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No. 3

## On Asiatic Cholera.

In our last No. of the Planet Reader, we published an account of the symptoms and the different stages, together with the ECLECTIC treatment of Asiatic Cholera, which is the treatment that we have, and do intend to practice in this much-dreaded pestilence. For particulars the reader is referred to the said No. But as the Planet Reader is published for the information of all classes, and not restricted to any particular sect or party, we deem it advisable to give the treatment which the other medical schools adopts in this much dreaded disease. And probably, by picking out what is most effectual and best of each of those different practices, a general system of treatment might be adopted, which would arrest this monster, who appears like the evil one, prowling over our earth, seeking whom he may devour. The other different practices in the treatment of cholera which we shall here notice are

THE ALLOPATH, THE HOMŒOPATH, THE THOMSONIAN AND THE HYDROPATH,

### Allopath Treatment of Cholera.

We shall first give the Allopaths' treatment, they are the oldest, and ought to have the preference. But as I deem the calomel and mercurial treatment of this disease to be very injurious to the human system, and very dangerous for a non-professional person to attempt, and as it is very seldom attended with beneficial results, I shall leave that treatment out, though an old school doctor will tell you that calomel is the SHEET ANCHOR in the treatment of cholera. Indeed, an Allopath doctor was once struck with astonishment at me when I told him I did not use calomel in the treatment of cholera, and wondered what in the world I did use in place of their favorite remedy.

CAUSES AND SYMPTOMS OF ATTACK—THE ALLOPATH COURSE OF TREATMENT.

"The following suggestions relative to the treatment of cholera are from the pen of Dr. Hamlin, of Maine, for many years a missionary to the American Board at Constantinople, whose extensive and successful treatment of this dreaded disease, during its visitations to that city in 1848, 1855 and 1865, entitle his opinions to its treatment, to the utmost respect and consideration. The suggestions are so simple that we give them the benefit of a prominent

place in our columns, in the belief that they will there attract more general attention, and be the means, perhaps, of saving life during the approaching cholera season:

CAUSES AND SYMPTOMS OF ATTACK.—I have personally investigated at least a hundred cases, says Dr. Hamlin, and not less than three fourths could be traced directly to improper diet, or intoxicating drinks, or to both united. Of the remainder, suppressed perspiration would comprise a large number. A strong, healthy, temperate laboring man had a severe attack of cholera, and after the danger had passed I was curious to ascertain the cause. He had been cautious and prudent in his diet. He used nothing intoxicating. His residence was in a good locality. But after some hours of hard labor and very profuse perspiration, he had lain down to take his customary nap, right against an open window, through which a very refreshing breeze was blowing. Another cause is drinking largely of cold water, when hot and thirsty. Great fatigue, great anxiety, fright, fear, all figure among inciting causes. If one can avoid all these, he is as safe from the cholera as from being swept away by a comet. While cholera is prevalent in a place, almost every one experiences more or less disturbance of digestion. It is doubtless in part imaginary. Every one notices the slightest variation of feeling, and this gives an importance to mere trifles. There are often a slight nausea, or transient pains, or rumbling sounds, when *no attack follows*. No one is entirely free from these. But when diarrhoea commences, though painless and slight, it is in reality the skirmishing party of the advancing column. Sometimes, though rarely, the attack commences with vomiting. But in whatever way it commences, it is sure to hold on. In a few hours the patient may sink into the collapse. The hands and feet become cold and purplish, the countenance at first nervous and anxious, becomes gloomy and pathetic, although a mental restlessness and raging thirst torment the sufferer, while the powers of life are ebbing. The intellect remains clear, but the social and moral feelings seem wonderfully to collapse with the physical powers. The patient knows he is to die, but cares not a snap about it. In some cases, though rarely, the diarrhoea continues a day or two, and the foolish person keeps about, then suddenly sinks, sends for the physician, and, before he arrives, 'dies as the fool dieth.'

**COURSE OF TREATMENT.**—For stopping the incipient diarrhœa, the most efficient remedy consists of equal parts, by measure, of one, laudanum and spirits of camphor, two, tincture of rhubarb. Dose for an adult, 30 drops on a lump of sugar. Continue the medicine every four hours in diminishing doses: 25, 20, 15, 10, 9, when careful diet is all that will be needed. In case the first does not stay the diarrhœa, continue to give in increasing doses—35, 40, 45, 60—at every movement of the bowels. Large doses will produce no injury while the diarrhœa lasts. When that is checked, then is the time for caution. This remedy, when administered in season, rarely fails to effect a cure, but frequently cases of advanced diarrhœa and especially of relapse pay no heed to it whatever. As soon as this becomes apparent, prepare a tea-cup of starch boiled as for use in starching linen, and stir into it a full teaspoonful of laudanum for an injection. Give one-third at each movement of the bowels. At the same time prepared chalk should be administered in 10-grain doses, with a few drops of laudanum and camphor to each. Mustard poultices should also be applied to the pit of the stomach, and kept on till the surface is well reddened. The patient, however well he may feel, should rigidly observe perfect rest. To lie quietly on the back is one-half of the battle. In that position the enemy fires over you, but the moment you rise you are hit. When attacks come in the form of a diarrhœa, these directions will enable every one to meet it successfully. But when the attack is more violent, and there is vomiting, or vomiting and purging, perhaps also cramps and colic pains, the following mixture is far more effective, and should always be resorted to:

Equal parts of laudanum, tincture of capsicum, tincture of ginger, and tincture of cardamom seeds. Dose, 30 to 40 drops, or half a teaspoonful in a little water, and to be increased according to the urgency of the case. In case the first dose should be ejected, the second, which should stand ready, should be given immediately after the spasm of vomiting has ceased. Large mustard poultices or strong pure mustard should also be applied to the stomach, bowels, calves of the legs, feet, &c., as the case may seem to require.

**COLLAPSE.**—This is simply a more advanced stage of the disease, and indicates the gradual failing of all the powers of life, but even at this stage many patients have been saved by the following treatment: In addition to the second mixture, above mentioned, administer brandy, in doses of a tablespoonful every half hour, surround the patient, especially the extremities, with bottles of hot water, and subject the body to a vigorous friction. In these and in all advanced cases, thirst creates intense suffering. The sufferer craves water, and as sure

as he gratifies the craving the worst symptoms return, and he falls a victim to the transient gratification. The only safe way is to have a faithful friend or attendant, who will not heed his entreaties. The suffering may be, however safely alleviated and rendered endurable. Frequent gargling the throat and washing out the mouth will bring some relief. A spoonful of gum arabic water or of camomile tea may frequently be given to wet the throat. Lyndenham's White Decoction may also be given both as a beverage and nourishment, in small quantities frequently.

**Diet.**—Rice water, arrow-root, Lyndenham's White Decoction, camomile tea, are the best articles for a day or two after the attack is controlled. Camomile is very valuable in restoring the tone of the stomach.

**The Typhoid Fever.**—A typhoid state for a few days will follow all severe cases. There is nothing alarming in this. It has very rarely proved fatal. Patience and careful nursing will bring it all right. The greatest danger is from drinking too freely. When the patient seems to be sinking, a little brandy or water, or arrow-root and brandy will usually revive him."

### Homeopathic Treatment of Cholera.

"It will not be amiss if I put before the eye of my readers the advice given by Dr. Samuel Hahnemann (the founder of Homeopathy, for the treatment of cholera. It is sufficient, simple, concise and easy of application to be readily understood by every person. These instructions were given exactly as follows: First, therefore, I refer to the precautions the medical man should take for his own safety.

Directly epidemic cholera breaks out, every medical man should procure the following solution. Put an ounce of *camphor* in twelve ounces of pure *spirits of wine*, and shake it till it is completely dissolved. Before entering the patient's room, take two drops of this solution as a preservative, and repeat the same precaution on entering every patient's room to prevent infection from the mephitic air confined there. Before entering the room, it will be well to wait a few seconds in the antechamber, a precaution rendered necessary by the fatigue the medical man suffers from his numerous occupations. If he visit his patient in a state of perspiration, he is much more likely to receive the contagion. Great attention also must be paid to diet, that is to say, he should never either hunger or thirst, and never overload the stomach with food or liquid; with respect to the choice of food, he should take only that which possesses undoubted nutritive qualities without any exciting properties. But in this he must, like his patient, be guided by circumstances, as it would not be discreet to discountenance, whilst the epidemic is raging, the use of wine, tea, coffee, or any other heating article.

which he had been daily in the habit of using. It may be as well to add that the medical man should be fully imbued with the importance of his functions at these difficult times, banish all care from his mind, be prepared by reflection for all occurrences, and possess great presence of mind.

Directly a patient is seized with cholera, administer one or two drops of the solution of *camphor* before mentioned on sugar or in pure water. Repeat the dose every five minutes; whatever the intensity of the disease, the *camphor* should in all cases be administered during the first hour after the commencement of the attack. As long as the patient feels any benefit from the use of the *camphor*, it should be continued; and if the disease yields to this application, no other will be necessary. When this, however, is not the case, we must be guided in our treatment by what the symptoms require. If there is vomiting, or only tendency that way, or if the vomitings are accompanied by excruciating pain, agitation and icy coldness, the patient should take one or two globules of *arsenic*. If this produces a good effect without complete cure, the dose should be renewed every two or three hours, according to the strength of the patient.

If the symptoms enumerated above are accompanied by cramps, recourse must be had, not to *arsenic*, but to *cuprum*, of which two globules may be administered, and the dose repeated every two hours if necessary.

The cholera, however, may assume another form, its characteristic symptom being frequently violent diarrhoea. In this case *veratrum album* must be given, and in this stage of the disease, ice may be beneficially used. Hahnemann expressly says, allow the patient as much as he chooses.

Sometimes a period occurs when the patient falls into asphyxia. We must be careful, however, not to treat him as if dead, though he may appear to be so, much less consign him to the undertaker. We must administer a few drops of *carbo vegetabilis* in water, and at the same time rub the whole of the body with ice.

But if the patient, when actually in asphyxia has not been previously treated homœopathically, the whole external surface of the body must be rubbed with *camphor*, and a few drops in a glass of water be poured into his mouth, even if he is unable to swallow.

Persons not suffering under acute cholera, and who, though not confined to their beds, are affected with cholericine, and experience alternately weakness, palpitation, anxiety, cramp in the calves of the legs, cold, uneasiness, sickness, diarrhoea, should take every day, or oftener if need be, one or two globules of *phosphorus* to preserve them from infection. Persons who are quite free both from cholera and cholericine will do well to submit to preservative

treatment, for which purpose they should take every eight days a globule of *veratrum album*, if diarrhoea be the chief characteristic of the disease, and a globule of *cuprum*, if the general symptoms are vomiting and cramp."

### Thomsonian Treatment of Cholera.

Dr. Samuel Thomson, in his work, says: "In 1832, it is well known that we were scourged with the Asiatic cholera, and one characteristic of the disease was the rapid decay of the solids as well as fluids of the body, passed off by frequent and copious aqueous discharges from the bowels. Such was the rapid consumption of the body that a fleshy person, in some instances, would be reduced almost to a skeleton, and even unto death, in from 12 to 18 hours.

"On examining the subject, we found that by some means the atmosphere was surcharged with a foreign substance, that we thought to be nitre, which destroyed in a great measure the oxygen or vital principle of the air, and at every respiration the patient retained a quantity of this refrigerating or cooling gas, and threw off a proportionate quantity of the oxygen or vital principle, which deficiency was not made up; and by these means the body rapidly lost its stimulus or heat, and received in its stead this refrigerating gas; and as the warmth became reduced at the seat of vitality, that from the extremities was called in, and thus the limbs became cold, contracted and cramped. The secretory vessels were also contracted, and forced back the perspirable matter into the body, which passed rapidly off from the bowels in discharges somewhat resembling rice-water; and at the same time the absence of heat in the extremities caused a contraction of the muscles and violent cramp, until in a short time death usually closed the scene.

"In examining the subject I found, as I thought, the first difficulty in the atmosphere, by breathing which the patient could not get that quantity of oxygen that was necessary for a healthy action; consequently some artificial means must be used to keep up the vital energy, and the rapid consumption of the flesh must be stopped by some preservative article. I therefore prepared the following compound: Pulverized myrrh, two ounces, dissolved in one pint of fourth proof Jamaica rum; to this add a fourth of an ounce of cayenne, steeped in two or three spoonfuls of boiling water, and then to this add half a pint of molasses, and put it into a jug or bottle for use. And in its application my most sanguine expectations were realized.

"I gave from a fourth to half a glass, according to the circumstances of the case. The necessary warmth was immediately restored to the vitals, and from them it spread to the extremities; perspiration was excited, a healthy action induced throughout the system, and thus the desolating disease was stayed.

"Such were the effects of this medicine in Montreal, where I first used it, that it was soon proclaimed in the public prints from Canada to

New Orleans, and appeared to be a standard remedy on the Mississippi and Ohio rivers for this terrible disease.

"The more this valuable article (myrrh) is examined, the more medical excellencies are discovered in its properties. This is the *medical giant* among the gums, balsams and aromatics of the vegetable kingdom."

### Hydropathic treatment of Cholera.

Dr. J. Shew says in his book on Water-Cure: "The treatment of this complaint depends much upon the constitution of the patient, and of the nature of the attack. The temperature of the water ought to be higher when the constitution is weak, and the sweating less. When the invalid is deprived of sense, the treatment should commence with cold clysters; the patient attacked with vomiting and stools, *alvines doloureuses*, should be placed in a sitz-bath of the temperature of 62 degrees. If, at the same time, he has headache, a cold fomentation should be applied, and some one should continually rub the stomach and the abdomen, whilst another rubs the back, the arms and legs with the hand which should be often dipped in cold water, and this rubbing should be continued until the natural heat is established in the skin. The patient must drink large quantities of cold water; this puts an end to the vomiting or looseness. It produces both in the case of an invalid, who is not attacked by it, and by continuing it, it causes the evacuations to cease. There is no other disease wherein it is so necessary to drink abundantly of cold water. I witnessed a case of cholera where the patient drank thirty glasses of water in one hour. Priessnitz effected a cure in three days.

When the symptoms are abated, the patient should be placed in bed, and there rubbed continually with a dry hand until the heat returns in the body, which should then be made to sweat well. When the perspiration appears, the invalid may be considered cured. On the re-appearance of symptoms, the same process must be resorted to. When perspiration takes place, the windows should be thrown open for any time the patient pleases; he then ought to be placed in the bath, and afterwards, if strong enough, should take exercise in the open air, and not omit to wear a bandage on the stomach continually. The use of cold water internally is indispensable during the sudorific process, and it should also be continued afterwards.

In case the invalid be exceedingly weak, he should be kept in the most perfect repose, which tends very much to the re-establishment of exhausted strength. But if the invalid's constitution be robust, the water he uses should be quite cold, and he may fearlessly be made to perspire abundantly. The disease should be treated with the same energy when it arrives at its climax. In the first attacks of this disease, the treatment is followed by such success in so short a period that it astonishes; but it has not the same effect when the disease has been neglected in the beginning; however, with pati-

ence and perseverance, it is even then sure of success.

I shall finish this article by the following remarks, which I recommend to the reader's attention: Although water was intended to be drunk, it should also be used in baths and ablutions; the fresher it is the better. Should it be necessary to raise the temperature of the water, a little hot water can be mixed with it. The cure of cholera can only be effected by re-producing perspiration; this great function cannot be animated but by rendering that energy to the organs of the skin which it had lost and which is only gained by the irritation caused by cold water.

Water should be kept at an equal temperature to sustain this salutary irritation; care should also be taken to renew the water in the bath when it becomes heated.

When the invalid is placed in the bath, the water should just reach the navel; to obtain this height, the extremity of the bath should be raised the opposite to where the patient is seated. The thighs and legs being out of water, should be energetically rubbed to bring back the heat.

It will easily be understood if the water of the bath were too cold it would be dangerous; if reaction did not take place, death might ensue. The temperature of the water should therefore be proportioned to the remaining strength of the invalid.

The fomentation should be of a heating nature.

The ablutions should not be made longer than necessary to refresh the heated parts, as they are employed after the sudorific process; that is to say, for three or four minutes.

If the lower extremities are attacked by cramps, the should be placed in water, and well rubbed until the cramps cease.

For violent pains in the stomach, cramps in the intestines of the bowels, and frequent stools, *evacuations alvines* alternate clysters and sitz-baths should be used.

Any one attacked by cholera should eat little, take milk, and drink water abundantly.

The cold water treatment should be continued for a long time, as well to evacuate the injurious humors which might remain in the body as to restore strength.

Priessnitz, in his establishment, has successfully treated seventeen cases of cholera, and has cured them all in few days."

### History of Asiatic Cholera.

Having given the treatment of Asiatic Cholera by the different medical schools we shall conclude this dry and lengthy article on cholera by a brief glance at its history.

Although unknown in this country until 1832, it existed in Asia as early, certainly, as 1774, and probably earlier. It prevailed there at different times and places until 1818 when it broke out with terrible severity in Bengal, a committed great devastation in the British army, stationed in the north-eastern district of India. From Bengal spread in various directions, so that by successive advances, during the years 1818, 1819 and 1820, it appeared in parts of the peninsula of Hindostan, traversed the Burmese Empire, Sam and the peninsula of Malacca in the south-east, and extended to China and Chinese Tartary in the north-east. Within the same time it also visited Ceylon, Sumatra, Borneo, the Philippine Islands, and even the distant islands, Mauritius and Bourbon.

Its progress to the north-west, beyond the boundary of India, was not at first as rapid nor as steady as in other

rections. It does not indeed appear to have passed the Indus until 1621, in which year it made its appearance in Persia and on the Arabian shores of the Persian Gulf. Ascending the Tigris and Euphrates, it was stayed by the approach of winter; but in the spring of 1622 broke out on the eastern border of the desert which separates Syria from Mesopotamia. It did not cross the desert until November, when it broke out in Aleppo. It again subsided during the winter, and reappeared in the spring of 1623, ravaging in the course of the summer the Syrian towns on the Mediterranean coast. In this year also, having traversed the Persian empire, it broke out at Astrachan, a Russian city at the mouth of the Volga, and at other places on the shore of the Caspian sea.

Having now reached the north-western border of Asia, it made no further progress in this direction until 1625, when it appeared at Orenburg, on the confines of Russia in Europe; but it still seemed to hesitate, oscillating as it were, until 1630, when it entered Europe, appeared on the shores of the Black Sea, penetrated the center of Russia, and guided by the channels of the Volga, the Don and their tributaries, reached Moscow, where it prevailed during the winter, and in 1631 attacked St. Petersburg. During the last mentioned year it extended also to Poland, Prussia, the German States and Hamburg, on the western coast of Europe; crossed the North Sea; appeared in October at Sunderland, on the north-eastern coast of England, and at Edinburgh in Scotland, in January, 1632. Rapidly as the epidemic had extended during the previous year, its progress was still more rapid in 1632. In this year it broke out in London and many other places in England, extended to France and Spain, crossed the Atlantic, and appeared in June, first at Quebec, then at Montreal, and pursuing the course of the St. Lawrence and the Lakes, reached the Valley of the Mississippi.

But the month of the St. Lawrence was not the only avenue through which this invading foe gained access to our country. It appeared at New York almost simultaneously with its attack on the Canadian cities. From New York it passed up the Hudson to Albany, and outwardly to the waters of the Delaware and Chesapeake, reaching Philadelphia on the 5th of July, and Baltimore within the same month. It appeared on an island off Charleston, South Carolina, in November; in February, 1831, broke out at Havana, in Cuba, and before the close of this year had extended to Mexico.

Thus within the first year after its access to our shores, this epidemic spread over the greatest portion of North America. It subsided, especially in the Northern States, during the winter, but repeated its ravages during the spring and summer of 1833, and again to some extent in 1834. It did not in its first visitation to our country molest the settlements on our Pacific seaboard, but having reached the borders of the unbroken wilderness and almost untroubled plains, this messenger of terror seemed to regard its mission as closed for a time. And now like some monstrous bird of prey, satiated temporarily with the ravages of three summers, it spread its pinions, and soaring above the snow clad summits of the Rocky Mountains, and casting a contemptuous glance at the sparse population of Oregon and California, took its flight across the broad Pacific, and settled down upon its native soil.

During the rapid extension of the epidemic in a western direction, its influence was propagated also to the north and south of what might have been regarded the main track of its progress, but not so rapidly in Europe as in America. Thus the disease reached New Orleans a year before it appeared in Sweden, and four years before it prevailed in Sicily. It did, however, overrun Arabia and Egypt in 1831, as if by a detachment marching due west from the Persian Gulf. But the chief line of its progress after leaving Asia was through the centres of Asia and North America, and thence in this line it traveled as we have seen, with variable speed, but upon the whole with remarkable rapidity, for from the time of its appearance in Russia, in 1830, it required but two years to reach the Mississippi Valley, notwithstanding the interruptions of winter, which always retarded its progress and generally arrested it. It did not attack all the towns and cities which lay in its course, but seemed to exercise a very capricious discrimination in selecting its points of attack. Generally, it is true, it seemed to prefer low, filthy and densely populated districts, but sometimes places of this character were passed by, while the inhabitants of the most elevated, clean, and isolated dwellings were chosen as its victims; facts which completely subverted every hypothesis, and baffled all conjecture as to the circumstances calculated to induce an invasion of the malady.

The intensity of the morbid influence was by no means uniform. Where the disease prevailed in a district, one of more points were generally selected in which the epidemic force appeared to be especially concentrated, while the inhabitants of the adjacent territory suffered from irregular, predatory visitations, as if from scouting parties detached from the main body.

The epidemic usually appeared the second and sometimes the third summer in places where it broke out during the first season of its prevalence; but in some instances towns which escaped at first and which began to be regarded as exempt from the disease, were attacked during the second or third year.

Such is a brief historical sketch of the first visitation of Asiatic cholera to Europe and America. Having in this manner encircled the entire globe, and ravaged almost every important district inhabited by man, it confined its operations for a while to the East Indies, where it had appeared to be endemic, scarcely failing to prevail to some extent every year since 1817. In 1847, however, having, as we may suppose recruited its exhausted forces by a truce of thirteen years—for I can scarcely divest it of the militant character—it again took up the line of march intent on foreign conquests; but not finding much new territory worth invading, it chose to pursue its former course, and triumph again on the field of its former victories.

Its progress in its second and third visitations has not varied essentially from that of the first, and although its violence has generally been less severe, its type and habits have been about the same. As it has advanced westward, it has generally subsided in the east; so that in its progress it may be compared to a terrific storm, its approach foreshadowed by omens of calamity, its presence over-spreading the land with gloom and devastation, and its departure, in sullen grandeur, leaving to the mourning inhabitants the melancholy assurance that others are now suffering what they have just endured.

Thus have Europe and America now been visited a third time by this dreadful scourge. This country has not yet been thoroughly conquered by the thir visitation, but probably before these pages reach the reader's hand cholera may be pre-ading devastation in our midst.

From this brief sketch of its history, we may derive the following facts in regard to the habits of malignant cholera. 1st. That it is endemic in India, but occasionally becomes epidemic, radiating, so to speak, from that central point in every direction to greater or less distances. 2d. That occasionally its tendency is more especially in a western course, and that when this is the case it progresses though fitful and vacillating at times, is generally marked by increasing rapidity. 3d. That natural obstacles, such as deserts, mountains and oceans, though they may temporarily check, can interpose no impassable barrier to its progress. 4th. That winter usually causes it to subside, except where the weather is mild, or where a kind of artificial summer is sustained as in the cellar-like habitations of the peasantry in Russia. 5th. That though it appears to prefer natural channels, such as the courses of rivers, or other public thoroughfares, in its advances, and though it usually selects low, filthy and crowded localities as points of attack, yet in neither of these respects does it observe any uniform rule. Finally, that its prevalence in any place seems to be dependent on the presence of some unseen influence not usually existing there, and capable, according to some law by which it is governed, of more intense concentration in particular localities than in others, in the immediate vicinity.

We come now to inquire into the cause of epidemic cholera. Various hypotheses have been suggested, some of them ingenious, others absurd, and all lacking that degree of evidence necessary to establish a claim to entire confidence. All must, however, agree that the specific cause of cholera is some invisible influence, which either does not ordinarily exist, or is only occasionally operative. A great effort has for instance been made to prove that the impregnation of the water with lime is the cause of cholera. The argument is based upon the fact that countries where the limestone formation occupies the surface and where the water used by the inhabitants is more or less impregnated with that earth have been more generally over-run by this pestilence, than those where primitive and sandstone formations, and consequently soft-water prevailed. But although the local influence may, and probably is a predisposing cause to the prevalence of cholera, yet some other influence must be assumed to account for its recurrence. Why has it not always prevailed in limestone districts? And why, since its appearance, does it not still continue among us, as our wells and streams abun-

impregnated with lime? and again, how does it happen that it does not entirely avoid those places where the water is soft and limestone unknown, as is the case at Bangor, Maine, and other places which might be named, where cholera has occurred with great facility?

What then is the subtle, intangible and yet remarkable influence principle which constitutes the specific cause of cholera; a cause which, though its efficiency is often promoted by circumstances which predispose to or excite morbid action in the system, yet is capable, when concentrated, of producing cholera, without the aid of any apparent predisposing or exciting causes? After examining all the hypotheses which have fallen under my observation, such as those referring it to the influence of the planets, to the approach of comets, to meteoric changes, or peculiar electric states of the atmosphere, which may be called the primary cause of cholera; the secondary cause may be attributed to malaria, to atmospheric fungi, and to invisible animalcules existing in the air—my mind is more strongly impressed with the last mentioned proposition as the secondary cause. The habits of the epidemic, its capricious movements, its apparent obedience to whimsical impulses, similar to those which govern the movements of swarms of invisible insects or of flocks of birds concentrating in masses in certain localities, while small detachments of erratic stragglers may be seen flying about at different distances from the main body, seem to favor this hypothesis. The objections to this theory, as mentioned by Prof. Wood, are "its utter want of proof," and the "fact that the cause of cholera, whatever it may be, withstood the severity of the winter at Moscow." I acknowledge there is the absence of demonstrative proof to sustain this hypothesis, and the same is true of every other theory of the cause of cholera; and I do not profess to adopt it as unquestionably true, but am constrained to favor it, as being sustained by more probabilities than any other doctrine. The fact that the disease prevailed at Moscow during a Russian winter has some force as an objection, but when we observe that the general tendency of cholera is to subside on the appearance of very cold weather, and that in the cell like huts of the Russian peasantry, to which the disease appears to have been principally confined at that time, a high degree of temperature is constantly maintained during cold weather, the objection is well nigh removed. It may be further suggested that we are all familiar with the fact that many visible insects exist in a dormant state during winter, and make their appearance during intervals of mild weather, and in dwellings which are kept warm.

But as it has been already suggested, there are predisposing and exciting causes which favor the development of cholera, and doubtless serve in many cases to increase the violence of the symptoms. Whatever has a tendency to impair the general health or diminish the vital forces may be regarded as a predisposing cause. Previous disease, old age, irregular, intemperate and vicious habits, deficiency of food, confinement to vegetable diet, exposure to confined, damp and otherwise vitiated air, as where many persons are crowded together in prisons, ships, camps, &c., protracted depression of spirits from grief, fear or other emotions, any or all of these, with many other circumstances calculated to reduce the constitutional stamina, may be regarded as predisposing causes of cholera. It may also be proper to remark here that not only are persons in debilitated conditions or with shattered constitutions more liable to take the disease, but they are less likely to recover from its attack.

Cholera is strictly an epidemic, existing by force of a mysterious poison diffused through the atmosphere, but it is very susceptible of being propagated by the excrements of a cholera patient, to others near, if the poison in the excrements are not destroyed by some disinfecting agent, such as a solution of sulphate of iron, &c.

The exciting causes of cholera do not materially vary in character from those named as predisposing, except that their impression is more suddenly produced. Any circumstance or occurrence calculated to derange suddenly the organic functions, such as the stomach, the liver, the skin, &c., may excite on attack of cholera in persons laboring under the specific cause. Hence the sudden exposure of the person when warm to cold, or dampness, by checking perspiration and destroying the equilibrium of the circulation, is a frequent exciting cause. Unwholesome food or drinks, such as unripe fruit or indigestible vegetables, impure water, fermenting liquors, as cider, &c., or overloading the stomach with even wholesome food; the use of very cold drinks, as ice-water; purgative or irritating medicines; immoderate exercise; sudden mental emotion and many other things may be named under this head.

## ANCIENT DIVINATION

BY THE

### WHEEL of PYTHAGORAS

Which is said to Resolve all Questions, Past, Present and Future.

The ancients, who were extremely fond of divination, were wont to place great confidence in the "Wheel of Pythagoras," which resolves questions by *Arithmancy*, or a species of sortilege by numbers, wherein the result depends upon the unfettered agency of the mind and will, or intent to know "any difficult thing."

Arithmancy, or divination by numbers, on which the wheel is founded, was variously practised. Many stupendous tomes, in the dead languages, now obsolete and forgotten, were to be found, explaining the "arte and manner" of these curious proceedings, in which the letters of the party's name were said to contain many hidden arcanæ, when deciphered by the "mysteries of numbers." The ancients went so far in these particulars as to declare their belief that each individual may know the chief secrets of his destiny by the help of his name or patronymical appellation, and also that there exists a peculiar sympathy between the name and the pursuits throughout life. These facts are here stated merely to apprise the reader of the unlimited fondness of the ancients for every kind of aruspicy or soothsaying, no matter how or where it was accomplished.

There have been several Italian writers of eminence who have treated of the power of numbers when chosen or combined by "lot," amongst whom stands conspicuous Trithemius, the famous abbot of Spanheim, whose work entitled "Steganography" is exceedingly mystical, rare and curious, but has never been translated into English.

The Italians have also made use of the Wheel of Pythagoras for finding out fortunate numbers in the lottery, as the following extract from the life of the celebrated Count Cagliostro will sufficiently prove:

"The lottery," says the count, "was at this time on the point of commencing; the daily discourse of Scot on this subject (who, like Vitellina, was addicted to all games of chance) brought to my mind a manuscript which I had in my possession; it contained many curious cabalistical operations by numbers, by the aid of which, amongst other

secrets, the author set forth the actual *possibility* of calculating numbers for lotteries.

"I had ever considered this as a vague and enthusiastic idea, but had long contracted the habit of suspending my judgment on those things I had not particularly made the object of my speculations."

"He was resolved, he tells us, to *prove* the truth or falsehood of those assertions, and, by adhering to the rules prescribed in the manuscript, for the 6th of November he predicted the number 20. 'On th's,' says he, 'Scot risked a trifle, and *won*. But by number 25, which was calculated for the ensuing day, he gained upwards of one hundred guineas!

"The numbers 55 and 57 were announced with equal *success* for the 18th of November, the profits of which days were equally divided between Vitellina and the pretended Lady Scot.

"Judge my astonishment," says the count, "at perceiving the exactness of those calculations I had believed to be but a mere chimera! The *possibility* of such calculations I must entirely submit to the determination of the reader; but was this uncommon success the effect of human skill or of entire chance?"

"The count, from a point of delicacy, thought proper to resist the repeated solicitations of Scot, etc., by resolutely refusing to predict other numbers. Scot exerted every effort to strengthen his intent with the count. He presented Madame Cagliostro with the trimming of a cloak worth four or five guineas, in return for which, as he would not mortify him by a refusal, the count presented him on the same day a gold box, value twenty-five guineas, and, to free himself from further importunity, ordered his servant to deny him both to Scot and Miss Fry, which was the real name of the pretended lady.

"The latter, however, in a few days gained admission to Lady Cagliostro. She informed her, in broken accents, accompanied with tears, that she was forever ruined. Scot, she said, to whom she had the weakness to be attached, having decamped with the profits arising from the lottery, leaving her with his three children entirely destitute. This imaginary tale produced the intended result. Madame Cagliostro, touched with the pretended misery of her situation, generously interceded with the count in her behalf, who,

at her request, sent her a guinea and, for the ensuing day, the chance of number 8.

"Flushed with her former success, she now *believed* the calculations of her benefactor infallible, and having procured cash upon her effects she boldly risked a considerable sum on the above number. Fate was again propitious! On the 7th of December the number 8 emerged from the wheel of fortune!

"This extraordinary chance on which the count did not risk a single guinea, returned to Scot and Miss Fry (whose quarrel was fabulous) the full sum of one thousand five hundred guineas!"

*Cagliostro's Life, p. 22.*  
(To be continued.)

### The Hourly Motions of the Superior Planets.

Perhaps it may not be considered altogether uninteresting to give the hourly motion of the principal planets, by which it will be seen that those nearest their centre of gravity move fastest; hence the inferior planets Mercury and Venus will move at a greater rate than the earth, and the superior planets will move slower; their hourly motion is as follows: Mercury 95,000 miles, Venus 69,000, Earth 60,000, Mars 47,000, Jupiter 25,000, Saturn 18,000, Uranus 15,381 miles an hour. Masses so stupendous, situated at distances so very great, would lead us to infer that each of them is, like our earth, clothed with vegetables and peopled with animals. This gives us an idea of the extent and grandeur of creation, which we cannot acquire by anything merely terrestrial, and it is by those appeals and views that the science of astrology rises so much in grandeur above every other science, and inspires feelings of devotion and reverence for the Deity, which can be excited by no other subject that can occupy the human powers. In other studies we may be puzzled, but here we are overcome by amazement, and forced to exclaim with the poet,

"An undevout astrologer is mad."

### Extraordinary Effects of a Lunar Eclipse.

Dr. Mead, in his book on "Planetary Influence," notes the effects of an eclipse in the year 1693 as follows:

"Jan. 21, 1693.—The moon having been eclipsed that night, the greatest part of the sick died about the very hour of the eclipse, and some were even struck with sudden death."

