

TABLE III.

Total number of CASES of DIARRHOEA and CHOLERA returned to the General Board of Health, as having been treated in the following Parishes and Unions during the Epidemic of 1854.

Union or Parish.	Diarrhoea.			Cholera.			
	Dispensar.	Medical Officers.	Visitors.	Dispensar.	Medical Officers.	Visitors.	
Lambeth - - -	-	3,364	-	-	427	-	
East London - - -	-	1,514	-	-	53	-	
St. Luke, Middlesex - - -	152	121	-	-	12	-	
West London - - -	-	951	-	-	13	-	
Shoreditch - - -	-	1,729	-	-	105	-	
Bethnal Green - - -	-	409	-	-	65	-	
Hackney - - -	-	716	-	-	16	-	
St. James, Westminster - - -	-	2,601	-	-	237	-	Including cases discovered by house-to-house Visitors.
Strand - - -	-	4,336	-	-	43	-	
Islington - - -	-	2,895	-	-	67	-	
Camberwell - - -	2,211	5,919	-	-	305	-	
St. Saviour's - - -	924	432	338	15	102	81	
Bermondsey - - -	256	117	30	-	39	-	
St. Luke, Chelsea - - -	-	2,564	1,323	-	146	15	
Whitechapel - - -	1,396	1,409	163	26	137	30	From 10th August to 23d October. First Visitor's Return on 15th Sept.
St. Mary, Newington - - -	394	3,569	949	4	341	77	August 8th to October 7th. First Visitor's Return on 16th Sept.
St. George the Martyr - - -	-	984	410	-	70	12	
Fulham - - -	-	1,670	487	-	449	70	August 5th to October 1st. First Visitor's Return on 11th Sept.
Stepney Union - - -	4,463	1,563	2,584	-	311	140	
Poplar Union - - -	4,577	4,000	1,322	-	435	56	
St. Giles and St. George, Bloomsbury - - -	-	4,061	-	-	120	-	Including cases discovered by house-to-house Visitors.
Holborn - - -	-	2,600	-	-	38	-	

APPENDICES.

INSTRUCTIONS to LOCAL AUTHORITIES on PREVENTIVE MEASURES in relation to EPIDEMIC CHOLERA, under the NUISANCES REMOVAL ACTS.

THE main object of the Board in framing the accompanying Instructions has been to embody, in a form adapted to practical use, the results of experience as to the best means of meeting an outbreak of epidemic cholera.

One of the preventive measures recommended by the Board—that denominated “House-to-house Visitation,” is based on the belief entertained by the medical profession, that by treating every case of diarrhoea which may be discovered among the population of a town or district visited by cholera, the ravages of this fatal disease may be to a large extent mitigated. It is well known that where cholera is epidemic, diarrhoea, usually painless, almost always prevails very extensively; and it is also known that diarrhoea of the same character usually precedes—sometimes for a few hours, sometimes for several days—the alarming symptoms which constitute developed cholera. Now the prevalent diarrhoea, in a vast majority of cases, yields to remedial measures promptly applied; and it is believed that if they had been neglected, many cases of diarrhoea thus arrested would have passed into developed cholera. As long, therefore, as cholera shows itself so difficult of cure, every plan which proposes to deal with an outbreak of this fearful disease *must provide for the immediate treatment of all cases of diarrhoea.*

It may, perhaps, at first sight appear that in order to effect the proposed object it would be sufficient to impress the foregoing plain and obvious facts upon the public, by means of placards and notices; to provide dispensaries where the poor might be supplied gratuitously with the requisite medicines, and to leave the rest to the common sense of the people. But it must be remembered that diarrhoea is a very common disease; and when painless attracts little notice, or is regarded as of no consequence. It must further be borne in mind that the principal sufferers from epidemic cholera belong to a class whose habits of life are peculiarly calculated to render them unwilling to anticipate misfortune. They may, perhaps, be taught that the filth, intemperance, and wretchedness in the midst of which they so generally live, render them peculiarly susceptible

to the worst forms of any prevalent pestilence ; but unfortunately that which is the source of their danger is also the cause of their apathy. The trials which fill their thoughts are those of the day and of the hour. The pressing necessity of struggling with actual suffering begets generally a reckless indifference to merely contingent evils ; and thus it has been found that even when cholera is raging in an overcrowded alley or filthy undrained court, the poor inhabitants, neglecting the commencement of the disease (which it must be recollected is without pain), rarely apply for medical aid until the disease has reached that stage when medicine is all but unavailing.

As therefore experience has shown that the poor cannot in general be induced to seek medical aid in good time, it is of the utmost importance that medical aid should seek them. This object the Board propose to effect by the system of what is called house-to-house visitation.

The Board believe that the detailed exposition of this system about to be given will afford to local authorities all the information necessary to enable them, in their respective districts, themselves to carry it into efficient operation.

Circumstances may occur under which local authorities may stand in need of counsel, and possibly even of the temporary assistance of a medical officer of the Board. The Board will deem it their duty promptly to render such assistance, as far as may be in their power whenever real occasion for it may arise ; but it is equally the duty of local authorities resolutely to avail themselves of the means of preparation within their own power, and to place their dependence, not on Government aid, but rather on their own energy, vigilance, and foresight.

The instructions here given contain ample information as to the manner in which the preventive measures in general, and the house-to-house visitation in particular, may be best conducted, and as to the machinery by which it may be most successfully worked.

If the several Boards of Guardians and other local authorities throughout the country forthwith make the requisite preparation for enabling them to carry into effect, at a day's notice if necessary, the measures here recommended, according as these fall within their respective spheres of duty, every corner of the country will be furnished with a far more powerful protection against the visitation of cholera than any Government department, however vigilant and zealous, can possibly supply ; whilst the sense of security which will then pervade the entire community will strip the disease of half its terrors. On the other hand, if Boards of Guardians and other local authorities should neglect the plain and obvious duties hereby imposed upon them, they must bear in mind that the responsibility of all the suffering and loss of life which may be occasioned by such neglect, will, after this notice, attach exclusively to themselves.

PROVISIONS OF NUISANCES REMOVAL ACT.

The Nuisances Removal and Diseases Prevention Act, 1848, includes two sets of provisions ; the one permanent, the other put in operation by an Order in Council issued under the 9th section.

The instructions which follow refer entirely to the latter, as it is under that alone that the General Board of Health exercises any power by the Act for the prevention or mitigation of epidemic disease. In dealing with these instructions it should be understood,—

1st. That *all local authorities*, having by law powers for abatement of nuisances, are called upon by the regulations and directions of this Board actively to exercise those powers, and that Boards of Guardians act only in default of such local authorities. Besides local authorities, owners and occupiers, and all others having control of premises, are charged by the Board's regulations with duties of cleansing, &c., which the Guardians should make known by handbills circulated through the Union.

2d. That the word "Guardians" in the following instructions, includes all official bodies having the management of the poor.

3d. That the authorities for administering the Poor Law in England, Scotland, and Ireland have the same power of enforcing the duties imposed on Guardians by the Nuisances Removal Act, as they have of enforcing the duties imposed on them by the laws relating to the relief of the poor. (s. 12, Nuisances Removal Act, 1848.)

4th. That, for the execution of the instructions and directions of the General Board, the Guardians may appoint or employ officers, or persons in aid of their ordinary officers, and may defray the expenses incurred in execution of those regulations and directions out of the funds of their unions, parishes, or respective combinations (section 14, Nuisances Removal Act, 1848), or out of the parochial funds, without any order of justices, when the cost does not exceed 20s., and when it exceeds that sum, on an order of justices (or, in Scotland, of two justices, or of the sheriff or magistrates), (s. 8, Nuisances Removal Act, 1849.) The Guardians may thus exercise a discretion as to charging the cost on the parish or union fund.

They should be guided in this discretion by the extent of the evil and the origin of the nuisance. If the former be general, the cost of removal may properly be thrown on the common fund. If the latter be local, it would seem (unless the relief by removal of the nuisance be general) to be right to throw the expense on the parish.

5th. That Guardians and their officers, or persons authorized by them, may enter on any premises where there is ground for believing that necessity may exist or arise for executing the directions and regulations of the General Board of Health. (s. 13, Nuisances Removal Act, 1848.)

DUTIES of LOCAL AUTHORITIES (other than BOARDS of GUARDIANS), Owners, Occupiers, and Persons having Control of Premises.

1. *Cleansing of Streets and Public Places.*

All surveyors, district or assistant surveyors of highways, trustees, county surveyors, and others by law entrusted with the care and management of streets and public ways and places, and where there are no public authorities so entrusted, the owners and occupiers of houses and tenements adjoining thereto, are to take the measures necessary for the frequent and effectual cleansing thereof.

2. *Cleansing, Ventilating, &c. of Private Premises and Buildings.*

The owners and occupiers, and persons having the care and ordering of all houses, dwellings, churches, buildings, and places of assembly, are to cleanse, purify, ventilate, and disinfect the same.

3. *Removal of Nuisances.*

All local authorities and persons whatsoever are to exert all the powers vested in them by law for the removal of nuisances.

4. *Speedy Interment.*

All relations of, or others in charge of the bodies of persons who have died of cholera or other epidemic disease, are to obey the directions of the medical officers of the guardians, as to the speedy interment of the dead.

The word "Guardians," as here used, means the guardians, directors, wardens, governors, parochial board, or other like officers having the management of the poor of any union, parish, combination, or place where the matter requiring the cognizance of any such officers arises, and the expression "Local Authority" means the town council, local board of health, or any trustees or commissioners for the draining, paving, lighting, cleansing, managing or directing the police of any town, borough, or place, highway board, or any other body of a like nature, or any commissioners of sewers, or any body, excepting boards of guardians and overseers, having by law powers for the removal of nuisances.

The Guardians of the poor, as superintendents of the execution of the directions and regulations of the General Board of Health, have to perform two classes of service. The first relates to cleansing duties; the second, to duties of medical precaution and relief. Both should be entered upon before the epidemic actually appears.

CLASS I.—DUTIES OF GUARDIANS IN RELATION TO CLEANSING AND REMOVING NUISANCES.

1. *Lists of Epidemic Localities.*

Direct the Clerk to make out, or cause to be made out, from the medical officers' books or other sources of information, a list* of the

* The books of the medical officers will necessarily afford much information, but the experience of the relieving officers in the haunts of poverty and disease will likewise enable them to indicate dangerous localities. [The

places within the union, where cases of cholera, diarrhoea, typhus fever, or any epidemic or endemic disease are most commonly found.

Give the list or portions of the list relative to particular districts to the several district medical officers, and require them to visit the places within the districts named in such list, and any other places within it, and examine the houses situate in places where disease may be expected to appear, as to their present condition in respect to cleanliness, or as to any existing predisposing causes of disease likely to affect the inmates.

2. *Certificates of Places other than Private Premises requiring Cleansing.*

Direct the medical officers to certify in writing to the Guardians 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 cleansed, abated, and removed, in execution of the directions of the General Board.

Direct the medical officers to certify in writing all the streets, rows, lanes, mews, courts, alleys, and passages, and public ways and places in the union, under the care of town councils, local boards of health, commissioners, trustees or surveyors, which are in a state dangerous to health, or require frequent cleansing by way of precaution against disease.—(Appendix 2, F.)

Direct the medical officer to certify in writing all streets, rows, lanes, mews, courts, alleys, and any passages, public ways, or places to which any houses or tenements adjoin, not intrusted by law to the care or management of any town council, local board of health, commissioners, surveyors, trustees, or others, which are in a state dangerous to health, or require such frequent cleansing.—Appendix 2, F.)

3. *Enforcement of Cleansing under Certificates.*

Having received these certificates of the medical officers, ascertain who are the parties by law intrusted with the care and management of the streets and public places included in Certificate

The records of past outbreaks of cholera, where they have been preserved, will point out the localities formerly affected, and the registry of deaths will indicate the localities which suffered most.

At Newcastle an important table has been prepared, showing the numbers of deaths from cholera in each street, &c., during the recent epidemic. There can be but few occasions which will not permit of similar tables being prepared.

Where there are dispensaries and hospitals which provide out-door attendance, the records of these institutions will likewise indicate the localities where disease ordinarily prevails.

By consulting these sources of information, the clerk, or the person specially appointed to perform his duty, will be enabled to compile a tolerably accurate list of the nests of epidemic disease.

No. 1; send them copies of the certificate, and require them, in obedience to the 5th direction of the General Board, "to see to the effectual and continued cleansing of all streets, rows, lanes, mews, courts, alleys, and passages, and public ways and places under their respective care and management; and to the removal of all filth, ordure, and nuisances therefrom," under a penalty, in case of default, not exceeding 5*l.**

Warn, by printed notice, the inhabitants of the localities specified in Medical Certificate (App. 2 F.) that every occupier of a house or tenement adjoining these localities is bound by law to keep or cause to be kept sufficiently cleansed every part of the street, row, lane, mews, courts, alley, or passage, way or place, which adjoins the house or tenement occupied by him, under a penalty, in case of default, not exceeding 5*l.**

The medical officer having, where necessary, directed how or with what precautions the cleansing shall be done, and the nuisances removed, will inform the inhabitants that it is farther required, by the directions of the General Board, that "works of cleansing, and removal of filth, ordure, and nuisances required shall be done by effectual washing or otherwise, and with the use of fluids or substances for preventing the escape of noxious effluvia during the operation, when the medical officer of the Guardians, or others authorized to superintend the execution of these directions and regulations shall prescribe the same."

Having thus notified to the proper parties the duties required to be done by them, proceed by yourselves or by your officers or persons already employed by you, or to be specially appointed by you for this purpose, to superintend and see to the execution of the foregoing directions and regulations in all places within your jurisdiction.

Having, in the execution of the previous duty, ascertained how far the directions of the General Board have been executed, it is your duty, in default of action by bodies or persons legally responsible, yourselves to cause the places included in both certificates to be effectually cleansed, and all nuisances to be removed therefrom.

4. *Proceeding for Penalty against Defaulters.*

- In all cases where the default is culpable, and the parties guilty of it can be got at, proceed for a penalty not exceeding 5*l.*, under the 16th section of the Nuisances Removal and Diseases Prevention Act, 1848. (11 & 12 Vict. c. 23.)

The preceding instructions relate entirely to out-door nuisances in streets and public places.

Those which follow relate to nuisances in houses and on private premises, and should be carried out at the same time as the pre-

* For the mode of recovering this penalty see Nuisances Removal Act, 1848, sec. 16

ceding duties, the inspector of nuisances guiding the attention of the medical officer where necessary.

As introductory to the duties which follow, it may be pointed out that, should any complaint of a nuisance under the permanent powers of the Nuisances Removal Act, signed as required by the Act, be preferred to any local authority having cleansing powers,* not being a Board of Guardians, the local authority may proceed at once in its abatement, under the Act, though an Order in Council be in force, and if such a complaint be made to the guardians, they may forward the complaint to the local authority, to be proceeded with under the Act, or if there have already been default on the part of the local authority, may themselves take proceedings, under the regulations of the General Board of Health.

In this case they cannot recover expenses incurred, but may proceed for a penalty under the 16th section of the Act of 1848.

Inspectors of nuisances should be required to make periodical returns of their inspections in books prepared for this purpose (see Appendix 2, F.), and should be furnished with all the necessary notices.†

It too commonly happens that persons are appointed inspectors of nuisances who have neither the physical nor the mental requisites for this really important office, which can hardly be filled efficiently (according to a proper conception of it) by any but a person of medical knowledge, while, for anything like satisfactory discharge of its duties, a good general education, business habits, and some practical knowledge of the simplest and most economical means of cleansing, deodorizing, ventilation, &c., are indispensable.

The inspector of nuisances should be thoroughly instructed by the legal adviser of the Board as to his powers and the forms of procedure.

Lime-washers should be employed to perform the work of lime-washing in a regular manner, until it is completed wherever required.

The lime-washing should be lime-washing strictly so called, and not whitewashing.

The lime should be applied as soon after burning as possible.

5. *Cleansing and Removal of Nuisances on Private Premises.*

Direct your inspector of nuisances to examine the houses in the district, and to make a list of all dwelling-houses in such a filthy and unwholesome state as to be a nuisance or injurious to health; and all drains, ditches, gutters, water-courses, privies, cesspools or ashpits, kept or constructed so as to be a nuisance or injurious to health; and all cases in which swine or any other animal, or

* That is, a town council, improvement commissioners, or board of guardians, as the case may be.

† Which may be procured of Mr. C. Knight, 90, Fleet Street, London, publisher to the General Board.

any accumulation of dung, manure, offal, filth, refuse, or other matter or thing are kept so as to be a nuisance or injurious to health, and to report the cases to you.

Give notice of all nuisances so reported to the owner or occupier, or person having the care of the premises, or person causing the nuisance (according to the nature of the nuisance), and require them forthwith to cleanse, whitewash, ventilate, or otherwise purify, as the case may require, such dwelling-house, or premises, or otherwise abate or remove the nuisance or matter injurious to health; and if *they neglect to do so, do the work yourselves*, and proceed against the defaulter for a penalty under the 16th section.*

Among these duties, that of enforcing ventilation is particularly important. The most fertile source of disease is the impure state of the air which results from the crowding of many persons within ill-ventilated rooms. *Not only in the dirty dwellings of the poor, but in union workhouses, other public establishments, and public lodging-houses, which present to the eye no appearance of dirt, and where drainage is not defective, the air often becomes unwholesome, from the great number of persons breathing in it, or from the means of ventilation being deficient.* In these cases, either the numbers of the occupants of the rooms should be much diminished, or a system of free ventilation should be at once introduced and enforced.

The vagrant wards of workhouses and low lodging-houses frequented by vagrants should be narrowly watched; for these are places in which cholera is apt to be fostered, and whence it may be disseminated widely amongst the surrounding population. In these establishments, then, the most scrupulous cleanliness and free ventilation should be maintained; and even the personal cleanliness of the inmates, as far as possible, enforced.

CLASS II.—DUTIES IN RELATION TO MEDICAL PRECAUTION AND RELIEF.

The Clerk of every Board of Guardians on receiving copies of the present minute, should immediately send a copy to each of the medical officers of the Board, and to each of the relieving officers. He should also without delay procure such additional copies† as may be required to furnish each member of the Board of Guardians with one copy.

The Clerk should also, after a conference with the chairman of his Board, fix an early day for submitting this minute to a meeting

* If an owner neglect to provide a privy or drain, or the nuisance arising from the want of either is due to the owner, the notice to remove it should be made on him. But if he have provided these, and the carelessness of the occupier have caused the nuisance, the notice should be served on the occupier.

† Any number of copies may be obtained by application in writing to Mr. C. Knight, 90, Fleet-street, at a trifling cost.

of the Board, and for taking into consideration the suggestions contained therein.

At such meeting the Board should direct the clerk to require each of the district medical officers of the Board to furnish him, as soon as possible, with a carefully prepared list, in duplicate, of the several localities, in their respective districts, which are the usual seats of fever or other sickness in ordinary seasons, and which generally suffer most severely on the occurrence of any prevalent epidemic.

The district medical officers should also be strictly enjoined to furnish the clerk with the earliest possible intelligence of the appearance of any case of cholera, or of disease of a choleraic character, within their respective districts, or of such a general prevalence of diarrhoea as may seem to indicate an approaching outbreak of the epidemic. At the same time the other resident medical men of the town or district should be requested to do the same; as it may happen that the earliest cases may not occur to the parochial medical officer.

At this meeting, measures should be taken to ensure the services of a sufficient medical staff to carry into effect, in case of need, the system of house-to-house visitation. This staff should consist of a medical superintendent, of medical officers, one or more, and of house-to-house visitors. With reference to the house-to-house visitors it may be sufficient, as long as there is no actual outbreak, to have ascertained where these can be obtained when required; but the selection of the medical superintendent and the medical officer or officers should be proceeded with at once. Not only should the selection of the requisite number of medical men for these services be made at the earliest possible moment, but the scale of remuneration for such services should be fixed, and means should be taken to ascertain whether the persons so selected would be ready at a day's notice, and on the proposed terms, to undertake the functions respectively assigned to them, and whether their services may be relied upon as transferable to any district or locality in which the disease may prevail.

By the timely adoption of this course, the Board of Guardians, on the appearance of epidemic cholera in any part of their district, will be enabled, without delay on the one hand, or undue precipitation on the other, to call into active service just so much of their previously constituted medical staff as may suffice to deal with the particular emergency.

QUALIFICATIONS OF OFFICERS.—1. *Medical Superintendent.*

The medical superintendent should be a legally qualified and experienced member of the profession. It is desirable that he should be a resident within the jurisdiction of the Board of Guardians by whom he is employed, since that circumstance may have already furnished him with several important qualifications for his work;

as, for instance, an acquaintance with the localities affected; a familiarity with the habits of the resident poor; and a knowledge of the medical resources of each district.

It may happen that amongst the competent local practitioners none can be found whose private professional engagements will admit of his devoting himself entirely to the absorbing duties which during the prevalence of an epidemic, must devolve upon the medical superintendent. In this case, the Board of Guardians must endeavour to engage the services of a non-resident medical man.

Whenever the adoption of this course becomes a matter of necessity, it is especially important that the appointment should be speedily made, in order that the person engaged may have time to prepare himself for the efficient discharge of his duty on the first summons.

If a sudden outbreak of epidemic cholera should find a Board of Guardians unprovided with the services of a competent medical superintendent, the General Board will be prepared to recommend such an officer on receiving from the Guardians an application to that effect. Such an application may be made by telegraphic message, and it should distinctly specify the remuneration intended to be given.*

2. Medical Officer.

Whenever cholera becomes epidemic in any district of considerable extent, it will be found an economy of time and money as well as conducive to the prompt and proper care of the sick, to appoint a legally qualified practitioner, whose special duty it shall be to take the medical charge of the developed cases. As a general rule this should be the Union medical officer, who has to treat epidemics in ordinary seasons, and on whom therefore naturally devolves the medical treatment of the extraordinary epidemic. During the emergency, in large and populous places at least, the Union medical officer should be kept as strictly as possible to the performance of his usual duty, which is that of the care of the sick. For this reason he should have nothing to do personally with carrying into effect the visitation system, but should devote himself to the charge of the cases which the visitation discovers and sends to him. It is true that he may require assistance; and one of the first objects of the preliminary meeting should be to consider the amount of such assistance which must be given, and how it may be best supplied. The General Board would not of course venture to give Boards of Guardians any specific advice as to the *extra* remuneration which it would be right to allow the Union medical officer while performing this additional onerous duty. It may be well, however, to say that when medical men other than the parochial

* The remuneration hitherto given to medical men of the qualifications required, has been 3*l.* 3*s.* per diem, travelling expenses, and 15*s.* per night for hotel expenses. It may be observed that travelling and personal expenses will of course be saved by engaging the services of a resident medical man.

medical officers have been so employed, it has been usual to give them 3*l.* 6*d.* per day. If they should be brought from a distance, travelling expenses to and fro have been also allowed. In cases of pressing emergency, the General Board will promptly attend to any application which may be made to them for the services of qualified practitioners on the above terms.

3. House-to-house Visitors.

These gentlemen are usually selected from amongst junior medical practitioners, or the more advanced students in medical schools.

If there should be any medical schools, hospitals, or infirmaries in the neighbourhood of the outbreak, the requisite number of visitors will in all probability be obtained without difficulty from them. If, however, this should not be practicable, an application, by telegraph, to the General Board, stating the number required and the proposed scale of remuneration, will be immediately attended to. Visitors have usually been paid from 4*l.* 4*s.* and 5*l.* 5*s.* per week to 1*l.* 1*s.* per day. If brought from a distance they ought to be paid their travelling expenses to and fro.

Duties of Board of Guardians on the first intimation of the Approach of Epidemic Cholera.

As soon as the Board of Guardians have been warned, either that cases of cholera have occurred, that cholera has broken out as an epidemic in any part of their district, or that the unusual prevalence of diarrhoea renders such an outbreak *imminent*, the medical superintendent should be summoned to his post and should immediately obey the summons.

Preliminary Meeting of Medical Men.

On his arrival, the first step of the medical superintendent should be to call a meeting of the district medical officers and the medical practitioners of the neighbourhood. He should then explain that the object of the proposed arrangements is to furnish the poorer classes, who are likely to be the greatest sufferers from the epidemic, with such medical aid as private practitioners may be unable to supply; and that this object would, to a great extent, be frustrated if those arrangements were allowed in any way to interfere with the practice of private practitioners. It is most essential to insist on this point, and it would be well to engage that any interference with private practice on the part of any officer employed, would be followed by immediate dismissal.

The medical superintendent and medical officers should then consider and settle their combined plan of operations; the medical districts which should be included within these operations; the number of house-to-house visitors required for the special districts likely to be attacked, and for the several services; the propriety of establishing temporary hospitals for the reception and treatment

of the sick; the best sites for such hospitals, for houses of refuge, and for dispensaries; the medicines with which sufferers from diarrhoea should be supplied in the intervals which may elapse before the arrival of medical aid; the notices and placards which it would be desirable to circulate for the information of the people; the forms in which the statistical returns of the daily progress of the disease should be made and the times at which the medical superintendent, district officers, and visitors should meet.

A few suggestions on each of these points may be of use.

Districts.

The term "districts" is here used to denote the areas assigned to a given number of medical officers. The existing division of the parish or union into districts for ordinary medical relief should, as far as possible, be retained; and the districts and sub-districts included in the plan of operations should be such of the existing medical districts as may be either affected or threatened with cholera.

House-to-house Visitors.

The number of house-to-house visitors required in the various districts will, of course, depend on the number and extent of the epidemic localities, and on the extent to which the disease may actually prevail. The district medical officers and the resident medical practitioners ought to prepare themselves before coming to the meeting with the means of advising on this point.

Hospitals.

It will be right to provide some hospital accommodation not only for those who may be taken ill in the streets, or at a distance from home, but also for those who live in unhealthy places or crowded rooms. The hospitals should be well ventilated and well drained, and should be near the epidemic locality. Care should be taken to avoid any sites that may be near accumulations of refuse or marsh land or the banks of foul streams. Whenever there is a general hospital in the town, conveniently accessible, arrangements should, if possible, be made with the authorities for the reception of necessitous cases.

In the present state of uncertainty as to the mode of propagation of cholera, it is recommended that in hospitals and other places where cholera patients are under treatment, all foul linen, as soon as it is removed from the patients or from their beds, should be immersed in boiling water, or in water to which a disinfecting fluid has been added.

The vessels used for the reception of the discharges from cholera patients should be removed and cleansed without delay; and great personal cleanliness on the part of all nurses and attendants should be strictly enjoined.

The patients should generally be removed to the hospital in the horizontal posture. Each union house should therefore be provided with one or more litters, or other appropriate conveyance, for this purpose. And as the removal of patients in the extreme stages of the disease is attended with danger, this should always be done under medical advice.

Houses of Refuge.

Experience has abundantly proved that when cholera has broken out in a foul and noisome locality, or in an overcrowded, ill-ventilated, and dirty house, the best means of preventing the spread of the disease, and the consequent loss of life, is to remove the inhabitants until the necessary cleansing and other remedial measures have been executed. For this purpose some temporary places of accommodation should be provided for the people.

These places may be either hired houses, or other spacious buildings, warehouses properly fitted up, or temporary erections, as large sheds, made for the purpose. Sometimes tents, or school-rooms, unoccupied chapels, &c., have been used with advantage, and sometimes vacant rooms in the workhouse. In all cases the advantage of removing persons at once from the immediate influence of the causes of infection has been so conspicuous as to render the provision of houses of refuge one of the most important means of counteracting the spread of cholera. Great care should also be taken to select only such sites for houses of refuge as are dry, elevated, capable of free ventilation, and, if possible, isolated from other habitations. These places should always be in readiness in case a sudden outbreak of the disease should occur.

Dispensaries.

In every affected district dispensaries and depôts for medicine should be established, where, at any hour of the day and night, the poor may be able to obtain, gratuitously, medical advice and a supply of appropriate medicines.

The dispensaries should be the surgeries of the Poor Law medical officers, and, if deemed necessary, special depôts should be temporarily appointed.

In many instances the chemists' shops will be found to be the most convenient places.

In rural districts, depôts of ready prepared medicines should be established at the houses of one or more of the most intelligent and influential residents.

Notices and Placards.

These will be required for the purpose of thoroughly informing the people what they should do, and what has been provided for them. A form of notice embodying the various points to which the attention of the people should be strongly drawn is appended. (See Appendix I.)

Returns.

In order to enable the local authorities to ascertain the state and progress of the epidemic from day to day, it is particularly desirable that returns of the cases discovered and treated, as well as of the deaths, should be daily made. These returns will also be of great national importance, as tending to improve our acquaintance with the disease, and to suggest the most efficacious means of dealing with it on a large scale. The proposed returns will come under three heads—"Visitor's Returns," "District Medical Officer's Returns," and "Returns by Medical Superintendent."

Forms for each of these returns are given in Appendix 2, together with short instructions for filling them up.

The main objects of these returns are to ascertain the exact daily progress of the epidemic among the poorer classes in every district; to determine clearly the proportion which exists between cases of diarrhoea and cholera; and the precise effect of treatment.

The returns of deaths throughout the union from cholera or diarrhoea ought if required to be furnished daily to the medical superintendent by the local registrars. The returns should be made up invariably from midnight to midnight.

Special Duties of the Medical Superintendent.

He should, immediately on entering on his duties, call a meeting of the *district medical officers*, which all the resident medical practitioners should also be invited to attend; and he should then briefly state the measures which he has to propose, and describe the duties which he and they have severally to perform.

He should then place in the hands of the medical officers, and the other resident medical practitioners, the forms of medical returns, and invite their attention to the president's letter, embodying the recommendations of the Medical Council.

He should make such arrangements as are necessary to ensure concerted action; and to enable him to trace the progress of the epidemic, request all the medical men, as well as the district medical officers, to enter the number of *new cases* that they see day by day in the short returns, which should be collected at a stated hour daily.

He may request them to enter in the same forms on every Saturday the number of cases belonging to the several heads, then under their care.

He should organize, regulate, and take the entire conduct of the visitation system immediately after the preliminary meeting already described. As the first step in the fulfilment of this duty, he should communicate to the clerk of the Board of Guardians the probable number of qualified medical assistants and of medical students that will be necessary to form the visiting staff

and should take the necessary means to engage this number, and to ensure their being in readiness to obey his summons the moment he issues it.* He should also inform the clerk of the guardians of the nature and extent of the accommodation needed for the temporary hospitals and houses of refuge; the districts which will be placed under inspection; and the dispensaries or depôts of medicine which it may be proposed to open.

His next step should be to divide the locality under his charge into districts and sub-districts for visitation purposes. As the daily visitation will be carried on chiefly in the localities which are the usual haunts of epidemic disease, and the dwelling-places of the poorer classes, care should be taken that the limits of each sub-district should be considered with reference to this basis of action. As a general rule each sub-district should embrace only so many houses as one visitor can manage effectively to visit every day.†

The next care of the medical superintendent should be to provide houses of refuge and dispensaries, and, if necessary, temporary hospitals, and to place them respectively in the best state practicable, as regards their sanitary arrangements and general efficiency.

In places where there are factories he should write to the Secretary of State for the Home Department, requesting him to authorize the factory inspectors to direct their certifying surgeons to visit such factories daily, for the purpose of inquiring as to the existence of diarrhoea amongst the workpeople, and promptly administering the proper medicines.

He should also address a circular to the proprietors or managers of every establishment where large numbers of work-people or children may be daily congregated together, inviting them to co-operate with the medical officer, and suggesting the means by which such co-operation may be made most effectual. A form for the proposed circular is annexed. (Appendix 3.)

After settling with his colleagues the remedies which in cases of emergency may be administered before the arrival of a qualified practitioner, the medical superintendent should take care that directions for the use of each form of medicine be printed in plain type, and that instructions be given to all persons charged with the distribution of the medicines, whether at the dispensaries or elsewhere, to attach the appropriate directions in the form of a label to such medicines.

The directions should never omit to state briefly the dose for adults, for young persons, and for children.

* If the clerk has not previously received from the guardians the requisite authority to make such arrangements as the medical officer may think necessary, he should at once apply for such authority, and lose no time in acting upon it when obtained.

† The number of such houses will of course vary with circumstances; but in thickly-peopled localities, where the several stories and apartments of each house are generally inhabited as distinct tenements by different families, it has been found that one visitor may visit every day 200 separate families.

The medical superintendent will receive the reports of the inspector of nuisances, and should urge the strict observance, as far as possible, of the regulations issued by the General Board, under the Nuisances Removal and Diseases Prevention Act, more especially as to the removal of nuisances, the cleansing and whitewashing of filthy tenements, the ventilation of unwholesome rooms, the prevention of over-crowding, and the enforcement of the Common Lodging-houses Act.

He should every day send to the General Board the return (duly filled up) of which a form is given (Appendix 2, E.), accompanied by such remarks as he may deem calculated to display any interesting points connected with the progress of the disease. Any important information which he may obtain relative to outbreaks in neighbouring localities, though not in his district, should be promptly forwarded by him to the General Board. It is of the utmost importance that these returns be made regularly day by day.

He should every day, or as often as necessary, meet the medical officers, assistants, and visitors, at an appointed hour; receive their several reports, and settle (with their advice) any practical questions of administrative detail which may have been raised by the proceedings of the day; and also confer with them as to the expediency of increasing, diminishing, or re-distributing the staff of medical assistants and visitors.

When the epidemic is over, he should prepare for transmission to the General Board a succinct report on the whole history and progress of the epidemic, from its first commencement to its termination, with statistical tables and a map, marking the infected localities. The points to which the report should be chiefly devoted are suggested in the list of queries set forth in Appendix 4, and in the statistical tables.

In drawing up his report the medical superintendent should avail himself of the reports and returns of the medical officers and inspectors of nuisances.

Duties of Medical Officer.

The first duty of the medical officer is to give instant attention to the treatment of the sick. He should therefore immediately visit all cases of cholera reported to him by the visitors, or which may otherwise come to his knowledge as being destitute of medical aid. He should also give prompt attention to every case of diarrhoea which the visitors may report as requiring his assistance.

He should further execute, with all practicable efficiency, the various duties assigned to the district medical officers in the directions and regulations issued by the General Board, under the Nuisances Removal and Diseases Prevention Act, especially those which relate to overcrowded dwellings and the removal of nuisances.

He should supervise such cleansing operations as might be attended with risk if negligently performed.

His surgery should be open all day as a dispensary (see below as to duties of persons in charge of dispensaries). If his house should be one of those deemed convenient for the purpose, he should have his surgery open as a dispensary all night, for the use of one of the legally qualified medical men who might be appointed to assist him.

He should see that a supply of blankets, and other articles required by the sick, is kept at a convenient place in each district; but no such articles are to be given out except upon his written order or that of the medical superintendent, countersigned by some person authorized in that behalf by the Board of Guardians.

He should endeavour to organize a staff of nurses for the care of such poor and destitute persons as most urgently require constant attendance.*

He should, in proper cases, furnish persons with tickets of admission into houses of refuge, and no persons should be admitted into such houses without a ticket signed by him or one of his qualified assistants.

He should give such directions as may appear to him to be needful, with respect to the care, removal, and the time of interment of the bodies of persons dying of cholera.

He should, unless where other arrangements have been made, furnish the house-to-house visitors with a supply of medicines for distribution on the spot to all persons suffering from diarrhoea, and with a sufficient number of printed labels of directions adapted to each kind of medicine. He should meet daily the medical superintendent and the medical assistants, punctually at the hour appointed for the meeting. He should daily have in readiness by that hour the return for the previous day. He should, to the best of his ability, record the cases treated by him in Forms A. and B., Appendix 2, and furnish full replies, when required to do so, to the queries contained in Appendix 4. He should also be in daily communication with the house-to-house visitors of his district, and examine their returns.

Duties of House-to-House Visitors.

The house-to-house visitor will be directed in his operations, in all respects, by the medical superintendent.

He will take notes of the cases discovered by him according to the schedule entitled "Visitor's Return" (Appendix 2, C.), will make a daily return to the medical superintendent.

He will visit every house in the sub-district assigned to him, once each day, *at the least*, commencing his visitation at as early an hour in the morning as circumstances will permit. In cases of sudden outbreaks of the epidemic in confined localities, it may be necessary that the visitation should be made more frequently.

* The provision of blankets, &c., and of a staff of nurses, will, of course, be made after communication with the clerk of the Board of Guardians and the medical superintendent.

He will hold himself in readiness to take charge immediately of any new district that may be assigned to him by the medical superintendent, whether within or without the district in which he may have previously served.

He will use his best endeavours to discover the existence of cholera and diarrhoea in the district assigned to him. He should by his manner and behaviour endeavour to gain the confidence of the people among whom he visits. He should be provided with medicines to dispense to all persons found to be suffering from diarrhoea, or from other symptoms approaching cholera.

Whenever he finds a case of diarrhoea which resists simple treatment, or which is attended with any other symptoms of approaching cholera, he will immediately report it as a case of urgency to the medical officer.

Whenever he finds a case of cholera or collapse, he will instantly despatch a messenger to the medical officer informing him of the fact.

He will not interfere in the subsequent management of such cases, except under the direction of the medical officer, and he will be most careful not to interfere with cases already under medical treatment, unless in *emergency*.

He should in a kind manner converse with the people, and endeavour to allay alarm; he will give advice as to the importance of cleanliness of person and dwelling; of ventilation, more especially of sleeping-rooms; of temperance, and proper diet.

He should strongly impress on the people the great danger of neglecting looseness of the bowels, or *diarrhoea*, and the necessity of immediate application, on the first appearance of these symptoms to the dispensaries or depôts; and in urgent cases, to the medical officer in charge of the district, at any hour of the day or night.

He should caution the people not to move about while diarrhoea is upon them, but to remain quiet, and, if possible, in bed.

He will state in his return to the medical superintendent, or to the parties in charge of the disinfectants, blankets, &c., the names of such necessitous persons as he may think should be supplied with such articles.

He will warn persons living in unwholesome dwellings, and in infected districts, of the urgency of cleansing operations, and of temporary removal from such localities, and he will endeavour to induce parties to act upon his advice.

He will report to the superintendent, or to the proper authority, all nuisances which he may discover during his visits; and any houses, rooms, or localities which may stand in urgent need of cleansing and purification.

He will meet the superintendent every day at the time appointed.

Duties of Persons in charge of Dispensaries and Depôts for Medicines.

The medical officer will, of course, superintend the arrangements for the dispensing of medicines at his own surgery.

The persons charged with the management of temporary depôts should always, when practicable, be qualified medical practitioners. They will be subject to the direction of the medical superintendent.

At each of the dispensaries, both those which are opened by day, and those which are opened by night, some *qualified* assistant should be always on the spot ready to give medical advice and medicines to all applicants.

The medicines prescribed for administration as remedies should be kept ready made up, and, as has been already pointed out, should never be given to an applicant without an appropriate printed label of directions.

Dispensers must accurately fill up returns and transmit them to the medical superintendent. These returns must also be filled up by the person in charge of the dispensary, even when he happens to be the medical officer.

In the foregoing minute the Board have not insisted in detail on the importance of the most rigid enforcement of the directions issued by the Board under the Nuisances Removal and Diseases Prevention Act, partly because they presume that Boards of Guardians are already fully alive to the duties imposed on them by Parliament in relation to those directions, and partly because they are unwilling to complicate with any collateral details the exposition of the process by which the system of house-to-house visitation may be most effectually worked.

APPENDIX I.

(TO INSTRUCTIONS TO LOCAL AUTHORITIES, &c.)

Form of Notice to Inhabitants of Arrangements adopted to meet Epidemic Cholera.

NOTICE.

The Board of Guardians hereby inform the inhabitants that the following arrangements have been made by the authorities for the relief of the poor, and for the preservation of the public health during the persistence of Epidemic Cholera:—

MEDICAL ADVICE AND ASSISTANCE.

The town has been divided into districts, which are the same as the parochial medical officers' districts. Applications for medical advice,

attendance, and medicines (which may be had *without charge*) for cases of cholera may be made in—

District No. 1,	District—to Dr.
” ” or	” Dr.
District No. 2,	District—to Dr.
” ” or	” Dr.
District No. 3,	District—to Dr.
” ” or	” Dr.

All of whom are empowered and required to afford assistance with the least delay possible.

DISPENSARIES AND DEPÔTS FOR THE SUPPLY OF MEDICINES.

It has been found that cholera is preceded by looseness of the bowels for some time, sometimes days, sometimes only hours, before the severer symptoms of cholera set in; such as sickness, vomiting, cramps, or severe purging. This diarrhoea is easily curable, but if it be neglected it may rapidly run on into cholera, when its course can scarcely be controlled, and death too often ensues.

Persons suffering from looseness of the bowels should apply, even although there be no pain of the bowels, at any of the following places, where medicines, with printed instructions, may be obtained. Persons affected in the night are urgently warned not to wait till morning, but to apply at once for medicines (or attendance, as above directed, if necessary) at

THE DURING THE NIGHT,
where the medical officers will be in attendance.

In addition to the above, medicines will be supplied *gratuitously* DURING THE DAY by—

HOUSE-TO-HOUSE VISITORS.

Qualified persons will be appointed by the authorities to visit the infected localities, and to distribute medicines to those among the people who are affected with cholera, or looseness of the bowels.

Persons affected with looseness of the bowels are not, however, if they become worse during the period intervening between the visits of the house-to-house visitor, to wait till his return, but to apply to the local dispensary or depôt at once.

NURSES.

The district medical officers and assistant officers are empowered to employ certain nurses for the care of those *poor and destitute persons* who more urgently require such aid. Persons willing to become nurses will send in their names to the undersigned.

HOSPITAL ACCOMMODATION.

Cases of cholera occurring among the poor and destitute will be received into the on the order of the medical officers of the and of the above district medical officers; but the public is earnestly cautioned against sending cases of *complete collapse* to the without medical authority, because the patient may die in consequence of the removal.

HOUSE OF RECEPTION.

A house of reception has been provided at for the reception of the families of those persons suffering under cholera whose houses are in such a state as to endanger the lives of the occupants, or where temporary cleansing works are necessary for safety. All persons are urgently warned that the only effectual measure of safety for those who inhabit unwholesome dwellings and infected districts is removal from the locality.

HOUSES UNWHOLESOME AND UNFIT FOR HUMAN HABITATION.

Inspections are being made, and the owners of all such houses or parts of houses will be proceeded against where the law admits. To avoid proceedings, owners of such houses should at once endeavour to place them in a wholesome condition.

LODGING HOUSES.

All persons keeping lodging houses are required to register the same forthwith, in accordance with the law. Persons keeping lodgers without being registered and properly licensed, incur a penalty of £5.

INSPECTION OF NUISANCES.

Inspections of nuisances are being carried on. All complaints should be delivered in writing at the, addressed to Mr. when the most prompt attention will be paid, and the necessary steps taken for their removal, where practicable.

By order of the Board,

, Clerk of the Board of Guardians, or
Inspector of Poor.

PRECAUTIONS AGAINST CHOLERA.

1. Apply for medicine immediately to stop looseness of the bowels, or it may bring on cholera.
2. Do not take any strong opening medicine without medical advice.
3. Beware of drink, for excess in beer, wine, or spirits is likely to be followed by cholera.
4. Drink no water which has not been boiled; and avoid that which is not quite clear and well tasted.
5. Avoid eating meat that is tainted, decayed or unripe fruit, and stale fish or raw vegetables. Cooked vegetables, or ripe and cooked fruit, in moderation, are a necessary part of diet at all times.
6. Avoid fasting too long; be moderate at meals.
7. Avoid great fatigue, and getting heated and then chilled.
8. Avoid getting wet, or remaining in wet clothes.
9. Keep yourself clean, and your body and feet as dry and as warm as your means and occupation will permit.
10. Keep your rooms well cleaned and lime-washed; remove all dirt and impurities immediately.
11. Keep your windows open as much as possible to admit fresh air; and, if necessary, use chloride of lime or zinc to remove any offensive smells.
12. If there are any dust or dirt heaps, foul drains, bad smells, or other nuisances in the house or neighbourhood, make complaint without delay to the local authorities having legal power to remove them, or if there be no such authorities, or if you do not know who they are, complain to the Board of Guardians.

APPENDIX 2.
(TO INSTRUCTIONS TO LOCAL AUTHORITIES, &c.)

Medical Forms of Return.

THIS Letter was sent with the two following Forms (A. & B.) to the Medical Practitioners of the Metropolis.

General Board of Health, Whitehall,
September 1854.

SIR,—My experience of this department, brief as it is, has strongly impressed me with a sense of the great want that is now felt of some systematic record of cases of Choleraic disease, their treatment and results, with a view to determine, in so far as may be possible, the best mode of meeting this formidable Epidemic.

Hitherto no successful attempt has been made to collect such a record; and as I find that my feeling of the want of it is very generally shared by the medical profession, I have obtained the sanction of Her Majesty's Government to the nomination of a Medical Council, representing all branches of the profession, and consisting of Dr. Paris, Sir James Clark, Dr. Alderson, Dr. Babington, Dr. Tweedie, Dr. Baly, Mr. Lawrence, Mr. Simon, Professor Owen, Mr. N. B. Ward, Mr. John Bacot, and Dr. Farr.

Under the sanction of this Council, the following form of return has been prepared for transmission to all qualified practitioners in the metropolis, to be filled up by them, with a view to obtain their experience of the present Epidemic.

The deaths from Cholera, as well as from all other causes, are registered in England; but it is evidently desirable that in this as in other countries the cases of recovery, as well as of death, should be systematically observed and recorded. But this can only be accomplished by the cordial co-operation of all the medical men in practice, which the Board hopes, in this important matter, to obtain, by acting on the advice of a Council in which all branches of the medical profession are represented.

By means of a return, in the accompanying forms, the observations of all qualified practitioners on the cases that come under their care may be collected, and made available for determining the laws which regulate Choleraic disease, and the effects of the different systems of treatment now in use.

Any return that you may make will be considered strictly confidential, but your name will be recorded as a contributor to the observations, when the general results are made known.

Under the urgent pressure of practice, to keep any accurate record of the cases will often be attended with difficulty; but this difficulty will, I feel assured, be cheerfully encountered by you, if you agree with me in thinking a record of the experience of the present generation of medical men as to this epidemic likely to contribute to the alleviation of the sufferings of mankind for the future.

The return on the other side is sent filled up, as a specimen, with blank forms. Any number of such forms you may require will be furnished by this office.

It is recommended that the forms should be filled up from day to day, and returned to the Board, on or before the 15th November next, addressed to the Secretary of the General Board of Health, and the postage of the letter enclosing the return need not be prepaid.

I have the honour to remain, Sir,
Your obedient servant,
B. HALL.

RETURNS OF CHOLERAIC DISEASE.

FORM A. DIARRHŒA.

Sheet of Instructions and Examples for the Record of Cases of Diarrhœa.

(Attention is particularly requested to the following instructions, as the value of the returns will depend on their uniformity.)

INSTRUCTION I.—The following *degrees or stages of the disease* should, when possible, be distinguished.

- | | | |
|------------------|---|--|
| <i>Diarrhœa.</i> | { | <ol style="list-style-type: none"> 1. <i>Simple.</i>—Alvine discharges liquid, but fecal. Vomiting and cramps absent. 2. <i>Choleraic.</i>—Alvine discharges very copious, watery, still tinged with bile. Vomiting generally present, but not continued or urgent. Cramps absent. |
|------------------|---|--|

ALL CASES OF "DIARRHŒA" ARE TO BE ENTERED ON THE SHEET A. AS SOON AS THEY ARE SEEN.

SO SOON AS THE "CHOLERAIC DIARRHŒA" PASSES INTO "CHOLERA," THE FACT SHOULD BE RECORDED IN THE PROPER COLUMN OF THIS RETURN (A.), AND THE PEN SHOULD BE DRAWN THROUGH THE CASE, ALL THE PARTICULARS OF WHICH SHOULD THEN BE TRANSFERRED TO THE "RETURN B.," AND ITS SUBSEQUENT COURSE BE THERE RECORDED.

INSTRUCTION II. *Absence of Stages.*—The commencement of "Choleraic Diarrhœa" is generally marked by vomiting; and when vomiting exists from the very beginning, the word "*absent*" or "*abs.*" may be written opposite "Simple Diarrhœa" in the Return.

INSTRUCTION III. *Dates.*—When the time of commencement of either stage cannot be ascertained, the words "*not known*" or "*n. k.*" should be written in the place of date; but the time of commencement may generally be stated approximately. (See Instruction III. Return B.)

INSTRUCTION IV. *Treatment.*—The nature of the treatment should be indicated in the Return as concisely as possible. When any uniform and definite plan of treatment is adopted in a series of cases, that plan should be accurately described in the space for "REMARKS," and should be indicated in the Table by one or two words, as "*Conf. Arom. c. Op.*," "*Sulph. Ac.*," &c.

GENERAL RETURN OF THE NUMBER OF CASES

Total Number of Cases.	Cases of Simple Diarrhoea not passing into further Stages.
204	181

ALL CASES OF DIARRHOEA, with Particulars

No. of Case.	Residence when attacked (Street and Number of House).	Sex.		Age last Birthday.	Rank and Occupation. (If Master, write Mast. after the Name of Occupation.)	Degrees or Stages of the Disease.
		M.	F.			
	1, George Street, Rotherhithe.		F.	13	Daughter of Bargeman.	Simple Diarrhoea - Choleraic Diarrh. -
2	44, Thomas Street, Lambeth.	M.		2	Son of Labourer.	S. Diarrh. - - Ch. Diarrh. - -
3	12, William Street, Golden Square.	M.		45	Baker (Mast.)	S. Diarrh. - - Ch. Diarrh. - -
						S. Diarrh. - - Ch. Diarrh. - -
						S. Diarrh. - - Ch. Diarrh. - -
						S. Diarrh. - - Ch. Diarrh. - -
						S. Diarrh. - - Ch. Diarrh. - -

REMARKS.

NOTE.—Blank Forms A. & B., which may be procured from the General the private practitioners of places in which diarrhoea and cholera are

OF DIARRHOEA NOT PASSING INTO CHOLERA.

Cases of Choleraic Diarrhoea not passing into further Stages.
23

of their Duration and Treatment.

Dates of their Commencement.		Date of Termination,			Treatment.		Its Nature. (For the mode of filling up this Column see Instruction IV.)
					When commenced.		
Day.	Hour.	in Recovery.	in Death.	in Cholera.	Day.	Hour.	
Aug. 1.	Noon.	Recov. Aug. 3.			Aug. 2.	10 a.m.	
—	—						
Aug. 3.	9 a.m.						
„ 8.	6 a.m.		Death Aug. 10, 7 p.m.		Aug. 8.	11 a.m.	
Aug. 9.	1 a.m.				Aug. 9.	noon.	
„ 10.	6 a.m.			Cholera. Aug. 10, 7 p.m. See No. 2 in Return B.	Aug. 10.	10 a.m.	

REMARKS.

Board of Health, should be placed in the hands of the medical officers and of epidemic.

RETURNS OF CHOLERA DISEASE. FORM B. CHOLERA.

Sheet of Instructions and Examples for the Record of Cases of Cholera.

(Attention is particularly requested to the following instructions, as the value of the Returns will depend on their uniformity.)

INSTRUCTION I.—*The following Degrees or Stages of the Disease are generally recognized by the Medical Profession, and wherever it is possible should be distinguished. The terms adopted to designate them are in common use. All the stages are not present in every case.*

- | | | |
|-----------|---|---|
| Diarrhœa. | { | 1. <i>Simple.</i> — Alvine discharges frequent and liquid, but fecal. Vomiting and cramps absent. |
| | | 2. <i>Choleraic.</i> — Alvine discharges very copious, watery, still tinged with bile. Vomiting generally present, but not continued or urgent. Cramps of extremities absent. |
| | | 3. <i>Without Collapse.</i> — Alvine discharges watery, colourless, with white flakes (rice-water). Vomiting commonly urgent. Cramps of extremities frequent and severe. Eyes somewhat sunken. Temperature of surface lowered. Pulse small and feeble. Urine not secreted. |
| Cholera. | { | 4. <i>With Collapse.</i> — Surface of face and extremities quite cold, often wet. Face and hands much shrunken, and more or less deeply livid. Cramps present. Pulse at wrist absent or scarcely to be felt. Veins of extremities contracted to dark threads. Urine not secreted. Voice usually much altered and feeble. |
| | | 5. <i>Consecutive Fever.</i> — Temperature of surface more or less restored. Pulse distinct, sometimes full and throbbing. Veins more or less filled. Face less shrunken, or even full and deeply flushed. Drowsiness passing into stupor. Alvine discharges again containing bile. Urine, in most cases, still suppressed. |

INSTRUCTION II. *Absence of Stages.*—The absence of any one or more of the earlier stages should be indicated by the word "absent" or "abs." written opposite the deficient stage in the place of the date of commencement. The fact of the disease not reaching the later stages will be sufficiently shown by the mode of termination of the case, ("death," or "recovery,") being written opposite the stage at which the disease ceased.

INSTRUCTION III. *Dates.*—When the time of commencement of a particular stage cannot be ascertained, the words "not known" or "n. k." should be written in the place of the date. But although the precise hour of the commencement of each stage cannot be determined exactly, except in rare instances, it may generally be stated approximately by taking some intermediate time between a known period when the symptoms of the particular stage were entirely absent, and one in which they were clearly developed.

INSTRUCTION IV. *Recovery.*—The date of recovery should be fixed at the time when all the symptoms of the disease, and all marked disturbances of health directly resulting from it, have disappeared, although some degree of debility may remain.

INSTRUCTION V. *Treatment.*—The nature of the treatment should be indicated in the Table as concisely as possible. When any uniform and definite plan of treatment is adopted in a series of cases, that plan should be accurately described in the space for "REMARKS," and should be indicated on the Table by one or two words, as "Salines," "Calomel c. Op.," "Stimulants," "Sulph. &c.," &c.

INSTRUCTION VI.—If any patient at the time of the attack was already suffering from another disease, the nature of that disease and the treatment used for it should be mentioned in the "REMARKS."

GENERAL RETURN OF NUMBER

Total Number of Cases.	Cases of Cholera not passing into complete Collapse.
23	15

All CASES OF CHOLERA, with Particulars of the Duration

No. of Case.	Residence when attacked (Street and Number of House.)	Sex.		Age (last Birth-day.)	Rank and Occupation. (If Master, write Mast. after the Name of Occupation.)	Degree or Stages of the Disease.*
		M.	F.			
1.	7, John Street, Bedford Square.		F.	30	Lodging House Keeper.	Simple Diarrhoea -
						Choleraic Diarrh.
						Cholera (without collapse) - -
						Collapse - -
						Consecutive Fever -
2.	12, William Street, Golden Square.	M.		45	Baker. (Mast.)	S. Diarrh. - -
						Ch. Diarrh. - -
						Cholera - - -
						Coll. - - -
						Consec. F. - -
3.	20, Frederick Street, Hoxton.	M.		15	Son of Bricklayer.	S. Diarrh. - -
						Ch. Diarrh. - -
						Cholera - - -
						Coll. - - -
						Consec. F. - -
4.	13, Mary Street, Poplar.		F.	63	Wife of Master Shoemaker.	S. Diarrh. - -
						Ch. Diarrh. - -
						Cholera - - -
						Coll. - - -
						Consec. F. - -

REMARKS.

NOTE.—Blank Forms A. and B., which may be procured from the General the private practitioners of the places in which diarrhoea and cholera are

OF CASES OF CHOLERA OBSERVED.

Cases of complete Collapse.	Number of foregoing Cases in which Consecutive Fever supervened.
18	8

and Treatment of the several Stages in each Case.

Dates of their commencement.	Termination of the Case.		Dates of Death or Recovery.		Treatment in the several Stages. (For the mode of filling up this Column, see Instruction No. V.)
	Day.	Hour.	Death.	Recovery.	
Aug. 18					
" 5	1 p.m.				
" 5	8 p.m.				
" 5	12 p.m.	Death.		Aug. 6.	2 p.m.
Aug. 9	1 a.m.				
" 10	6 a.m.				
" 10	7 p.m.				
" 10	11 p.m.				
" 12	8 a.m.		Recovery.	Aug. 14	
Not known.					
Aug. 17	11 p.m.				
" 18	7 a.m.				
" 18	6 p.m.		Recovery.	Aug. 20	
Absent.					
Aug. 18	Noon.				
" 18	4 p.m.				
"	11 p.m.				
" 20	4 p.m.	Death.		Aug. 25	

REMARKS.

Board of Health, should be placed in the hands of the medical officers, and of epidemic.

FORM C.

House-to-House Visitor's Daily Return, with Examples as to mode of filling up the same.

Date

Day of

1854.

Streets or Places within }
 Visitor's District - - }
 Registration District,
 Do. Sub-District,

} Within which the above Streets
 or Places are situated.

Street visited.	No. of Name of Street.	Numbers of Persons in Houses visited.	Names of Persons visited.	Sex and Age.		Occupation (distinguishing Masters).	Nature of Illness.	No. of Visit.	Advice and Prescription.
				M.	F.				
1	Silver Street -	9	John Jones Jane Jones Anne Evans Jane Evans	31 — — —	— 28 18 15	Bricklayer (Master) Bricklayers' Wife Bricklayers' Daughter Do.	S. Diarrhoea Cholera Collapse Cholera.—Dead	First - First - First - First -	Mixturo No. 1. See Medical Officer. Do. Refer to Med. Off.
2 to	Do.	—	No Persons ill.						
9	Do.	7	Thomas Roberts Jane Roberts	56 —	— 12	Tailor Tailor's Daughter	Choleraic Diarrhoea S. Diarrhoea	Second First -	See Medical Officer. Powder No. 1.

SUMMARY OF VISITOR'S RETURN.

1. Number of Houses visited by him during the Day - - - - -
2. Number of Houses in which Cases of Diarrhoea or Cholera were found - - - - -
3. Number of Persons resident in Houses of No. 2. - - - - -
4. Cases visited; viz. - - - - -

	Cases visited.			How treated.		
	First Time.	Second, &c. Time.	Total.	Prescribed for.	Referred to Medical Officer.	Referred to Dispensary or Hospital.
S. Diarrhoea	27	16	43	42	1	—
Choleraic Diarrhoea	13	9	22	10	22	—
Cholera without collapse	8	4	12	—	12	—
Cholera.—Collapse	4	1	5	—	5	—
Cholera.—Consecutive Fever	1	1	2	—	2	—
Total	53	31	84	52	42	—

I hereby certify that I commenced my Visits at o'clock A.M., and completed them at o'clock P.M., and that the above is a correct return.

Examined,

Signature of Visitor.

Medical Officer.

Date.

FORM D.

MEDICAL OFFICER'S SHORT DAILY RETURN OF NUMBERS.

(To be made by all Medical Officers of Districts and by Officers of Dispensaries or Hospitals.)

Registration District }
or Union. }

NUMBER OF CASES seen by me to-day for the First Time.

	Suffering, when first seen, from					Total Cases of Diarrhoea and Cholera.
	Diarrhoea.		Cholera.			
	Simple.	Choleraic.	Primary Stage.	Collapse.	Consecutive Fever.	
Total cases seen for FIRST TIME -	20	7	3	2	1	35
Of the above numbers the following have NOT BEEN PREVIOUSLY SEEN by the HOUSE-TO-HOUSE VISITORS or the Dispensary Officers* - - -	10	2	1	1	—	14

* Marks should be made against each case of this kind in the Forms A. and B. for the record of cases.

I hereby certify that the above is a correct return.

JOHN JONES.

Address.

Date.

FORM E.

MEDICAL SUPERINTENDENT'S DAILY SUMMARY OF NEW CASES OF CHOLERA AND DIARRHOEA.

	Diarrhoea.		Cholera.			Total New Cases.
	Simple.	Choleraic.	Without Collapse.	Collapse.	Consecutive Fever.	
Cases first seen this day by House-to-House Visitors:						
By Mr. John Jones - -	20	5	3	2	—	30
„ Edward Evans - -	47	31	9	7	1	95
Cases first seen by Medical Officer to-day, EXCLUSIVE of those seen and previously returned by House-to-House Visitor:						
By Mr. Thomas Wilkins -	26	13	2	—	—	41
„ Evan Roberts - -	15	7	3	1	1	27
New cases first seen by private medical practitioners to-day:						
By Mr. William Davis - -	13	6	4	1	—	24
„ Thomas Williams - -	7	5	3	1	—	16
Total New Cases - -	128	67	24	12	2	233

The above return has been accurately transcribed from the returns.

Medical Superintendent.

day of 1854.

NOTE.—The Medical Superintendent will incorporate the last line in his daily return to the General Board of Health; and he will carefully preserve the returns of the medical practitioners and of the house-to-house visitors from which the transcript has been made.

He will collect the returns A. and B. from the medical practitioners and from the dispensaries and hospitals at the close of the epidemic, and forward them to the General Board of Health.

FORM F.

No of House.	Name of Place.	General condition of House.			Yards and Cellars.		Water Supply.			Privies, and					
		Clean?	In good Repair?	With any Accumulation of Refuse or Rubbish?	Dry?	Clean?	Paved?	Is there separate Water Service to the Premises, and from what Company?	Receptacles.		Is there separate Privy to the House? and where?	Cesspool?	Offensive or obstructed Condition of Drains?		
									What?	Where?				Condition?	

NOTE.—Every house in the infected parts should be visited by the Inspector of Nuisances or

FORM F.

Sinks, Drains.		Complaints of Public Nuisance.				Ventilation.		Lodgment of Inmates.				REMARKS.		
Is the Privy properly supplied with Water?	Untrapped Sinks or Drains?	Gully or Air Grating?	Offensive Trade?	Defective Scavenage?	Other Matters?	Win-dows.		Back Door?	Number of inhabited Rooms?	Number of separate Holdings?	In which Room or Holding was recent Death or Illness?		No. of present inmates of such Room or Holding?	
						Front?	Back?							

other officers, and the results should be submitted to the Medical Officer for his examination.

APPENDIX 3.

(TO INSTRUCTIONS TO LOCAL AUTHORITIES, &c.)

Form of Notice to Owners and Managers of Public or Private Works and Establishments.

SIR,

I AM directed by the Guardians of the Poor of _____ to call your attention to the accompanying notice, which they have deemed it their duty to issue to owners, managers, and overseers of public works and establishments, and others who employ or have under their care large numbers of persons.

I am, &c.

Clerk to the Board of Guardians.

NOTICE.

Experience has fully shown that during the prevalence of epidemic cholera, owners, managers, and overseers of works and establishments have it in their power, by proper precautions, to effect a great saving of life among their work-people.

It is of great importance to bear in mind that the workers in large establishments usually leave home before the time at which the house-to-house visitation can be systematically commenced, and are therefore deprived of the benefits of this most important measure of prevention.

In all places where numbers of people daily assemble at work, the first care of persons in charge of the work-people should be to make an arrangement by which an inquiry may be daily made as to the existence of looseness of the bowels among any individuals in the establishment. For this purpose, one trustworthy person in each story or room should be selected, who should be duly instructed in this duty.

This inquiry ought to extend over the whole period of the epidemic influence, and should be made in the morning, when the work-people first assemble.

The great importance of paying attention to the very first signs of choleraic disease ought to be impressed upon the people, also the advisability of promptly seeking medical aid; and this caution should be impressed as applying alike to their being attacked in the establishment warehouse, or factory, as at their own homes.

The majority of cases of cholera which prove fatal, terminate in twenty-four hours; the period for the application of preventive treatment is therefore so short, that the loss of an hour may be the loss of life.

The arrangements for the prevention and mitigation of the disease ought to be made thoroughly known, and for that purpose the hand-bills and placards of the authorities should be posted up in some conspicuous place in each story or room in the establishments and factories.

At all the establishments a supply of the medicines, with the printed instructions, adopted by the parochial medical officers, should be kept, and be readily accessible to the members of the establishments, and to the work-people.

Where establishments are superintended by their own medical officers, upon such officers should be devolved the duties of seeing that the instructions are carried out, and that proper medicines are supplied to the

work-people; but in no cases should the duty of daily inquiry, and the providing of remedies on the spot be neglected. Where no medical officers are in charge of such establishments, special medical officers should be appointed.

A record of the persons that apply for medicine, should be kept, in order that the attention of the medical officer may be promptly called to all such cases.

The same instructions as the above apply with peculiar force to all assemblies of children at schools, and, in fact, to all persons who have the care, management, or superintendence of numbers of persons.

The principle holds equally true with regard to all domestic establishments. Thus the heads of families should make similar inquiries.

APPENDIX 4.

(TO INSTRUCTIONS TO LOCAL AUTHORITIES, &c.)

GENERAL BOARD OF HEALTH.

QUERIES.

Addressed to Dr. or Mr. _____, Medical Officer in the Town, Parish, City, or Union of _____.

1. How long have you been employed as medical officer?
2. In what district have you been employed?
3. What has been the total number of cases treated by you of
Diarrhoea?
Cholera?
Collapse?
And how many died?
4. Will you specify any particular sanitary evils in your district which have been brought to light during the epidemic?
5. In the course of your service have you discovered any place the sanitary arrangements of which were tolerably perfect, yet where, nevertheless, cholera prevailed? Were the cases occurring in such localities exceptional cases or imported?
6. Has there been any, and what is the amount of, improvement in the sanitary condition of your district, effected since the outbreak of the epidemic? Has such improvement partaken of a temporary or permanent character?
7. Have the nuisances which you reported been abated, and to what extent?

8. Have cleansing works been instituted in the houses of the poorer classes where cholera cases or deaths have occurred?
9. Will you state the local and removable causes in the district visited by you which you believe have contributed to the localization and spread of the disease?
10. Has overcrowding prevailed, and to what extent?
11. Have you observed any peculiarities in this epidemic?
12. To what extent did the district suffer from previous epidemics?
13. Did former epidemics of cholera prevail in the same or in different spots?
14. Enumerate the spots most severely visited by cholera on former occasions, and those most severely visited in the present epidemic, and state whether in the interval between the epidemic of 1849 and that of 1854 any alteration has taken place in the sanitary condition of these two classes of localities.

(Signed) _____
 (Stating Qualifications.) Medical Officer.
 (Date.) _____

The Medical Officer is requested to address his replies to T. Taylor, Esquire, Secretary, General Board of Health. It is not necessary to prepay the postage.

Note.—If any other point should deserve notice, it should be inserted at the end, under the head of General or Special Remarks.

DIRECTIONS and REGULATIONS of the GENERAL BOARD of HEALTH,
 issued under authority of the Nuisances Removal and Diseases
 Prevention Act, 1848.

IN exercise of the authority vested in us, we, the General Board of Health, direct the guardians and overseers in all unions, parishes, and places in England and Wales, as follows:—

I. To have made out a list of the places within the union or parish where cases of cholera, diarrhoea, or any epidemic or endemic

disease, may have lately been frequent, and to give the list or portions of the list relating to the particular districts to the medical officer of each district to which it shall relate.

And to require the medical officer to visit the places within his district named in such list, and examine the houses as to their present condition, or as to any predisposing and removable causes of disease likely to affect the inmates.

II. To direct their medical officer to give a written list to the guardians of all places in a state dangerous to health, or needing cleansing, and of filthy and unwholesome dwelling houses, and of all nuisances within his knowledge that may be abated, cleansed, and removed under these regulations.

III. To see that all town councils, commissioners under Local Acts, local boards of health, highway boards, surveyors and district or assistant surveyors of highways, road trustees or commissioners, county surveyors, and others now by law entrusted with the control of streets and places within the parts to which these directions and regulations extend, do exert their powers for the cleansing of all places under their control, particularly those included in the above list of the medical officer.

IV. To see that places not entrusted by law to the care of any town council, local board of health, commissioners, surveyors, trustees, or others, are kept clean by owners or occupiers of houses or tenements adjoining by effectual washing or otherwise, and with the use of such disinfectants as the medical officer shall direct.

V. Where there is any default in cleansing or removing nuisances by neglect of any such town council, local board of health, commissioners, surveyors, trustees, or others, or by reason of poverty of occupiers or otherwise; to cause such places to be cleansed, and all nuisances to be removed therefrom.

VI. When any dwelling house is in such a condition as to be a nuisance or injurious to health; or,

Where upon, adjoining to, or near any premises or place as aforesaid, there is any drain, ditch, gutter, watercourse, privy, cesspool, or ashpit, kept or constructed so as to be a nuisance or injurious to health; or,

Where upon, adjoining to, or near any such premises or places, swine or any other animal, or any accumulation of dung, manure, offal, filth, refuse, or other matter or thing, shall be kept so as to be a nuisance or injurious to health;

To see that the owner or occupier, or the person having the care of such dwelling house or premises, or the person causing the nuisance, forthwith cleanses, whitewashes, ventilates, or otherwise purifies, as the case may require, such dwelling house or premises, or otherwise abates or removes the nuisance or matter injurious to health.

And if default be made herein by reason of the poverty of the owner, occupier, or other person or otherwise, and complaint shall have been made as herein-after provided;

To see that the local authority empowered to act in the place where the premises complained of shall be situate, or, if there shall be no such local authority, or the local authority shall delay for an unreasonable time,—themselves to take all proper means for carrying into effect the directions above prescribed for the owner or occupier.

VII. When any complaint under the 1st section of the Nuisances Removal and Diseases Prevention Act, 1848, or any certificate under the Nuisances Removal and Diseases Prevention Amendment Act, 1849, is made to the guardians, to cause proceedings to be taken under the first section of the former Act; or to forward the complaint to any other local authority who may have legal power to deal with the nuisance; or if there has been previous default on the part of such local authority, forthwith, if necessary, to proceed on the complaint themselves, under the said Acts.

VIII. Where they consider the case one of urgency, to cause any such dwelling house or premises to be cleansed and purified, and any such nuisance as herein-before described, to be forthwith removed and abated, without any previous complaint being made or to the local authority.

IX. To order every medical officer upon any unusual amount of diarrhoea, or any case of cholera becoming known to him within his district, to report the same to the guardians.

X. Where cholera is present or imminent;

To provide sufficient medical aid for house to house visitation, and for medical treatment of the sick, and for dispensing medicines, and issuing notices stating where such aid and medicines have been provided.

XI. To provide places for accommodating necessitous sick who cannot be properly treated in their own houses.

XII. To provide places to which may be removed the families or fellow lodgers of necessitous persons attacked with cholera, and to cause the dwellings from which persons may have been so removed to be cleansed by the owners or persons having the care of them, or, in their default, by the guardians.

XIII. On the occurrence of any case of cholera in any room occupied by one family or more, to cause the removal either of the patient or of so many of the occupants as the medical officer may deem necessary.

XIV. To provide when practicable and necessary, in case of death by cholera, for the speedy removal and interment the body.

XV. To make arrangements for obtaining daily lists of persons attacked by cholera within the Union, and for communicating the same weekly to the General Board of Health.

XVI. To appoint such medical and other officers as may be necessary to execute and superintend the execution of these Regulations, and to publish and circulate notices of the provisions of the said Acts for the prevention of nuisances, and of our directions and regulations, or such part of them as may appear expedient.

In these directions and regulations, the words "Guardians of the Poor" mean the guardians, directors, wardens, governors, or other like officers having the management of the poor of any union, parish or place where the matter requiring the cognizance of any such officers arises, and the expression "Local Authority" means the town council, local board of health, or any trustees or commissioners for the draining, paving, lighting, cleansing, managing, or directing the police of any town, borough, or place, highway board or any other body of a like nature, or any commissioners of sewers, or any body, excepting boards of guardians and overseers, having by law powers for the removal of nuisances.

Given under my hand and under the seal of the General Board of Health, this Eighth day of September One thousand eight hundred and fifty-four.

(L.S.) B. HALL.

DIRECTIONS and REGULATIONS of the GENERAL BOARD of HEALTH, issued under the authority of the Nuisances Removal and Diseases Prevention Act, 1848.

IN exercise of the authority vested in us, we, the General Board of Health direct,

I. All surveyors, district or assistant surveyors of highways, trustees, county surveyors, and others by law entrusted with the care and management of streets and public ways and places, and where there are no public authorities so entrusted, the owners and occupiers of houses and tenements adjoining thereto, to take the measures necessary for the frequent and effectual cleansing thereof.

II. The owners and occupiers, and persons having the care and ordering of all houses, dwellings, churches, buildings, and places of assembly, to cleanse, purify, ventilate, and disinfect the same.

III. All local authorities and persons whatsoever to exert all the powers vested in them by law for the removal of nuisances.

IV. All relations of, or others in charge of the bodies of, persons who have died of cholera or other epidemic disease, to obey the directions of the medical officers of the guardians, as to the speedy interment of the dead.

In these directions and regulations, the word "Guardians" means the guardians, directors, wardens, governors, parochial board, or other like officers having the management of the poor of any union, parish, combination, or place where the matter requiring the cognizance of any such officers arises; and the expression "Local Authority" means the town council, local board of health, or any trustees or commissioners for the draining, paving, lighting, cleansing, managing or directing the police of any town, borough, or place, highway board, or any other body of a like nature, or any

commissioners of sewers, or any body, excepting boards of guardians and overseers, having by law powers for the removal of nuisances.

Given under my hand and under the seal of the General Board of Health, this Fourteenth day of September One thousand eight hundred and fifty-four.

(L.S.) B. HALL.

SIR, General Board of Health,
Whitehall, September 1854.

I am directed by the General Board of Health to enclose to you, with the regulations and directions issued by the Board in pursuance of the 10th section of the Nuisances Removal and Diseases Prevention Act, (11 & 12 Vict. c. 123) the various publications of the Board prepared for local information and guidance under this distressing visitation.

I am to impress in the strongest terms upon the minds of the parochial authorities the heavy responsibility thrown upon them by the provision of the law which makes it their business during an epidemic to see executed, or to execute themselves, the regulations and directions of the Board.

These regulations and directions are of two classes; the first class is aimed at the most prevalent forms of nuisance, (in so far as the law permits this Board to reach them) and these nuisances it is the duty of the parochial authorities to see removed by those who have the legal control of the premises, or in default of any on whom this duty may be enforced, themselves to remove them in the manner pointed out by the Act.

This is peculiarly a preventive work, and its object is to do away with the state of things which experience has proved to be most likely to bring down the epidemic in particular spots.

But when the epidemic comes, it is too late to trust for safety to the execution of these directions only.

At this point that other class of the Board's regulations and directions which provides for medical relief should come into play.

The directions on this point are general and brief.

But with them is sent a minute of instruction, which sets out in the fullest detail the arrangements by which medical aid may be placed within reach of all who require it, and, where necessary, house-to-house visitation established, houses of refuge provided, and all other measures taken which the actual presence of the epidemic renders necessary.

If the will to do this duty exist on the part of the parochial authorities this minute supplies all the information required to enable them to carry out their duty in practical working.

Where arrangements in accordance with that minute have been conducted in a judicious and not niggardly spirit, experience has proved that the ravages of the epidemic may be confined within very narrow limits.

It should not be forgotten that the duty of making such arrangements is not one imposed on the parochial authorities by humanity only, but that it is also a work laid upon them by the law, the neglect of which is made punishable by the statute which imposes it. For although the members of parochial bodies are elected of their own free will, yet, when they have voluntarily accepted the responsibilities of an office, the law will not allow them to neglect their duties to the inhabitants of the district they are acting for, in so far as the Legislature has intrusted them to their care.

The purpose of this letter is to state the Board's view of the nature of these duties and responsibilities (in reference to epidemic disease), in order that local authorities may not be able to avail themselves of the plea of ignorance, should the imputation of neglect be brought home to them.

I have the honour to be, Sir,
Your obedient Servant,
T. TAYLOR, Sec.

REMOVAL OF NUISANCES.

The intimate connexion between filth, foul smells and disease being assumed to be generally admitted, and many applications being daily made to this Board either to remove nuisances, or to give information how the removal of nuisances can be effected, the following plain directions for that purpose, will, the Board believe, be found useful at this moment.

The nuisances which may be dealt with under "The Nuisance Removal and Diseases Prevention Act, 1848," (11 and 12 Vict. 123), and the Regulations and Directions of the General Board of Health, issued in pursuance of that Act, broadly classed, are of two kinds.

- 1st. Nuisances removable by cleansing, such as filthy house walls, over-charged cesspools, unscavenged streets, foul dust bins, manure heaps, ash-pits, dirty pigsties, &c.
- 2d. Nuisances requiring the construction of works for their removal, such as houses unwholesome for want of drains, accumulations of liquid refuse requiring drains to carry them off, &c.

Consider to which of these classes the nuisance you complain of belongs.

I. How to get rid of nuisances removable by cleansing.

If to the 1st class, *address a short intelligible complaint of the nuisance, in writing, to any existing body having authority to make local improvements*; as the town council, board of trustees, or commissioners for the repair, paving, lighting, cleansing or draining of the highways, the highway board, or any other similar body; or, in default of any of them, to the Board of Guardians.

The Board's regulations prescribe no particular form for this complaint, but it should be precise in describing the place or giving the address of the premises where the nuisance is.

It is the duty of each and all the above local authorities, immediately on the receipt of such complaint as above, to make inquiry and take such measures as may be necessary for its removal, or in default of their doing

so, the Guardians, under the regulations and directions which have been issued to them, are to make inquiry into the complaint, and if they find that it is well-founded, to call upon the persons having power by law to remove it, to do so.

If these persons neglect or omit to remove the nuisance,

The Guardians have power, and it is their duty to remove it, instead of these persons—and they are empowered to proceed against the defaulters (if culpable) for a penalty under the Act, up to 5*l*.

II. How to get rid of nuisances removable by constructing works.

To do this requires a less summary and simple process.

The proper mode of proceeding in this case is not, as in the former, under the regulations and directions of the General Board of Health, but under the 1st section of the Nuisances Removal Act, addressed to *any existing body having authority to make local improvements*; as the town council, board or trustees or commissioners for the repair, paving, lighting, cleansing, or draining of the highways, the highway board, or any similar body; or, in default of any of them, to the Board of Guardians in the form given by that Act.

A complaint must be signed by two householders, or the nuisance must be certified to the Guardians by the medical relieving officer of the union, or, if it exist in or about a common lodging-house, by a police constable, or inspector of common lodging-houses.

On this the local authorities, and, in default of them, the Guardians, are bound, after examination into the case, or without examination, on the written certificate of two legally qualified medical practitioners, to complain before a magistrate, who can summon the owner or occupier of the premises where the nuisance exists, before two justices (or in London before any police magistrate) and on hearing of the summons an order may be made for the removal or abatement of the cause of complaint.

If this order be not obeyed, it is the duty of the local authority instituting the complaint to carry the order into effect, and the cost falls on the persons on whom the order was made.

As nothing in the Nuisances Removal Act is to interfere with the jurisdiction of the Commissioners of Sewers (sect. 5), when the order is one which involves an authority from them, it should require the execution of the work conformably to the regulations of those Commissioners, who have declared themselves ready to co operate with the local authorities and Guardians to the utmost in carrying out the provisions of the Act.

They will furnish information, at their district offices,* as to the state of the sewerage of particular localities.

* Branch Office for the Tower Hamlets and Poplar districts, and Finsbury division—No. 15, Great Alie-street, Goodman's-fields. Office hours 9 o'clock A.M., to 4 P.M.

Principal office of the Commission, and branch office for the Holborn division, and eastern and western divisions of Westminster and Regent-street, and Regents-park district—1 Greek-street, Soho. Office hours, 9 o'clock A.M., to 4 o'clock P.M.

Branch office for portions of the Ranelagh Counters Creek, and Fulham and Hammer-smith districts—No. 22, Inverness-road, Bayswater. Office hours, 10 o'clock A.M., to 12 o'clock at noon.

Branch office for portions of the Ranelagh Counters Creek, and Fulham and Hammer-smith districts—No. 45, Grove-place, Brompton. Office hours, 10 o'clock A.M., to 12 o'clock at noon.

Branch office for the whole of the district south of the River Thames—No. 64, Borough-road. Office hours from 9 o'clock A.M., to 4 o'clock P.M.

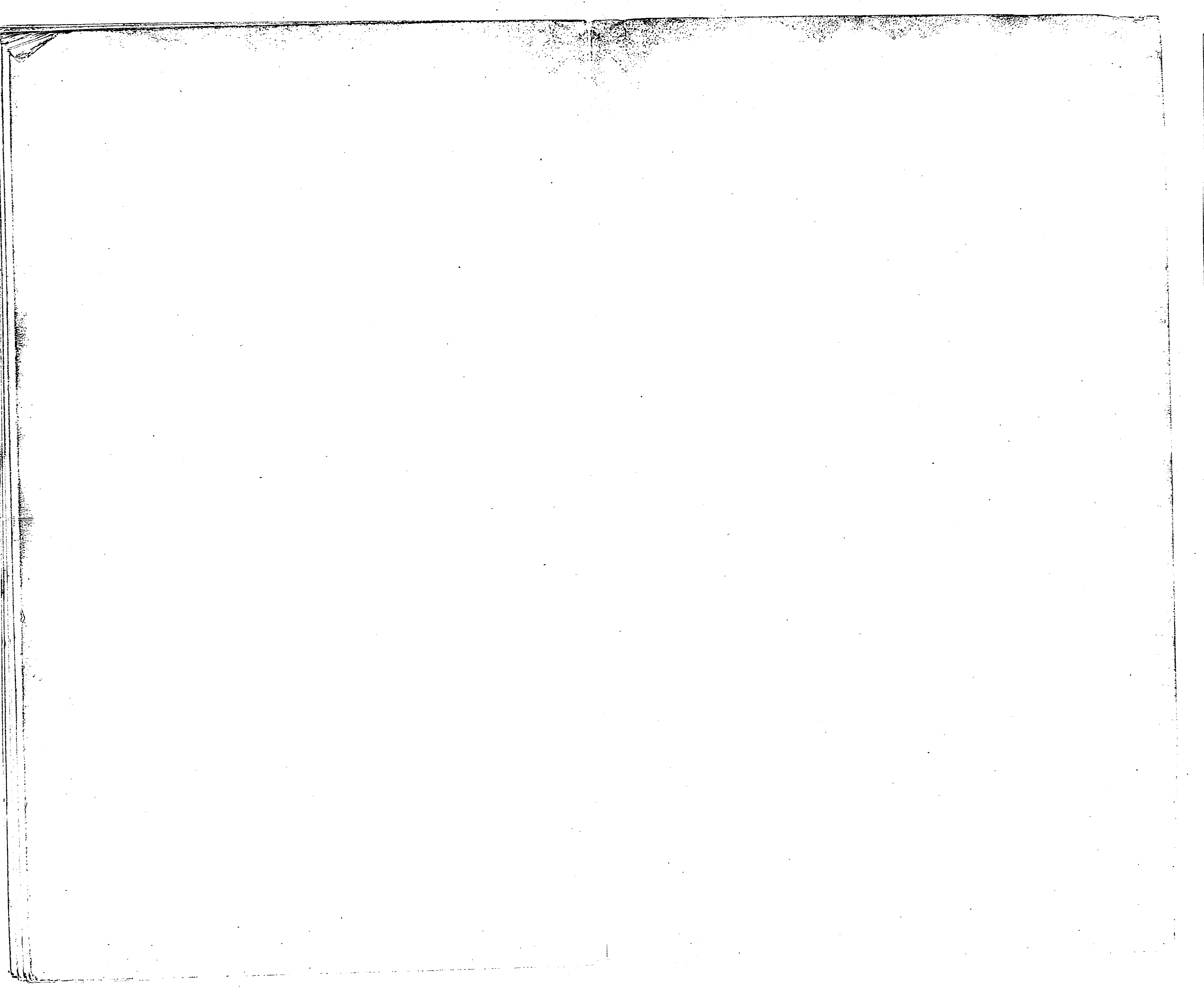
SHORT RECOMMENDATIONS TO GUARDIANS IN TIMES OF CHOLERAIC DISEASE,

In execution of the powers derived from the regulations and directions of the General Board of Health, issued under Order in Council.

1. Divide your union amongst committees of the guardians.
2. Give your medical officers assistance if they require it.
3. Direct your chief attention to places where diarrhoea prevails, or where fevers or other epidemic disease have generally been most prevalent. Your medical and relieving officers know these places.
4. Look to the cleansing of roads, streets, and courts; and see that surveyors, paving and improvement commissioners, and others, having by law power to cleanse, carry out their powers.
5. In their default, or when they have no power, yourselves see to the cleansing of such streets, roads and courts. In the courts of poor neighbourhoods, where refuse is thrown on the public way, wash the surface daily with streams of water.
6. Appoint a committee for the receipt of complaints of nuisances, and see that the proper officer attends to such complaints, and reports what he does therein.
7. In all cleansing operations, where foul smells may arise, let disinfectants, such as quick-lime, peat-charcoal, chloride of lime or of zinc, or chlorine gas, disengaged by pouring sulphuric acid on common salt, in the proportions of a wine glassful of the acid (common oil of vitriol) to a pint of salt, be freely used.
8. Filthy houses should be lime-washed, and accumulations of all kinds promptly removed without expense to the occupant, when poor.
9. Let the paramount importance of free ventilation in all houses be constantly and most urgently inculcated.
10. Insist on the greatest possible cleanliness in the vagrant wards of union-houses, and in common lodging-houses; and enforce, as far as possible, personal cleanliness on the part of the inmates of those places.
11. Look to the water in your district, and adopt every practicable means to ensure its supply in a state of purity.
12. Direct your medical officers to report to you any unusual prevalence of bowel complaint or diarrhoea, and any case of cholera, in their respective districts.
13. On the earliest appearance of choleraic disease, assemble your medical officers, and carry out, as far as may seem necessary, the instructions of the General Board of Health as to preventive measures, dispensaries, and medical aid, which instructions have already been supplied to you by that Board.

14. Make known your arrangements for relief by plain hand-bills, freely circulated.

15. Give warning, by hand-bills, of the importance of applying, on the first symptoms of diarrhoea, to your medical officers, for advice and medicine, and that the same will be given gratuitously.



GENERAL BOARD OF HEALTH.

LETTER

OF THE

PRESIDENT OF THE GENERAL BOARD OF HEALTH,

TO

**THE RIGHT HONOURABLE THE VISCOUNT PALMERSTON,
SECRETARY OF STATE FOR THE HOME DEPARTMENT, &c., &c.,**

ACCOMPANYING A

REPORT FROM DR. SUTHERLAND;

ON

**EPIDEMIC CHOLERA
IN THE METROPOLIS IN 1854.**

Presented to both Houses of Parliament by Command of Her Majesty.



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