

Notes worth noticing, relative to the cholera, which has, for some years past, occupied the public attention / by Dr. Gillkrest.

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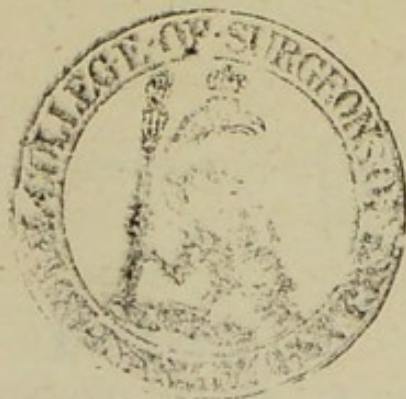
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NOTES

WORTH NOTICING, RELATIVE TO THE

CHOLERA.



French Academy page 69.

4

NOTES



This little Pamphlet will be found to contain most powerful reasons why Her Majesty's Forces by Sea and Land, and all other persons, shall not have the privations and heavy afflictions of Quarantine superadded to those of the Cholera, and the same may with great certainty be said in regard to Yellow Fever. The French Academy of Medicine, and divers others of the highest and purest authorities, who can have no motive for an undue bias, considering it established on "*incontrovertible*" proofs that Yellow Fever is not contagious (*taking*), can Quarantines regarding it be legally enforced? Would any officer, now-a-days, be warranted in ordering a sentry to shoot at a soldier trying to escape with life from a ship having Yellow Fever on board, or Cholera? Would this have been done in the case of the "Eclair" when losing men from Yellow Fever at the Motherbank, in the year 1845?—I think I may answer ten thousand times—No.

J. G.

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APR 11 1852

London :

W. J. GOLBOURN, 6, PRINCES STREET, LEICESTER SQUARE.

1852.

NOTES

CHAPTER I

DE GREEK

The first part of the notes discusses the history of the Greek language, tracing its roots from the Mycenaean period to the classical era. It covers the development of the alphabet, the influence of Sanskrit and Latin, and the role of the Church in the Middle Ages. The text is written in a clear, scholarly style, with numerous references to primary sources and secondary literature. The author's name, 'J. H. M.', is visible at the bottom of the page.

IS CHOLERA

A TRANSMISSIBLE (OR CONTAGIOUS) DISEASE?

MORE than twenty-one years have passed since I made public a series of official documents, from some of the highest authorities on the continent, relating to a subject deeply interesting to humanity.

At the time I speak of (1831-2), the Cholera had made its sad visits to most of the Kingdoms and States ; and several Governments, whose people had suffered most severely from it, loudly proclaimed the result of their observations for the benefit of mankind and as a warning against erroneous views. I was then in London, on the half-pay of a different rank from my present, and employed myself very assiduously in endeavouring to learn everything that could be learned throughout the city and neighbourhood, respecting this wonderful disease, as it made its appearance in various places, and collecting from every source all the information possible, from other quarters, in order that, should I be afterwards employed on service, I should be better prepared for Cholera, should it make its appearance under me. I had for some time occupied the house of a medical relative, in which I found an excellent library, containing, among other things, the

three volumes of the East India Reports on Cholera (extremely rare), which I studied very carefully, and made full notes upon, and which have ever since been of great advantage to me in forming opinions. It appears to me that the important continental documents to which I have alluded, if ever very generally known, have become forgotten, or nearly so, and I therefore, should not, at such a moment as the present, feel justified in withholding from the public all that has come to my knowledge regarding their existence.

With regard, then, 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 Schoënbrun, October 10th, 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,

* And thus, not having to speak in favour of Quarantines, in regard to preserving *health*, he speaks of them merely as a means of preserving trade, a circumstance I have, in the course of my life, been often obliged to witness.

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 awaken the sensibilities of our watchful guardians of the Quarantine, whose efforts in keeping out Cholera from the land proved, however, of as little use as those of the good woman are said to have proved, in keeping out the tide from her cottage with her broom.

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.

With regard to PRUSSIA.—The king declared that the appearance of the disease in his provinces “*had thrown new light on the question; he specified certain restrictions as to intercourse, which were forthwith to be removed, and declared his intention to modify the whole.*” In short, it is quite plain that, as Dr. James Johnson had it in one of the latest numbers of his Journal, “*Those regulations will, in more countries than Russia, be useless to all but those employed in executing them.*”

Having had possession for many years of a Report from

one of the physicians at the time in charge of a Moscow Cholera Hospital (Yakimanka), I know nothing so likely to prevent a panic, at sight of a Cholera patient on any occasion, as a perusal of some of his observations. He tells us, at page 10, that in his hospital he saw, "to his great astonishment*", that all the attendants, and 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." He saw that even the breath of Cholera patients was inhaled by others with impunity; he saw that throughout the district of which he had charge the disease did not spread through the crowded buildings, or in families where some had been attacked, and that exposure to exciting causes *determined* the attack in many instances. He saw all this, gives the public the benefit of the copious notes which he made details of, as to persons, places, &c., and then ridiculed the idea of contagion in Cholera. Grant to the advocates of contagion in Cholera but all the data they require, and they will afterwards prove every disease which can be mentioned to be contagious.

Hundreds of people, we will say, for instance, come daily from a sickly district to a healthy one, and yet no disease for some time appears; but at last an "inexplicable condition of the air," and "not appreciable by any of our senses" (admitted by Dr. — and others as liable to occur, but *only in aid* of contagion), takes place; cases begin to appear about a particular day, and nothing is now more easy than to make out details of arrivals, there being a wide field for selection; and even how individuals had spoken to persons subsequently attacked,—had stopped at their doors,—had passed their houses, &c. Causation is at once connected with antecedents, at least for a time, by the

* Considering the facilities given previously to the publication of the mistaken doctrine of contagion.

people at large, who see their government putting on cordons and Quarantines; and the most vague public rumour becomes an assumed fact.—We even find that contagionists are not unfrequently driven to the (*somehow or other*) mode of the introduction of Cholera by individuals; so that it may be deplored, with respect to this disease, in the words of Bacon, that “Men of learning are too frequently led, from ignorance or credulity (or sometimes, it is to be regretted, from self-interest, too), to avail themselves of mere rumours or whispers of experience as confirmation, and sometimes, as the very ground-work of their philosophy, *ascribing to them* the same authority as if they rested upon legitimate testimony: like to a government which should regulate its measures, not by official information of its accredited ambassadors, but by the gossipings of newsmongers in the streets; such, in truth, is the manner in which the interests of philosophy, as far as experience is concerned, have hitherto been administered. “Nothing is to be found which has been duly investigated; nothing which has been verified by a careful examination of proofs.”

But I must return to further lamentations and wailings, on the part of one other government, for the adoption, when the Cholera reached their territories, of the system of Quarantines and cordons.

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 favour of such restrictions, from their earliest days, being perhaps only equalled by those of the inhabitants of Italy; 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 following Decree, 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*.

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

* In the case of death from Consumption among our kind neighbours in Spain, 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 eight years ago, admission into a lodging in St. Roque, a town about five miles from Gibraltar, was refused to a respectable young woman from this Garrison labouring under Pthisis!

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 meantime, 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 fervour, for a modification of those laws which cut off intercourse between communities, 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

* 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!

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 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

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

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 (*mortiferas*) 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? ”

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, 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 as also shown in the Cholera season in Paris 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 “*juggleries*,” 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 at Gibraltar several years ago:—

And first, with regard to the large hospital called the “Hotel Dieu.”

“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, BAILLIU.

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

“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 6th, 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 30th, 1832.*”

“*Moniteur.*”

In laying before the public the foregoing lists of professors of medicine and surgery, whose high reputation is more than European, I consider that the force of evidence

against the contagion of Cholera can go no further, and I count upon those documents being so received by the public.

EVENTS REGARDING THE PREVALENCE OF CHOLERA IN
THE ARMY OF THE MARQUIS OF HASTINGS IN INDIA,
IN NOVEMBER 1817.

It was not till I had studied all the circumstances connected with this celebrated epidemic, that I became a thorough disbeliever in all that had been previously said in regard to the contagious (transmissible) nature of this disease. "The mortality, it appears, became excessive, when the commander-in-chief adopted (not cordons or Quarantines) but the wise resolution of moving his grand army, consisting of 11,500 fighting men, 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 Indian Reports furnish further evidence of mere removal producing health, where Cholera had previously existed.

Mr. Bell, a gentleman who had served in the medical department in India, and who wrote upon the disease, informs us (p. 84), "that removing 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 a contagious or transmissible 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 fifth 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 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 gentlemen, 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 Geo. Dartnell, formerly of the 41st Regt., and now a well-known, and very intelligent Staff Surgeon, serving at the Asylum for the Insane at Yarmouth. 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.

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 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.”

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). *2nd*, 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.” *3rd*, 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 of Paris, a letter from Dr. Gaymard 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 fatigue of this removal, and the time which elapsed after the invasion of the disease, the deplorable state of the patient on his arrival, then 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 (*entassees*), 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, cordons, &c. 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. Gaynard 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 show 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, as 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 hospital, 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 and sewing up of the bodies of such as were examined, which were very numerous; also cleansing 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 labourers 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 favour. 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 barques; 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 barques, 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.”

We find that the British Consul at Riga, as well as the British Commissioner, Dr. Hamett, of our R. N., both furnished our government with strong Reports against the contagion of Cholera, which I made full notes of at the time.

It is but justice to state, that in my investigations regarding the Cholera epidemic of 1831-2, I was most ably aided by Dr. Mateo Seoane, a learned Spanish physician,

the Editor of the last and best edition of Newman and Baretti's Spanish Dictionary, and deputed by the Spanish government to draw up a relation of the facts connected with the progress of the malignant Cholera in England, from its first appearance in Sunderland, which is very ably done in a pamphlet, edited by James Holmes, Took's Court, Chancery Lane, in 1832; and I have no doubt, that it is owing to this gentleman's exertions that we are indebted for the Decree of the Queen of Spain before given, abrogating all laws in favour of quarantines and cordons, and that his ever appearing at any time to lend himself to their use, was in compliance with the special desire of the Spanish Minister then in London. From my long intimacy with Dr. Seoane, in London and Gibraltar, I feel that I can answer for his accuracy in all his statements respecting the progress of Cholera.

THINGS WORTHY OF BEING REMEMBERED REGARDING
THE LONDON CHOLERA EPIDEMIC OF 1831-2, BY
DR. GILLKREST, INSPECTOR GENERAL OF ARMY HOS-
PITALS, H. P.

Being about to speak of the above Epidemic, 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 for 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 City.

My personal knowledge of the Spanish Physician, Dr. Seoane, 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 four miles distant only, and to the North-East at from fifteen to twenty. In the third month, that is, from 23rd December to 23rd January, it extended seventeen miles further North, that is, to Edinburgh; 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 23rd 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 nineteen miles to the North-East in the direction of Glasgow. In the fifth month, from the 23rd of February to the 23rd of March, it remained confined to London; and, in Scotland, extended thirty to forty miles more to the North, and some nineteen miles to the West. In this month it also appeared at Ely, in the centre of England, sixty-seven 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 showed itself in the neighbourhood of that city, at about eighty 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 eight, ten, or fifteen miles behind the cordon. Remarkable facts of a similar kind are shown 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 seems desirable that I should give here a sketch of the places in London and the neighbourhood, which I visited in the course of four or five months of the Cholera epidemic in 1831-2, for the purpose of obtaining information regarding that 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 Surrey 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 Street, Vauxhall Road, 2nd Cholera Hospital of the Guards; Marylebone Cholera Hospital; St. Giles's Cholera Hospital; Cholera Free Hospital, Greville Street, Holborn (this Hospital very frequently visited); Tower Cholera

Guards Hospital, and Artillery Hospital; Cholera Hospital, Aldgate, City; Bethnal-Green Cholera Hospital; Cholera Wards attached to the "Red-house" Lunatic Asylum, Bethnal-Green; Cholera Wards attached to "White-house" Lunatic Assylum, Bethnal-Green.

Not officially employed at any of the foregoing places, for reasons which may be surmised from what I have stated respecting the *particular object* (the establishment of contagion by 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 incontrovertible doctrine of the non-contagion of the Cholera; 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, *2ndly*, 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 then existing *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 twenty-one 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 Barracks).—John Webb, of the Grenadier Guards, attacked on the 15th of January, 1832, and whose case, if duly inquired into, will be found to have been a most perfect one of the true malignant Cholera, such as afterwards prevailed in other parts of London, and gave 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 then 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 (in 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, showing 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 3rd battalion, then stationed at St. George's Barracks, I believe more than two miles from the barracks of John Webb, and happened *on the 30th June*, in a man who had been in hospital under treatment for Diarrhœa since the 23rd 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, 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 that hour, any other person in 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 sixty to eighty 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 showed 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 the then Colonel Hare, now General Clarges, 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 February, 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 was badly situated, as well as the medical men, continued free from attacks.

SOUTHWARK (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, three other children, three inhabitants of the lower part of the house, together with the many medical men who visited the house, remained free from attacks of the disease.

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

Margaret Donoghoe, 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

* After the lapse of several days.

(Silver-street)—*continued.*

13th February, 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 the following Sunday night, when I visited the place, none of those children were attacked. None of them have been reported as being attacked. On Thursday, her eldest daughter having been questioned, stated, in the presence of Colonel Hare, that, of perhaps one hundred 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 had 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 twenty 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 was afterwards more prevalent in London. The body, placed in a coffin, lay in the next room to that in which the family lived on the 19th, the lid being occasionally removed by the relatives. In this house, which appeared very comfortable, there was 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 had, up to the 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 that day saw a fresh

(Duke-street)—*continued.*

set of lodgers, and in the next room there were also fresh lodgers, making in the whole seven families exposed in that 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 that 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 Col. Hare, that, up to the 16th, from sixty to seventy persons had been in the room after his death. Several medical men visited that man. According to all the inquiries I had been able to make on the spot that evening, no person in the house or neighbourhood had 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 assured me that this, to a certain extent, was already the case,—one of the many natural consequences of the very erroneous doctrines which had gone forth as to the then prevalent disease being a "*taking*" one.

SOUTHWARK (——— Street).

Mr. ——, a respectable tradesman, living in a most comfortable, well-ventilated, well-furnished house, attacked on Tuesday, the 14th, had 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 (the evening of the day before), 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 circumstances of one or more members of the same family being attacked during the

prevalence of the present or any other epidemic;—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.

SOUTHWARK (Vine-street, No. 10).

Three women and one child attacked between the 10th and 14th, 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 that hour, were one child, two nurses, two owners of the house, and twenty-three 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.

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 had been no fresh cases at all, although those places were greatly crowded, and there had 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 those quarters is beyond all conception. A writer had 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 town of a country deemed uncivilized, which I visited, misery like that I now speak of, did not exist. As to looking to parishes for full relief to the numerous poor which they contained, it seemed 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. 23rd, 1832.

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

A report seemed prevalent at one time in London, that mental derangement gave exemption from Cholera; but the facts in 1832, at the lunatic establishments, Bethnal-green, "Red House" and "White House," completely disprove this; and I beg to quote the following 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

* September 1, 1832.

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 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 show 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 over-worked, 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.
2nd ..	17 ..	16	It continued to prevail at the places near the river, and also appeared in the Parish of Marylebone, three miles distant from the point nearest affected—the case of a boy, regarding whom no assumed source of contagion could be discovered.
3rd ..	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 eight miles below London, close to the river, leaving free from the disease more than four 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 ten miles round St. Paul's. During more than two months' prevalence, up to 23rd April, my late friend Dr. Seoane, a Spanish physician, 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 show, 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.

District.	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 souls.
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 for 387 souls	1 for 714 souls.
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 Ma- rylebone	93	33	122,206	1 for 1314 souls.	1 for 3703 souls.
St. Pancras	19	15	103,548	1 „ 5449 „	1 „ 6903 „
St. George, } Hanover Sq. }	16	10	58,209	1 „ 3638 „	1 „ 5820 „

Unhesitatingly will I answer for the good faith and the accuracy 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 favour 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 "three years" previous. "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 thirteen 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 thirty-nine women who washed the clothes of more than sixty 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 of 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 expense 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*, whether published altogether at the public expense, 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, shown 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; for the late lamented and very zealous Col. Cross, Commanding Officer of the 68th Regiment, seeing that his corps continued to suffer greatly from Cholera while confined to Clare Castle, resolved to place his men under canvas in the neighbourhood, where, as in the case of the army of the Marquis of Hastings, as stated above, his men became restored to health.

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 deterred 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 Oxyde 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.

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 be it remembered

* 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. 34.

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 also emitted a long letter, dated 23rd 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, strange to say, had 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 officers, 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 Dr. Wm. Fergusson, whose long and faithful career in those Islands are well known and appreciated (of experience in the disease I am speaking of, twenty times greater than that of our quarantine chief) and who has told us* that, at Barbadoes, cases of yellow fever *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.

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

As a very general rule, which may be collected from all that I have laid before my readers in the preceding 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 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, 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 1831-2; but from what I observed

* 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

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 contrary, 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, some 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.”

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 enclosed 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*.

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 gentleman 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 unmistakeable 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 thirty-five 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 first century), we find the closest and most minute details.

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

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

Cælius Aurelianus (supposed fifth century) gives unmistakeable symptoms.

Then we have *Ætius* (sixth century).—*Trallianus* (sixth century).—*Paul Æginetæ* (seventh century).—*Mercurialis* (sixteenth century).—*Riverius* (sixteenth century).—*Bonnetus* (seventeenth 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 personal safety from approaching Cholera patients—should have closed at the preceding page.

So many professional men of experience, who have closely

applied themselves 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 quite admit the premonitory symptoms to be of such invariable 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 of late years 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 twenty-four, thirty, 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 spoonfulls 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 twenty, thirty, or even more, in the course of twenty-four 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. Pinckard, 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 56, 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

* Practitioners are enjoined by Dr. Shute not to be too impatient in administering other remedies at this period, as a favourable change is not to be expected immediately, the warmth of the body and restoration of the functions not beginning to show themselves till after the lapse of twenty-four, thirty-six, or perhaps forty-eight hours.

journals in England. It may be remarked that cold drinks had, among other things, been used by some of the oldest authors.

IN GIBRALTAR the disease showed itself about the middle of June, 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 rigour 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 assured 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 Bethnal 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 had been lately successfully and promptly treated. We have, in consequence, been favoured 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 ourselves 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 had been admitted every where else.

“ ‘The epidemic had passed off at Gibraltar,—first, without the recommendation of vexatious measures calculated to prove galling or injurious; secondly, without any very material expense 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 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 showed 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 character 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, Lieutenant 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 all have 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 inducing 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.

The people of MALTA, like those of Spain and other countries, having attained greater knowledge of the Cholera by experience, no apprehension need be entertained, if the disease should re-appear in that kingdom, of the re-adoption 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 long after it appeared. 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* laboured 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

* Immediately after our severe yellow fever epidemic at Gibraltar, in 1828, which, as mentioned higher up, lasted five months, I drew up a very full, and, I think, 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 then 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.

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 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.

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.

* 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.

Finally, I would beg to offer my convictions 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 adopted in Russia so long ago as 1848, and which secured great freedom of intercourse with the sick, unless objections should arise on the score of locality.

To whatever else, then, the epidemic malignant Cholera may be owing, its contagious property has been in no manner proved in any country, but quite the contrary, as an investigation by the British Parliament will now, if entered upon, readily show, and which, ere long, it is to be hoped, will take place; so that, in the country where we have a law which stays the hand of the master from the excessive punishment of the dumb animal, we may also have a law which will throw open to the afflicted with Cholera, under all circumstances, every possible measure of attention, protection, and kindness.

THE END.

Finally, I would say that the committee has
not recommended to give the Bill the sick
in the state of epidemic. It can be thoroughly effective
and based upon the measures adopted in Russia as long
as 1817, and which secured great freedom of intercourse
with the sick, upon objections should arise on the score of
health.

To whatever else, that the epidemic malignant
may be given. Its contagious property has been in an
almost proved to say the least, but quite the contrary,
as an investigation by the British Parliament will show.
It is not true, really more, and which, as long as it
to be feared, will take place; we fear in the country where
we have a law which says, the head of the country, from
the excessive punishment of the sick, and we may
also have a law which will show that in the affected
other, that all the measures, every possible means
of allusion, protection and isolation.

IT seems admitted, on all hands, that the Yellow Fever cannot be communicated *during a winter* in this country:—my acquaintance with that disease began and ended in *warm climates*, (West Indies and Gibraltar,) and in the formal account I have given in the Second Report of the present “General Board of Health” to Her Majesty on Quarantine (now, it may be said almost within the reach of everybody) the public have ample means of judging of the great error, to say no more, of its being considered by quarantine people as contagious or communicable in a warm more than in a cold country.

A. G.

It seems almost on all hands, that the Yellow
fever cannot be communicated directly, a chain in this
country:—my experiments with first disease began and
ended in some instances (W. J. J. and G. J. J.) and
in the former account I have given in the Medical Review
of the present "Journal of Health," to the
fact of a certain case, it may be said, which
the truth of everything, the public state might easily
judging of the great error, to say no more of its being
considered by determining people, as contagious or certain
likely in a worse sense than in a cold fever.