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clergy through the contributions of the laity, permanent endowments seem to be—in most cases—out of the question. The amount of capital that would be required for such an operation forbids us to think of it.

But might there not be raised, year by year, an adequate fund, made up of donations and subscriptions and other offerings, and placed at the disposal of such a committee as that which deals with the Diocesan branches of the Clergy Pensions Institution? Into this fund I should like to see all the clerical charities of the dioceses ultimately absorbed, and out of it grants made towards the incomes of the poorer and older clergy, whether beneficed or unbeneficed, and likewise towards life-insurance and the education of children. The former grants would mean the satisfaction of the claims of justice; the latter the exercise of Christian sympathy.

This, then, is in outline the plan which I venture to suggest to the consideration of the authorities, and—as a last word—I would say that whatever is done in this or in any other way to relieve the existing distress, must be done not only with delicacy and discrimination, but so as not to discourage the exercise of that common prudence which every citizen—clerical as well as lay—is bound to practise.

I do think that in every case some measure of self-help should be required; for, of this I am sure, the claim of the clergy on the generous sympathy of the laity will meet with the readiest recognition when it is seen that they have done what they could to meet the difficulties which they bear so patiently, and that relief from the pressure of anxiety does not mean careless dependence on others, but more work and better work—better because more hopeful—done for the glory of God and the service of man.

C. J. ROBINSON.

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#### ART. V.—CHOLERA.

*Notes of "Lectures on Cholera" delivered at Gresham College.*

BY E. SYMES THOMPSON, M.D., F.R.C.P.

#### IV. THE PUBLIC PREVENTION OF CHOLERA.

THE dangers of amateur prophecy and the chances that the amateur prophet will in the course of a shorter or longer time be exposed to ridicule are both of them so great that the writers of the present series of papers felt somewhat uneasy, lest their declaration that cholera would again show itself this year would prove to be false, confident though they were that

the grounds upon which they made that declaration were so secure, that nothing apart from a complete subversion of the teaching of past epidemics could suffice to give the lie to their prophecy. As it is, however, they may perhaps feel a little pardonable pride in thinking that the observations of the past have not been made with insufficient care, and that it is by those observations that England has been kept so singularly free from the danger which has threatened it again through the past summer. Standing as we do at the head of the nations in sanitary science, it is, or should be, to professional men and laymen alike a source of great satisfaction to know that our foresight and open-handedness upon the question of necessary expense have been testified to the world in the definite manner in which it has been testified in the case of cholera. Not that the attack of the enemy has been very definite and very violent, but that it has been insidious, and from many quarters, is the point that speaks to the greatest extent for our sanitary preparedness. It is admittedly more difficult to keep watch over a large area for small dangers than to see and attack an obvious one. This and last year have tested our sanitary guardians and their methods very severely, and it is the constant vigilance that they have exercised that has so conclusively proved their efficiency.

There is no need to give any account of what has happened with regard to cholera during the past summer, for the details have been so regularly and fully given in the daily newspapers that the readers of *THE CHURCHMAN* are no doubt as fully aware of the extent and distribution of the disease as the present writers. Only one case deserves special mention, and it is that of the woman, a cleaner at the House of Commons, whose death from cholera excited so much attention throughout the House itself and the country at large. It was one of those cases which start no one knows how and no one knows where. In spite of the strictest investigation, nothing could be found as to where she got the disease. From *some* other case there is not the faintest shadow of doubt, unless we are to believe that cholera can arise *de novo*; and in the face of so many facts to the contrary, that is a view that can hardly be held. But *what* other case? None was known to have occurred which could throw the least light on the subject, and it will remain in all probability for ever a mystery. But supposing it had not been recognised at once—supposing the woman had died and no precautions had been taken—supposing our sanitary authorities had not been so sharp-sighted as they were, who can tell what would have been the end of that case, situated as it was in one of the most densely-crowded parts of London? Does not past history tell us that she would in all

probability have become the centre from which would spread an ever-widening circle of infection, with all the attendant horrors of a cholera epidemic in its train ?

But the system of sanitary precaution which is exemplified by the above-mentioned case only arose from the ashes of another and much older system, that of quarantine. Our own system, which is called that of "inspection and isolation," is at the present time quite antagonistic to the fast-vanishing system of quarantine ; but this latter, both on account of its antiquity and of its being still in vogue amongst certain nations, is worthy of attention.

Quarantine is the enforced isolation of individuals and certain objects coming, whether by sea or by land, from a place where dangerous communicable disease is presumably or actually present, with a view of limiting the spread of the malady. It is said that quarantine had its origin in the fourteenth century, when the principle of isolation, applied from a much earlier period to leprosy, began to be extended to pestilential diseases ; and leper hospitals (lazarets) then falling into disuse from the decline of the disease, were converted to what we should now call quarantine purposes. To this day quarantine establishments retain the name significant of their original purpose—namely, lazarets. Fodéré suggests that the period of forty days, during which it was formerly customary to enforce isolation, and from which the designation *quarantine* is of course derived, had its source in the teaching of Hippocrates, who, according to Pythagoras, attributed a special virtue for the completion of many things to that period of time. The methodical establishment of quarantine dates from the sixteenth century, when the earliest doctrines of contagion in the original acceptation of the term were also formulated. Plague, as we now understand the word, was the disease against which quarantine was chiefly, indeed almost wholly, levelled, until the beginning of the present century ; and the system is so imbued with the notions formerly held as to this malady, that it has been found impossible to disembarrass it of them in endeavouring to apply quarantine to other forms of disease. As plague declined in Western Europe, and its area of prevalence in the Levant became more and more restricted, the system of quarantine appears to have become more elaborate. Speculative notions, uncontrolled by experience and applied to the system, caused it to be overlaid with grotesque and puerile details. Notwithstanding these drawbacks, the arbitrariness of the system and the losses it inflicted upon commerce, without obvious proportionate gains, the advantages offered by quarantine in the protection of a country from pestilential disease, appeared theoretically to be so great, that neither

administrative follies, nor the lessons as to its fallacies derived from experience, nor its general futilities, availed to bring about the substitution of a more rational system of protection.<sup>1</sup> In England it remained substantially unaltered until about 1850, since which time it has undergone great changes, and is now only practised, and that to a very limited extent, with a view of relieving our maritime commerce from disabilities, which would otherwise be imposed upon it by countries in which quarantine is regarded as an essential part of public health administration. The regulation of quarantine here in England is not a function of the Local Government Board, which concerns itself with the sanitary administration of the kingdom, but of the Privy Council, aided by the Board of Trade, the subject being dealt with as a purely international commercial question. Three diseases are provided for—viz., plague, cholera, and yellow fever—and powers are given for land as well as maritime quarantine, though the former has never been enforced since the passing of the Act. Plague is practically unknown, and against cholera it has not been enforced since 1858, when its futility as a precautionary measure in this country was abundantly proved. Yellow fever is the only disease subjected to it in our ports, and this, as above said, from the commercial necessities of the case. The only quarantine establishment remaining in this country—that at the Motherbank—is for this disease. In spite of the circumstance that the Act covers *any* infectious disease, small-pox, scarlet fever, etc., have never been practically subject to it, but have been dealt with under the general sanitary laws of the country. From this system, however, sprang the system of inspection, which at present obtains in England, and which in the case of cholera is somewhat more stringent than in other quarantinable diseases. This system of inspection differs from quarantine in the following essential points:

(a) It affects only such ships as have been ascertained by inspection to be, or as there is reasonable ground to suspect of being, *infected* with cholera or choleraic diarrhoea, no vessel being deemed infected unless there has been actual occurrence of cholera or of choleraic diarrhoea on board in the course of the voyage.

(b) It provides for the detention of the vessel only so long as is necessary for the requirements of a medical inspection for dealing with the sick (if any) in the manner it prescribes, and for carrying out the processes of disinfection.

(c) It subjects the healthy on board to detention only for

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<sup>1</sup> Art. "Quarantine." Quain's "Dictionary of Medicine."

such length of time as admits of their state of health being determined by medical examination.

The advantages of this over the older system are manifestly great. It restricts commerce as little as possible; it prevents an enormous waste of time, for although the old forty days have in most cases been cut down to seven or fourteen, yet that number is unnecessary in many cases; if there be sickness on board, it does not keep the sick and the healthy crowded together in a limited space, and hence does not tend to increase the number of cases and the mortality; and, lastly, it gives the sick the best chance of recovery by removal to a proper hospital. In addition to the other duties, during the present year the name and address of each traveller by any incoming vessel have been taken, and within a few days a sanitary inspector has called to see whether that passenger has continued in a good state of health.

Such are the two chief systems upon which nations rely for protection against some severe infectious disease, and the differences between them are so great, and the issues at stake so enormous, that in 1874 the relative advantages of medical inspection and of quarantine against cholera in the ports of Europe underwent thorough discussion at the International Sanitary Congress at Vienna. It will be instructive to consider somewhat in detail the positions taken up by the various delegates as given in the *Times* of that date.

In 1866 a conference was held at Constantinople with the same object, but though in both years the conclusions of the conferences upon the preliminary scientific considerations were practically identical, their views as to quarantine materially differed. These differences arose not from any disagreement as to the value of quarantine theoretically considered, but in the different estimates made of the practicability of the measure. The Constantinople conference believed that the inefficacy which to that time had generally marked the application of quarantine to cholera resulted from the insufficiency of the data upon which quarantine regulations had been founded. It prepared an elaborate scheme which, as applied to ports of Continental Europe during the epidemic previous to 1874, proved to be infinitely more vexatious than any probable benefit to be derived from it, and it was in consequence of this fact that the International Conference of 1874 was called together. It was in reference to this scheme as in operation on the Danube that an inhabitant of Rustchuck wrote to one of the delegates to the Conference: "Give us cholera; add, if you like, a little plague and yellow fever, but relieve us from quarantine, for it ruins us."

The Vienna Conference brought to its deliberations the

additional experience gained from eight years' observations of the practical operation of the scheme of quarantine devised by the Constantinople Conference, and its conclusions on the subject were largely governed by this experience. The question was considered in its several relations to land transit, sea-ports and river-ports.

In regard to land quarantine, the general opinion was that it was useless from the numerous and daily increasing means of intercommunication. The delegates of France were, however, in the small minority.

With regard to maritime quarantine, the matter was greatly discussed, and was finally accepted by the delegates of twelve States, and rejected by the delegates of eight, five of which were maritime, viz., France, Egypt, Greece, Portugal and Turkey. The twelve States that accepted the view that rigorous sanitary inspection of ships should be substituted for quarantine were all maritime. The most serious objection raised by the minority was based upon certain believed results of experience.

As to river quarantine, it was decided that the arguments against land quarantine applied equally to river quarantine, and therefore that vessels in rivers should be made subject to the same measures as maritime ports.

As regards the vexatiousness of quarantine, an extract from "Reports of her Majesty's Consuls on Manufactures, Commerce, etc.," part 2, 1874, may be of interest. The English Consul at Havre reports of the operation of quarantine in that port in 1873 as follows: "The regulations respecting quarantine have been carried out to such a pitch of useless severity that but for the injury inflicted by them on trade and commerce the matter would have been ridiculous. How much of these regulations are due to the spirit of mere routine will be seen from the following instance. A British ship arrived from Calcutta after having been more than four months at sea with everyone well on board, but was put in three days' quarantine owing to the French consul having stated in his certificate on the bill of health that a few cases of cholera had occurred in that town. There was a passenger on board whose brother came here to meet him. As the steamer for London was leaving three hours before the time for the ship's quarantine being completed, the latter went and personally asked the principal health officer to allow his brother to pass in a boat from one vessel to the other, but he positively refused to let him do so. As long as passengers can freely enter France from all parts of the world, either by the railroads coming from Germany, Italy, etc., or by steamers coming from Southampton, so long will quarantine be a farce in a sanitary point of view, while the

injury inflicted on trade and commerce is so great that it is much to be desired that some international understanding and convention should be come to on the subject."

And yet so deeply rooted are some prejudices, and that in favour of quarantine in particular, that last year the Town Council of Grimsby issued a circular to all the port sanitary authorities of the kingdom, suggesting that application should be made to the Local Government Board for power to detain all ships from infected ports in quarantine for seven days. Hull, however, very soon stated that "having regard to the opinions expressed by the highest sanitary authorities at the International Congress of Hygiene and Demography, held in London in 1891, and also to the experience of past epidemics, they do not see their way to apply to the Local Government Board for any extension of quarantine powers. It must be remembered in this connection that Hull has an enormous shipping trade with the Continent, and particularly with Hamburg, and that in spite of these disadvantages *quâ* cholera, it successfully dealt with various infected ships under the system of inspection and isolation.

From the above description of quarantine which has been drawn out to some length, though by no means fully discussed, and certainly discussed from a somewhat biased point of view, the reader will have gained a sufficient insight into the advantages of the alternative system. Apart from all other considerations it has the one pre-eminent advantage that it has stood the test of actual experience and has been found effectual. At all events, we in England who during the past two years have seen cholera all round us, and yet repelled from our shores or strictly limited to imported cases by this method can have no reason to wish for a return to the older and discredited system, while in the face of our own immunity we cannot but be struck with astonishment when we remember that France and Portugal are content with quarantine. It is a kind of conservatism that one would hardly look for in so advanced and enlightened a country as our neighbour across the Channel.

Within the past few months a method has been suggested in the case of cholera of conferring immunity upon the healthy individual by vaccination. This method, which was elaborated by M. Haffkine at the Institut Pasteur, was demonstrated by him in England during the present summer. The principle is that of inoculating a very weak culture of the cholera-bacillus beneath the skin, and then a week later another stronger culture. When the very slight effects produced by these inoculations have passed off, an intensely virulent culture is inoculated, and is found to produce no effect. The immunity thus conferred appears to last for some months. It is only in



the rarest cases accompanied by unpleasant results ; and there is no doubt about its power of conferring immunity upon such of the lower animals as are susceptible to cholera. It has been performed on man now a considerable number of times, and a virulent culture of cholera has hitherto always been withstood. M. Haffkine is at the present time in India, testing its value in the home of cholera. Its actual worth cannot as yet be decided with certainty ; nevertheless, it seems probable that it will prove to be successful.

May we not then, in conclusion, confidently trust that ere long the disease will be intercepted in its home, where its endemic prevalence has so long proved a destroying scourge, and earnestly pray that by careful inspection and isolation its epidemic prevalence in our own land may be permanently avoided ?

E. SYMES THOMPSON.

WALTER S. LAZARUS-BARLOW.

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#### ART. VI.—THE LOCAL GOVERNMENT (ENGLAND AND WALES) BILL.

THE ANALYSIS OF THOSE CLAUSES WHICH AFFECT THE CHURCH OF ENGLAND, WITH SUGGESTIONS AS TO THE BEST MEANS OF SAFEGUARDING CHURCH PROPERTY WHICH OTHERWISE WOULD BE TRANSFERRED TO PARISH COUNCILS.

THE Local Government Bill, prepared and brought in by Mr. H. H. Fowler, Mr. Secretary Asquith, Mr. Arthur Dyke-Acland, Mr. Shaw-Lefevre, and Sir W. Foster, and ordered by the House of Commons to be printed, March 21, 1893; consists of five parts, viz. :

- I. Parish Meetings and Parish Councils.
- II. Guardians and District Councils.
- III. Areas and Boundaries.
- IV. Supplemental (Elections and Parish Meetings, Parish and District Councils, and Miscellaneous).
- V. Transitory Provisions.

Those parts which chiefly concern Churchmen are Parts I. and IV. In Part I., under the constitution of Parish Meetings and Parish Councils, it is set forth :

- I. There shall be a Parish Meeting for every Rural Parish, and there shall be a Parish Council for every Rural Parish which has a population of 300 or upwards.
- II. For the purposes of this Act every Parish in a RURAL SANITARY DISTRICT shall be a RURAL PARISH.