

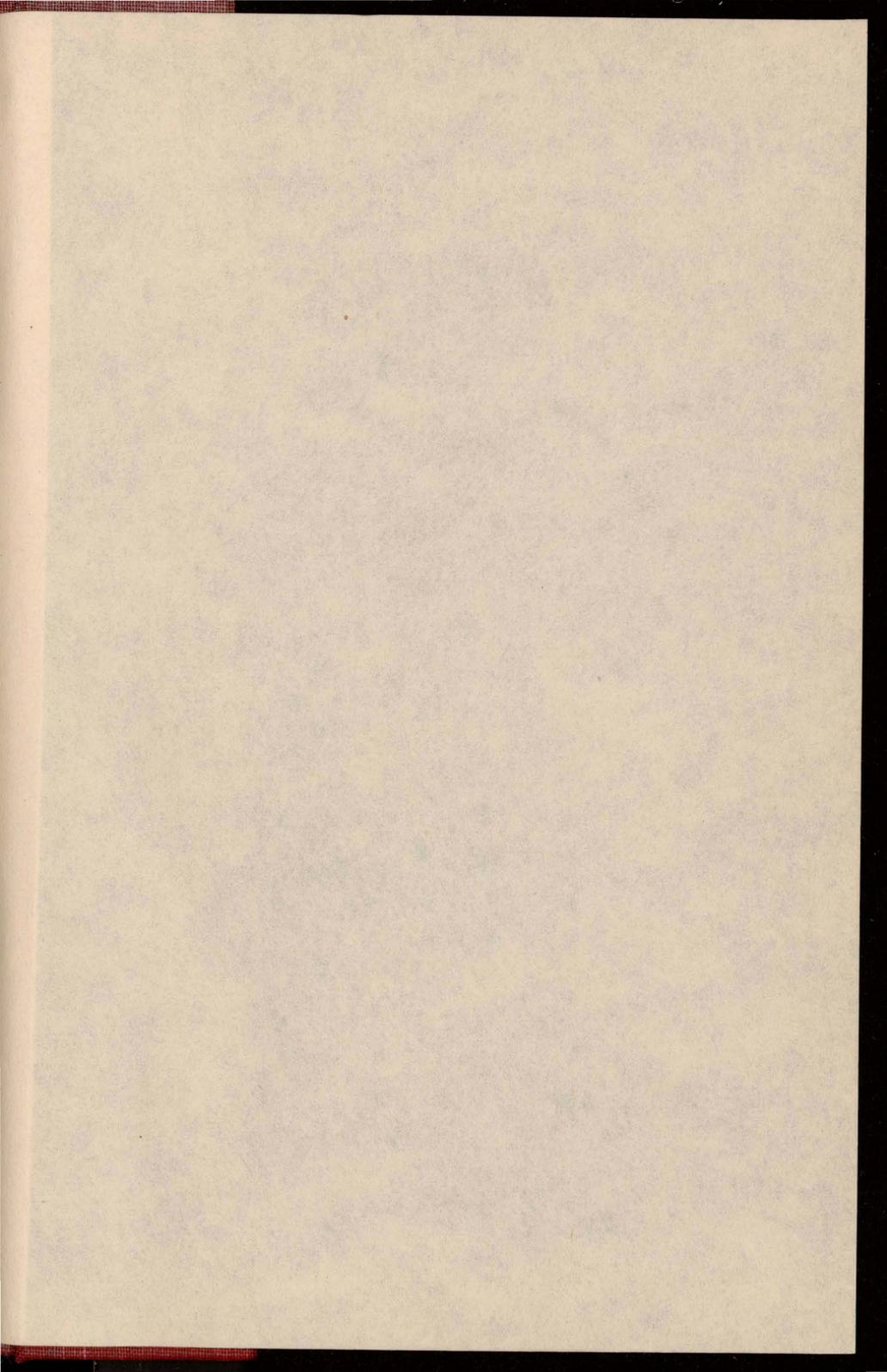
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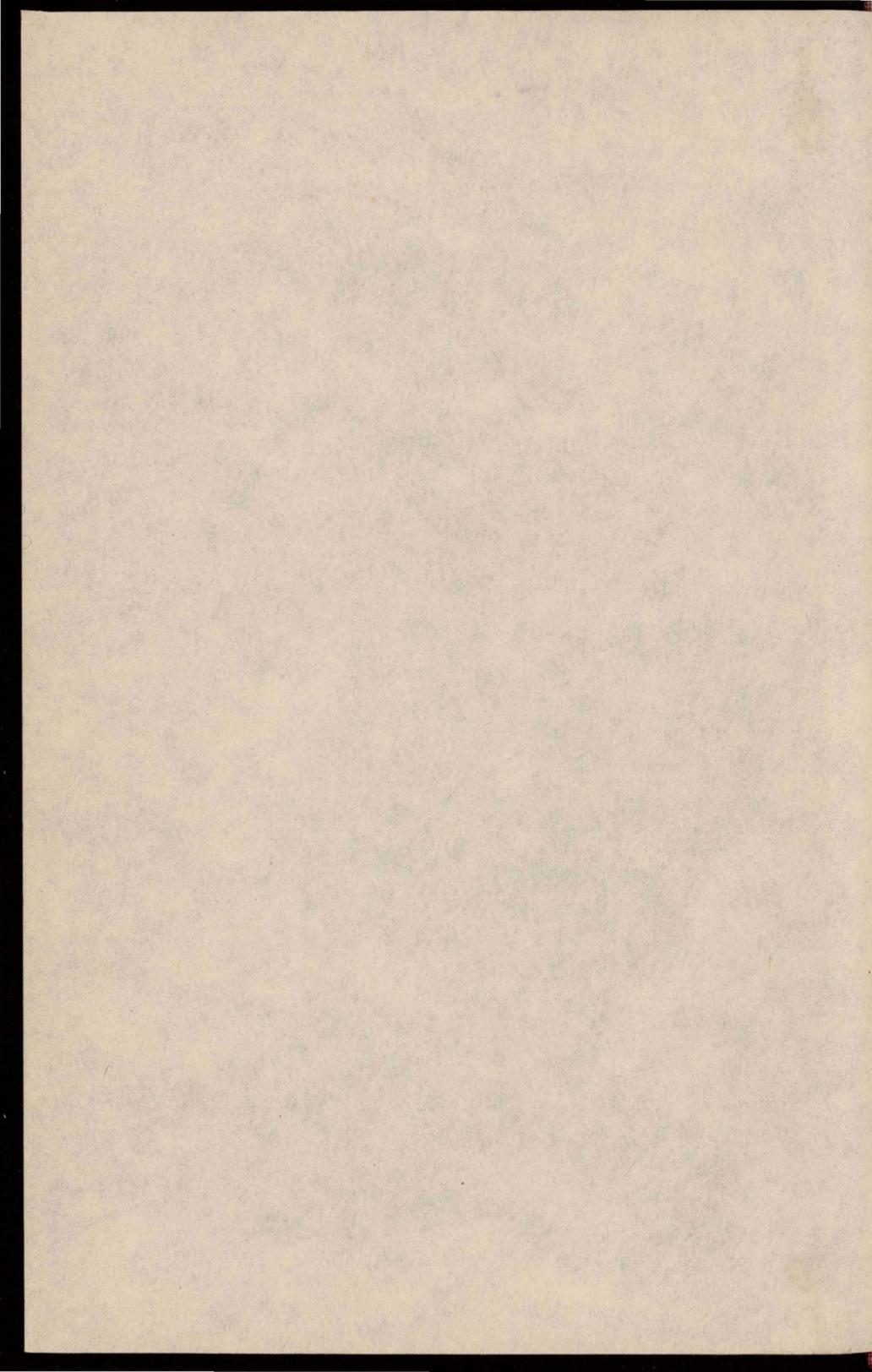
RICHARDSON

ASIATIC CHOLERA

1831





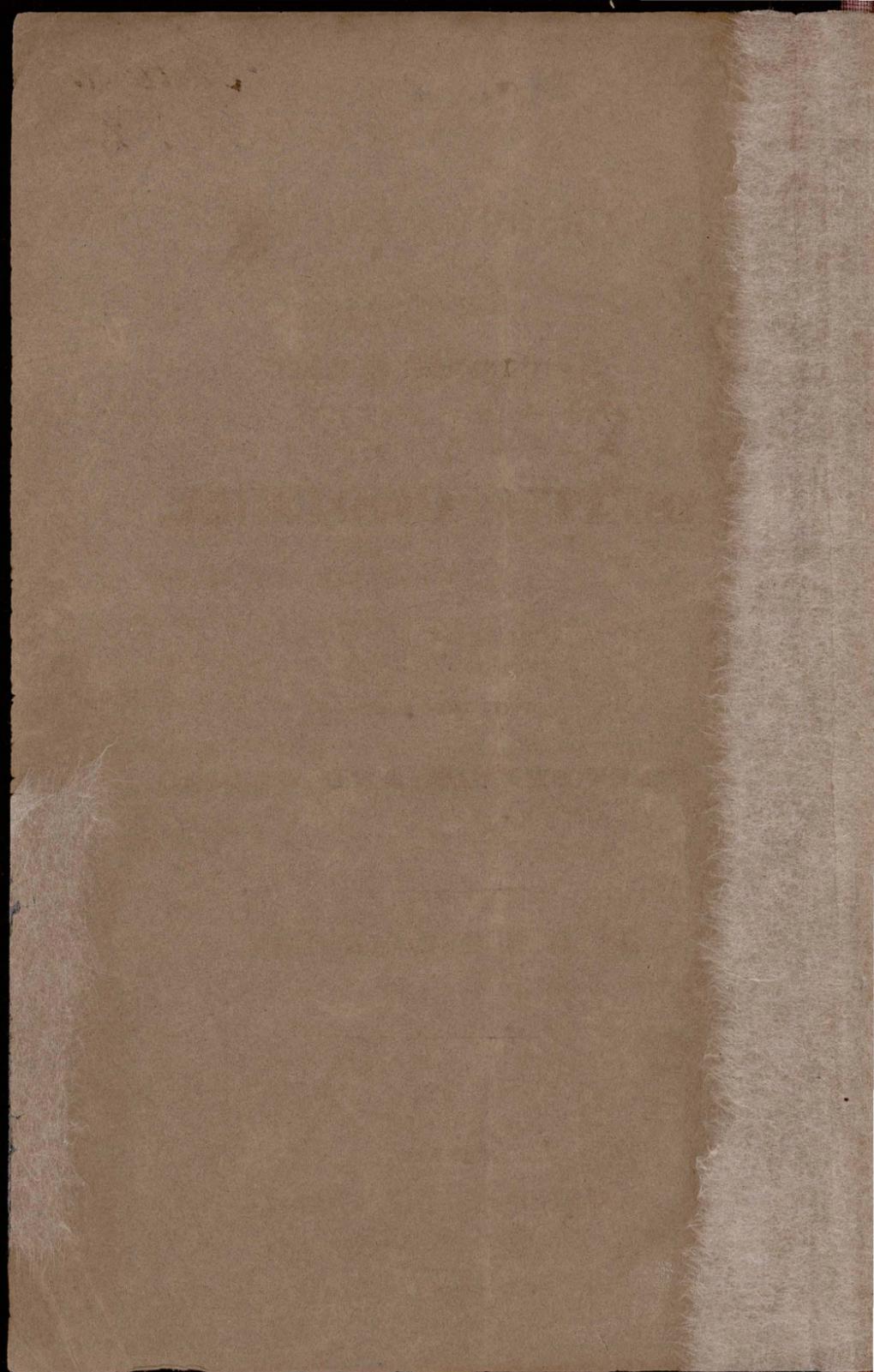


Richardson

Mr. Spiller Esq.  
With the Author's  
respects.

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Richardson (R.S.)

**CURSORY REMARKS**

ON THE

**Contagious Nature**

OF THE

**ASIATIC CHOLERA,**

WITH

*Box 1/1*

A SUMMARY ACCOUNT

OF THE BEST MODE OF

**PREVENTION AND CURE.**

*59589*  
*Washington*

**BY R. S. RICHARDSON,**

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, &c.

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After so much has been written about the Asiatic Cholera, it may be considered unnecessary to say any thing more upon the subject; but the very incorrect opinion respecting its non-contagious nature, which has begun to influence the public mind, calls upon me, by every claim of justice and humanity, to expose its fallacy. Under such circumstances I think no apology is requisite for submitting the following remarks to public consideration.

1, *Bartlett's Buildings, Holborn,*

*Dec. 1, 1831.*

**CURSORY REMARKS**  
ON  
**THE ORIGIN AND PROGRESS**  
OF  
**CHOLERA.**

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ASIATIC CHOLERA rarely attracted notice until 1817, when it made its appearance in the Delta of the Ganges; and from this quarter it gradually overrun India, where no effectual means were taken to check its progress, in consequence of the belief generally entertained there that it was not contagious. The disease at length arrived at the South Eastern frontier of Russia, from which it spread to Moscow. When it began to make further progress, England, France, Austria, Prussia, Sweden, and Holland, sent commissioners to enquire into its nature and mode of propagation. After a patient and attentive investigation, the commissioners from these various countries all declared to their respective governments that it was propagated by contagion. It is true that when the disease reached Warsaw, the French physicians there declared that it was not infectious; but it ought to be remarked at the same time, that out of about twelve French medical men who went to the capital of Poland, six have died. It ought further to be noticed, that Diebitsch on the one side, and Skrznecki on the other, were both of them satisfied of the contagious nature of the disease.

Complaints which are epidemic without being contagious appear in distant places at the same time, or travel with a most unaccountable rapidity; cholera, on the other hand, makes its way very progressively. Epidemics cannot be stopped; but the progress of cholera has been arrested repeatedly. Contrary to the usual course of epidemics, cholera has spread alike through the burning sands of Arabia, and the snow-clad territories of Russia. It is well known to medical men that some peculiar state of a person is requisite to render him liable to the influence of an infectious disease. Ten persons may be bitten by a rabid dog, and perhaps only one of the ten may be affected by hydrophobia: but would any reasonable man say that hydrophobia was not caused by the bite of a rabid animal, merely because nine out of ten may happen to escape after having been bitten? In the same manner many are exposed to the infection of cholera without receiving it; and the same rule holds good with typhus fever and the plague. Many are exposed to scarlet fever and the measles without being affected; but surely no one would attempt to prove by such reasoning that they are not contagious.

When malignant cholera gets into a country, it arrives by the frontier next to a district already affected; or when it enters an island, it is by a sea-port. Thus in the Isle of France it first broke out at Port Louis; in Bourbon at Port St. Denis; in Ceylon at Jaffnapatam and Columbo; in Sumatra at Acheen; in Java at Batavia. That it was taken to these sea-ports by vessels coming from infected places, no reasonable man can doubt; for, if it were produced by other causes, why should it invariably commence in an island at a sea-port, in preference to the interior? To establish the contagious nature of the disease beyond all doubt, we have merely to mark its

progress from place to place, and in doing so we shall find that it follows the course of the rivers and the high roads, first affecting the inhabitants of the villages by the way-side, and afterwards extending to those which are more distant. In many instances too the infection was carried by the trading boats from one city to another. In fact it travels by the route in which man travels; stops where he stops; and this and other circumstances serve to prove that it is conveyed by man.

In those parts of Russia in which all communication with infected places was avoided, the inhabitants were not affected by the disease. Whilst the cholera was at Astrachan, "many gardens and farms in the neighbourhood remained exempt from it, having broken off all intercourse with the diseased districts. In many villages too where similar measures of security were taken, the issue was equally fortunate, although the cholera raged all around them; for example, the Lordship of Smirnov, Beketov, and Prince Dolgoruki in Sarepta, eight miles from Zaritzin, and some other places." It was not merely in Russia that this was remarked. The Shah of Persia protected Teheran from the cholera for eight years, although it was making destructive ravages around him on all sides. Non-communication with infected places was here strictly enforced.

Let the anti-contagionists consider these facts; let them reflect upon the direful consequences which would ensue if they succeeded in convincing the government and the public of the correctness of their opinions. The natural consequence would be that those precautions against the disease would be neglected, upon which the safety of thousands depends. Are those who declare against contagion aware that eighty thousand persons have been cut off in Galatia, and a hundred thousand in

Hungary, where the people disbelieved in its contagious nature, and consequently took no measures to prevent infection? Whilst in Berlin, where means were taken to avoid contagion, eleven hundred only were attacked out of a population of a quarter of a million.

The Asiatic Cholera has at length reached this country, having broken out at Sunderland a short time ago. The medical men practising there denied this to be the case; but the description given of the disease proves it to be the same as that which has overrun the continent. The inhabitants of Sunderland have an obvious interest in denying it to be the cholera; their trade suffers seriously in consequence of their vessels being put under quarantine; and they fear that their intercourse with the rest of the country will be suspended by a sanitary cordon. Under such circumstances we cannot be surprised at their reluctance to acknowledge the existence of the disease, when, in consequence of doing so, they might be put under the ban of exclusion. This would do them more injury than the disease itself.

And here I would beg to enter my protest against cordons of troops for any such purposes. The king of Prussia, with a view of preventing the progress of the disease, made trial of sanitary cordons. The consequence was that the trade of the country was so seriously injured thereby, that he found it absolutely necessary to abolish them. In a proclamation which his Prussian majesty issued upon the subject, he declared that the injury which they did to internal trade was more to be dreaded than the cholera itself. In this country cordons would do still greater mischief, in proportion to our more extensive internal trade.

The only rational plan of diminishing the number of victims to the disease, is by avoiding any needless ex-

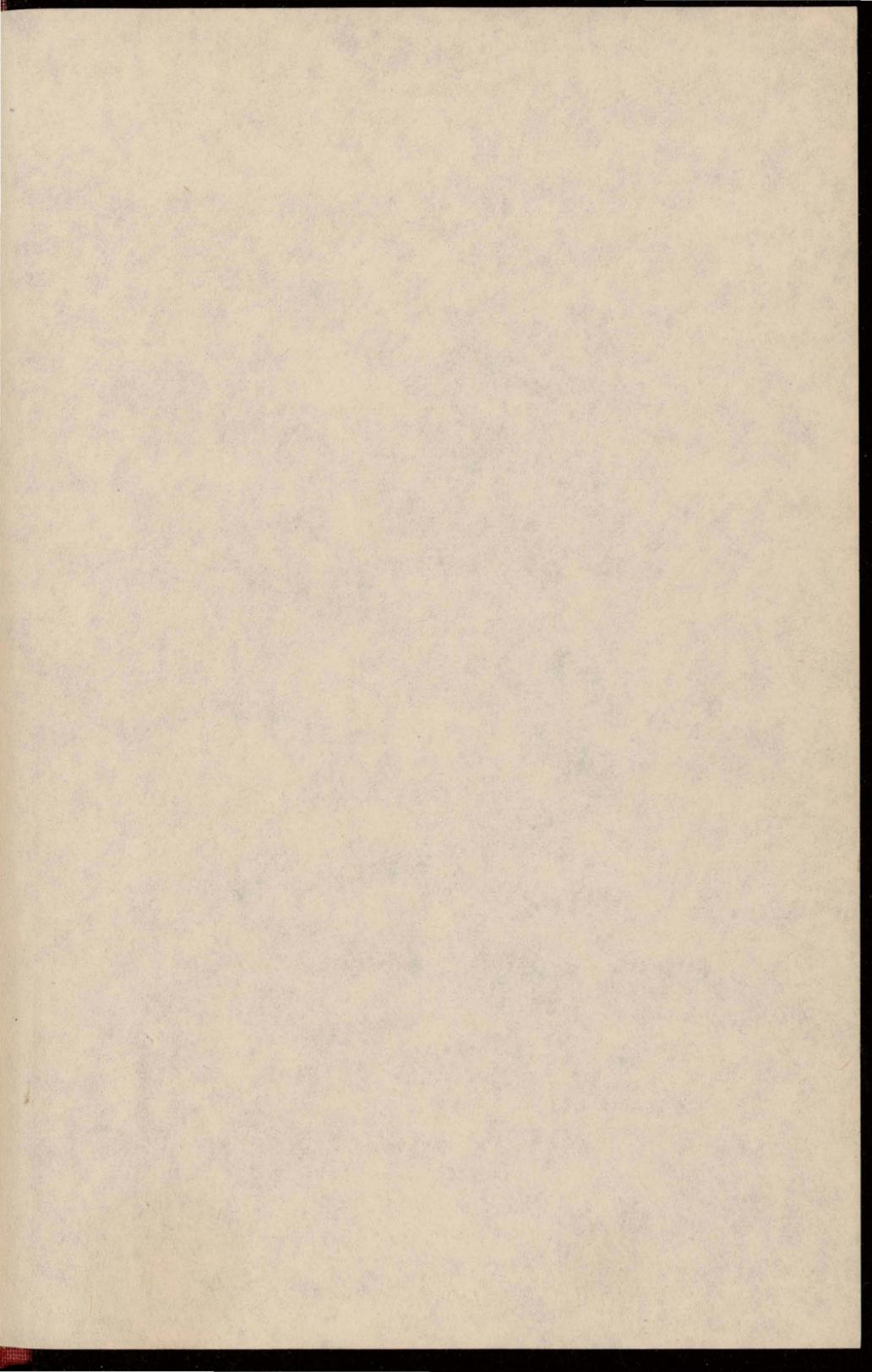
posure to contagion, and by bringing the constitution into such a state, that it may not be liable to receive the infection when unavoidably exposed to it. Whatever weakens a person renders him liable to receive the disease. For instance, grief, fear, anxiety, intemperance, debauchery, or insufficient nourishment. And, on the other hand, we may generally prevent an attack by a proper confidence, cleanliness, ventilation, temperance, and warm clothing, aided by the use of tonic medicine. A flannel belt has been strongly recommended, and is likely to prove serviceable in preventing an attack. It may truly be said that prevention is better than cure; and the disease may generally be prevented in the manner which I have already described.

Much has been written upon what ought to be done during an attack of the disease. Directions of a most contradictory nature have been given. In India calomel was found very beneficial; but in Europe it has been found to do more harm than good. Calomel is administered very freely in India for many complaints, and with great advantage: but in colder climates it ought to be given with some degree of caution; and in the disease in question it is totally inadmissible. Out of all the remedies which have been recommended for cholera, not one has been proposed so thoroughly objectionable; inasmuch as it will most certainly aggravate the disease instead of curing it. Generally speaking, the warm bath ought to be had recourse to as soon as possible, and the limbs of the patient assiduously rubbed with warm flannel. At the same time, brandy, opium, æther, ammonia, cajeput oil, and other stimulants may be given internally, whilst sinopisms are applied externally to the stomach and bowels.

Such treatment is generally useful; but variations are

necessary in various constitutions. No rule can be laid down to meet every case, and consequently much will always be left to the judgment of the medical attendant. He would be an imprudent man indeed who would tamper with a disease of so fatal a character; and consequently it can be of little advantage to the public to be made acquainted with a plan of cure which they could not carry into effect without the direction of a medical practitioner.

FINIS.



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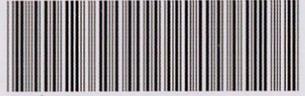
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