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## DOMESTIC.

From the Baltimore American.

**History of the Cholera.**—It is not uniformly admitted to be true, that the Cholera—the name by which the pestilence is properly known, although said to have none of the peculiar symptoms of Cholera proper—is a new disease within the present century. The physicians of India who have treated of it, found records of its existence at very remote periods. It was at Bengal in 1762, and carried off 30,000 persons, and returned again in 1781. It was in Madras in 1774, at the Mauritius in 1775, and at Arcot in 1787. It is also said to have appeared in the epidemic form in England, in 1669, and 1676.

However the identity of this disease may be settled, the present Cholera made its appearance on the 23th of August, 1817, at Jessore, a town situated north-east of Calcutta about 100 miles. In September it reached Calcutta. During the year 1818, it spread in different directions from Calcutta; northward to Delhi; westward to Bombay, which it reached in September, 1818; southward to Madras, which it reached in October, 1819; and eastward along the coast of the Bay of Bengal, to the kingdom of Arracan, where it arrived in the commencement of 1819. The whole of the Peninsula, containing six hundred thousand square miles, was thus traversed by the Cholera in about a year. Its progress eastward continued to be rapid. From Arracan it extended to Siam, and after destroying 40,000 persons in Baka or Bangkok, the capital of that kingdom, it passed thro' the peninsula of Malacca, successively visited the islands of Sumatra, Java, and Borneo, and in 1820 reached Canton, and ravaged the Phillipine and Spice islands. In less than two years it had thus traversed and ravaged a space in Asia, not less than 1,300 leagues in length, and 1,000 in breadth, or nearly one hundred and twenty millions of square miles.

Its western progress towards Europe continued with various rapidity. From Bombay it proceeded, in 1821, in one direction along the coast of the Gulf of Ormus, and the Persian Gulf, attacking the islands also; crossing the Arabian sea, it appeared on the opposite shore, and followed the coast there up to the same gulfs, on the Arabian side. Passing up on both sides in Arabia and Persia, it attacked Bassora with great violence, carrying off 15,000 or 18,000, or more than one-fourth of the population, in fourteen days. Soon after it separated into two branches, one of which ascended to Astrachan, a large and populous town situated at the mouth of the Volga, on the northern shore of the Caspian Sea, which it reached in September, 1822—and by the other, passed through and ravaged Arabia, Mesopotamia, and Syria, to the shores of the Mediterranean, in November, 1822. In seven months the disease had extended itself over a vast extent of territory, with undiminished violence and rapidity, and as early as 1823, it was established at two points on the frontier of Europe.

During the entire period of from 1824 to 1830, Asia was annually subjected to the ravages of the pestilence, which thus

delayed upon the extreme boundaries of that Continent, and with every facility for its introduction across an imaginary boundary into Europe, especially thro' the Mediterranean ports. Yet it was not until 1830, seven years after its appearance at Astracan, that it passed over from that point into European territories. In July, in that year, it attacked Astracan severely, and passing along the Don, the Dnieper, and the Volga, into Europe, spread with amazing rapidity, traversing a space of sixteen hundred miles in a little more than two months. Its gradual advance through Europe, since its introduction into Poland by the Russian army, in 1831, is well known. It has finally reached some of the busiest and most populous points on the western coast of Europe.

The history of the Cholera thus far has shown that where it has once attacked a place it establishes itself permanently, and becomes an epidemic, re-appearing at intervals with violence. Up to May, 1831, a period of fourteen years, 656 irruptions of Cholera had been ascertained. In India alone the number of irruptions has been 433. Calcutta has been attacked every year; Bombay twelve times; Madras nine times, &c. M. de Jonnes estimates the mortality, in India, at 2,500,000 annually, or 35,000,000 for the fourteen years! The lowest calculation gives eighteen millions for Indostan, and about thirty-six millions for the rest of Asia and Europe—being more than fifty millions of deaths in fourteen years, from one fatal disease.

Wherever the Cholera has appeared, it has seldom destroyed less than one-third of the deceased. In India the proportion has generally been one half. Not unfrequently three-fifths, two-thirds, and six-sevenths of the infected, perished. We have heretofore remarked upon the caprice with which its ravages have apparently been directed, the mortality under precisely similar circumstances, varying in a manner yet unexplained, and apparently unaccountable.

Its caprice of movement is not less remarkable. The reports of the India Medical Boards state that the disease would sometimes take a complete circle round a village, and leave it untouched, pass on as if it were wholly to depart from the district. Then after a lapse of weeks, perhaps months, it would suddenly re-appear, and scarcely touching the parts formerly attacked, ravage the spot which had so recently escaped. It is also stated, that in the very centre of infected districts, there are found narrow patches, and stripes of territory, into which the disease has never penetrated. Other caprices have also marked its career. In most cases of eruption, it has been found to increase with the advance of summer, to decrease or disappear as the winter advanced. In Russia, the reverse took place—Cholera invaded Moscow in the dead of winter, with the thermometer 16 below zero, and spread as the weather became colder.

In general, it has been most fatal in hot moist places, the banks of rivers, and the sources of miasmal vapours. On the other hand, it has attacked with great violence places the most remote from such influences. Arabia destitute of water, was fearfully ravaged, and villages at the foot of the Himalaya mountains, eight thousand feet above the level of the sea, were also fearfully visited.

It has generally attacked the filthy, and those who live in crowded and unclean habitations. It nevertheless originated in a country where frequent ablutions are not only a pleasure, but a religious duty. If spread in India over the province of Caucasus, where there are but eight inhabitants to a square league, as well as in Hindostan, where there are 1,200 inhabitants on an equal space.

For these details we are indebted to articles in the Foreign Quarterly Review

for October last, the Westminster Review for the same month, and the London Quarterly for November.

In the recent work of Bell & Condie, on Cholera, it is stated, that between the years 1346 and 1350, it was estimated that one-half of the whole human race was destroyed by pestilential diseases. In Spain, during a period of only three years, two-thirds of the population were carried off. Then, nine-tenths of the world lived in filth and poverty, which, at that day, as now, render individuals peculiarly obnoxious to disease. *Ral. Reg.*

**Cholera Statistics.**—The first case of Cholera that proved fatal in Norfolk, was that of a colored man belonging to Isaac Talbot, Esq.—he sickened on the 24th July; the second occurred with another of the same gentleman's servants, two days after, who also died. From the occurrence of the first case, to the day the Board of Health published their last report (Sept. 11,) is eight weeks. The whole number of interments in Potter's Field, (the common burying ground for whites and blacks) during the above period was 397, as reported by the Superintendent of the cemetery. In other places of burial (for white persons only) 56. Total, in 8 weeks, 453 deaths of all diseases. Probable number from Cholera, allowing for the average mortality at other times, about 400, or a fraction more than seven per day.—*Norfolk Her.*

**The Cholera.**—We extract the following from the popular instructions respecting the Cholera:—What are the best means of preventing the attack of Cholera? I would say entire abstinence from spiritous liquors, using port wine in moderation, when any symptoms of oppression or sinking occur: avoid all green vegetables and unripe fruits, which are exciting causes; keep from the streets during the heat of the day, and never walk in the sun without an umbrella; and above all, avoid crowds and impure atmospheres. Let the clothing be flannel, to keep up an action upon the skin, and let a belt of the same material be worn. Temperance in every shape is the great preventive. We may ask who are its victims? I answer the intemperate—it invariably cuts them off. It is a mistaken notion that stimulus is necessary; wine may and does do service, while we are under the influence of this poisonous atmosphere; but spiritous liquors as a preventive always do harm, and hurry the drinker to his fate. Early hours are important, for the exposure to the night air generally brings on the attacks. Persons are taken more often at night than during the day.

The premonitory symptoms of Cholera are 1st, an uneasiness and "upturning" of the bowels, with some heat and burning in the upper part of them, or in the stomach, which is sometimes compared to the rushing of the blood to those parts, or to electric sparks, which are followed by pain and heat—2d, extreme heaviness and weakness; greater than in any disease, except apoplexy—3d, a discharge from the bowels without pain, and almost without the volition of the patient, of a white watery fluid, which is peculiar to this disease, and may always be known by the appearance of whiteish gelatinous particles floating through it. The latter sign almost uniformly precedes an attack, and if attended to earlier, fewer persons would be found in the collapsed or dangerous state. But this peculiar diarrhoea does not occur except where the disease really exists, and is easily managed by all judicious physicians. It should, however, be recollected by all, that it will not do to trifle with it, for when in that state, a single dose of oil, salts, magnesia, &c. has been invariably found to hasten rapidly the collapse. Medical advice, in this premonitory stage is all important.

The treatment in the next stage which is characterized by oppression of the stomach, slightly impeded respiration, vomiting of the white rice water fluid, described above, hideous aspect, slowness of the circulation, coldness of forehead, tongue and extremities—cramps in the toes, legs and hands—livid color of the face, and mottled appearance of other parts of the body—but little can be said that can be useful to general readers. It will therefore, be best to remark that here prompt medical aid is all important, and that by energetic and judicious treatment with mustard plasters, hot applications, calomel and opium, &c. adapted to the exigencies of the case, many are prevented from running into the collapsed stage, which is a state so nearly resembling approaching death that as yet no regular treatment from which any certainty of success can be expected, has been adopted.

As to the all-absorbing subject of prevention, it would perhaps be worse than useless to reiterate the measures already proposed and published in every newspaper. I will therefore simply remark in the language of a well known author, that "those who do not dread an attack of an epidemic disease, and who yet exercise sufficient prudence in avoiding unnecessary exposure to the predisposing and exciting causes, may justly be considered as subject to comparatively little risk."

At the Fall Term of the Superior Court of Chatham county, recently held in Pittsborough, William Little, a free man of color, was tried for grand larceny and sentenced to be whipped—after the execution of which sentence, he was sold, pursuant to an order of the Court, for the costs and charges of the prosecution. This is the first enforcement of the act of the last General Assembly touching the prosecution of free persons of color, that we have heard of.

**Suicide.**—The Hillsborough Recorder says: Mr. Henry Faucett, Sen. of this vicinity, committed suicide on Saturday morning last, by hanging himself. The unfortunate act, we understand, was committed under a depression of spirit occasioned by the apprehension of want.

**Indian War.**—The editor of the Detroit Journal, who through the politeness of Governor Cass, has had access to the last despatches from 'the seat of war,' furnishes some information upon Indian matters which give a new complexion to the affairs which have lately transpired upon the frontier, and tend to show that hostilities in the first instance were precipitated, if not commenced by the whites.

**Colonization Society.**—Five hundred pounds sterling have been contributed in England to the funds of the American Colonization Society, through E. Cresson, the Agent of the Society, now in England.

The colonists at Liberia have been obliged to take up arms to chastise the aggressions of the native kings—or more particularly the Dey chiefs, who threatened, took captive and wounded such of the colonists as fell into their hands. At length they became so audacious as to organize measures for storming and burning Caldwell and Millsburg, which was only prevented by a rapid march of 270 men under the command of Captains Stewart, Weaver, Brander, Nixon and Lieut. Thompson, into their country and the storming of their fortified town.—Lieut. Thompson was killed and a few assailants wounded—and fifteen of the aggressors were killed. This occurred on the 22d of March. The Dey kings immediately sued for peace, which was established on good terms for the colonists.

If you a gentleman would know,  
Tis he whose deeds proclaim him so.