

**Warning to the British public against the alarming approach of the Indian cholera / by Sir Gilbert Blane, October, 1831.**

**Contributors**

Blane, Gilbert, Sir, 1749-1834.  
University of Glasgow. Library

**Publication/Creation**

[London] : [Printed by W. Nicol], [1831]

**Persistent URL**

<https://wellcomecollection.org/works/mdpf65wc>

**Provider**

University of Glasgow

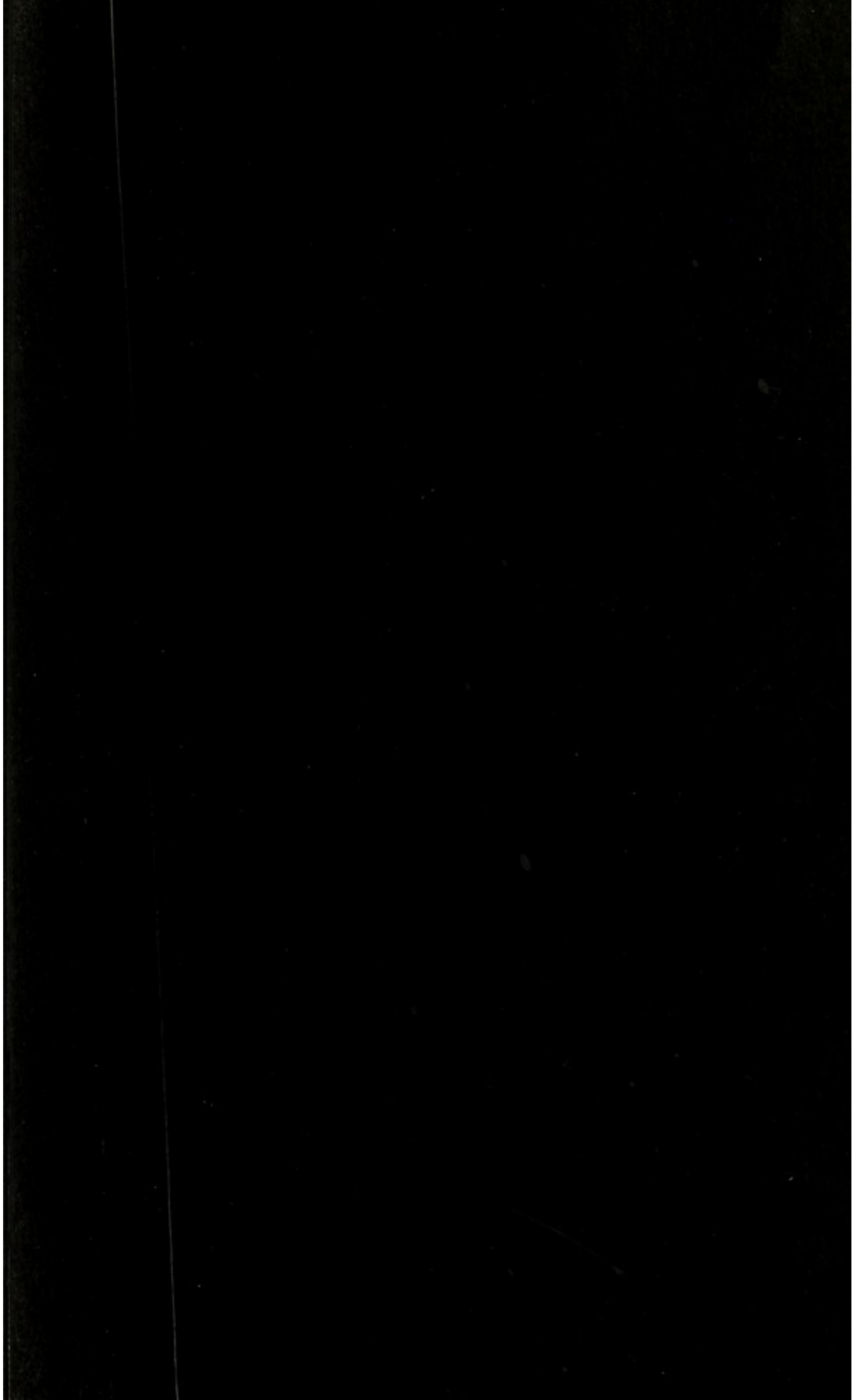
**License and attribution**

This material has been provided by This material has been provided by The University of Glasgow Library. The original may be consulted at The University of Glasgow Library. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>



WARNING TO THE

AMONG THE

THE INDIA

By SIR GILBERT

October

The Writer of this has been irresistibly impelled to this task by a sense of duty to his Country, and his undiminished anxiety for its safety, embracing that of his friends and family, and he will confess, even the small residue of his own life, the remnant of old age and growing infirmities.

In case it should be asked who is he who thus puts himself so forward on this occasion, it is due to the Public to answer by showing what claims he has to their confidence.

He has for more than fifty years applied his mind to studies and duties nearly connected with subjects of this nature. His first public situation was that of Physician to the great fleets which were employed in the West Indies and on the coast of North America during the three or four last years of the American war: he served for seven years as a Commissioner of sick and wounded seamen in the late war: he was despatched in 1806 by the British Government on a special mission to the island of Walcheren to inspect and report on the state of an army of nearly forty thousand men then serving in Zealand, and labouring under a most disastrous state of sickness: he has been twelve years of his Life Physician to St. Thomas's Hospital: he may add that he was



13

17

# WARNING TO THE BRITISH PUBLIC

AGAINST THE ALARMING APPROACH OF

## THE INDIAN CHOLERA.

BY SIR GILBERT BLANE, BART. F. R. S.

October, 1831.

---

THE Writer of this has been irresistibly impelled to this task by a sense of duty to his Country, and his unfeigned anxiety for its safety, embracing that of his friends and family, and he will confess, even the small residue of his own life, the remnant of old age and growing infirmities.

In case it should be asked who is he who thus puts himself so forward on this occasion; it is due to the Public to answer by shewing what claims he has to their confidence.

He has for more than fifty years applied his mind to studies and duties nearly connected with subjects of this nature. His first public situation was that of Physician to the great fleets which were employed in the West Indies and on the coast of North America during the three or four last years of the American war: he served for seven years as a Commissioner of sick and wounded seamen in the late war: he was despatched in 1809 by the British Government on a special mission to the island of Walcheren to inspect and report on the state of an army of nearly forty thousand men then serving in Zealand, and labouring under a most disastrous state of sickness: he has been twelve years of his life Physician to St. Thomas's Hospital: he may add that he was

engaged for upwards of thirty years in extensive private practice, and was Senior Physician to His late Majesty George IV. during the whole of his reign.

It is not likely that a paternal government, like our own, should be unheedful of the extreme danger of the country, and they accordingly established a Board of Health some months ago, for the purpose of checking the progress of a disease so novel,\* so rapid in its progress, so alarmingly near in its approaches: so rapid and so near indeed, that the writer of this ventures to predict, that unless some early, energetic and well-judged measures for its exclusion and prevention be adopted, it will be contrary to the analogy of its past progress if it does not make its appearance in the eastern coasts of England or Scotland in a time too frightful to name. And the writer of this cannot in conscience abstain from mentioning, with due deference to the source from which the instructions of the above-mentioned Board emanate, that he is humbly of opinion, that it is a material omission in them,

\* There are some obscure notices of it in an ancient writer, and what is believed to be an incorrect description of it in some parts of India about seventy years ago. See Dr. B. Hawkins's Description of the Cholera in Russia.



that the labours of the Board are not required to commence till the disease has actually made a landing, and taken effect in the country, without reference to such salutary means as might be had recourse to for repelling and barring it out as it were. This has restricted and rendered in a great measure nugatory the steps that have been hitherto recommended, which consist merely in the publication of some papers descriptive of the steps advisable to be taken for arresting the progress and eradicating the infection when it shall appear; and the contingent good effects of these are also rendered abortive by their being of a nature so coercive and compulsory, that they run the risk of being felt, and perhaps resisted, as incompatible with the liberties and properties of English subjects, an objection expressed by the Board itself. Besides, the pamphlet containing the description of the preventive measures is too bulky for the general circulation which would be necessary for giving it effect by stopping and eradicating the disease; and the writer of this understands from his correspondence with the Board that there is no intention of adopting immediately any further means. But from the statement above made, such means seem absolutely necessary, and are here thrown into the compass of a single sheet, the fruits of the writer's studies adapted for an early, speedy, and universal circulation among the British community, particularly in the sea-port towns on the east coast of England and Scotland, which may be readily done by the quick methods of conveyance by sea and land now in use. In making these communications, particular attention should be paid to what may be described as the squalid part of the population. For he again

asserts, that should this most terrible of all scourges ever appear on British ground, it would first do so in the eastern coasts fronting the Baltic sea, the mouths of the Elbe and Weser.

This mention of the squalid population leads the writer to an exposition of the practical means which it is his chief object to propose for repelling, arresting, barring out as it were this enemy, before having to grapple with him on his actual invasion.

The means alluded to are founded on the following law, which this as well as all other species of infection observe more or less in diffusing themselves. It is found that the squalid population do, by their filth, stench, bad clothing, bad and scanty diet, and other constituents of misery, not only contract and harbour infection, but attract it as it were; insomuch that it always happens that in such spots it first takes effect, and if there are no such spots the whole community is safe. This will be best illustrated by an example. When the Court left London on occasion of the last plague in 1665, the Lord Chancellor Clarendon, who accompanied them, relates in the History of his own Life, that the calamity had fallen almost exclusively on the miserable and indigent, so that on their return they missed very few of their friends and acquaintances. It cannot be doubted that since this great and last plague there has been frequent and abundant importation of the *virus* of infection from the manifold increase of commerce, but that it has proved innocuous from its not finding its proper *nidus*.

Upon such facts are founded certain means not liable to the objection of harshness and illegality, and are applicable before



the arrival of the disease, and more likely to be peaceably adopted at the quiet recommendation of an individual, than if they proceed from the hand of power. Instead, therefore, of the business being taken in hand by soldiers, sheriffs' officers, and other emissaries of coercion, certain lenient measures may be adopted within the ministration of unarmed civilians, such as those in the Commission of the Peace or heads of Corporations, and above all of the Clergy.

It is said somewhere that cleanliness is next to godliness, a text which might most appropriately be discussed from the pulpit ; at any rate by domiciliary admonitory visits, lying so admirably within the sphere of clerical duty. But if brooms, mops and soap are objectionable, on the score of dignity, the same cannot be said of Intemperance, for the censures of which no words can be found adequate ; for referable to this vice are not only the loss of health, premature death, and individual suffering, but idleness, sedition, and extinction of, and indifference to, all religious obligations and relative duties, as proved by the vicious application of wages imperfectly earned in consequence of the debility, ill health and sloth induced by such habits, to allay the cravings of a depraved appetite, instead of providing bread for themselves and their families. And were not the disgraceful outrages, the delirious madness and wickedness which broke out this time last year, chiefly imputable to the same cause ? I allude to the destruction of human subsistence by fire, and of the renewal of which there is now some appearance.

Now, what I mean, with the utmost humility and deference but earnestness, such as are due to

those whom I address, the truly reverend and respectable body of the British Clergy, is to suggest what has been deeply imprinted on my own mind by my professional pursuits, that the excruciating sufferings attendant on the disease in question are such, that if inculcated with due gravity as a sanction of those persuasive admonitions which might be addressed to the labouring poor, it is impossible but that practical and efficient impression would be made even on the most ignorant and obdurate subjects. I am sensible that some apology is due on my part for this presumption, but a little explanation will I apprehend remove all cause of offence ; for without such information as medical men alone are qualified to furnish, Clergymen could not be aware of the power of the instrument which is put into their hands ; they could not be aware that this disease may, with truth, be painted as one which is, of all others, attended with such horrible torments, as adequately appreciated and described, may be deemed in effect of equal potency with the gallows as a dissuasive to vice, certainly far more terrible than transportation for life. Very few indeed escape with their life ; and temporal punishments have the advantage of proximity over those denounced in the life to come. The only palliating circumstance is the shortness of the interval between the attack and the grave. But how is this past ? In the midst of health the enemy strikes like lightning, clings to the victim, inflicting the most horrible agonies, throwing the whole frame, limbs body and vitals into\* con-

\* In some rare cases the limbs are thrown into the most hideous convulsions a few hours after death, a circumstance not recorded in any case either ancient or modern.



vulsive and spasmodic sufferings, comparable only to the unutterable anguish said to be inflicted by the Inquisition. Of natural diseases the nearest approaching to it is probably one of rare occurrence named *Ileus*\* and *Miserere* in Latin, the *Iliac* passion in common parlance.

Before proceeding further, it is my wish to settle the exact import of certain terms.

The epithets *contagious* and *infectious* I employ as synonymous; but I avoid the use of both as much as possible, and comprehend them both under the term *communicable*. It is also desirable with a view to perspicuity to state, that of the two terms *epidemick* and *endemick*, both denoting diseases of a general and simultaneous prevalence in a great community, I understand by the former (*epidemick*) those which proceed from the exhalations or secretions of a body labouring under the same disease; of this the plague may serve as an example:—by the other (*endemick*) is meant a disease which proceeds from the exhalations of the earth; of which intermittent fever, commonly called ague, may serve as an example. The want of attention to this simple distinction has given occasion to an incredible amount of unintelligible *jargon* and multiplied sophistries in the wearisome controversy regarding contagion. I need not add that the *epidemick* alone are contagious, that is, communicable; the other, the *endemick*, never so.

And in order to disentangle the subject from further risk of ambiguity, it is only necessary, in addition to the discriminating character already mentioned, to

\* It was the great good fortune of the writer of this, to attend successfully a personage of the most exalted rank in this realm, in an attack of this disorder.

enumerate a few of the most remarkable peculiarities, particularly those marking its difference from the English cholera, recurring *endemially* in the end of summer and beginning of autumn. The discharges in the Indian disease consist of a liquid resembling thin gruel: in the English disease they are feculent and bilious. The origin and main seat of both is the bowels; and I repeat that after striking a person apparently in good health like lightning, it never quits him till throwing his whole frame, vitals, body and limbs, into a state of suffering incomparably more violent than the English malady, it destroys life in a few hours, frequently in a single hour, or less. If there is any disease known in England, which is in point of suffering comparable to the former it is the *Ileus* already mentioned. But the most important difference, politically considered, is, that the Indian cholera has now, after long discussion and controversy, been admitted to be *communicable*, whereas the English has never been suspected of this.

And as there is no way more simple and convincing to establish the communicable nature of the disease now in question, than a short narrative of its origin and progress from the mouth of the Ganges to the shores of the Baltic and the banks of the Elbe, its interesting though melancholy history may here be related.

Its origin can be distinctly traced to a place called Jessore, near one hundred miles N. E. of Calcutta, to which it was brought in August 1817, in consequence of some obscure occurrence of unwholesome circumstances affecting the natives, such as have been known in other instances to have created new diseases in Great Britain and other parts of the world. Preparations



were then making for the Pindarree war, by the assemblage of a military force, its stores and baggage, which moved up the Ganges to Upper India, accompanied by this epidemic, and spreading it on all sides against the periodical monsoon to the skirts of the Himalaya mountains, in an irregular manner peculiar to itself, and continued to cling to the army in its movements, which were next directed to the southward, in the direction of the Presidency of Bombay; which place it reached in August 1818, still attended by the epidemic in its peculiarly desultory and anomalous manner of progress. From hence it took a direction eastward, crossing the Decan, still pursuing the line of human intercourse and the seat of war till it reached the coast of Coromandel, along which it took a southerly direction, till it reached that part of it which lies abreast of Ceylon, from the northern extremity of which it is distant about half a degree of latitude. The transition therefore was easy, and was made at this very point, called Jaffnapatam, from whence it spread rapidly, making dreadful ravages. At one of its ports, called Trincomalee, it got on board of the shipping, and broke out in the *Topaze* frigate, in which several men were seized and died; and that vessel having sailed from thence with the disease on board for Mauritius, a voyage of three thousand miles, she arrived there in the end of October, and the disease appeared there in less than three weeks, where by the Report made by the Governor it prevailed to the loss of seven thousand lives, the disease having there not been believed to be communicable. From the coast of Coromandel and Ceylon it took a direction eastward. Crossing

the bay of Bengal it made its appearance on the opposite coast, from whence it made its way through the Straits of Malacca and Sunda, and through the great Indian Archipelago to China, where it first appeared in October 1820. It ought to have been remarked in relating what happened at Mauritius, that though the devastation was most deplorable, an instructive fact arose out of it; for in the neighbouring Island of Bourbon, which, though belonging to France, maintains a frequent intercourse with Mauritius, the disease was barred out by a rigorous quarantine, the Governor being impressed with the conviction of its being communicable. There was indeed an exception, which corroborated the proof; for in consequence of a contraband vessel of one island having intercourse with one belonging to the other, about two hundred lives were lost between the harbour and the gate of the town, where it was so effectually arrested by rigorous separation, and sending the subjects affected to the lazaretto, that no more cases occurred. Through another communication by sea it was carried from Bombay to Persia in 1821, by the trade carried on through the Gulf of Ormuz, so as to diffuse itself through the whole of that empire, with the exception of the two great cities of Teheran, the seat of government, and Ispahan, which were believed to have been saved by the Government ordering the caravans, the route of which this disease had followed, to pass by another route; and this inference is corroborated by its having reappeared at Teheran in the year 1829, a year in which the precaution above-mentioned had been neglected.

In accordance with the sketch



which has thus far been drawn of its progress, the reader will be prepared to learn that this pestilence was conveyed to the mouth of the Tigris, a river falling into the Gulf of Ormuz; from whence through Bussora and Bagdad, it spread by the caravans to Syria and its towns on the Levant, so well known in European commerce;\* and that by the mouths of the Volga falling into the Caspian sea it spread to Astracan, opening a wide door into Russia, through which it spread in 1823. Since this time it has been threatening the whole civilized world, having reached Moscow the same year. Its having next appeared at Orenburg on the confines of Siberia, then at Petersburg, and through it at Riga, Dantzick, and other mercantile towns of the Baltic, is too recently known to require a detailed narrative. But its arrival at Berlin and Vienna in the course of the present year has rendered the alarm too serious to be any longer neglected, and we are assured by the continental Journals that it has broke out in the country lying between the Baltic and the Elbe, the aboriginal residence of the same Anglo-Saxons who visited and treacherously overran a certain kingdom, on which they stamped their name about thirteen or fourteen hundred years ago; and the same winds may, in not many hours, waft the infectious matter to our coast.†

---

\* It is remarkable enough that while the great Oriental epidemic appeared thus on the eastern extremity of the Mediterranean, the great Western pestilence, the Yellow Fever, was raging at its Western extremity, Gibraltar, Malaga, Barcelona, Leghorn, &c.

† Aleppo was also attacked, where 200 persons confined at the residence of the French Consul escaped the malady.

Having made this exposition of the progress of the malady, I wish to put the question to any man of sound intellect, that is, any one whose mind is not disqualified by imbecility or prejudice to judge, whether he can deny, nay, whether it is in his power to resist the conviction, that this is a communicable disease. How indeed is this possible in contemplating the continued communication of it by human intercourse over continents and islands, seas and oceans, and without its appearance in any other place, to which it cannot be traced to that line? The main, and I believe the only plausible cause of this error, has been the great numbers that have escaped the disease, though equally exposed to the cause as those who have been attacked by it. But let them reflect for a moment, what is known to every peasant, that the same holds true with regard to the ordinary diseases admitted by all to be communicable, such as small-pox and measles. And though all communicable diseases have this in common, they all differ, not only as to the proportion of those left unaffected, but as to the rate of mortality of those actually affected; also as to the susceptibility in various temperatures and climates. In the small-pox and measles for instance, many are left unaffected, and with a smaller degree of mortality than in the plague and yellow fever: the two former have also a wider range, for they spread into every corner of the habitable world; whereas the two other are only known in certain climates and degrees of temperature: and in this respect, it is remarkable that the two latter differ much from each other, for the plague has never been known in the torrid or frigid zone; and the yellow fever



has hardly been known but in an atmospheric temperature at or above 80 degrees.\*

On the retrospect of this, it is impossible not to have some feeling for those who have, either ignorantly or too hastily, neglected preventive precautions; for on the supposition that the disease in question, and some others, are really communicable, the inference is unavoidable, that not only thousands, but myriads have perished by the want of such precautions.

Besides the arguments arising out of the history of its origin and progress, there is one founded on a physical principle, which by a strange misconception has been enlisted on the side of non-contagion: the principle is, that the vast numbers who escape the Indian cholera is a proof of its proceeding from the atmosphere, and not from the living morbid human body. Now, what can be more obvious than, that if it proceeded from the atmosphere, not a single subject could escape, for every human being, in common with all living creatures, must communicate either by respiration or otherwise with the vivifying principle of the atmosphere, whether pure or contaminated; whereas if it proceeded from the breath or perspiration of the living morbid being, it is not only conceivable, but certain that vast numbers must escape by never coming within the sphere of the morbid exhalations of the sick. And as it is of the utmost moment that there should not remain "a hinge on which to hang a doubt" on this question, lest it should relax the zeal of those whose duty it is to exclude and extinguish

\* And the Indian cholera is not prevented from spreading by any temperature or climate.

this horrible epidemick, the following argument must be added, founded equally as the other on the incontrovertible nature of things. For is it not conformable to the purest maxim of reason, that if the cause of this disease consists in some general affection of the atmosphere which all must breathe, it will not be limited to any particular boundary of space or time, that is, it will be contemporaneous among the community resident in a district; whereas if it proceeds from the human exhalations, it must follow exclusively the movements of those affected by it; and as this is the case as a matter of fact and observation in the cholera, it follows that it must be communicable, epidemick and progressive, not like agues, confined to one and the same condition of the atmosphere.

As it is another peculiarity of this dreadful impending disease, to require above all others an early and energetic practice; it is of the last importance, that as many as possible of the community at large, should have some knowledge of what should without a moment's loss of time be put in practice, and the first seizure is so striking that there can be no excuse for delay. It is important to observe that there is a certain characteristic which pervades all the stages of this disease, namely, that there is a notable prostration of the whole powers of life, and as this holds true also of those who are most susceptible, this practice applies to diet as well as medicine; so that those who can afford it will do well, in order to fortify their constitutions against an attack, to adopt a generous, but perfectly temperate and moderate style of life. In case of an actual attack, the proper medicines to have in readiness for adminis-



tration are tincture of opium, more commonly known by the name of laudanum, which ought to be given in some warm cordial drink to the amount of about sixty drops, that is, a middle sized tea-spoonful, with a table-spoonful of spirituous liquor—brandy has been chiefly recommended. This ought to be repeated in two or three hours, by which time medical assistance may probably have arrived. In the mean time a hot bath ought to be prepared, and some hot nourishing broth. The remedies on which most dependance has been placed next to those above mentioned are calomel, in the dose of twenty grains, and blood-letting. Among the second-

dary remedies may be mentioned some of the essential oils, such as that of Peppermint and Cajuputa.

In case the reader should discover some want of proper style and arrangement in the preceding pages, the writer begs to offer as, an apology, his age and infirmities, as well as the urgent necessity of a speedy circulation of the knowledge contained in them, and it was necessary to depart somewhat from technical words and phrases, this tract being intended for the perusal of those who may be designated *laymen*, as distinguished from those who are members of the profession.







