Echoes of the Past.

CHOLERA IN THE ARMY IN INDIA NEARLY FIFTY YEARS AGO.

By Major-General W. H. Ogilvie, C.B., C.M.G., K.H.P.
Indian Medical Service.

I happened to come across the Medical Regulations for H.M. Forces in Bengal, 1881, and looked up various matters in order to compare the state of affairs existing then with that existing now. Two things attracted attention at once when compared with the Regulations for the Medical Services in India, 1925. The first was the change in the conception of the functions of the Military Medical Services. In the old book these are defined as the care of the sick, and the recommendation to C.O.'s of precautionary measures conducive to the preservation of the health of the troops. (In this sequence.) In the new book they are, firstly, the prevention of disease, and secondly, the treatment of the sick and wounded. Both the order of importance and the clearness of this order in the new book show how far we have travelled in the half century that has elapsed.

The second noticeable thing was the position towards cholera. In the old book there is three-quarters of a page in the text, and no less than fourteen and a half pages in a special appendix. In the new book there is only three-quarters of a page about cholera in an appendix on all infectious diseases. It is clear that cholera was viewed with terror, and it is only necessary to read Kipling to get an idea of what cholera meant in the days when the cause was still unknown. There is more than one instruction about preventing alarm and allaying alarm.

As the real cause of cholera was then unknown it is not surprising that the instructions were so copious in detail, but it is surprising that they should try and explain the cause of the disease and thereby leave confusion worse confounded.

In the following notes the statements are mostly in the words of the old Regulations, but the use of inverted commas has been avoided in order not to burden the text. No less than five different theories are involved, viz.: Place infection; something in the man's constitution; water infection; a miasma; and a true infection from man to man. These will now be illustrated by the Regulations themselves. In doing this there is no intention of belittling the efforts of our predecessors. There were many stout fellows before our noble selves, as the ring of cholera-camp graveyards surrounding most of the older cantonments down-country testify. Many a one contains the grave of a medical officer who "died of cholera while nobly attending on the patients suffering from that disease," as was carved on one stone I saw. No, they tried manfully to meet the attack, and these short notes merely emphasize once again the hopelessness of
expecting progress without knowledge. One mild criticism is perhaps allowable. When it was obvious that the cause really was unknown, was it wise to recount the supposed causes when issuing military instructions?

The theory that the disease was due to a PLACE INFECTION is supported by the following statements in the instructions: “It is dependent on local insanitary conditions, and therefore general sanitation should always be kept up to the mark.” “But if the disease has actually appeared, more harm than good is likely to arise from any attempts at improvement which may then be made. This is not the time to cleanse foul drains or to remove nuisances which may hitherto have been neglected, and such probable causes of disease should in these circumstances be left undisturbed.” (This is extraordinarily muddled thinking in view of the tenor of the rest of the instructions.) Whenever new buildings are being carried on it is most important with regard to the health of their future occupants that the ground and water in the neighbourhood should be protected from pollution. Cholera evidently attaches itself to particular localities; all infected localities are to be out of bounds; and evacuation of the site is the only remedy in which any confidence can be placed.

So strong was the belief in the infection of buildings that it is mentioned that even if fever or other diseases appeared amongst the men in cholera-camp, it was the less of two evils to let them suffer thus than to bring them back to buildings that might still harbour cholera.

That the disease was of the nature of a Miasma is shown by the orders that the march to the cholera camp was to be at right angles to the prevailing wind, “or to the track of the disease.” It is a pity that this latter point is not enlarged on as it might help in the elucidation of what was at the back of the minds of those who brought it forward. The latrines are to be leeward of the camp; and tents and grass huts are better than wards for the treatment of cases, as the air does not become contaminated and the ground can be changed.

Another theory that cholera was due to something inherent in the CONSTITUTION OF CERTAIN MEN seems indicated from the following instructions: Fatigues, and especially night duties, were to be avoided. Medical authorities unanimously condemn this baneful practice (i.e., drink) as a certain promoter of the disease. The men in camp were on no account to sleep on the damp ground, and were always to wear flannel belts. The usual regulations about the early detection of diarrhoea are also included.

The statement that cholera very often first appears in a hospital is somewhat unexpected, as it would naturally be thought that a hospital would be in a better state of sanitation than barracks.

WATER seems implicated as a cause, but only half-heartedly. Great care is to be taken that the water supply is not contaminated by organic matter; water is to be boiled as a precautionary measure; and the filters (Macnamara’s) are to be taken into cholera camp after being cleaned and supplied with fresh charcoal. From the plan and specification of these
filters, they appeared little better than culture receptacles, and the way that the joints of the pipe conveying the filtered water were immersed in the unfiltered water was simply asking for trouble. Some of the readers of this may remember the case of a British battalion in the early 'nineties, when one of the pioneer investigators demonstrated the vibrio in the filters brought into camp with the battalion. As far as my recollection goes, this was the last of the terrifying outbreaks as described by Kipling.

The last of the alleged causes on which the instructions were founded is man to man infection. It is not clear whether the infection was supposed to be air-borne like scarlet fever, or by transfer from excreta to mouth as in enteric fever. Overcrowding is one of the predisposing causes of the disease; discharges from patients are to be carefully disinfected (this is one of the few occasions on which this word is used; "purify" is the usual term); sick attendants are not to use the patients' latrines, urinaries or wash-houses; clothes of sick attendants which become contaminated by the discharges of patients are to be purified; disinfectants are to be used in the latrines; the clothing and equipment of patients are to be boiled, baked, sunned, beaten or brushed according to their nature.

Among general subjects it is noticed that the establishment of sanitary cordons round cantonments is strictly prohibited; that the rules now published are founded on the general experience of the past; and that the officer commanding the station is responsible for carrying out all the measures laid down. It is stated that a lull in the epidemic sometimes occurs in the early part of the monsoon; it would be interesting if anybody could confirm or disprove this.

It is probable that few if any of the officers now serving have any personal experience of the conditions which the old instructions were meant to meet. My only experience of a real epidemic was amongst the civil population of the Jubbulpore District during the famine of 1897. Amongst the villages in the affected area the mortality was appalling, and in some of them there were not enough living left to dispose of the dead. Now even amongst the civil population conditions have greatly improved, so these somewhat disjointed notes have no more than an academic interest for serving officers. They may, however, not be without interest for the present generation, and it is with this end that the notes are published.