

This analysis corroborates the inference which I drew, in my work upon epidemic cholera, viz., that the rice-water-like dejections are formed at the expense of the serum of the blood of the patient, and this will readily be understood by a comparison of the proportionals of these gases with those which I discovered in the blood, as recorded in the pages of THE LANCET for August last. I candidly acknowledge that I did not expect such an approximation.

I beg here to remark that my experiments upon blood go very far to prove the correctness of the views which were entertained by my late much valued friend and trustee Sir Everard Home, with regard to the absorption of atmospherical air by the extreme branches of the pulmonary veins.—(Vide *Phil. Trans.* for the year 1828.)

I have again examined the results of the experiments which were performed by MM. Magendie and Chevreul upon the bodies of criminals opened a short time after death, who, having been young and vigorous, were in the most favourable condition for this species of investigation.—(Vide *Elemens de Physiologie*, 2nd edition, Paris.)

I have taken the trouble to calculate the mean of the proportionals of gases contained in the stomachs of two of these criminals, who had partaken of bread and Swiss cheese, and drunk water coloured red two hours before execution.

	Cubic Inches.
Carbonic acid gas . . . . .	29.80
Hydrogen gas . . . . .	38.36
Nitrogen gas . . . . .	31.51

These gases originated, in all probability, from the chyme and gastric juice of the stomachs of the criminals, and are, *toto cælo*, different from the fluids vomited by cholera patients *instante morbo*.

MM. Magendie and Chevreul carefully examined the gases which they found in the large intestines of the above-mentioned criminals. The mean of their results of chemical investigation I have calculated to be,—

	Cubic Inches.
Carbonic acid gas . . . . .	42.215
Carburetted hydrogen gas . . . . .	8.8025
Nitrogen gas . . . . .	31.8625

Here we observe how different the intestinal gases of the above-mentioned criminals are from those contained in the rice-water-like dejections of the cholera patient, and I am of opinion that this comparison will be interesting to the medical philosopher.

Before I conclude, I beg to lay before

the readers of THE LANCET some account of experiments made upon serum which was taken from the scrotum of a gentleman, a patient of mine, who was affected with anasarca. I extract it from my notebook.

“Infirmiry, May 27th, 1834.—Into a twenty-ounce graduated jar, ten ounces of distilled water (from which the gases had been extricated by the medium of the air-pump) were placed. I then very carefully poured into this jar ten ounces of serum, just taken from the scrotum of my patient. This jar and its contents were properly placed in the exhausted receiver pneumatic trough, and the gases were immediately extricated by the agency of the air-pump in the manner already described, and by eudiometrical experiments, most carefully conducted, I found that these ten ounces of serum contained ninety-six hundredths of nitrogen gas, and no other gas whatever.”

Sunderland, Nov. 10th, 1834.

HISTORY OF  
THE PROGRESS  
OF THE  
MALIGNANT CHOLERA  
FROM  
OPORTO TO LISBON.

By WILLIAM LARDNER, Esq., late Surgeon  
to the Royal Marine Hospital, Lisbon.

IN my communication of the 8th of May 1833, respecting the history and treatment of Cholera Morbus in Oporto, I mentioned the *apparent* introduction of the disease into that city by the *London Merchant* steam-boat, with General Solignac and his Belgic followers. I now trespass further on the columns of THE LANCET, with an account of its subsequent progress in Portugal.

As Admiral Napier imposed upon me the duty of taking medical charge of the English department in the Royal Marine Hospital, Lisbon, it afforded me an opportunity of making the necessary inquiries relative to this subject. I conceive that a history of the wandering ravages of cholera is of greater utility than accounts of what we unhappily have too many opportunities of studying, viz., its pathology, physiology, and symptoms. Such a history affords data for the pursuit of inquiries with regard to the cause of the destructive and perplexing malady. Its mys-

terious marches, its means of conveyance, its sudden and unexpected invasions, are worthy of great attention. Does it flow in the wind as a wave, the greatest convexity of which catches one place, and then another? Or is it borne along by an aquatic or an electric medium? Or is the whole mass of atmosphere in so deranged a state, that the disease is created by ever-occurring events? I am disposed to answer the latter query in the affirmative. The well-known fact that the disease is both sporadic and epidemic, bears strongly in favour of that answer. When I know that the *Rainha* frigate in Vigo Bay, while at anchor alongside the *Donna Maria* frigate, was severely attacked with cholera in its most malignant form, while in the latter (although free and constant communication existed between the two vessels) the disease never made its appearance, what conclusion am I to come to, but that the crew of the former vessel was more susceptible to the evil effects of malaria than the other? If the proximate cause of the disease existed in the *Donna Maria* frigate, her crew also would have caught the disease. Admiral Sartorius (who, by-the-by, in the goodness of his heart, and his fondness for the mysteries of his religion, believes it to be an express visitation of Providence) has informed me, that when the disease first visited the flag ship, it was supposed to be created by a poison which was sold to the crew of the ship by bomb-boats from Vigo, through the medium of oysters, a number of which were sent on shore at Vigo, or returned to the bomb-boats, after which period the Vigonians were honoured with the travelling pestilence. The ignorant crew of the ship had good reason to harbour such an idea, well knowing the cruel opposition we met with from the *then-existing Spanish government*; for they, and we, all suffered dreadfully from the want of fresh provisions.

The following is a general outline of what I had observed previous to the period to which the present communication more especially refers.

The *London Merchant* steam-boat sailed from Dover, touching at Falmouth, at the end of December 1832, and arrived at Vigo long before the expiration of the same month, having Asiatic cholera on board. At this time cholera morbus was neither in Spain nor Portugal, but when the steamer was on her way to Vigo Bay, the general lost several of his soldiers by the disease. The cholera prevailed at this period in England, and there was ample cause to produce the disease on board, in consequence of the crowded and filthy state of the fore-cabin. It is impossible to

conjecture which of the two places, England or the steamer, was the source of the poison. There was no quarantine in Vigo at the period the steamer arrived, nor was it established until the intelligence of cholera existing in Oporto was communicated by the Spanish authorities in that city. After that there was a rigid quarantine kept. If cholera existed in Vigo, there would be no use in the quarantine, and the Spaniards would not be such fools to themselves as to injure their commercial interest without some good reason. The steamer left the Bay of Vigo with the most religious secrecy as to the character of the disease on board, and the general blustered his way into the captain's cabin, where I was sitting, in the most furious manner, wishing to know if I had circulated a report that cholera had attacked his soldiers. I replied in the negative, but said that there were many poor Poles and Germans on board, who knew too well the nature of the malady for me to attempt to deceive them. In conformity with all his rash acts, and consistently with his impetuosity of temper, he had his trunks &c. removed to Oporto without delay, but from them I have never been able to trace any source of contagion. As a proof that it did not exist in Oporto previous to the disembarkation of the troops, I may be allowed to mention the following facts. On my arrival in Oporto, where I had medical charge of Solignac's soldiers, on the 2nd of January 1833, I *secretly* reported to the government that the Asiatic cholera had arrived with the Belgians. Although the ruling powers could not persuade themselves that so terrific a piece of intelligence was true, they thought it wise to keep the diseased persons at a distance from Oporto. They accordingly, as I before informed you, left them in the *Foz Hospital*, which is at least two miles from Oporto. This hospital was well calculated by its locality to hinder any communication from being made between the patients and the people of Oporto. It was exposed to the most formidable of the Miguelite batteries; so much so, that not less than two shells and six eighteen-pounder balls entered it during the short period I had charge of it, which was until the disease had made its way into the heart of Oporto, and it was no longer deemed necessary to keep a separate establishment for it. Those shots and shells were accidental; they never were intended for the hospital. There was not a single house around the hospital which was not riddled by shots and shells. It would be ungenerous here not to mention the liberal conduct of the Miguelites with respect to this building.

They could have destroyed the whole fabric and its inmates in five minutes, if they had pleased, and there was always an excuse for firing at it, for we had a guard of soldiers at the gate of the hospital, directly facing the battery, but they spared it because it was an hospital. So incredulous were the people and medical men of Oporto that the disease had made its invasion, that the following occurrence took place, which to me was provokingly absurd. I mentioned in my former communication that the first person attacked with cholera was an English soldier in the neighbourhood of the landing place, who was thoughtlessly conveyed to the English hospital, and placed in a chamber among a number of wounded, sick, and convalescents,—a fertile soil indeed for the propagation of the malady *if it were contagious*. I visited the hospital shortly after the man's entrance, and protested against such proceedings, and immediately made a report of the facts to the minister of marine, wherein I respectfully protested against the removal of such persons from the immediate neighbourhood of the Foz to the centre of Oporto, where the principal part of her Majesty's troops were quartered.

The report was forwarded without delay to the "Medicine-in-chief," a haughty Brazilian of the name of Tavares. This man immediately held a conference with the English surgeon who had charge of the hospital, and they both entered into a determination to have a post-mortem, in order to discover if the man had died of cholera. I suppose that neither of those gentlemen in the whole course of their lives ever saw a cholera post-mortem. However, in their wisdom, they pronounced the man *not* to have died of cholera. It is astonishing how fools and ignoramuses sometimes manage to stumble on the truth, when wiser heads seek for it in vain. The poor soldier certainly did not die of cholera, although he was violently attacked with it. He died of being *copiously blooded when in a state of collapse*. By-and-by the disease attacked the patients in the hospital in many shades. Diarrhœa, vomiting, and cramps, separately and collectively existed, and very shortly after it attacked the inhabitants of Oporto generally. I mention this circumstance to prove, that if the disease existed in Oporto previous to, or coeval with, the arrival of the Belgians, the people and practitioners were ignorant of its existence. It flourished for some time in Oporto before we heard of its blessings being extended to the Miguelites, who were encamped from a mile to a mile and a half around the city. Here it may be

observed that the communication in consequence of the siege was restricted.

On examining some of the records with regard to its approach to Lisbon, I find that the city of Aveiro, on the south side of the Douro, was the first place that it visited after it had attacked Oporto, a distance of thirty leagues from the latter, on the 3rd of February 1833, which was exactly a month after its entrance to Oporto. There is every reason to believe that there was but a very limited, if any, communication between Aveiro and Oporto, at the remarkable period of which I am now writing. Aveiro was in the possession of the Miguelites, and Oporto in that of the constitutionalists. There was no communication by water between the two cities, and there must have been very little by land, in consequence of the formidable lines erected by the cowardly Miguelites. The term *cowardly* is here forced from me, or I should not use it, and I feel confident that the reader will agree with me, when I mention that the force of Don Miguel was more than four times that of Donna Maria, yet he acted on the *defensive*, and proved it by erecting around Oporto a formidable line of defence, instead of forcing his way *by numerical power* into Oporto. He ought to have unfurled a flag with the term "offensive" in its centre, and ordered it to be placed wherever the flag of despotism, tyranny, and oppression, floated. But it is a well-known fact, that a *child*, if it catches a *man* in a bad deed, may, by the disparity of moral force existing between them, exert with impunity a power which, under ordinary circumstances, never could be calculated on.

It may be asserted, that although all intercourse with Oporto was cut off, there was free and constant communication with Lisbon, but we shall hereafter find that Lisbon was not visited by cholera for a considerable time after Aveiro, which fact may give the contagionist a lift, for there existed no communication directly by water between Oporto and Lisbon; but Aveiro being between Oporto and Lisbon, was first attacked, and after it Lisbon. The disease may be supposed to have travelled by a land conveyance from Oporto to Lisbon, but most positively not by shipping, for the Miguelite batteries would not allow a ship to enter the Tagus, lest it should turn out what the wooden horse did when Troy was besieged, and Donna Maria's ships kept a strict blockade outside the bar.

These facts, together with the consideration that Aveiro is a very petty commercial city, are quite sufficient to prove that there were but few opportunities indeed for the importation of the disease by

the Averonians from Oporto. Cholera did not make its appearance in Lisbon for months after it was heard of at Aveiro, so that it was not communicated from Lisbon, where there might, perhaps, exist some trifling intercourse.

After Aveiro the *Rainha* frigate was attacked with cholera, and lost, in the course of seven days, under the most approved treatment, upwards of two-and-twenty persons. It is strange that the disease did not visit that vessel for nineteen days after its invasion of Aveiro. It visited the frigate on the 22nd of February 1833, which was fifty-one days from its entrance to Oporto, and nineteen from its visit to Aveiro. The frigate had strong claims in favour of the first visit, for she was on intimate terms with the steam-boat when in Vigo Bay, and subsequent free communication existed with Oporto, where the disease existed in its most malignant form. How inexplicable all this must be to the contagionist! Why did not the patients, which I was wont to see every morning and evening on board the frigate, receive the contagion from me, having visited the steamer two or three times, and having felt the pulses of the diseased, administered medicines to them, and come in contact with their bedding? On the evening of each day I attended to the sick on board the *Rainha*, without, in all probability, having washed my hands (for water was not plentiful), and to a certainty not having changed my clothes. Why should Aveiro be attacked nineteen days before the frigate, the former having no communication whatever with situations where the disease prevailed, the latter constantly and freely communicating?

The following is a translation of an address or report sent to Don Miguel by a commission which he had ordered to investigate the particulars of the epidemic which had attacked the Averonians:—

“On the 3rd of February, 1833, an epidemic made its appearance in a district of the city of Aveiro, denominated the district of fishermen, situated on the sea-coast between Oporto and Lisbon, whose symptoms bore a great affinity to that which travelled from Asia through various countries in Europe. It prevailed in all the neighbouring villages at the same period, and travelled slowly and treacherously through the district until the 16th of the same month, when it engaged the whole of the district. The chief magistrate of the city being alarmed, convened a meeting of the neighbouring authorities, assisted by the medical men, as also by a professor of anatomy and medicine sent by the University, together with the military inspector of hospitals on the south

of the Douro, for the purpose of adopting measures for checking the progress of the malady. The epidemic prevailed with great violence from the 16th of February to the end of the same month, commencing to decrease in the beginning of March to such a degree, that at that period no new case occurred in the district.”

The writer here remarks, that the mortality was inconsiderable when compared with that of other countries. I don't translate his words here, as they are pregnant with fulsome egotism. He illustrates the mildness of its character by the following similes:—

“Perhaps it is like the *anguis in herba*; it rests to gain greater force, and afterwards to make the same ravages it did in other countries. We may advance that it is like an indigenous vegetable, which being transplanted from another soil, although preserving its original form, has some of its qualities changed, while others are finally lost in acquiring new ones; or, like a scourge in a region most remote from its nativity, under another climate, in the midst of different local circumstances, and among individuals of habits totally different, loses much of its malignity, but still preserves the characteristics of the original trunk. It attacked the people of this district at no particular period in the four-and-twenty hours.”

The writer of the above article declares that great indeed would have been the mortality if the cases had not been *skillfully treated*. He also states that more females than males were victims to the disease, and that the poor and badly clothed were, above all others, severely attacked with it. It is almost unnecessary for me to mention that the great want of moral energy and promptitude which remarkably distinguishes the Portuguese character generally, is quite sufficient to hinder a medical man of that nation (and above all other class of Portuguese the medical faculty are the most slothful and oldwomanish) from treating cholera morbus properly. He further mentions that out of *seventy-nine* patients labouring under blue Asiatic cholera he only lost *nine*, though the sole remedies were injections of gum and water, starch and alicha, with mustard sinapisms and other nonsensical quackery.

It is a difficult undertaking to attempt anything like a fair account of the cholera in Lisbon. Even of the sum of mortality I found it almost impossible to form an estimate. The difficulty arises from various and numerous causes, but the first and most weighty is the want of freedom of the press; the second is the naturally intriguing character of the Portuguese, who would not think it safe to give honest pub-

licity to anything; the third is the mean, knavish, jesuitical character of their medical men, who, God bless the mark! gull the public to a far greater degree even than the priests.

These men mingle with their practice a species of alchemistical mystery, in order to rob the ignorant. A mustard cataplasm on the soles of the feet to cure a toothach, —three leeches applied to three different parts of the spine to cure the belly-ach,—and bleeding in the great-toe for tic douloureux of the forehead,—are by no means uncommon or extraordinary methods of extortion used by this enlightened body.

One of the means for assisting in the investigation of the amount of mortality, was that of visiting the different cholera burial places in Lisbon; but even there I found a stumbling-block to my inquiries; for on examining some of the bodies which were brought there whilst I was on the ground, I found none resembling the bodies I was wont to see elsewhere. I think I may fairly venture to state that one half of those who were buried in this place did not die of cholera. Three-fourths of what I examined were the bodies of persons who had died of extreme old age, having fully performed their sublunar journey.

A description of the manner in which they bury those who die of cholera may not be uninteresting here. A meeting is convened of the leading medical men of Lisbon, whose duty it is to select an appropriate patch of ground, with strict injunctions that it is to be situated at a considerable distance from Lisbon. While all this caution is being observed with regard to dead bodies, filthy Lisbon remains neglected; the dirt and abomination of every house and its numerous inhabitants is thrown out of the windows, and is only removed from the streets by the myriads of dogs who loiter about, looking out for such windowfalls. About twenty years ago the Portuguese people are said to have put their heads together in order to remove the evil if possible. They engaged upwards of two thousand black women, whom they supplied with tubs which they carried on their heads, and every night at a stated hour they called at the different houses to remove the dirt, which was by no means homogeneous. However, finding this plan ineffectual, they disbanded the sable corps, and to the present day the streets receive from the windows the dirt of the houses.

But to return to the burial ground. As soon as the ground is chosen it is paled in, and a number of labourers are engaged in the capacity of wholesale grave-diggers. A deep ridge is dug, extending from one

extremity of the ground to the other, sufficiently wide to admit of three bodies abreast without coffins. As soon as the first ridge is finished the burial of the dead commences. A quantity of lime is laid under and about each body, and a second ridge is commenced. The earth from the latter is thrown into the former, and so on. The number of bodies in each might be fairly calculated by taking the length of the ridge, and the average length of each body, but the evils before mentioned would render such exertions of no avail.

Previous to my giving an account of the entrance of the cholera into Lisbon, it may not be improper to state that I do not throw down the gauntlet in the lists of contagion or anticontagion. A good general ought to know the means of conveyance possessed by his enemy, and the geography and nature of the ground he will have to pass over, before he encounters him. If he be not familiar with these two circumstances, he will know neither when nor where to attack him with a chance of success. Were my exertions to remove the obscurity which envelops cholera at present, in the ratio of a pebble to a mountain, I would not allow that pebble to fret the door of inquiry leading to so important a subject, by advocating contagion or anticontagion. It is much to be feared that there is a general derangement of the elements surrounding us. Nothing short of that could produce the direful and unaccountable confusion in mortality which has existed since the introduction of the malignant cholera into Europe. If it be, as religious people would say, a just visitation of Providence for some good end, let us still struggle with it, and conquer it, if possible. Every religious person is daily and hourly fighting against the evils entailed upon him by the first aggression of man, original sin, and its consequences, and I do really believe that cholera is principally attracted and propagated by the same evil, for we find that it visits the high and the low classes of society, more than the middle, because the former are the more vicious.

For the following account of the entrance of cholera into Lisbon, I am indebted to Mr. Clay, a reporter for one of the morning papers. It is a lamentable truth that I have been driven to the necessity of applying to a non-medical resident of Lisbon for rational intelligence respecting the disease. I have spoken to many medical men on the subject, some of whom were natives of my own country, but they invariably replied that they kept no account of the entrance or progress of the disease in Lisbon. The effect of climate on the

human understanding is curious but well known. Few English practitioners who rest for any length of time among the Portuguese fail to catch the indolence and wait-a-while character of the people of that nation.

The Portuguese people fancied that every possible precaution was taken to hinder the entrance of cholera morbus, as the government had ordered all letters, newspapers, &c., to be fumigated at the Health Office, when, in the middle of June 1833, on the north margin of the Tagus, at Belem, the cholera entered, and slowly progressed towards Lisbon. At last it visited the residence of Mr. James Phillips, the vice-consul, whose family consisted of his mother, two sisters, a niece of about twelve years of age, a servant-maid, and himself. The whole family had eaten heartily of a large turbot on Sunday, in the month of June 1833. The same night one sister was attacked with cholera,—next morning the other; at noon the mother of the family was visited by the pestilence. All these died, and were buried on the Tuesday morning following, at ten o'clock, the very same day on which their servant died. These were the first English who fell victims to the malady in Lisbon. Alarm began now to spread in all directions. Fish, fruit, and vegetables, were prohibited, but the most remarkable circumstance was the singular appearance of the atmosphere at this time, which my residence at the highest point of Buenos Ayres, where I had a full view of the Tagus, enabled me minutely to observe. A thick, dense, *dry* mist approached Lisbon from the entrance of the Tagus, and overspread the whole river and its adjoining mountains, as thick and as black as a London fog in December, but not moist. It was a dry, deadly-looking mist, and all vegetation apparently shrunk beneath its influence. The large leaves of the fig trees hung drooping, evidently in a state of disease, several of them being within a few yards of my residence; and I was told by my friends that along the banks of the Tagus the same effect was produced on the vegetation generally.

The disorder soon spread to all parts of the city, and having heard so much of this direful calamity, I became curious to know something of its nature and progress, and what character of persons were most subject to it. At this time, the middle of July 1833, the church bell announced a victim at least every quarter of an hour, in the neighbourhood of Buenos Ayres. Being confined to my house by paralysis, I sat at the window, and saw numbers of dead carried to the place of in-

terment. I had read a good deal on the subject, and had made up my mind that it was not contagious by personal contact, but that the cause existed in the air, and was communicable to persons of irregular habits, or those labouring under any degree of excitement. I took no precaution further than that of keeping brandy and laudanum in my room, which my landlady fumigated with the smoke of burning tar, lavender, &c., and in return I alarmed and astonished her by eating every day the forbidden articles of food, such as fruit, cucumbers, fish, &c. I never felt the slightest degree of alarm, even when the disorder entered our dwelling, and killed a buxom young widow, on the Wednesday, who, on the previous Sunday, had crossed the Tagus, and walked five miles and back, the weather being hot and close. Her journey was for the purpose of meeting a man whom she hoped to marry. I cautioned her not to allow herself to be fatigued at that remarkable period. However, having dressed herself in her best, and borrowed my servant-boy to accompany her, she returned back in a state of great excitement, not created by *despair* but by *hope*, and died in three days after her amatory excursion. I mention this circumstance to prove that the disease is invited by moral as well as physical causes.

The next case of which I was an eye-witness, was that of Mr. John M'Kean, my neighbour, a man who in his own house scarcely ever ate a regular meal, and who was wont to get into states of excitement. He went to Cintra, returned on a Sunday, had been eating and drinking freely something to which he was not accustomed, and his means of conveyance home was an open carriage, on a very hot day. Next morning at ten o'clock he came into my room, and raised my hand to his forehead, when I discovered both hand and head to be covered with a cold clammy sweat. His countenance was haggard, and he told me that he had been seized with a violent purging half an hour before. I saw he had cholera, and hurried him home, three doors off, and being, from my affliction, unable to attend him, I desired him to have medical assistance directly, but which was neglected until three o'clock, then too late, for he died at eight o'clock the same night *in a small close room*. A dozen persons visited him, and sat for hours in the same room, and in close contact with him, but not one of them caught the disorder, either then or afterwards. The same circumstances are applicable to friends all around me, yet not one case of death, or the slightest evidence of contagion, from

visiting or attending, happened amongst them.

Purging, vomiting, cramps, chilliness, and prostration of strength, were the universal symptoms. A thin lady, about fifty years of age, with whom I had often talked about this horrid disorder, was seized with it, and laboured under it for three days, after which period she recovered. She was a sensible woman, and told me afterwards that she attributed her recovery principally to keeping quiet both in body and mind, whilst under the influence of the remedies administered by her medical attendant.

The amount of mortality published is 20,000, but it must have been considerably more. Lisbon contains about 300,000 inhabitants, and is a filthy place. The *Rainha* frigate had a crew of about 356 souls, and in one week she, as I before stated, lost twenty-two persons of cholera morbus. The *Don John*, line-of-battle ship, after the brilliant victory achieved by the gallant Charles Napier, when in Lagos bay, lost by cholera exactly in the same ratio as the frigate. The crew amounted to 700 souls, and the mortality was 45. But we shall find that the number of deaths in Lisbon, in the *Rainha* frigate, and in the *Don John*, were in the same ratio. Lisbon lost about a fifteenth of her population; the frigate a fourteenth, and the line-of-battle ship about a thirteenth.

It would be loss of time to enter into an account of the Portuguese method of treating cholera. I have already said sufficient to give the medical reader an idea of what they are capable of doing. Of course the poor people were greatly and justly alarmed at this sad visitation, but nothing could be more ridiculous than their regulations with regard to different articles of food. Some adhered strictly to fish-diet, others to flesh, but none to vegetables. Starvation was considered the very best precaution. They adopted *starvation for moderation*. It was no uncommon circumstance for a Portuguese doctor first to put mustard sinapisms on the soles of the feet, and leeches to the spine, and then commence the administration of quinine, both by clysters and in the ordinary manner. But what puzzled me most was, that they would not allow their patients to eat, although a dreadful craving for food was created by the quinine. They limited them to weak chicken-broth, which they denominate *caldo de gallinha*. I have been more than once sent for to visit patients labouring under ague and intermittent fever which were brought on by starvation, which had been strictly enjoined by the Portuguese medical attendant, and as rigorously adhered to by the patient.

These cases were all cured by ordering proper regimen.

I cannot conclude this paper, without recommending all young practitioners who wish to think for themselves to go to Portugal and establish themselves for awhile, either in an hospital or in private practice; their opinions and practice will thus be unbiassed and uncoloured. If they should come in contact with any of the native practitioners, they will gaze at each other as though they considered one another insane. I was sent for to visit a little girl of about twelve years of age, the daughter of a teacher of languages, who had fallen from a window four stories high, and, strange to say, without being injured in the smallest degree. When I entered the room the child was stretched on the bed with *three leeches* on the soles of each of her feet, and an immense warm poultice on her head. I examined her, and found that at that period nothing whatever appeared to be the matter with her, and on inquiring into the history of her case I further found that she had been walking about the room a few minutes after the accident, and had refused to take her medicine, unless her father would pay her money for so doing. I inquired of her medical attendant what was the *rationale* of his treatment, when I was very sagely informed that he feared a cerebral attack, and that the three leeches on each of the feet were merely to draw the *disease from the head to the feet*, and the warm poultice on the head was to assist in the same wise object. However, before I left the house, I succeeded in removing the cataplasm from the head, and ordered an enema to be administered, and in a few days I had the satisfaction of seeing the child as well as ever.

Lisbon, September 5th, 1834.

## MEDICO-BOTANICAL SOCIETY,

Tuesday, November 11th, 1834.

Mr. G. J. GUTHRIE in the Chair.

### NEW VEGETABLE FOR THE TABLE.— ENDERMIC TREATMENT.—HOMOEOPATHICISM.

THIS was the first meeting of the members for the season. The proceedings were commenced by a speech from the chairman. The last session, he said, had elicited much interesting discussion, and the Society in consequence had received accessions of many most respectable members. This success he had no doubt would prove an earnest of a future intellectual