

**ASIATIC CHOLERA: ITS
SYMPTOMS,
PATHOLOGY AND
TREATMENT, PP.13-219**

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Asiatic Cholera: Its Symptoms, Pathology and Treatment, pp.13-219 by Richard Barwell

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RICHARD BARWELL

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ITS

SYMPTOMS, PATHOLOGY AND TREATMENT.

ON
ASIATIC CHOLERA.

CHAPTER I.

THE SHADOW OF A COMING EVENT.

CHOLERA, or Asiatic Cholera, is a disease of epidemic character, which has always originated in the East, and spread gradually to the West. Its course between the year 1845, its second epidemic appearance in India, and the year 1848, its second epidemic appearance in England, is as well known as is the course of our India mails, and the dates of its arrival at certain towns, its modes and rates of travel, are all as well ascertained.

The statistics of its late visit to England are minute and circumstantial, and prove beyond all doubt, that the disease spreads by virtue of true epidemic, or atmospheric quality, and that contagion has little or nothing to do with it. Thus the disease seems to have broken out in Sunderland, Hull, and London, in each town, within a day or two of its attack in the other; a circumstance which can hardly be considered

possible, if the disease were propagated by contagious principle; but if it spread by epidemic power, it would be, considering the geographical position of Hamburg and Denmark, the very mode of attack most to be expected. Again, it broke out in London, not by gradually spreading from one, or even two centres; but by an attack on two or three almost simultaneously; then other places having no discoverable communications either with the first centres, or with each other, were invaded, and one outbreak, that on board the Convict-ship, or *Justitia* hulks, was shown beyond doubt to have arisen without any possibility of communication with any infected place whatever, as Mr. Grainger thus reports:—"A convict was seized in the *Justitia* hulk, at Woolwich, on the 2d of October; but the convicts at Woolwich, though they work in the dock-yard, are watched by armed soldiers, and are allowed no intercourse whatever with other persons, while the *Justitia* herself lies about three miles below Greenwich, far apart from any other vessel, except the Convict Hospital-ship, no merchant-vessel anchoring at this point of the river; so that if cholera had been raging at Woolwich, and had been prevailing in the vessels in the Thames, above Woolwich, the origin of cholera in the *Justitia* would not

have been attributable to contagion. But there was no cholera in Woolwich, nor in the merchant-vessels in the Thames; and the only cases in London, which were anterior in point of time to this, were those at Horsleydown, seven or eight miles distant, and in Fleet-street, ten or twelve miles distant. The occurrence of contact or proximity between these individuals, and the convict at Woolwich, may therefore be said to be absolutely impossible."

"So, again, in the *Dreadnought* Hospital-ship, a man was attacked on the 5th of October. The *Dreadnought*, as has been just stated, lies off Greenwich, three or four miles distant from the *Justitia*, with which it holds no kind of communication; it is also many miles distant from Horsleydown, Lambeth, Chelsea, and Fleet-street. This man had been on board the Hospital-ship, under treatment for another complaint, a month before his seizure; he could not, therefore, have been in contact, or proximity with any of the nine cases, which occurred previous to his attack; and no sailor arriving from any infected place had been admitted with any complaint whatever for some considerable time. 'By permission of the officers,' says Dr. Parkes, 'I took the opportunity of inspecting the admission book, and learned that no sailor ar-

riving in a ship from any port, in or near which, cholera was or had been prevalent, had been admitted with any complaint whatever, for some considerable time.' The disease, therefore, could not have been brought on board by the clothes of some non-infected individual, arriving from an infected ship."

Thus the conclusion is inevitable, that the poison, whatever it may be, is in the atmosphere, *i. e.* epidemic;* or that it depends, as some suppose, upon an obscure change in the

* A curious fact with regard to the absolutely non-contagious qualities of cholera deserves to be mentioned. The ward, in which the cholera patients were received, is at the bottom of a staircase, at the top of which is Abraham's Ward, and there are two intervening wards; George, the lower, Isaac the upper, of these two. Now of all the wards in the hospital Abraham's was that in which most patients were attacked with cholera or choleraic diarrhoea, while in Isaac's were much fewer, and in George's none. This created some surprise, and after inquiry it was thus explained. The mattresses in St. Thomas's are stuffed with flock, and each is emptied, when a patient occupying it has died, and the room in which the material was kept was then next to Abraham's Ward. Now it was found that the patients in Abraham's, who were allowed to leave the ward, were in the habit of lying down upon this flock before it had been properly purified, only a few ascended a flight of stairs from Isaacs, and fewer still, probably none, from George's. It was vain to remonstrate with the patients, and point out the folly of this proceeding; it was still continued. After a time, the room was kept locked, and then Abraham's was as free from cholera as any other. This fact does not go far to prove that this disease may, under certain circumstances, be slightly contagious; but it should hardly be quite overlooked.

usual electric and magnetic balance of earth and air, (which latter theory to be received requires more proof.)

Now, the disease attacked in preference, and most violently, those parts of town, where the lowest sanitary conditions existed, and was elsewhere hardly felt; it returned, says the report, in 1848, to the same courts and filthy alleys, to the same houses, aye, in many instances, to the same rooms, as in 1832; wherever fever was sporadic and most fatal, wherever scarlatina was malignant, and where small-pox assumed its worst forms, there did cholera show itself in its most deadly shape: thus in the parish of Bermondsey, the proportion of deaths to the number of inhabitants was 278 to 10,000, while in the Hanover-square district of the St. George's, Hanover-square, parish, 3 to 10,000 was the proportion; while in Jacob's Island, a horrible and filthy den of loathsomeness, disease, and crime, no less than 61 deaths occurred among 300 inhabitants, more, namely, than one fifth of the whole population, making the proportion 2033 : 10,000. The ratio between the deaths in these parts of town is 3, 278, 2033—showing that the choleraic influence, whatever it may be, is comparatively harmless in this climate at least, unless mixed

with, and aided by, certain local malarious poisons, which are very much or entirely under our control.

The neighbourhood of St. George's, Hanover Square, lies high and distant from the large open sewer, the Thames; it is well drained, is not over crowded, has several squares, broad streets, &c., and the cholera destroyed but 3 inhabitants in 10,000. Jacob's Island lies low on the banks of the Thames, is surrounded by a tidal ditch, containing most filthy mud and water, is not at all drained, is overcrowded, and the houses closely packed; in fact, the most pernicious combination of poverty and filth is here to be found, and cholera killed one fifth of the inhabitants. Thus, however powerful and virulent the cholera-poison may be, it really seems, that the constant local evils are necessary for its development and action; and that, where these social cesspools do not exist, there the disease is powerless; as German mystic tales make the hero unassailable by the fiend, until some fault of the man has given power to the demon.

During the spring and summer of 1848, neuralgias and intermittent fevers were extremely common; influenza was violent, and attacked a very large proportion of London's