

Cholera Precautions.

THE following is a copy of the correspondence which has taken place between the Local Government Board and the Royal College of Physicians, which, at the request of many of, and for the information of all, our readers, we reprint *in extenso* :—

“Local Government Board, Whitehall, S.W.,

SIR,—I am directed by the President of the Local Government Board to inform you that the Board are prepared, in case of the extension of Cholera into England and Wales, at once to issue regulations, under the Public Health Act, 1875, and the Public Health (London) Act, 1891, to the Local Sanitary Authorities.

These regulations will, amongst other things, require the Local Sanitary Authorities to provide and to dispense, without charge, ‘Medicine and Medical Appliances’ for the sick.

The Board consider that the local authorities of England and Wales would attach great value to the medicines which the Royal College of Physicians consider to be best adapted to the immediate medical treatment of patients suffering from cholera, choleraic diarrhoea or diarrhoea.

And I am, therefore, to ask that the President of the Royal College of Physicians will be good enough, at as early a date as possible, to communicate to the Board prescriptions as to the remedies which the College may think most suited to the requirements in view.—I am, &c.,

(Signed) HUGH OWEN, *Secretary*.

The Registrar, Royal College of Physicians,
Pall Mall East, London, W.”

“Royal College of Physicians,

SIR,—In complying with the request of the Local Government Board to furnish it with instructions for the management of health in view of the prevalence of diarrhoea and of cholera, the Royal College of Physicians desires to say that the instructions herewith submitted are not intended either to occupy the general ground of prevention so ably and admirably covered by the medical advisers of the Board, or to supersede the necessity of immediate summoning medical assistance to those stricken with disease. They are meant to be followed only when the assistance of a doctor cannot be procured, and when diarrhoea has not developed into cholera. The College proposes no instructions for the treatment of cholera. Every case of this disease requires separate consideration and management; no stereotyped plan of treatment would prove to be either wise or safe; and, usually before the choleraic nature of an attack could be established, medical assistance would have been procured.

The chief instructions to be followed for the prevention of diarrhoea and of cholera are herewith appended :—

1. As cholera is not in the ordinary sense of the term contagious, as it is rarely, if ever, communicated, like smallpox or scarlet fever, directly from person to person, as it is probable that those engaged in attendance upon patients suffering from this malady are not more liable than others to become attacked with it, and as it is certain that physical and moral depression favour the reception and development of the disease, apprehensions should be allayed, confidence encouraged, and that manner of living pursued which experience has proved to be conducive to the highest health.

2. The house should be clean, light, thoroughly dry, and well ventilated. Air shafts, traps, and drains should be in perfect working order. Dustbins should be frequently emptied, and no decaying matters of any kind should be permitted to remain in or near the house. Cisterns, reservoirs, casks, jars, and pipes used in the preserving, carrying, or transmitting of water should be frequently inspected and carefully cleansed. All connections of waste pipes with drains should be severed.

3. As water is one of the chief agents by which choleraic infection is conveyed, all water employed for personal or domestic use in the household should be scrupulously protected from contaminations of every kind; and if any doubts of its purity arise, the water should be boiled, filtered, and consumed within twenty-four hours. Boiled and filtered rain water is probably the best of all waters for use at this time.

4. The dietary should consist daily of three or four simple but nourishing and ample meals taken at regularly recurring times. The meals may consist of any sort of animal food, fresh and thoroughly cooked, of bread, potatoes, well-boiled green vegetables, if they agree, and of plain farinaceous puddings, or of simply cooked wholesome fruit.

Milk should be boiled before use.

Alcoholic beverages should be taken in great moderation, and only at the greater meals, such as at dinner and supper.

It is desirable to avoid soups, tinned or otherwise preserved provisions, raw or stale vegetables, unripe, overripe, or decaying fruits, pastry, cheese, nuts, hard or indigestible things of every kind, malt liquors turning “hard,” ginger beer, strongly ascendent sparkling wines, coarse oatmeal gruel, messes between meals, and either long fasts or too frequent feeding.

5. All provisions should be procured fresh and fresh, but when some storage is unavoidable, the most scrupulous care should be taken to protect them from contamination by impure air or water.

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