its effects from prussic acid or arsenic. Judging from its operation, it is, according to its intensity, as fatal.

The symptoms in some of the most violent cases, as represented to have occurred in Canada, do certainly bear a strong analogy to the effects of poison from arsenic, even to the extent of post-mortem examination. The same suffering and agonizing contortions of body and anxiety of countenance, the same appearances in articulo mortis, and the same rapid decomposition on the extinction of life.

So remarkable were these facts at the commencement of the disease in Paris, (I now speak of it as it appeared on the continent of Europe) that a panic prevailed amongst a portion

of the inhabitants of that city, suspecting that their water, and other liquors, were impregnated with arsenic or other mineral poison.

I shall now state what I consider to be the exciting cause of this singular malady; a malady in which the powers of life seem to be blasted like a leaf from autumnal frost. There is no previous fever, no efforts in the vascular system to rid itself of morbid excitement, but they wither under this pestilential sirocco without the power of resistance. If nature could infuse a sufficient power of action into the arterial system, were it but sufficient to aid in the expulsion of the offensive poison, art might more successfully lend her helping hand; but in this case there is complete and almost irremediable prostration. The action of the heart grows weaker every hour, congestion takes place as the blood recedes to the heart, and the patient dies as from asphyxia.

What is to be done? To answer this, we must *theorize* till experience decides. We must assume one of two propositions: first, that the disease, as far as we can trace a cause, is owing to the concentration of a morbid, virulent, and highly noxious secretion from the hepatic organs into the intestines, which there produces the deleterious effects observable; or, second, that there is a general morbid poison pervading the whole vascular system, and sinking into inertness by a direct abstraction of the powers of life. I have adopted the first of these propositions, as being in my judgment the more rational and accordant with what I have previously seen in diseases bearing the strongest resemblance to the one in question. On this opinion is, of course, founded my principle of cure. This may be summed up in a few words: where deleterious or offensive matter enters into the stomach or bowels, nature sickens at the intrusion, and exerts her efforts to throw it off. If the matter have not gone beyond the stomach and bowels, she rouses these into action to regurgitate, or carry it off. If it has gone beyond these, and entered the secretory vessels, she defends herself by a fever to throw it on the surface by

perspiration. This course nature pursues to cure herself. If, however, a poison should enter the system beyond the power of nature to reject, art must come to her relief, or lingering disease or death must follow.

In the disease under consideration, whatever may be the secretion, so complete and so rapid a typhoid state of the system follows, as to render the stomach and bowels too feeble to rid themselves of the morbid matter. Their efforts are partial and inefficient, vainly struggling to overcome the noxious matter, as they would an over-dose of opium or arsenic, and the corroding evil is suffered to prevail in death. It is to this enfeebled power, this sinking state, that I would wish to give energy and the tone of reaction, by assisting nature. I would endeavour to rouse the stomach into action, to stimulate the ceasing powers of the heart, to throw into rapid circulation the languishing blood, and, if possible, simultaneously to eject the morbid matter from the first passages, and, by an artificial fever, recover the lost action of the surface of the body. And how is this to be done? Through the medium of the stomach, and in no other way can I conceive it possible. Your frictions, steamings, and bathings, are mere mites in so formidable a condition of the system; your enemata are of no avail; your blisters, leeches, and embrocations are worth nothing to a patient sinking under typhoid oppression. Your diffusible stimulants, laudanum, brandy, &c. only confirm the disease, lock up the passages, prevent if possible all evacuations, upon which the cure depends, give the common cholera a type of malignancy, and close the "blue" or "black" scene in death. It must be done by a power superior to the disease, or it will fail to conquer. The exciting cause, if stronger than life, must be removed, or the patient must die. And it must and can only be removed by *active* emetic and cathartic medicines. It has been objected to this course that emetics are inadmissible, ill timed, and dangerous, in a disease where the stomach is already too irritable, too feeble, or too exhausted to admit of their use. Indeed! Let us examine into the

medical philosophy of such an objection. Suppose that a person takes six grains of corrosive sublimate—an incessant vomiting and drastic purging ensue—the person soon becomes exhausted—the powers of the stomach lessen, and cramps seize the limbs. Would a rational practitioner in this case argue against the administration of an emetic on account of “too great irritability, exhaustion, weakness, &c.?” The idea is preposterous. No; he would use every means in his power to excite a *new action* in the stomach, and disburthen it of its morbid contents.

Again, suppose a person to swallow half an ounce of opium; the effect of this goes almost immediately to the heart—the stomach gradually becomes torpid—the efforts to vomit are feeble—prostration ensues—and the appearance of death marks the countenance. Here also, upon the objectionable principle to emetics, their effect would aggravate the disease. But what is the fact? And where is the physician who would hesitate a moment on their exhibition? What, I will ask, would be the effect, in either of the above cases, of laudanum, brandy, peppermint, and camphor? Let common sense answer the question.

My remedy then is, to vomit or purge off the offending matter, be it what it may; and if pains or spasms continue to exercise the system after a free evacuation, especially by the bowels, give ten drops of laudanum every ten minutes until they cease; or at once give a full dose, of ether a tea spoonful, and laudanum fifty drops, mixed together in some liquid agreeable to the taste.

If the vomiting in this disease should be too incessant, and reject a full dose of an emetic, of which I prefer the tartrate of antimony (tartar emetic) before all others, I would, as I have been obliged in cases of yellow fever, dissolve twenty-four grains in eight ounces of water, and give a table spoonful *instantly* after each ejection from the stomach; in such case, after eight or ten spoonful have been taken, a small portion will have touched the coat of the stomach, when longer intermissions will soon follow, and eventually a complete emetic

effect be produced. When once the first passages have been cleared, all danger from the disease is over; mucilaginous drinks, and occasional gentle laxatives finish the cure. This treatment is applicable to malignant cholera, and I shall rely on it for the treatment of the prevailing disease, which wants but one symptom to constitute it the Asiatic disease, and that is *cholera*. All the cases that I have seen in the hospital, which I have considered as ordinary disease, have in their commencement ejected bile. These will recover if they are not frightened into a worse stage, from their situation, or medicated into the disease. I would by no means have it understood that I would administer emetics in the forming state or first stages of the disease, unless accompanied with symptoms of nausea or vomiting. For premonitory symptoms I would and have now successfully used, a powder consisting of two parts of tartrate of potash (soluble tartar) and one of jalap—dose twenty grains every two hours till it operates freely; or, if more convenient, castor oil.

I shall now consider the other proposition, and suppose the disease to be a *general* and not a *specific* agent of the unknown cause; that the secretions in general have become contaminated, and that the heart and vascular system are withering under their morbid influence.

Upon this hypothesis, I will agree, that the general course of prescription and practice recommended and pursued by the majority of our physicians, in the administration of laudanum, brandy, camphor, and other diffusible stimulants, may be correct. But I would prescribe them on a very different principle from that avowed by its advocates, viz. to subdue the pains, spasms and nausea at the stomach. This state of the system presents for consideration a question, not between *pain* and *ease*, but between life and death! The *heart* must be stimulated by the exciting power of these diffusible and powerful agents, through its only medium (except the lungs) the stomach.

In such case, where high stimulants are admissible in order to bring on reaction of the heart and blood-vessels, I think

that physician cannot have profited much by experience who would hesitate to add *antimony* to their powers.

What medicine have we that is more actively diaphoretic, or perspirative? Is it not noted for its powerful tendency to the skin in the most obstinate and debilitating fevers, and is not that a prevailing object to be obtained in this disease? As well might you object to the abstraction of blood in all cases of oppressed circulation. And if too much blood can produce a dangerous state of debility, which requires its abstraction, so can too much *vomiting-matter*, producing similar effects, claim a similar remedy for its relief.

I wish to guard you against the impositions daily practised on this community by false reports. Our health police is most injudiciously formed, and withal embarrassed by conflicting opinions between its members and the physicians, and between one portion and another of the physicians themselves. There are almost as many opinions and doctrines as there are doctors; and they and the board of health become more *choleric* than the poor sufferers under their respective cares. Our board of health is so constituted, that it cannot or does not refuse the acceptance of the report of any licensed physician. Of this description there are a hundred courageous enough "to seek reputation in the cannon's mouth;" and there is not a filthy hole unsearched to find some drunken or starving wretch who may have *some symptom* that will justify a report, or send him to one of the hospitals. Should the latter be done, then indeed is his case deplorable. Appalled by fright, disease and death on one hand, and the doctors on the other, science cannot save him, and he dies a martyr to the cause of cholera, cajeput, and camphor. The reports in our city are false; and from the best information that I can gather, and from my own observation, I believe that the cases of what is termed *Asiatic cholera*, which have appeared in this city from the 1st to the 12th of July, do not average more than six a day. The number of cases reported yesterday (11th July) is 129! Rely upon it, not more than 9 of them are what may be called Asiatic or malignant cholera. If

I have one desire chief in my mind, it is that I might have the pleasure of your company, and pay a visit to our several hospital departments, there to witness what is here styled "Asiatic cholera," and you would then more fully appreciate the truth of my statements.

I believe that as yet not a single physician, nurse, nor attendant in our public institutions has been attacked; nor can I learn that an indisputable case has occurred in any individuals, except among the poorer class of foreigners, and the poor, filthy, and drunken of our own country.

I now close with my best wishes that you may be spared this calamity, or be more successful in curing terror and disease than we have been, in this our devoted and libelled city of New-York.

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### TO BENJAMIN ROMAINE, ESQ.

SIR,

*New-York, July 20th, 1832.*

IN our conversation yesterday, on the character and treatment of the prevailing epidemic, you expressed your surprise at the unnatural and inconsistent manner in which physicians treated it. The fact of our agreeing in opinion was the more gratifying to me, as I have reason to esteem your ideas on such a subject more consonant with unbiassed judgment than those of a majority of the medical profession of the present day. I know that you have witnessed, and been familiar with, every epidemic that has prevailed in our city for the last fifty years; and, although not a physician yourself, I know that you have watched and scrutinized the symptoms and treatment of those several diseases with the eye and the judgment of a philosophical inquirer. I know that you have, during the most calamitous times, associated and been intimate with the most learned and eminent physicians of by-gone



days, that you have learned and appreciated their opinions and practice; and that you have been a strict observer and commentator upon a subject where common sense has ever taken the lead of wild theory and *authoritative* practice. To have my own opinions therefore approbated by a mind imbued with such qualifications for judgment, is as gratifying as it is complimentary.

A physician who has studied his profession in books, and tested authorities, by years of practice at the bed-side of his patients, ought to be qualified to form his judgment of the character and nature of every and any disease that might come under his observation, or whose symptoms should be truly described. The relationship of remedies in a new disease he can only judge of by analogy, or by personal administration. For any information beside these two points he must resort to his own learning and his own experience—beyond these no authority can avail him. The falsity of authorities stares him in the face from as many sources as there are authors: and instead of exercising his own judgment, founded on his own experience, he becomes lost in the wilderness of conflicting dogmas and theories, which render his course of practice a game of hazard.

After reading an hundred authors on the theory and practice of physic, whose opinions and treatment are at variance with each other, and whose inconsistencies cannot be reconciled by the common measure of reasoning—who, although starting from the same point, and having the same object in view, yet diverge into several and separate directions, I ask, what reliance can be placed on such authorities?

Do I profess to be a physician, I should certainly be competent to know my remedy when I see and examine the disease I am to treat. The physician ought to be like the naturalist, who meets an animal, or plant, or a mineral, which is new to him, or has never been described by authors—he finds the *family* it belongs to, and whatever its *variety*, he traces it back to its *order*. So will an experienced physician, when he

meets with a disease whose symptoms are novel to him, be able, from some associate symptoms, to observe its *family* and trace it to its *order*. If now his own judgment, the result of former experience, the knowledge of the powers and susceptibilities of the human system, the properties and operation of medicine, do not give him sufficient confidence to rely upon his own resources, without continually seeking after and applying to *authorities* in order to guide his judgment, he is not fit to be trusted in *any* disease, much less in one of a dangerous character.

Our epidemic cannot most assuredly be *so* singular, *so* uncommon, *so* foreign to all analogy, since our physicians are literally quarreling as to whether certain cases are the *new* or the *old*-fashioned cholera of our country. There must, at least, be a *family* likeness. The malady that afflicts us at this time is evidently of domestic origin. It is folly, and an idle waste of time, to trace it to Asia. It is not contagious—a fact also indisputable. It is mortal—a fact amply proved. To say that “the disease is not dangerous, and can be easily cured,” is mockery. Its fatality has been proved—its danger has been proved, or the conduct of our citizens and authorities is a mere farce.

Those who sink under it have, from their mode of living, rendered their systems susceptible to this peculiar species of disease, and I believe that the general constitution of the inhabitants partakes more or less of this predisposition. It is idle to ask for a remote cause: but it is not half as likely to be in the *air* as in our food and drink.

I believe that the number of cases which would naturally slide into the asthenic, or deadly stage of the disease, is much less than that of those who are daily *medicated* into it by the *popular* mode of practice, adopted from *imitation* or *authority*. Many, also, who are daily reported would never, I apprehend, become cases even of the second stage, were it not for the untimely abuse of opium, laudanum, camphor, &c.—remedies slavishly adopted and pursued both in the *suspected* and incipient state of the disease.

Almost every sensation, be it ever so slight, that the imagination, or a little rumbling of the intestines, or uneasy digestion can produce, is immediately construed into a "premonitory symptom," and is forthwith followed by medicines, which, instead of proving, as intended, *correctives*, are in reality the means of *locking up* and *retaining* the morbid secretions, if any exist, and induce the very state of things they were intended to prevent.

There should, in no instance, be given any thing but mild cathartic medicines, where there is neither nausea, nor vomiting, nor a preternatural diminution of heat on the skin. In cases where the natural heat of the skin is ~~neither increased~~ ~~nor~~ diminished from its usual standard, accompanied with nausea or vomiting, I would have immediate recourse to an emetico-cathartic, composed of four grains of tartar emetic and six grains of calomel.

Where spasms occur, I consider them merely symptomatic of the irritating effect of the secretion in the first passage of the intestines, and instead of soothing, palliating medicines, I would, by the first and most active means in my power, *remove* the morbid matter: and in case the symptomatic affections cease not with its expulsion, it is then in time to resort to palliative or anti-spasmodic remedies.

I believe that the *real* cases of this mortal malady bear but a small proportion to the *artificial* ones; and it is not to be wondered at, when every indisposition to which a "premonitory symptom of the Asiatic cholera" can be referred, is, by a certain class of our profession, considered a sufficient foundation for special report, and treatment "in all such cases made and provided." Of this I have witnessed a number of instances.

In confirmation of the truth of my last position, I need only refer you to a circumstance which occurred in Canada. It seems that a stranger of singular appearance came to Montreal while the epidemic raged at its height, and proffered his gratuitous services to the afflicted, in prescribing a new and certain remedy for the disease. Common fame has given

much credit to his success. His name is Stephen Ayres. His prescription, as given in the Montreal papers, was

Two spoonsful of charcoal.

Two do. of lard.

Two do. of maple sugar.

That this prescription has the slightest power on the system in so formidable a disease, my credulity cannot digest. Its value and prophylactic powers consist in its entire *inertness* or its mild cathartic nature ; yet the fact speaks volumes. Happy would it be for our city were certain of its professional members as *sensible* men as Stephen Ayres !

In times of universal sickness, there has always been a kind of *epidemic fancy* amongst the otherwise healthy but timid portion of the community, which *reads* and *breeds* symptoms. At these times the mind, for want of the usual stimulants that support it in the active and busy concerns of life, becomes enervated by *dieting*, as it were, on sympathy, as well as being the victim of fear and apprehension. Hence every alarming report is calculated to increase its fears, and it readily yields to the slightest and otherwise unobserved variety of sensations to which it is daily subject. It is a well known fact, authenticated by medical history, that the human system can, through the medium of imagination, be brought into a state of that most terrible of all diseases, hydrophobia. And I can testify from my own observation within a few days past, that I have witnessed several cases of common and every-day irritability of the stomach and intestines, ushered into the last and mortal stage of the prevailing epidemic by apprehension and laudanum.

But, to return to Dr. Ayres and his plan of treatment. In the Montreal Herald of the 7th inst. is the following article :

“FACTS ARE STUBBORN THINGS.

“When the Indian chiefs from Caughnawaga visited Montreal with the view of obtaining, if possible, some stay for the cholera, which was so rapidly depopulating their village, they repaired to the house of Mr. Joseph Lancaster, where they were

kindly entertained whilst search was made for Dr. Ayres, who returned with the chiefs, taking with him a supply of his materia medica. The deaths up to that time were sixty-two. There were then existing sixty-three cases, and in the course of the first twenty-four hours thirty-six new cases occurred, making in all ninety-nine. A very respectable person who left Caughnawaga yesterday morning, and whose word cannot be doubted, affirms, that when he departed, ninety-three out of the ninety-nine were up and walking about, and he fully expected to find the other six convalescent upon his return. Such extraordinary success had naturally raised in the breasts of the Indians a veneration for their preserver, little short of worship. His successful practice, however, there, as in Montreal, had been the source of jealousy and bad feeling in a quarter where it was the least to be expected."

While copying the above extract, a circumstance occurred to my mind, the relation of which will apply strongly to the confirmation of the success of Dr. Ayres' treatment, and will, in no small degree, open our eyes to the delusion under which the public labour with regard to the epidemic. I allude to the successful mode of treatment of Monsieur Chabert, the noted "fire king" and "professor of antidotes to poisons." He appears to be a plain, intelligent, and benevolent man; has seen much of the world; has gathered a number of recipes, and understands well the human character. I have seen this man, in the presence of a large assembly, composed of medical and other scientific men, take upwards of thirty grains of phosphorus, which I administered myself, at a dose, while not a man in the room would have dared to take five grains for fear of being poisoned; and probably without any other antidote than his own good sense and confidence in the nature and power of the material. In a conversation with him on the subject of this disease when it first made its appearance in this city, he asked me whether I did not consider it of a bilious nature? I answered him, "most assuredly the disease must be bilious if it is a cholera," and that the cure would depend "on the most active and prompt remedies that would evacuate

the contents of the intestines." Mr. C. appeared pleased with my suggestion, and told me that in his travels through South America he had, among the natives, met with a vegetable substance whose action on the stomach and bowels was almost *instantaneous*, and manifested a disposition to test its efficacy in the cholera morbus now prevailing. I observed to him that if such was really the effect of his remedy, I doubted not that he would be more successful than many of our professional men, who threatened a mode of treatment of an opposite character—*retaining* instead of evacuating the bilious secretions. I have not again met with M. Chabert except through the medium of the newspapers, where I find him offering his gratuitous services to the public. I have since frequently called at the hotel where he resides, and there learned that he had from fifty to one hundred calls daily from invalids who had or thought they had the "premonitory symptoms." I have *at least* as much confidence in the statement in his advertisement that "he had treated 528 cases and lost four by deaths," as I have in our daily city and hospital reports. Now what does this statement of facts argue? M. Chabert gives active cathartics together with his *specific anti-cholera drops*, and our city and hospital physicians, with a few exceptions, administer laudanum, brandy, paregoric, camphor, &c. Look at the success of the two modes of treatment. Does it not prove that the mortality among us which spreads terror through every section of our country, and creates the most gloomy apprehensions among those who have yet to suffer, is owing to a course of treatment *at war with medical philosophy, common sense, and rational practice?*

I cannot for my part be persuaded that a twentieth part of M. Chabert's patients have any *real* "premonitory symptoms," any more than I can believe that our city and hospital reports comprised that proportion; but I can very easily comprehend that the *gently-physicked* portion of them will get well, and that that portion which are *scientifically* drugged and opiated will get sick in good earnest, and many of them die in their existing state of mind and body.

I do not hesitate to declare it boldly, that if the laudanum and brandy treatment were to be abandoned for one week, we should have but few deaths a day of epidemic cholera, except among the beastly intemperate. I know that it is degrading to our profession to draw this inference, but I believe it to be strictly true.

It has been gratifying to learn that several of our old and experienced practitioners treat the disease according to its symptoms; and that the ordinary indispositions of the season are met in their ordinary course of treatment: hence, these have no "cholera cases" to report, no "cholera deaths" to record, beyond their usual number. They do not give *opium* in every little ache and pain that alarm the fearful and nervous. Our epidemic might in truth be styled *cholera opiata*.

One word more on the subject of medical missions from various parts of the country to our city, to "see the disease, and learn its mode of treatment." If those who compose them, instead of exercising their own judgment, adopt the opinions and treatment prevalent among us, and recommended in several *foreign* treatises, it would have been better had they staid at home, and met the disease "with a christian resignation to the will of divine providence," and, in that event, they and their constituents would have been gainers.

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TO DR. HENRY BACON,

ST. MARY'S, GEORGIA.

*New-York, Aug. 1, 1832.*

Sir,

IN a former letter I mentioned to you what were my opinions of the "Asiatic cholera," its character, remedies, &c. and shall now reply to that portion of your letter wherein you ask my opinion of quarantines, cordons, and medical police.

No quarantine regulations in this or any other country appear to have had the effect of preventing the spread of this disease, allowing it all to have been of the same character.

Every physician of eminence in Europe and in this country, who has watched and studied the progress of the epidemic, has pronounced it non-contagious, and many facts assure us that it is not infectious. Quarantine regulations have, however, been all the fashion in Europe, and we have adopted them in this country in the face of contradictory facts to their efficiency.

The more sensible and thinking portion of the community with us, are ready to allow that its progress is not by contagion; but they deem it expedient to yield to the terrors and apprehensions of the panic-struck multitude, and acquiesce in conceding to their fears and their prejudices, what reason and past experience have exploded as useless and unavailing.

If the leading men and the authorities of towns and cities would consult the past events, in connection with the progress and unstemmed current of the pestilence, they might easily be convinced of the utter absurdity of warding off a non-contagious epidemic, by any power but the interposition of Providence.

If this pestilence can one day be seen to spring up on the shores of the St. Lawrence, and on another day in the city of New-York, leaving untouched the intervening country for a distance of more than 400 miles, what signifies your *non intercourse*? Some future historians will record our folly and our credulity in the same chapter of events with Salem witchcraft, divining rods, and animal magnetism.

Boards of health are, and have proved to be, a pernicious system of medical police. They create and sustain a fear, a curiosity, and a feverish anxiety which is constantly in a high state of excitement, and possesses a morbid craving that is never satisfied with common fame, but must be satiated with intoxicating wonders! I have, day after day, witnessed this remarkable excitement manifested at the approaching hour of the report of the board of health, both in the year 1822, during the yellow fever, and at the present period, and its subsidence in a few hours into perfect indifference until the next day's reaction. Boards of health are calculated to spread



alarm, to possess the mind with apprehension, which experience has proved to be a great exciting cause of disease.

Boards of health are mere receptacles of reports of cases, and reports of cases are a premium on falsehood. A class of physicians whom neither merit nor circumstances have brought before the public, now avail themselves of a medium to notoriety, and calculate their consequence and their talents by the number of cholera cases they may have under their care. Through this medium they usher themselves into public notice, and batten on public credulity. The respectable portion of the medical profession, whose pride and independence forbid a resort to false pretensions, as well as a great number of our intelligent fellow citizens, can bear witness to the truth of my assertion. I have it in my power here to introduce a number of facts to sustain me beyond all cavil, but these facts are too unquestionable to admit of doubt. "Boards of health" are injurious and unnecessary.

They are unnecessary, because they do not contribute to any essential benefit, but on the contrary effect a great deal of mischief through the imposition of falsehood and misinformation. They are obliged to accept, and consequently to report all cases represented to them as cholera, not only of imaginary character, but in a hundred instances in this city of manufactured cases, where, upon inquiry no sickness had existed, or no being had resided.

As a substitute, and complete accomplishment of all that may be desired by information intended to be elicited by a board of health, I would advise a *daily report of deaths* only. This would be a sufficient criterion, a sufficient notice to every citizen interested in the premises, and the best and only rational guide to his judgment, of the progress and danger of the disease.

As to sanitary cordons, they are ridiculous in the extreme to any person who has given the subject a moment's serious reflection. I shall not waste a sentence on them.

In anticipation of the disease, I would advise that all the poor and indigent families in your district, town, or village, should be visited by a committee. In houses or cabins where

many are huddled together, with the appearance of poverty and filth, I would advise an immediate distribution of their inhabitants into commodious quarters, whence, if the disease should appear among them, it would be unnecessary to remove them.

It is my firm belief, and founded on no light conceptions, that every patient should die or recover in his own bed, and *without removal*.

To come to this conclusion, it would be only necessary to imagine the agonizing association which must necessarily occur to the mind of the patient, when the very act as it were of removal assures him of his doom; and also the state of feeling at being placed amongst the groaning, the dying and the dead, all pleading hopelessness to his case.

It is not these objections alone that count against the removal of patients, but the *act of removal* not only hastens death, but prevents many recoveries. I have known some to die on their way to the hospital, and others shortly after their arrival, who would probably have recovered, if they had been permitted to remain in their own beds. And what can possibly be offered in objection to this course? Surely there will always be sufficient medical aid and charitable attendance to patients at their own houses. But in case of a superfluity of domestics, or an incursion of transient poor, I would by all means have a provisionary station for their accommodation.

I have now given you a sketch of my views on the subject of quarantines, &c. as respects the prevailing epidemic; the filling up I leave to your own good sense. I hope that this, and what I have previously written on the subject of "cholera," as it is called, will be considered a full reply to all the points of inquiry in your letter.

# ADVICE TO THE PLANTERS

OF THE SOUTHERN STATES.

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IF my views of the character and treatment of the prevailing pestilence be correct, or as much, or more so, than any heretofore promulgated, I cannot perhaps do you a greater service than tendering you such advice as several weeks experience and constant intercourse with the sick of this city, have enabled me to furnish.

Humanity as well as interest pleads for suitable care and protection to your slave population. Negroes, in this part of the country, have sickened and died *in full* proportion to the *intemperate* white population. You have reason to be seriously apprehensive of great mortality on your plantations, unless you take timely measures to guard against the evil. Anticipating then the fact of its appearance amongst you, permit me respectfully to advise you of the course I deem most favourable for an alleviation of, if not an exemption from its malign influence.

1st. Multiply the number of your slave huts or houses, in order to leave as few as convenient in the same building, with sufficient room to accommodate those of each family in case of sickness, without the necessity of a *removal*—I say emphatically, a *removal*. My reasons for this have been given, and are in your hands.

2d. Inspire your slaves with fortitude against, and contempt for, a disease, which they ought to be made to believe proves mortal only to the dissipated, the lazy, and the filthy. By strongly inculcating these impressions, you conquer the greatest exciting cause to an attack.

3d. Let a vigilant observer, who has acuteness enough to do his duty without exciting either the suspicion or alarm that

his office may occasion, be daily sent to watch over the state of health of the slaves. The strongest index to indisposition will be found in a diarrhœa or purging, slight or profuse, as the case may be, attended with more or less pain over the region of the bowels. In some cases, where the morbid secretion in the bowels is more intense, pains and cramps in the legs, &c. will ensue. In this stage of the disease, not one in a hundred ought to die, except the really intemperate, whose constitutions are *a home* for this plague.

The above may be considered as the premonitory, or rather *suspicious* symptoms, and it will *be safe* to treat them accordingly. The state of the bowels should therefore be daily inquired into and reported.

Such planters as may not be able to obtain medical aid from a physician, I would advise to procure, as a family medicine, the following powder: Take of tartrite of potash, or soluble tartar, ten ounces, powdered jalap, six ounces. These must be well mixed, and immediately put into a wide-mouthed bottle or jar, and kept stopped from the air. On the first appearance of suspicious symptoms, a teaspoonful of the powder may be administered every two hours, till it has produced an evident cathartic effect. Two or three doses will, in general, suffice. This almost invariably relieves the pain and purging, and seldom will a repetition of this, or the administration of any other remedy, be required. At all events, opium, in any shape, is not essential to a cure, and ought to be used in general only by a medical man as a mere palliative. But I would advise that each planter have a quantity of "liquid laudanum" in his house, to administer in *particular cases*. I mean, when, *after a free evacuation* from the powder, an acute or torpid pain or sensation should continue in the bowels or at the pit of the stomach. In such case give ten drops of laudanum every quarter of an hour, till the pain is alleviated. Upon a recurrence of unfavourable symptoms, I would advise a recurrence to the use of the powders. A pound of the powder mixture contains about sixty doses. Plaisters of mustard, warm baths, frictions, &c. &c. have

been recommended. I have no faith in them, nor in any thing that does not go at once to the fountain head of the malady, and remove its exciting cause. I do not believe this can be reached by any external means.

I shall now close this letter with an admonition to those who have no medical aid at hand, that in cases where the disease has assumed its worst or sinking stage, where the extremities become cold, shriveled, and bloodless, with or without nausea, vomiting, and purging, they would, as a last resort, and a confident hope of success, administer an emetic. For this purpose I prefer the tartrate of antimony, or tartar emetic in a full dose of four grains, or, one grain every ten minutes, till it operates, in a solution of cold water.

As there is sometimes in this disease an incessant thirst, I have invariably and successfully indulged my patients freely and fully in the use of cold water, in small, but repeated quantities.

If this letter shall eventually contribute to the benefit of those concerned, in saving either life or property, the writer will have his reward.

*New-York, August, 1832.*

## CONCLUSION.

My first and greatest object in publishing my ideas respecting the “Cholera Spasmodica,” is to impress on my medical brethren abroad, who are yet to become acquainted with this spreading pestilence, that the cases of real asthenic or typhoid “cholera” are very few, and those few principally confined to the filthy and intemperate. That the cases of a more respectable character of persons attacked, are rather the result of alarm, and common cholera, treated in a most injudicious manner. For instance—in case of a slight or common affection of the stomach or bowels—a common diarrhœa—if you administer, *as is now usually done*, a dose of laudanum, and other ingredients of an astringent nature, you create an artificial disease, which unhappily calls for an *increased* reapplication of remedies, and a resulting increase of the disease. The consequences are obvious. To guard the profession therefore against a too hasty decision in their treatment of “premonitory symptoms,” I shall, to exemplify the truth of my premises, adduce some more facts which have come to my knowledge through the Montreal papers, respecting the success of Dr. Ayres’ treatment. Is there an intelligent and unbiassed physician that can misconstrue the cause of Ayres’ success? If not, to such, I need only remark,

“*Si hoc noscis, sit tibi satis scire.*”

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[From a Montreal Paper.]

*The Caughnawaga Indians.*—Joseph Lancaster, in his “appendix to the Gazette of Education,” printed at Montreal, on the 11th July, states, that a deputation of two of the Caughnawaga chiefs came to his house on the 26th of June, in search of Dr. Stephen Ayres, who reported that there had

been 126 cases of cholera at their village and 60 deaths. When the doctor saw them, and was made acquainted with their wishes, he said, I know I could do you good, but Montreal is so full of sick and dying, that I cannot leave it. He however sent a deputy, a man who had visited a number of cases with himself, and knew how to prepare the salutary remedies, promising to go over in a few days himself. An extra caleshe was hired to accommodate the chiefs, and loaded with charcoal, and every material for compounding the medicine, with bottles, and a quantity of the remedy ready mixed. One or two of the first cases attended were almost at the last gasp before they could be visited, and expired before the remedies could be applied. After this beginning, success attended every effort, which is corroborated by the report of the resident missionary. On the 2d July, Dr. Ayres went down to the village of Caughnawaga, and observing that his deputy was doing his duty faithfully, and having visited a number of cases, and completed the confidence so happily begun, returned to Montreal; and on the 10th the deputy returned, with the gratifying news, that only two cases remained, and that all the sick were doing well, walking about, or at work. The whole number of cases, as above, from the 18th June to the 26, was 126, and 60 deaths; and from 26th June to the 9th July, 99 cases, and but 8 deaths. On the 11th July, Colonel M<sup>r</sup>Kay reported, that he had visited the village of Caughnawaga, by special direction of Lord Aylmar; and had seen and inquired into the facts in relation to the cholera, and was perfectly satisfied of the truth of the cures performed by the simple and salutary remedies of Dr. Ayres. The chiefs were then required to make a special report, which they did on the same day, at the Indian office, and reported fully, finally, and favorably”

In his appendix of July 16, Mr. Lancaster says, Caughnawaga is reported to remain in good health, and adds, accounts from St. Johns, represent the *charcoal* mixtures, even in its impure state, as most useful; and that “its excellency has been acknowledged at Lachine and the Cedars.”

[From the Montreal Record.]

“We have received a verified account of the state of the Indian village of Caughnawaga before and after Dr. Ayres extended his cholera practice to its population. It appears from this document, that the doctor’s assistant was despatched to the village on the 26th, and returned the next day with the missionary’s report of the existence of 126 cases and 60 deaths having occurred in eight days! The practice of the doctor had now commenced, and his assistant returned to the village. On the 2d of July, the seventh day from the practice being begun, the missionary reported a total of 130 cases, and only four additional deaths! The doctor now visited the village in person, in company of two of the Indian chiefs, to see the patients, and to assure himself that his deputy was pursuing his directions. On the 10th, the assistant returned to Montreal, there being no longer a single cholera patient in the village to require his services. On the same day a report from the missionary at Caughnawaga was exhibited at the commissariat office in Montreal, which gave a total of 68 deaths; so that from the 18th to the 26th of June, there had been 60 deaths in eight days! and from that time to the 10th of July, during which the doctor’s practice was in operation, there were only eight deaths in fourteen days! On the 10th, Col. M’Kay visited the village, in obedience to special commands, received from his Excellency Lord Aylmar, and having inquired into the facts, reported himself perfectly satisfied with the salutary results of Dr. Ayres’ practice.

“The combined testimony of Col. M’Kay and the missionary, corroborated as it is by the special report made on the 11th inst. by the Indian chiefs, and by the many Indians who are living evidences of the efficacy of Dr. Ayres’ practice thus fairly tested, is sufficient, one would think, to silence detraction; yet an article is making the round of the public journals, the tendency of which is to derogate from its merit, and throw discredit on its sanitary virtue. It is not true that Dr.



Ayres' practice has failed at Chateauguay, as is asserted in the article we allude to. Indeed he has *not* practised there *at all*. One of his remedies, as it was given in the papers some time ago, has been resorted to for a cure by many persons afflicted with cholera in different parts of the country, as well as at Chateauguay, and we have heard, with complete success, except at the latter place, where one case is said to have ended fatally. But who would be so partial and unjust as to attempt to throw discredit on any medical practice because, in the absence of the physician, and without any consultation or communication with him, a man afflicted with cholera is said to have unsuccessfully availed himself of a reported remedy? The article, however, evidently tends to detract from the meritorious and valuable services rendered to the public by a charitable stranger; fair play is a jewel, and the doctor's poverty does not license or justify detraction from the fame his practice had deservedly acquired. His practice has been confined to Montreal and Caughnawaga, and its pre-eminent success, which, as we have seen, is well attested, affords the best evidence of its value."











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