

Cholera gleanings : a family hand book, enabling readers of all classes to judge for themselves of the great error into which governments were unfortunately led by men looked upon as infallible guides, who very strenuously maintained the cholera to be a disease during which 'the living shall fly from the sick they should cherish' / by J. Gillkrest.

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CHOLERA GLEANINGS.

UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHOLERA CLEANINGS

RECEIVED

CHOLERA GLEANINGS,

A

FAMILY HAND BOOK,

ENABLING READERS OF ALL CLASSES TO JUDGE FOR THEMSELVES OF THE GREAT ERROR INTO WHICH GOVERNMENTS WERE UNFORTUNATELY LED BY MEN LOOKED UPON AS INFALLIBLE GUIDES, WHO VERY STRENUOUSLY MAINTAINED THE CHOLERA TO BE A DISEASE DURING WHICH

“The living shall fly from the sick they should cherish.”

BY

DR. J. GILLKREST,

INSPECTOR GENERAL OF ARMY HOSPITALS,

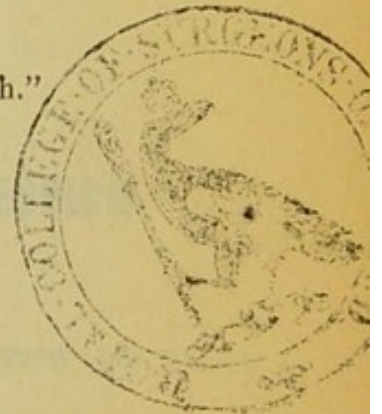
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CORRESPONDING MEMBER OF THE PARIS NATIONAL
ACADEMY OF MEDICINE.

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1848.



PRESENTED BY
Dr. Mulroy

CHOLERA CLEANINGS

WASHING MACHINES

WASHING MACHINES OF ALL CLASSES TO BE USED FOR THE PURPOSES OF THE
GREAT BRITAIN WHOSE GOVERNMENTS WERE PROBABLY
LED BY HER LORDSHIP TOMAS WATKINS, WHO WAS
STRENGTHENED MAINTAINED THE GOVERNMENT TO BE A
DISEASE DURING WHICH

"The British people from the first they should observe"

D. J. GILBERT

INSPECTOR GENERAL OF ARMY HOSPITALS

MEMBER OF THE PARIS NATIONAL
ACADEMY OF MEDICINE

PRESENTED TO

GILBERT

REFERENCE TO CONTENTS.

DEDICATED

BY

THE WRITER

TO

THE MEMBERS OF THE MEDICAL PROFESSION

IN LONDON,

WHO, THOUGH HE WAS ONLY KNOWN TO VERY FEW OF THEM

AT FIRST, AFFORDED HIM FACILITIES

FOR THE INVESTIGATION OF THE EPIDEMIC CHOLERA

IN THAT CITY IN 1832:

IN SO DOING HE YIELDS TO A STRONG IMPULSE OF GRATITUDE,

AND AT THE SAME TIME OFFERS HIS BEST WISHES FOR

THEIR HAPPINESS.

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REFERENCE TO CONTENTS.



PART I.

	PAGE.
Cholera in India — — — — —	1
Opinions of a Committee of the London College of Physicians respecting — — — — —	4
Very remarkable circumstance respecting, in the Army of the Marquis of Hastings, in 1817 — — — — —	5
Interesting statements on, by Mr. Bell, in 1819 — — — — —	7
————— by Staff Surgeon Dartnell — — — — —	9

PART II.

Relating to occurrences in Russia, Poland, Austria, and Prussia — — — — —	11
Dr. Walker's Official Statements from Moscow in 1831 — — — — —	11
Dr. Lefevre's Official Statements from St. Petersburg in 1831 — — — — —	12
Dr. Zoubkoff's remarkable Report from Moscow in 1831 — — — — —	13
Remarkable Statements in a Pamphlet by the Duke of Mortemar, Ambassador from the French Court to St. Petersburg in 1831 — — — — —	16
Report by Dr. Gaymard from St. Petersburg to the Academy of Med- icine of Paris — — — — —	17 & 19
Dr. Londe's Report to the same — — — — —	17
Mr. Searle's publication from Poland in 1831 — — — — —	20
Riga, Reports from the British Consul respecting Cholera there — — — — —	21
Austria, Emperor of, Magnanimous Declaration to his people — — — — —	24
Our Commission of Medical Officers to St. Petersburg in 1831 — — — — —	26
Remarkable passages from the Report of Dr. Hamett, R.N., on the Cholera at Dantzic — — — — —	26
Strange Confession as to the Cholera Board of Health of 1832, ONLY RECEIVING EVIDENCE IN SUPPORT OF CONTAGION — — — — —	31
Declaration of the whole of the Physicians of Paris in charge of Hospitals during the Epidemic there of 1832 against contagion — — — — —	33
Strong declaration of the Spanish Government against the contagion of Cholera, and Decree totally abolishing Quarantines and Cordons in that country — — — — —	36

Curious recommendation of the Spanish Ambassador in London, in 1832, to an experienced Spanish Physician who proposed to write on Cholera for the benefit of Spain — — — — —	41
Cholera at Gibraltar and Malta in 1834 — — — — —	42
Remarkable event in the Cholera at Malaga in 1834 — — — — —	47

PART III.

London Cholera in 1831-32 — — — — —	50
Haddington, remarkable circumstances at, in 1832 — — — — —	51
Report of Dr. Magendie to the Count d'Argout — — — — —	53
Interesting details of occurrences in some of the worst streets in London in 1832 — — — — —	56
Table of the general increase and decrease of the Cholera in London in 1832 — — — — —	65
Comparisons of the prevalence of Cholera in different London Districts in 1832 — — — — —	66
Vessels from England put under strict quarantine on arrival in Spain and Gibraltar — — — — —	72
Proposed Congress some years back for taking into consideration measures of Quarantine — — — — —	73
Instances of cruelty in the application of Quarantine Laws — — — — —	75
Remarkable observation of a Paris Physician on the subject of Cholera attacks after a drinking bout — — — — —	78

PART IV.

On the Antiquity of Malignant Cholera — — — — —	79
On the obscure cause of Cholera — — — — —	81
A few words on treatment — — — — —	82
Cold Water — — — — —	82
Chloroform — — — — —	85
Injection of a Saline fluid into the veins — — — — —	85

CHOLERA GLEANINGS.

Non verbis, sed factis.

PART I.

RELATIVE TO EVENTS IN INDIA FROM 1817 TO 1831.

Much as has been written, within the last 25 years, on the subject of malignant cholera, I trust it will appear, in the course of what I have to state, that I cannot be charged with presumption in taking up the subject at a moment like the present.—

“Ce champ ne se peut pas tellement moissonner
“Que les derniers venus n’y trouvent à glaner.

By those who have, for some time past, paid much attention to this awful disease which has caused, and is still causing, such dismay in many parts of the World, I shall, no doubt, appear to have undertaken a work of supererogation, in offering observations in proof of its non-contagion which, in the opinion of the press generally, has been already proved—*demonstrated* indeed, as far as any thing of the kind can admit of demonstration. But to classes whose occupations may have prevented them from paying sufficient attention to a subject so interesting to humanity, my humble contributions may still be interesting at a moment when a fresh impulse seems to be given to the subject of cholera by the distressing accounts of its progress in distant places, as furnished lately in the House of Commons by Lord Morpeth.

Having in former years witnessed a great deal of cholera, as will be seen further on, in the malignant form in which it has again appeared, my remaining silent at such a moment, would indeed shew a want of loyalty to the medical profession;—unsuitable (indeed irksome) as the undertaking may be well supposed to be to a person in impaired health for some time past, and on retirement after a service more protracted and more varied than has fallen to the lot of many others. Under the circumstances just referred to, regarding cholera prevailing to the extent represented, what I have to offer may probably obtain more attention than I could otherwise expect; and, the strongest feeling within me being that I should not die in debt to my Country, I hope that I may be allowed a reasonable share of indulgence and liberality on the score of style, while I here humbly present a first payment;—the second (Yellow fever) particularly interesting to our Navy and Army, shall, God willing, be offered ere long; when the profession and all others will have the amplest means of judging of the true value of statements, long dear to his heart, by the Chief of the Quarantine Department in London, though we are led to suppose, that such statements have been drawn up even in the ‘COUNCIL OFFICE.’*

Having, while on the Half pay of another rank, been residing in the house of a friend in London for a considerable time, in 1831, I had an opportunity of studying very closely the 3 volumes of India Reports on Cholera, commencing from 1817, § which have long been very scarce, and afterwards of studiously noting all well-authenticated

* Sins of assertion,—as well as omissions, little indeed to be expected by the public from a gentleman in his responsible position and of such irreproachable private character.

§ This is the year generally considered as the first, in modern times, of the appearance of an epidemic of malignant Cholera in India; but I have met with a Record of a similar epidemic in 1816 among the natives of one of the Districts; on which occasion the people fled, as we see by the second Report of the London Sanitary Commission (p. 2) the natives have been in the habit of doing up to a very late period.—From some of the India Reports the disease seems to have been known in remote times.

events of importance connected with that disease as it appeared in Russia, Prussia, and other parts of Europe, and given in official documents or in Journals, &c. ; so that, by the time the disease made its appearance in the North of England, I found myself in possession of a knowledge of all important points connected with cholera, recorded up to that time. Within the last quarter of the above year, and before the disease appeared in England, it was perfectly in my power to show, as I did in eight Letters inserted at the time, chiefly in the *Lancet*,* under the signature of 'ALPHA,' that, in the Report from the Committee or Board of the London College of Physicians, made on the 9th of June, 1831, to the Privy Council, that learned body could not have availed themselves of all the above information, so entirely within their reach, as they decided upon the contagious nature of the malignant cholera (on what grounds it is very difficult to say) in consequence of which, contrary, no doubt, to the expectation of persons standing so high in every way in public opinion, great was the panic on the announcement of the first cases in the North of England;—so great that the then Judge of the North Circuit (wise, we may be quite sure, in all matters appertaining to his high station) was said actually to have given an opinion, that Sunderland should be cut off from all communication with the rest of the Kingdom: a measure calculated to cause a state of anarchy not readily to be put down by all the wisdom of all the Judges of the land, backed by Military force. It is true that, in their 2d Report, dated June 18, the College Committee engaged to 'reconsider' the question, if necessary, and perhaps they did; but, constant as had been my employment then in

* Having been assured by some Medical friends that the strong details, contained in the above letters, had no small influence in putting some check to the panic which so unfortunately prevailed in England, as in other places, on the first appearance there of cases of cholera, I had reprinted, in the same year, at a serious cost to myself, 750 copies of them which I distributed among Members of the Profession and (in the belief, alas! that the *salus populi* must be the *suprema lex*) Members of Parliament.

seeking for information on such subjects, I did not hear of any change of opinion by that Committee, though they had the advantage of hearing at their Board the excellent information of several Army Surgeons who had served in India: the answer of one having been, I understand, that there was no more of contagion in a ward of cholera cases, than in a ward of wounded men.* Against such fearful odds as a learned Committee of the College of Physicians, supported by all the influence of the Chief of the Quarantine at the Privy Council Office, and his adherents of the medical press, small indeed was the chance, during the days of the contagion delirium, that the letters in the *Lancet*, &c. from an old Army medical officer, should produce anything more (though for the most part consisting of very plain facts) than a partial effect. Could those letters, however, be referred to (3 or 4 first letters), it might be seen how very unavailing were the efforts of two intelligent London Physicians, patronised, as they were well known to be, by some of the highest Fellows of the College, to improve the position of their Patrons. Had the first Board or Committee which met at the College taken more time to consider the subject proposed for their consideration by Government, the volumes of India Reports and other evidence referred to, they would have found very good grounds for drawing a conclusion quite opposed to that on record from them:—whereby would have been prevented the increased panic all over the Country caused by an opinion from so grave and learned a quarter. Let us take an example;—In my 4th letter in the *Lancet*, dated Oct. 15, 1831, I said, speaking of one Gentleman who had written in

* “What Sir”—said one of these learned members of the London College of high repute, to one of the examined Surgeons,—“you can't tell us what the disease is owing to”!—“No Sir, nobody can”;—“then, Sir, *it must be* to contagion”—Admirable logic!—just about as good as that from a learned Judge who should say—“It is quite true, Gentlemen of the Jury, that the prisoner could not have stolen the horse, he having, on the night in question, according to the evidence of a dozen respectable witnesses, been at a distance of 500 miles from the place in question; but he must be kept in Prison till he tells us *who did steal* the animal.”

London in support of the opinion of the Committee :—“ The facility with which he supplies us with ‘ *facts* ’—the ‘ *false facts* ’ reprobated by Bacon, and said by the learned Dr. Cullen to produce more mischief in our profession than false theories, is quite surprising ;—he tells us, *en maître*, that, ‘ when cholera is once established on a march, it continues its course in spite of change of position, food, or other circumstances ’ ” !!—From courtesy, I forbear from giving here the Doctor’s name, but seldom has a Medical Gentleman made an assertion more erroneous. He led us to suppose, that he had examined the India Reports on cholera ;—what, then, are we to think when we find, in that for Bengal, the following most interesting and conclusive statements ever placed on Record regarding this point ?

The Official Report states, in reference to the Grand Army under the Marquis of Hastings, consisting of 11,500 fighting men, encamped, in Nov. 1817, on the banks of the Scinde, that the disease “ As it were in an instant gained fresh vigour, and at once burst forth with irresistible violence in every direction. Unsubjected to the laws of contact and proximity of situation, which had been observed to mark and retard the course of other pestilences, it surpassed the plague in the width of its range, and outstripped the most fatal diseases hitherto known, in the destructive rapidity of its progress. Previously to the 14th, it had overspread every part of the camp, sparing neither sex nor age, in the undistinguishing virulence of its attacks.—From the 14th to the 20th or 22d, the mortality had become so general as to depress the stoutest spirits. The sick were already so numerous, and still pouring in so quickly from every quarter, that the medical men, although night and day at their posts, were no longer able to administer to their necessities. The whole camp then put on the appearance of a hospital. The noise and bustle, almost inseparable from the intercourse of large bodies of people, had nearly subsided. Nothing was to be seen but individuals anxiously hurrying from one division

of a camp to another, to inquire after the fate of their dead or dying companions, and melancholy groups of natives bearing the biers of their departed relatives to the river. At length even this consolation was denied to them, for, the mortality latterly became so great that there was neither time nor hands to carry off the bodies which were then thrown into the neighboring ravines, or hastily committed to the earth on the spots on which they had expired." Let us now inquire how this appalling mortality was arrested ;—NOT, CERTAINLY, BY QUARANTINES OR CORDONS ;—the Report goes on to inform us :—"It was clear that such a frightful state of things could not last long, and that, unless some immediate check were given to the disorder, it must soon depopulate the camp. It was therefore wisely determined by the Commander-in-chief *to move in search of a healthier soil and of purer air,*" which they found when they "crossed the clear stream of the Bitwah, and upon its high and dry banks at Erich soon got rid of the pestilence, and met with returning health." Now just fancy epidemic cholera a disease transmissible by '*susceptible articles,*' and what an inexhaustible stock must this large army, with its thousands of followers, have long carried about with them ; but, instead of this, they were soon in a condition to take the field. Against the above historical fact men of ingenuity may advance what they please. There is no doubt, that, in the above instance, some cases of cholera occurred *during the move*, the poison, taken into the system on the inauspicious spot, not having produced its effect at once : it is needless to point out what occurs in this respect in remittent and intermittent fevers.

The India Reports furnish further evidence of *mere removal* producing health, where cholera had previously existed. Mr. Bell, a gentleman who had served in India, and who wrote upon the disease,* informs us (p. 84), that "re-

* This is one of the best works on malignant cholera of India published in England, but it is to be regretted that the author did not allude to the works of

moving a camp a few miles, has frequently put an entire and immediate stop to the occurrence of new cases; and, when the disease prevailed destructively in a village, the natives often got rid of it by deserting their houses for a time, though, in doing so, they necessarily exposed themselves to many discomforts, which, *cæteris paribus*, we should be inclined to consider exciting causes of an infectious or contagious epidemic." We even find, that troops have, as it may be said, *out-marched* the disease, or rather the cause of the disease; that is, moved with rapidity over an extensive surface where the atmosphere was impure, and thereby escaped—on the principle that travellers are in the habit of passing as quickly as they can across the Pontine marshes. Mr. Bell says, "In July, 1819, I marched from Madras in medical charge of a large party of young officers who had just arrived in India, and who were on their way to join regiments in the interior of the country. There was also a detachment of Sepoys, and the usual number of attendants and camp-followers of such a party in India. The cholera prevailed at Madras when we left it. Until the 5th day's march (fifty miles from Madras) no cases of the disease occurred. On that day several of the party were attacked on the line of march; and, during the next three stages, we continued to have additional cases. Cholera prevailed in the countries through which we were passing. In consultation with the commanding officer of the detachment, it was determined that we should *leave the disease behind us*; and as we were informed that the country beyond the Ghauts was free from it, we marched, without a halt, until we reached the high table-land of Mysore. The consequence was, that we left the disease at Vellore, eighty-seven miles from Madras, and we had none of it until we

gentlemen who had a priority of claim to some of the opinions he has published: I think that, in particular, Mr. Orton's book, *printed in India*, should have been noticed. I speak of the *first Edition* of Mr. Orton's book, and not of the second, *printed in London* when that Gentleman was very ill, and under some influence not to be accounted for.

had marched seventy miles further (seven stages), when we again found it at one of our appointed places of encampment; but our camp was, in consequence, pushed on a few miles, and only one case, a fatal one, occurred in the detachment: the man was attacked on the line of march. We again left the disease, and were free from it during the next 115 miles of travelling; we then had it during three stages, and found many villages deserted. We once more left it, and reached our journey's end, 260 miles further, without again meeting it. Thus, in a journey of 560 miles, this detachment was exposed to, and left the disease behind it, four different times; and on none of those occasions did a single case occur beyond the tainted spots." What a lesson for Dr. ———! But *for whom* could Dr. ——— have written his '*curious*' book? Hear Mr. Bell in respect to the common error of the disease following high roads and navigable rivers only:—"I have known the disease to prevail for several weeks at a village in the Southern Mahratta country, within a few miles of the principal station of the district, and then leave that division of the country entirely; or, perhaps, cases would occur at some distant point. In travelling on circuit with the Judge of that district, I have found the disease prevailing destructively in a small and secluded village, while no cases were reported from any other part of the district."

What a pity that, before the mischievous anti-social doctrine of contagion in cholera was acted on by the ruling Authorities in England, statements such as the following from the same Gentleman had not been taken into consideration by those deputed to give their opinion:—"It has been remarked by many practitioners, that, although they had brought cholera patients into crowded wards of hospitals, no case of the disease occurred among the sick previously in hospital, or among the hospital attendants. My own experience enables me fully to confirm this. The

Military Hospital at Dharwar, an oblong apartment of about 90 feet by 20, was within the fort, and the lines of the garrison were about a mile distant outside the walls of the fort. On two different occasions (in 1820 and 1821), when the disease prevailed epidemically among the troops of that station, while I was in medical charge of the garrison, but while no cases had occurred in the fort within which the hospital was situated, the patients were brought at once from their quarters to the hospital, which, on each occasion, was crowded with sick labouring under other disorders. No attempt was made to separate the cholera patients. On one of these occasions, no case of cholera occurred within the hospital; on the other, *one* of the sick was attacked, but he was a convalescent sepoy, who had not been prevented from leaving the fort during the day. *The disease, on each of those occasions, was confined to a particular subdivision of the lines, and none of those within the fort were attacked.*" (*Bell on Cholera*, p. 92.)—One might continue for pages quotations, more or less of this nature, in proof of the London College Board or Committee having been precipitate in their decision as to contagion in cholera, which turned out, on entering on evidence, to be a mere phantom; but what has been already said will, I dare say, be considered as sufficient in the minds of most of my readers, as far as relates to India:—though I may be pardoned for referring to one more very remarkable published document by Surgeon George Dartnell, formerly of the 41st Regiment, and now a well-known, and very intelligent Staff Surgeon serving in Chatham. The sum of this Gentleman's statement, *recorded by me in 1832*, was, that, on a certain occasion, his Corps was ordered, in India, to move from one point to another in two divisions, and by separate routes:—that the division on one line was attacked with cholera throughout the march of several days, while that marching on the other line remained unaffected:—and that, *when all intermixed, on their arrival at the appointed (healthy) station, any cases of*

cholera which appeared were confined to the men belonging to the division IN WHICH IT PREVAILED DURING THE MARCH ;—these, clearly enough, carrying, each in his own system (and not from their carrying seeds of contagion in packs or pouches), the effects of the deteriorated atmosphere which they had but a short time before moved through and inhaled ;—exactly as may, in many countries, be said of Ague whenever that disease is spoken of.

I cannot proceed without here paying all due respect to the Author of the singularly able Review of Cholera in India, as it appeared lately under Dr. Parkes, and at Kurrahee in 1846, as detailed in the Official and very excellent Report of Surgeon Thom of the 86th Regiment :—a Review so greatly beyond any thing of the kind which I have before seen on the subject of cholera, that I think it is not too much to say of it that, in a reprint, it cannot fail to reach the library of every medical man throughout the British Dominions who feels duly interested on a subject of such awful interest :—from *one opinion* however of the distinguished Reviewer, I am obliged to withhold my assent, though his general powers be so far beyond any thing to which I can aspire ;—for, my very great experience throughout the whole of London in 1832, and some of its environs, during the epidemic period, and, afterwards, here at Gibraltar, as Principal Medical Officer, during another epidemic, in 1834 (this fortress has, for some time past, been my winter place of residence for health sake), will not allow me to admit the contagion (the *communicability*,—the *transmissibility*) of the disease from one person to another *by any means, even in the extremely insignificant proportion of cases which the Reviewer seems to think probable or possible.*—I deny, in toto, the transmissibility of Ague, and Remittent fevers, and so of cholera *certainly.*

PART II.

RELATING TO OCCURRENCES IN RUSSIA, POLAND, AUSTRIA,
AND PRUSSIA.

Relative to the first appearance of malignant cholera as an epidemic in RUSSIA (in 1831), the task of going over again here all that I was able to shew on the subject in my earliest letters in the *Lancet* of 1831,—as well as in the *Times*, *Courier*, &c. of the same and following year,—cannot be now attempted. I may promise those engaged deeply in the subject, that, from the official evidence collected there from authorised English and foreign Physicians, for the use of Governments, Boards or Committees in England were, as in the case of evidence from India, by no means justified in arriving at the conclusion, that the disease was contagious, and consequently, importable. Extracts from some of the official Reports which reached England may, however, be acceptable.

Dr. Walker, an old retired Army Physician, sent from St. Petersburg to Moscow by our Ambassador at the former place, states in one of his official Reports,—that “he did not learn that the contagionists in Moscow had any strong particular instances to prove the communication of the disease from one individual to another, and that he had heard of several instances brought forward in support of the opinion [contagion], but they are not fair ones.” He mentions where exceptions seem to have taken place as to hospital attendants not being attacked; but he has neglected (a very common omission in similar statements) to tell us whether or not the hospitals in which attendants were attacked were situated in or near places where the atmosphere was known to be *equally productive of the*

disease in those not employed in attending on the sick:— this, clearly, makes all the difference in those cases; for there is no earthly reason why people about the sick should not be attacked if they breathe the same atmosphere which causes so particular an effect in producing the disease in others; indeed, there are good reasons why, during an epidemic, attendants should be attacked in *greater* proportion than others, for, the constant fatigue, night work, &c., must greatly predispose them to disease of any kind: those questions *are now well understood* AS TO YELLOW FEVER, about which so many misconceptions and mystifications had existed, chiefly in consequence of the efforts—I must say the unjustifiable efforts (as I am fully prepared at any time to shew)—of the present Chief of Quarantine in England, Sir Wm. Pym.

If we proceed to the statements from St. Petersburg, we find Dr. Lefevre, Physician to our Embassy in that City, reporting to the following effect:—

“As far as my practice is concerned, both in the quarter allotted to me, and also in private houses in different parts of the town, I have no proof whatever that the disease is contagious.

“The first patient I saw was upon the third day of the epidemic; and, upon strict inquiry, I could not trace the least connection between the patient, or those who were about her person, with that part of the town where it first appeared—a distance of several versts [each verst about $\frac{3}{4}$ of a mile].

“As regards the attendants on the sick, in no one instance have I found them affected by the disease, though, in many cases, they paid the most assiduous attention, watched day and night by the beds of the afflicted, and administered to all their wants.

“I knew four sisters watch anxiously over a fifth severely attacked with cholera, and yet receive no injury from their care.

“In one case I attended a carpenter in a large room, where there were at least *thirty men* who all slept on the floor among the shavings; and, though it was a severe and fatal case, no other instance occurred among his companions.

“In private practice, among those in easy circumstances, I have known the wife attend the husband, the husband the wife, parents their children, children their parents, and, in fatal cases, where, from long attendance and anxiety of mind, we might conceive the influence of predisposition to operate, in no instance have I found the disease communicated to the attendants.”—p. 32, 33.

“The present disease has borne, throughout, the character of an epidemic, and when the evidence, advanced in proof of its *contagion*, has been minutely examined, it has been generally found incorrect; whereas it is clear and open to every inquirer, that the cholera did not occur in many places which had the greatest intercourse with St. Petersburg at the height of the malady, and that it broke out in many others which have been subjected *to the strictest quarantine*.”—p. 34.

But one more short quotation from Dr. Lefevre:—

“As to many reports which have been circulated, and which, *primá facie*, seem to militate against the statement [communication to attendants, &c.], I have endeavored to pay the most impartial attention to them; but I have never found, upon thorough investigation, that their correctness could be relied upon; and, in many instances I have ascertained them to be **DESIGNEDLY FALSE.**” [*sic*] !!

How well erroneous opinions as to contagion in cholera are illustrated in a Report, of high value, which appeared in 1831 from Dr. Zoubkoff of Moscow! His statements to the following effect, were given, in that year, in one of the letters already referred to, by me, from a translation into French. It seems strange that such statements should have

been passed unheeded by the Committee of our College and the Chief of Quarantine in London. Dr. Zoubkoff *had been*, it appears, a firm believer in contagion, until the experience, afforded him during the prevalence of the disease in the above City, proved the contrary.—He tells us (p. 10) that in the hospital (Yakimanka) he saw, “*to his great astonishment* [*astonishment* no doubt proceeding from perceiving how differently from vague and popular opinions, then current, *facts* turned out to be], that all the attendants, all the soldiers, handled the sick, supported their heads while they vomited, placed them in the bath, and buried the dead; always without precaution, and always without being attacked by cholera.”

How, after such evidence, are unprejudiced people to look upon as otherwise than exceedingly frivolous the antiquated measures respecting the so called ‘*susceptible*’ and ‘*non-susceptible articles*,’ by the Chiefs of Quarantine Departments in different countries? In truth, from the grave, as well as from the sublime, to the ridiculous, there often seems to be but a step;—and, in reading over the list of these “*susceptibles*,” one may fancy himself, instead of being in the land of self-called ‘*thinking people*,’ to be in the land of Egypt, where, as we are informed (*see Madden’s Book 1825*), the sage matrons discuss the point as to whether a cat be not a better vehicle for contagion than a dog:—a horse may be trusted, they say, but, as to an ass, he is the most incorrigible of contagion smugglers;—of fresh bread we never need be afraid; but the susceptibility of butcher’s meat is quite an established thing. Such things are too bad for the Nineteenth century; and, in England too, with her enlightened Parliament!!

Many good observers, and of well-known loyalty to the Profession, who do not believe that cholera can be propagated by contagion, under ordinary circumstances, have, still, convictions that, by crowding patients together, as in hospitals, the disease *may acquire* contagious properties.

Now we find that, when the *experimentum crucis*, as it were, of extensive experience,* is contrasted with the *feasibility* of this, cholera, like ague, or catarrh, or influenza, has not been rendered one bit more contagious by crowding patients together than it has been shewn to be under other circumstances. I do not require to be told, that placing many persons together in close, very ill-ventilated places, whether they labor under ague, or catarrh, may produce *Fever* of a bad form from this crowding; but I do not expect ague, or catarrh, or rheumatism or cholera, from such accumulation. On this point the details respecting cholera in crowded places by Dr. Zoubkoff, in the above quotations, are important, in addition to the many previously recorded on other occasions.

Who will say, after reading the following quotation from the same physician, that “the seclusion of the sick should be insisted on?”—

“The individuals of the hospitals, including soldiers and attendants on the sick, were about thirty-two in number, who, excepting the medical men, had never attended any sick; we all handled, more or less, the bodies of the patients, the corpses, and the clothes of the sick; have had our hands covered with their cold sweat, and steeped in the bath while the patients were in it; have inhaled their breath and the vapours of their baths; have tasted the drinks contained in their vessels, all without taking any kind of precaution, and all without having suffered any ill effects. We received into our hospital sixty-five cholera patients, and I appeal to the testimony of the thirty-six survivors, whether we took any precautions in putting them into the bath or in handling them,—whether we were not seated sometimes on the bed of one, sometimes on that of another, talking to them. On returning home directly from the hospital, and without using chloride of lime, or changing my clothes, I sat down

* Every body should, I think, read ‘ZIMERMAN on experience.’

to table with my family, and received the caresses of my children, firmly convinced that I did not bring them a fatal poison either in my clothes or in my breath. Nobody shut his door either against me or my colleagues; nobody was afraid to touch the hand of the physician who came direct from an hospital—that hand which had just before wiped the perspiration from the brow of cholera patients. From the time that people had experience of the disease, nobody, that I am aware of, shunned the sick.”

From its importance in more than one respect, I feel that I should not omit the following details, given, in 1831, in a pamphlet by the DUKE DE MORTEMAR, Ambassador in that year from the French Court to that of St. Petersburg:—

“An important truth seems to be proved by what we shall here relate, which is, that woods seem to diminish the influence of cholera, and that cantons, in the middle of thick woods, and placed in the centre of infected countries, have altogether escaped the devastating calamity!—The island of Kristofsky, placed in the centre of the populous islands of St. Petersburg, communicating with each other by two magnificent bridges, and with the city by thousands of boats which carried, every day, and particularly on Sundays, a great number of people to this charming spot—the island of Kristofsky *was preserved completely from attacks of the cholera*; there was not a *single* person ill of the disease in three villages upon it.—To what is this salubrity of Kristofsky, inhabited by the same sort of people as St. Petersburg, to be attributed—fed in the same manner, following a similar *regime*, and communicating with each other daily—if it be not to the influence of the superb forest which shelters it? The firs, which are magnificent as well as abundant, surround the houses.”* He notices that the

* As these most remarkable circumstances have not appeared in the statements of *our* medical commission to Russia, as far as I can learn, we must either presume that the Duke is not correct, or that those facts have *escaped the notice* of the commission.

town is low and humid, and that "it is made filthy every Sunday by the great numbers who resort to it."

"The conviction, now established [1831], that intercourse with the sick produces no increase of danger, should henceforth diminish the dread of this calamity. It differs from the plague in this, that it does not, by its sole appearance, take away all hope of help, and destroy all the ties of family and affection. Henceforth those attacked will not be abandoned without aid and consolation; and separation or removal to hospital, the source of despair, will no longer increase the danger. The sick may in future be attended without fears for one's self, or for those with whom we live."

How delightful is the simplicity of truth! Why, gentle reader, a *morceau* like this, and from such a man, let him call himself contagionist or what he may, is more precious at this moment than Persian turquoises or Grecian gems [quoted in 1831]. Make me an example, men say, of the culprits "who let the cholera morbus into Sunderland," concealed in "*susceptibles!*"—yes, and, that we may be on a level in other matters, destroy me some half dozen witches, too, as we were wont to do of yore.

The importance of the following from Dr. Gaynard, one of the French Commission to St. Petersburg, in 1831, will readily appear:—he made statements to the following effect before the Academy of Medicine at Paris on his return;—1st, that "The cholera did not exist in the Russian corps which fought at *Iganie*" [the place where the first battle with the Poles took place]. 2d, that "the two thousand Russian prisoners taken on that occasion, and observed at Praga for ten days under the most perfect separation [*"dans un isolement complet"*], did not give a single case of cholera." 3d, that "the corps [of the Polish army] which was not at *Iganie*, had more cases of cholera than those which were there." Dr. Londe, among other proofs, that the disease was not transmissible, or, as some prefer calling it, not communicable, mentioned, "the immunity of wounded and

others mixed with the cholera patients in the hospitals; the immunity of medical men, of attendants, of inspectors, and of the families of the different *employés* attached to the service of cholera patients; the example of a porter, who died of the disease, without his wife or children, who slept in the same bed with him, having been attacked; the example of three women attacked (two of whom died, and one recovered) and the children at their breasts, one of six months, and the other two of twelve, not contracting the disease."

At a subsequent meeting of the Academy, a letter from Dr. Gaynard was read, in which it was stated, while referring to the comparative mortality at different points there, that, "The cause of this enormous difference was, that the authorities wished to ISOLATE the sick—[Observe this well reader]—and even send them out of the city; now the hospital is on a steep mountain, and, to get to it, the carriages were obliged to take a long circuit through a sandy road, which occupied an hour at least; and, if we add to the exposure to the air, the fatigue of this removal, and the time which elapsed after the invasion of the disease, the deplorable state of the patient on his arrival, and the great mortality may be accounted for."

"The progress of the disease was the same as in other places; it was at the moment when it arrived at its height, and when, consequently, the greatest intercourse [Observe reader!] took place with the sick, that the number of attacks wonderfully diminished all at once (*'tout à coup'*) and without any appreciable cause. The points of the city most distant from each other were invaded. Numbers of families crowded [*entassées*] who had given aid to cholera patients, remained free from the disease, while persons, isolated in high and healthy situations [*usually* healthy meant of course], were attacked. It especially attacked the poorer classes, and those given to spirituous liquors. Scarcely twenty persons in easy circumstances were attacked, and

even the greater part of these had deviated from a regular system."

The inferences drawn, according to a French medical journal, from the whole of Dr. Gaymard's communication, are—

"1. That the system of sanitary measures, adopted in Russia, did not any where stop the disease.

"2. That, without entering on the question as to the advantages to be derived from a moral influence arising out of sanitary cordons placed round a vast state like France, these measures are to be regarded as useless in the interior, in towns, and round houses.

"3. That nothing has been able to obstruct the progressive advance of the disease in a direction from India westward.

"4. That the formation of temporary hospitals, and DOMICILIARY SUCCOUR, are the only measures which can alleviate this great scourge."

A letter from Dr. Gaymard to Dr. Keraudren was read at the meeting of the Academy, in which it was stated, that in a hospital at Moscow, in which Dr. Delauny was employed from the month of December, 1830, to the end of December, 1831, 587 cholera patients, and 860 cases of other diseases, were treated—" *Not one of the latter was attacked with cholera, although the hospital consists of one building, the corridors communicating with each other, and the same linen serving indiscriminately for all.* The attendants did not prove to be more liable to attacks. The relatives were suffered to visit their friends in hospital, and this step produced the best impression on the populace, who remained calm. They can establish at Moscow, that there was not the smallest analogy between the cholera and the plague which ravaged that city in the reign of Catharine." Dr. Gaymard declares, that, having gone to Russia without preconceived ideas on the subject, "he is convinced that interior quarantines, and the isolation of houses and of sick

in towns, have been accompanied BY DISASTROUS CONSEQUENCES." Is there yet enough of evidence to shew, that this disease is positively *not to be made* communicable from the sick?

With respect to POLAND we have the following information published, in 1831, by Mr. Searle, an English surgeon of high character, who had served in India, and had been attached to the Polish Army. He says:—"I have only to add that, after all I have heard either in India or in Poland, after all I have read, seen, or thought upon the subject, I arrive at this conclusion, that the disease is not contagious."

He tells us in another place:—

"I have only to add my most entire conviction, that the disease is not contagious, or, in other words, communicable from one person to another in the ordinary sense of the words—a conviction which is founded not only upon the nature of the disease, but also upon observations made with reference to the subject, during a period of no less than fourteen years. Facts, however, being deservedly of more weight than mere opinions, I beg leave to adduce the following, in the hope of relieving the minds of the timid from that groundless alarm which might otherwise not only interfere with or prevent the proper attendance upon the sick, but become itself a pre-disposing or exciting cause of the disease; all parties agreeing, that, of all the debilitating agencies operating upon the human system, there is no one which tends to render it so peculiarly susceptible of disease, and of cholera in particular, than fear.

"The facts, referred to, are these:—during two months of the period that I was physician to the principal hospital at Warsaw, devoted to the reception and treatment of this disease, out of about thirty persons attached to the hos-

pital, the greater number of them were in constant attendance upon the sick, which latter were, to the number of from thirty to sixty, constantly under treatment; there were, therefore, patients in every stage of the disease. Several of these attendants slept every night in the same apartments with the sick, on the beds which happened to be unoccupied, with all the windows and doors frequently closed. These men, too, were further employed in assisting at the dissection of, and sewing up of, the bodies of such as were examined, which were very numerous; cleansing also the dissecting-room, and burying the dead. And yet, notwithstanding all this, only one, during the period of two months, was attacked by the disease, and this an habitual drunkard, under circumstances which entirely negative contagion (supposing it to exist), as he had nothing whatever to do with the persons of the sick, though he occasionally assisted at the interment of the dead. He was merely a subordinate assistant to the apothecary, who occupied a detached building with some of the families of the attendants; all of whom likewise escaped the disease. This man, I repeat, was the only one attacked, and then under the following circumstances."

Here Mr. S. relates how this man, having been intoxicated for several days, was, as a punishment, locked up almost naked in a damp room for two nights, having previously been severely beaten.

If we now refer to the occurrences at RIGA during the epidemic of 1831, we find the following Certificate from the British Consul at that place to his Government:—

"The fact of non-contagion seems determined, as far as a question can be so, which must rest solely upon negative evidence. The strongest possible proof is, the circumstance, that not one of the persons employed in removing the dead bodies (which is done without any precaution) has

been taken ill. *The statement of fifteen laborers being attacked, while opening a pack of hemp, is a notorious falsehood.* Some physicians incline to the opinion, that the disease may sometimes be caught by infection, where the habit of body of the individual is predisposed to receive it; the majority of the faculty, however, maintain a contrary doctrine, and the result of the hospital practice is in their favor. There are 78 persons employed in the principal hospital here; of these, only two have been attacked, one of whom was an ‘*Inspecteur de Salle,*’ and not in immediate attendance upon the sick. I am assured that the other hospitals offer the same results; but, as I cannot obtain equally authentic information respecting them, I confine myself to this statement on which you may rely. On the other hand, in private families, several instances have occurred where the illness of one individual has been followed by that of others, but, generally, only where the first case has proved fatal, and the survivors have given way to grief and alarm. Mercenary attendants have seldom been attacked, and, as mental agitation is proved to be one of the principal agents in propagating or generating the disease, these isolated cases are attributed to that cause rather than infection.

“It is impossible to trace the origin of the disease to the barks; indeed, it had not manifested itself at the place whence they come till after it had broken out here. The nearest point infected was Schowlen (at a distance of 200 versts) [about 150 miles], and it appeared simultaneously in three different places at Riga, without touching the interjacent country. The first cases were two stone-masons working in the Petersburg suburbs, a person in the citadel, and a lady resident in the town. None of these persons had had the slightest communication with the crews of barks, or other strangers; and the quarter, inhabited by people of that description, was later attacked, though it has ultimately suffered most.

“None of the medical men entertain the slightest doubt of the action of atmospheric influence—so many undeniable instances of the spontaneous generation of the disease having occurred. Half the town has been visited by diarrhœa, and the slightest deviation from the regimen now prescribed (consisting principally in abstinence from acids, fruits, beer, &c.) invariably produces an attack of that nature, and, generally, cholera: fright, and intoxication, produce the same effect.

“Numerous instances could be produced of persons in perfect health, some of whom had not left their rooms since the breaking out of the disease, having been attacked by cholera, almost instantaneously after having imprudently indulged in sour milk, cucumber, &c. It is a curious circumstance, bearing on this question, that several individuals coming from Riga have died at Wenden, and other parts of Livonia, without a single inhabitant catching the disease; on the other hand, it spreads in Courland, and on the Prussian frontier, notwithstanding every effort to check its progress. The intemperance of the Russians during the holidays has swelled the number of fresh cases, the progressive diminution of which had previously led us to look forward to a speedy termination of the calamity.”

And now, let chiefs of rigorous quarantine and cordon measures be required to tell us with what appetite they and their serried corps of writers supped, on the night of the day on which they found (some 16 years ago) that statements, shewing all these precious things, were handed even into the very Temple from which so many dicta had issued calculated to turn the land from its propriety.

In a similar manner did I, in my letters of 1831, pile proofs on proofs, for the benefit of society, that in Poland, Austria, Prussia, France, Spain and other kingdoms, Governments, after suffering themselves to be misled in the first instance by their appointed guides on ‘*Sanitary*’ questions, had cast the bugbear contagion to the winds.—Aware of the

wisdom of the principle, that, “*to know a thing well it must be known in all its details,*” it was my intention to continue, with respect to those countries, the system of entering on fully-recorded facts in each; but the present turn of the tide in regard to public opinion on the great question I am upon, will admit of abridging what I proposed to myself to say regarding the cholera on the Continent, up to 1831.—It might, however, be considered a dereliction of duty—a sort of *lèse Profession* (or *disloyalty* if preferred),—to omit here the following historical facts regarding the last-mentioned nations:—and, first in every way, with respect to—

AUSTRIA:—According to the *Journal des Débats* of the 24th October, 1831, the Emperor of Austria, in a letter to his High Chancellor, dated Scœnbrun, October 10, 1831, and published in the *Austrian Observer* of the 12th, makes the following most magnanimous declaration to his people:—

“THAT HE HAD COMMITTED AN ERROR IN ADOPTING THE VEXATIOUS, AND WORSE-THAN-USELESS, QUARANTINE REGULATIONS AGAINST CHOLERA.”

“THAT HE DID SO BEFORE THE NATURE OF THE DISEASE WAS SO FULLY UNDERSTOOD.”

“THAT THOSE REGULATIONS HAD BEEN FOUND, AFTER FULL EXPERIENCE, TO HAVE PRODUCED CONSEQUENCES MORE CALAMITOUS THAN THOSE ARISING FROM THE DISEASE ITSELF” [*“plus funestes encore que les maux qui provenaient de la maladie elle-même.”*] He did not think it beneath his dignity to account for continuing a modified quarantine system on certain points,—in consequence, as he stated, of the opinions still existing in the dominions of some of his neighbours; for, otherwise, “*his commercial relations would be broken off.*”—*To secure his maritime interests he must do as they do.*—In 1831, I prayed loudly, that the British Government might profit by this great lesson furnished by Austria:—I prayed in vain; for, the *vérité-vraie*,—no, not even Sacred Truth itself, though from the mouth of an Emperor, and in moving language to his suffering people,

could awake the sensibility of our watchful Guardian of the Quarantine, whose efforts in keeping out cholera from the land proved, however, of as little use as those of Dame Parkington are said to have proved in keeping out the tide from her cottage with a broom.

Finally, with regard to Russia, the Emperor having appointed an extraordinary Committee (*composed of the most eminent Public Officers*) to inquire into the Moscow Epidemic of 1830, they came to the following conclusions:—
 “The opinion of those who do not admit the possibility of contagion by means of material objects, has for its support both the majority of voices, and the scrupulous observance of facts. The members of the Medical Council have been convinced by their own experience, as also by the Reports of the physicians of the hospitals, that, *after having been in frequent and even habitual communication with the sick*, their own clothes have never communicated the disease to any one, even without employing means of purification. Convalescents have continued to wear clothes which they wore during the disease—even furs—without having them purified; and they have had no relapse. At the opening of bodies of persons who had died of cholera, to the minute inspection of which four or five hours a-day, for nearly a month, were devoted, neither those who attended at the operations, nor any of the assisting physicians, nor any of the attendants, caught the infection, although, with the exception of the first day, scarcely any precautions were used. But what appears still more conclusive, a physician who had received several wounds in separating the flesh, continued his operations, having only touched the injured parts with caustic. A drunken invalid, having also wounded himself, had an abscess which doubtless showed the pernicious action of the dead flesh; but the cholera morbus did not attack him.”

It appeared, from the Official documents of 1831, that the city of THORN remained exempt from cholera in the

midst of a country where the disease prevailed, though not afflicted with cordons and certain so-called 'sanitary' quarantine measures then in vogue;—while it raged at Saint Petersburg, and in places in Prussia where those sanitary laws were executed "*avec une ponctualité et une rigueur ailleurs inconnues.*"

The highly respectable character of Sir W. Russel who was sent by our Government at the head of a Medical Commission to St. Petersburg in the course of the epidemic of 1831 in that city, naturally gave rise to great expectations as to its probable results. But, although, on perusal of the opinions formed there, no one can question his good faith, too many reasons exist for my not entering on statements which show how unfair it would be to hold that excellent Gentleman anywise responsible for the manner in which were obtained the Reports which the Commission presented as proofs for the guidance of a British Public;—but,

"Talk no more of this,

"The stars forbid it."

Respecting DANTZIC, however, great indeed was the light thrown on the question of high importance to society—that of the communicable nature, or the contrary, of the malignant cholera;—and most conscientiously did we find Dr. Hamett, of the Navy, discharge his mission.—The substance of his Reports to Government, was published by Highley, 32, Fleet Street, in September, 1832. In the collection of his materials, and the very able arrangement of them (in which he was powerfully assisted by Mr. Gibsone, the British Consul in the above city),—Bacon himself could hardly have been more careful to avoid errors and to get at the incontrovertible truth:—every thing is clear—intelligible to the meanest capacity—not *promises* to be fulfilled *thereafter* (promises likely to remain a dead letter) but proofs immediately accompanying the assertion.

At page 12 of Dr. Hamett's Introduction to his printed Report, that Gentleman tells us:—"My opinion of the non-

contagious nature of the Epidemic, as founded on the results of my own observations and circumstantial inquiries at Dantzick, was, it will fully appear, in exact accordance with that of all the physicians who *actually observed and treated* the disease in the latter city.

“It would be out of place to enter into a detail here of the *trying difficulties and vexations* I met with for some time, after my arrival in England. I have the clearest evidence, that the character of my circumstantial and complicated labours was *misrepresented*. This I could not have anticipated. However, the liberal and experienced of the profession will readily admit that the steps, which, it will appear, I pursued in the investigation of the late Epidemic at Dantzick, were such as *I was bound* to adopt; and I feel assured that they will not deny me the credit of having faithfully and fully performed the responsible and arduous service assigned to me by Government.

“In the performance of that service, I must say, I was particularly fortunate in the advantages which I had of obtaining information on the subject of Cholera. Two of the Medical Commissioners, sent to Moscow by the Prussian Government to study the nature of the Epidemic in that city, were in Dantzick during its prevalence there:—namely, Dr. BARCHEWITZ, Medical Commissioner of the Regency of the Province, and Dr. DANN *tertius*, Physician of Cholera Hospital No. 3.

“Dr. BAUM, the distinguished Physician-General of the Town Hospital, who was the first volunteer on the list to investigate the Epidemic on its first appearance, when it was imagined to be contagious, entered, as much as any physician possibly could, into its nature; and Dr. DANN, senior, a veteran practitioner in Dantzick, who, amidst his extensive general practice, saw cholera patients from the commencement of the Epidemic with as much unconcern as he did other patients in a dangerous state from other

complaints. The same, indeed, I should mention of Dr. SINOGOWITZ, and other observant practitioners in that city.

“To Messieurs HOENE and MIX, highly respectable merchants in Dantzick,—and to the Physicians, who not only kindly afforded me every facility in prosecuting my labours in the investigation of the Epidemic, but furnished me with a mass of circumstantial information relative to it, I am certainly very much indebted. In medical science, I found the latter unbiassed and accurate observers, guided solely by facts. To Dr. BARCHEWITZ, I am, above all, particularly indebted for his circumstantial and able communications to me,—and, more particularly, for copies of his valuable Reports to the Regency, on Cholera, in the districts of Neustadt and Elbing; and for his admirable paper on the question—‘Is Cholera contagious?’—All the facts in my last article on *The Question of the Contagion of Cholera more fully considered*, relative to Moscow, St. Petersburg, and other places in Russia, with those given of the places in Prussia, not within the district of Dantzick, are drawn up from that paper, consisting, as can be readily proved by him, of well-authenticated facts. Not only for the information last mentioned am I indebted to this scientific and conscientious gentleman, but for other valuable information contained in that paper. All these original papers are authenticated by Mr. GIBSONE, the British Consul in Dantzick.

“To Mr. GIBSONE I only wish it were in my power to evince my respect and gratitude. Not for his liberal hospitality alone am I particularly indebted to this gentleman; he rendered me every assistance, furnished me with well-attested facts in corroboration of the conclusions which I had arrived at from my own observations, and translated authentic documents,—the substance of which, with the General and Separate Lists translated by him, I now present to the public; in fact, he was my fellow-labourer in the investigation of the Epidemic in Dantzick.

“To my labours in that investigation the Government and the public had certainly every claim,—but my professional reputation, whatever it may be, is my own natural right; for who can justifiably condemn or approve my conclusions until after he has maturely considered and weighed all the facts upon which they are founded?—Left, under such painful circumstances as I have mentioned, *solely to my own resources*, I was naturally induced to solicit,—and, soon after, was graciously granted, in the beginning of May last, permission from the Lords of the Council to present to the public the Substance of my Official Reports; but it was not until after the 4th of August, owing to certain intervening circumstances, which kept me in a protracted state of disquietude, that I could well commence the execution of this important duty.

“It will appear from the subjoined letter, with which I have been lately honored, that their Lordships are quite satisfied with the diligence and zeal which I evinced in the performance of my late service, though not, perhaps with reference to the principal point of my experience,—namely, that Cholera is not contagious, or *communicable* as it is *now called*, in its nature. For my own part, I feel persuaded that the impartial and most experienced, as well as the scientific and talented of the profession, will have no hesitation in admitting, from the multiplicity of facts which I have adduced, that I am right in my conclusions on the essential point.

““ Council Office, Whitehall,

““ 25th August, 1832.

““ SIR,

““ I am directed by the Lords of His Majesty's Most Honourable Privy Council to inform you, that they will accept with pleasure the dedication, which you are desirous of making to them of your Medical Reports on Cholera; and their Lordships take this opportunity of renewing to you the assurance of their satisfaction at the

diligence and zeal, which you evinced in the performance of the very arduous duty imposed upon you, in your Mission to Dantzick, in June, 1831.

“I am, Sir,

“Your obedient Servant,

“C. C. GREVILLE.

“To Dr. Hamett.”

(Signed)

“JOHN HAMETT.

London, Sept. 3rd, 1832.”

In the above the Nation might have had a specimen of the *fairness* displayed, on a question of vital importance, towards those whose exertions, as in duty bound, had been directed to recording the truth rather than squaring their statements to the purposes most suitable to quarantine measures. I was in London in 1832 when Dr. Hamett had his Documents prepared for the press, and had ample opportunities of observing his deep affliction at the treatment he had experienced after the meritorious manner in which he had performed the honorable service which Government he had confided to him.—I don't know whether it was any consolation to him to learn from me, that I had greatly endangered my future prospects and actual position in 1828 at Gibraltar during a yellow fever epidemic of between four or five months. To have acted on that occasion, contrary to all facts witnessed by me and by every Regimental Surgeon in this Garrison at the time,* would have been no less than the adoption of a principle fatal to those committed to our care; and, accordingly, though Sir Wm. Murray was ALLOWED (not *ordered* as we all then believed) by the single-minded Sir George Murray, then Secretary for the Colonies, to come out here, but only and expressly in the capacity of a *Quarantine Officer*;—we Regimental Surgeons remained faithful to our duty of acting up to our convictions founded on daily experience, though Sir Wm.

* Against the idea of Contagion.

Pym, contrary to Sir George's directions, had contrived (strange to say!) to become invested with authority over us all,—when OUR INTERESTS, if we had consulted them for a moment, pointed directly to giving him satisfaction.

All these matters must hereafter be “dragged into day,” if it shall please God to grant me health for the task of writing on the important subject of yellow fever. I may here add, that, if the history of yellow fever epidemics be gone into from that at Philadelphia in 1793, when Dr. Rush was chief physician, it will be found that it has too often happened that those physicians who have dared to give opinions contrary to the views of persons in authority, have incurred odium, and have frequently been persecuted, even to confinement and exile.—In Spain certainly confinement or exile (*destierro*).

A further glimpse of the manner in which obstacles were thrown in the way of truth being conveyed to high Quarantine places in former days, is to be found in a communication from an accomplished young Physician returned from the Continent a short time before, which was inserted in the *Times* of 24th February, 1832:—

“Sir,—I take the liberty of troubling you with a communication which I have received from Vienna, on the subject of the cholera, which may perhaps be worth your reading, as it contains the opinions of two gentlemen who have had considerable experience during the prevalence of the late epidemic at the Austrian capital. I showed the original to Dr. Babington of the city, who, I believe, is one of the Board of Health. He considered the paper of sufficient importance to be worthy of a place in the *Cholera Gazette*, and accordingly introduced me to Dr. Russell who expressed himself desirous of having it;—he said, indeed, he should be ‘personally obliged to me for it, and that the Board would also be grateful.’ I was thus induced to translate it; but, on calling afterwards on Dr. Russell, I was surprised to find that he objected to give the paper a

place in the *Gazette*, saying that, 'as the author set out upon the principle that the disease was not contagious, it would be quite contrary to the views of the Government, or indeed of the *Gazette* itself, and entirely counteract their designs.' I told him I was not aware that they had any particular motive in view, or that they wished to consider one side of the question more than the other; but that (supposing truth to be the object) they would be happy to receive any information which was founded on experience, and likely to benefit mankind"!! Would it not be fair towards the Authorities to suppose, that some mistake on the part of this Gentleman existed here?

Before altogether quitting the subject of cholera in Prussia, in 1831, it may be worth stating, that, the King, having found that Cordons and Quarantines put no check to the disease in his Provinces, and that its actual presence had thrown "a *new light* upon the question," His Majesty specified certain restrictions as to intercourse, which were forthwith to be removed, and declared his intention to modify the whole of the Regulations.

What remains to be sketched on the subject of the transmissible nature, or otherwise, of the Cholera in 1832, in FRANCE, will only take up a little space.—As in other countries, some acts of violence were at first committed by the lower orders, especially against Medical men;—but, on the point I am particularly considering, I think that, in the minds of professional men every where, adding one word in support of the statements of the eminent Physicians whose names are affixed to the following documents, would be rather likely to take from the weight of their declarations.—Medical men admitting, that they do not know them by repute, would indeed "argue themselves unknown." Without any disparagement to those worthy and most zealous professional gentlemen called upon to

attend patients in cholera seasons in England and elsewhere, the distinguished Physicians of Paris have, I think, been always unequalled for laying aside, in Epidemic times, all considerations of a personal nature; as shown in the Typhus* epidemic which prevailed in their army on its return from Moscow, and during which the physicians suffered in Paris; and as also shown in the cholera season there in 1832, when they altogether disregarded the loss which they might have sustained, and did sustain, by neglecting the aristocratic patients on their lists for other diseases. My readers cannot fail to observe the extreme simplicity of the wording of these declarations:—here is no compromise with the question,—no ‘*jugleries*’ as such things have been termed in France;—in short, “they order these things better in France,” it would appear.

The following are the declarations of the Physicians above alluded to, which were published by me here (Gibraltar) several years ago:—

“The undersigned Physicians and Surgeons of the HOTEL DIEU think it their duty to declare, in the interest of truth, that, although, up to the present time, this Hospital has received the greatest number of persons affected with the Cholera, they have not observed any circumstances which authorise them to suspect, that the disorder is contagious.

“Petit, Husson, Magendie, Honou, Sanson,
Gendrin, Recamier Dupuytren, Breschet,
Gueneau de Massy, Cailliard, Bailliou.

“Done at the Hotel Dieu, Paris, 31st March, 1832.

* It appears to me worth remarking here that, in the Typhus fever which attacked our men after the retreat to Corunna under the lamented Sir John Moor, the disease (*Typhus gravior*) so intense in form that extensive sloughing of the muscles of the legs was far from uncommon,—the fever, throughout, continued to be confined to the officers and men who had gone through the retreat.—At Colchester, where I was stationed with the 43d Regiment, this was certainly the case with the Regiments in Barracks there. Many officers and men had joined after the arrival of the Corunna men. The difference in regard to results as affecting Medical men, between the Moscow and the Corunna armies, probably arose from the former being accommodated in crowded hospitals in a thickly crowded city.

“The undersigned Physicians and Surgeons of St. Louis’s Hospital have waited until their observations had been made upon a sufficient number of cholera patients, before they gave an opinion on the contagion or non-contagion of the Epidemic.

“Now they declare, that they fully adhere to the declaration of their honourable colleagues of the Hotel Dieu on the non-contagious nature of the cholera.

“Alibert, Lugol, Biett, Manry,
Emery, Gerdy, Jobert.

“St. Louis’s Hospital, Friday, April 6, 1832.

“Happening to be absent yesterday when my colleagues thought it their duty to draw up a public declaration on the non-contagious nature of the *Cholera morbus*, I think myself bound to declare, that I fully adhere to their opinion on that subject.

“Richerand, *Chief Surgeon of St. Louis’s Hospital.*

“Saturday, April 7.

“HOSPITAL OF NOTRE-DAME-DE-PITIÉ

“The Physicians and Surgeons of this Hospital have abstained, to this day, from expressing their opinion on the contagion or non-contagion of the *Cholera morbus*, waiting, before they did so, until facts had enlightened them on a question of such vast importance, and so highly interesting to public tranquillity.

“Now that the Epidemic is declining, and that thousands of facts, collected by them in and out of the Hospital, have impressed upon their minds the conviction, that the Cholera

morbus is not contagious, they deem it their duty to give the utmost publicity to this fact.

“Serres, Louis, Clément, Andral,
Parent du Chatelet, Bouillaud,
Lisfranc, and Velpeau.

“Paris, April 30, 1832.

“*Moniteur.*”

In speaking of SPAIN, it must be considered that, though the Government of that country could not have been unaware of the inefficacy of quarantines and cordons in keeping the cholera out of other countries, and of the vexations brought on by those measures, they nevertheless did not deem it prudent to remove at once all restrictions, the feelings of the people in favor of such restrictions, from their earliest days, being perhaps only equalled by those of the inhabitants of Italy or Malta:—and, accordingly, it was not till they had experienced, on their own soil, much of the distressing consequences of the cruel and useless system referred to, that the Queen Regent issued the Decree given below, with and by the advice of the Ministry.

Indeed, the issuing of this Decree must be considered as having been a singular triumph for the cause of truth, when it is recollected that, notwithstanding the repeated efforts of some of their most experienced and enlightened medical men, the entirely false doctrine of contagion in Yellow Fever, as well as even in Consumption, maintains its sway.*

* In the case of death from Consumption among our kind neighbours, great are the scrubbings, the fumigations, filings, the unplastering of the walls, the lustrations, and even the burnings (all under sanction of the Authorities too).—Indeed it was lately stated to me by a Spanish Gentleman, that he knew of a carriage having been broken up some time before:—all to destroy latent contagion. About 8 years ago, admission into a lodging in St. Roque, a town about 5 miles from Gibraltar, was refused to a respectable young woman from this Garrison laboring under Pthisis!

DECREE.

“From the moment when the disease, known under the name of the Asiatic Cholera Morbus, after having overrun the greater part of Europe, invaded Spain, and appeared, in the month of August, 1833, at the entrance of the Guadiana, the Government omitted nothing with a view to confine the disease to that spot; and, for this purpose, established Sanitary Cordons, and put into execution other measures deemed, on former occasions, proper for the preservation of the kingdom from the introduction of *contagious* diseases from other countries. The Government, while dictating such measures, was not impressed with much confidence as to their efficacy; but, aware of the moral effect of a popular bias, considered them serviceable in tranquillising the public mind,* and thus mitigating the effects of the calamity which menaced us. In the mean time, passing over the barriers which had been established to prevent its propagation, the disease quickly extended to Seville, Estremadura, and even to Malaga, Cordova and Granada: and, if it remained stationary for some time in the last place, it exploded suddenly afterwards throughout the whole of Andalusia, and presented itself simultaneously beyond the cordons in New Castile.

“The progress of the Cholera has been duly observed by the Government and the people:—different Authorities and Corporations have raised their voices in affliction to the Throne, praying, with patriotic fervor, for a modification of those laws which cut off intercourse between communities,

* Produced, as the Minister Martinez de la Rosa lately said in his Speech in the Cortes, “a sort of comforting illusion” among the people.—In the Speech in question it could have been observed how, by having recourse to often-refuted statements, that Minister tried to justify the sanction given by Government to the extensive system of cordoning in Spain.—The Minister of the Interior, speaking on the same subject, said, that, but for the feelings of the people, cordons would have been sooner suppressed:—how like to parents who, having encouraged in their children a belief in ghosts and goblins, find it afterwards no easy matter to undeceive them!

and which, failing to prevent the progress of the disease, caused evident and excessive mischief, in an economical as well as an administrative view :—for, paralyzing traffic, and rendering impossible an abundance of supplies, they condemn populations, on the speculation of avoiding a doubtful evil, to suffer the certain evils arising from scarcity and misery, by which the number of victims to the disease is increased ; the evil consequences are extended even to places where the disease does not appear ; and, finally, public ruin is liable to ensue.

“ The justness of these reflections being confirmed by the system adopted and followed by two enlightened Nations at the head of European civilization, and even by others who, in the first instance, having adopted Cordons, subsequently abandoned them, declaring their inefficacy,*—Her Majesty the Queen Governess has been pleased to direct, that the Supreme Board of Health of the kingdom shall introduce the necessary changes in the sanitary regulations ; and it has accordingly been resolved,—

“ Art. 1.—All Cordons, established with a view to stopping the progress of the Cholera, are to be removed ; and all internal communications to be as free as before their adoption.

“ Art. 2.—All Civil Governors, Municipalities and local Authorities, to maintain the free communication between places ; they will protect travellers from the vexatious measures adopted under the plea of sanitary measures ; and inform those in authority under them of the bad effects of the system of isolation, and cutting off communication with others.

“ Art. 3.—The aforesaid authorities are directed to be zealous in seeing the laws and the police regulations, connected with public health, carried into effect : they are to attend to the abundant supply of wholesome food in the different towns ; and they will do all in their power to

* The Governments of Russia, Prussia and Austria, are here referred to.

convince the inhabitants, that the best preservatives against cholera and all other diseases, are cleanliness and proper diet.

“ Art. 4.—When the epidemic appears in a town, the authorities are to adopt all the steps calculated to maintain cheerfulness and tranquillity of mind among the people, and to discourage whatever may tend to melancholy. The customary aids of our holy religion are therefore to be administered to the sick with precaution, so as not to impress the healthy with melancholy and injurious feelings; and, when persons die, the ceremonies, calculated to produce sadness in the minds of the people, should be avoided, and the tolling of bells is therefore to be discontinued on such occasions during epidemics.

“ Art. 5.—The following are recommended particularly to the attention of the authorities in those towns where the cholera appears:—the establishment of hospitals in well-ventilated situations; the distribution of soup to the indigent; the employment of labourers on public works; and the taking up and placing under special management all beggars:—employing for these different purposes the funds arising from subscriptions to be set on foot at the commencement, together with those referred to in the Royal Order forwarded on the 11th of July last from the department under my charge.

(Signed)

“ JOSE MARIA MOSCOSO DE ALTAMIRA.

“ Madrid, 24th August, 1834.”

The following from the 11th No. of the Madrid *Boletin de Medicina*, and published in the Newspaper *Revista*, would seem to have been the harbinger of the above Decree:—

“ When we think, that we have demonstrated the cholera to be an epidemic, depending, in its development, progress, and disappearance, on certain atmospheric and individual states, which, though little understood, are not the less

certain, and also that it is not communicable by contact ;—when we see, with pride, that not only do all the Medical Men who have seen the disease in this City agree with us upon this point, but also the Government, the Supreme Sanitary Board of the Kingdom, the Municipality of this city, the functionaries, and the whole of the people of Madrid whom we have seen anxiously going to the houses of the sick to aid them and afford them every comfort, instead of shunning them :—when, from such facts, we saw, that there was a conviction in the public mind as to the cholera not being contagious, and that, consequently, measures of restraint were not only useless but prejudicial, we were astonished at the order of the Commandant of the Royal Palace of San Ildefonso, consisting of eleven regulations, as severe and vexatious as they are impossible to execute ; and which, in ages less advanced in knowledge, were not adopted against diseases admitted unanimously to have been highly contagious. Our surprise was the greater when we ascertained, beyond all doubt, that, in drawing up those regulations, the Supreme Sanitary Board of the Kingdom had not been consulted,—nor those Medical Men who had seen the cholera, nor any person or body of persons who should have been consulted. So that we are warranted in concluding, that, in the formation of the regulations to which we refer, those only concurred who were strangers to science, and who were as ignorant upon the subject as they were full of a ridiculous panic ;—or, again, perhaps a few Medical Men, incompetent to judge, from not having observed for themselves, as we have, that epidemic against which such cruel measures were directed.

“ Our duty, as persons experienced on the subject, as well as public writers and persons interested in the honour of the medical profession in Spain, impels us to raise our feeble voice towards our august Queen, supplicating her, with all the zeal inspired by the public good, that, before she permits places, of which she is the mother, to be

afflicted with measures much more fatal (*mortíferas*) than the epidemic itself, she would deign to consult the Supreme Sanitary Board, or the scientific bodies, or else particular Medical men likely to be fit persons; so that, well-informed, measures might be the more prudently adopted, and those tormenting fears driven from her Royal mind, which, no doubt, have been inspired by the ignorant and pusillanimous persons who drew up the regulations in question; and it should not be forgotten, that, if, as is likely to be the case, they should, from a spirit of imitation, be adopted throughout the kingdom, incalculable injuries of every kind and the inevitable ruin of the nation are likely to follow.

“Since writing the above article we have ascertained, that, interrogated by Government on the subject, the Medical body belonging to the General Hospital of this city, composed of 17 individuals, declared the Cholera *not to be contagious*.

“The opinion of so many eminent and experienced Medical men is worthy of respect, and of great weight in support of our opinions; as is also the opinion of the Royal Medico-Chirurgical Academy of this City, which body gave a similar answer. And will persons continue still obstinately to suppose, that Cholera, like an enemy’s army, may be restrained by bayonets?—Will they continue, in spite of every thing, to increase public calamity by their useless vexatious measures?”

For the very satisfactory Decree above given, I have no doubt Spain was indebted to the exertions of a most enlightened Physician of the College of Salamanca, Dr. Seoane, Editor of the last, and by far the best, edition of Newman and Baretti’s Spanish Dictionary. In the London cholera epidemic of 1832, this Patriotic gentleman happened to be an emigrant residing in London, and, being a perfect master of the English language, from the moment the first cases were declared in Sunderland in the above year, no person of the profession could at all rival him in a

knowledge of the statistics of the disease, up to the appearance of the very last cases. Intimate with this worthy gentleman for some time, and having frequently the pleasure of his company during some months in that year, and sometimes when visiting some of the purlieus and back lanes about the famous parish of St. Giles's, in one direction, and of the no less famed Tooley Street in another,—it was always an extreme satisfaction to me to possess the remarkable advantage of hearing his remarks on the disease and its progress. Knowing his convictions on the subject of cholera, it was very agreeable to me to find that it was his intention to write for his Government, and the benefit of his country, an account of the malady as it appeared in England that season. It became necessary, before he undertook the task, to have the assent of the Spanish Ambassador; and, when my friend the Doctor informed me of the result, it was not an easy matter to preserve one's gravity: the following was the purport—"My good Doctor, if you begin by at once declaring the disease to be non-contagious, not a soul in Spain will believe you,—take them *poco á poco*," (by little and little) or words to this effect. And, accordingly, when I afterwards perused the book of my *confrère* of the College of Salamanca, I saw that the matter was wonderfully well managed, though, no doubt, it must have been most painful to a man of his logical frame of mind to present to his country sometimes the *post hoc* for the *propter hoc*, the *vraisemblable* for the *vrai*. However, those who may be induced to write the history of the epidemic cholera in England in 1832, should avail themselves of the very accurate and most interesting publication, in Spanish, by Dr. Mateo Seoane, printed by Homes, Took's Court, Chancery Lane. It will save them a great deal of trouble.

In the Edict above quoted the inhabitants of Gibraltar have now an assurance, that, should cases of cholera appear in this Garrison before the malady breaks out in Spain, we

shall not be subjected to be shut up within our lines of defence, and some thousands of our poorer classes reduced to extreme misery through want of employment, and depending altogether on the very inadequate subscriptions of those who can come to their assistance here (of late years a much more limited number than formerly on account of commerce not being in so flourishing state) and on contributions from England,—as was the case in the Yellow fever Epidemic in this Garrison, so late as 1828.

IN GIBRALTAR the disease, about the middle of June, showed itself in 1834, notwithstanding the adoption of Cordons and Quarantine measures throughout.—After its cessation, Sir Henry Bouverie, then Governor of Malta, very properly requested to know from our then Governor what were the principal measures adopted here during the prevalence of the disease; and, Sir Alexander Woodford having called upon me, then Inspector General of Hospitals in medical charge (and, *ex officio* 'Health Officer') of the Garrison, I thought it best to send in a copy of what I had forwarded to the Chief of my Department in London, on the cessation of the Epidemic here.

Every body who goes up the Mediterranean can vouch for the rigor with which Quarantine regulations are enforced at Malta; but, notwithstanding this, the cholera made its appearance there in 1837; and it was no small satisfaction to me to find that my document, forwarded to the Governor of that Island in 1834, and published in the *Malta Gazette* of the 27th August in that year, formed the ground-work of the course pursued during the disease in the large population of that Island. Great, indeed, was my happiness on finding that, instead of ruinous restrictions and a fatal system of segregations, as in olden time acted upon in most Epidemics, every thing, as I have been as-

sured by persons in authority, passed off lightly as at Gibraltar; so that I felt remunerated for all the attention which, as stated at the commencement of these pages, I had paid to the study of cholera, and for the excessive labour (not to speak of sacrifices of various kinds) which I had bestowed in endeavouring to gain, as will shortly be seen, whatever knowledge could be then obtained upon the subject, by my personal visits to the hospitals, poor-houses and domiciles, of the sick from Kensington and Chelsea, to Bethnel Green, on one side the Thames; and from Lambeth to Rotherhithe, on the other.

Suppressing some compliments from the Editor, my giving the extracts from the *Malta Gazette* will, I think, convey a sufficient idea of the measures adopted in that Island as well as at Gibraltar.

[From the *Malta Gazette*, August 27, 1834.]

CHOLERA MORBUS.

“The high degree of interest attached to the practical observations of experienced men upon the nature of cholera, induced our Lieut.-Governor to solicit every information upon the subject from the Authorities at Gibraltar, where the disease has been lately, successfully and promptly treated. We have, in consequence, been favored with a copy of a very important and candid Report, drawn up by the Principal Medical Officer of that Garrison, Dr. Gillkrest, which, while it agrees with all that has been before said upon the inexplicable character of the disease, contains some most interesting and useful matter, calculated to remove false notions respecting the nature of the cholera, and overcomes the apprehension of contagion,—an apprehension which, it is too much to be feared, is sometimes a proximate cause, or at any rate a great encourager, of the malady.

“Dr. Gillkrest had seen a vast number of cases of cholera

in England some years ago, previous to his appointment to the Staff of Gibraltar. His experience, therefore, added to the weight of his professional character, throws upon us imperatively the duty of publishing, for the benefit of all, some portion of his remarks. They are written, too, in a style so unassuming, that one feels convinced he is not upholding any particular theory or system, but that he is engaged in the cause of humanity and truth; and, in the same cause, he will doubtless permit us to avail of them.

“We confine our extracts to those passages which are of general import, leaving out what is local or particular to Gibraltar. If an experiment had been purposely made to ascertain whether the cholera be contagious or only epidemic, we are assured by a very competent judge in such matters, that no results could be more conclusive than those witnessed in three different situations, namely, in Gibraltar, Portugal, and Andalusia, as described by Dr. Gillkrest: they appear to demonstrate that the cause of the disease existed in the atmosphere, and was independent of contagion or infection.

“‘The subject of cholera (says Dr. Gillkrest) is too familiar to me to admit of my troubling you with *conjectures* as to the probable causes of its appearance here, or of its cessation.—The same mystery hangs over every point regarding it, which has been admitted everywhere else.

“‘The epidemic has passed off at Gibraltar,—first, without the recommendation of vexatious measures calculated to prove galling or injurious; secondly, without any very material expence having been incurred; and, thirdly, in a shorter time than at any point in Andalusia where it has reigned, and which it would be presumption to attribute to the agency of human power.

“‘From the occurrences in Spain regarding cholera, more perhaps than in any other country, has the world received a lesson which it is to be hoped may not be profitless, as to the utter inutility of, or, to speak with more precision, the

absolute mischief arising from, the system of isolation and cordoning. In Spain, this system has been endless;—in every town and village have guards been placed over the houses in which the first cases appeared; around every town and village have military or civil posts been placed to cut off all communication with ‘suspected’ places; at every town and village have ‘purifications,’ even of letters, taken place. In Spain have all these things occurred, and in no country more than in Spain has the course of the cholera proceeded with less interruption, or the disease itself reigned more pertinaciously;—while, in a neighbouring country (Portugal) where war placed it out of the question to carry on the same system, had the authorities been so disposed, the disease only shewed itself in a few places, and could hardly be said to have reigned in more than one as an Epidemic. Even at places in Spain within our view, a panic was inspired by the accounts of certain interested persons, in other countries, as to the characters of the disease.

“‘With us indeed, accustomed as a portion of the population had been to see more or less of the same system enacted here formerly in the case of *Yellow fever*, very little would have served to inspire the same panic as that which I have referred to as existing among our neighbours. But, the Authorities having, within the town and territory, confined themselves to those measures which have the best claim to be deemed *sanitary*, the moral effect on the population was manifest;—all the business possible under our circumstances, was transacted freely; and the people took their exercise and recreations in the open air, pretty much as when no epidemic reigned.

“‘Here, as almost everywhere else, the upper classes have escaped, with very few exceptions. Mrs. ———, who fell a victim, had only arrived at Gibraltar a few months ago:—she was extremely nervous on the subject of the cholera, endeavouring constantly to obtain information,

through servants, &c., as to the progress of the disease. Among the Officers, Lieut. and Adjutant Aldrich of the 5th Regiment was the only individual attacked with characteristic symptoms which proved fatal in a few hours.

“ ‘ Among Medical men, amounting, civil and military, in this Garrison, to thirty, the majority of whom, in the zealous discharge of duties the most laborious, were almost exhausted, none fell victims ; though, in a few, certain symptoms, indicative of an epidemic influence, took place, as might, under the circumstances, have been expected. The number taken ill however, with symptoms in any degree resembling the epidemic, has been short of the number of Medical men taken ill in our epidemic catarrh, in the early part of this year.

“ ‘ No Clergyman, of any persuasion, has been attacked, although the whole have performed their duties in the most exemplary manner.

“ ‘ Here, in the case of cholera, as in the case of our epidemic catarrh last year, the complaint passed, sometimes, through families, sometimes not ; and, when attendants on the sick have been exhausted, they too, in some instances, have been attacked.

“ ‘ All the Medical gentlemen were left pretty much to follow their own views, founded on experience or otherwise ; and, though much confidence was felt by those who were resolved to spare no exertions for the benefit of their patients, yet have all been forced to acknowledge the impotency of human efforts, in the majority of cases of this disease in a formidable form.

“ ‘ With respect to cholera in its mild form, and of which by far the greater number of cases on our lists consists, little need be said,—putting the patient to bed, and observing a strict regimen, being perhaps of more consequence than the exhibition of medicines. The merit of Regimental management lay with those who prevented mischief (arising from panic, or false views imbibed) by in-

ducing their men to submit to early treatment, in the only place proper for such treatment,—the hospital.

“The manner in which other complaints not unfrequently passed, during our epidemic, into forms of cholera, of more or less intensity, exhibited the peculiar influence of the period;—even persons in a delicate state, or under management for Surgical diseases, seemed more liable to attacks.

“I should not be justified in drawing any inference from the state of the Thermometer, Barometer, or winds.—Our average heat, during the month of July, has been 82° —the maximum having been (one day only, 17th) $85\frac{1}{2}^{\circ}$.”

I will now add explicitly that, on the above occasion, there was no more reason for considering the disease as being propagated from person to person by contagion, than on any of the occasions furnished by other persons in the various places already specified in India and the continent of Europe.

MALTA having, like Spain and other countries, attained greater knowledge of the cholera by experience, no apprehension need be entertained, if the disease should reappear in that kingdom, of the readoption of those rigorous quarantine measures which were excusable while its non-contagious nature was not so generally admitted.

CORFU is one of the few places which has, up to the present time, been so fortunate as to have remained free from the scourge which has afflicted so many other countries.

I must beg for a moment to be allowed to return to the Malaga epidemic cholera, for the purpose of noticing a Memoir on the Epidemic of 1834 in that City by Dr. José Mendoza, which I did not see till very lately. It is a book of very great merit, indeed. The author notices what I have not met with in other works on cholera, *viz.* the extension of the noxious atmospheric influence to the lower

animals, though it had been vaguely talked of in other places, and though it had been well authenticated in epidemics of other kinds. This Gentleman says, page 49, that,—“It was also observed, from the commencement, that many *cats* labored under the symptoms of cholera and died in a few hours. The singularity of the mortality having been confined to cats, I cannot attribute to any other cause than to their feeding exclusively on fish; and, in fact, it was remarked that numbers of them (*infinitos*) became giddy and were attacked with characteristic symptoms immediately on feeding on sardinas, and died shortly after.”*

In criticising very severely some mischievous laws which had been enforced, or attempted to be enforced, at one time, during the Epidemic at Malaga, Dr. Mendoza remarks on the 6th Article interdicting the exit of the people from the city:—“The mere consideration of the 6th Article is enough to fill one with horror. To oblige a Medical Board—a Corporation formed for the preservation of the public health, and which ought to possess influence, at the same time that it is bound to benefit the population which it represents—to declare publicly, and at an early period, the existence of a contagious disease in the city, and at the same time rigorously to prohibit the emigration of the people, and require the commanding Officers of troops to proceed immediately to cut off all communication without reserve or hesitation,—is the greatest tyranny, and nothing

* Immediately after our severe Yellow fever Epidemic at Gibraltar, which, as mentioned higher up, lasted five months, I drew up a very full and clear account of all the occurrences of any importance connected with it, as well among the Military as the Civilians;—every page of that account was, while in rough, submitted to my excellent colleagues, as drawn up in the surgery of the hospital, in order to secure it every chance of being as free as possible from error. The same copy has since remained in my possession, forming, with comments on similar Epidemics in other parts of the world, 336 pages of closely written foolscap-sized paper, for reference on all future occasions. In that manuscript I find some details of deaths to a remarkable extent among the lower animals at Gibraltar during the epidemic season; the most remarkable having been that of nine dogs, as related to me by the late Mr. Duguid, on the extensive mercantile premises of that Gentleman; two of which, with yellow skins, I saw at the time.—An unusual mortality was stated also to have prevailed among the goats of a certain proprietor;—a monkey had died, too, with yellow skin, besides a parrot and other birds, of all which I retain notes.

short of making a person swallow by sips the cup of bitter poison which must deprive him of existence, as a remedy for his sufferings. One cannot conceive how, in the 19th century, a step of this kind could have been proposed. To a similar measure were owing the horrors at Barcelona during the [yellow fever] epidemic season there in 1821."*

AS TO PORTUGAL nothing more can be said respecting the cholera in that country in 1834, than that, while it prevailed to a great extent in other countries in that year, the civil war prevented the adoption of cordons and of measures of restriction between the different provinces, and that the disease only prevailed to a comparatively very limited extent in that country.

* And here, what are we to say of those by whose overstrained quarantine measures the devoted crew of the steam-ship '*Eclair*' were, while in our waters in England, in September 1845, obliged to remain for days INHALING THE FOUL AIR GENERATED ON BOARD THAT SHIP, FORCED, AS IT WERE, TO TAKE CUPS OF THE VERY SAME KIND OF POISON, AS IS HERE REFERRED TO BY DR. MENDOZA IN THE EPIDEMIC OF 1821 AT BARCELONA? Call you this a '*sanitary*' measure? What are we to say?—The press and the world at large have passed their opinion long since, and it would be no easy matter to find additional expressions of deep and loud censure. In the Official Correspondence on the subject of the above unfortunate vessel, published in 1846, it will be seen by the letters of Lord Aberdeen and of our Ambassador at Naples, how embarrassing it proved to our Government to find, that the doctrine so pertinaciously and cruelly enforced by the British chief of Quarantine, had recoiled on England and Malta, steps having been adopted against the whole of the former by the Neapolitan Government.

PART III.

THE LONDON CHOLERA.

And now, being about to speak of the LONDON epidemic cholera of 1831-2, of which I had opportunities of seeing a great deal, it is not my intention to attempt to give a history of the first cases *in England*, with regard to which all was as vague and uncertain as it seemed to be in other countries. While some persons fixed on Sunderland as the place where the first cases appeared, others fixed on distant points for the appearance of isolated cases some time previous; while a third party, to which a portion of the press had allied itself, maintained, in the hope of preventing injury to commerce, the non-existence of malignant cholera in London, for a considerable time after undoubted cases had presented themselves throughout the Town.

My personal knowledge of the Spanish Physician, Dr. Seoane, mentioned at p. 40, and especially of his great industry and tact in drawing up statistical documents, induce me to place every reliance on his Account of the progress of the epidemic in England, in 1831-2; and I am therefore led to take from him the following summary, premising that he was one of the first foreign physicians who visited the North of England on the appearance of the cholera there.

Taking Sunderland as the central point, the disease was observed, for the first month, not to extend itself beyond that town; in the second, it appeared 100 miles off to the

North, at Haddington, in Scotland;—to the South, at 4 miles distance only, and to the North-East at from 15 to 20. In the third month, that is, from 23d December to 23d January, it extended 17 more miles further North,—that is, to Edinburg; while it did not extend at all to the South. In a Westerly direction it extended a few miles; and, to the North-East, in the neighbourhood of Glasgow, 180 miles from Sunderland. In the fourth month (ending 23d February) it manifested itself in London, 260 miles from the then nearest place where it prevailed; and, in all this month, it did not extend to the North or South, and only about 19 miles to the North-East in the direction of Glasgow. In the fifth month, from the 23d of February to the 23d of March, it remained confined to London; and, in Scotland, extended 30 to 40 miles more to the North and some 19 miles to the West. In this month it also appeared at Ely, in the centre of England, 67 miles to the North-East of London, and more than 200 miles North of the nearest infected place.

Dr. Seoane tells us, that, though he uses the words *extended itself* in his book, he is not to be understood as meaning *progressive extension*, or that it attacked one place after another till it reached the place of its termination within the specified month, for, it can be stated that it rather leaps (*'salta'*) than, properly, *extends*. When it manifested itself in Haddington, on the 17th December, four-fifths of the places between it and Sunderland did not suffer from it. Indeed, the greater part of them had never been attacked at all up to the time of his writing. The same occurred in regard to Glasgow:—when it shewed itself in the neighbourhood of that city, at about 80 miles from Sunderland, the greater number of the towns and villages situated between the one and the other did not suffer; and very few had suffered at all up to the time of his writing. In England the cholera very rarely followed a progressive continuous course; and its propagation was irregular in

its mode and in the rapidity with which it traversed distances, if it is proper so to speak.

This leaping of the disease [manifestly a wrong mode of expression, as, if there is any *leaping* in the case, it must be *of the cause* of the disease] was, as Dr. Seoane observes, noticed in the cholera with which Germany was visited in 1831. This, the Doctor thinks, was the cause of the inefficacy of all sanitary (as he is pleased to call them) cordons; for, while the Authorities were surrounding one place with a cordon,—lo! *presto!* it made its appearance at 8, 10, or 15 miles behind the cordon. Remarkable facts of a similar kind are shewn by Dr. Seoane to have occurred throughout England, in the Epidemic of 1831-2.

The same Physician makes some very remarkable observations on the progress of the cholera at Haddington and in the neighbouring Towns: he states, with respect to the former place where the disease, when it first broke out, *was limited to about 200 yards square*, notwithstanding the freest intercourse with other places, and great commerce,—that all the cholera cases occurred among the inhabitants of the limited space just mentioned, and, though most of them belonged to the depressed classes, some wealthy individuals were also attacked. In a second eruption there were but very few cases in the locality where it had previously appeared; but it also selected, on this second visitation, a particular locality, equally limited, in the centre of the town. “It being worthy of notice,” says the Doctor, that “in this second appearance of the malady, a great proportion of those attacked belonged to families in independent circumstances, and very rarely, indeed, was there more than one individual attacked in such families; and, almost without exception, the individual, attacked, had some natural or acquired predisposition to gastric complaints.” Throughout, Dr. Seoane seems to acknowledge his inability to trace the disease from the sick to the healthy.

With the most ample evidence of the correctness of the very important facts just related by Dr. Seoane, which occurred while he was in the North of England, at the first appearance of the cholera there (the end of 1831) we can imagine the repugnance experienced by that Gentleman, to act the part of a *Politico-Medical* agent, by seeming occasionally to lean to contagion, in compliance, it is fair to presume, with the recommendation of Zea Bermudez, the Spanish Ambassador in London, as noticed above.

Before closing the subject of the cholera in Scotland, I would beg to be allowed to make the following short quotations from a letter of Staff Surgeon Marshall who had served in India, which appeared in the *Glasgow Herald* of 5th August, 1832 :—“In no one instance did the cholera seem to prevail among people residing in the same house or Barracks, so as to excite a suspicion, that the contact of the sick with the healthy contributed to its propagation.” —“That the disease is ever propagated by means of personal contact, or by the clothes of the sick, has not, as far as I know, been satisfactorily proved: the quality of contagion was never attributed to the disease in Ceylon, and I believe nowhere did it occur with greater severity.”

Having had interviews in London with the celebrated Dr. Magendie of Paris, on his return from Sunderland where he had been sent by the Academy of Medicine (as one of its most experienced members in investigating Epidemics) to ascertain the nature of the cholera then prevalent there, I learned, that this Gentleman reported, officially, to the French Minister, Count d'Argout, that the disease possessed no contagious property whatever; and I afterwards found that he had the temerity (*temerity*, considering the amount of interests at stake) to state that, if Governments wished to get rid of contagion, they must not employ Quarantine people.

On the appearance of the first cases of cholera in London, I resolved to make myself acquainted, as far as possible, with all the phenomena of the disease, by personal visits to those spots where it prevailed; and, well aware, from occurrences during the yellow fever epidemic of 1828 at Gibraltar, of the importance of tracing first cases in order to ascertain how far contagion might have been an agent in the extension of the disease, I made every possible effort to obtain such information on the point as could be relied on; but the great size of London seemed opposed to obtaining any incontrovertible evidence on the occasion. It had been frequently noticed by inquirers into the nature of cholera in other countries, that places, situated on the banks of rivers (whether navigable or not) were less liable to exemption from the disease than others; and, on the whole, this was certainly the case with regard to the Thames, though it constantly occurred, towards the close of 1831, that, when an early case was announced at such or such a point, the announcement, on the very next morning, would appear of a well-authenticated one some days before, at such or such another, so many miles off. For my part, greatly as I had endeavoured by frequent visits to different parts of London, to ascertain this point, I could never take it upon me to affix the first case to a particular individual:—while, for instance, a ship-scraper or a coal-barge-man was spoken of at one time, it occurred, about the same time, that two miserable women, who gained their wretched living by picking out of the mud, for sale, the rotten oranges and other articles left daily by the tide, had had attacks which proved fatal. Accompanied by Dr. Costello and a few other Gentlemen, I saw the corpses of these persons at the Shadwell Cholera Hospital; and the result of all inquiries left no doubt at all of their having died of the true malignant cholera.

It may be desirable to give here a sketch of the places in London and the neighbourhood, which I visited in the

course of 4 or 5 months of the cholera season, for the purpose of obtaining information regarding the disease. Some of these places had been frequently visited by me, while time, as may be supposed, only admitted of an occasional visit to others;—Lambeth Cholera Hospital; St. George's in the Fields Cholera Hospital, one of the earliest established in London; Union Street Surry Dispensary; Guy's Hospital; St. Thomas' Hospital, Borough; Bermondsey, St. Olive's poor-house; and St. John's poor-house.—On the left of the river, Chelsea Cholera Hospital; at Kensington, isolated cases; Vauxhall Road, Guards' Cholera Hospital; Regent's Street, Vauxhall Road, 2d Cholera Hospital of the Guards; Marylebone Cholera Hospital; St. Giles's Cholera Hospital; Cholera Free Hospital, Greville Street, Holborn; Tower Cholera Guards' Hospital; Cholera Hospital, Algate, City; Bethnel-Green Cholera Hospital; Cholera Wards attached to "Red-house" Lunatic Asylum, Bethnel-Green; Cholera Wards attached to "White-house" Lunatic Asylum, Bethnel-Green.

Not Officially employed at any of the foregoing places, for reasons which may be surmised from what is stated, at p. 32, respecting the *particular object* (the establishment of contagion) of the old Board "of *Health*" of London, my daily occupation was, to a greater or less extent, as far as my physical powers would admit, to give at some places the results of the experience acquired in others;—noting, as far as was possible, any circumstances particularly worthy of observation, and communicating them to Newspapers and Medical Journals, for the public benefit. To the many Medical Gentlemen by whom I may still be remembered, and who received me so courteously and kindly in those days, not only at Hospitals and poor-houses, but in the dwellings of their poor private patients, I never have ceased to feel most grateful.

Keeping to the principal object of my present undertaking in writing these pages, namely, to support the in-

controvertible doctrine of the non-contagion of the cholera, which is now so happily adopted by Government at home;—the most striking circumstances in the course of my daily visits in London, were, 1st, the infrequency of more than one in a family suffering under an attack of the prevalent disease, throughout the epidemic season; and, 2dly, the so often observed simultaneousness of attacks in the great city and neighbourhood, at points widely distant from each other, and altogether precluding the possibility of their arising from intercourse or communication.

On the 9th November, 1831, I commenced offering to the public, through the *Courier* Newspaper, my remarks on what came under my observation; and, as a paper more generally read, subsequently transferred them to the *Times*, whose Editor liberally admitted them. Having in my possession, at this moment, some of the columns on these subjects cut from the Nos. of those days, I am induced to lay them before the public, as the events, though they occurred 16 years ago, must equally enable people to form an opinion for themselves on the question of contagion, as if they had occurred but last week:—

[INSERTED IN THE *Times* OF FEBRUARY 22, 1832.]

TOTHILL-FIELDS (Rochester-row Barrack).—John Webb, of the Grenadier Guards, attacked on the 15th of January last, and whose case, if duly inquired into, will be found to have been a most perfect one of the true malignant cholera, such as now prevails in other parts of London, and gives rise to so much alarm: there has been, since, no spreading of the disease, though direct and indirect communication with numbers had taken place during his illness.

Sir James M'Grigor, the vigilant Chief of the Army Medical Department in England, saw this man at the Hospital of the Guards in Rochester-row, on the morning after his entrance for treatment. Having been in London *last year* (1847) I requested some further details from my friend, Surgeon Brown, Grenadier Guards, respecting this man's case, and received a note from him extracted from

his Hospital Book, shewing that it had been put quite out of Webb's power to expose himself to communicate with others labouring under the disease.—It is added, in Dr. Brown's note, that “the next case of cholera in the Regiment was in the 3d Battalion then stationed at George's Barracks, and happened *on the 30th June* in a man who had been in Hospital under treatment for Diarrhœa since the 23d of the same month.

SOUTHWARK—(Mint Street).—Florence O'Sullivan :—aged 53, a brewer's vat-maker, who worked daily at Mr. Young's, St. George's parish, attacked at midnight on Tuesday, the 7th instant, symptoms detailed officially by surgeon Evans, and not admitting of doubt :—died at 7 p. m. on the following day. On Sunday, the 12th inst., I sat for about an hour in the small, but not uncomfortable room in which this man had been attacked, and found, to my great astonishment, THAT THE CORPSE HAD NOT BEEN INTERRED, but was respectably “*laid out,*” at one extremity of the room, the lid of the coffin being loosely laid on, so that all visitors might behold that due honours had been paid, as white gloves, &c., to his remains. When I visited this place again on the Tuesday following, the corpse was still in the room, so THAT A WHOLE WEEK HAD ELAPSED FROM THE TIME OF HIS DEATH. During eight days, therefore, this man's wife, three children, and daughter-in-law, were exposed to the so-termed terrific contagious effluvia from the body of a person labouring under, and dying of, cholera, without, up to this hour, any other person of the house having suffered. Had some of the family suffered, it would indeed be no proof whatever of contagion ; but the escape of the whole, for so many days, together with its having been ascertained that the disease did not extend itself among the 60 to 80 persons, countrymen, medical men, &c. who entered the room from time to time during his illness and after his death, cannot fail to have its weight on the public mind. The widow O'Sullivan, who is a very intelligent woman, gave me, along with an account of all her late husband's virtues, a very good description of his symptoms, not omitting the *blueness* considered so characteristic of cholera. I mention this, as an attempt had been made, very unfairly, to throw discredit on the statements of Mr. Evans, the surgeon, as to the above having been a case of cholera. The funeral expenses, and I believe new clothes for two of poor O'Sullivan's children, were defrayed by a subscription got up by his fellow-labourers. This, though irrelevant, I may be allowed to mention, as a hint to the rich, whether clergy or laity, in the hope that, as they seem scared, by a very silly panic, from following the noble example of the Russians and Poles, whose upper classes visited the dwellings of the afflicted, without prejudice to themselves,—they may, at least, find means of sending their charitable contributions to such places.

The London Board of Health of that time, doubted, so

much (and it must be confessed pardonably enough considering the circumstances of the case) the accuracy of the details I had published, that it sent one of the Medical Gentlemen officially employed for the service of the poor, to ascertain how far they had been given correctly; and, having met him entering the house as I was going out, I returned with him to Mrs. O'Sullivan who shewed him the corpse and confirmed all my details.

SOUTHWARK (Vine-street).

Vine-street, a miserable filthy court, consisting of small thickly-inhabited dwellings near St. Thomas's Hospital.—A woman, Catherine Harris, mop-seller, attacked at 5 p. m., Feb. 11, died on the next day, at 11 o'clock, p. m. The corpse lay (a sheet merely being placed over it) on a bed, in the same room in which the family lived, up to the 14th, on which day I saw it, accompanied by Colonel Hare,* and the body was interred at 1 p.m. on the 15th. Of the people who lived in the same room, or in the other parts of the house, none have, up to my last visit there, † been attacked; neither have any of the several visitors or medical men.

SOUTHWARK (Bear-gardens, near Southwark-bridge).

A woman, attacked, on the morning of the 12th instant, with symptoms admitted by all medical men who had seen her as being perfectly characteristic of the worst form of the prevalent disease, died on the next morning. Her husband, child, and other inhabitants of the same dwelling, which is badly situated, have, as well as the medical men, continued free from attacks.

SOUTHWARRK (18, Winchester-street, near Lady's Chapel).

Francis Byrne, aged 13, attacked with the most violent form of the disease, as admitted by all, on the 13th instant. This poor boy, whose state was most wretched, being without a bed, on a second floor, was, soon after his attack, brought down to the first floor, and put into the bed of the good man of the house in which he lodged. The father, mother, 3 other children, 3 inhabitants of the lower part of the house, together with the many medical men who visited the house, have, up to this hour, remained free from attacks of the disease.

* Now, 1848, Major-General Cargoe.

† After the lapse of several days.

SOUTHWARK (13, Silver-street, a similar court to the last, and adjoining it).

Margaret Donoughoe, aged 40, a fruitseller, occupying a miserable room on a second floor, in a badly ventilated wooden house, was attacked with unequivocal symptoms on the morning of the 13th inst., and died at 8 p.m. on Wednesday. The corpse was "laid out" on a bed for one day. During her illness, and up to the time of interment, five children had slept in the same room, and, up to Sunday night last, when I visited the place, none of those children were attacked. Up to this day, none of them have been reported as being attacked. On Thursday last, her eldest daughter having been questioned, stated, in the presence of a military officer, that, of perhaps 100 of her Irish friends and neighbours, who had been in the room during the illness, and after the death of her mother, she did not hear of one having been attacked. Had the whole of these wretched children (who, by the way, are the greatest objects of charity) been attacked, it would surely not be necessary to look for the agency of contagion as the cause, all being equally exposed to local causes; the special susceptibility in the mother having arisen, very probably, from her often being obliged to

"Check her own appetite, and give them all."

CHELSEA (No. 8, Royal Hospital-row).

No spreading has taken place from the body of Jane Halliday, laundress, attacked at 5 a. m., on Friday, the 17th of February, who died at half-past 7 on the 18th—two persons in constant attendance during her illness. About 20 persons, including medical men, occasionally entered the room during the illness, and after the death of this woman, whose case, according to the minute details furnished by the surgeon who attended her, was unquestionably one of malignant cholera, such as is now prevalent on other points in London. The body, placed in a coffin, lay in the next room to that in which the family lives, on the 19th instant, the lid being occasionally removed by the relatives. In this house, which appears very comfortable, there is another family of three persons. No other person attacked.

[INSERTED IN THE *Times* OF FEBRUARY 24, 1832.]

SOUTHWARK (11, Duke-street).

Jane Bailey, aged 40, a pauper with three children, inhabiting a small room in the above narrow and filthy street, attacked on the morning of the 15th, died on the evening of the 16th. Five other families lived in the same house during her illness, none of the members of which have, up to this evening, when I visited the house, been attacked, though several had assisted in nursing her, rubbing her limbs, &c. Her clothes had been washed by individuals in the house, and, in the room in which she died, I this day saw a fresh set of lodgers, and in the next room there are also fresh lodgers, making in

the whole seven families exposed in this house to contagion, had such a thing existed. The poor mother having fallen down through debility on the morning of her attack, one of her children screamed out violently, and, according to the account of persons in the house, sunk rapidly from that moment; so that, when I went with the medical gentlemen at 2 o'clock on the 16th, to see the mother, the child lay dead by her side, not having been seen by them, while alive. If this, however, be declared a case of the disease too, the body was placed, while I was in the house, in the next neighbour's room, without any spreading. Two other children belonging to this woman remained well up to this evening.

SOUTHWARK (Silver-street, No. 2).

John Sullivan, aged 50, a labourer, chiefly employed in loading carts with potatoes at the shore, attacked at 4 a.m. on the day after being so employed. Lived with two other men, in a small room. The corpse, placed in a coffin, the lid of which was not nailed down, lay for the inspection of his friends till the 16th. Persons exposed to contagion, had any such thing existed,—two lodgers in the same room, six persons in constant attendance during his illness, three children in the next room. It was stated to me by the owners of the house, in the presence of a military officer, that, up to the 16th, from 60 to 70 persons had been in the room after his death. Several medical men visited this man. According to all the inquiries I have been able to make on the spot this evening, no person in the house or neighbourhood has been attacked.

I am requested not to give the name in the following instance, as the person, being of a particular trade, may be injured by his customers abandoning him; indeed, he assures me, that this, to a certain extent, is already the case,—one of the many natural consequences of the very erroneous doctrines which have gone forth as to the present being a "taking" disease.

SOUTHWARK (—— Street).

Mr. ——, a respectable tradesman living in a most comfortable, well-ventilated, well-furnished house, attacked on Tuesday, the 14th inst., has been quite well for some days, though, as I saw when his surgeon did me the favour to accompany me in my visit to him, the symptoms were very characteristic. The different persons in direct or indirect contact with him, up to the time I last called (yesterday evening), remained in the house without being attacked.

In my last letter, I pointed out how absurd it would be to insist upon the agency of contagion, from the mere circumstance of one or more members of the same family being attacked during the prevalence of the present or any other disease;—for, a good old lady, newly arrived in an agueish country, may as well fancy that, because two or three of her daughters were, in succession, attacked with ague, therefore the first attacked must have given it to the others.

For establishment first mentioned, read Laetitia Aspin
"Establishment of the House" - (White House) - Baltimore

For establishments just mentioned, *read* Lunatic Asylum
Establishments ("Red House," "White House") Bethna
green.

SOUTHWARK (Vine-street, No. 10).

Three women and one child attacked between the 10th and 14th instant, in one of the most miserable rooms that can be conceived—the boards filthy, and so rotten as to have holes in them. There was scarcely a trace of a bed between the whole: it was a perfect *tableau* of disease and misery, in one of the most miserable alleys or courts on the face of the earth. But, even under these circumstances, the persons exposed to direct and indirect contact, and remaining unattacked up to this hour, were, one child, two nurses, two owners of the house, and 23 children who continued during two days, after the appearance of the disease, to go to the school kept by the old woman of the house.

I have notes of several other cases, but, lest I should trespass on your space, will defer giving them till another occasion. I may remark, that, respecting the families, inhabitants of the houses, and others exposed to contact in the cases of the boy Byrne, the woman Donoughoe, &c., as given in my last, all have remained well. I have ascertained this, in most of the instances, by a visit to the different places this evening.

Let it be remarked, that, in the locality of the miserable alleys in the Borough called Vine-street and Silver-street,* where such a great proportion of cases occurred at first, there have been lately no fresh cases at all, although those places are greatly crowded, and there has been no purification by the chloride of lime, or any thing of the sort. Several cartloads of filth were removed from the locality in the first days of the epidemic.

Let me be pardoned for stating again, that the misery of the poor in these quarters is beyond all conception. A writer has said that the usual miseries in the dwellings of the sick poor of other nations could not exist in "the first city in the world." I thought so too; but in the last city of a country deemed uncivilized, which I visited, misery like the present did not exist. As to looking to parishes for full relief to the numerous poor which they contain, it seems out of the question. As I am not myself in charge of sick, I may be allowed to say that all honour is due to those who are; and it is to be wished that some of their revilers would, like them, not only give their zealous aid, but their money too.

Feb. 23.

A report seemed prevalent at one time in London, that mental derangement gave exemption from cholera; but the facts in 1832, at the establishments just mentioned, completely disproved this; and I beg to quote the following

* Now fortunately no longer existing, any more than several others of the same description near Tooley-street, Southwark.

circumstances furnished by me to a Medical Journal on the 1st September of that year:—

“At the Bethnal-green lunatic establishments, called the “Red House” and “White House,” upwards of one hundred cases of cholera have occurred since the 10th of June last. The history of the progress of cholera in these establishments is highly illustrative of the facts so important to society, and so often stated by others as well as by myself, viz. the spontaneous origin of cholera, and its not possessing the property of being communicated directly or indirectly from the sick to those who attend them, or are near them. The two establishments mentioned, although adjoining, are completely separate as to officers, attendants, &c. There is a doorway, for communication on particular occasions only, in the high wall dividing both houses. In each house there are males and females of different classes. The first case was that of a woman in the Red House, who, from her unfortunate state of mind, had been long confined within the walls, and in whose case there was no possibility of tracing the source of the disease to her communication with any other person labouring under it. When it was ascertained that the disease appeared in the Red House, Mr. Beverley, the medical gentleman in charge of the White House, felt himself bound to adopt the “precaution,” as it is termed, of completely cutting off all communication with the building in which the first cases occurred. Not only was the occasional communication of officers and attendants, through the door mentioned, interdicted, but this gentleman had even the windows blocked up which overlooked the yard of the Red House; notwithstanding which, cholera appeared among the *women* under his charge; in a little time after among the men of the Red House; and lastly among the men of the White House. While this was going on to the extent mentioned, *not a single medical man who had been in contact with the cholera patients—not a single nurse or attendant of any kind in the hospital about the sick—no burier of the*

dead, &c. has been attacked with the disease up to the present time,* when only a patient or two are under treatment. Here I must notice the curious physiological fact, observed at this hospital, of the *great improvement*, if not restoration, of the mental faculties of the patients while under cholera symptoms. The liberality and urbanity of the zealous medical men in charge of the Bethnal-green establishments for insane persons, are calculated to advance the interests of science, and of humanity.

“Of one thing the public may rest perfectly assured, that, as to attendants on cholera patients, a similar result to that which has been just stated respecting Bethnal-green, took place in the Grenadier Guards in *the Tower*;—for, among the medical men in constant attendance on, or who paid occasional visits to, the thirty cholera patients whose treatment has been lately referred to, in a medical journal, by Mr. Harrison, surgeon of that Regiment, not one has been attacked with the disease;—of the military officers who paid the hospital visits of duty, or of kindness towards their men, not one was attacked;—of *the several (indeed we may say many) men in constant attendance day and night,—rubbing the patients, &c., or on occasional duty only, and whose names may be obtained, not one has had the cholera.* The same immunity of medical men, nurses, &c., in attendance on cholera patients, has been observed in another Battalion of the Grenadier Guards, in which cases have occurred occasionally since the 15th of January last, the day on which John Webb, of that regiment, was (as has been admitted by the gentlemen who treated him) attacked with *the true cholera*; although, not being able to couple this guardsman’s attack with a *Sunderland* ship, the case, like those of several others, was not given to the public.

“I could go on enumerating, at the Aldgate Hospital, and on many other points, the instances of attendants on cholera patients having remained free from the disease. I

* September 1, 1832.

could, in private families, quote the many instances of its not going beyond an individual case, besides those which took place in the houses of Lady A. W. in Arlington street—of the Archbishop of Canterbury—of the Honourable Mrs. S. of Belgrave Square—of the Honourable Mr. S.—of Sir James Macdonald—of Lord Holland, &c., &c. I could shew the perfect untruth of the tale about a person having taken cholera in consequence of having worn some of Lady Blane's clothes, who died of that disease. Nobody can be weak enough to suppose that attendants on cholera patients should remain exempt from the disease, if they happen, in all respects, to be under similar circumstances with those whom we see attacked without any communication with those labouring under the malady. If we have either dissipated persons, or outcasts of society, performing the office of nurses, or if we have debilitated persons attempting to perform a duty which, in such a disease as cholera, would tire out four healthy persons, what, in any of these cases, can be more probable than that such attendants will be attacked during the epidemic influence? If these things be considered fairly for one moment, and if, along with these things, it be considered that, according to any conceivable doctrine of chances or probabilities, we must, among many thousand events of a particular kind, expect a certain number of coincidences, which it would be utterly illogical to admit to be the *consequences* of certain assigned causes; it would be bad logic, in the *few* instances which can be adduced of healthy, robust, and temperate persons being attacked with cholera, though not overworked, while in attendance on patients, to cite that attack as *produced* by such attendance, when we see so many thousands attacked who *are not near* patients, and, on the other hand, the whole mass of attendants only attacked in their due proportion to the rest of society."

The following general view of the weekly increase and decline of the London cholera of 1832, cannot fail to be

interesting. On the presumption, that the Returns from the general "Board of Health" comprised only important cases, the numbers were believed to be pretty correct.

Week. Sick. Deaths.

1st .. 28 .. 12	Appeared on five different points near both banks of the river and in the vessels anchored in it.
2d .. 17 .. 16	It continued to prevail at the places near the river, and also appeared in the Parish of Marylebone, 3 miles distant from the point nearest affected—the case of a boy regarding whom no assumed source of contagion could be discovered.
3d .. 106 .. 68	It extended along the banks of the river, and also appeared in the centre of the population of St. Giles's, where there are filthy streets, narrow and badly ventilated. In the Parish of St. Pancras, which is near St. Giles's and Marylebone, there were two cases in the same house.
4th .. 247 .. 110	Continued along the banks of the river, and in the other places already specified. Isolated cases appeared now and then at other places, though rarely.
5th .. 361 .. 186	It extended up the river, although not continuously, and it went on making ravages in the streets nearest the river, as well as in St. Giles's Parish.
6th .. 391 .. 219	It shewed itself in Woolwich, which is 8 miles below London close to the river, leaving free from the disease more than 4 miles of thickly populated districts between that place and the infected points.
7th .. 315 .. 270	It appeared in Deptford, half way between Woolwich and London, prevailing at the same time with much violence in the districts first attacked on the banks of the river and at St. Giles's; in the other Parishes isolated cases only, and in small numbers, were noted.
8th .. 462 .. 250	It now began to decline simultaneously in all the infected districts.
9th .. 236 .. 120	It continued declining, in the same manner, in all the Parishes.
10th .. 114 .. 50	The same.

Remarkable atmospheric vicissitudes very seldom appeared to interrupt this common increment and decrement of cholera epidemics. At Haddington, however, an exception to this rule appeared to have taken place.

The London cholera is not to be considered as having caused a great mortality in proportion to its enormous population of 1,800,000 souls—the census for 10 miles round

St. Paul's: during more than two months' prevalence, up to 23d April, Dr. Seoane has given 1318 deaths, being one death, within the specified period, in every 1365 souls; but the difference in the numbers attacked in different quarters of the town and neighbourhood, was very striking. In the first place, there were four parishes situated in the most densely populated part of London, with a population of 83,186, *in which no cholera prevailed*; and, in three of them from which Dr. Seoane obtained Returns, deaths from *other diseases, were, during the epidemic season, even fewer than in an equal space of time in the previous year!* In St. James's Parish, containing a population of 37,053 souls, there were only three attacks and three deaths.

The following Table will shew, at one view, the proportion of attacks and deaths to the population of nine of the districts attacked; it is useless to give more districts as they furnish the same results.

Districts near the river, full of poor people occupying miserable houses in badly ventilated narrow lanes and courts.

	Sick.	Deaths	Popula- tion.	No. of Sick with reference to the population.	No. of Deaths with reference to the population.
Southwark.....	846	410	77,796	1 for 92 souls.	1 for 189
Bermondsey.....	199	89	29,741	1 " 149 "	1 " 334
Lambeth.....	158	116	87,856	1 " 556 "	1 " 757

Districts that are not close to the river, and where a part of the population consists of poor people in narrow and badly ventilated streets.

St. Giles's.....	94	51	36,432	1 " 387 "	1 " 714
Whitechapel.....	88	53	30,733	1 " 349 "	1 " 579
Newington.....	127	66	44,526	1 " 351 "	1 " 674

Districts situated in the best ventilated parts of the Town, the streets being very clean, and occupied by rich people.

Parish of Mary- lebone }	93	33	122,206	1 " 1314 "	1 " 3703
St. Pancras.....	19	15	103,548	1 " 5449 "	1 " 6903
St. George, Hanover Square }	16	10	58,209	1 " 3638 "	1 " 5820

Unhesitatingly will I answer for the good faith and the ac-

curacy of my Spanish friend in drawing up his details of all that came within his observation as a physician during the London cholera; and, had he been unshackled, I am of opinion, that nothing more would have been necessary than his statements on the above occasion to have done away with the contagion doctrine years ago. In some of the foregoing pages we have seen (for truth is great, and like murder, *will out*) that the most zealous advocates of non-contagion could not adduce stronger proofs in favor of their system, than he does while appearing to conform to the prejudices of his countrymen. "In the *propositions*" with which he winds up his book, we become familiar with such expressions as "In admitting the cholera to be sometimes contagious, it is proper to confess that this property possesses very little activity:"—"*that it is the least active of any disease we know of.*" In quoting, from me, in 1832, the case of Lady A. W. of Arlington Street, none of whose family or household were attacked, he very properly asks how she could have received a contagious germen, not having been out of her apartments for 3 years previous. In giving a strong case of a certain child of 4 years old attacked, he asks how could this be by contagion?—and so on of others.—"Even in places [in London] where the disease reigned, the most scrupulous investigations could not establish the operation of a contagious principle.—In a certain District we have seen 13 families infected; but, as in every one of them the first case occurred without its having been possible to trace it to any source of contagion, the other cases prove nothing, as they may have arisen from the same unknown cause which produced the first. This inference is as clear as the construction of a simple syllogism." Dr. Seoane observes that, "among 39 women who washed the clothes of more than 60 cholera patients, only one was taken ill;"—and he might, I think, well have added that, considering what he saw pass before him daily, she might have been attacked though washing other clothes or no clothes at all.

From these facts he naturally concludes, that the cholera does not require for its development transmission from one person to another.

Having proposed to myself to furnish the public with information on the London Epidemic of which I saw much, in 1832, I could do no less, I think, than refer, in the manner I have here done, to the labours of my highly talented and active friend, the Spanish Physician, whose peculiar position in London at the time, as well as his great merit in collecting facts during the epidemic season in England, was only known to few. By most people, the line he followed (pursuant to the suggestion of the Spanish Ambassador) in endeavouring to gain the confidence of his countrymen, while labouring to establish a great truth of such vital importance to them, will probably be held as quite justifiable.

Before dismissing the subject of the non-contagion of the cholera in London, it would be wrong to omit noticing an important Document issued, on the breaking up of the hospitals exclusively appropriated to the reception of patients labouring under that disease, by the then Board of Health, of which the Chief of the Quarantine Department was, of course, a member.—Though at the eleventh hour (when those establishments were closed on the 6th November) it seems to have become sensible that duty towards mankind imperiously required that it should address to the Governors of Ordinary Hospitals, a circular, of which the following are extracts :—

“That it has been proved, that cholera was not found to spread amongst other patients in the public Hospitals in which some cases of that disease were treated during the Epidemic [!]

“That, under these circumstances, it becomes matter of consideration, important to the public health, whether sporadic cases of cholera (any solitary cases which may occur)

might not be admitted into the Public Hospitals, in the same manner as cases of any other disease [!!]

“The Central Board of Health, therefore, under the full conviction that the cleanliness, and general good arrangements established in the Public Hospitals of the Metropolis, are found sufficient to prevent the spread of typhus fever,—recommend the adoption of the above suggestion, with reference to sporadic cases of cholera: a measure in favour of which humanity would plead irresistibly in the event of any cases of that disease occurring and being carried to the door of the Hospital, as the only place of refuge, after the breaking up of the local Boards of Health and their parish hospitals.”—*O, si sic omnia!*—Would that it had been always so!—What a world of misery it might have prevented in fair England!—How much greater would have been the patients’ chance of recovery than by removal, as was often the case, and to a distance, too, even at night or in bad weather (as we saw by the accounts of the time in the public papers)—not to speak of the great saving of expence to Government and to parishes! In the foregoing document we have a striking instance of Truth bursting forth under extraordinary pressure;—bursting forth in spite of the most unusual and often most unjustifiable efforts to keep it down;—in spite of a *Cholera Gazette* (ESPECIALLY DEVOTED TO SUPPORT THE DOCTRINE OF CONTAGION, as Dr. Seoade has stated in his work: for further information on this point see p. 32 of these sheets) whether published altogether at the public expence, or not, I cannot say; and though in a “*Medical Gazette*,” the Editor had invoked on the unhappy heads of some of us unbelievers in the mischievous doctrine of Chiefs of Quarantine, the fate (the flame and the ashes) of Pompeii!

A strange circumstance, connected with the above memorable Document, is its having been known to so few up to this hour.—Indeed, I am not aware of its ever having been published for general information. The copy, shewn me immediately on its being issued, was one of those intended

to be sent to the Governors of Ordinary Hospitals, and in a quiet way, it would appear.

CHOLERA IN IRELAND IN 1832.

I do not possess data to enable me to say much under this head, an Official Report to the Lord Lieutenant (dated 7th January, 1832) recommending measures, &c., from the "General Board of Health" of that day, and transmitted before the appearance of the disease in the country, being the only important document in my possession. We know this much, however, that the rules applicable to contagious diseases, were those recommended.

Like Bilston, in England, Sligo, in Ireland, was a town where the disease raged with extraordinary virulence, and to an unusual extent.

In Ireland, as well as in England, it was, at one time, considered by Commanding Officers of Regiments, that the confinement of their men to Barracks afforded great security from attacks;—and, in reality, so generally, under this system, did the exemption of Regiments take place, up to a certain time, that the adoption of this precaution *seemed* not only quite justifiable, but a measure to be always had recourse to. In Ireland, however, this measure was not always found to be so invariably followed by success as seemed to have been the case in England.

The Central Board of Health of Ireland, seeing reason for differing from the Board of 1832, tells us, this year (under date of the 1st September last, 1848) that "the friends and relatives of persons attacked with cholera, may be under no apprehension of catching the disease, and need not be de-

tered from affording to the sick, in their own dwellings, every needful assistance and attention;" agreeing, in this respect, with the London Board of 1848 who, on the 5th October last, admitted the errors committed by the Commissions and Boards of 1831-32.

The publication of the foregoing recommendation of the London Board of Health in the widest manner possible, was, surely, desirable, especially considering, that, from the same quarter at various times previously, the public had been so strongly urged to take steps against the transmission of cholera from the sick to the healthy. We had, for instance, a document issued by the "Central Board of Health" on the 13th December 1831, recommending the usual precautions applicable to diseases deemed highly contagious:—the "purifications by lime-washings;—fumigations by heated Sulphuric Acid with Nitre and common salt, with Black Oxyd of Manganese, or the same acid with Nitre, or," &c.—"The bed, bedding and clothes, should be immersed in water, washed with soap, and afterwards fumigated as above." Chloride of Lime was not forgotten.

Lest all this should not suffice, we have " (Art. 7) :—Those who die of this disease should be buried as soon as possible, *wrapped in cotton or linen cloth saturated with pitch or coal tar,* and be carried to the grave by the fewest possible number of persons*"—in fact, *buried like some accursed thing!*

The antidote (recommendation of the Board issued *in 1832*) not having obtained the same free and formal circulation *as the bane* contained in the document of the preceding year, the public have sustained a loss, in so far as they have not been made aware, that persons in authority had, in seeing reason for a change of opinion, furnished families with statements of a consolatory nature.

* In order to convince themselves of the necessity of this *sage* recommendation, the reader may perhaps be tempted to turn to the case of Florence O'Sullivan, at p. 57.

Quite aware of the hold of the contagion doctrine on the minds of the people, supported as it was by all the power of the College of Physicians, and a Quarantine phalanx in England, it always seemed evident that, notwithstanding the proofs, received from so many parts of the world, against that doctrine, an agreement between different countries, after a deliberation in a Congress, could settle the question in a way calculated to stablish the truth with all its advantages, while the Commerce of Nations would at the same time suffer the minimum of loss.—What are we to say of the present state of things in this part of the world?—With the Decree of the Government of Spain* (than which no stronger reprobation of quarantines and cordons can be expressed in any country) not abrogated, as far as we know here at Gibraltar, the most severe quarantine measures in all the ports along the Spanish coast, are adopted against vessels from the United Kingdom;—and, to prevent our being shut in by our kind neighbours, we are obliged to conform to any regulations they may think proper to establish in this respect;—so that our very last packet from England (7th November) was, with the above Decree staring us in the face, obliged, in this advanced age of knowledge and civilization, to tranship her passengers and cargo to a hulk anchored in our Bay. This hulk has hitherto been used for the purpose of supplying the Peninsular and Oriental Steam Company's Steamers with coals, and it is now put under Quarantine, to the great loss of the Company, which has incurred a most serious expence in fitting it up for the reception of the Passengers arriving from England,—not to speak of the personal inconvenience to which the latter are put, or of the injury to the business of those among them who are engaged in mercantile pursuits.—I do not pretend to give an opinion as to this proceeding of our Spanish neighbours being or not conformable to the laws of Nations, as expounded by Vatel

* See page 36.

or Grotius; but I happen to have before me a Parliamentary *Blue Book* of 1846, entitled "Correspondence on the subject of the *Eclair*"—the unfortunate war-steamer on board of which, in 1845, the crew was so cruelly obliged, in compliance with the exceedingly mistaken opinions of Sir Wm. Pym, to remain inhaling a foul air, for some days, the yellow fever prevailing in her at the time. It appears from the above Parliamentary Documents, that Naples adopted the till then unheard-of measure of, at one time, shutting out from her ports all vessels from England, in consequence of the sickness on board the *Eclair*, a determination which caused great embarrassment to our Government, and produced angry remonstrances from Lord Aberdeen and our Ambassador, the Honourable Mr. Temple, to the Neapolitan Government: so that it would seem that Nations are not always quite justified in establishing quarantines against other countries, without some reasonable cause.

I have spoken of a Congress as the only way of placing matters on a better footing, and I find that such a measure had been contemplated by certain Powers in 1845. We see by a Parliamentary *Blue Book* of 1846, intituled, "Correspondence respecting the Quarantine Laws," that this step was agreed to by certain Governments; but it ultimately fell to the ground.

The following extract of a letter from the Earl of Aberdeen to Mr. Magenis, at the time, I believe, our Ambassador at Vienna, will not perhaps be found uninteresting.

Foreign Office, October 8, 1845.

"Sir,
 "On the 24th of May, 1844, Prince Metternich addressed a note to Sir Robert Gordon, containing the reply of the Austrian Government to the proposition which had been made by the Government of Her Majesty, for the formation of a Congress of Delegates from the various European States possessed of ports in the Mediterranean, for the pur-

pose of deliberating and agreeing upon some uniform system of Quarantine Regulations.

“Although Prince Metternich fully concurred in the expediency of such a Congress, his Highness still declined on the part of Austria to become a party to it, until certain previous information should have been obtained, and until the parties composing the Congress should have come to a preliminary understanding with respect to certain points, which might serve as a basis for the discussions of the Delegates. Prince Metternich at the same time expressed an opinion that six months would suffice for the attainment of these objects.

“More than a year having now elapsed since the date of Prince Metternich’s communication, I have to instruct you again to call his Highness’s attention to the subject, and to request that his Highness will be good enough to inform Her Majesty’s Government whether any and what steps have been taken by the Austrian Government, with a view to the attainment of the objects pointed out by Prince Metternich.”

So many countries having had extensive and sad experience of cholera of late years, and so many, as we have seen from the foregoing pages, being now agreed on the great and long mooted question connected with it, and the condition recommended by Prince Metternich for the assembling of a Congress being therefore realized, this would seem to be the moment for placing the matter on a basis calculated to relieve a great portion of mankind from countless sufferings and losses brought on, as is now clear as the summer sun at noon, by the Quarantines and segregations imposed through erroneous views.—Let us hope, then, that England—the land that has a law which stays the hand of the master from inflicting what measure of punishment he pleases on his own ill-used animal—let us hope that England will be foremost, as well becomes her, in this hour of wars and convulsive heavings in surrounding countries, to

press on other nations the Divine injunction "Turn not away thy face from the poor man." We have the law just mentioned, and which confers such honor on England (thanks to the long efforts of the humane Martin), against cruelty to animals; would that we had had, for some years back, a law to prevent CRUELTY TO MAN. Would that we had more Lords Ashley.—Then we should not have heard of "the atrocious measure" (as it was termed by the *Times*) of prohibiting, with apparent unfeelingness, some of Britain's gallant defenders from *escaping, in 1835, from* a vessel in which was generated an atmosphere, every breath of which was bane.—And then, other nations probably would never again be guilty of inflicting such barbarous treatment as is described by Dr. O'Halloran in speaking of a patient in a certain country, labouring under the same disease as that of the sailors, just referred to (yellow fever), namely, of being dragged, with a rope round his neck, by a military guard, to a shed where he was left with a vessel of water only.

Heaven grant that the ministry of a beneficent Government may have time to devote to the full consideration of questions of Epidemics, Quarantines, and (apart from the latter) the measures really entitled to the appellation of *Sanitary!* Heaven grant this soon, for I have lately observed that, along with a *Report*, printed by order of the House of Commons, on the question of the *Eclair* and *Boa Vista* malady, and bearing date July 10, 1846, the Chief of Quarantine has also emitted a long letter, dated 23d April, 1847 (but not from *Council Office*, as his letters to Mr. Greville had usually been for some time previous), in which letter, instead of expressing deep contrition for the most wrongful act of shutting men up in the foul atmosphere of a ship, he had, strange to say, the hardihood to stand forth in defence of his fatal measures, as being most proper and urgently called for.

A perusal, by experienced Naval or Army Medical Offi-

cers, of the often refuted but plausible statements brought together, in strange medley, for particular purposes, must excite nothing less than indignation in their breasts;—so great the sins of assertion,—so horrid the mischiefs liable to arise from young inexperienced Medical Officers of the Navy or Army being misled and adopting the fell doctrines therein defended. This, however, is not the time, nor is this the place, to exhibit the perfect absurdity (after so many years' experience) of a person in a highly responsible station, asserting, among other strange things, that the yellow fever is the most contagious of all diseases, and that it has sometimes been imported into our West India Islands.—Shade of Fergusson, whose long and faithful career in those Islands are well known and appreciated (of experience in the disease I am speaking of, 20 times greater than that of our Quarantine Chief) and who has told us* that, at Barbadoes, cases of this disease *were received into Hospital* “WITH OPEN ARMS!” Indeed, I think that some statements of the Chief of Quarantines, contained in the document above referred to, could only have been risked in the hope of their warranting the unfortunate proceedings against the crew of one of our ships of war.

As a very general rule which may be collected from all that I have laid before my readers in the above pages, and from which perhaps the greatest number of exceptions have taken place at Paris and Vienna,—the upper classes are in a manner exempt from attacks; and, surely, the bare consideration of this ought to impel them, in times when countries are threatened with such calamities, to have recourse to more than ordinary exertions in providing for the improvement of the dwellings, the diet and the comforts, of the poor in every way, with a view to *prevention*.—My Spanish friend wrote, while in London, “Never, never, could charity be productive of more decided personal advantage to the giver. Those who bestow it in

* See Essay on Yellow Fever in Cyclopædia of Practical Medicine.

clothing and nourishing the poor, thereby diminish the number of susceptible individuals;—those who clothe the naked, and feed the hungry with wholesome food, may have reasonable hopes, by such acts, to diminish the probability of their being attacked with cholera.” It is on record that, in Russia and Prussia, the upper classes set the noble example of aiding the sick when the non-contagious character of the disease became known; and the Spanish paper *Revista*, already quoted (p. 38), assures us, that “the functionaries, and the whole of the people of Madrid, fearlessly went to the houses of the sick, to afford them every assistance and comfort in their power, instead of shunning them.”

Great Britain has, no doubt, places of refuge and subscriptions for almost every kind of calamity which can befall human beings; and, no doubt, also, in such a country, countless were the private efforts of families and individuals* to alleviate the daily woes thus heard of in the cholera epidemic of 1832; but, from what I observed in that year, if a wide-spreading Epidemic were again to take place, I do not know how far patients would receive the kind of assistance just spoken of. I take for granted that every thing, connected with this most mysterious disease, would be considered more calmly than formerly when the panic, arising from false doctrines, caused such extensive mischief.

Let me not be understood as laying down the rule, that the disease I am speaking of is always confined to the weakly, the poor and the wretched:—it has, on the con-

* A remarkable instance of kind feeling in an individual occurred within my knowledge in 1832. While writing in the *Times* on the misery of the poor attacked with cholera, a letter reached me, directed to “*Dr. Gillkrest, London*,” with several remarks on it of *try here* and *try there*, my address having been known only to a few, unwilling as I was to have it supposed that I was writing for a private purpose. The letter contained, to my astonishment, a Bank of England £5 note, with an intimation that, “not knowing of the misery prevailing in London till he had read my letters in the *Times*, the writer inclosed that sum for distribution among some of the most urgent cases.”—To this hour all that I know of the humane donor, is that he signed “An Old Officer,” and that the post-mark was *Basingstoke*.

trary, often had for its victims (more especially in armies) individuals of robust constitutions well fed and lodged, not seldom terminating, in such subjects, as fatally and rapidly as in the feeble and the indigent. This has been particularly the case in our forces in India, as sadly proved at Kurrachee, 2 or 3 years ago, as well as on divers other occasions, when so many of our robust, well fed, well lodged soldiers, succumbed. During a cholera influence however, when the essential, the *sine qua non* cause of the disease is abroad, all agree that the greatest probability of remaining free from attacks (and this cannot be too often inculcated) is afforded by leading a sober well-regulated life.—It has been stated by Mr. Ripault, of the *Hotel Dieu* of Paris, that no case recovered where the invasion was determined by a drinking bout.

Fortunately all communities now have, from various quarters, means of judging, for themselves, of the nullity of contagion as an agent in the propagation of cholera, and as to whether it be a disease, as was at one time strenuously contended, in which—

“The living shall fly from the sick they should cherish.”

PART IV.

SOME OBSERVATIONS ON THE ANTIQUITY OF CHOLERA, AND
ON CAUSES TO WHICH ITS APPEARANCE EPIDEMICALLY
HAVE BEEN ATTRIBUTED.

With reference to cholera, as it appeared in India in 1817, some industrious gentlemen of the Medical Department of that Army (Mr. Girdleson particularly, I think) brought forward proofs that it was not the "new disease" which it was said to be. Before it was known in Europe as an Epidemic, several sporadic cases had been under my observation, within the British Dominions, all of them more or less characteristic, some as decidedly so as many of those I subsequently saw in London or Gibraltar, and of which one proved fatal, with the most complete and unmistakable group of symptoms.

Having mentioned this last circumstance to a medical friend in London, some time after the cessation of the epidemic there in 1832, we agreed to consult, as far as we could, the works of old authors, in some of which were found, not only descriptions of the disease, precisely such as are given by the medical men of the present day, but also descriptions of the *remedies* employed in remote times, and which have been more or less in use for some years past.

I had intended to furnish, for the benefit of the juniors in the profession, a full copy of what I had extracted, with

the aid of my friend, from those authors on the subject ; but the space assigned by me for this undertaking will only admit of my giving a sketch, merely sufficient to enable others to give the subject all necessary consideration.

Far be it from me to pretend to be deep in medical lore ; but the youngest tyro, if the observations on malignant cholera by the following old writers, are pointed out to him, cannot fail to recognise graphic descriptions of that disease such as described by the most experienced writers of these times. Those descriptions I should give, as being extremely interesting, were it not that they might be considered as grounds of objection to the admission of these pages among families.—Though, no doubt, most of the old writers, whose names are subjoined, have been spoken of within the last 25 years in treatises on cholera, I am not aware that they have as yet been brought together, in order to facilitate a reference to them :—

In *Aretæus* (who flourished in the 1st century), we find the closest and most minute details.

In the description of the symptoms by *Celsus* (1st century) we have a wonderful identity with the symptoms as recognized in the present day.

Oribasius (4th century) gives a characteristic group of symptoms also.

Cælius Aurelianus (supposed 5th century) gives unmistakable symptoms.

Then we have *Ætius* (6th century).—*Trallianus* (6th century).—*Paul Æginetæ* (7th century).—*Mercurialis* (16th century).—*Riverius* (16th century).—*Bonetus* (17th century) and others of a later period.

As to the CAUSE, the essential, the indispensable cause, of the symptoms now so universally known to the members of the medical profession, if still involved in obscurity, it is not that investigations, closer perhaps than have ever before been made with respect to any other disease, have not been resorted to. Indeed, it may well be said of cholera, that *one short season of experience affords materials for an age of reflection*. In London and Paris, men devoted to the higher branches of the physical sciences, have applied their powerful talents to the consideration of the mysterious causes of a disease which has spread consternation throughout the world. Electricity had been mentioned in India in 1817, and at subsequent periods in other countries. Latterly, Electro-magnetism has been spoken of. Meteorological observations are now made with the utmost accuracy, and new appliances in every way have been had recourse to;—but, hitherto, the cause of epidemic cholera, would seem to rest where the philosophic Poet Dr. Armstrong had placed other awful epidemics more than a century ago:—

—————“ And though the putrid South
 “ Be shut; though no convulsive agony
 “ Shake, from the deep foundations of the world,
 “ Th’ imprisoned plagues; a secret venom oft
 “ Corrupts the air, the water, and the land.”

Experiments in the physical sciences have, however, brought to light such marvellous things within the last few years, that it may be still permitted to hope that a discovery, useful to mankind, may be made on the subject in question ere a great lapse of time. Dr. Magendie, so well known for his great discoveries in the nervous system, gave it as his opinion, some years ago, if I remember right, that the united efforts of a body of scientific men might accomplish the object.

When I look back, I feel that the only task I had proposed to myself—that of contributing to dispel, by laying before the reader a mass of facts, all apprehensions for per-

sonal safety from approaching cholera patients—should have closed at the preceding page.

So many professional men of experience and who have closely applied to the study of cholera, being now to be found everywhere, my entering on a description of the symptoms and on the treatment generally adopted, could only be looked upon as an intrusion, especially after the valuable documents lately issued by Boards of Health;—and I shall therefore limit myself to the few following observations:—

From all I have seen and read of the disease, I can by no means admit the premonitory symptoms to be of such frequent occurrence as has been repeatedly mentioned.—If they were, Armies in India could not have moved, as they are known to have done sometimes, during the prevalence of cholera influence.

I have no means of knowing how far it has this year been noticed in England, that (somewhat as in ague) the cold stage in cholera, unyielding to all appliances, seems to give way only after a certain round of time, generally 24, 30, or even more hours.

In 1832 it was recommended in England that “cold water should be given when the disease is fully formed, in quantities not exceeding two or three table spoonfuls at a time:”—a recommendation not justifiable, even at an early period of the epidemic, when so little was known of the disease in England. But it should have been known that, in certain parts of London, the practice of allowing patients to drink extraordinary quantities of cold water, was often attended with the best success. At the Greville-street “Free Hospital” (establishment since removed to Gray’s-Inn-road) where cholera patients were, throughout the Epidemic, received without any admission ticket, the courtesy of the zealous and intelligent

Surgeon, Mr. Marsden, enabled me to be a frequent visitor to his wards ; and it was there I had the first and most extensive opportunity of observing the benefits arising from his allowing his patients to take large draughts of the coldest water that could be procured, for the purpose of assuaging the insupportable thirst so remarkable in this disease, at periods when all else *would seem* to demand the unremitting exhibition of stimulants in every form. In one of the wards of Mr. Marsden, an Order to the servants had been posted up, directing them to mark the number of pints of water taken by each patient daily while labouring under a state of collapse ; and, were it not that I have before me a slip from the *Times* of the 1st September, 1832, containing a letter of mine to the Editor, in which I called the attention of the profession to the facts just mentioned, I could hardly take upon myself to give, at such a distant period of time, the number of pints marked, in some cases, as having amounted to 20, 30, or even more, in the course of 24 hours. In the words used in that letter, I beg to say, that “I feel strongly impelled by a sense of duty towards the public to state that, under the above treatment, I have been most agreeably surprised by the recovery of patients whose state gave but little hope of a favourable issue, under the employment of any other remedies.”

In the letter above mentioned, I also referred to Dr. Pinard, the active and zealous Gentleman in charge of the St. Giles's Cholera Hospital, as having, if I mistake not, adopted the use of cold water in the treatment of the disease.

About the same time, a letter in the *Lancet* of 1st September, 1832 (the very day on which my letter on the subject appeared in the *Times*), announced that Dr. Hardwick Shute, of Gloucester, had, for some weeks before, employed the same method. He stated, that he had gone so far as to have given “some gallons of water in a few hours” with success ; that he excluded from his treatment stimulant emetics and stimulants of all kinds, internal and

external, *as well as frictions and heat by whatever means produced.* He permitted light covering only, as a single blanket or rug; and he said "The windows of the Cholera Hospital at Gloucester are large, in proportion to the size of the room, and the door, which opens immediately into the garden, is seldom shut [speaking of July or August, no doubt]. The windows are open day and night, so that the patients may be considered as living in the open air; and the fire is kept so low as not to influence the temperature of the room." A practice, more or less similar to this, I had certainly witnessed with benefit to the patients in the course of my frequent visits to the Greville-street Hospital, London. Dr. Shute adds that, under the above system, convalescence took place sooner than under any other, and, "in all cases," without consecutive fever, which, however, I did not observe to be always the case in other Hospitals.

It was no part of the treatment adopted by those Gentlemen to endeavour to stop the vomiting which was, as usual, of frequent occurrence. A portion only of the great quantities of water taken into the stomach may be supposed to have been retained; and, wherever this practice was followed, the benefit was generally admitted to have arisen from the watery part of the blood usually lost in the disease, being made up by the quantity of fluid thus swallowed.* I have noticed at page 82, that, under any treatment, reaction, in severe cases, did not seem to set in, generally, before a certain round of time.

Thus far have I thought it right to speak respecting this practice; but, as, no doubt, the attention of the profession has been recently directed to the use of large draughts of cold water, further evidence has appeared in journals in England.—It may be remarked that cold drinks had, among

* Practitioners are enjoined by Dr. Shute not to be too impatient in administering other remedies at this period, as a favorable change is not to be expected immediately, the warmth of the body and restoration of the functions not beginning to shew themselves till after the lapse of 24, 36, or perhaps 48 hours.

other things, been used by some of the oldest authors mentioned at page 80.

Without attempting to depreciate the value of other means employed by judicious bed-side professional Gentlemen, I may refer to a remedy which has very lately been advantageously employed in severe cases of cholera, at the Peckham-House Asylum, and stated by Mr. Hill, Resident Surgeon, to have been first suggested by Mr. Francis Ferguson, Assistant-Surgeon to that establishment;—I mean the use of chloroform, which I at one time erroneously stated, from memory, had been used previously in cholera (in 1847) by Dr. Browne, Surgeon, to the 37th Regiment in Ceylon; but it is due to Mr. Ferguson, as well as to Dr. Browne and myself, to observe, that Dr. B. referred not to chloroform, but to *Æther* as for some time employed by inhalation in surgical operations. Though ether is to a certain extent analogous in its effects on the human frame, Dr. Browne did not obtain from its use the good results experienced at the Peckham-House Asylum. His general practice in the cholera epidemic at Ceylon, was more successful than usual in severe cases; but this, as I have shown, did not arise from his having employed the inhalation of chloroform.

I should not omit mentioning that, in 1832, some *very desperate* cases were treated in London by Dr. Latta and others, by injecting into the veins a solution of 2 drachms of common salt, and 2 scruples of carbonate of soda, in half a gallon of water, at the temperature of 112° Fahr. In some of the cases in which this means was employed, I certainly saw remarkable recoveries. At or near Shadwell, Mr. Arthur, if I mistake not, related to me several instances of recovery where no hope remained from the other means employed. When possible, either of the two last mentioned should, I think, be employed under the eye of those not unaccustomed to their use.—In 1832, instruments for in-

jecting the veins were to be had at different instrument makers in London.

It cannot be too often repeated that early application for relief affords, under Providence, to the persons attacked. I shall not say the only, but certainly the best, chance of recovery.

Finally, I would wish to offer my opinion that, among large communities, no plan for the benefit of the sick poor in times of epidemic cholera can be thoroughly effective unless based upon the measures this year adopted in Russia and given at pages 4 and 5 of the 2d Report of the Metropolitan Sanitary Commission, and which secure the greatest freedom of intercourse between the healthy and the sick.

ERRATA.

Page 18, 15th line from the bottom, *for* deplorable *read* deplorable.

“ 55, *for* Bethnel *read* Bethnal.

“ 65, 4th line from the top, *for* poins *read* points.

“ 65, 19th line from the top, *for* continually *read* continuously.

THE END.