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THE
SOUTH WESTERN CHOLERA,

1873.

BY

J. C. PETERS, M.D.

NEW YORK.



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THE SOUTH-WESTERN CHOLERA OF 1873.

BY JOHN C. PETERS, M.D., NEW YORK.

THIS outbreak of Asiatic cholera commenced in New Orleans on Feb. 7th, in the person of a Prussian, æt. 56. The 2d case was reported as fatal cholera morbus, in a Frenchman, in the week ending Feb. 16th. The next 2 cases were in the week ending March 2d, both blacks; the next 7 cases in the week ending March 9th; only 2 more cases occurred before the 16th; only 1 more before the 23d; and 2 more before the 30th. In the week ending April 6th, the outbreak commenced with 12 cases; by April 13th, 12 more; by April 20th, 20 additional; of which 27 were whites and 30 blacks. By June 22d there had been 141 deaths among the whites, and 103 among the blacks, from cholera and cholera morbus, besides 80 deaths from cholera infantum. In addition, there had been 4 deaths from diarrhœa on Feb. 9th; and 38 by June 22d; 57 fatal cases of acute diarrhœa, besides 41 of dysentery.

The first deaths from cholera were among foreigners; and the deaths among the whites almost always exceeded those among the blacks, showing that the disease was not of indigenous origin. At the meeting of the American Public Health Association, in Cincinnati, on May 1st, Dr. C. B. White, President of the New Orleans Board of Health, stated that a disease closely allied to Asiatic cholera was prevailing sporadically in New Orleans, and by May 20th he officially informed Dr. Clendenin, then Health Officer of Cincinnati, that the disease in question undoubtedly was Asiatic cholera; and Dr. C. authoritatively announced the fact to the public and Board of Health of Cincinnati. By May 27th rumors became so rife that Cuba established a quarantine against New Orleans; vesse's from official and other quarters information

was sent up to Louisville, Kentucky, that there was a great deal of cholera in New Orleans ; and passengers by train and steamer reported the same thing, while the officers of the steamboats denied it.

It was generally admitted and understood that the disease had been imported by some German vessel, or vessels, from the Baltic, for it was well known how cholera had prevailed in Dantzic, Stettin, and Konigsberg, in North-Eastern Prussia. In the latter place alone there had been 300 cases in one week, with deaths amounting to from 50 to 80 per cent. It was also well known that in the previous year an ill-furnished emigrant vessel, which sailed from Stettin for New York, touched at Copenhagen and Christiansand (where cholera now prevails), had an outbreak among the 610 passengers, and finally put into Halifax, into which city she introduced the disease, from whence it was carried to a village 28 miles to the north in November.

The disease was stamped out so quickly and vigorously in New Orleans that these facts did not make much impression upon the public at large, and by July 1st there was really very little cholera in New Orleans. But, as in the great epidemic of 1848 and 1849, which was brought to New Orleans by vessels from Bremen, Hamburg and Havre, the pestilence began to spread by rail and steamboat to various places.

By May 17th it was in Thibodeaux, Lafourche, Raceland and Rockport, Louisiana. At the end of May it was also at Monroe, Louisiana, at a railroad terminus due west of Vicksburg. By May 19th, it was at Vicksburg, and spread due east to Jackson and Canton, Mississippi. Then several railroad laborers came up from New Orleans to work on the new Paducah railroad, 21 miles N. E. of Memphis towards Nashville ; 75 Tennessee convicts were sent from Nashville to work on this same road, together with 50 free laborers, near Shelbyville. Cholera broke out so suddenly and severely among this gang, in the first week in May, that the Tennessee convicts were taken back to Nashville, where an outbreak occurred in the Penitentiary. Soon after, some of them, both black and white, were discharged, as I know from personal exami-

nation of the Warden's books, and doubtless found their way into the low cholera haunts about Nashville. I visited the Nashville Penitentiary, conversed with the physician and hospital steward, and with some of the convicts who had seen some 20 of their companions die in from 7 to 10 hours, with diarrhoea, cramps and vomiting; saw them become blue, cold and fatally prostrated. The physician, Dr. Black, who attended these convicts, believed that they died of malaria stirred up in the deep cuts, filled with rotten wood, etc. But, the convicts themselves, some of whom had seen the disease in 1866, were very fearful that it was real cholera. The outbreak of cholera in the Nashville Penitentiary seemed to be controlled by disinfectants liberally used, so that the floor of the prison hospital was caked with them, and by the use of Quinine, both internally and hypodermically.

But to return to Memphis; by May 20th the prevailing epidemic was said to be sweeping over the city; as it came in with the strawberries, it was called the strawberry festival, but by June 5th the funny man ceased his witticisms, and alarm began to be felt; the physicians became generally agreed that it was cholera, some calling it "sporadic," others Asiatic. No Board of Health was constituted until June 16th, when the deaths from cholera were first published, viz., 15; 10 on the 17th; 11 on the 18th; 19 on the 19th; 17 on the 20th; 14 on the 21st, and so on up to June 28th, when there were only 10 to 14 fatal cases per day.

The Memphis Health Board was without money, and could control none. For all statistical and hygienic facts, and for mortuary reports, the public was dependent upon rumor and the sextons. The county squires could hardly be convened while the "indigenous cholera" raged, and the county sexton secured a valueless spot on Wolf's river, just above the Holly water-works, for a new Potter's Field. This place soon stank so foully, that, in Western parlance, the Man in the Moon was seen holding his nose every night to avoid it. The mortality was great; the burials were frequent; rain storms came and swept the light loose earth over the corpses away, and washed it into the stream that furnished drinking water to 70,000

people of Memphis. The waters of life were turned into rivers of death.

Cholera commenced to prevail in Nashville in the latter part of May. On June 3d the city physician published a card that the recent sudden deaths were from cholera morbus, and on June 6th some of the leading physicians publicly disclaimed the presence of real cholera, although there had been a number of serious (so serious as to be quickly fatal), of cholera morbus within the past week. On June 7th the Mayor decreed that it was probable that cholera existed in what might be termed a mild form. By June 10th the disease was pronounced sporadic by some physicians, and Asiatic by others, and quite an exodus took place from the city, every train running full, and extra cars being attached. On June 7th it was officially published that the deaths had not, on any one day, exceeded 7; but it was soon found out that there had been 21. There were 603 fatal cases from June 7th to June 29th, the highest number being 72, on the 20th.

But cholera also reached Nashville in other ways. There is a great through route from New Orleans by way of Mobile, Montgomery, Birmingham, Decatur, and Nashville to Louisville, without change of cars, and I have quite positive proof that two cases from New Orleans were dropped at Nashville, and died in hotels there; the body of one afterwards being sent on to Zanesville, Ohio. A few Germans also came up direct from New Orleans and died of cholera in Nashville; and some negroes from New Orleans, by way of Memphis. In fact, there are scores of ways in which it might have been brought to Nashville, and it did come by three or four of them.

The Nashville theory was, that a long, hard winter had been followed by a very sudden and hot summer; the winter filth was suddenly exposed to a hot sun, and bred a peculiar malaria; that the vegetables were very bad and watery, and disagreed with all who ate them. It was regarded as an indigenous cholera, quite as fatal as the imported; a black cholera, quite as mortal as the blue cholera; an American cholera, quite as malignant as the Asiatic pestilence. The

disease raged mostly along the outskirts and in the low parts of the city, supplied with water from Wilson's spring run, Brown's creek, Lick run and Judge's spring. These foul streams were really open sewers, and the springs arose only 10 or 20 feet from them. The water of the latter, although cool, clean, and fresh, was really only filtered sewage; and the people who drank of them died by scores and hundreds. In the better part of Nashville very few deaths occurred.

From Nashville the disease seemed to spread south to Murfreesboro and Birmingham, Alabama. In the latter place, which is a great railroad centre, the mortality was very great.

It also spread north from Nashville to Gallatin, Woodburn, Franklin, and Bowling Green, which are the nearest and most important railroad stations. At Gallatin the first cases were imported into the National Hotel; at Woodburn, into the Harvey House, by fugitives from Nashville. At Franklin the first case was that of a carpenter from Gallatin, and his physician, Dr. Forline, almost died of cholera, while another, Dr. Southerd, did die of it. At Bowling Green the first three cases were, one from Nashville, another from Memphis, and a third from Evansville. The same general facts held true in Bowling Green, as in Murfreesboro and Nashville; the low grounds, the banks of foul streams, and the drinkers of foul spring water, suffered most. Knoxville, to the west, nearly escaped; but Greenville, on the very border of Virginia, suffered a very heavy loss. The contents of an old public privy had been carted up; heavy rains washed down the filth into the streams and wells, and many deaths from cholera occurred. Louisville has again escaped, but Lagrange, a beautiful town 30 miles further north towards Cincinnati, has been heavily stricken.

In Cincinnati the first cases were brought by the John Kilgour, as early as May 22; the next cases occurred in a boat which lay near it. In the Cincinnati Hospital I found the records of a man, Ab. A. Rohrer, from Janesville, Floyd Co., Kentucky, who came with cattle, staid near the river for a week, and died on May 27th, with vomiting and diarrhoea;

he was blue, cold, and cramped, just like the later hospital cholera cases. But his case was reported as cholera morbus. The Health Officer had no desire to go further back than June 16th for the first case of cholera ; he was technically correct, but scientifically most grievously wrong. As it now is, nearly three weeks of the early history of cholera has been suppressed, either through prejudice, neglect, or obtuseness.

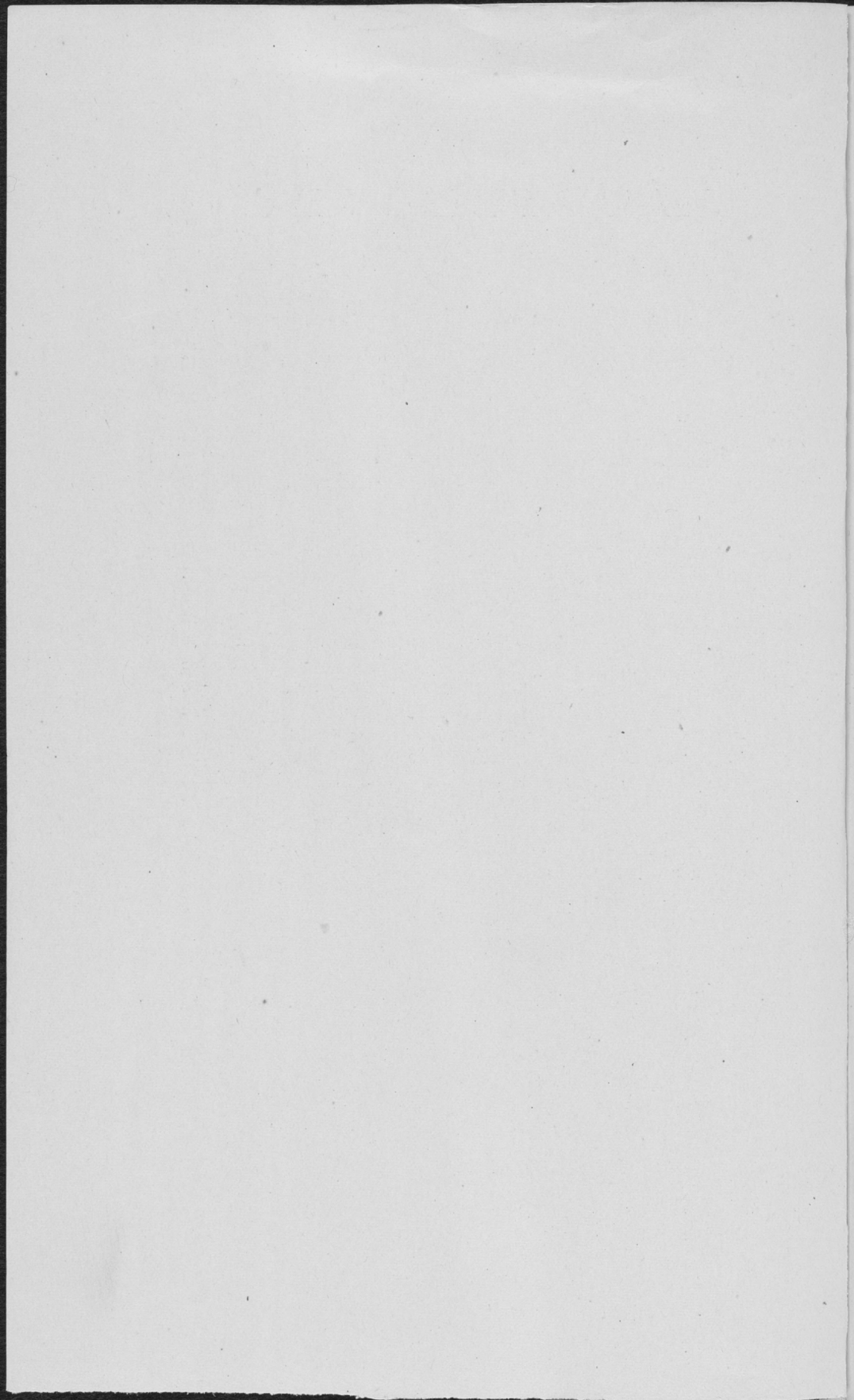
Cholera pursued such a leisurely course in Cincinnati, before and after the 16th of June (the highest number of deaths in one day being 17 only), that if the Health Board had had more power, money, sanitary force, and intelligence, the disease would have been stamped out long ago. As it is, it has slowly progressed, and tenaciously persisted, until Dayton, Columbus, Springfield, and other places have become slightly affected. Cincinnati was, for a long time, the gateway of cholera to the North and East, and it should have been stopped there.

While this was going on, cases were sent from New Orleans and Memphis to Paducah, Evansville, and St. Louis ; and the disease has spread far up the Missouri river ; from Evansville and Mount Vernon to Indianapolis and Chicago.

Our chances in New York will be very good, until cholera is brought over from Europe this fall or next spring ; for a sufficiency of the disease cannot be brought from the West to prevent its being stamped out readily.

The reason cholera has progressed so deliberately is, that the great emigration to the Southern States was broken up during the civil war, and has not been resumed in large proportions. The Mississippi boats now only carry from 70 to 125 passengers, crew and all, whereas they formerly carried from 200 to 500 deck emigrants alone. The disease is brought in such small quantities that good sanitary measures in reasonably clean towns should quickly arrest it.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be clearly documented and supported by appropriate evidence. The text then moves on to describe the various methods used to collect and analyze data, highlighting the need for consistency and reliability in the process. It also touches upon the challenges faced in data collection and the strategies employed to overcome them. The final section of the document provides a summary of the findings and offers recommendations for future research and practice. It concludes by stating that the information presented is intended to provide a comprehensive overview of the current state of the field and to serve as a guide for those interested in further exploration.



THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

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THE SANITARIAN.

A MONTHLY JOURNAL.

The purpose of this publication is to so present the results of the various inquiries which have been, and which may hereafter be made for the preservation of health and the expectations of human life, as to make them most advantageous to the public and to the medical profession.

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In fulfilment of its mission, the SANITARIAN asks kindly consideration and assistance from all who would aid in the protection of the most precious of gifts divine—*human life*.


A. N. BELL, M.D., *Editor*.

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