

DOCUMENT 4–III (Online Companion)

The *Lancet*'s review¹ (by Thomas Wakley) of *An Inquiry into the Bearing of the Earliest Cases of Cholera which occurred in London, on the strict Theory of Contagion*, by Edmund A. Parkes²

The *Lancet*, founded in 1823, was the oldest of four London-based, weekly medical journals publishing in 1849. With respect to the transmission of cholera, Wakley had assumed that the disease he read about coming out of India during the first pandemic was contagious. However, the mortality during the English epidemic was considerably less than he had expected, based on foreign accounts. Consequently, in April 1832 he modified his views: The epidemic form of cholera was non-contagious because the unknown epidemic influence provided a form of immunity amongst the healthy from the morbid agent reproducing in the bodies of its victims. But, if someone exposed to the cholera or laboring under it departed the epidemic area, then the disease became communicable. The morbid agent disseminated into the surrounding air space from the victim's breath and skin—a contagious mode of transmission termed "infection"—and cholera began spreading from person to person.³

As you read Wakley's review of Parkes' pamphlet, decide if he maintained or had amended his 1832 interpretation of the contingent-contagious nature of cholera.

At the request of the Board of Health, Dr. Parkes undertook "to examine into the evidence which might be derived, for or against the doctrine of contagion, by an analysis of the early cases of cholera in London." The results of the inquiry, as stated in this pamphlet, are by no means in accordance with the opinion of the Board of Health, so dogmatically pronounced in the earlier days of its official existence. Dr. Parkes commences by stating, in a manner which displays his knowledge of the subject, the leading doctrines entertained by those who hold opinions on the origin of epidemic disease.

One class, comprising the strictly contagionists, refer "epidemic diseases to the actions of specific poisons, which (it alleges) multiply themselves only during their passage through the animal body." They attribute no influence to the operation of external circumstances, beyond that of rendering the body a more or less fit recipient for the action of the poison.

The **modified contagionist**, as the preceding, looks on epidemic diseases as being produced by specific agents, *some* only of which, under certain circumstances, propagate themselves chiefly, or possibly solely, by means of their action on the body. This party takes into account the further influence of various atmospheric and terrestrial agencies, and seeks to inquire

modified contagionist:
Synonymous with James Johnson's notion of contingent contagion.

¹ "Reviews," *Lancet* (22 September 1849): 317–18; see References.

² See 04–III in Supplementary Documents for an offprint from *British and Foreign Medico-Chirurgical Review* 7 (1849).

³ Editorial, *Lancet* (28 April 1832): 122–25.

how far their combined operation may suffice, not only for the extension, but for the generation, of certain of these poisons.

Without entering on a fruitless discussion here, we are disposed to say that the advance and spread of knowledge limits, every day, the number of diseases comprised within the strictly contagionist doctrine, as well as the number of those persons who entertain the opinion in its wide acceptance. On the other hand, it cannot be denied that rashness—if not a failing deserving a higher designation—has led to the promulgation of a third opinion, the strictly non-contagionist, that which the Board of Health [317/318] professed to entertain some **twelve months ago**.⁴

It is more than probable that the doctrines comprised in the modified contagionist theory are correct. They appear to be so particularly in the case of the present epidemic. For example, in [Dr. Parkes'] inquiry there are comprised the first twenty-eight cases of true Asiatic cholera which occurred in London last autumn. The first of these cases is that of a seaman who arrived from an infected port (Hamburg) in an infected ship, was taken ill, and died at Horsleydown. In the twelve (twenty) days following his death, twenty-seven cases presented themselves. Of the whole number, including the first, seventeen cases were traced to have been in contact with persons diseased, seven were not known to have had any communication with the sick, and six were state not to have had such communication. The twenty-eight cases occurred in ten different localities, of which nine displayed all the elements considered capable of diffusing and strengthening, if not developing, the morbid influence.

Under such circumstances arises the question—Was the cholera imported from Hamburg by the sailor who died in Horsleydown, or had it an independent origin? Dr. Parkes leans to the latter view. We are not satisfied that in this respect he is correct. Some of the statements on which his arguments are founded **are shown by Dr. Snow**, in a pamphlet [*On the Mode of Communication of Cholera*, reviewed by Wakley immediately hereafter] to have been incorrectly supplied to him. It is evident that, whilst in reality Dr. Parkes is a modified contagionist in opinion, he permits his his arguments to tend towards what must be called the non-contagionist doctrine.⁵ When

⁴ Actually, the GBoH acknowledged that contingent contagion of cholera had occurred in other countries with extremely impoverished conditions. In a subsequent notification three weeks later, it admitted that contingent contagion was also occurring in England: victims were “catching’ [cholera] in ill-ventilated and ill-conditioned places. . . . The respiration of an atmosphere corrupted by over-crowding is one among other circumstances powerfully predisposing an individual to the attack of whatever disease may happen to be epidemic—scarlatina if scarlatina is epidemic, typhus if typhus is epidemic, influenza if influenza is epidemic, and cholera if cholera be epidemic”; Second Notification (31 October 1848), in GBoH, *Report on Measures Adopted up to July 1849* (London: HMSO, 1849), 109.

⁵ Previously, Parkes wrote that the efficient cause of cholera was a probable “specific morbid agent or *virus*” carried by one “of the more subtle gases” undetectable at the time; *Researches into the Pathology and Treatment of the Asiatic or Algide Cholera* (London: Churchill, 1847), 156.

twelve months ago: In its first notification; see the *Times*' transcription on 7 October 1848, page 7 (in References).

are shown by Dr. Snow: See the footnote in Document 3, 15–16 (Online Companion).

we find actually seventeen cases out of twenty-eight following communication with the sick, seven more cases in which it cannot be said that communication did not take place, and only six in which it is stated that they did occur—and how difficult it is to say, in such a whirlpool of men and things as London presents, that it did not—we confess that Dr. Parkes' facts appear to us to tend rather to the “strictly contagionist” than to the non-contagionist view. The latter doctrine has led, in London and many other towns, to the non-removal of the sick to special hospitals, as was done in 1831–32. Can, we must ask, the much greater diffusion of the disease on this occasion than on that be in any way attributable to this mode of proceeding? The *Lancet* expressed its opinion, long before the epidemic appeared, as to the danger and impropriety of the practice. The ravages of the disease, still extended as they are, afford a favourable opportunity for correcting the evil.

We strongly recommend a perusal of Dr. Parkes' essay as containing an admirable summary of the doctrines which relate to the origin and spread of epidemic diseases generally.