

supposed to have been induced in children. There were various modifications of treatment; but it would be inconsistent with the objects of this, which is a Sanitary Report, to enter into their consideration. I may, however, observe that the treatment of the premonitory diarrhœa by opium and stimulants was very extensively practised in Germany; and a combination of laudanum, peppermint, valerian, and ipecacuanha, forming what were called "Thielmann's Drops," after the physician of that name at St. Petersburg, obtained great repute.*

In choleraic diarrhœa, especially, there are four subordinate points of great importance: 1, the observance of the horizontal position, a precaution difficult to insure with labouring people, and yet of great consequence in cases of any severity; 2, the avoidance of all exposure to cold and chills, and the careful maintenance of the heat of the external surface, which is so often lowered in these attacks; 3, a rigid attention to diet, and that for some time after the diarrhœa has ceased; 4, the prevention, as far as possible, of fear, a passion which, during the epidemic, has often operated most perniciously.

I cannot better conclude this section than by quoting the observations of one of the most distinguished physicians in this country, illustrative of the whole subject of premonitory diarrhœa; remarking previously, that the experience of the late epidemic has shown how slow is the progress of knowledge, since it is obvious that, if the sound principles laid down years ago in the following extract had been universally acted on, the lives of thousands of victims who are now in the grave might have been spared. In allusion to the attack of cholera in 1832, Dr. Watson says,—

"The epidemic cholera made its attack in two different modes. In one it seized upon the patient suddenly, and without warning. This was comparatively rare. Much more commonly the specific symptoms were preceded, for some little time, even for some days perhaps, by diarrhœa. And this I take to be the most important practical fact that was ascertained during its prevalence among us. When the disease was once fairly formed, medicine had very little power over it, but in the preliminary stage of diarrhœa it was easily manageable. Unfortunately, people are inclined (especially those classes of the community among whom the cholera most raged) to regard a loose state of the bowels as salutary, and to make no complaint of it, and to do nothing for it; or, in other cases, they conceive it to proceed from some peccant matter within which requires to be carried off, and they take purgative medicines to get rid of it. Both of these are serious and often fatal mistakes. Mere neglect of the diarrhœa frequently permitted it to run into well-marked and uncontrollable cholera; and the employment of purgatives hastened or insured that catastrophe. The proper plan of proceeding, I am convinced, was to arrest the diarrhœa as soon as possible after its commencement by astringent aromatics and opiates. You may object, perhaps, that the cases that were cured in this way were not cases of cholera at all, and never would have been, but simply

* Dr. Graves describes a peculiar affection of the mucous membrane of the rectum, in which there are "white stools;" depending, not as was formerly thought on the presence of chyle, but on "the absence of bile and on the secretion of white viscid mucus from the intestines." It is interesting to learn that this affection, which is confined as to its product to the secretion from the small intestine in cholera, obstinately resists astringents, &c., but yields to nux vomica combined with hyoscyamus and opium. The examination of the discharges and of the mucous membrane would probably disclose a desquamation of the epithelium. (Clinical Lectures, vol. ii. p. 216.)

ordinary diarrhœa. It is impossible to prove the contrary, no doubt; but the presumption is strong that the diarrhœa would, in many, and perhaps most instances, have run on, if not checked, into the more perilous form of the disease. In many places, when taught by experience, the authorities established diarrhœa dispensaries, to which those attacked by looseness of the bowels were warned and invited to apply, that the looseness might forthwith be corrected; in many such places the cholera, which before had been cutting the inhabitants off by scores and hundreds, began instantly to decline in frequency. I venture to advise you, supposing the disease should reappear, or whenever in the autumn a suspicion arises that this form of cholera is present in the community, not to try, in cases of diarrhœa, to carry off the presumed offending matters, but to quiet the irritation and to stop the flux as soon as you can."

SECTION VII.

On the Neglect of Premonitory Diarrhœa by the Poor.

To those who are unacquainted with the actual facts of the case, the extent to which the poor during the epidemic neglected the premonitory diarrhœa must appear almost incredible. It has been shown in a preceding section that, notwithstanding the various measures adopted by the authorities to advertise the poor of the necessity of early application, patients were, as a rule, first seen by the medical officers when in collapse. This unhappy result was dependent on several distinct causes, which, in consideration of the great importance of the subject, may be here stated.

I. The most generally operative of these causes was unquestionably ignorance of the connexion existing between looseness of the bowels and cholera; this prevailed far and wide, as is indicated in the reports of the visitors. The apparently slight nature of the attack, and especially *the absence of pain*, lulled thousands into a fatal apathy and security. Mr. *Liddle*, whose evidence is particularly of importance, since, in addition to the experience he obtained as one of the medical inspectors, he possesses that acquired as one of the medical officers of Whitechapel Union, observes—

"It is a well-known fact that the poor would not of themselves make early application for medical advice during the premonitory stage of cholera. In some instances, so slightly did they consider the warning given them by the looseness of bowels, that this was denied when the visitors called; and only when collapse supervened did they acknowledge that diarrhœa had existed, saying 'they thought it was of no moment, as they did not feel ill.'"

Dr. *Gavin* says—

"Previous to the house-visitation, few poor persons were found who were aware that diarrhœa was a premonitory symptom of cholera; if asked if any person were ill, the almost invariable answer was 'No, but my husband or child has got a very bad bowel complaint.' One reason for this apathy consists in the belief of the poor that everything of the kind 'will work itself off;' this belief probably arising from the frequency of diarrhœa among them."

Mr. *Ferguson*, one of the visitors of Lambeth, says—

“For a long time, especially till the house-visitation was fairly in work, it was astounding to find to what an extent the poor would allow diarrhœa to go on unchecked. I used to imagine there was a peculiar moral obliquity about persons so attacked, for it was with difficulty I could get information from the persons themselves as to their condition, and usually discovered it from another person in the house. It was no unusual thing to find a person having five or six stools in a forenoon, taking no notice of it and not seeking for any relief.”

Mr. *Welch* states he discovered an elderly woman who had had diarrhœa ten days, and who, although frequently so advised, refused to apply for any medical advice; she was subsequently found in a state of collapse and died. Mr. *Adley*, one of the visitors in Bethnal Green, says—

“I have often met with cases where constant diarrhœa had been allowed to continue upwards of a month, without application for medical relief.”

Mr. *Walsh*, one of the medical inspectors, says—

“The apathy of the people as to any danger from diarrhœa was very general; they seldom applied for relief till cramps and vomiting had come on. Rice-water purging was often neglected. When handbills had been distributed, this was less the case; but abundant instances of it were seen to the last.”

On visiting one of the courts of Lambeth, where the disease had fearfully raged, I was told by a poor woman that she had lost her grown-up daughter; and on my inquiring if she had suffered previously from looseness of the bowels, she said, “Yes, for several days;” and being further asked why they did not apply for medicine, the answer was, “Oh! there was no pain, and we thought nothing of it.” Mr. *Benington*, one of the assistant medical officers of Lambeth, reported to Dr. *Gavin* that he lost 82 cases of cholera, in every one of which there had been previous neglected diarrhœa, of a duration sufficient to have afforded ample opportunity to secure the safety of the patient; he further adds—

“In no one instance did a case of diarrhœa pass into cholera under my treatment; nor was I ever called to a case of cholera in which the premonitory diarrhœa had been prescribed for by the house visitor.”

All these, and a multitude of similar cases which might be adduced, occurred, it must be recollected, after the epidemic had been raging for weeks, and when handbills and placards had been freely distributed.

II. Another very fertile source of neglect was the aversion felt by a large class of the poor, more especially in the more populous and impoverished districts, whose straitened circumstances at the same time made it difficult for them to pay for medicine and advice, to apply for parochial medical aid. This feeling, which, according to the reports of the visitors, is most deeply seated, appears to depend on several causes, such as the loss of time, and consequently loss of wages, in procuring orders and obtaining medicines; the unkindness shown in some instances by petty parish officers; and the conviction that the medicines furnished are selected rather for their cheapness than their efficiency. However little foundation there may be for this feeling, the

poor, who are close observers of any distinction of this kind, missing that neatness in the preparation of the medicine which they regard as a test of its goodness, are influenced by this prejudice to a considerable extent. But another and a deeper feeling is that strong aversion existing among the independent and industrious poor to the receipt of any aid which may seem to convert them into paupers. In some parishes the necessity of obtaining an order was entirely suspended; in many others, however, orders were still required; and this operated most injuriously in repelling those who were in want of medical aid. I shall have occasion to refer again to this subject in a future section. The following are a few specimens taken from the statements of the visitors. Mr. *Ayling* says,—

“I have oftentimes heard the remark among the poor, ‘I would sooner die than go to the parish doctor.’”

Mr. *Allen* says,—

“The poor have a general antipathy to apply to the parish medical men, and say they would rather suffer anything first.”

Dr. *Baylis* states,—

“They generally suffer a vast amount of sickness before applying to the parish for relief.”

Mr. *L. Barnett*, who is conversant with the system of medical relief, remarks,—

“The term union or parish doctor is in the highest degree disliked by the poor; and I may here state that during my visitation I never made use of the term ‘union,’ for, had I done so, my medicines would have troubled no one but myself who carried them.”

Dr. *Gavin* remarks on this point,—

“One of the great advantages which was secured by the house visitation was that it came from a central and governmental board; the people were charmed with this attention on the part of Government, and contrasted it favourably with the neglect and indifference of the parochial authorities. Had the visitation come from the parochial authorities, or rather had the poor understood that the visitors were parochial agents, the visitation would have been received with dislike in place of favour. I never in fact was ill received in the numerous sanitary investigations which I have made, but when I have recommended the poor to apply to the district medical officer.”

I can myself to some extent corroborate this statement, as it particularly struck me, in visiting some of the most afflicted districts, that the people spoke of the visitors, and evidently with satisfaction, as belonging to the Board of Health.

The facts just stated demand the serious attention of all who are interested, not merely in the welfare of the poor, but in the reduction of the parochial expenditure; since there is abundant evidence to show that a vast pecuniary sacrifice is incurred by the neglect so general among the poor of the primary invasion of disease, which leads directly and inevitably to much unnecessarily prolonged sickness and increased mortality, both imposing a heavy tax on the ratepayers. This subject, relating to the early detection and treatment of disease among the poor,

is so important, that I shall briefly return to it before concluding the present Report.

III. It will be at once apparent that a large number of diarrhoeal attacks must have been neglected, and that almost of necessity, by persons being seized when engaged at their work, and when absent from home. These persons, returning in the evening, usually delayed obtaining aid, and were often seized in the night with cholera; whilst others, attacked with diarrhoea in the early morning, just before going to their daily avocation, could only have obtained medical advice by sacrificing a part of a day's employment, and in this way numerous cases were neglected, and often with the most fatal results.

IV. Various other subordinate causes led to the neglect or concealment of diarrhoea, even when express inquiries were instituted. Thus in workhouses the fear of being placed on sick diet operated in some instances, of which the following is a specimen:—Several deaths occurred in a large workhouse, where, notwithstanding notice was carefully given to all who had diarrhoea that immediate application should be made for medicine, which was kept in readiness, attacks of cholera still took place, in which it was ascertained there had been neglected bowel complaint. Adopting the plan pursued in India, where, when cholera breaks out among the troops, sentinels are placed over the privies to detect any one suffering with diarrhoea, I advised that the water-closet should be watched. On the first day several persons with relaxation were thus discovered; and on being questioned, admitted that they had concealed its existence lest they should be placed on sick diet. It may not be out of place to mention that one of the guardians of this parish stated in a public inquiry that after this precaution not another attack of cholera took place. A somewhat similar instance is mentioned by Mr. Liddle, in a workhouse of one of the parishes which he superintended, where the medical officer denied the existence of diarrhoea among the inmates, but which was detected by placing a watch over the water-closet. Dr. Gavin relates a similar case in a workhouse where there was a serious mortality from cholera, and in which the amount of diarrhoea, which was very large, was unknown to the attendant surgeon.

SECTION VIII.

Measures adopted by the Boards of Guardians during the late Epidemic.

IN any Report professing to give a description of the late epidemic, it must be obvious that the measures adopted by the various Boards of Guardians (to whom, as will immediately appear, extensive powers were intrusted) to meet and control it ought to form a very important feature of such a document. In the present instance there are many circumstances which particularly indicate the necessity of entering into this subject; among the foremost of which is the fact, so distinctly

proved by the extended experience of the General Board of Health, that in a great number of instances the proceedings of the local authorities were altogether inadequate for insuring those prompt, comprehensive, and vigorous measures so urgently demanded in the presence of a great and destructive epidemic like malignant cholera.

Having witnessed the lamentable results of those proceedings; knowing that the health, the lives, and the happiness of the labouring classes of this great city are immediately and deeply concerned in the subjects about to be discussed; and [above all considering, that, if our poorer fellow-citizens are to be guarded by sanitary measures against the never-ceasing ravages of typhus, small-pox, and other destructive but preventible diseases, a desideratum infinitely more important than protection from the occasional invasions of cholera, some more efficient machinery than has hitherto been employed must be devised,—I am impelled by an imperative sense of duty to enter upon the discussion of topics I would, if permissible, have willingly avoided.

But before doing this there are some preliminary points, which, from their great importance, will require notice.

As London and its vicinity are excepted from the operation of the Public Health Act, all the measures calculated to arrest the progress of cholera in the metropolis depended on the "Act for Removal of Nuisances and Prevention of Contagious Diseases." The provisions of this enactment, so far as the Board of Health is concerned, apply so long only as they are put in force by an order of the Privy Council, which order must be renewed every six months. When thus in operation, the General Board is authorized to issue such regulations for the prevention or mitigation of epidemic, endemic, or contagious diseases, as the Board shall think fit; and they are further empowered to require the guardians of the poor to put such measures into execution. But in connexion with this point, it is necessary to explain a circumstance which led, in various instances, to the most injurious results. This enactment not only contemplates the guardians of the poor as the executive body for the removal of nuisances and the cleansing of streets, &c., but also various other local authorities are named, such as the town council, trustees or commissioners for draining, paving, lighting, and cleansing any city, town, borough, or place; and also commissioners of sewers. Divided powers, and consequently a divided responsibility, are thus created; and as in most of the metropolitan unions and parishes there exist, independently of the guardians of the poor, such local bodies for paving, lighting, and other purposes, it is not surprising that, when regulations were issued by the Board of Health, such of them as related to external cleansing and the removal of nuisances were considered by the guardians as appertaining to the authorities specially charged with such matters. It is true the Act provides that, where there is default or delay in the execution of the regulations by the bodies above named, the responsibility shall fall on the guardians; but in the absence of any officer or officers to see to the execution of the directions of the Board of Health, the enforcement of them was, under such circumstances, difficult, or rather impossible.

The following is a case in point:—On the 19th of November, 1848,