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LETTERS TO "THE TIMES"

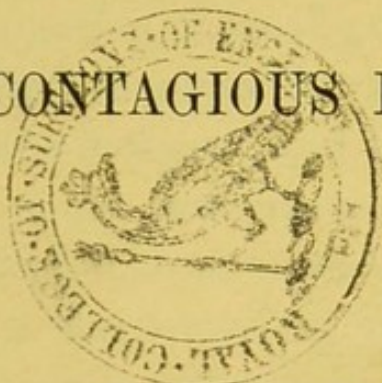
ON

SMALL-POX ENCAMPMENTS.

AND

A WORD ON THE

CONTAGIOUS DISEASES ACTS.



BY

SURGEON-MAJOR T. ATCHISON,

M.R.C.S.E., L.S.A., ETC.,

HER MAJESTY'S BENGAL ARMY, LATE 2ND REGIMENT BENGAL CAVALRY; AND CIVIL SURGEON
OF RAWUL-PINDEE, GORRUCKPORE, AND UMRITZIR,
ETC., ETC., ETC.

Second Edition.

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Not the author's copy

LETTERS TO "THE TIMES"

SULLY-BOX, E. CAMBRIDGE

A. W. B. B. B.

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PREFACE TO THE FIRST EDITION.

SINCE the accompanying letters were written, no diminution of small-pox has occurred in London ; indeed, in some districts the disease is alarmingly on the increase ; and in Liverpool and Southampton at the present moment the epidemic is raging violently, so as to endanger the entire population. It is also spreading in Glasgow, Leeds, Shields, Newcastle, Plymouth, and many of our commercial centres.

I have thought it right, therefore, to make more generally known my views as to the absolute necessity of segregation and quarantine in checking this loathsome epidemic.

Vaccination may do much, and adult re-vaccination more ; but to be efficacious it must be general, and be honestly, *carefully*, and *successfully* performed. Half measures are worse than useless, and at this juncture they are criminal.

To the anti-vaccinationists let me add a word of warning. Have a care lest by your ignorant and senseless clamour the blood of hundreds and the

disfigurement of thousands, with all the train of ruined constitution and enfeebled health, rest not upon you. Granted that vaccination is not an *absolute* protector, statistics have already proved its enormous power for good—the hundreds of thousands of lives that it has saved, and its salutary influence among crowded and increasing populations.

It may be that in a few years a greater prophylactic than vaccination may be discovered for this fell disease—a more potent antidote to this deadly poison ; but in the meantime let us not trifle with the boon that has already been vouchsafed us, but accept it honestly and with thankfulness.

Therefore, let no means be left untried to give the cold shoulder to our unwelcome visitor ; that our present measures have proved inadequate requires no proof. Let us resort, then, to more stringent and effectual defence, and what that is the following communications develope.

April 5, 1871.

PREFACE TO THE SECOND EDITION.

THREE months have passed since the first warning was given to the public in these pages ; and six months have elapsed since the invasion of this epidemic. Four thousand lives have already been sacrificed ; and, by the latest returns, 47,000 persons, chiefly of the poor and helpless class, have been attacked ; cruelly injured in health ; and most, if not all, disfigured for life. And the expense to the ratepayers may be calculated as exceeding a million sterling.

It is estimated that there are at the present moment 100,000 persons abroad in London unprotected by vaccination, and many thousands in the provinces. There are also to be brought into the calculation 2000 births in the metropolis every week, furnishing pabulum for several months' invasion of the disease. One-tenth of the population is still supposed to be unvaccinated, and, therefore, susceptible of taking, transmitting, and intensifying this detestable poison. And yet nothing is done. We will go to figures. A Parliamentary

return just issued gives the following statistics : Births registered in England and Wales (Michaelmas 1870), 785,775; but the children under one year vaccinated only 392,869, or less than one-half; the total number, old and young, vaccinated that year being 472,881. Surely this speaks for itself. The time and the occasion are not ordinary :—exceptional epidemics require exceptional treatment, and that with no uncertain or faltering hand; and the matter becomes of gravest import when connected with its legislative bearings.

The census of the United Kingdom in 1801 gave a population closely reaching sixteen millions; that in 1871 will fall little short of thirty-two millions; and in London the ratio of increase is still higher. What will it become in the next half-century, even allowing for emigration, disease, and war? Are we prepared to struggle with the dangers of this mighty problem, or throw up the question in despair?

And if this rapid increase is affecting the country at large, what shall we say of the centres of our wealth and industry—the five large cities of the North, our priceless central ports of commerce—and our own huge and overgrown metropolis? Epidemics like the present, unless checked at the outset, have a tendency to radiate *inwards*, and gradually seize on the higher and well nurtured members of society, having ravaged the outskirts where poverty, disease, and famine, have

already done their worst, and have provided too welcome a home to shelter and recruit the enemy.

Let us turn for a moment to the epidemics of other countries ; and, though they are in warmer latitudes, any peculiarity of atmospheric change, or great sanitary negligence, may occasion the same catastrophe here.

At Buenos Ayres, a flourishing city in the Argentine Republic of South America, while we are writing, the yellow fever, or typhus of the deadliest character, has invaded the entire population, laying one-third prostrate ; and, in a community of 200,000, fifty thousand have already fallen victims in a very short period. The deaths at the present moment are 4000 per week, with a daily death-rate of 700 souls. This frightful mortality is chiefly due to rapid increase of population, and neglect of the commonest sanitary precautions. Our own scourge cannot, fortunately, be compared to the ravages in that unhappy city ; but a similar epidemic, in the shape of cholera, typhus, or variola, may overtake us at any time, unless, by proper sanitation, we are prepared to meet it.

It will be seen, by the weekly reports and the Registrar-General's returns, that the disease has been steadily increasing—the numbers gradually, but surely, culminating to a point : that, were it any other affliction of war or social calamity, or confined to our higher classes, would be called disgraceful to our civilisation and humanity, and

rouse the resentment of the country from one end to the other.

It behoves us, therefore, to mark out some fixed line of action, not only during the present crisis, but in future attacks—not only with the present scourge, but in other, and perhaps more fatal, epidemics; for we may state our firm conviction, founded on no slight experience, that, properly handled, small-pox would speedily become an extinct disease; and that we have alone ourselves to blame for the havoc that it has caused. Moreover, we may again declare, after careful record of its phases, that, up to the present moment, no adequate provision has been made, either for encountering its approach, or contesting its progressive strides amongst us.

For, mark, in this disease, its advent is stealthy, but sure—its exodus cruelly tardy and deliberate; and be sure that, without an inflexible system of isolation and compulsive sanitation, the disease will advance so rapidly—not in numbers only, but in severity—as to render portions of this great city, and other centres of our wealth and prosperity, scarcely habitable. We trust, therefore, that, ere long, the subject will receive from the legislature that earnest and searching investigation which its importance imperatively demands.

14, St. James's Square, London, S.W.

May 25th, 1871.

SMALL-POX ENCAMPMENTS.

To the Editor of the "Times."

SIR,—Amongst the many suggestions for checking this swiftly-spreading epidemic, the beneficial action of encampment appears to have been lost sight of.

Instead of the *costly*, injurious, and *tardy* system of congregating the sick in hospitals, asylums, or improvised lazarettos, in a hitherto uninfected neighbourhood, why not apply the simple remedy we at once resort to in India, viz., pitch tents in some high and airy situation, quarantine the encampment, and on the subsidence of the disease, disinfect or burn the camp.

At the dreadful epidemic of cholera at Meean-Meer in 1861, and again at Umritzir in 1863, when also small-pox was raging, and at both of which I was deputed on special duty, the moment infection appeared we attacked it *at once* by segregation and camping out. Here the three great principles of Hygiene were enforced, viz., fresh air, non-contact, and speedy action. What was the consequence? The disease was arrested *forthwith*, and quickly disappeared.

While *we* are waiting to construct new asylums, the disease is spreading apace. The metropolis and suburbs are in a state of panic, and no one appears capable of organising any defined plan of action, and attacking the disease at its root.

There are many subordinate details connected with the encampment of the sick *in this climate* which can easily be mastered by an energetic will. The principle I have enunciated is undeniable, for without compulsory organisation in self-defence, *complete* vaccination of the community, segregation, and disinfection, we shall be unable successfully to grapple with our merciless enemy.

Your obedient servant,

SURGEON-MAJOR.

St. James's Square, S.W.

4 March, 1871.

To the Editor of the "Times."

SIR,—The value of your space forbade me to enlarge on the details of this important subject in my last letter.

It is useless, when the disease is upon us, running hither and thither for remedies, palliatives, prophylactics, and all the senseless round of weak expedients. What we want is a well-defined, organised, compulsive plan that all would recognise, confide in, act upon. Small-pox attacks us,

then out with it, and at once ; get into fresh air ; get healed and don't infect others. As for vaccination in early life and re-vaccination in adult, this we admit the necessity of at once, and need not further discuss. A clear-sighted Government would have enforced it long ago, and not have tampered with disease as it does with every other question of vital importance to the nation.

Now as regards the details—for in this place I can only rapidly survey the position. Take a map of London and its districts—and the same rule applies to every city, town, or village in England ;—mark out the commons, waste lands, or other unenclosed spots nearest to the suburb attacked ; erect a few tents, wooden huts, or roomy sheds (and at first they need not be many), place them under the charge of the district or divisional surgeon, and thereto should be carried every variolous case of whatsoever kind, description, or class, without favour or distinction.

Let them be near a river where there is a current of pure air, taking advantage of thatched barges or unused steamers ; near the sea, or our harbours, block-ships or well-ventilated vessels at anchor—common sense directing the locality and suitability to individuals, but on no account brick or walled enclosures or pest-houses, such as we now see accumulating on every side of us, intensifying the poison, and permanently damaging the district.

Well, the chances are a speedy recovery from a

mild form, and no chance of the contamination of others. The linen could be cleaned, disinfected, or destroyed on the spot, and not carried into the town. A strict quarantine would be established, and the great disseminators of the poison, viz., the laundress, the communicative friend or relative—ay, and the medical man himself unless duly careful—sedulously guarded against.

As for the treatment of the disease, though this is hardly the place for its discussion, it is simple enough if carefully watched—plenty of fresh air, good strengthening food and wine, and scrupulous cleanliness.

The organisation for the local authorities need not be a difficult matter if once the inhabitants of an infected district saw the necessity of immediate and decisive action. The epidemic would be nipped in the bud, instead of, as now, hanging over us two or three months, a scourge to us all, and multiplying itself in a reduplicate ratio, threatening to become endemic and permanent among us, and trebly difficult to exterminate.

I know the opposition that is raised when once a comprehensive scheme for their own good is mooted among a certain section of the community. In their eyes succour for the wounded encourages war, the Contagious Diseases Act immorality, vaccination syphilitic inoculation, and so on. But let the plague once come among them, these vociferators are the first to be paralysed, and perfectly useless for any purpose whatsoever.

Leaving them, therefore, to their own folly, we will endeavour to anticipate the remedy for the evils that are yet to come, and leaving many other benevolent colleagues to palliate the mischief that has been done, let me add my mite to the *prevention* of miseries that yet may follow.

Your obedient servant.

SURGEON-MAJOR.

St. James's Square, S.W.

March 6.

To the Editor of the "Times."

SIR,—Lest there should be any misapprehension on the subject of my letter to you on Small-Pox Encampments, let me briefly mention that by the term "tents," in this climate, is meant every appliance for the encampment of the sick, viz., tents, thatched huts, *wooden sheds*, and any other moveable apparatus suitable for the emergency.

In a late impression of your journal concerning "Fever and Small-Pox in London," I notice the records of six institutions for the relief of the disease, showing a widely-spreading epidemic, and great loss of life. It appears, however, that there are, altogether, nine such houses of refuge. Four of which, alone, have already cost £415,000 to the public. In the concluding paragraph I read of yet another lazaretto contemplated in Battersea Park, to cost another £20,000.

Why, sir, with one-fourth of the amount as yet expended, quite omitting the cost *still* to be incurred, I would engage to provide for the sufferers of London in this respect (on the approach of the epidemic), and, on the disappearance of the disease, to burn the camp to the ground.

And, as regards an encampment, be it composed of tents, huts, sheds, steamer, blockship, they could easily be furnished to suit the necessities of the case, be they for the needy, the middle class, or the opulent. They would form a summer Wimbledon, or a winter Aldershot (in miniature) *outside* our cities and towns, and protect our population.

They would be under proper discipline, and in charge of experienced officers, subordinates, and nurses, with a well-regulated ambulance as the main channel of communication ; and be a mighty saving in health and pocket to the metropolis.

What I contend for is the *urgency*, the *practicability*, and the *certainty* of success.

Your obedient servant,

THOMAS ATCHISON,

Surgeon-Major.

14, St. James's Square, London, S.W.,

9th March, 1871.

A WORD ON
THE "CONTAGIOUS DISEASES ACTS."

IN these days, when the fair sex think it their duty to discuss almost every moral and social problem, it may not be amiss to treat an analogous subject to that on which I lately addressed the public, in the matter of the present epidemic and "Small-Pox Encampments," more especially as the subject of the "Contagious Diseases Acts" recently reappeared in the public prints in an address to Mr. Gladstone.

Truly may we exclaim "Guid guide us" to both these revolting and detestable scourges. But our duty must be done. And, in this place, it is my wish to point out to my fairer readers how much real injury they are doing to society, and to our future race, by the outcry they are either raising or encouraging against the extension of these most wholesome Acts.

It is to be presumed they do not really know the gravity of their opposition ; and, for my part, I would willingly believe they did not understand the subject at all. But let me tell them, mothers

of families, young and blushing maidens, high-titled dames, and the lowly, struggling seamstress, that if they only knew how much the health and beauty of their offspring depended upon untainted blood, they would raise a cry of thankfulness instead of abuse, and bless those who are manfully fighting for the purity and well-being of their homes.

Well for them that they do *not* understand what the deformed limb, the crooked spine, the tarnished skin, the early death, or life of wretchedness, really betoken ; nor trace effects and causes to their root. But let those whose days are passed amidst disease and misery, and whose nights in study, assure them that it is no slight boon such workers are rendering to posterity by checking the spread of the diseases for which these Acts are designed.

Palmerston remarked that dirt was simply matter in the wrong place. In my opinion disease is nothing more than dead or refuse matter in a worse place, namely, in the living tissues of the human body ; and the word so-called "Dis-ease", little more than Nature's effort to get rid of it.

And if we approach the study of that great problem "disease" humbly, and hopefully, we shall find the philosophy of the physician simpler and more wonderful than through the dogmatic veil by which it is now obscured ; and the success in the treatment of diseased action tenfold, while learning simply to assist Nature, and not to obstruct her.

Therefore, if we first *prevent* by wholesome legislation, and then attempt the cure by *expulsion* of our enemy, (who, in most cases, should never have entered), see how simplified is our duty to our neighbour, and to posterity.

In other places the beneficial working of the Contagious Diseases Acts has been most apparent ; our fleets and armies have already reaped the benefit. Why should the same boon be denied to our civil population ?

And, as regards the Acts in question, which have now been in operation six years, the returns from India, and from our seaports and military stations where they are in force, afford conclusive proof, not only of their sanitary value, but of the moral amelioration of the class to which they refer.

Again, before the Royal Commission which is now sitting, a distinct refutation has been given to the allegations preferred by the opponents of these Acts: not a single case has been produced to prove undue interference or humiliation, the sufferers themselves willingly applying for relief, and submitting to segregation ; but if the miserable shifts of organised imposture by designing opponents—such as proved to have been practised at Southampton and other of our towns—were put in evidence, the inherent weakness of their cause would be amply demonstrated, and their opposition upon such grounds only regarded with contempt.

With reference to the moral aspect of the question, we desire to take the highest ground. The Divine ordinance was to heal the sick, and not to *prolong* suffering. Our own aim should be to do as much good as in us lies, and to leave the rest to a higher power. Our social and moral machinery is sufficiently powerful to check undue licence; and nothing but good can come of the extension of these Acts, if only administered with ordinary discretion. It is quite clear that the want of them has seriously prejudiced the health of the community.

Again—and this cannot be too often reiterated—if every beneficent and enlightened piece of legislation is to be obstructed and “shouted down” as at present; and we need only refer to the gallant stand against drunkenness, the liquor traffic, and kindred nuisances—drink going hand in hand with pauperism, and sapping the manliness of a nation that spends £100,000,000 sterling a year in drink. If, we repeat, wholesome legislation is to be hooted down by interested traders and designing fanatics, the sooner a more Draconic rule is inaugurated the better. We let an abuse go on until it increases in magnitude and becomes a vested interest, and when we are called on to curtail or abolish it, we are assailed with cries of “spoliation”, “tyranny”, and “confiscation”, and threatened with all the horrors of mob law.

But let me, in conclusion, hope that, when obstruction and clamour yield to thought and calm reflection, the day may speedily come when we shall wonder how long and how persistently we allowed a secret pestilence to lurk unchecked around us.

March 23rd, 1871.

NOTICES BY THE MEDICAL PRESS.

British Medical Journal, Saturday, March 18, 1871, No. 533,
p. 287.

Surgeon-Major Atchison has made an excellent proposition for meeting the necessities of accommodation for small-pox patients, by "encampments" on the commons, waste lands, or other unenclosed spaces, nearest to the suburbs attacked. Such hospital-huts can be very rapidly raised and comfortably arranged, as, indeed, the recent experience of the Asylum Board at their Hampstead site shows. Mr. Atchison knows well that of which he speaks, for his experience as an Indian administrator is quite to the point. We should be glad to see him entrusted by the authorities with practically carrying out the scheme which he describes so well.

Medical Times and Gazette, Saturday, March 25, 1871,
No. 1028, pp. 343, 344.

A well-known Indian medical officer, Mr. Atchison, who signs himself "Surgeon-Major," has written a series of letters to the *Times* on the subject of small-pox encampment. His plan is, no doubt, a good one, provided the exigencies of our climate could be taken into consideration, and the prejudices of our population against anything novel could be overcome. Surgeon-Major Atchison writes:

"Instead of the *costly*, injurious, and *tardy* system of congregating the sick in hospitals, asylums, or improvised lazarettos, in a hitherto uninfected neighbourhood, why not apply the simple remedy we at once resort to in India—viz., pitch tents in some high and airy situation, quarantine the encampment, and on the subsidence of the disease disinfect or burn the camp?"

"At the dreadful epidemic of cholera at Meean Meer in 1861, and again at Umritzir in 1863—at both of which I was deputed on special duty—when also small pox was raging, the moment infection appeared, we attacked it *at once* by segregation and camping-out. Here the three great principles of hygiene were enforced; viz., fresh air, non-contact, and speedy action. What was the consequence? The disease was arrested *forthwith*, and quickly disappeared."

In a subsequent letter he explains that, by the term "tent," in this climate, he means "Every appliance for the encampment of the sick; viz., tents, thatched huts, *wooden sheds*, and any other moveable apparatus suitable for the emergency."

He believes that the total expense of forming such an encampment, and of burning it afterwards, would not be one-

fourth of the expense we are now incurring for temporary hospitals. He adds: "And as regards an encampment, be it composed of tents, huts, sheds, steamer, blockship, they could easily be furnished to suit the necessities of the case, be they for the needy, the middle-class, or the opulent. They would form a summer Wimbledon or a winter Aldershot (in miniature) *outside* our cities and towns, and protect our population. They would be under proper discipline, and in charge of experienced officers, subordinates, and nurses; with a well regulated ambulance as the main channel of communication; and be a mighty saving in health and pocket to the metropolis. What I contend for is the *urgency*, the *practicability*, and the *certainty* of success."

Lancet, Saturday, March 18th, 1871, No. 11, p. 391.

Surgeon-Major Atchison proposes to mark out the commons and waste lands nearest the suburbs attacked by small-pox, to erect a few tents or huts, and carry to them every variolous case of whatever kind, description, or class, without favour or distinction. He discountenances brick or walled enclosures, such as are now accumulating on every side, intensifying the poison, and permanently damaging the districts in which they are placed.

We have already advocated this plan for the treatment of convalescents, and the relief of the local hospitals. But we fear the danger of removing patients to any considerable distance at the acute stage of the disease will always prove an insuperable objection to country and suburban hospitals.

Lancet, p. 394, March 18th, 1871.

We venture again to inquire how it is that the *Dreadnought* has not been utilised, and why the proposal to erect field hospitals has not been entertained? It was stated that the military authorities would be happy to erect military tents at Battersea, and that they could do this at one-third the expense of permanent or temporary structures of wood or iron. The idea promulgated by Surgeon-Major Atchison, of forming a small-pox encampment, is worthy of serious attention; for even if it were not thought possible to take out every case of small-pox, yet it cannot be denied that the convalescent might be removed to such encampments with advantage to the patients, and with great relief to the existing hospitals.

British Medical Journal, Saturday, March 25th, 1871, p. 327.

We are glad to learn that Surgeon-Major Atchison's plans for "small-pox encampments" have been well received by municipal bodies, and that the principle is being carried into effect in many of the towns of England. A somewhat similar plan has been proposed for Liverpool by a surgeon of that town.

Medical Times and Gazette, Saturday, April 22, 1871, p. 454.

Taking this view of the situation, we commend for study the letters to the *Times* written by Surgeon-Major Atchison, and recently reprinted in the form of a pamphlet. He says: "As regards details, take a map of London and its districts—and the same rule applies to every city, town, or village in England—mark out the commons, waste lands, or other unenclosed spots nearest to the suburb attacked, erect a few tents, wooden huts, or roomy sheds (and at first they need not be many), place them under the charge of the district or divisional Surgeon, and thereto should be carried every variolous case of whatsoever kind, description, or class, without favour or distinction. Let them be near a river where there is a current of pure air, taking advantage of thatched barges or covered steamers; near the sea, or our harbours, blockships, or well-ventilated vessels at anchor—common sense directing the locality and suitability to individuals—but on no account brick or walled enclosures and pest houses." No doubt this would be an economical as well as effectual way of dealing with such an epidemic as the present; but its adoption would not be quite so easy in London as the writer imagines. Unenclosed land sufficiently near London is scarcely to be found, and hence a site would have, in most instances, to be purchased or rented. The obtaining sites has been one of the greatest difficulties which the Asylum Board has had to encounter. But still, they *are obtainable*; and every parish on the borders of London should possess a site which they could use on the occasion arising. Forethought, however, is no distinguishing virtue of metropolitan vestries, especially when it means anticipation of further expense. One thing is certain however—namely, that the adoption of some such scheme as that sketched out by Mr. Atchison would be true wisdom and true economy.

Lancet, Saturday, May 20th, No. 20, p. 697.

TENT HOSPITALS FOR SMALL-POX.

Dr. Barbour reports that the hospital marquees set up at Stockwell have been found to answer extremely well; though the weather has been very cold, from the prevalence of north-east winds. The temperature inside the tents has always been sufficiently high. At Homerton the tents have been used for the treatment of *acute* cases. They have answered *perfectly*, and the hourly record of the temperature shows that they are neither too cold by night nor too hot by day.

