

**A COMMUNICATION
FROM THE CITY
PHYSICIAN ON ASIATIC
CHOLERA, NO. 21, 1866**

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A Communication from the city physician on Asiatic cholera, No. 21, 1866 by Various

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VARIOUS

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City Document.—No. 21.

CITY OF BOSTON.



A COMMUNICATION
FROM THE
CITY PHYSICIAN
ON
ASIATIC CHOLERA.
IS IT A CONTAGIOUS DISEASE?
1866.

In Board of Aldermen, January 29, 1866.

Laid on the table, and 1,000 copies ordered to be printed.

Attest:

S. F. McCLEARY,

City Clerk.

LAW OFFICE

CITY OF BOSTON.

CITY PHYSICIAN'S OFFICE, January 27, 1866.

TO THE MAYOR AND ALDERMEN, *Health Commissioners of the City of Boston.*

GENTLEMEN: On the second of October, 1865 (City Doc. No 73), I had the honor to present to your honorable body a communication on the subject of Cholera, in which, when speaking of the contagious and infectious nature of the disease, I stated as follows, viz:—

“ With regard to one point, touched upon in the despatch alluded to, I should differ from the opinion there expressed by Mr. Morris,—the contagiousness of the disease. From the best evidence, Epidemic or Asiatic Cholera, is neither infectious nor contagious. The experience of the physicians and attendants at the Cholera Hospital, organized in 1849, on Fort Hill, an experience extending over a period of four months and a half, and based upon the treatment of more than two hundred and fifty patients, fully warrants this belief.

“ There were about twenty-five attendants in the Hospital, exclusive of medical officers, at different times, all of whom were more or less constantly in proximity to the subjects and their excretions, and many of them were only for a very few

hours at a time out of the ward. Four physicians and four medical students were engaged in the duties of the Hospital; two of the latter for a short period only. Of the others, the students were untiring in their devotion to the sick, often irregular in their meals, and having a much smaller allowance of sleep than nature is supposed to require. The physicians spent from six to eight hours daily in the house, until about the close of the epidemic, and when the number of patients was large, were often engaged in the duties properly belonging to nurses. Of all these attendants, but two had the symptoms of the disease, and in one of these they were not all present, and in the other the most marked early symptom (rice-water discharges) was entirely wanting. Two of the attendants had cholera at the time they entered the house, and neither of these had any return of the disease. The diet of the attendants was not restricted. Meat, fruit, vegetables, even salad, puddings, etc. were freely partaken of.' (City Document No. 68, 1849, Report on the Cholera in Boston.)

"This would seem to settle the question of its being propagated from one individual to another, and ought to allay all fear upon this head which may exist in the community. It is a true epidemic; extending in its course along the great highways of the world; developing itself at the centres of population; seldom spreading into rural or sparsely settled districts, and in its increased and diminished intensity during different periods of the same invasion, under the control of atmospheric and hygienic influences. Whatever tends to lower the vitality of individuals or communities, to diminish their power to resist disease, acts directly to increase the susceptibility to any epidemic, and it follows necessarily, therefore, that the more perfect the sanitary condition of a city or community, having regard not only to the common nuisances, so called, but also to the general social condition, the more perfect will be the protection from cholera or any other disease of like epidemic form, and *vice versa*."

The consulting physicians also, in their Report (City Doc. No. 95), under date of November 11, 1865, took the same view.

“Under a deep sense of their responsibility in expressing the opinion, the consulting physicians unequivocally declare their conviction that the disease is neither contagious nor infectious; that it cannot be propagated by being near the sick, nor by handling the secretions or excretions from bodies of the sick or of the dead. The disease is epidemic, and cannot be restrained or controlled, in its progress, by quarantines or cordons of any kind. It can be controlled by temperance, chastity, and, above all, by perfect cleanliness, and by these only.

“The consulting physicians, being of the opinion that neither quarantines by sea, nor sanitary cordons by land, have ever been found, or can be made, effectual in protecting cities or communities from the visitation of cholera,” * recommend that no such restrictions be made; but, in order to produce tranquillity in the public mind, and from respect to the opinions of those who think differently, they think it might be well that vessels coming from places in which the disease exists should be made subject to the visitation of the Port Physician; but that none of the passengers or crew should be in any way restrained from freely communicating with their friends on shore, or with the city, or from landing at any time with their personal baggage and effects; and no vessel should be detained in quarantine longer than is absolutely necessary to put her in a cleanly condition.”

Since then evidence has been accumulating, so direct in its bearing upon this point, and from sources so reliable, that I have been compelled to change my opinion. The vital importance to this community, of thoroughly appreciating and clearly understanding the modes by which cholera is propagated from one locality to another, as noticed abroad, and a deep feeling of my own responsibility in the matter, has induced me to lay before your honorable body, somewhat at length, the evidence upon which this change of opinion has been based.

* See City Document No. 29, 1843.

The sources of this evidence are the medical journals of this country and Europe, especially the *London Medical Times and Gazette*, and the *Archives Générale de Médecine*, of Paris, in which are to be found reports and papers upon this disease and its progress, from the earliest history of the present epidemic; many of them written on the spot where the epidemic was raging, and accepted by the profession at large as entirely credible authority.

It is proper to state, here, as preliminary to the introduction of the evidence, and also for the reason that confusion as to the identity of the diseases sometimes arises from their similarity to each other to a certain extent, that there are three diseases, all of them characterized by excessive action of the alimentary canal, and all of them going by the common name of cholera, which are entirely and essentially different.

These are, first: "Cholera Morbus," so called, but which, for greater scientific accuracy, an English writer proposes to name "Endemic Hepatic Cholera;" "Asiatic Cholera," or, more properly, "Epidemic Intestinal Cholera;" and a disease more rarely known, but well recognized, for which the same writer uses the term "Septic Cholera."

The first of the three occurs under the influence of the seasons; originates in excessive action of the liver; affects, it may be, many persons at a time; and occasionally proves fatal; but never spreads by intercommunication, nor moves from country to country. (Those who are curious may find in the journal from which the foregoing is taken — *Medical Times and Gazette*, Sept. 7, 1865 — very satisfactory reasons why cholera morbus does not generally occur in the early months of the year, but always "returns in the autumn as surely as the swallow returns in the spring.")

The second is not controlled or affected by season or place. It may begin with a single case, or great numbers may be seized at once. It has a tendency to spread from its original starting-point, moves from country to country, and, in the main,

presents the same symptoms wherever it goes. These symptoms are, an excessive secretion from the mucous membrane of the alimentary canal, while the function of the liver is either unaltered or entirely suspended.

The third is caused by the absorption of the poison which emanates from decaying animal or organic matter, and is seen in those who dissect in ill-ventilated rooms, and frequently occurs among persons who are employed in removing night soil, or cleaning out sewers. I have been informed that well-marked cases of this have been noticed amongst the medical students at the College in this city, and the outbreak of sickness in the Home for Aged Females, in Charles Street, reported to this office by Dr. Francis Minot, physician to the Home (city document No. 73, 1865), was, undoubtedly, an instance on a large scale, twenty-seven of the inmates having been attacked in one night. A peculiarity of this last affection is, that after a time, those who are subjected to the influences which produce it, lose their susceptibility and are no longer affected, until the practice of the art or calling which brought them into daily contact with the cause, having been intermitted for a while, the party returns to it again, — a fresh man as it were, — once more to acquire a tolerance, by passing through another seasoning.

Between the 1st and 20th of May, 1865, an almost incredible number of pilgrims assembled at Mecca, to celebrate the great feast of sacrifices, one of the most sacred festivals of the Mahometan calendar. Here was the outbreak of the disease, the starting-point of the cholera. The following extract from a report made to the Emperor by the French Minister for Foreign Affairs, will show how this occurred: “The information, gathered from the consular agents, and confirmed by the unanimous report of the physicians, manifestly proves that the epidemic has been imported into Egypt by pilgrims returning from Mecca and Djeddah. Thus it is alleged that the cholera exists every year among the caravans of Mussulmans arriving at these holy cities after fatigues and privations of every kind,

which render them more liable to malady. This predisposition is singularly favored by the state in which these multitudes live, — camping in the open air, exposed to a torrid heat, and to the influence of the pestilential miasma given forth by heaps of impurity and the putrefied remains of animals offered in propitiatory sacrifices. These permanent causes of infection have been still more active this year, by reason of certain facts, which may again occur, and which we consider we ought to point out to your Majesty's attention."

"Upon the one hand, the number of pilgrims collected at Mecca for the Kourban-Beiram (feast of sacrifices) was, owing to a particular circumstance of the Mussulman rite, far more considerable than in preceding years. The number of individuals, of all ages and both sexes, arrived from the various Mahometan countries to go through the consecrated ceremonies, was estimated at no less than 200,000, and the quantity of sheep and camels slaughtered, the offal of which was abandoned on the ground, exceeds a million. It is not astonishing that this agglomeration of human beings, and this enormous quantity of animal substances in decomposition, should have developed, in exceptional proportions, the conditions of insalubrity which the pilgrims habitually encounter."

"Upon the other hand, it is to be remarked, that in former times, the principal movement of pilgrimage was carried on by land, and that the passage of the desert contributed to improve the hygienic condition of the caravans, by isolating and dissipating the morbid elements they carried with them. Nowadays, on the contrary, thanks to the facility and resources of steam navigation, it is by sea, and in a very short space of time, that these voyages are, in great part, accomplished, by the aid of packets, upon which are crowded thousands of Mussulmans of every nationality. This accumulation, added to the shortness of the passage, is certainly one of the causes which most contribute to the development of epidemic centres."

This testimony of M. M. Drouyn de L'Huys, with regard to