

worst districts of the worst towns, I should make the home-treatment of cholera the only alternative by providing no hospital accommodation whatever, and remove the convalescents, as soon as it could safely be done, to proper wards, in an airy, healthy locality.

SECTION VI.

ON THE CARRYING OUT OF THE REGULATIONS IN REGARD TO THE TIMELY INTERMENT OF CORPSES OF PERSONS DYING OF CHOLERA.

IN order to ensure the speedy interment of the dead during the late epidemic, the General Board of Health issued the following regulation to meet the contemplated emergency:—

“And in case of death by cholera, or any other epidemic, endemic, or contagious disease, we hereby authorize and require the last medical attendant upon the person of the deceased, or, in case of there having been no medical attendant, the housekeeper, or person present at the death, or who is in charge of the body, forthwith to notify the fact of death to the medical officer of the district, who is charged with the execution of these orders for the prevention of the spread of such disease. And we do hereby authorize such medical officer to give such directions as may appear to him to be needful in respect to the care, removal, and the time of interment of the body, for preventing the communication and spread of the disease. And we hereby authorize and require all persons to give such information or such assistance to such medical officer, and to be otherwise aiding him, as he may need in the execution of these orders.”

For the purpose of ascertaining in what manner and to what extent these regulations were carried out, a circular was addressed to the medical officers acting under boards of guardians and parochial boards in the larger cities and towns which had been attacked by cholera, and in which the greatest necessity would naturally exist for the exercise of the powers. A number of replies have been received, of which the following is a digest.

Generally the people appear to have been aware of the necessity of interring the body as early as possible; but in a considerable number of cases, either from ignorance or indisposition, there has been a tendency to delay. In such instances the regulations of the Board have come into beneficial operation, but rather by a moral than by a legal agency.

The expostulation of the medical officer, supported, as the people knew it to be, by the power conferred by the regulations, was very frequently sufficient to effect the object.

Mr. Radcliffe, Union surgeon, Leeds, says, “The people were so universally frightened, and dreaded infection so much, that my recommendation for speedy interment was always attended to.” Mr. West, surgeon, Hull, writes as follows:—“The people have in most cases

seen the propriety of early interment, and have yielded to persuasion.” Mr. Dunn, surgeon, Wolverhampton, states that the bodies of the dead “have generally been removed without any trouble.” Mr. Pearce, surgeon, Plymouth, says that the powers conferred by the General Board of Health have been carried out “by persuasion, and by showing the parties the evils that would probably follow delay.”

Mr. Alexander, parochial surgeon, Edinburgh, states that “in one or two instances it has been necessary in order to secure early interment to tell the people that the powers given by the Board would be carried into effect.” Mr. Evans, parochial surgeon, Sunderland, says, “I have had no difficulty: the people, believing me to possess the legal power to enforce in case of refusal, have buried within reasonable time.” Dr. Dempster, staff surgeon, who was General Superintendent of the Barony parish, Glasgow, states that mild remonstrances with the people were all that was necessary. Mr. P. R. Menzies, parochial surgeon, Glasgow, writes, “I have never seen the power exerted. The mere intimation to the friends that it was possessed by the authorities, and a little gentle persuasion, succeeded in gaining their sanction to the removal.”

These replies will give an idea of the kind of influence exerted by the regulations in a great majority of the cases. In a few the medical officer went a step further. Mr. Sargent, surgeon, Plymouth, writes that the powers of the Board were carried out “by frequent persuasions, and sometimes by threats.” Mr. Walton, of Liverpool, states that the object was attained “by sending persons with the hearse and threatening them with the police.” Mr. Garthside, of Liverpool, states that “the police have in a few instances very much facilitated the arrangements for the early interments, without waiting for the ordinary routine.” One medical practitioner states that the powers of the Board were “threatened to be enforced once in private practice.”

In a few cases, apparently among the Irish poor, force had to be used; but it is evident from the replies that these cases constituted a small minority. Mr. Noble, surgeon, Manchester, writes that the regulations were enforced “by means of the police, who have met with no decided opposition.” Mr. M'Ewan, surgeon, Glasgow, says, “The regulations in my district had never but once to be enforced.” Dr. Young, Parkhead, near Glasgow, writes, “The police have been called in when necessary, but there were few cases where this was necessary.” Dr. Duncan, Officer of Health, Liverpool, states that the powers of removal have been exercised “not frequently, persuasion having generally been found effectual. Men sent by the parish authorities removed the bodies while the police ‘kept the peace.’” Mr. James Harvey, surgeon, Glasgow, states that “in two instances the people left the house and locked the door; the police had to break it open and bury the corpse.” Dr. M'Cowan, Edinburgh, says that the power of removal was exercised “by sending the parochial officers, and the people have generally consented.”

Such cases have, however, been exceptional; but even where the power was exercised the people have generally consented readily. Dr. Dunbar, of Edinburgh, states in regard to this point, that “the people generally well received the power exercised.” Dr. Anderson, of Edin-

burgh, also says that the exercise of the power was "generally well received by the people." Mr. Anderson, Inspector of Poor, Inverness, states that the power was exercised "by the order of the medical attendant, and on the whole favourably, without any objection by the people." Dr. Duncan, Officer of Health, Liverpool, says, that "by the neighbours the interference has been thankfully received." Some objections, however, were made in a few cases by the friends.

The evidence shows that the power has been exercised with much discrimination, judgment, and humanity; and that its exercise has been highly beneficial. The regulation has in fact worked extremely well, and has effected all that could have been contemplated from it, but nevertheless some further provision for the early removal of the dead appears absolutely necessary.

Every one conversant with the dwellings and habits of the poorer classes in England must be aware that overcrowding exists to a great extent in all our large towns, and they must frequently have observed the strange intermixture of the dead with the living which this circumstance at present necessitates. During epidemics, as for example the recent outbreak of cholera, the necessity for some place for receiving the dead previous to interment must have pressed itself on every one who was really conversant with the state of the poor during that terrible visitation.

I have received a great deal of evidence on this subject from medical men in all parts of England and Scotland, a few specimens of which I subjoin. The retention of the dead in rooms occupied as living or sleeping rooms is necessarily almost universal among the poor. During the late epidemic, however, it very frequently happened that two or more corpses were laid out in the room at the same time. I have seen three adult corpses in one room, and a person ill with cholera in the only other room in the house. On another occasion, on a hot summer's day, I saw two corpses in a small apartment in which there were three persons sitting. There was a fire at the same time in the room. Dr. Duncan, of Liverpool, states that he has met with 15 instances of two corpses in the house at the same time. Mr. Trahan, one of the Union officers at Liverpool, mentions 24 such instances. Mr. Cooper, medical officer to Wolverhampton Union, says that he has had 18 or 19 such cases; and similar information has been derived from many localities. Corpses of persons who have died from typhus, scarlet fever, and other epidemics, are also retained for a period beyond what is safe (if, indeed, any retention be safe in such cases). The practice in many districts appears to be to keep such corpses three, four, or five days. Mr. Pearse and Dr. Tripe, of Plymouth, state that they "have seen much evil and delay in cases of death from typhus and epidemics," from the undæ retention of the corpse. Mr. Kimpton, surgeon, says, "I have known corpses of persons who died of typhus and scarlatina kept several days in rooms with the living, and believe in some instances it was the cause of disease extending to other persons in the house." Dr. Duncan, of Dundee, writes that interments of persons who have died of epidemic disease are "in general delayed too long amongst the poorer classes." Dr. Roe, of Plymouth, says, "I have seen the coffin lying on the bedstead in one part of the room, the food cooking in another, and the dressmaker making mourning in a third. . . . I have

never known an interment hurried in the slightest degree because the person died of typhus or other epidemic—not even when there was only one room for the living and the dead." Mr. White, surgeon, Dowlais, writes, "It is a very common event to see a large party of relatives sitting around a table partaking of food, and a corpse lying in one corner of the room."

It is in vain to look for any alteration in this state of things until proper accommodation for the dead be provided. The difficulty must be obvious, and it has struck many careful observers. Mr. Stott, surgeon, Manchester, says, "I know no instance in which the removal of a corpse from a dwelling-house preparatory to interment took place; *no place that I am aware of having been provided for such purpose.* The withdrawal of the living from the dead would be *most difficult* in the majority of instances. A receptacle for the dead appears a desideratum, and I think would be well received by the people themselves." Mr. West, surgeon, Hull, writes, "I have known the corpses of persons who have died of typhus, scarlatina, measles, and smallpox, retained in the dwellings of the poor for a much longer period than I considered safe;" and he adds, "there should be immediately provided some places or convenient localities where the poor might deposit their dead under proper regulations, having due regard to their feelings; and although objections would be raised at first, they would soon give way to the urgent persuasion of the persons who would be placed in charge of such depositories."

Mr. Pearse and Dr. Tripe also point out the importance of providing reception-houses. They say, "We would beg respectfully to suggest the propriety, during the prevalence of malignant diseases, of buildings being provided for the immediate reception of the dead, especially for the working classes, who, in large towns, are generally compelled to live in single, confined, badly-ventilated and badly-lighted apartments." Other medical practitioners make similar suggestions. Even the poor themselves have felt the evils of being compelled to retain their dead, and have been obliged to resort to precipitate interment. A number of such instances are given by the parochial medical officers in all parts of the country. They chiefly take place in cases where death has occurred in the lower class of lodging-houses, in order that "the room may be occupied again." In some cases no medical aid appears to have been sent for. Mr. Cripps, surgeon, Liverpool, says, "I have often been called up during the night in order to give a certificate of death, for the purpose of having the corpse interred the first thing in the morning, the person having only died in the early part of the night." Dr. Duncan, of Liverpool, bears important testimony to the desire for getting rid of the dead in some cases. He says, "During the recent epidemic, from 30 to 40 applications were made to me to procure the removal of bodies, retained for a period longer than I judged safe."

This obvious necessity led to the actual opening of a reception-house at Leeds during the late outbreak of cholera. Mr. Radcliffe, surgeon to the Union, states that, on the first appearance of cholera in Leeds, the Board of Guardians, at his request, erected such a house in connexion with one of the cholera hospitals; "and to this place," he says, "I caused to be conveyed many bodies from *single* and other rooms previous to interment—indeed, almost immediately after death;

and when the poor found that the dead were treated with decency and respect, I found no opposition to their being sent there."

Here, then, was a very natural solution, and at the same time a successful one, for a great difficulty arising from the overcrowded state of our cities and towns. Perhaps no clearer proof of the existence of the evil could be given, and no more satisfactory method of getting rid of it indicated, than the preceding evidence affords.

SECTION VII.

ON THE EXECUTION OF THE REGULATIONS OF THE GENERAL BOARD OF HEALTH BY THE LOCAL AUTHORITIES.

THE duties devolving on Boards of Guardians and other local boards by the issuing of the Regulations were of a two-fold character. 1st. As to preparatory measures of a sanitary kind. 2nd. As to the medical relief of cholera and its premonitory symptoms. The evidence obtained during the sanitary inquiries which had intervened between the epidemics of 1832 and 1848, had demonstrated that cholera always localized itself amongst the most neglected part of the population. The causes of this selection of locality had been clearly ascertained, and some of them proved to be easily removable, but others were found to require permanent works for this purpose. The regulations of the General Board of Health were specially directed against the removable causes, which all persons, whether private or public, having any power over them, were required to abate immediately, and Boards of Guardians were directed to see to the execution of the regulations.

In order that they might do this the more effectually, and at the same time exercise the most important and responsible functions of protecting the public health, now reposed in them, a very simple and rational course of procedure was pointed out. The Guardians were required "to direct their clerk to make out from the Register of Deaths, or from the district medical relief books, or other sources from which information may be obtained within the union, a list of places where epidemic, endemic, or contagious diseases, have of late been frequent."

This regulation is of extreme importance, because the places indicated are the invariable centres from which epidemic diseases begin and spread, and cholera had previously *been proved* to obey the law of other epidemics in this respect. Such a list would have told the Guardians at a glance the precise spots on which their preventive efforts required to be expended.

After the preparation of this list the Guardians were required

"to cause the medical officers employed by them, or specially appointed for the purpose to visit the places, of which a list shall have been made out as aforesaid, and all such neighbouring or other places within such union or parish as shall appear to such medical officers (from being under like circumstances with the places included in such list or otherwise) to require visitation or examination."

And after making the examination the medical officers were directed

where necessary to certify to the Board of Guardians, local boards, surveyors, owners or occupiers, &c.,

"all such places as are in a state dangerous to health, or need frequent and effectual cleansing by way of preservation against disease, and such dwelling-houses as are in a filthy and unwholesome condition, and all such nuisances and matters injurious to health as ought to be abated, cleansed, or removed under these regulations."

This process of preparation was intended to begin all over the country as soon as the regulations of the General Board of Health were issued. Nothing could be more simple than the procedure, but it must be obvious that its whole efficiency depended on the making out of a list of epidemic localities, and directing the medical officers to visit and report on their state, and to certify such precautions as were required. I am warranted by experience in stating that had this process been rigorously carried out the severity of the epidemic attack would have been materially lessened, and a vast number of lives saved; but I am sorry to say that in the majority of instances no efficient steps of the kind were taken, and in many the regulation was totally neglected. It is fortunate that town councils, and other local boards, having cleansing powers, frequently took an independent course, and no doubt much good was done in this way; but in most of such instances the active cleansing operations were not commenced till the epidemic appeared, and in a few they had to be carried out while the disease was ravaging the towns; while in almost all, that concentration of effort on the epidemic localities, and that continued watchfulness over them which could only have been exercised by a rigid adherence to the letter of the regulations, appeared neither to have been understood nor put in force. I am truly glad to have been able to adduce examples of a very different kind, but the undeniable saving of life which resulted only makes the great losses which have arisen from local neglect elsewhere appear the more lamentable.

The provisions of the Contagious Diseases Prevention Act, for removing nuisances, were very generally put in force with greater or less effect; but as *continued cleansing and inspection of fever districts* was the preventive measure really required, the simple abatement of a few nuisances, though praiseworthy in itself and useful, so far as it went, was by no means sufficient to protect the public health.

A true and intelligent sense of the awful calamity impending over the country, and of the unremitting energy which would be required to prepare the population, as far as practicable, to resist it, would have led to the immediate exercise of all the powers granted as soon as they became known, and to their continued exercise until the last footsteps of the epidemic had disappeared from the country.

The preparatory measures, generally speaking, were thus only partially and, as a necessary consequence, inefficiently applied.

When cholera actually appeared more energy was in general displayed. There was more street and house cleansing, and more lime-washing. That these steps did good there can be no question, but a moment's consideration will show that they were not those *mainly* contemplated by the General Board of Health, inasmuch as it was not exactly the time to strengthen the resisting power of a people to enable it to withstand a mortal disease when that disease had actually located