

DOCUMENT 6 (Online Companion):

Something happened in England: Wakley's notion of the contingent-contagious nature of Asiatic cholera (April 1832)¹

In mid-November 1831, Wakley published a forty-four page editorial on the progress of the “blue cholera” from India to Hamburg, Germany. His assessment was “the disease is . . . identical in every place and patient. Its cause is one and identical throughout. . . . We see sufficient ground at least to admit the possibility of the remote cause being the operation of a poison. . . . we can only suppose the existence of a poison which progresses independently of the wind, of the soil, of all conditions of the air, and of the barrier of the sea; in short, one that makes mankind the chief agent of its dissemination.”² He concluded the editorial with the news of confirmed reports that the blue cholera had now reached the northern English port city of Sunderland.

Five months later, Wakley refined his view of the manner in which Asiatic cholera was progressing during the first pandemic.

On the first threatening of the danger from cholera we spoke in a voice of serious and emphatic admonition to the public; we warned them not to sleep wrapped in a fancied security; we urged them to bestir themselves in time, to provide their asylums for the sick—their refuges for the destitute, and to administer to the naked and the hungry. By calling on them in this manner to *anticipate* serious evils, we prepared them for the worst of realities, and pointed out that in this state of preparation lay their best chance of immunity from the impending visitation. Knowing as we did the inert character of the mass which was to be moved, and seeing how beset it was by clamorous deluders, we deemed it our duty to point back to the histories of foregone pestilences, that thus either [122/123] common sense might be awakened, or that, by reference to the known perils of the past, we might rouse a due sense of the possible dangers of the future. How perfectly justifiable was that design the event of the last six weeks have demonstrated. The loudest of the non-medical ranters were silenced, the respectable portion of the profession was convinced of the justice of our opinions, and the reasonableness of our advice; due exertions were everywhere made, and such

¹ Editorial, *Lancet* (28 April 1832): 122–25; in References (Online Companion).

Robert Johnson coined the term, contingent-contagion, to explain why victims of essentially non-contagious, epidemic diseases such as cholera could, in very particular circumstances (contingencies) only, produce the morbid matter in their own bodies (that is, become vectors of contagion) and infect healthy persons; see James Johnson, “To the editor,” *Times*, 27 June 1831, 6; and “On the contagion of cholera,” *Times*, 29 October 1831, 3 in References (Online Companion).

² “History of the . . . blue cholera of India,” *Lancet* (19 November 1831): 241–84; in References, and excerpted in Document 6 of the book, pp. 61–68.

efficient arrangements accomplished, that almost all which man could do *was* done to meet the enemy with a determined and secure front.

Are we in error in assuming to ourselves some degree of credit for urging and accelerating the precautionary measures? Looking at the general bearing of the press at the period in question, it is our firm conviction, that had we not assumed the tone we did, not half a dozen cholera hospitals would have been established in London, and crowds of wretched beings would have been left to the streets for their dying couch; official sanitary measures would have been encountered by popular resistance; and the **outrages of Hungary** would probably have been re-enacted in the street of the English metropolis. And who would wonder if they had? Or, rather, who does not now wonder that we have been spared such sanguinary scenes? A mercenary, a *trading*-press, goaded the populace on the one hand, whilst on the other, the prejudices of a little crowd of medical men sanctioned the double-dealing of the press, by adopting its pretended positions, little dreaming how sarcastically they were laughed at by the very individuals who instigated them to the commission of so much folly. Placed as the people were to such stimulants to outrage, and harassed moreover by a now appalling pestilence, we firmly believe that many a benevolent practitioner would have been sacrificed to the blind fury of the multitude, had not *one* influential medical journal dared to stem the torrent—powerfully aided in its exertions by the labours of the Roman Catholic clergy of the London diocese.

We may be excused for claiming to ourselves in this place no inconsiderable portion of the credit for the deportment we observed during the prevalence of the epidemic. **We did not** make *that* the time for controversy on contagion or *non*-contagion—or disputes as to the novelty or antiquity of the disease;³ we satisfied ourselves by making the most of our opportunities for observation, and in this employment we were content to listen to all the babble, and **niaiseries**, and pretended triumphs, of the loquacious orators and copious scribblers, with whom, on the irruption of cholera, we differed in opinion as to the modes in which it could be extended from place to place. The results of these observations we can now lay before our readers, first recapitulating briefly the opinions we promulgated on the subject.

The first occasion on which our notions of the mode in which the disease progressed were recorded, was in our review of the 1st edition of Mr. Hamilton **Bell's** work on cholera.³ In this article (the disease was then in Berlin) we deduced as an inference from all the authentic facts in its history, that it was a new disease, that it was **both epidemic and infectious**, that the nature of the epidemic cause was altogether unknown, and that accordingly

outrages of Hungary:

"In Hungary, an insane populace murdered the very physicians who risked their own lives for the relief of the sick" (*Lancet* [19 November 1831], 281).

Question

We did not ...: If so, how could Wakley justify the editorial decision, for example, to publish the Westminster Medical Society's debates on these issues? See *Lancet* (1832-04-07) and (1832-05-05) in References (Online Companion).

niaiserie: "Simplicity; foolishness; an instance of this" (*OED*).

George Hamilton Bell:

Formerly a residency surgeon at the General Hospital of Madras within the East India Company's Madras Presidency.

both epidemic and

infectious: That is, both non-contagious (epidemic) and contagious (infectious).

³ *Treatise on the Cholera Asphyxia, or Epidemic Cholera, as it appeared in Asia, and more recently in Europe* (London: Smith, Elder & Co., 1831), reviewed in *Lancet* (23 July 1831): 513-20.

to then statistical features of the malady, propagation by human intercourse was the *most probable* channel by which it had reached the Prussian capital.⁴

In the interval that elapsed between the publication of this article, and the first appearance of the cholera in England, every feature in the disease proclaimed the absolute and direct operation of contagion. With the rapidity of an arrow it crossed by the Spree, and descended the Elbe to Hamburg. Halting as it were here, it next [123/124] broke out in **one of our maritime ports** on the coast opposite to that last infected. Here it dwelt for days and weeks, and at last, step by step, and with all the characters of a disease still essentially contagious, it reached Newcastle and the adjacent villages, and lurked in them almost with the demeanour of contagious typhus.

Up to this period we maintain that to all reasonable men, the statistical history of the cholera was such as to permit no other rational conclusion, than that it had reached England from the European continent by human intercourse, and had extended itself in England by that channel alone. Had the disease ceased at that time, *no other conclusion could have been adopted.*

But since that period the statistics of cholera have undergone the most complete alteration. In Great Britain it sprang up in Haddington, in Goole, in Hull, in Ely, in Rickmansworth, and in a dozen other places, which have little or no intercourse with each other, and with the fury of a West Indian hurricane it has now burst out in Paris, in a few days sweeping off 20,000 victims to its rage. These facts again turned the scale, to show us the operation of the **unknown epidemic influence**. They proved that infection is no longer the **essential cause**, and even tend to indicate that, for a time, its operation may be materially suspended. Such is the sole inference which an unprejudiced mind, anxious only for the truth, can derive from the contemplation of these events. If the operation of contagion was palpable in the transit of cholera from Berlin to Sunderland, the influence of some other cause is equally proved in the subsequent irruption of the disorder. The man who makes this inference changes no “opinions.” Opinions are of



Detail from map in Massachusetts Medical Society, *Report on Spasmodic Cholera* (Boston, 1832); see 1832: *Chart of the progress ...* in Supplementary Figures (Online Companion).

one of our maritime ports: Sunderland, south of Newcastle-upon-Tyne.

unknown epidemic influence: “Said of ... immaterial things conceived of as flowing in” (*OED*); an imperceptible, environmental cause of a rapidly spreading but non-contagious disease.

essential cause: Intrinsic nature; essence; absolutely necessary to its existence.

⁴ In the review, Wakley writes that “the author avows himself an anti-contagionist in the fullest sense of the term” (516–17). However, “we feel compelled to admit, that as far as the evidence goes, those who argue exclusively either for or against contagion, are equally fallible. The general testimony, in short, inclines us to believe that the disease is, at first, strictly epidemic,—that it is *then* incommunicable from man to man, but that in the sequel of its progress it assumes a highly contagious character. We also feel much disposed to believe that the cause of cholera may, like yeast or a leaven, reproduce itself in the individual into whose frame it has once been introduced, and that one dose of the poison may thus eventually generate a quantity sufficient for the extinction of the human race” (519).

a double kind, those founded on facts and reasoning, and those hazarded without a knowledge of either; rational opinions must undergo modification with the facts they flow from.

Even in the localities occupied by the disease, the most rigid scrutiny often fails to trace the operation of infection. In one district of London, thirteen families were, to our knowledge, infected; but the first case having occurred in each without any appreciable infective cause, the other cases are inconclusive, as they might have originated in the unknown source by which the first was occasioned. This position is as clear as the construction of a common **syllogism**.

Again, we find from records in our possession, that ninety-three persons were ill of cholera, and that in the same district, on an average, seven persons, principally of the same families, and subjected to all the same external causes, were exposed to each of these invalids without contracting cholera. The linen and bed-clothes of over sixty patients were cleansed by thirty-nine washer-women, one only of whom contracted the disease, and she resided between two houses, at a few yards distance on either side, and in both of which cases had occurred without assignable cause. Now we cannot force our belief, that mental operation so perfectly involuntary in its character, to the conclusion, that of those 689 exposed persons, more than one would not have caught the disease *if at the time* it had been ordinarily capable of **originating from human emanations**. The question, however, still remains open here, Did this immunity depend on the non-existence of the contagious poison, or on the existence of some unknown cause, acting as an antidote to that agent? We incline to the latter belief, and further to the impression that the presence of an epidemic cause is, to a certain extent, a protection against the human poison, or, in other words, that it is principally in places *free from the epidemic* that the disease can, under ordinary exposure, spread from person to person. That this is not an utterly vain speculation the following facts will sufficiently establish. [124/125]

That the human body can generate the causes of some diseases under which it labours, and that these causes can create the same malady in other persons without actual contact, is proved as a general rule by the history of typhus fever. To the London and Queensberry **Fever Hospitals** we appeal for incontrovertible proofs in this particular instance.

That the cholera patient can also **generate the causes of the same disease** is proved by numerous facts already quoted in our pages. Of these, the strongest ever brought forward in any work since the question was agitated, is the set of cases published by **Mr. Prebble** in our 450th number, in which it is established, that a gentleman contracted the **premonitory symptoms of cholera** in London, that he travelled to East Hendred, where he suffered a violent attack, that his mother, who nursed him, was immedi-

syllogism: "Reasoning from generals to particulars" (*OED*); deductive reasoning.

originating from human emanations: Infection, a contagious mode of communication.

Fever Hospitals: Hospitals that specialized in the care of patients suffering from epidemic diseases which some physicians considered variants of fever caused by unsanitary environmental conditions; see book, p. 8.

generate the causes of the same disease: The defining characteristic of a contagious disease.

Charles Prebble: Details unknown except that *Lancet* states he resided in East Hendred, not the gentleman (William Woodley) who brought cholera from London to East Hagbourn.

(*Lancet* [14 April 1832]: 62, which includes additional details about the three cases.)

premonitory symptoms of cholera: Mild gastroenteritis or diarrhea.

tely afterwards attacked, and died in twenty-three hours; and that a second nurse was attacked three days subsequently, and died in fifteen hours and a half. *No case of cholera occurred before, or subsequently, in this locality.* Here the is the operation of infection mathematically proved.

Now as the same cause always under similar circumstances produces the same effects, we are warranted in believing, that the human body always gives out the morbid poison, but that the effects if this are prevented by some inexplicable cause, most probably *the remote cause of the epidemic.* This counteracting power is not apparently confined to cholera. It is a well-authenticated fact, that during *epidemic* small-pox, cases of infection are rare; and that inoculation frequently fails in a large proportion of cases to *communicate* the poison. *But if you take the person out of the sphere of the epidemic, the inoculation will succeed.* (*Vide* Haygarth passim, and a memoir by M. Guillon. *Bulletin de Sciences Medicales*, April 1831.)

At another time we may return to this subject, meanwhile we leave it with the impression, that no other view of the causes of the disease is so well calculated to reconcile conflicting opinions, and put an end to the controversies the question has so long excited.

remote cause: Although this usually meant the environmental conditions that made a body susceptible to disease, Wakley appears to be using the term for whatever constitutes the epidemic influence (the essential or efficient cause).

Question

Is Wakley proposing that the absence of the epidemic influence that renders cholera non-contagious is the breeding ground for contingent-contagious cholera?