

WA
J27a
1852

Surgeon General's Office

LIBRARY

Section, _____

No. 96809



APPENDIX

906
980

TO THE

37
H. L. J. M.
S. G.

REPORT OF THE

CENTRAL BOARD OF HEALTH

OF

JAMAICA.



Presented to the Legislature under the provisions of the 14th Vic. chap. 60, and printed by order of the Assembly.

SPANISH-TOWN:

PRINTED BY F. M. WILSON, 5, MARTIN-STREET,

FOR THE HONORABLE HOUSE OF ASSEMBLY.

1852.

APPENDIX

REPORT OF THE

CENTRAL BOARD OF HEALTH

WA

J27a

1852

Film 8051, Item 2

1200

TABLE OF CONTENTS

ERRATA.

- Page 135, line 14, for members read member.
— 136, last line, for ill-starved read ill-starred.
— 137, line 32, after civilized man, add to dwell in.
— 139, in a note, for as quod read usque ad.
— 140, line 16, for metropolis read city.
— 141, line 32, for independant read independent.
— 142, line 37, for colapse read colapsed.
— 145, line 35, for metropolis read city.
— 152, line 15, after attendance add &c. &c.
— 152, lines 19 and 20, dele besides.
— 152, line 38, for found read seen.
— 164, line 36, for wilst read whilst.
— 166, lines 3 and 4, for subject read subjects.

TABLE OF CONTENTS.

	Page,
Appendix A.....	1
Appendix B, No. 1.....	7
Appendix B, No. 2.....	21
Appendix C, No. 1.....	29
Appendix C, No. 2.....	30
Appendix D, No. 1.....	32
Appendix D, No. 2.....	33
Appendix E, No. 1.....	40
Appendix E, No. 2.....	70
Appendix F.....	118
Appendix G.....	123
Appendix H, No. 1.....	128
Appendix H, No. 2.....	132
Appendix I.....	271
Accounts.....	273
Supplemental Account.....	278

APPENDIX

TO THE

REPORT OF THE CENTRAL BOARD OF HEALTH.

APPENDIX A.

Rules, bye laws, and regulations, drawn up by the Central Board of Health, for the purpose of being submitted to his excellency the governor in council, under the provisions of an act, passed in the fourteenth year of the reign of her present majesty, Victoria, chapter sixty, entitled "An act for the establishing of a Central Board of Health, and for other purposes."

1st. All swine shall be immediately removed from towns and townships, and from close contiguity to dwellings in rural districts, and all pigsties within towns and townships, or near to dwellings in rural districts, shall be demolished.

2nd. All dogs kept in towns or townships, shall be destroyed, unless provided with a chain or collar by the owner or owners, on which his or her name is distinctly marked.

3rd. All goats shall be prohibited from wandering about the streets of towns and townships, and no per-

son or persons shall be permitted to keep any number of goats exceeding six, in any one yard in any town or townships.

4th. All rubbish, filth, or refuse, of any kind, declared to be injurious to health by the Central Board, shall be removed, at frequent periodical intervals, from dwellings and their immediate neighbourhood, to such place or places as the parochial authorities may, from time to time, appoint.

5th. All rank vegetation close to, or any thing that obstructs the free ventilation of air around dwellings, shall be cut down and removed.

6th. All dung and other refuse of stables, shall be removed daily to a place or places appointed by the parochial authorities, and shall there be deposited and got rid of by burning or otherwise.

7th. All foul stagnant ditches, pools, gutters, or drains, shall be covered, and filled up, or drained, and all accumulations of privy soil or other offensive decaying matter, near to human dwellings, and which cannot be easily removed or destroyed, shall be covered with a layer of earth or lime.

8th. The proprietor or occupier of any house, or houses, not provided with such conveniences, shall construct and erect suitable privy or privies, for the accommodation of the inhabitants of such house or houses.

9th. All houses which shall be pronounced filthy, or unwholesome by the Central Board of Health, or wherein a case, or cases of cholera or other epidemic disease shall have occurred, and which shall not have been inhabited since, or where no means of cleansing shall have been employed, shall be cleansed and purified by lime-washing, and such other means as the said Board may direct.

10th. That an officer or officers, to be appointed by, and acting under the authorities of any place, or places, where the cholera or any other epidemic shall threaten, or actually exist, shall enter and inspect all or any dwellings or other buildings, and all or any

courts or premises around such dwellings or other buildings which shall be suspected of being in an unwholesome condition, and shall require the owner or occupier thereof, or any person having the custody and care of such building, to remove or correct, within a reasonable period of time, to be by the said authorities specified, all existing nuisances as shall be declared by the Central Board of Health to be injurious to health, whether by rendering the atmosphere impure, or by preventing the free access of air.

11th. The said Central Board of Health shall have full power, and they are hereby authorized, to declare the means necessary for the proper ventilation of any building or buildings used as a dwelling or dwellings, and such means shall be used and adopted in any place or places named by the said Board.

12th. The said Central Board shall have full power, and they are hereby authorized, to pull down and remove all or any dilapidated building or buildings which shall be uninhabited and in a filthy and unwholesome condition, unless the same shall be forthwith repaired, and purified as the said Board shall direct.

13th. The several local authorities throughout this island, in their respective districts, shall have full power, and they are hereby authorized under the direction of the said Central Board, to hire or procure, or, if urgently necessary, to take possession of unoccupied houses, buildings, or other tenements suitable for the purpose of being used as places of refuge and retreat for such persons as the said local authorities may see fit to remove out of infected houses or districts.

14th. The said Central Board of Health shall have full power, and they are hereby authorized, to compel the removal of inmates from houses which shall be declared by any duly qualified medical man, or other person acting under the instructions of the said Board,

to be unwholesome from overcrowding or otherwise, to buildings or places of greater safety.

15th. The Central Board of Health shall have full power, and they are hereby authorized to engage any suitable building or buildings, or a room in any building for the reception of necessitous persons attacked with cholera or any other epidemic disease.

16th. The said Central Board of Health shall have full power, and they are hereby authorized to require the immediate removal and interment of the dead, and to make and issue all rules and regulations respecting burial grounds, means for the removal of the dead, and mode of sepulture, and to prohibit wakes, and other idle congregations of persons in infected districts or places.

17th. The said Central Board shall have power, and they are hereby authorized, when and where requisite, to institute and establish a system of house visitation, including a provision for the supply of medical and other assistance, and of medicines and necessaries for the sick, as well as for other sanitary purposes.

18th. The said Central Board of Health shall have power, and they are hereby authorized, to require the local Boards of Health of the several parishes in the island to send regularly, and by every post, to the secretary of the said Central Board, a correct statement of the number of persons attacked by cholera, or other epidemic disease; of the number of deaths in each town and district over which such local Board presides, and containing such other particulars as may be required by the said Central Board, in order that the information so obtained may be made public in an official form.

Persons acting under the authority of the said Central Board of Health, shall not be liable to any prosecution for any alledged injuries to property, arising from the enforcement of any, or either of the above bye-laws, rules, or regulations, and such per-

sons are authorized to plead such bye-laws, rules, or regulations, as a full defence to any proceedings instituted against them.

The public and parochial authorities of this island are hereby required to execute the above bye-laws, rules, and regulations, or such of them as the said Central Board shall direct, in all cases where the owners or occupiers of houses and tenements shall, from poverty or any other sufficient cause, be unable to carry out the same.

The above rules, bye-laws, and regulations, were passed at a special meeting of the Central Board of Health, holden at St. Jago de la Vega, on Thursday the nineteenth day of June, in the year of our Lord, one thousand eight hundred and fifty-one.

(Signed)

J. GAYLEARD,

President of the Central Board of Health.

Additional regulation drawn up by the Central Board of Health, for the purpose of being submitted to his excellency the governor in council, under the provisions of an act passed in the fourteenth year of the reign of her present majesty, Victoria, chapter sixty, entitled "An act for the establishment of a Central Board of Health, and for other purposes."

The Central Board of Health shall have power, and they are hereby authorized, to issue an order to the authorities of each parish in the island, to carry into effect the existing police and other laws for cleansing and keeping free from nuisances, and to enforce regulations enacted for that purpose in all towns, and that the said Central Board of Health shall also have power to employ a proper person to see the laws obeyed in those respects, when, and as occasion may

require, and to superintend the execution of any future rules and regulations that may be issued by the said Board.

Passed by the Central Board of Health,
at a meeting holden in St. Jago de la Vega,
on Tuesday, the first day of July, one thousand eight hundred and fifty-one.

(Signed) **J. GAYLEARD,**
President of the Central Board of Health.

APPENDIX B, No. 1.

NOTIFICATION
OF THE
CENTRAL BOARD OF HEALTH,
DRAWN UP AND PRESENTED
BY THE
COMMITTEE ON THE PREVENTION AND SPREAD
OF
EPIDEMIC DISEASES,
COMPOSED OF ALL THE MEDICAL MEMBERS OF THE BOARD,
AND ORDERED BY THE BOARD TO BE PRINTED.

THE CENTRAL BOARD OF HEALTH,
 CONSTITUTED UNDER THE ACT VIC. XIV. CHAP. 60,

CONSISTS OF THE FOLLOWING MEMBERS :

HON. JAMES GAYLEARD,
President of the Council, and President of the Board.

HON. C. M'LARTY MORALES, M. R. COL. SUR. LOND.
Speaker of the Honorable House of Assembly.

C. MACLEAN, M. D.
*Deputy Inspector-General, and Principal Medical Officer of the Army
 in Jamaica.*

J. WINGATE JOHNSTON, M. D.
*Deputy Inspector of Naval Hospital and Fleets, and Senior Medical
 Officer of the Royal Naval Hospital at Port-Royal.*

HON. HECTOR MITCHEL,
Mayor and Custos of Kingston.

HON. W. D. TURNER, M. D.
President of the College of Physicians and Surgeons, Jamaica.

PATRICK YULE, LIEUT.-COLONEL,
Commanding Royal Engineers.

J. MAGRATH, M. R. C. SURG. LOND.
And Surgeon to the Public Hospital, Kingston.

LEWIS QUIER BOWERBANK, M.D. & M.R.C.S.E.

NOTIFICATION OF THE CENTRAL BOARD
OF HEALTH.

I. The Central Board of Health, taking into consideration the circumstances that the Asiatic cholera continues to prevail in several places in the parish of Hanover, that it has recently entered the adjoining parish of Westmoreland, and that there has also been an outbreak of the disease, within the last four weeks, at Up-Park camp, in the immediate vicinity of the chief city of the island, where a few cases have again been seen during the last fortnight, have deemed it their duty, in compliance with clause five of the act of the legislature under which the Board is constituted, to prepare and draw up, for the sanction of the governor in council, various rules and regulations to be observed and carried out in all places which "shall appear to be threatened or shall be already affected with any epidemic or contagious disease."

II. Before the issuing of these rules and regulations, the Central Board of Health think it right to make known their views on the leading points in the history of Asiatic cholera, bearing on the subject of the public health; more especially in reference to the local and removable causes which favour its development and spread, and to the most effectual means of preventing or mitigating its ravages.

III. The general result of the experience of almost all the medical men in this island, who have had large opportunities of witnessing the cholera since it first appeared in the beginning of October of last year, has been, that it may spread, as an epidemic disease, independently of human intercourse or personal communication. All endeavours to restrain its progress by quarantine measures have hitherto proved ineffectual. On the first irruption of the pestilence into Europe in 1331-2, each nation attempted to prevent the invasion by rigorous quarantine and other restrictive means; but in every instance without avail.—

Again was the like attempt made in 1847-8, and again it was found and declared to be utterly ineffectual.

IV. In Great Britain, the question of the importation of cholera as an epidemic, and of the practicability of preventing its introduction and spread by prohibitory regulations, have been more attentively examined than in perhaps any other country; and the result of all the enquiries has been a very general concurrence of opinion as to their entire inefficiency. The General Board of Health of England expressed their deliberate opinion on the subject in their report on quarantine, and in their first and second notifications issued in the autumn of 1848; and the Royal College of Physicians of London, embracing almost all the distinguished physicians in England, recorded about the same time, their sentiments in the following words:—"Cholera appears to have been very rarely communicated by personal intercourse, and all attempts to stay its progress by cordons or quarantine have failed. From these circumstances, the committee, without expressing any positive opinion with respect to its contagious or non-contagious nature, agree in drawing this practical conclusion, that in a district where cholera prevails no appreciable increase of danger is incurred by ministering to persons affected with it, and no safety afforded to the community by the isolation of the sick."

To the soundness of this conclusion, the Central Board of Health would express their entire assent.

V. It is to be observed that the circumstance of healthy persons from an uninfected district having caught the disease by going into an infected locality, does not at all invalidate or affect the opinion now expressed; such persons became exposed to and inhaled the atmospheric poison in the place where it existed, and were equally obnoxious to its deleterious agency with the residents in the infected locality itself. If such persons on returning to their uninfected district were not only attacked themselves with

the disease, but became the centres or *foci* from which it spread around in the neighbourhood and thence to the adjacent district, there would certainly be strong reason to believe that its diffusion was owing to personal communication, or to contagion, as such an occurrence is usually denominated. But no substantiated instance of this kind, with exact details as to the dates of the earliest cases of the disease, the place from which the patients came, and as to whether the locality and district were perfectly healthy at the time of their occurrence, with other particulars necessary to be known, has been brought under the knowledge of the Board. On more than one occasion, alleged instances of the sort have been ascertained, upon examination, to be entirely fallacious. It is, however, to be remarked that several cases have been related to the Board by medical witnesses, where one or two inmates of the house, to which a person had returned from an infected locality with the disease upon him, became soon afterwards affected with it, while the neighbourhood was, at the time, wholly exempt; but upon no such occasion did the disease ever manifest any tendency to spread as an epidemic.

VI. The striking exemption, upon the whole, of nurses in cholera hospitals and of the attendants of the sick in the airy apartments of private dwellings, not to multiply similar facts, affords a most gratifying proof that no danger is incurred by ministering to the sick, even when many are congregated together; provided free ventilation and thorough cleanliness be maintained in the apartment, and all intemperance be avoided.

VII. The death of several medical men in different parts of the island may have suggested the idea that their fatal sickness had been caught from patients whom they had been attending. But it is to be remembered that these gentlemen were residing in the infected atmosphere of their districts, and con-

stantly visiting the very *foci* of the pestilence, and this too, under the very unfavourable circumstances of great fatigue, and of mental as well as bodily exhaustion. From enquiries made by the Central Board, it moreover appears that several of these gentlemen had been unable, in consequence of the unceasing demands upon their professional assistance, to pay any attention to themselves, while the premonitory symptoms of the disease were upon them; while others fell victims to the pestilence, from the want of that very aid which they had been actively engaged in affording to others at the time of their own seizure. This has been one of the lamentable results of the utter insufficiency of the means of medical relief in almost every part of the island, at the present time.

VIII. The Central Board of Health deem it almost unnecessary to record their conviction that the development and spread of Asiatic cholera are powerfully favored by the existence of all local impurities, and of whatever tends to contaminate the atmosphere with the exhalations from putrescent and decaying matter. The influence of such causes has been recognised not only by all medical men, but by the intelligent members of every community where the pestilence has appeared; and credit is due to the local authorities in this island for the promptitude and energy with which, in most places, operations of cleansing and purification were carried out, when their attention was once fairly drawn to the subject, upon the appearance of the new pestilence on our shores. It is, however, much to be regretted that the necessity for the continued and permanent adoption of such measures has not been duly recognised anywhere, and that even already, while the pestilence is still lingering in the land, the former state of neglect has been too generally permitted to return. It is to be hoped that the legislature, upon their next assemblage, will not fail to pass an enactment by which the

continuance of so many flagrant abuses may be prevented, and the public health be more effectually preserved.

IX. Instead of specifying the various sources of local impurity in towns and elsewhere, which promote the spread and ravages of epidemic disease, the Central Board would at present rather direct the attention of the public to the best means of getting rid of the rubbish and refuse matter, which are apt to accumulate around human dwellings. None of the towns in the island have yet established a system of prompt and effective scavenging, whereby there might be, as there certainly ought to be, the *daily* removal from streets, lanes, and courts, of all waste and decaying matter whatsoever; and yet the necessity for such a regular system of cleansing is of course much greater in Jamaica than in cooler climates, where not only the amount of decomposing organic matter is less abundant, but the process of decay is much less rapid. It should be universally understood that the existence of dead or excrementitious animal and vegetable substances near human dwellings is liable to do mischief to health at all times, but more especially during the prevalence not only of cholera, but of every other epidemic disease.

The condition of the streets and roads within, and in the immediate neighbourhood of, our towns is so faulty—and in none so much so as in the chief town of the island—and the means of quick and inexpensive conveyance are so defective, that hitherto much difficulty has been experienced first in collecting together the refuse matter, and then in removing it to suitable places at a distance, and there getting rid of it without detriment to public health. Upon no account, should accumulations or dung-heaps be ever permitted to be made within a considerable distance of any habitations; and then only when it is intended to make use of their contents for agricultural or other purposes.

X. Hitherto the value of the refuse matter of towns,

as manure for the land, has not been sufficiently appreciated in almost any country; and it has been only of recent years that the attention of the British public has been strongly drawn to this very important subject—important in an economic not less than in a sanitary point of view. The Central Board would entertain the hope that ere long it will engage the thoughts of many persons in this island, interested in the improvement of the land, as well as of the sanitary condition of the people. In the meantime, they would suggest that the most ready and effectual mode of getting rid of all dry rubbish is to have it at once burned in those places to which it has been conveyed. The large offensive accumulations which have been allowed to be made in the gullies, and on the roads around Kingston, Spanish-Town, and other towns, might thus be speedily destroyed. Under other circumstances, as with night-soil and such like deposits which cannot easily be consumed by fire, it is a good plan to cover the noxious refuse with a layer of a foot or two of earth; the injurious effects are thus completely prevented for the time.

XI. The keeping of swine in towns, or near to human habitations in any locality, should be strictly prohibited: it is not sufficient that their straying about the streets should be prevented. The condition also of stables within towns requires to be subjected to special observation and restrictions.

XII. The extreme importance of a free and continual ventilation of dwellings, and more especially of sleeping apartments, has not hitherto been sufficiently recognized in the construction of houses for the labouring classes in Jamaica. During the night, the atmosphere within becomes contaminated in the very highest degree, in consequence of the ignorant closing up of every orifice, whether door or window. The evil is increased by there being no opening in the roof, such as exists in houses in colder climates. There is thus no means of escape for the foul air, nor of admission to the fresh air; and yet the constant

renewal of the air that is breathed, is indispensibly necessary for the maintenance of the healthy existence of all living beings. The mere congregation of a number of persons in a confined unventilated space is sufficient, at all times, to produce serious disease. During the prevalence of epidemic sickness, the pernicious results of neglecting the above simple law of life are aggravated tenfold.

As interfering with the free play of a pure atmosphere around dwellings, all rank vegetation in their immediate vicinity, such as is so frequently seen in this country close to negro huts, should be removed, and the surface of the ground kept free from vegetable *debris*. Upon a future occasion, the Central Board will point out other defects in the houses of the poorer classes requiring correction, and indicate at the same time the means of effecting the desired changes.

XIII. Besides preventing the free access of air, rank vegetation near to dwellings tends to keep up a state of dampness, which is one of the most powerfully predisponent causes of disease. A wholesome dwelling must be dry, as well as clean and airy.

XIV. The Central Board have very carefully considered what are the precautionary and preventive sanitary regulations to be recommended for the approval of the executive, and for enforcement in those districts which are threatened or are already affected with any epidemic or contagious disease, and more especially with Asiatic cholera. Besides the regular removal, at short intervals of time, of all nuisances from and near to habitations, and the adoption of suitable means of promoting their free ventilation, the lime-washing of houses has been found to be extremely useful. This expedient is of such easy application, and is so inexpensive, that it should never be omitted with all the inferior description of houses in a district which is threatened with the epidemic. It need scarcely to be remarked that the lime-washing of the *interior* of the house, is of much greater conse-

quence than that of the mere exterior. The lime used in the process should be fresh burnt and fresh mixed, as it is only in its caustic state that lime can be said to possess any disinfectant properties.

XV. Personal as well as domestic cleanliness should be recommended and enforced by all who have authority or influence with the labouring classes.

XVI. Whenever the disease threatens to prevail, the Central Board would emphatically declare their opinion of the extreme importance, for the saving of human life, of removing from overcrowded and impure dwellings, in districts where the disease has appeared, as many of their unattacked inmates as possible, and of locating them in places of greater purity, until the violence of the epidemic invasion has passed over, and the dwellings which have been, or which are liable to become, the seat of the pestilence have been thoroughly purified.

The Board consider it to be quite necessary that arrangements for providing such houses or places of refuge and temporary retreat should be made in all towns and large villages where the cholera threatens to prevail; and with respect to estate villages and other scattered habitations in rural districts, the Board would strongly represent to the proprietors and managers of the land that any large empty building—such as a boiling-house, or store or trash-house, or even a mule or cattle-shed, if perfectly clean—might be advantageously used for the purpose. Many instances might be quoted where numerous lives have been saved, and great distress and suffering prevented, by the timely removal of the inhabitants of an unhealthy locality to one of greater salubrity, even in the immediate vicinity.

XVII. The experience of the last nine months in this island has shewn that the results of establishing cholera hospitals for the treatment of the sick have been, on the whole, unsatisfactory. From the extreme rapidity of the disease, when once the malignant

symptoms have set in, and from the excessive exhaustion and tendency to fatal collapse which then ensue, it has been generally found better to leave a patient undisturbed in his own dwelling, however objectionable this may be, than to incur the risk of aggravating the symptoms by removing him to another place.

As, however, instances will occur of persons having no abode of their own being attacked, and of others being seized at a distance from their dwellings, and having no means of return, or such return being quite inadmissible, it will be prudent that some accommodation should be provided for the reception and treatment of such necessitous individuals.

XVIII. With respect to the interment of persons who die from cholera, the Central Board are of opinion that the prevalent notion that a dead body is more liable to retain and give off infectious effluvia than a living one, is not warranted by any authenticated facts within their knowledge. Medical men have been engaged, day after day, in handling and examining the bodies of patients who have died from the pestilence, and there is scarcely an instance, as far as the Board are aware, of injurious results to them or their assistants. The apprehension, therefore, of infection emanating directly from a dead body should be dismissed from the minds of those who have to be in attendance. In like manner, the Central Board do not deem it necessary that any special or distinct burial grounds should be used for the victims of cholera, provided always the place of interment be at a suitable distance from human dwellings, and the graves be dug of a sufficient depth. The great object should be to remove out of the house, where the death has taken place, the dead body, liable as it is to very rapid decomposition in a tropical climate, and to have it buried in a becomingly short time. In numerous instances, the interment has been made with most indecent haste. A period of at least six hours should be allowed to elapse from the time of death.

Should it unfortunately happen that great mortality

occurs in a district where there is difficulty in obtaining a supply of coffins, the Central Board would recommend that the corpse should be rolled up in the body or bed clothes, and plastered over with pitch, tar, or lime, and thus conveyed to the place of interment.

There is no necessity for burning the bed or bedding of a cholera patient; but they should, of course, be washed and freely exposed to the air. The addition to the water of the solution of chloride of zinc, or of other similar chemical salts, has been found serviceable.

It is always prudent to employ a vehicle where practicable, and not the labour of bearers, for the conveyance of the dead to the place of interment; great fatigue, from whatever cause, predisposes a person to the invasion of epidemic disease.

The keeping of wakes at funerals has been so often followed by the sickness and death of the persons attending such idle meetings in infected districts, that the Central Board are of opinion that they should be strictly prohibited.

The Board would take this opportunity of expressing their opinion that all burials within towns, or very near to human dwellings, should be discontinued throughout the island as speedily as may be practicable.

XIX. The subject of the diet of the working classes in this island, in reference to its influence as a favouring or determining cause of choleraic attacks, deserves serious attention. Long fasting, followed by excessive eating, ought to be carefully avoided. Fatiguing exercise in the morning, before food has been taken, is not without danger. It is much to be desired that the use of fresh animal food was more general and frequent than it is among the labouring population of our towns and rural districts. The proprietors or managers of estates might do much to improve the dietary of the people, by having a bullock slain once a week, or oftener, and selling it at as low a price as

possible, so that only no loss should be incurred. A small portion of such meat, with a due proportion of Indian corn, rice, or the better sorts of the ordinary bread-kind of the island, would form a much more nourishing and wholesome diet than what is almost universally used by the working classes. The substitution of peppers and other warm spices (so freely made use of among the native population of the East) in place of the excessive use of salted provisions, very often rancid at the same time, would be productive of much benefit.

XX. That the insufficient clothing of the lower orders, and the consequent exposure of the surface of the body to the alternations of heat and cold so frequent in this climate, and to the chilling effects of wet and moisture, predispose to attacks of cholera, cannot be doubted. In all bowel complaints it is very necessary that the skin be kept warm, and protected against sudden chills. It would contribute much to the health of the working classes if they were accustomed to wear a jacket or dress of thin woollen material, next to the skin, during the day; and at night the use of a similar garment would be, in very many instances, more defensive against the cold damp air, than a mere mat or blanket. In the event of a charitable distribution of warm bed clothing to the poor, when attacked with cholera, it might be more useful, as well as less expensive, to give flannel dresses in the place of blankets. The practice, common among the negroes, of sleeping at night in the same clothes which have been worn during the day, is decidedly unwholesome. The poor should be cautioned against the danger of sleeping on the bare ground. A bed is of such easy construction, that there can be no excuse for any one being without it.

XXI. In conclusion, the Central Board would urgently press upon all classes the extreme importance of immediate attention being paid to the slightest irregularity of the bowels, or disorder of the general health, on the threatened outbreak and during the

prevalence of epidemic cholera. In this as in other countries, much difficulty has been experienced in inducing the lower classes to apply for medical relief upon the earliest indication of the premonitory sickness. Upon estates and other places where numbers of persons assemble together for work, it will be useful, as a precautionary means, to inspect and interrogate each individual before commencing work in the morning, and upon leaving it in the evening.— In towns and large villages where the disease has appeared, the only efficient means of arresting its ravages is by establishing a system of regular house-to-house visitation, so that all the slighter cases may be promptly discovered, and the more aggravated ones be brought, without loss of time, under medical treatment.

In order that prompt assistance may be afforded to the sick, it will be prudent that a register of such persons as may be willing to act as nurses or attendants, should be kept in each district, and that their remuneration *per diem* should be fixed by the local authorities.

I dissent from all parts of the notification which infer the doctrine of non-contagion, and all matters founded on that opinion ; and more particularly from the opinions that no injurious effects can arise from handling or keeping cholera corpses, and that there is no necessity to have separate places of burial.

W. D. TURNER, M. D.

President of the College of Physicians and Surgeons, Jamaica.

T. JAMES BROWN, *Secretary.*

Spanish-Town, July 1st, 1851.

True copy,

JOHN C. MACFARLANE, *Secretary.*

APPENDIX B, No. 2.

SECOND NOTIFICATION

OF THE

CENTRAL BOARD OF HEALTH,

DRAWN UP AND PRESENTED

BY THE

COMMITTEE ON THE PREVENTION OF THE SPREAD

OF

EPIDEMIC DISEASES,

COMPOSED OF ALL THE MEDICAL MEMBERS OF THE BOARD,

AND ORDERED BY THE BOARD TO BE PRINTED.

THE CENTRAL BOARD OF HEALTH,
 CONSTITUTED UNDER THE ACT VIC. XIV. CHAP. 60,

CONSISTS OF THE FOLLOWING MEMBERS :

HON. JAMES GAYLEARD,
President of the Council, and President of the Board.

HON. C. M'LARTY MORALES, M. R. COL. SUR. LOND.
Speaker of the Honorable House of Assembly.

C. MACLEAN, M. D.
*Deputy Inspector-General, and Principal Medical Officer of the Army
 in Jamaica.*

J. WINGATE JOHNSTON, M. D.
*Deputy Inspector of Naval Hospitals and Fleets, and Senior Medical
 Officer of the Royal Naval Hospital at Port-Royal.*

HON. HECTOR MITCHEL,
Mayor and Custos of Kingston.

HON. W. D. TURNER, M. D.
President of the College of Physicians and Surgeons, Jamaica.

PATRICK YULE, LIEUT -COLONEL,
Commanding Royal Engineers, Jamaica.

J. MAGRATH, M. R. C. SURG. LOND.
And Surgeon to the Public Hospital, Kingston.

LEWIS QUIER BOWERBANK, M.D. & M.R.C.S.E.

SECOND NOTIFICATION OF THE CENTRAL BOARD OF HEALTH.

Suggestions for the Treatment of Malignant Cholera.

It cannot be too forcibly impressed on the mind of the public, that the earlier the patient is attended to in this disease, the greater will be his chance of safety; and that the delay of even a very short time may prove fatal. A few doses of medicine, judiciously given at the onset, will very frequently arrest its progress, whereas if it is permitted to go on uncontrolled for even a very few hours, a fatal termination is likely to be the result.

During the existence of cholera in a district, not the slightest disorder of the bowels should be neglected. It is the more necessary to caution all persons upon this point, as the looseness of the bowels, which, in a large majority of cases, is present for several hours, and sometimes for days, before malignant symptoms set in, is frequently not attended with pain or any other inconvenience to alarm the patient.

The disease may be said to have four stages, viz.: the premonitory diarrhœa, in which (with or without vomiting,) the stools are frequent, liquid, and of a yellow or feculent colour.

The second, in which (with or without vomiting, or cramps,) the stools are destitute of bile, shreddy or like rice water.

The third, (or state of collapse,) where (with or without vomiting or purging,) the heat of the body is diminished until often an icy coldness ensues, the pulse being feeble, and sometimes totally imperceptible; and

The fourth, (or state of re action,) characterized by fever and congestion of some of the viscera, the brain being generally implicated.

These stages are not observed in every case, as sometimes the first evacuations resemble rice water; but it rarely happens that collapse takes place without some premonitory symptoms preceding it.

The stage of re action has been comparatively rare in the present epidemic.

In this disease, the poison produces in the first stage, irritation of the mucous lining of the alimentary canal and torpor of the skin; in the second stage, arrest of secretion, and transudation of serous fluid into the alimentary canal; and in the third, a marked change in the blood, which has been gradually taking place from the commencement of the attack.

It is on this view of the disease that the treatment is based.

In the first stage, the moderate use of opium, combined with aromatics is indicated, and when assisted by external warmth, it will very frequently prove successful in arresting the disease. The addition of a few grains of calomel to the opium has been frequently found serviceable. But it is only at this period that opium should be given, as when the secretion of bile is arrested, it augments the torpor, and has in very many instances, as is now almost universally acknowledged, done irremediable mischief. Should the opiate remedies fail to afford speedy relief, the treatment for the second stage should be had recourse to, even should the secretion of bile be not yet entirely suppressed.

When the patient is first seen, he should be confined to bed, and for the relief of the gastric and abdominal symptoms, have a sinapism and flannels moistened with spirit of turpentine applied externally. The cramps will be assuaged by dry rubbing or the use of stimulating liniment, and by a hot air bath,* if it can be easily procured.

* A hot air bath can readily be prepared by placing on a hospital bedstead, with sacking bottom, a sufficient number of blankets to cover it so as to reach to the floor, and by placing under the bedstead one, two, or more saucers containing strong rum, set on fire.

When opium has failed to arrest the disease, or the patient is seen for the first time in the second stage, the mercurial treatment should be had recourse to, and persevered in until its effects are discernible by the stools assuming a green color, when its use may be suspended.

A scruple of calomel is to be given as a dose in the first instance, and afterwards a grain every quarter of an hour until the desired effect is produced. Should the temperature become lowered, or other symptoms of decrease of power appear before the mercurial action is perceptible, the saline medicines, viz. : a combination of chlorate of potass, carbonate of soda, and chloride of sodium, should be given every half hour, continuing the mercury until the stools have assumed the character above mentioned, or the stage of collapse sets in, when the use of this mineral, if it has already been freely administered, may be discontinued.

At this stage, if it has not already been done, the patient should be wrapped in blankets, the frictions be continued, and a hot air bath, if practicable, be given.

If the patient is seen for the first time in a state of collapse, and has not already taken mercury, it would be advisable to give a scruple of calomel immediately, and to administer saline medicines every quarter or half hour, according to the exigency of the case, and in extreme instances, saline enemata. Turpentine enemata have also been found serviceable. The wrapping up in blankets, the use of the hot air bath, the application of bags filled with hot sand, or bottles of hot water along the limbs, frictions with mustard flour, stimulating liniment, &c. and in fact every means capable of preserving the animal heat and safely exciting the circulation, should be had recourse to, and the saline medicines should be continued until bile appears in the stools, when the intervals between the doses are to be gradually increased until eventually they are discontinued altogether.

If, instead of receding, the disease appears to advance, a little brandy may be cautiously given; but large quantities of it have been found not only useless but prejudicial.

When the prostration becomes considerable, small doses of camphor, capsicum and carbonate of ammonia made into pills, may be taken in conjunction with the saline medicines.

As many persons have died suddenly in getting out of bed to go to the night chair, in this stage of the complaint, the patients should invariably use a bed pan, without getting into an upright position.

If the discharges from the bowels, from their frequency and copiousness appear to be rapidly exhausting the patient, astringent and stimulating enemata may be given every hour, until relief is obtained. Acetate of lead, turpentine, &c. have been used for this purpose. Should the irritation of the stomach continue after mercurial action is established, or after the stools have become yellow under the saline treatment, two drops of creosote may be given in some mucilaginous fluid every hour, for a few doses. Nitrate of silver, oxide of bismuth or hydrocyanic acid will generally check vomiting, but these medicines should only be used under the immediate direction of a medical man. The application of stimulants externally, and occasionally of a blister over the epigastrium, will be required.

When the patient complains of a pain and uneasiness in the bowels, warm fomentations or a poultice will afford relief. Purgative or aperient medicines should be used with great caution. An enema of warm water, when deemed advisable, may be given, and should this not relieve the constipation, a dose of rhubarb and magnesia with an aromatic, or of castor oil and spirit of turpentine, will best answer the purpose.

When during convalescence diarrhœa becomes troublesome, the rhubarb draught may be given, and afterwards, a small quantity of laudanum, either by the mouth or anus as deemed most advisable.

Great attention should be paid to the diet of the patient not only during the existence of the disease but for some time afterwards. In the early stage the patient should not be compelled to take nourishment, as doing so would increase the irritation of the stomach. After some time, when he thinks he can retain it, small quantities of arrowroot may be given, and when the dejections lose their choleraic character, chicken broth or beef tea, with a little barley or vermicelli boiled in it (but allowed to subside) may be carefully ventured on. Solid meat should not be taken for at least five or six days from the commencement of convalescence.

For drink the patient generally prefers iced water to every thing else; but toast water, barley water, lemon grass tea, weak mint tea, or an infusion of adru root are unobjectionable, if desired. Soda water, or the ordinary effervescing draughts, are often most grateful to the patient, and may be freely given. Milk and water will also be an excellent beverage if it does not disagree with the stomach, as besides quenching thirst it affords no inconsiderable nourishment.

During convalescence, nothing more in general will be required than appropriate food, but occasionally a few grains of quinine combined with carbonate of soda or a mild bitter, may be necessary to restore the tone of the alimentary canal.

The Central Board of Health, in their first Notification, have explained at length their views regarding the sanitary arrangements to be adopted in localities affected or threatened with malignant cholera, without attention to which, little benefit can be expected from any mode of treatment.

As fear and all other depressing emotions of the mind predispose to attacks of the disease, it is important to resist, as far as possible, their influence.

Nutritious diet, and, when circumstances will allow, the moderate use of sound wine or malt liquor, will prove useful; but all approach to excess in the use of alcoholic liquors should be carefully avoided, as

intemperance creates a susceptibility to the disease, and when drunkards are attacked it generally proves fatal.

T. JAMES BROWN, *Secretary.*

Spanish-Town, July 17th, 1851.

True copy,

JOHN C. MACFARLANE, *Secretary.*

APPENDIX C, No. 1.

Island Secretary's Office, 28th July, 1851:

Sir,

I am directed, by his excellency the governor, and the honorable board of privy council, to transmit, for the information of the Central Board of Health, (fourteenth Victoria, chapter sixty,) a copy of an order in council, which will be promulgated in the Jamaica Gazette by Authority, during the present week.

I have the honor to be, Sir,

Your obedient servant,

(Signed,)

SAML. RENNALLS,

Clerk to the Council.

T. J. BROWN, Esquire,

Secretary to the Central Board of Health,

APPENDIX C, No. 2.

JAMAICA,

In Privy Council, 26th July, 1851.

Whereas the governor and council have been certainly informed that the disease of cholera is prevailing throughout the parish of Westmoreland, the custos and justices of the peace of the said parish are hereby directed and enjoined to enforce, by all lawful means, the strict observance of the existing sanitary laws of the island: And whereas the Central Board of Health, under the provisions of the fourteenth Victoria, chapter sixty, entitled "An act to establish, for a limited period, a Central Board of Health, and for other purposes," has submitted to the governor in council a rule or regulation for authorizing and empowering the said Board to employ a competent person to see to the execution of the said laws in the said parish of Westmoreland, the said Central Board of Health is hereby accordingly authorized and empowered by his excellency the governor, with the advice of the privy council, to depute, and send some competent and prudent person as a health officer to reside during the prevalence of the said disease in the said parish of Westmoreland, and to collect and convey to the proper authorities all information respecting the non-observance of the said sanitary laws in the said parish of Westmoreland, and to bring to the notice of the magistrates all parties neglecting, or offending against the said laws, in order that the same may be proceeded against according to law; and also to give effect to, and enforce by all lawful means, such rules, regulations, and bye-laws, as hereafter, upon the recommendation of the said Central Board of Health, may be issued and established by the governor in

council, for the said parish of Westmoreland, during the prevalence of the said disease.

Ordered, That the clerk of the council do cause the foregoing order of his excellency the governor in council, to be published in the Jamaica Gazette by Authority, and to communicate the same to the Central Board of Health.

(Signed,)

SAML. RENNALLS,

Clerk to the Council.

APPENDIX D, No. 1.

Island Secretary's Office, 15th August, 1851.

Sir,

I have been directed by his excellency the governor, and the honorable board of privy council, to transmit, for the information of the Central Board of Health, (fourteenth Victoria, chapter sixty,) the enclosed copies of proceedings at a privy council held on the 13th instant, in connection with the rules, bye-laws, and regulations submitted by that board for the approval of the governor in council.

I have the honor to be, Sir,

Your obedient servant,

(Signed,)

SAML. RENNALLS,

Clerk to the Council.

T. J. BROWN, Esquire,

Secretary to the Central Board of Health, Kingston.

APPENDIX D, No. 2.

JAMAICA,

In Privy Council, 13th August, 1851.

MAY IT PLEASE YOUR EXCELLENCY,

The committee to whom were referred the rules, bye-laws, and regulations, drawn up by the "Central Board of Health," under the provisions of the act of this island, fourteenth Victoria, chapter sixty, and submitted for the approval of your excellency in council,

Report—That they have accordingly considered to what extent, and in what form these rules and regulations could be best carried out, by omitting those that, in the opinion of the committee, are unnecessary or altogether objectionable, or by adding to or altering them in such a shape that they should be, as much as possible, conformable to the provisions of the law under which they are to be promulgated.

In the first instance, your committee have to observe that these rules, bye-laws, and regulations, if sanctioned in their present state, would extend beyond the meaning and scope of the fifth section of the said act, fourteenth Victoria, chapter sixty, under which they are professedly drawn up, as they, generally speaking, are not limited in their operation to "the case of any of the districts of this island which shall appear to be threatened, or shall already be threatened, with any epidemic or contagious disease," but they are offered for your excellency's approval in council as rules and regulations to be adopted for the island, whether cholera or any other epidemic disease may prevail in a particular district, or in such and every parish of the island, or not.

In the second place your committee perceive that

some of these bye-laws are already provided for under existing laws of this island, more particularly under the seventh Victoria, chapter fourteen, for the maintenance of good order in towns and communities; therefore, in the opinion of the committee, those laws, if vigorously carried out by the proper authorities, would be more effective than any repetition of such enactments in the rules, bye-laws, and regulations, under present consideration.

The rule providing "that persons acting under the authority of the said Central Board shall not be liable to any prosecution for any alleged injuries to property, arising from the enforcement of any or either of the above bye-laws, rules, and regulations, &c." your committee have thought proper to strike out entirely; and they have annexed to this report, the rules submitted by the Central Board of Health, and those that they are of opinion should be issued wholly, as drawn up by that Board, or with such alterations as the committee deemed it advisable to make to them; and the committee recommend that in the promulgation of them, it should be distinctly stated that they are to be in force in those districts now visited or threatened with epidemic disease.

The committee, in recommending the rules thus drawn up to the consideration of your excellency and the Board, must observe, that however desirable it may be that most, if not all of these rules, should, at an early period, receive the sanction of legislative enactment, there at present exists no law under which these rules can be enforced, except in districts already tainted by contagious disease, or threatened therewith; they can therefore be only recommended for general adoption, under the expectation that experience of their practical utility may induce the legislature to make them subject matter of a precise law to be enforced by penalties for disobedience of them, and proper to be more generally extended.

(Signed,)

DOWELL O'REILLY.

(Signed,)

EDWARD PANTON.

Rules and regulations approved of by the governor and privy council for districts of the island threatened or infected with epidemic or contagious disease.

1. All rubbish, filth, or refuse of any kind, likely to be injurious to public health, shall be immediately removed, by the parties depositing the same from dwellings, and their immediate neighbourhood, to such place or places as the justices of the peace, in quarter or special sessions assembled, may, from time to time, appoint for such purpose.

2. All rank vegetation close to, or any thing that obstructs the free ventilation of air around dwellings, shall be cut down and removed; due consideration being had for trees planted for ornament and shade.

3. All dung and other refuse of stables shall be removed daily to a place or places appointed by the said justices of the peace, and shall be there deposited and got rid of by burning or otherwise.

4. All foul stagnant ditches, pools, gutters, or drains, shall be covered and filled up, or shall be drained, and all accumulations of privy soil, or other offensive decaying matter near to human dwellings, and which cannot be easily removed or destroyed, shall be covered with a layer of earth or lime.

5. The proprietor or occupier of any house or houses, not provided with such conveniences, shall construct and provide suitable privy or privies for the accommodation of the inhabitants of such house or houses, due regard being had to the health and comfort of the neighbourhood.

6. All houses which shall be pronounced filthy or unwholesome by any officer or officers acting under the instructions of the Central Board of Health, or wherein a case or cases of cholera, or other epidemic disease shall have occurred, and which shall not have been inhabited since, or where no means of cleansing shall have been employed, shall be cleansed and purified by lime-washing, and such other means as the said Board may direct.

7. That an officer or officers, to be appointed by the justices of the peace in special sessions assembled, and acting under their authority in any place or places where the cholera, or any other epidemic shall threaten, or shall actually exist, shall have power to enter and inspect all or any dwellings or other buildings, and all or any courts or premises around such dwellings or other buildings which shall be suspected of being in an unwholesome condition, and shall require the owner or occupier thereof, or any person having the custody and care of such building, to remove or correct, within a reasonable period of time to be by the said justices specified, all existing nuisances as shall be declared by the Central Board of Health to be injurious to health, whether by rendering the atmosphere impure, or by preventing the free access of air.

8. The said Central Board of Health shall have full power, and they are hereby authorized, to declare the means necessary for the proper ventilation of any building or buildings used as a dwelling or dwellings, and such means shall be used and adopted in any place or places named by the said Board, so that such means of ventilation do not interfere with the rights of persons occupying lands or premises in the immediate neighbourhood of such buildings.

9. The said Central Board shall have full power, and they are hereby authorized, to cause to be pulled down and removed all or any dilapidated building or buildings which shall be uninhabited and in a filthy and unwholesome condition, unless the same shall be forthwith repaired and purified, as the said Board, or any officer acting under the instructions of the said Board, shall direct.

10. The justices of the peace throughout this island, in their respective districts, shall have full power, and they are hereby authorized, when directed by the said Central Board, to hire or procure houses, buildings, or other tenements suitable for the purpose of being used as places of refuge and retreat for

such persons as the said local authorities may see fit to remove out of infected houses or districts.

11. The said Central Board of Health shall have full power, and they are hereby authorized, to require and enforce the removal of inmates from houses which shall be declared by any duly qualified medical men, or other person acting under the instructions of the said Board, to be unwholesome from overcrowding, or otherwise, to buildings or place of greater safety.

12. The said Central Board of Health shall have full power, and they are hereby authorized, to engage any suitable building or buildings, or a room or rooms in any building, for the reception of necessitous persons attacked with cholera, or any epidemic disease.

13. The said Central Board of Health shall have full power, and they are hereby authorized, to require the immediate removal and interment of the dead, and to make and issue all rules and regulations for removal and mode of sepulture, and to prohibit wakes and other idle congregations of persons in infected districts or places.

14. The said Central Board of Health shall have power, and they are hereby authorized, to institute and establish a system of house visitation in houses or districts threatened or already affected with cholera, or other epidemic disease, including a provision for the supply of medical and other assistance, and of medicines and necessaries for the sick, as well as for other sanitary purposes.

15. The said Central Board of Health shall have power, and they are hereby authorized, to require the local boards of health of the several parishes in the island wherein cholera or other epidemic contagious disease exists, to send regularly, and by every post, to the secretary of the said Central Board, a correct statement of the number of persons attacked with cholera or other epidemic disease; of the number of deaths in each town and district over which such lo-

cal board presides, and containing such other particulars as may be required by the said Central Board, in order that the information so obtained may be made public in an official form.

16. The public and parochial authorities of this island are hereby required to execute the above bye-laws, rules, and regulations, or such of them as the said Central Board shall direct, in all cases where the owners or occupiers of houses and tenements shall, from poverty or other sufficient cause, be unable to carry out the same.

17. The Central Board of Health are hereby authorized to call upon the authorities of any parish in the island which shall appear to be threatened, or shall be already affected with any epidemic or contagious disease, to carry into effect the existing police and other laws for cleansing and keeping free from nuisances, and to enforce regulations enacted for that purpose in all towns, and that the said Central Board of Health shall also have power to employ proper persons to see the laws obeyed in those respects, when and as occasion may require, and to superintend the execution of any further rules and regulations that may be issued by the said Board under the sanction of his excellency the governor in council.

Resolved, That the council, in agreeing to the report from the committee to whom were referred the rules, bye-laws, and regulations drawn up by the Central Board of Health, and submitted for the approval of his excellency the governor in council, cannot advise his excellency the governor, in the absence of legislative enactment, to issue rules and regulations for the island generally; the provisions of the fourteenth Victoria, chapter sixty, under which they would be issued, declaring that such rules and regulations are to have the force and effect of law in districts of the island which appear to be threatened or are already affected with any epidemic or other contagious disease.

Resolved, That the council hereby signify their approbation of the rules and regulations submitted by the Central Board of Health, as amended by the committee, as fit to be proclaimed in such districts of the island, as may be declared by the governor, with the advice of the council, to be threatened or infected with any epidemic or contagious disease. It was then

Resolved, That it be a recommendation from the privy council to his excellency the governor, to communicate, by message to the legislature at its meeting, a copy of the resolutions passed in council this day, and of the report of the committee now agreed to, and also a copy of the rules and regulations as amended and approved of by the governor and the board this day.

Ordered, That the clerk of the council do transmit to the Central Board of Health a copy of the report of the committee, and of the rules and regulations as amended and approved of, and also a copy of the several resolutions passed in council this day.

(Signed,)

SAML. RENNALLS,

Clerk to the Council.

APPENDIX E, No. 1.

QUARANTINE COMMITTEE OF THE CENTRAL
BOARD OF HEALTH.

The first meeting was held on Thursday, the 5th day of June, 1851, at eleven o'clock, A. M. at the house of Dr. Magrath, Kingston.

Present—Dr. Magrath, Dr. Maclean, Dr. Johnston, and Dr. Bowerbank. Dr. Milroy was also present.

Dr. Maclean acted as chairman.

Dr. Chamberlane attended to give evidence.

Examination of Dr. Chamberlane.

Question 1. How long have you been health officer of Kingston?

Answer. Twenty-four years.

Q. 2. Can you state how many vessels have been put into quarantine during the last five years; or what may be the average number per annum?

A. I have not kept any register of the number, but that may be found out by applying to the board of health in Kingston, or to the governor's secretary, with whom I always communicate on such occasions.

Q. 3. Against what diseases is quarantine imposed in the port of Kingston?

A. Small pox, measles, scarlatina, and cholera.

Q. 4. At what distance is the quarantine ground or station from the port?

A. It is at Green Bay, two miles distant from Port-Royal, and seven miles from Kingston.

Q. 5. Is it a safe anchorage? Is it easily accessible for the conveyance of supplies of food, &c. &c. to the ships?

A. It is a safe anchorage, and easily accessible.

Q. 6. When a vessel is in quarantine how does she receive fresh provisions?

A. The captain is directed to keep a boat astern,

so that supplies may be put into it when they are sent off from shore, and water is generally furnished to the vessel, when required, by the naval tank.

Q. 7. Have you ever known any accident from storm or other causes to vessels lying in quarantine in Green Bay?

A. Never.

Q. 8. Describe the usual mode of procedure with a vessel when quarantine is imposed. May letters be sent on shore at once? May the clothes of those on board be sent on shore to be washed?

A. On the arrival of a vessel at Port-Royal, the health officer goes alongside in his boat, and puts questions to the captain, (or surgeon, if there be one,) and if quarantine is to be imposed, she is directed to proceed at once to Green Bay, and hoist a yellow flag. If it is wished to send letters on shore, they are directed by the health officer to be fumigated with sulphur or sprinkled with vinegar, and to be then put into the ship's boat astern, from which they may be taken by the people in the bum-boat, when provisions are sent off. Letters are not generally landed in the health officer's boat; occasionally a few single letters are landed by him, but never any packages of letters. The mail bags, after being fumigated, are removed at once in the boat of the superintendant of steamers. No clothes, or body linen of any on board are ever permitted, under any circumstances, to be landed from a vessel in quarantine.

Q. 9. In the absence of the health officer, may his duties be performed by another person?

A. Yes, if he is sick or temporarily absent, the officer of the customs may act as his substitute, according to the quarantine act; but the duty is generally performed by a medical man in such cases.

Q. 10. Is there any rule of quarantine instructions or regulations? Did you receive any upon your appointment as health officer?

A. I am not aware of any such code, I never received any. I make my reports to the board of

health in Kingston, and receive directions from them or from the governor.

Q. 11. Is there any fixed or defined period of detention for particular diseases? By whom is this period determined?

A. The period of detention is named by the board of health in Kingston, in each particular instance. The board of health communicates with the governor and council, with whom rest the decision and responsibility.

Q. 12. Are you aware whether the recommendations of the board of health, have always been followed by the governor and council?

A. Not upon all occasions, I believe.

Q. 13. Are you aware whether any regular record of the proceedings of the board of health has been kept?

A. Of late I am not aware. I have always addressed my communications to the board. Formerly a record was kept—when Dr. Bancroft was president.

Q. 14. Please to state the periods of detention which have generally been imposed for particular diseases?

(a) *Small Pox*.—Nineteen to twenty-one days, counted from the date of the last death, or of the convalescence of the last case.

(b) *Measles*.—From sixteen to twenty-one days, to be counted in the like manner. On the last occasion which occurred *nine* days only were imposed.

(c) *Scarlatina*.—I do not recollect any instance of a vessel being put into quarantine for this disease.

(d) *Cholera*.—An order was issued by the governor and council last October, requiring that all vessels from a port suspected to have cholera should not receive pratique until five clear days had elapsed since leaving the suspected port, and provided no case of the disease had occurred on board; under the latter circumstance the vessel was to be detained until the governor's pleasure was ascertained.

Q. 15. Has the duration of quarantine, imposed for

particular diseases, as was mentioned by you, been always the same during your acting as health officer?

A. No; during the last three or four years there has been a curtailment of the quarantine formerly imposed. I have known, in former years, vessels coming from America, or parts suspected to have cholera, to be detained for fourteen days in quarantine.

Q. 16. If any person or persons be sick on board a vessel on her arrival, and there be no surgeon on board, how is medical attendance obtained while the vessel is in quarantine?

A. No arrangement has ever been made for such attendance. From motives of humanity I have sent medicines off to the ship without however going on board to see the sick persons, but it is no point of my duty to do so. All my assistants have done so likewise, and looked at the parties on board.

Q. 17. Has there ever been a lazaretto or any place provided where the sick or the healthy may be landed while quarantine continues?

A. Never. On one occasion, about six years ago, the bishop of Jamaica, and the other passengers on board the same vessel, performed their quarantine at "Apostles' Battery." A case of small pox had occurred on the voyage from Nassau, N. P. but there was no sickness on arrival.

Q. 18. Have you ever known an instance where the health officer, or any one acting in his stead, has gone on board a vessel and then returned on shore while the vessel was put into quarantine?

A. No; but I heard that a mistake of that kind did occur on one occasion at Port-Royal.

Q. 19. Have you known instances where persons have died on board vessels in quarantine without having been seen by any medical man, or received medical assistance?

A. Yes, I have; the death occurred from confluent small pox. The schooner came into harbour with the disease on board from the opposite coast. I secured the parties and placed the vessel in quarantine.

Q. 20. What penalties are attached to the violation of quarantine ?

A. The quarantine act determines the amount of the penalties ; they are very heavy.

Q. 21. Have they ever, to your knowledge, been imposed ?

A. I do not recollect an instance.

Q. 22. Have you known instances of persons going on board vessels before the visit of the health officer ?

A. Yes, and I reported them to the authorities ; and measures were adopted to prevent a recurrence of such conduct, particularly by the naval authorities on the station.

Q. 23. Was there any penalty or punishment in that case ?

A. I believe not. In one instance they escaped off the island.

Q. 24. Are any measures taken, or are there any means provided, to prevent ships in quarantine having communication with the shore ?

A. Not any ; but the commanders or masters are held responsible for the due performance of quarantine.

Droghers trading.

Q. 25. Are all vessels entering the harbour required, without exception, to be visited by the health officer ?

A. Some are exempt ; all *coasting* vessels (droghers) bearing the island flag are not subject to the visitation of the health officer ; they are exempt by law.

Q. 26. Do these vessels (droghers) ever trade to any other port except those of the island ?

A. I have heard that they sometimes go to Cuba and St. Domingo ; I do not know it as a fact—they never apply for a certificate, as other vessels, to enter at the customs.

No vessels can enter at the customs without produ-

cing the health officer's certificate of "pratique," excepting these.

Q. 27. Are vessels from the Caymanas liable to visitation ?

A. No ; they come into port with the island flag, and considering it wrong, I have reported them. The Caymanas are a dependency of Jamaica.

Q. 28. Do steamers or other vessels ever come up the harbour to Kingston during the night ?

A. Yes ; American steamers from Chagres and New-York come up the harbour during nights at all hours. I have reported them to the board of health and to the governor ; they are examined by the deputy health officer and myself, or report themselves, on arrival, to the health officer.

Q. 29. Have any measures been taken to prevent them ?

A. No prohibitory measures have been taken, and they continue to do so after examination at Port-Royal and Kingston.

Q. 30. When a vessel comes from a port where there is no British consul or official resident, what means have you of ascertaining the state of health in the place at the time of her departure ?

A. I have no means except the formal examination of the captain, (or surgeon on board ;) I may state that there is no British consul at Chagres. It is a poor miserable place, from all reports.

Q. 31. Have you ever known instances of false information being wilfully given by parties for the purpose of having a vessel detained in quarantine ?

A. Yes, I have ; but I do not act upon it after a formal examination of the master and crew by myself and the president of the board.

Q. 32. Supposing that it was alleged that a case of measles, or scarlet fever had occurred on board a vessel at sea, there being no surgeon on board, do you consider that the diagnosis of an unprofessional person can be depended on ?

A. No; I should pay but little attention to such diagnosis, but nevertheless, I should certainly put the vessel into quarantine, and refer the case to the board of health in such doubt.

Q. 33. Might not cases of such diseases as measles or scarlet fever occur on board a vessel at sea without being recognized, if there was no medical man on board?

A. Yes; there might.

Q. 34. The vessel would, under such circumstances, escape being put into quarantine; would it not?

A. It might, at the time.

Q. 35. There is therefore a disadvantage in a vessel having a medical man on board in respect of its chances of being put into quarantine; is there not?

A. Yes, most certainly; because he would have recognized the nature of disease and report it to the examining officer.

Q. 36. What quarantine measures were adopted to prevent the introduction of the cholera into Jamaica?

A. In September, 1849, by an order of the governor in council, quarantine was imposed on vessels coming from Carthagena, Savanilla, (the sea port of Baranquilla) and Santa Martha, where cholera was said to exist; this order was rescinded on the 4th of October following; subsequent orders were issued in October, 1850.

Q. 37. Were any quarantine restrictions placed on arrivals from Cuba in that year, 1849?

A. I am not aware of any; I never received any instructions respecting any port in Cuba, but if any vessel arrived from Cuba in less than five days, cholera being known to exist in the port from which she came, I should certainly have put her into quarantine accordingly.

Q. 38. Was it generally known here that cholera existed in Cuba in 1849?

A. I read it in the newspapers at the time.

Q. 39. If cholera did not exist in her port of departure, although it prevailed in other parts of Cuba, you would not have put her into quarantine ?

A. No, if she brought a clean bill, and the port was reported free, or known to be so.

Q. 40. Was the port of Chagres mentioned in any of the orders of the governor in council respecting the places which were deemed suspected either in 1849 or 1850 ?

A. No, it was not, to the best of my recollection, nor could I learn that it was, after the most rigid and formal examinations.

Q. 41. You are aware that many persons have alleged that the first cases of cholera, at Port-Royal, were traceable to vessels from Chagres. What is your opinion ?

A. It was certainly not traceable, although I used every exertion in my power to discover if it were so. I examined, *on oath*, all the masters and surgeons of the American steamers, and all the documents are in the possession of the executive.

Q. 42. Are you acquainted with the localities where the two first cases of cholera in Kingston occurred ; if so, describe them ?

A. Yes ; they occurred in the district of the city of which I had charge, they both occurred in Oxford street, but in houses far apart from each other ; the rooms were small, very close and filthy. In both instances the windows of the rooms faced, at the distance of two or three yards, a foul privy.

Q. 43. Do you consider that quarantine is of any avail in preventing the introduction of cholera ?

A. I do not think that it is. This disease has defied quarantine restrictions in all parts of the world up to the present period ; nevertheless they continue to be imposed by other governments.

Q. 44. Is it then your opinion that in future no quarantine should be imposed on vessels coming from an infected port, or on board which a case or cases

of cholera had occurred during the voyage, but which were quite healthy upon arrival?

A. In my opinion no quarantine should be imposed under such circumstances. I am one of those who think it is not contagious or infectious. It may be *contingently* so, not otherwise. There are many who think differently.

Q. 45. If cholera existed on board a vessel at her arrival, would you recommend she should be put into quarantine?

A. No; I would not in *solitary* cases, and when sanitary regulations were rigidly enforced. Civil and military physicians are of a different opinion *in such cases*.

Q. 46. What length of quarantine, do you know, was recently imposed upon one of her majesty's ships at Demerara in consequence of her arriving from Kingston, although no cholera had existed there for several months?

A. I do not exactly remember; but the commander, I think, told me two or three weeks.

Q. 47. The Inflexible was loaded with troops at the time; have you heard that any of the regiment was actually on shore at the time when the ship was detained off the coast in strict quarantine?

A. Yes; I believe so.

Q. 48. During your residence in Jamaica have you often seen cases of scarlatina?

A. I have frequently seen cases of scarlatina here.

Q. 49. Has any epidemic of the disease occurred during your residence?

A. A very severe epidemic occurred in 1841. The mortality was most alarming on that occasion.

Q. 50. Can you state where the first case or cases in that epidemic occurred?

A. I believe at Fort Augusta, or at Spanish-Town.

Q. 51. Were there any reasonable grounds for believing that the disease was imported on that occasion?

A. No, there were not ; at least it was not traceable.

Q. 52. Were the cases of scarlatina which you have seen in other years, and which were sporadic, ever traceable to importation ?

A. No, they were not, as far as I could discover or learn.

Q. 53. You have already said that you never saw an instance of scarlet fever on board a vessel arriving in this harbour ?

A. I never have, to the best of my recollection.

Q. 54. During your residence in Jamaica have you often met with measles ?

A. Yes ; frequently.

Q. 55. Has it ever prevailed as an epidemic ? If so, in what year ?

A. It occurred as an epidemic in 1821, and then proved very fatal. I mention this year from memory.

Q. 56. Had you reason to believe that upon all or any occasions in which you have seen cases of measles the disease was imported ?

A. I do not know that the epidemic of 1821 was imported, but I may mention that a few years ago a good many cases of measles occurred at Up-Park Camp among the children and soldiers of one of the black regiments which had recently arrived from Nassau, N. P. where the disease was prevailing at the time of their departure. The disease, upon that occasion, did not spread to the town, preventive measures having been taken by the medical officers at the time, and with whom I held a conference *on* the *subject*.

Q. 57. Have you known instances of measles on board a vessel when she arrived here ?

A. A few ; a recent instance occurred with H. M. S. "Alban."

Q. 58. What length of quarantine was imposed on the "Alban" ?

A. I think it was ten or twelve days from the date of the convalescence of the last case.

Q. 59. During your residence in Jamaica have you seen many cases of small pox ?

A. Yes, a good many ; it was, during slavery, a common and fatal disease here.

Q. 60. Has it ever prevailed as an epidemic during that time ?

A. Yes, there was a severe epidemic in 1831 ; it proved very fatal to children as well as adults.

Q. 61. Can you state where the first case in that epidemic occurred, and whether the case was, in any measure, traceable to importation ?

A. The first case occurred in Water lane, in Kingston. I am not aware that it could be traced to importation by any vessel.

Q. 62. Is there any published account of that epidemic ?

A. Yes ; a paper by Dr. Paul appeared in the Jamaica Physical Journal.

Q. 63. What does Dr. Paul state respecting the history of the appearance of the epidemic ?

A. The following is an extract from his paper :—
 “ This island is, perhaps, as free from epidemics as any other part of the world, still they do steal amongst us, and notwithstanding all the guardianship of health officers appointed to the different ports and harbours, the transmission of disease escapes their penetration, and the worst species, at various times, rage throughout our population.”

“ About the 20th March, 1831, it was discovered that a child in Water lane had a quantity of pustules over its body, face, and limbs, which, after examination by several medical gentlemen, was pronounced to be small pox ; unfortunately, however, two or three children had already caught the infection, and although orders were given to admit no one into the house where the child was, yet, anxiety to see a disease that had not appeared since, I believe, 1812 or 1816, caused many imprudent persons to visit, and a little time only elapsed ere cases were observed in all parts of the town.”

“ I shall not here enter into the speculations advanced as to how or in what manner the disease came into Kingston ; suffice it to say that it had been raging for some months before at Nassau, N. P. between which place and this city were frequent communications, and I do not think the authorities, on the occasion, were at all so careful as they ought to have been.”

Q. 64. What is your own opinion as to the development of the epidemic in 1831 ; could it be traced to importation ?

A. I took all possible pains to discover the origin of the disease, but my enquiries upon that occasion proved fruitless. It might, however, have been imported ; Dr. Paul insinuates it was.

Q. 65. Do you remember whether any vessel or vessels were put into quarantine upon that occasion in the harbour here, upon suspicion that they had brought the disease ?

A. I do not think that any vessels were then put into quarantine. I may mention that it has been known that persons have sometimes been landed from vessels outside upon the palisades, and have made their way to Kingston with small pox on them. A case of this sort occurred about twenty-four years ago, the vessel was the schooner Montague, from Liverpool. The man was apprehended, and the spread of the disease prevented.

Q. 66. Have you seen or heard of cases of small pox in Kingston since the epidemic in 1831 ?

A. Yes ; several occurred in the town in 1840.

Q. 67. Were these cases in 1840 traceable to importation ?

A. I do not recollect that they were.

Q. 68. Did the disease spread much in Kingston on that occasion ?

A. It did not ; prompt measures were adopted by the mayor to segregate and to seclude the infected, and to prevent all communication with them.

Q. 69. Have you known many instances of vessels

arriving with cases of small pox on board at the time, or in which cases have occurred during the voyage?

A. Very many on board vessels from all parts, as England, America, the Spanish Main, and the Windward islands. They have all, in turn, been subjected to quarantine.

Q. 70. What is the greatest number of cases which you have ever known to occur on board any one vessel?

A. Three or four.

Q. 71. Not more than three or four on board any emigrant ship?

A. The number of cases certainly never exceeded six or eight, if there were ever so many.

Q. 72. Is the occurrence of single cases of small pox on board of ships not unfrequent, the rest of the crew and passengers remaining unaffected?

A. It is by no means unfrequent. I may here mention the "Brandon," with emigrants, which arrived here a few days ago, as an instance.

Q. 73. Are you aware whether, in some of the instances of emigration vessels having two or three cases of small pox on board, there were several persons on board unvaccinated?

A. I am not quite prepared to give a definite answer. In the recent case of the "Brandon," there were a good many emigrants on board unvaccinated who did not catch the disease. There were two hundred and forty-nine African emigrants and twenty-eight of a crew. These cases of small pox occurred during the voyage from Sierra Leone, two were fatal, one recovered. The two fatal cases occurred in unvaccinated persons; the patient who recovered, had been vaccinated.

Q. 74. What length of quarantine was imposed on the ship "Brandon?"

A. As seven days had elapsed from the date of the death of the last case upon her arrival; she was kept in quarantine twelve days before she was allowed to have any communication with the shore,

Q. 75. Did all on board remain healthy?

A. Yes, up to the 31st ultimo, when she sailed for the northside of the island.

Q. 76. Are you aware of the practice at the island of St. Thomas, when a vessel arrives which has had a case of small pox on board during the voyage, but which is healthy on arrival?

A. I am not aware.

Q. 77. Do you know whether St. Thomas ever suffered from epidemic small pox?

A. I do not know.

Q. 78. Is varicella of frequent occurrence in Jamaica?

A. Yes, it is.

Q. 79. Do you regard it to be communicable?

A. Yes; I think it is.

Q. 80. Does it, do you think, occur spontaneously, or has it been ever traceable to importation?

A. It certainly occurs quite spontaneously, and like small pox, seems to depend upon a specific contagion.

Q. 81. In your opinion, is there any affinity or alliance between varicella and variola?

A. I do not know of any; but authors seem to think so.

Q. 82. Can you alledge any reason why small pox should not appear spontaneously, i. e. independently of communication with persons already infected, as well as chicken pox?

A. I see none whatever; but like varicella, measles, &c. seems to depend upon a specific contagion.

Q. 83. Does hooping cough ever occur in Jamaica?

A. Very rarely.

Q. 84. You regard it as infectious?

A. It is considered to be by some.

Q. 85. Would you impose quarantine for it?

A. Certainly not; I never heard of its prevailing at sea.

Q. 86. Are you of opinion that erysipelas is ever infectious?

A. Yes ; I am disposed to think it is under certain circumstances, or condition of insalubrity.

Q. 87. Is dysentery also liable to become infectious ?

A. Yes, dysentery also.

Q. 88. Would you recommend that quarantine be imposed in cases of infectious erysipelas and dysentery ?

A. Yes, if there were numerous cases of the disease on board a vessel, but not otherwise, *and if it did not put on that character.*

Q. 89. During your service as health officer, has quarantine ever been imposed for yellow fever ?

A. No, I do not recollect such an occurrence. I never did.

Q. 90. Have many vessels with yellow fever on board arrived during that time ?

A. Yes, a great many.

Q. 91. You therefore permit yellow fever patients to be landed at once, and the rest on board to be admitted to pratique without any delay !

A. Yes ; I have always done so ; yellow fever patients are continually being landed at Kingston, and likewise dysentery cases, particularly out of the steamers from Chagres and the United States.

Q. 92. Have you ever, during your residence in Jamaica, seen an instance that yellow fever appeared to be communicated from the sick to the healthy ?

A. Yes ; I think that I once have ; the occasion was a great many years ago, (1807,) before I was health officer. I have seen no such case of more recent years. On that occasion I allude to, it assumed a typhoid type and was very fatal to the crew.

Q. 93. Was it not once the practice here, and in some of the other West India islands, to impose quarantine for yellow fever ?

A. Yes, it was, I believe. I believe it was done so here also ; not in my time as health officer.

Q. 94. Have you ever heard of a British ship of war being refused pratique in consequence of having

yellow fever on board in one of the British West India islands and receiving it at once in a foreign one ?

A. Yes, I have ; the case occurred, I believe, with the ship ———— ; the island where she received pratique was St. Thomas', but I have no personal knowledge of the facts.

Q. 95. Did you consider the epidemic disease, known by the name of the dandy fever, which prevailed here and in other West India islands, as infections ?

A. I did not, but many medical men did, as they do cholera, &c.

Q. 96. Have you seen any other epidemic diseases in Jamaica besides those already mentioned ?

A. Yes ; I have seen influenza, and also epidemic dysentery, and erysipelas.

Q. 97. Was either of these diseases, in your opinion, ever introduced by shipping ?

A. No ; I could not discover that they were, but others thought that they were ; particularly small pox and cholera. It has generally produced a difficult and futile task to trace these diseases to importation ; in some instances I did succeed, and they are related in this examination.

Q. 98. It appears, therefore, from your evidence, Dr. Chamberlane, that three great and fatal epidemics, viz. :—small pox, in 1831 ; scarlatina, in 1841 ; and cholera, in 1850 ; not to mention any of yellow fever, for the prevention of which quarantine has not been imposed, had occurred in Jamaica while you have been health officer, and that upon none of these occasions could the disease be traced to importation, notwithstanding every pains were taken to discover the origin of the epidemic. Is such your opinion ?

A. Yes ; it is most certainly, to the best of my judgment and enquiry ; small pox might have been. I have my doubts with reference to cholera and scarlatina. Nevertheless, it is supposed that cholera was introduced by vessels from Chagres.

Q. 99. Have you ever witnessed a case where you were satisfied that any disease was conveyed from a vessel to the shore by letters, or by any description of *jomiles*, under which term the cargoes of vessels, as well as body clothes, are included?

A. No, I never have; but the introduction of cholera, at Port-Poyal, was falsely ascribed to the latter cause. I mean foul linen.

Q. 100. Clause three of the existing quarantine act intimates that some merchandize and goods are more liable to retain and carry infection than others; what is your opinion?

A. My last answer is a reply to this question; some think otherwise, that cotton and woollen stuffs possess such properties.

Q. 101. In your opinion, is the dead body more, or is it less liable to convey and diffuse an infectious disease, than the living one?

A. Yes; I am inclined to think that it is less so; such fears never operated with me during the recent visitation, but this is adverse to the general opinion.

Q. 102. Do you consider the medical attendant of a patient, labouring under an infectious disease, apt to convey the malady to his other patients?

A. Yes; under some circumstances I think he may do so, as in small pox, for instance, or scarlatina.

Q. 103. Have you met with such instances in your own practice?

A. I have.

Q. 104. Frequently, or occasionally?

A. Occasionally, and that rarely.

Q. 105. Would you, under any circumstances, deem it necessary that any sort of restriction be imposed on a medical man on shore, while he attends cases of infectious diseases, with the view of preventing its spread?

A. Certainly not; I never heard of such a course being pursued, but nevertheless, I am of opinion he may become the medium of infection, as I have stated under certain circumstances.

Q. 106. What measures should you adopt to prevent the spread of an infectious disease on shore ?

A. I should advise that the sick be separated from the healthy, and that all sanitary precautions, in the way of cleanliness and free ventilation, be enforced.

Q. 107. Would you advise that any of the healthy or unattacked inmates of the house, where the disease occurred, be put in quarantine or under any restriction ?

A. No, I should not. Segregation and temporary isolation, and the strict observance of sanitary measures, would preclude such a necessity, but much depends upon the nature of the disease, and the number of persons infected, &c.

Q. 108. Are you aware that single or sporadic cases of the plague are continually occurring every year in different parts of Egypt, just as in the case with cholera in the East Indies, and yellow fever in the West Indies, but that epidemics of the disease occur only occasionally and after the interval of several years ?

A. Yes, I am. Cholera never appeared nor travelled to these shores till last year; an extraordinary year it was in reference to atmospheric phenomena; some great epidemic was anticipated by many, and preparations made accordingly. Yellow fever is absent sometimes for several years, except a sporadic case or two. Nine or ten years ago it made awful ravages amongst the military and naval forces here.

Q. 109. How do you account for such phenomena, in reference to plague, yellow fever, and cholera ?

A. By the peculiarities of season, and the existence of certain atmospheric influences. This is the ordinary occurrence in all parts of the world.

Q. 110. Then these diseases shew no tendency to spread or become epidemic in some years, although no restrictive measures are adopted, while they do in others.

A. Yes; it is so.

Q. 111. Do you consider that the atmospheric pe-

cularities to which you have just alluded, are necessary accompaniments or precursor to the spreading of all diseases which are every now and then liable to prevail epidemically—small pox and the other exanthemata, as well as the plague, yellow fever, and cholera?

A. Yes, I do; and I would give the late awful visitation as an instance worthy of record. Previous to the outbreak, numerous cases of intermittent fever, dysentery, and diarrhœa prevailed in the district of Kingston, under my charge. It is an unhealthy district, surrounded by grave yards, &c. &c and is inhabited chiefly by paupers of the lower orders.

Q. 112. Do you consider that quarantine, as it is at present practiced in Jamaica, is a safeguard, or affords much protection to the public health?

A. No; it is not now a sufficient safeguard as it is carried out, but it might be rendered otherwise, very easily too, and the public health better protected.

Q. 113. Is it a source of much inconvenience and distress, as well as of expence to the shipping?

A. Yes; it is, I believe. No class of persons are disposed to submit, *under any* circumstances, to restrictions on their liberty.

Q. 114. What changes or modifications in the existing practice of quarantine here would you recommend?

A. In the first place I should recommend that the health officer should go on board instead of merely going alongside of each vessel, and fully ascertain the actual condition of those on board, and also of the vessel itself, preparatory to the adoption of such precautionary measures as he may require to be carried into effect.

Q. 115. In the event of any person or persons being confined to bed by sickness in the between decks, would you recommend that the health officer should go below and see them, if there was no medical man on board?

A. Yes, I would; I have done so in some instances

with American steamers when dysentery and intermittent fevers prevailed, and I have caused the dead to be removed from them and buried on shore.

Q. 116. Do you consider it necessary that letters should be fumigated before being landed?

A. I do not; the present practice might be discontinued with perfect safety, under certain restrictions.

Q. 117. Would you permit the body clothes of those on board a vessel in quarantine to be sent ashore to be washed?

A. I see no objections, provided they were first immersed in boiling or in sea water.

Q. 118. Against what diseases do you consider that quarantine is necessary?

A. Against small pox, measles, and scarlatina; also whenever there were very many cases of yellow fever, erysipelas, and dysentery on board, if these diseases appeared to have assumed an infectious character, as I have known them to do.

Q. 119. What measures should, in your opinion, be adopted in the event of a vessel having any of the diseases now enumerated on board?

A. I would recommend that all on board, the sick as well as the healthy, be removed out of the ship and landed in a lazaretto, or place of security, keeping the sick and healthy apart from each other, while the vessel should be fumigated and cleansed. We have no lazaretto, but Fort Augusta was recently converted into one for the service of the emigrant ship.

Q. 120. Do you think that the healthy and unattacked should be kept in quarantine as well as the sick?

A. In some cases I am of opinion that they should, for some days at least.

Q. 121. Supposing that a vessel arrived, having had, during the voyage, one or two cases of small pox on board, but that all, upon arrival, were quite healthy, what duration of quarantine, or segregation, in a place of detention, would you recommend?

A. I should require fourteen days to have elapsed

since the date of the *last death*, or the convalescence of the last case, before I would permit any on board to have "pratique." I think this the minimum restriction in such cases. I speak from facts.

Q. 122. If one or two cases of measles, or scarlatina had occurred under the like circumstances, what detention would you impose?

A. As in the case of small pox, but for a shorter period, viz. : a week or ten days; measles and *scarlatina* are highly infectious, and *fatal diseases*.

Q. 123. In the case of numerous cases of yellow fever, erysipelas, and dysentery being on board a vessel on her arrival, what measures should be taken?

A. I should only detain the sick, but I should impose no restraint on the unattacked; segregation would answer all purposes in preventing any mischief in such cases, especially if they had not assumed an infectious tendency.

Q. 124. If all the crew and others on board a vessel to be put into quarantine, were removed out of her, do you think that the cargo might be landed at once without any danger to the public health?

A. As I have never seen or known of an authentic case of any infectious disease being conveyed by any description of merchandize or goods, (excepting perhaps foul vapor linen, in certain infectious diseases,) I do not see any good reason why the cargo might not be landed at once.

Q. 125. Do you consider that vessels might, with safety, be allowed to come up at once to the port of Kingston and be boarded by the health officer there in place of being detained at Port-Royal for that purpose?

A. Yes, I do; at the wharf or wharves at the west end of Kingston, I think that a better and more rigid mode of examination could be carried on, and the public more effectually secured against the introduction of all, or any contagious or infectious diseases, than the course now adopted. I can see no danger from such a course being pursued. I have sent a

vessel from that direction or station into quarantine, having a case of small pox on board while lying in the stream, just as it broke out, and prevented the spread of the disease.

Q. 126. Might ships of war, on their arrival at Port-Royal, be permitted, do you think, to carry out precautionary measures against the introduction of disease under the direction of the principal medical officer of the royal naval hospital ?

A. I am of opinion that quarantine regulations may be safely carried out by such authorities in their own department. I may mention that prior to 1830, ships of war were not subject to supervision of the health officer, or to the quarantine regulations affecting other vessels, but the legislature deemed it necessary to include them afterwards.

Q. 127. Are you aware, whether before 1830, when ships of war were first brought under the operation of the quarantine laws, they were ever suspected of having introduced an epidemic infectious disease into Jamaica ?

A. I am not aware that they ever were. I have no instances to relate. They were in 1840 included and placed under the supervision of the health officer, like other craft, perhaps upon suspicion. I may state that after the appearance of *cholera* in England, in 1831 and 1832, the board of health established here, by Lord Belmore and his council, directed *all* vessels to be visited by the health officer.

Q. 128. Have you read the report of the French academy of medicine on quarantine, and the plague in 1846 ?

A. No ; I have seen extracts from it.

Q. 129. Have you read the report of the general board of health on quarantine ?

A. Yes ; I have read portions of it.

Q. 130. Do you concur with the general conclusions of that report ?

A. Answer above. No.

Q. 131. Are you aware that formal quarantine is virtually abolished in England?

A. I have heard so, under the free trade laws and regulations, and I look upon it as rather unsafe, and a dangerous experiment in some cases. I mean the substitution of *sanitary* measures *alone* for quarantine restrictions, as recommended by the general board of health of England.

Additional Queries.

Q. 1. What restrictions would you recommend on the sending of letters ashore?

A. In case small pox or other infectious disease appeared on board *at or near the end of the voyage*, the mail bags ought to be freely exposed to the air for sometime before being *landed* or fumigated.

Q. 2. How would you determine on, from what exact period of a case would you date convalescence from small pox, measles, and scarlatina?

A. In reference to measles and scarlatina I should date from two to three days after the completion of the desquamation of the cuticle; in case of small pox perhaps later.

Q. 3. At what period of an exanthematous fever do you regard the activity of the morbid poison, or the risk of infection to be greatest?

A. *In measles*, after the eruption has appeared, or is fully established, but particularly during the process of desquamation.

In scarlatina, at the commencement of the process of desquamation in particular, and perhaps shortly after the commencement of the efflorescence.

In small pox, soon after the maturation of the pustules has commenced, and during the process of desquamation also. I allude to the ordinary forms of these.

Q. 4. Would you require the same period of detention in quarantine for *vaccinated*, as for unvac-

nated persons who happened to be on board a vessel in which one or two cases of small pox had occurred during a voyage, but which was free from disease upon her arrival?

A. No; I consider that one half the period would be sufficient for vaccinated persons under such circumstances, and therefore that only seven days should be required in their case to have elapsed since the death or convalescence of the last case.

Q. 5. Do you consider that if all on board of a ship which was put into quarantine in consequence of a case or two of small pox having been on board were vaccinated immediately upon arrival, the period of detention might, with safety, be abridged?

A. Yes, I think it might; nevertheless it must not be forgotten that one vaccinated emigrant on board the "Brandon" took the disease, but recovered.

Q. 6. Have you ever heard that cases of small pox have occurred on board any of the royal mail steamers during the voyage from England to Jamaica? If so, were they put into quarantine?

A. I have been quite recently informed by Dr. Maclean, the chairman, that a single case of small pox occurred in the "Medway," in November, 1849.—The man, one of the crew, sickened after leaving Madeira. When they reached Barbadoes he was convalescing. The vessel was put and kept in quarantine during the three days she remained there, and the patient was put on board a schooner for the purpose of completing his quarantine. A sort of sentry box on the deck, in which he had been kept apart from the rest of the crew, was thrown overboard. The "Medway" proceeded on to St. Thomas, where she was at once admitted to pratique. As she was leaving Barbadoes, they saw some fishermen hauling the sentry box ashore and landing it. The "Medway" arrived at Jamaica six days after leaving Barbadoes, and was at once admitted to pratique, having a *clean bill of health* from St. Thomas, and all on board having

continued quite healthy. Dr. Milroy has also informed me that a single case of small pox occurred on board the "Severn," during his voyage out in January last. The man, one of the crew, was convalescent when they reached St. Thomas, and the vessel was, in consequence of this, and of no other case having occurred on board, admitted to pratique at once. Dr. Milroy and the other passengers for Jamaica were transferred to another steamer, the "Great Western," which brought a clean bill of health from St. Thomas, and consequently received "pratique" on arrival at Port Royal. I had not heard of these cases until the other day.

(Signed,) R. CHAMBERLANE, M.D.

Examination of Dr. Walshe, R.A. before the quarantine committee of the Central Board of Health, 5th June, 1851.

Question 1. How long have you acted as deputy health officer at Port-Royal?

Answer. Two years and a half.

Q. 2. In your absence the health officer's visit may be performed by an officer of the customs?

A. Yes, it may; it is permitted by the quarantine act.

Q. 3. Have you ever heard that vessels have had communication with the shore before the visit of the health officer, or after quarantine had been imposed?

A. I have known instances of persons going on board vessels before I had visited. They were reported upon.

Q. 4. Was any penalty inflicted on the offenders?

A. I believe not.

Q. 5. Are there any means of preventing communication between vessels in quarantine and the shore at night?

A. None whatever.

Q. 6. In your opinion does the existing system or

practice of quarantine afford a safe guard or protection against the introduction of infectious or contagious diseases ?

A. I think not, in its present state.

Q. 7. Is it the source of much inconvenience and distress, as well as of great expence to the shipping ?

A. Yes, decidedly.

Q. 8. What changes or modifications should you recommend in the present system or practice of quarantine ?

A. There should be a lazaretto for the reception of suspected as well as of sick persons ; they should be separated one from the other.

Q. 9. Do you consider that the public health would be endangered if the health officer were to go on board and inspect a vessel on her arrival, and also those on board, instead of merely going alongside as at present ?

A. Yes, I do, if there were any infectious disease on board.

Q. 10. You were at Port-Royal when the earliest cases of Asiatic cholera occurred there ; had you any reason to believe that the disease was introduced by any vessel ?

A. No, I have no.

Q. 11. Supposing a vessel arriving, having recently had one or two cases of small pox on board during the voyage, but with all quite healthy after arrival, do you consider that the vessel should be put into quarantine ; and, if so, for what length of time ?

A. I am not prepared to give a decided opinion upon this question.

Q. 12. Have you ever known of persons dying on board of vessels in quarantine, and without any medical attendance ?

A. Yes, I have ; and of small pox.

Q. 13. You are acquainted with the circumstances, of H. M. S. Alban being put into quarantine for ten days, a few months ago, in consequence of two cases of measles having occurred on board during the

voyage from ———— to Jamaica, although the children were declared to be convalescent upon arrival, and all others on board had been and were perfectly healthy; do you consider that such detention was necessary.

A. Yes, I do.

Q. 14. Is quarantine ever imposed at Port-Royal for cases of any sort of fever, continued or periodic, having occurred during the voyage, or being on board at the time of arrival?

A. No, I believe never.

Q. 15. Have you known of any instance of a vessel arriving with the corpse of a patient who had died on board from fever; if so, was quarantine imposed?

A. Yes, I have; no quarantine was imposed.

Q. 16. "The order of the governor, dated 28th October, 1850, contains the following instructions: "That if there be any "body on board who is ill of malignant cholera, or of any other disease which either yourself or other medical men regard as infectious or contagious, or if any person has died on the passage of any such disease, or if the clothes of any person who has so died are on board, or if the vessel has arrived after a passage of less than five days from any part where you ascertain that any such disease prevailed at the time of the departure of the vessel, then, and in every such case, you insist upon the vessels stopping and casting anchor if necessary, and refraining from all communication with the shore, until you shall have reported the case and circumstances to the actual president of the board of health, at Kingston, and to the governor or officer administering the government of the island, and until further directions are given by competent authority." The order then proceeds to state, "you may consider these instructions for the present, as applicable indiscriminately to all vessels of any description, except *her majesty's ships of war, or other vessels of the royal navy.*" Do you consider that these instructions au-

thorized you not to detain or put into quarantine ships of war, if they had had a case or cases of cholera or other infectious disease on board, or if cases of such diseases had occurred during the voyage?

A. Yes; I do.

Q. 17. Do you consider that the public health would be endangered if ships of war, at Port-Royal, were left to carry out precautionary and preventive measures under the direction of the medical officers of the royal naval hospital?

A. In my opinion, all vessels of war should be subjected to the same regulations and restrictions which are imposed on merchant vessels.

Please to add any remarks illustrative of the operation and practice of quarantine in this port, or suggestive of any modification which you would recommend to be adopted and which you think it right that the Central Board of Health should be made acquainted with.

Examination of captain Cooper, R.N. harbour master of the port of Kingston, before the quarantine committee, 5th June, 1851.

Question. 1. How long have you been harbour master of the port of Kingston?

Answer. Six years.

Q. 2. Has your attention been drawn to the operation of the quarantine laws on the vessels arriving in the port?

A. Yes; on various occasions.

Q. 3. Do you consider that the existing system of quarantine, as carried out here, affords a security and safeguard against the introduction of infectious diseases by vessels arriving?

A. No; I do not.

Q. 4. Can you inform the committee whether any vessels from Havanna, or other port in Cuba, were

put into quarantine here during the first nine months of last year?

A. Not to my knowledge, although there was a monthly communication with Havanna by the royal mail steamers.

Q. 5. Are you aware whether vessels from Kingston during the prevalence of cholera here, were put into quarantine in Cuba, where the disease was?

A. Yes.

Q. 6. Can you inform the committee of the average usual expences to which a vessel is subjected in the ports of Cuba, when she is detained there in quarantine?

A. The following is a list of the charges which were imposed on a cutter, the "Hero," during quarantine for seven days, in the harbour of St. Jago de Cuba:—

Interpreter of visits, at 4s. per visit	£1	8	0
Doctor, seven visits, at 12s.	4	4	0
One voyage aboard	0	4	0

£5 16 0

The daily expences, at 30s. per day	£10	10	0
-------------------------------------	-----	----	---

Q. 7. If it was deemed advisable that vessels should, instead of being visited by the health officer at Port-Royal, be permitted to come up the harbour and be then boarded from the shore, is there convenient anchorage ground in the stream and within a short distance from the shore where vessels might come to; and what place would you recommend?

A. There is perfectly good anchorage ground, and vessels might be anchored three quarters of a mile from the shore, south of the town; they would then be perfectly clear of all vessels lying in the port of Kingston, by placing a buoy there, and instructions being given to the pilots, to anchor all vessels there until boarded.

Q. 8. Are there any disadvantages or inconveniences attending the present practice of the vessels being visited by the health officer off Port-Royal?

A. None; but I do not consider that sufficient time is given to the health officer to make the necessary enquiries and examination, the vessel being under weigh at the time, and frequently two or three vessels entering at the same time.

Q. 9. Would it be, in your opinion, a convenience or any saving of expence to the shipping, if such a place were adopted in place of the present practice?

A. It would not be a saving, but if it be necessary that quarantine regulations should be strictly carried out, it would be far better than the present plan, and to the best of my judgment, without any additional risk to the public health.

Please to add any remarks or observations illustrative of the operation of the quarantine laws, with which you think that the Central Board of Health should be acquainted.

(Signed,)

W. S. COOPER,
Harbour Master.

APPENDIX E, No. 2.

Answers of Dr. John McFarlane, to the questions issued by the quarantine committee of the Central Board of Health.

Question 1. How long have you acted as health officer at the port of Montego-Bay?

Answer, Since the 15th April last.

Q. 2. Do you act as health officer for more than one port; if so, how far distant are they from each other, and from your residence?

A. I act as health officer for the port of Montego-Bay, and reside in the town.

Q. 3. What is the average number of vessels per annum, put into quarantine in the port of Montego-Bay, while you have been health officer?

A. There has been no vessel put into quarantine, since I have been health officer.

Q. 4. In most of the instances where quarantine has been imposed during your service, has it been owing merely to the vessels having arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival?

A. See answer to query No. 3.

Q. 5. State as nearly as you can, the number of vessels which have been put into quarantine in your port, during your tenure of office in consequence of actual disease on board, and please specify the disease or diseases for which the detention was imposed?

A. See answer to query No. 3.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine. Have you ever known of a case proving fatal on board?

A. See answer to query No. 3.

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to

receive pratique, or to be put into quarantine; does the pilot ascertain this before the visit of the health officer; do you know of an instance or instances where the pilot, boarding a vessel at sea, has taken the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore leaving the pilot on board to take the vessel into port?

A. In general the pilot boards the vessel at sea, but the pilot crew do not board; they proceed, when within a reasonable distance of the anchorage, for the health officer, who immediately goes alongside and ascertains the state of the health of the vessel, admitting her to pratique or otherwise, according to circumstances. I am not aware of any instance where the crew of the pilot boat have boarded a vessel and returned on shore, leaving the pilot on board.

Q. 8. At what distance from the port is the quarantine ground or station; is it a safe anchorage; have you ever known of accidents from vessels lying there; are there any means of preventing communication with the shore?

A. The quarantine ground, (Great River,) is distant about three miles by sea, from Montego-Bay, and seven miles by land. It is considered, by the most competent judges, an anchorage of the best and safest description. I have never known any accidents happen to any vessel lying there; but there are no means of preventing communication with the shore.

Q. 9. Have you heard of instances where any violation of the existing quarantine regulations, in your port, have taken place, either in the way of an incorrect statement, having been given on arrival as to the health of those on board during the voyage, or by any communication with the shore during quarantine?

A. I am not aware of any violation of the existing quarantine regulations, in either of the ways mentioned in the query.

Q. 10. During your residence at or near to the

port of Montego-Bay, what epidemic diseases have prevailed in the town or surrounding district? Were they distinctly traceable to introduction by shipping?

A. During my residence in Montego-Bay, yellow fever has thrice prevailed as an epidemic, once in 1842, and the second time in 1848; scarlet fever, once in 1844, and the late visitation of cholera in 1850 and 1851. They have never been traceable to introduction by shipping.

Q. 11. In your opinion does the system of quarantine, as it exists at present and is carried out, afford protection to public health; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases.

A. In my opinion the system of quarantine as at present existing, affords a tolerable efficient protection to public health. It is not a perfect safeguard to the importation of epidemic diseases, unless the pilots were prevented from boarding before ascertaining the existence or non-existence of disease on board, and also having some efficient means of preventing any communication with the shore, in the event of a vessel being put into quarantine.

Q. 12. Are there any changes or modification in the present system, which would render it in your opinion, more efficient as a safeguard, or make it less vexatious to shipping, without compromising the public health!

A. The two suggestions made in my last answer, are the only ones, I at present can make, and these being carried out, would not be at all vexatious to the shipping.

Q. 13. Do you consider that the public health would be endangered, if the health officer went on board instead of merely alongside, as at present, every vessel upon arrival, and ascertained by personal inspection and examination the condition of those on board, and also the state of the vessel itself?

A. I do not think it would be prudent, (keeping

in view the public health,) for the health officer to board immediately, without first making the necessary enquiries as to the state of the ship; but I think it would be advantageous, after being satisfied as to the state of the vessel, for the health officer to board and examine the passengers, crew, and ship, more especially; I consider the above necessary as regards emigrant ships.

Q. 14. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship?

A. None.

Q. 15. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce, or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel might be conveniently located during the process of cleansing and purifying her?

A. None.

Q. 16. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in the island, either for good or evil, which you think it may be useful that the Central Board of Health should be acquainted with?

A. I have no suggestions or observations further than what I have already embodied in the previous answers.

Answers of Dr. A. C. Stevens to the questions issued by the quarantine committee of the Central Board of Health.

Question 1. How long have you acted as health officer at the port of Falmouth?

Answer. Appointed in December, 1848.

Q. 2. Do you act as health officer for more than one port; if so, how far distant are they from each other and from your residence?

A. For the port of Falmouth only.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of Falmouth, while you have been health officer?

A. One American brigantine last year put into quarantine, having small pox on board; and during the existence of cholera several coasting vessels, having the disease on board, were placed under observation in the harbour.

Q. 4. In most of the instances where quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival?

A. In consequence of the actual existence of disease on board at the time of arrival.

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine, in your port, during your tenure of office, in consequence of actual disease on board; and please to specify the disease or diseases for which the detention was imposed?

A. One American brigantine, and four droghers. The brigantine had one case of small pox on board, and the coasting vessels had cases of cholera.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine; have you ever known of a case proving fatal on board?

A. Large vessels are sent to Great River, to leeward of Montego-Bay, and are under the observation of the health officer of that port; I know of no fatal cases occurring on board while in quarantine.

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine. Does the pilot ascertain this before the visit of the health officer; do you know of an instance or instances where the pilot boarding a vessel at sea, has taken the crew of his boat on board, and that the

crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port?

A. Vessels are boarded by the pilot at a distance from the harbour, who, before he boards, ascertains that no sickness exists, or has existed during the voyage. The vessel, if the replies are satisfactory, is then brought into port, when she is boarded by the health officer and examined. The pilot and his crew are not permitted to leave a vessel till she has been so examined.

Q. 8. At what distance from the port is the quarantine ground or station; is it a safe anchorage; have you ever known of accidents from vessels lying there; are there any means of preventing communication with the shore?

A. Vessels are sent from this port, (Falmouth,) to Great River to perform quarantine, which is about six miles below Montego-Bay. I am not acquainted with the locality.

Q. 9. Have you heard of instances where any violation of the existing quarantine regulations, in your port, has taken place either in the way of an incorrect statement having been given on arrival, as to the health of those on board during the voyage, or by any communication with the shore during quarantine?

A. In the case occurred last year, the captain endeavoured to conceal the sickness he had on board, and did deceive the pilot, who was sent with the vessel to quarantine, when, inspected by the health officer, the case was discovered.

Q. 10. During your residence at or near the port of Falmouth, what epidemic diseases have prevailed in the town or surrounding district; were they distinctly traceable to introduction by shipping?

A. I am not aware of any case of disease being introduced by the shipping.

Q. 11. In your opinion does the system of quarantine, as it exists at present and is carried out, afford

protection to public health; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases?

A. If the present system is carried out properly, I consider it a safeguard to public health; the disease, the introduction of which we have most to dread, is *small pox*, and a proper inspection of the crew of vessels is the only safeguard, as little reliance is to be placed on the master's reports.

Q. 12. Are there any changes or modifications in the present system, which would render it, in your opinion, more efficient as a safeguard, or make it less vexatious to shipping, without compromising the public health?

A. I am afraid that in some of the small ports of the island, the quarantine regulations are not strictly carried out. I am not aware of any vexatious operation of the quarantine, in regard to the shipping, except when disease actually exists on board.

Q. 13. Do you consider that the public health would be endangered, if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained by personal inspection and examination, the condition of those on board, and also the state of the vessel itself?

A. The plan I follow is to have the crew mustered at the side of the vessel, and see that all is right, then go on board, and make a more minute inspection. I do not think that the public health would be endangered by the officer going on board.

Q. 14. Is there any convenient place on shore, to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship?

A. There is no fit place for persons having contagious diseases.

Q. 15. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce, or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel could

be conveniently located during the process of cleansing and purifying her ?

A. There is, on shore, an excellent hospital where seamen only are admitted, and where all not labouring under contagious disease may be sent ; I would not recommend patients having small pox to be taken there, the hospital being near other institutions.

Q. 16. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in this island, either for good or evil, which you think it may be useful that the Central Board of Health should be made acquainted with.

A. I am of opinion that the quarantine laws, as they exist, are, if properly carried out, a sufficient safeguard against the introduction of contagious diseases, but I fear that the duties of health officer, at some of the small ports of the island, are carelessly performed in consequence of the officer living at a distance from the port, and that communication has been had with the shore before his inspection of the vessel. I consider that it is highly necessary that the health officer should be empowered to enforce sanitary measures on shore, as this important point is greatly neglected.

(Signed,)

A. C. STEVENS,
Health Officer, Port of Falmouth.

Answers of Dr. Jelly, to the questions issued by the quarantine committee of the Central Board of Health.

Question 1. How long have you acted as health officer at the Port of Savanna-la-Mar.

Answer. From the 21st of February, 1848.

Q. 2. Do you act as health officer for more than one port ; if so, how far distant are they from each other and from your residence ?

A. I act as health officer for the port of Savanna-

la-Mar only, and the duty is performed by my partner, Dr. R. S. Harvey, who practices on the bay, and whose residence is within ten minutes ride of it.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of Savanna-la-Mar while you have been health officer?

A. Prior to the outbreak of cholera in this island, no necessity has occurred for putting vessels into quarantine since I have held the appointment of health officer.

Q. 4. In most of the instances when quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival?

A. With the exception of one instance, (a drogher arriving here with a case of cholera on board from Green Island,) the whole of the vessels which have been placed in quarantine, have been so placed simply from the fact of their having come from some infected place.

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine in your port, during your tenure of office, in consequence of actual disease on board; and please to specify the disease or diseases for which the detention was imposed?

A. Only one. The disease having been cholera.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine; have you ever known of a case proving fatal on board?

A. Medical attendance is given to the sick on board; and no case, to my knowledge, has proved fatal on board.

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine. Does the pilot ascertain this before the visit of the health officer; do you know of an instance or instances where the pilot, boarding a vessel at sea, has taken

the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port?

A. The usual practice at this port is to go alongside vessels as soon after their appearance as possible, within a reasonable distance, and to ascertain the state of the health of those on board, by putting the usual questions as prescribed by quarantine regulations, and subsequently corroborating, by personal inspection, the correctness of the replies. In all cases where, during the prevalence of cholera, vessels have been ordered into quarantine, the pilot canoes have merely placed the pilot on board, and the crew have returned on shore; the pilot performing quarantine with the ship, and in no case has it come to my knowledge that the crew have gone on board and subsequently returned on shore.

Q. 8. At what distance from the port is the quarantine ground or station; is it a safe anchorage; have you ever known of accidents from vessels lying there; are there means of preventing communication with the shore?

A. The distance of the quarantine ground from the port is about one and a half mile. The anchorage is good, though somewhat exposed. No accidents, however, have been known to have happened from ships lying there. There are no means whatever of preventing communication with the shore.

Q. 9. Have you heard of instances where any violation of the existing quarantine regulations in your port has taken place, either in the way of an incorrect statement having been given, on arrival, as to the health of those on board during the voyage, or by any communication with the shore during quarantine?

A. The only case that has come under my knowledge of the nature alluded to, was in the instance of a drogher from Kingston, when the cholera was raging at the time of her departure, landing a passenger at Paradise during the evening, a distance of four miles from the bay, without having been visited

by the health officer, for which offence the master was brought up before the magistrates and fined £3 ; no evil, however, resulted from it.

Q. 10. During your residence, at or near the port of Savanna-la-Mar, what epidemic diseases have prevailed in the town or surrounding districts ; were they distinctly traceable to introduction by shipping ?

A. Influenzas, fevers, dysenteries. In the year 1822, we had a malignant fever which proved fatal to many seamen and masters of ships, as well as to those residing on shore, both in the town and country. In no instance were epidemic diseases traceable to the shipping.

Q. 11. In your opinion, does the system of quarantine, as it exists at present and is carried out, afford protection to public health ; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases ?

A. In my opinion the system of quarantine at this port is defective, from the absence of more ample means to ensure protection to public health. But I consider it, to a limited extent, a safeguard against the importation of epidemic infectious diseases.

Q. 12. Are there any changes or modifications in the present system which would render it, in your opinion, more efficient as a safeguard, or make it less vexatious to shipping, without compromising the public health ?

A. I know of no changes in the present system which, to be beneficial, would not involve a considerable outlay ; and the more stringent the powers of inquisition, the more vexatious would those powers be to the shipping.

Q. 13. Do you consider that the public health would be endangered if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertain, by personal inspection and examination, the condition of those on board, and also the state of the vessel itself ?

A. I consider by subjecting a medical officer to board an infected vessel and examine the state of the crew and ship, you are either bound to place that officer in the same quarantine as the crew, or to repudiate entirely all ideas of contagion.

Q. 14. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship?

A. There is no convenient place within some miles from the port, where, if it were deemed advisable, the sick could be removed to with safety.

Q. 15. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel could be conveniently located during the process of cleansing and purifying her?

A. As in the preceding case, there is no convenient place out of the town where the healthy on board of a foul vessel could be placed during the process of cleansing and fumigating.

Q. 16. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in this island, either for good or evil, which you think it may be useful that the Central Board of Health should be made acquainted with?

A. I am not prepared with any observations of sufficient weight or utility to entitle them to the consideration of the Board.

Answers of Dr. Potts to the questions issued by the quarantine committee of the Board of Health.

Question 1. How long have you acted as health officer at the port of Lucea?

Answer. About nine years.

Q. 2. Do you act as health officer for more than

one port ; if so, how far distant are they from each other and from your residence ?

A. For Lucea alone ; about a mile from my residence, from which I have a view of vessels passing into the port.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of Lucea, while you have been health officer ?

A. Only one since my appointment, the *Glen Huntley*, about six years ago.

Q. 4. In most of the instances where quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival ?

A. The *Glen Huntley* had small pox on board, on her arrival at the port of Lucea.

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine in your port, during your tenure of office, in consequence of actual disease on board, and please to specify the diseases for which the detention was imposed ?

A. The above reply answers this query.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine ?

A. The *Glen Huntley* had a medical man on board.

Q. 7. Have you ever known a case proving fatal on board ?

A. Several African emigrants died on board the *Glen Huntley*, and many after they were landed.

Q. 8. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine ?

A. In case of disease on board, the yellow flag is expected to be hoisted ; in all cases I run to windward of the vessel and examine the master.

Q. 9. Does the pilot ascertain this before the visit of the health officer ?

A. If the pilot ascertains it before the health offi-

cer he gives information to the latter, and does not board the vessel.

Q. 10. Do you know of an instance or instances where the pilot, boarding a vessel at sea, has taken the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port?

A. The pilot of the *Glen Huntley* boarded that vessel off the port of Montego-Bay, and on his arrival at the port of Lucea, was sent into quarantine with the vessel.

Q. 11. At what distance from the port is the quarantine ground or station; is it a safe anchorage?

A. About seventeen miles from Lucea, but the *Glen Huntley* rode out her quarantine at the east end of the port of Lucea; I believe so.

Q. 12. Have you ever known of accidents from vessels lying there?

A. Never.

Q. 13. Are there any changes or modifications in the present system which would render it, in your opinion, more efficient as a safeguard, or make it less vexatious to shipping, without compromising the public health?

A. I have considered of none.

Q. 14. Do you consider that the public health would be endangered if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained by personal inspection and examination, the condition of those on board, also the state of the vessel itself?

A. When the health officer has ascertained that there is disease on board a vessel, there is no necessity for him to board her; but if he is doubtful he would board the vessel and examine her crew, as he is as likely to convey the disease on shore as any of the crew.

Q. 15. Is there any convenient place on shore to which the sick might be sent for medical attendance,

if you deemed it advisable that they should be removed out of the ship?

A. A temporary hospital can always be procured.

Q. 16. Are there any means of preventing communication with the shore?

A. The integrity of the master and a coast guard.

Q. 17. Have you heard of instances where any violation of the existing quarantine regulations in your port has taken place, either in the way of an incorrect statement having been given, on arrival, as to the health of those on board during the voyage, or by any communication with the shore during quarantine?

A. None.

Q. 18. During your residence at or near the port of Lucea, what epidemic diseases have prevailed in the town or surrounding district?

A. The present cholera.

Q. 19. Were they distinctly traceable to introduction by shipping?

A. The cholera was introduced into Lucea both by passengers by land and droghers.

Q. 20. In your opinion does the system of quarantine, as it exists at present and is carried out, afford protection to public health; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases?

A. I think it does. In the case of the Glen Huntley the measures employed prevented the spread of the small pox among the inhabitants.

Q. 21. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel might be conveniently located during the process of cleansing and purifying her?

A. In the case of the Glen Huntley the emigrants were landed up the river and marched to a depot, rented for the occasion.

Q. 22. Please to add any observations respecting the

subject of quarantine, or in any measure illustrative of its operation in this island, either for good or evil, which you think it may be useful that the Central Board of Health should be made acquainted with?

A. I have not sufficiently considered the subject to venture an opinion.

JOHN D. POTTS,

Health Officer, Lucca.

Answers of Dr. Chevers, to the questions issued by the quarantine committee of the Board of Health.

Question 1. How long have you acted as health officer at the port of Alligator Pond?

Answer. Since November, 1847.

Q. 2. Do you act as health officer for more than one port; if so, how far distant are they from each other and from your residence?

A. I only act for the port of "Alligator Pond," about eighteen miles from my residence.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of Alligator Pond while you have been health officer.

A. None have been put in quarantine since my appointment, *except* droghing vessels from Kingston, during the months of November and December, 1850.

Q. 4. In most of the instances where quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival?

A. _____

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine in your port, during your tenure of office, in consequence of actual disease or diseases on board, and please to specify the disease or diseases for which the detention was imposed.

A. None.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine; have you ever known of a case proving fatal on board.

A. _____

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine; does the pilot ascertain this before the visit of the health officer; do you know of an instance or instances where the pilot, boarding a vessel at sea, has taken the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port?

A. Most of the vessels visiting "Alligator Pond" are from Kingston, one or two from England direct; no pilot lives at the port.

Q. 8. At what distance from the port is the quarantine ground or station; is it a safe anchorage; have you ever known of accidents from vessels lying there; are there any means of preventing communication with the shore?

A. If necessary to put vessels in quarantine, there is a fine bay two miles from the port, but no means of preventing communication with the shore.

Q. 9. Have you heard of instances where any violation of the existing quarantine regulations in your port has taken place, either in the way of an incorrect statement having been given, on arrival, as to the health of those on board during the voyage, or by any communication with the shore during quarantine?

A. None.

Q. 10. During your residence at or near to the port of Alligator Pond, what epidemic diseases have prevailed in the town or surrounding district; were they distinctly traceable to introduction by shipping?

A. I have attended the sick at this port for nineteen years, also the shipping; it is a very unhealthy place; we once had small pox here, brought over land from "Kingston." A vast number of people live on the beach; no town; sailors suffer less at this place per-

haps than most other seaports in the island, from my advice to the captains not to allow any one to land except the boat's crew.

Q. 11. In your opinion does the system of quarantine, as it exists at present and is carried out, afford protection to public health; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases?

A. I consider this port being free from the cholera, in consequence of all "coasting vessels" from Kingston, according to his excellency's judicious orders, "that all vessels, either from Kingston or any other infected port, should be put under quarantine, or be a certain number of days from said port.

Q. 12. Are there any changes or modifications in the present system which would render it, in your opinion, more efficient as a safeguard, or make it less vexatious to shipping, without compromising the public health?

A. _____

Q. 13. Do you consider that the public health would be endangered if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained by personal inspection and examination, the condition of those on board, and also the state of the vessel itself?

A. I consider the health officer ought to have the crew mustered at the gangway; if the least doubt be on his mind, he ought to go on board; the public health must and ought to be the first and only consideration. I have visited vessels with bad cases of "yellow fever," remained hours on board with the sick, with no ill effects to myself or those that I came in contact with on shore.

Q. 14. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship?

A. Several places, where the sick could be landed and taken care of.

Q. 15. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel might be conveniently located during the process of cleansing and purifying her?

A. The same places, where the sick could be taken.

Q. 16. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in this island, either for good or evil, which you think it may be useful that the Central Board of Health should be made acquainted with?

A. Although few vessels call at this port, nevertheless I consider a boat and two men ought to be placed at the command of the "health officer;" a small sum per annum for the men. I had great trouble to get the fishermen to take me off to the "coasting vessels" during the months of November and December, 1850, and part of January, 1851. In both ports to windward and leeward of "Alligator Pond" cholera was very bad.

Evidence of

W. CHEVERS,

Health Officer at Alligator Pond.

Answers of Dr. Clachar to the questions issued by the quarantine committee of the Board of Health.

Question 1. How long have you acted as health officer at the port of Port Antonio?

Answer. For upwards of three years.

Q. 2. Do you act as health officer for more than one port; if so, how far distant are they from each other and from your residence?

A. I act for one port only.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of Port Antonio, while you have been health officer?

A. I have put no vessels into quarantine, except coasting vessels, during the prevalence of cholera.

Q. 4. In most of the instances where quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected and suspected port, or to their having actual disease on board at the time of arrival?

A. With reference to the vessels last mentioned, quarantine was imposed because they arrived from infected ports, except one, where actual disease was on board.

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine in your port, during your tenure of office, in consequence of actual disease on board, and please to specify the disease or diseases for which the detention was imposed?

A. One vessel only was put into quarantine in consequence of actual disease on board, and that was cholera maligna.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine; have you ever known of a case proving fatal on board?

A. I always give medical attendance to the sick on board. The case last mentioned proved fatal after the vessel was placed in quarantine.

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine; does the pilot ascertain this before the visit of the health officer; do you know of an instance or instances where the pilot, boarding a vessel at sea, has taken the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port?

A. The pilot is the first to ascertain if there be sickness on board of vessels outside the port; if brought into port, the health officer would, if necessary, place her in quarantine, and report to the executive or Central Board of Health. I never knew

of an instance of that described in the last part of this query.

Q. 8. At what distance from the port is the quarantine ground or station; is it a safe anchorage; have you ever known of accidents from vessels lying there; are there any means of preventing communication with the shore?

A. About half a mile to the leeward of the port; the anchorage is perfectly safe. Never knew of any accidents. There are no means of preventing communication with the shore except the fear of penalties under quarantine law.

Q. 9. Have you heard of instances where any violation of the existing quarantine regulations, in your port, has taken place, either in the way of an incorrect statement having been given, on arrival, as to the health of those on board during the voyage, or by any communication with the shore during quarantine?

A. I have known of one instance of each.

Q. 10. During your residence at or near the port of Port Antonio, what epidemic diseases have prevailed in the town or surrounding district; were they distinctly traceable to introduction by shipping?

A. Measles and hooping cough have prevailed as epidemics many years ago at Port Antonio and the surrounding district. The malignant cholera prevailed as an epidemic at the end of last year and the beginning of this. In no instance were they distinctly traceable to introduction by shipping.

Q. 11. In your opinion does the system of quarantine, as it exists at present and is carried out, afford protection to public health; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases?

A. The present system of quarantine cannot, in my opinion, afford adequate protection to the public health, nor be a security against the importation of epidemic diseases, so long as the means of enforcing quarantine regulations are so inefficient.

Q. 12. Are there any changes or modifications in the present system which would render it, in your opinion, more efficient as a safeguard, or make it less vexatious to the shipping, without compromising the public health ?

A. I am of opinion that if the penalties could be summarily enforced by a bench of justices of the peace, instead of a prosecution in the supreme court, infringements of the law would rarely occur, especially if means were given to health officers to detect or prevent infractions of the law.

Q. 13. Do you consider that the public health would be endangered, if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained, by personal inspection and examination, the condition of those on board, and also the state of the vessel itself ?

A. I consider the personal visits of health officers on board of vessels, instead of alongside, would not endanger the public health, and might be advantageous to the shipping by enabling health officers to form more correct judgments of the condition of the sick, and the state of the vessel itself.

Q. 14. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship ?

A. Navy Island, in the immediate vicinity of the quarantine ground, presents a most convenient place for the removal of the sick, if proper buildings were erected for their reception. It has been used on several occasions for this purpose, when captured Africans have been brought into port with small pox on board, and not a single case was ever communicated to persons on shore.

Q. 15. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce, or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel

could be conveniently located during the process of cleansing and purifying her ?

A. A more eligible spot than Navy Island cannot possibly be found.

Q. 16. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in the island, either for good or evil, which you think it may be useful that the Central Board of Health should be acquainted with ?

A. I am disposed to think that instead of quarantine grounds being arbitrarily chosen by health officers at almost all the ports of this island, as at present, it would be more conducive to the public security, and less vexatious and oppressive to shipping, if a few approved places were permanently fixed for vessels with infectious diseases on board, immediately to repair to on their arrival, where adequate means should be provided for an efficient performance of quarantine and the due attendance of the sick. The places most eligible for this purpose, appear to me to be somewhere near Port-Royal and Port Antonio, and at the latter place, Navy Island, as being the best ports on the south and north of the east part of the island, where vessels usually make the land.

(Signed,) JOHN S. CLACHAR, M.D.

Health Officer, Port-Antonio.

24th June, 1851.

Answers of Dr. Maitland to the questions issued by the quarantine committee of the Central Board of Health.

Question 1. How long have you acted as health officer at the port of Black River ?

A. For ten years.

Q. 2. Do you act as health officer for more than one port ; if so, how far distant are they from each other and from your residence ?

A. For the port of Black River alone.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of Black River while you have been health officer?

A. Fourteen vessels, under the order in council of October, 1850.

Q. 4. In most of the instances where quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival?

A. From the vessels arriving from an infected port.

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine, in your port, during your tenure of office, in consequence of actual disease on board; and please to specify the diseases for which the detention was imposed?

A. Two vessels, a Spanish schooner with typhus fever on board, and the schooner Rosa, with cholera; as reported to the Board on the 3d instant.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine?

A. Not in this harbour.

Q. 7. Have you ever known a case proving fatal on board?

A. One case, that of Mrs. Bucknor, on board the Rosa schooner, John Innis, master, as reported on the 3d instant.

Q. 8. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine?

A. A vessel entering the port is approached within speaking distance, and her condition ascertained by questioning the master.

Q. 9. Does the pilot ascertain this before the visit of the health officer?

A. The pilots have the power of ascertaining the sanitary condition of the vessel before the health officer visits.

Q. 10. Do you know of an instance or instances where the pilot boarding a vessel at sea, has taken

the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port ?

A. I know of no such occurrence.

Q. 11. At what distance from the port is the quarantine ground or station ; is it a safe anchorage ?

A. The distance stated by the harbour master is two miles and a half. Yes.

Q. 12. Have you ever known of accidents from vessels lying there ?

A. None.

Q. 13. Are there any means of preventing communication with the shore ?

A. I know of none, except through the interference of the magistrates and police.

Q. 14. Have you heard of instances where any violation of the existing quarantine regulations, in your port, has taken place either in the way of an incorrect statement having been given, on arrival, as to the health of those on board during the voyage, or by any communication with the shore during quarantine ?

A. I know of none.

Q. 15. During your residence at or near the port of Black River, what epidemic diseases have prevailed in the town or surrounding district ?

A. Measles, hooping cough, and cholera.

Q. 16. Were they distinctly traceable to introduction by shipping ?

A. They were not.

Q. 17. In your opinion does the system of quarantine, as it exists at present and is carried out, afford protection to public health ; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases ?

A. I consider a system of quarantine indispensable.

Q. 18. Are there any changes or modifications in the present system, which would render it, in your opinion, more efficient as a safeguard, or make it less

vexatious to shipping, without compromising the public health?

A. I am unable to suggest any alterations.

Q. 19. Do you consider that the public health would be endangered, if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained, by personal inspection and examination, the condition of those on board, also the state of the vessel itself?

A. I consider the practice of boarding infected vessels would be attended with risk. The precise state of the vessel and crew could no doubt be ascertained with greater correctness by actual examination.

Q. 20. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship?

A. I am not acquainted with any suitable place. There is no public hospital at this port.

Q. 21. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce, or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel might be conveniently located during the process of cleansing and purifying her?

A. I am not acquainted with any suitable place for such purpose.

Q. 22. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in this island, either for good or evil, which you think it may be useful that the Central Board of Health should be made acquainted with.

A. _____

Answers of Dr. Lemonious to the questions issued by the quarantine committee of the Central Board of Health.

Rio Bueno, 25th June, 1851.

Sir,

I herewith return the queries which you directed to me, by order of the quarantine committee of the Central Board of Health, with my answers.

I have the honor to be, Sir,

Your most obedient servant,

(Signed,) **W. LEMONIOUS,**
Health Officer, Rio Bueno.

T. J. BROWN, Esquire,

Secretary to the Central Board of Health.

Question 1. How long have you acted as health officer at the port of Rio Bueno?

A. Since the year 1838.

Q. 2. Do you act as health officer for more than one port; if so, how far distant are they from each other and from your residence?

A. For Rio Bueno only. Distance from my residence four miles.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of Rio Bueno while you have been health officer?

A. Four.

Q. 4. In most of the instances when quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival?

A. No quarantine has been necessary to be imposed on any vessel during my service.

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine in your port, during your tenure of office, in consequence of

actual disease on board; and please to specify the diseases for which the detention was imposed?

A. None.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine; have you ever known of a case proving fatal on board?

A. Answered above.

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine. Does the pilot ascertain this before the visit of the health officer; do you know of an instance or instances where the pilot, boarding a vessel at sea, has taken the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port?

A. The pilot boards every vessel, hoisting a signal for him, outside the port, and I visit her as early as possible after she is anchored; the master sends a boat for me, no boat being furnished to me for that purpose. I believe that the pilot only goes on board any vessel, and sends his canoe on shore.

Q. 8. At what distance from the port is the quarantine ground or station; is it a safe anchorage; have you ever known of accidents from vessels lying there; are there any means of preventing communication with the shore?

A. The last instructions I received directed me to send any vessel I might find it necessary to put into quarantine to Ocho Rios, about twenty two miles to windward of Rio Bueno. I am not sufficiently acquainted with the roadstead at Ocho Rios to afford any information.

Q. 9. Have you heard of instances where any violation of the existing quarantine regulations in your port has taken place, either in the way of an incorrect statement having been given, on arrival, as to the health of those on board during the voyage, or by any communication with the shore during quarantine?

A. I know of no such case, nor have I ever heard of one.

Q. 10. During your residence, at or near the port of Rio Bueno, what epidemic diseases have prevailed in the town or surrounding districts; were they distinctly traceable to introduction by shipping?

A. No epidemic disease has ever prevailed at Rio Bueno during my residence there, or near it. Asiatic cholera visited it in December and January last past, which certainly was not introduced by shipping.

Q. 11. In your opinion, does the system of quarantine, as it exists at present and is carried out, afford protection to public health; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases?

A. I am not possessed of the quarantine laws, and therefore cannot give my opinion on it; but I consider that when epidemic or infectious disease is imported in any vessel, her being put into quarantine, must, in a great degree, prevent such disease from spreading among the inhabitants on shore.

Q. 12. Are there any changes or modifications in the present system which would render it, in your opinion, more efficient as a safeguard, or make it less vexatious to shipping, without compromising the public health?

A. I cannot say.

Q. 13. Do you consider that the public health would be endangered if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained by personal inspection and examination, the condition of those on board, also the state of the vessel itself?

A. I consider that when the master or pilot declares that there is epidemic or infectious disease on board, it would endanger the public health if the health officer went on board, and would be useless

by running risk, as it is the duty of that officer to order her immediately to sea, to proceed to the quarantine ground.

Q. 14. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship?

A. Whenever I have thought it advisable to order sick seamen on shore, the master of the vessel to which they belonged has made some arrangement with an inhabitant, and paid for their lodging and attendance. In other cases I have sent sick seamen to the marine hospital, at Falmouth.

Q. 15. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel might be conveniently located during the process of cleansing and purifying her?

A. There is no other way of locating the crew of any vessel on shore during the process of cleansing and purifying her, except the one mentioned in the foregoing answer.

Q. 16. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in this island, either for good or evil, which you think it may be useful that the Central Board of Health should be made acquainted with?

A. I have already stated my belief that the quarantine law, (as far as I know it,) must, in a great degree, afford protection to public health, and I think, that is more the case in ports where no marine or other public hospital exists. But in Kingston, Falmouth, Montego-Bay, and the other ports, having such hospital, I consider it a cruel infliction on both sick and well on board of any foul ship. In my humble opinion it would be better to send the sick to the hospital, where they would be more comfortable and

better attended to, and to lodge the well on shore whilst the vessel was being cleansed and purified.

(Signed,)

W. LEMONIOUS,
F. C. P. & S. Jamaica.

Health Officer, Rio-Bueno.

Answers of Dr. Thomas Johnstone to the questions issued by the quarantine committee of the Central Board of Health.

Question 1. How long have you acted as health officer at the port of Dry Harbour?

A. From the 20th March, 1840.

Q. 2. Do you act as health officer for more than one port; if so, how far distant are they from each other and from your residence?

A. I do not act for any other port. I reside five miles from Dry Harbour, and within sight of the port.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of Dry Harbour, while you have been health officer?

A. I have never had occasion to place any vessel in quarantine.

Q. 4. In most of the instances where quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival?

A. See answer, query No. 3. From four to five vessels annually arrive at Dry Harbour, and those direct from London or Liverpool, being at sea from five to six weeks, and have seldom found that sickness prevailed during the passage. Several other vessels call in during the year from other ports in the island for fresh cargo.

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine in your port, during your tenure of office, in consequence of actual disease on board, and please to specify the

disease or diseases for which the detention was imposed?

A. See answer, query No. 3.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine; have you ever known of a case proving fatal on board?

A. Were it necessary medical attendance would be given, sickness arising after entry, I generally attend.

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine; does the pilot ascertain this before the visit of the health officer; do you know of an instance or instances where the pilot, boarding a vessel at sea, has taken the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port?

A. There is no anchorage or quarantine ground outside the harbour; the pilot generally boards some distance from the port, and his crew mostly go on board with him, towing the canoe with a line. I board immediately on her coming to anchor, and if necessary to place the vessel in quarantine, my instructions are to place her *in*, and to *leeward* of the other vessels in port; the pilot never leaves the vessel until boarded.

Q. 8. At what distance from the port is the quarantine ground or station; is it a safe anchorage; have you ever known of accidents from vessels lying there; are there any means of preventing communication with the shore?

A. See answer, query No. 7. The anchorage within the harbour is safe; there are no means of preventing communication with the shore that I am aware of further than the strict orders of the master on board to the contrary.

Q. 9. Have you heard of instances where any violation of the existing quarantine regulations in your port has taken place, either in the way of an incorrect statement having been given, on arrival, as to the

health of those on board during the voyage, or by any communication with the shore during quarantine?

A. I have never known of the existing quarantine regulations violated in this port.

Q. 10. During your residence at or near to the port of Dry Harbour, what epidemic diseases have prevailed in the town or surrounding district; were they distinctly traceable to introduction by shipping?

A. The only disease that has prevailed in Dry-Harbour is from no epidemic disease ever introduced by the shipping to my knowledge; cholera prevailed to some extent in St. Ann's Bay, to windward, and Rio Bueno to leeward. Dry Harbour escaped.

Q. 11. In your opinion does the system of quarantine, as it exists at present and is carried out, afford protection to public health; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases?

A. I do consider it affords protection to public health, and if the duties are strictly attended to, it is a safeguard against the introduction of epidemic infectious diseases.

Q. 12. Are there any changes or modifications in the present system which would render it, in your opinion, more efficient as a safeguard, or make it less vexatious to shipping, without compromising the public health?

A. My experience does not warrant me in offering any suggestions.

Q. 13. Do you consider that the public health would be endangered if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained, by personal inspection and examination, the condition of those on board, and also the state of the vessel itself?

A. I do not consider the public health endangered by the health officer going on board. I consider the duties inefficiently performed unless the health officer personally inspected the men and the state of the vessel.

Q. 14. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship?

A. There is no place at present; if required, a place could be procured.

Q. 15. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel might be conveniently located during the process of cleansing and purifying her?

A. Accommodations might be procured for the healthy in the town.

Q. 16. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in this island, either for good or evil, which you think it may be useful that the Central Board of Health should be made acquainted with?

A. See answer, query No. 12.

THOMAS JOHNSTONE,

Health Officer. Dry Harbour.

Answers of Dr. Bayley to the questions issued by the quarantine committee of the Central Board of Health.

Question 1. How long have you acted as health officer at the port of St. Ann's Bay?

A. The date of my appointment as health officer at the port of St. Ann's Bay, is the 26th November, 1838, since which time I have acted as such.

Q. 2. Do you act as health officer for more than one port; if so, how far distant are they from each other and from your residence?

A. Only for St. Ann's Bay.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of St. Ann's Bay, while you have been health officer.

A. Since I have resided in St. Ann's Bay, now twenty-three years, I have never known a vessel put in quarantine.

Q. 4. In most of the instances where quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival?

See answer to query No. 3.

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine in your port, during your tenure of office, in consequence of actual disease on board, and please to specify the disease or diseases for which the detention was imposed.

A. Vide answer, No. 3.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine; have you ever known of a case proving fatal on board?

A. I cannot give an answer to this question, as the quarantine ground is twenty miles from St. Ann's Bay, and as I have never had occasion to order a vessel in quarantine, I am not in a position to say what practice is observed.

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine; does the pilot ascertain this before the visit of the health officer; do you know of an instance or instances where the pilot, boarding a vessel at sea, has taken the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port?

A. The pilot has instructions, if a vessel has any epidemic disease on board, not to bring her into port. The health officer boards a vessel when she comes into harbour, but no communication is permitted with the town until the health officer visits the vessel. It is a common practice for the crew of the pilot boat

to go on board the vessel, at sea, with the pilot, and the boat is towed into harbour; the crew of the pilot boat seldom return on shore before the pilot.

Q. 8. At what distance from the port is the quarantine ground or station; is it a safe anchorage; have you ever known of accidents from vessels lying there; are there any means of preventing communication with the shore?

A. Oracabessa, (about twenty miles from St. Ann's Bay,) is the quarantine ground, and it is said to have safe anchorage. I have never heard of any accidents from vessels lying there; there are no means, to my knowledge, to prevent communication with the shore.

Q. 9. Have you heard of instances where any violation of the existing quarantine regulations in your port has taken place, either in the way of an incorrect statement having been given, on arrival, as to the health of those on board during the voyage, or by any communication with the shore during quarantine?

A. I have never heard of any instance.

Q. 10. During your residence at or near to the port of St. Ann's Bay, what epidemic diseases have prevailed in the town or surrounding district; were they distinctly traceable to introduction by shipping?

A. The only epidemic diseases I have known in the port of St. Ann's Bay are small pox and cholera, neither of which were traceable to introduction by shipping.

Q. 11. In your opinion does the system of quarantine, as it exists at present and is carried out, afford protection to public health; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases?

A. It does not; there are ports adjacent to St. Ann's Bay where vessels might go in, and no health officer present to board them. I may mention Ocho Rios especially; this port is to the windward of St. Ann's Bay; there is no health officer there.

Q. 12. Are there any changes or modifications in the present system which would render it, in your

opinion, more efficient as a safeguard, or make it less vexatious to shipping, without compromising the public health ?

A. The only modification I would suggest is, that the health officer should be required to *board* each vessel, and not to trust simply to the captain's report of the health of the crew.

Q. 13. Do you consider that the public health would be endangered if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained by personal inspection and examination, the condition of those on board, and also the state of the vessel itself ?

A. It has been my practice to board the vessels and personally *inspect* the crew, &c.

Q. 14. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship ?

A. When it is necessary to order a sick patient on shore, the captain procures lodgings and pays the expense; in most cases the medical man is employed by the ship to attend the crew.

Q. 15. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel might be conveniently located during the process of cleansing and purifying her ?

A. Yes; no difficulty in getting lodgings.

Q. 16. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in this island, either for good or evil, which you think it may be useful that the Central Board of Health should be made acquainted with ?

A. I have no observations to add.

(Signed,)

T. N. BAYLEY,

Surgeon.

Answers of Dr. Clarke to the questions issued by the quarantine committee of the Central Board of Health.

Question 1. How long have you acted as health officer at the port of Annotto Bay ?

A. Since April, 1850 ; I acted as deputy also some years back under Dr. Maxwell.

Q. 2. Do you act as health officer for more than one port ; if so, how far distant are they from each other and from your residence ?

A. For the port of Annotto Bay only.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of Annotto Bay, while you have been health officer ?

A. None have been put into quarantine since I have held the office.

Q. 4. In most of the instances where quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival ?

A. _____

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine in your port, during your tenure of office, in consequence of actual disease on board, and please to specify the disease or diseases for which the detention was imposed ?

A. _____

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine ; have you ever known of a case proving fatal on board ?

A. _____

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine ; does the pilot ascertain this before the visit of the health officer ?

A This is seldom or never ascertained till the vessel comes into port, the harbour being large and an open roadstead; the pilot is not looked to in the matter at all, the question being settled when suspicion arises by the decision of the health officer.

Q. 8. Do you know of an instance or instances where the pilot, boarding a vessel at sea, has taken the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port?

A. _____

Q. 9. At what distance from the port is the quarantine ground or station; is it a safe anchorage; have you ever known of accidents from vessels lying there; are there any means of preventing communication with the shore?

A. At Oracabessa about eighteen miles distant. I am told by competent judges that the anchorage is safe. I do not know that there are any particular means of preventing communication with the shore.

Q. 10. Have you heard of instances where any violation of the existing quarantine regulations, in your port, has taken place, either in the way of an incorrect statement having been given, on arrival, as to the health of those on board during the voyage, or by any communication with the shore during quarantine?

A. I have not.

Q. 11. During your residence at or near the port of Annotto Bay, what epidemic diseases have prevailed in the town or surrounding district; were they distinctly traceable to introduction by shipping?

A. Measles in 1837; scarlatina in 1842 and 1843; hooping cough in 1843; dysentery in 1844 and 1845; and cholera in 1850. I am not prepared to say in what way they were introduced.

Q. 12. In your opinion does the system of quarantine, as it exists at present and is carried out, afford protection to public health; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases?

A. I believe that it is calculated to afford considerable protection, but I will not say a complete safeguard against it.

Q. 13. Are there any changes or modifications in the present system which would render it, in your opinion, more efficient as a safeguard, or make it less vexatious to the shipping, without compromising the public health ?

A. I am not prepared to offer any. The destruction of fomites and proper cleansing and ventilating of the vessel are obvious suggestions, and might be enforced by penalties.

Q. 14. Do you consider that the public health would be endangered, if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained by personal inspection and examination, the condition of those on board, and also the state of the vessel itself ?

A. The individual risk to the officer would, of course, be increased "*pro tanto*" by the increased exposure to noxious emanation; the channel, and consequently the chance of propagation, would be limited in the case suggested, and the latter capable of being still further diminished by the use for the occasion of personal precautions; perhaps therefore, the degree of danger to the public health from such a course would be inconsiderable.

Q. 15. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship ?

A. I know of no place on shore to which they could be carried with safety to the inhabitants.

Q. 16. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce, or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel might be conveniently located during the process of cleansing and purifying her ?

A. The same answer applies to this question; po-

sibly the cleansing and purifying might be carried on without disembarking the crew.

Q. 17. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in the island, either for good or evil, which you think it may be useful that the Central Board of Health should be acquainted with?

A. I have no special information to give on the subject, but as illustrative of the beneficial operation of quarantine in this island, I may be allowed to point to the entire absence of small pox from it for a period of nineteen years, although infected vessels have arrived at its shores during that time.

(Signed,) THOMAS CLARKE, M.D.

Health Officer, Annotto Bay.

Answers of Dr. W. B. Cooke to the questions issued by the quarantine committee of the Central Board of Health.

Question 1. How long have you acted as health officer at the port of Morant Bay?

A. From the 22nd March, 1845.

Q. 2. Do you act as health officer for more than one port; if so, how far distant are they from each other and from your residence?

A. For Port Morant also, the distance being seven miles by the post road.

Q. 3. What is the average number of vessels, per annum, put into quarantine in the port of Morant Bay, while you have been health officer?

A. None.

Q. 4. In most of the instances where quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival?

A. None.

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine, in your

port, during your tenure of office, in consequence of actual disease on board; and please to specify the disease or diseases for which the detention was imposed?

A. None.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine; have you ever known a case proving fatal on board?

A. None.

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine?

A. It is not usual to board a vessel outside the roadstead at Morant Bay, it not being always practicable, but as soon as the reef is cleared the health officer goes alongside and makes the usual enquiries.

Q. 8. Does the pilot ascertain this before the visit of the health officer; do you know of an instance or instances where the pilot boarding a vessel at sea, has taken the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board to take the vessel into port?

A. No. It is their constant habit.

Q. 9. At what distance from the port is the quarantine ground or station; is it a safe anchorage; have you ever known of accidents from vessels lying there; are there any means of preventing communication with the shore?

A. I do not know of any quarantine ground either at this port or at Port Morant. The crew can always be prevented, but not the crew of the pilot boat, as they may board and come on shore before the vessel is in sight.

Q. 10. Have you heard of instances where any violation of the existing quarantine regulations, in your port, has taken place either in the way of an incorrect statement having been given, on arrival, as to the health of those on board during the voyage, or

by any communication with the shore during quarantine ?

A. None.

Q. 11. During your residence at or near the port of Morant Bay, what epidemic diseases have prevailed in the town or surrounding district ; were they distinctly traceable to introduction by shipping ?

A. Cholera. Not at all.

Q. 12. In your opinion does the system of quarantine, as it exists at present and is carried out, afford protection to public health ; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases ?

A. I do, with the exceptions already stated in regard to pilots leaving the vessel before the visit of the health officer.

Q. 13. Are there any changes or modifications in the present system, which would render it, in your opinion, more efficient as a safeguard, or make it less vexatious to shipping, without compromising the public health ?

A. I am of opinion that if vessels were compelled to hoist a yellow flag at the mast head in all cases where there had been a death on board, or where there had been any infectious disease within sixteen days of her arrival, it would answer well, and do away with the necessity of lying to in a dangerous situation, such as outside the reef at this port.

Q. 14. Do you consider that the public health would be endangered, if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained, by personal inspection and examination, the condition of those on board, also the state of the vessel itself ?

A. This involves the question of contagion or non-contagion ; a subject which cannot be entered into in so brief a space. I am of opinion, however, that the public health would not suffer except in cases where the disease is *known* to be contagious, i. e.

small pox, croup, &c. &c. I am convinced that neither cholera nor yellow fever are at all contagious, except in the former after death. I am confirmed in this opinion by a lengthened and extended experience.

Q. 15. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship?

A. There is no place whatever.

Q. 16. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce, or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel might be conveniently located during the process of cleansing and purifying her?

A. There is no public place. A house might be procured for the healthy.

Q. 17. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in this island, either for good or evil, which you think it may be useful that the Central Board of Health should be made acquainted with.

A. The existing quarantine laws are perfectly adequate to the prevention of the importation of epidemic diseases, if faithfully and rigorously carried into execution, but the remuneration afforded, in many instances to the health officers, renders their services almost altogether inefficient, and in some cases entails a loss to the holders of the office. At this port or roadstead the sum of sixty pounds is paid by the receiver-general; out of this small sum the health officer has to provide a boat and crew which absorbs nearly one half of the income; now should it so happen that a vessel arrives with an infectious disease, the health officer is expected to give his whole attention to the sanitary condition not only of the crew but of the vessel; should such an unfortunate contingency arise, he must take his choice of either starving or

doing his duty. I would suggest that either the salary be increased, or a sum allowed for a boat and crew. I am no advocate for doing away with quarantine regulations, as I conscientiously believe them to be a safeguard to the public health.

Answers of Dr. Tarrant to the questions issued by the quarantine committee of the Board of Health.

Question 1. How long have you acted as health officer at the ports of Old-Harbour and Salt River?

Answer. Acting two years; confirmed two years. See below.

Q. 2. How far distant are they from each other and from your residence?

A. Old Harbour, by land, nine miles; Salt River, by land, one mile; and Carlisle Bay, by land, twelve miles.

Q. 3. What is the average number of vessels, per annum, put into the ports of Old-Harbour and Salt River while you have been health officer?

A. In 1848, two; in 1849, eighteen; in 1850; eighteen; and in 1851, sixteen.

Q. 4. In most of the instances when quarantine has been imposed during your service, has it been owing to the vessels having merely arrived from an infected or suspected port, or to their having actual disease on board at the time of arrival?

A. Quarantine has never been imposed during the period I have been health officer.

Q. 5. State, as nearly as you can, the number of vessels which have been put into quarantine in your ports, during your tenure of office, in consequence of actual disease on board, and please to specify the disease or diseases for which the detention was imposed.

A. None.

Q. 6. Is any medical attendance given to the sick on board a vessel in quarantine; have you ever known of a case proving fatal on board?

A. As health officer I should consider it my duty to give professional advice when needed. None.

Q. 7. Please to describe the mode of procedure in ascertaining whether a vessel outside the port is to receive pratique, or to be put into quarantine; does the pilot ascertain this before the visit of the health officer; do you know of an instance or instances where the pilot, boarding a vessel at sea, has taken the crew of his boat on board, and that the crew afterwards left the vessel and returned on shore, leaving the pilot on board, to take the vessel into port?

A. By calling alongside. Never; no.

Q. 8. At what distance from the ports is the quarantine ground or station; have you ever known of accidents from vessels lying there; are there any means of preventing communication with the shore?

A. At each place from two to three miles; the anchorage in each place is good; I am not aware of any.

Q. 9. Have you heard of instances where any violation of the existing quarantine regulations, in your port, has taken place, either in the way of an incorrect statement having been given, on arrival, as to the health of those on board during the voyage, or by any communication with the shore during quarantine?

A. No.

Q. 10. During your residence at or near to the ports of Old Harbour and Salt River, what epidemic diseases have prevailed in the town or surrounding district; were they distinctly traceable to introduction by shipping?

A. The usual epidemics of the country, and none of them attributable to the shipping in port.

Q. 11. In your opinion does the system of quarantine, as it exists at present and is carried out, afford protection to public health; and is it, do you consider, a safeguard against the importation of epidemic infectious diseases?

A. Certainly so when properly carried out. Yes, in a great measure.

Q. 12. Are there any changes or modifications in the present system which would render it, in your opinion, more efficient as a safeguard, or make it less vexatious to shipping without compromising the public health?

A. I am not aware of any.

Q. 13. Do you consider that the public health would be endangered if the health officer went on board, instead of merely alongside, as at present, every vessel upon arrival, and ascertained by personal inspection and examination, the condition of those on board, also the state of the vessel itself?

A. I do not think so.

Q. 14. Is there any convenient place on shore to which the sick might be sent for medical attendance, if you deemed it advisable that they should be removed out of the ship?

A. At Old Harbour Bay, lodgings could be obtained, and probably at Salt River, if needed; but I am not aware of any at Carlisle Bay.

Q. 15. In the event of a vessel being found to be exceedingly foul, and therefore liable to produce or to keep up and aggravate sickness, is there any place on shore where the healthy on board the vessel might be conveniently located during the process of cleansing and purifying her?

A. As above.

Q. 16. Please to add any observations respecting the subject of quarantine, or in any measure illustrative of its operation in this island, either for good or evil, which you think it may be useful that the Central Board of Health should be made acquainted with?

A. I think penalties should be imposed on persons boarding vessels, and on masters of vessels leaving their ships before the visit of the health officer, both of which frequently occur to my knowledge.

W. TARRANT.

Vere, 29th August, 1851.

N.B.—To the ports of Old Harbour and Salt River, that of Carlisle Bay is attached, the duties of which I have to perform, although not named in my commission, and for which I receive no extra pay.

W. TARRANT.

APPENDIX F.

The following are copies of the circular and questions on small pox :—

Central Board of Health, 4th August, 1851,

Sir,

I have the honor to enclose, by order of the committee of the Central Board of Health, on the prevention of the spread of epidemic diseases, certain queries on the subject of the reported outbreak of small pox in the parish of Trelawny, to which the Board request your answers will be as prompt and explicit as the nature of a written examination will admit.

I have the honor, &c.

T. J. BROWN, *Secretary.*

Have you met with any cases of small pox in your district within the last two months ?

If so, how many such cases have come under your notice ?

When and where did the first case occur ; please describe particulars ?

Did the cases occur in vaccinated or unvaccinated persons ?

Could the disease be traced to introduction ; or did it occur spontaneously ?

Over what extent of district does the disease extend ?

What is the existing state of vaccination in your parish ?

Please to add any observations which you think may be of importance ?

Falmouth, 8th August, 1851.

Sir,

I have the honor to state, for the information of the Central Board of Health, in reply to certain queries forwarded to me, that no cases of small pox have occurred in my district.

Very few persons have been vaccinated, the negro population being generally very careless about it, and the only means to ensure its general performance, will be making it, if possible, compulsory among them.

I have the honor to be, Sir,

Your obedient servant,

A. C. STEVENS.

Have you met with any cases of small pox in your district within the last two months?

If so, how many such cases have come under your notice?

When and where did the first case occur; please describe particulars.

Did the cases occur in vaccinated or unvaccinated persons?

Could the disease be traced to introduction, or did it occur spontaneously?

Over what extent of district does the disease extend?

No case of small pox has occurred in my district.

WILLIAM SCOTT, M.D.

Falmouth, 7th August, 1851.

Please to add any observations which you think may be of importance.

I believe that a very small proportion of the native population is now vaccinated. From lymph, lately obtained from England, some fifty or sixty persons were vaccinated a few months since.

It would be desirable that a periodical supply should be forwarded to this place from the Royal Naval Institution, per packet.

The lymph obtained from Kingston generally failing, that on the other hand in hermetically sealed glass tubes being always found efficacious.

W. S.

Have you met with any cases of small pox in your district within the last two months? No.

If so, how many such cases have come under your notice?

When and where did the first case occur; please describe particulars?

Did the case occur in vaccinated or unvaccinated persons?

Could the disease be traced to introduction, or did it occur spontaneously?

Over what extent of district does the disease extend?

What is the existing state of vaccination in your parish?

Please to add any observations which you think may be of importance.

I believe that the population of Trelawny are but very partially vaccinated, particularly in the rural districts. The negroes, generally speaking, seem indifferent to vaccination, and it is only when impelled by dread of the disease, that is to say, when they believe it to be in their immediate neighbourhood, that they apply for the insertion of the vaccine matter.

LEWIS ASHENHEIM.

Duncan's, P.O. August 15th, 1851.

Sir,

Your letter of the 4th instant, has only reached me in time to reply by this day's post.

I am Sir, your obedient servant,

W. DALRYMPLE.

T. J. BROWN, Esquire,

Secretary to the Board of Health, Kingston.

Swanswick District.

No. 1. Several cases of small pox have lately occurred.

2. About thirty.

3. A month ago, at Hyde estate, the first two cases were those of two lately imported Africans by the ship "Brandon," of a very mild type, which did not attract much notice. In a few days after, the disease spread amongst the creole negroes, and in a more aggravated form.

4. Unable to answer this question.

5. Answered in question No. 3.

6. About five or six miles round on the adjoining estates to Hyde, Swanswick, Gibraltar, and a village called Haddington.

7. There has been no regular vaccination since freedom, (1834.)

8. A few days after the appearance of the disease in the two Africans, three creoles, man, wife, and child, (living under the same roof,) were attacked; the man died, and the nurse who attended him has since died of the disease.

I have to notice two more deaths of Africans imported in 1849, and there are several more cases in a dangerous state.

The last supply of vaccine lymph has taken.

(Signed,)

W. DALRYMPLE,

*Swanswick District, Whitehall,
Trelawny, September 16th, 1851.*

Sir,

I have to acknowledge the receipt of your communication of the 6th instant, enclosing certain resolutions passed that day, by the Central Board of Health, regarding vaccination in this parish; and I have to request the favour of your laying before the members of the Board, my anxious desire to carry out their suggestions, that I have already vaccinated some three or four hundred, and distributed lymph in various directions, and to all and every one who made application.

I find it impossible to obtain a medical vaccinator, and in order fully to carry out the wishes of the Board, will have to employ one or two intelligent individuals in this the principally infected and windward part of the parish, and shall have, at a future time, to bring under the favorable consideration of the Board, remuneration for their services. The small pox continues to spread, and my report to the several sessions of the peace, held in Falmouth last Saturday, shewed one hundred and fifty cases which had come under my knowledge up to that date, with fourteen deaths; but I have to add two more fatal cases since, making in all, up to this date, sixteen deaths; still, however strong, I think that the disease has not as yet assumed any, or in fact its usual malignant character; and I am glad to find that the report about Stewart Town was much exaggerated; for up to last week only two cases had taken place, and they have now the means of vaccination.

I remain,

Your very obedient servant,

W. DALRYMPLE.

T. J. BROWN, Esquire,

Secretary to the Central Board of Health, Kingston.

APPENDIX G.

September 1st, 1851.

IN PRIVY COUNCIL.

Whereas his excellency the governor and council have received certain information that the parish of Trelawny, in this island, is threatened with the disease called small pox, which has actually appeared in several places in the said parish: And whereas "the Central Board of Health," under the provisions of an act of the legislature of this island, fourteenth Victoria, chapter sixty, have drawn up rules, bye-laws, and regulations, for preventing the spread, and mitigating the violence of epidemic or contagious diseases, which rules, bye-laws, and regulations have been submitted for the approval of the governor and council, and certain of them have been confirmed and sanctioned by the governor in council: It is therefore ordered by his excellency the governor, with the advice of the privy council, that until the further order of the governor and council, the following rules and regulations, submitted by the said Central Board of Health, shall be enforced and carried into effect within and throughout the said parish of Trelawny:—

1. All rubbish, filth, or refuse of any kind, likely to be injurious to the public health, shall be immediately removed by the parties depositing the same from dwellings and their immediate neighbourhood, to such place or places as the justices of the peace, in quarter or special sessions assembled, may, from time to time, appoint for such purpose.

2. All rank vegetation close to, or any thing that obstructs the free ventilation of air around dwellings shall be cut down and removed, due consideration being had for trees planted for ornament and shade.

3. All dung and other refuse of stables shall be removed daily to a place or places appointed by the said justices of the peace, and shall be there deposited and got rid of by burning or otherwise.

4. All foul stagnant ditches, pools, gutters, or drains shall be covered and filled up, or shall be drained, and all accumulations of privy soil or other offensive decaying matter near to human dwellings, and which cannot be easily removed or destroyed, shall be covered with a layer of earth or lime.

5. The proprietor or occupier of any house or houses, not provided with such conveniences, shall construct and provide suitable privy or privies for the accommodation of the inhabitants of such house or houses, due regard being had to the health and comforts of the neighbourhood.

6. All houses which shall be pronounced filthy or unwholesome by any officer or officers acting under the instruction of the Central Board of Health, or wherein a case or cases of cholera or any epidemic or contagious disease shall have occurred, and which shall not have been inhabited since, or where no means of cleansing shall have been employed, shall be cleansed and purified by lime-washing and such other means, as the said Board may direct.

7. That an officer, or officers, to be appointed by the justices of the peace in special sessions assembled, and acting under their authority in any place or places where the cholera or any epidemic or contagious disease shall threaten to appear, or shall actually exist, shall have power to enter and inspect all or any dwelling or other buildings, and all or any courts or premises around such dwellings or other buildings which shall be suspected of being in an unwholesome condition, and shall require the owner or occupier thereof, or any person having the custody and care of such building, to remove or correct, within a reasonable period of time, to be by the said justices specified, all existing nuisances as shall be declared by the Central Board of Health to be inju-

rious to health, whether by rendering the atmosphere impure, or by preventing the free access of air.

8. The said Central Board of Health shall have full power, and they are hereby authorized, to declare the means necessary for the proper ventilation of any building or buildings used as a dwelling or dwellings; and such means shall be used and adopted in any place or places named by the said Board, so that such means of ventilation do not interfere with the rights of persons occupying lands or premises in the immediate neighbourhood of such buildings.

9. The said Central Board shall have full power, and they are hereby authorized, to cause to be pulled down and removed all or any other dilapidated building or buildings which shall be uninhabited and in a filthy and unwholesome condition, unless the same shall be forthwith repaired and purified as the said Board, or any officer acting under the instructions of the said Board shall direct.

10. The justices of the peace throughout this island, in their respective districts, shall have full power, and they are hereby authorized, when directed by the said Central Board, to hire or to procure houses, buildings, or other tenements, suitable for the purpose of being used as places of refuge and retreat for such persons as the said local authorities may see fit to remove out of infected houses or districts.

11. The said Central Board of Health shall have full power, and they are hereby authorized, to require and enforce the removal of inmates from houses which shall be declared by any duly qualified medical man, or other person acting under the instructions of the said Board, to be unwholesome, from overcrowding or otherwise, to buildings or places of greater safety.

12. The said Central Board of Health shall have full power, and they are hereby authorized, to engage any suitable building or buildings, or a room or rooms in any building, for the reception of necessitous persons attacked with cholera or any epidemic or contagious disease.

13. The said Central Board of Health shall have full power, and they are hereby authorized, to require the immediate removal and interment of the dead, and to make and issue all rules and regulations for removal of the dead and mode of sepulture, and to prohibit wakes and other idle congregations of persons in infected districts or places.

14. The said Central Board shall have power, and they are hereby authorized, to institute and establish a system of house visitation in towns or districts threatened or already affected with cholera or any epidemic or contagious disease, including a provision for the supply of medical and other assistance, and of medicines and necessaries, for the sick as well as for other sanitary purposes.

15. The said Central Board of Health shall have power, and they are hereby authorized, to require the local boards of health of the several parishes in the island wherein cholera or any epidemic or contagious disease exists, to send regularly, and by every post, to the secretary of the Central Board, a correct statement of the number of persons attacked by cholera or any epidemic or contagious disease, of the number of deaths in each town and district over which such local board presides, and containing such other particulars as may be required by the said Central Board, in order that the information so obtained may be made public in an official form.

16. The public authorities of this island are hereby required to execute the above bye-laws, rules, and regulations, or such of them as the said Central Board shall direct, in all cases where the owners or occupiers of houses and tenements shall, from poverty or any other sufficient cause, be unable to carry out the same.

17. The Central Board of Health are hereby authorised to call upon the authorities of any parish in the island which shall appear to be threatened, or shall be already affected with any epidemic or contagious disease, to carry into effect the existing police and

other laws for cleansing and keeping free from nuisances, and to enforce regulations enacted for that purpose in all towns, and that the said Central Board of Health shall also have power to employ a proper person to see the laws obeyed in those respects, when and as occasion may require, and to superintend the execution of any future rules and regulations that may be issued by the said Board under the sanction of his excellency the governor in council.

Ordered, That the clerk of the council do cause the foregoing order of his excellency the governor in council to be published in "The Jamaica Gazette by Authority," and to be communicated to the Central Board of Health.

SAML. RENNALLS,

Clerk to the Council.

APPENDIX H, No. 1.

Central Board of Health, Kingston,
September 1851.

Sir,

I am desired by the committee of the Central Board of Health, on the subject of medical relief, to address to you, as one of the medical gentlemen of the parish of _____ the accompanying questions, and to request that you will afford the committee, which has been appointed to consider the best means of providing medical relief for the poor of this island, answers to the same, with such additional information as may aid the committee in their labours.

I am also desired by the committee of the Central Board of Health, appointed to consider the sanitary state and wants of the different parishes of the island, to request that you will, previous to answering the above mentioned queries, favour the committee with a statement of the present sanitary condition and requirements of your parish or district.

As the time is limited by which the reports of the two committees must be prepared, and the general report of the Central Board of Health be laid before the legislature, the Board desire me to request that your answers will be as prompt and full as the nature of a written examination will admit.

I have the honor to be, Sir,

Your most obedient servant,

T. JAMES BROWN, *Secretary.*

True copy,

JOHN C. MACFARLANE, *Secretary.*

1. What is the area or extent in square miles of your parish; is it scattered, or congregated in towns or villages; is the land chiefly mountainous or in

plains; are all the inhabited localities accessible by good, bad, or what description of roads?

2. What was the estimated population of your parish before the late heavy visitation of cholera; and what is the estimated reduction by the pestilence; are the adult survivors principally male or female; what is their occupation, trade, or calling; is it principally agricultural, or otherwise?

3. What is the number of sugar or other estates in cultivation in your parish; is the demand for labour in the cultivation of these equal to, or greater than, the labouring population can supply?

4. What is the average amount of wages paid to an estate's labourer, per diem, in your parish; how is it in general paid, regularly or otherwise; and in money or in kind; are the people willing to work in the cultivation of estates; and if not, what cause contributes to their unwillingness?

5. Please state, as nearly as you can, the amount of pauperism in your parish, and what is the number of persons who, from sickness, age, or other disability, are unable to contribute *anything* for providing themselves with medicine and medical attendance.

6. What is the number of qualified medical practitioners in your parish; and please state their places of residence; do you consider the number adequate to the requirements of the population?

7. Is there any public dispensary or hospital in your parish; if so, please state how it is supported; whether by voluntary contributions or by the legislature, or by both; and if by voluntary contributions, do the negro population contribute their quota towards the same; is there any medical practitioner resident in, or employed to visit such dispensary or hospital; and if not resident, at what distance from the same does he live; what amount of remuneration is paid to a medical attendant for his services?

8. Are the negro population in general willing, when sick, to apply for medicines at such dispensary, or to submit to the discipline and medical treatment

provided for sick persons in such hospital; if not, to what do you attribute their reluctance?

9. Are you aware if the dispensary act of the ninth Victoria, chapter forty three, worked well in your parish, and throughout the island; and if not, to what cause may its failure be attributed?

10. Who is the coroner of your parish; please state his name, occupation, and place of residence, how he is remunerated, whether by a fixed salary, or by fees, or by both; please also state the probable income of the coroner in your parish, the average number of inquests held yearly, within the last ten years, the number of post mortem examinations arising out of these, and the preponderating cause or causes of mortality.

11. Do you consider that any advantage would arise from the office of coroner being filled by a duly qualified medical practitioner; if so, please state on what grounds.

12. Is there any register kept in your parish of births, marriages, and deaths; and how far back does such register extend perfect and uninterrupted?

13. What diseases are shewn by such register to have been most common and fatal during the last ten years?

14. Is the rite of marriage generally observed by the peasantry of your parish, or is their offspring generally the result of the illicit intercourse of the sexes?

15. Is the practice of obeahism or myalism common in your parish?

16. Are there in your parish any uneducated black men who practice on the sick as "quack doctors;" and can you state what payment they receive for their visits or medicines?

17. Do you know of any instances where deleterious drugs or noxious mixtures have been administered by such persons, or have you reason to believe that such cases have occurred?

18. Do you think that recourse would be had to

such "quacks" if the professional services of a sufficient number of duly qualified medical men could be obtained at a fair remuneration; and do you consider that a preference would be given to such last named persons?

19. Do the negro women generally apply for the assistance of such "quacks" during the season of child-bearing; have you known of instances where unskilful treatment has resulted in injury to the child or mother?

20. Have you any reason to believe that the crime of infanticide is ever committed in your parish, either by the mal-practices of such "quacks," or by the mothers themselves; and what, in your opinion, would be the effect of more extended medical relief towards the suppression of such crime?

21. Do you think that a legislative provision, having for its object the encouragement of medical gentlemen to visit and reside in this island from England, Ireland, or Scotland, would be acceptable to the labouring classes of this country; and would the gentlemen so coming here be likely to meet with a fair share of employment, producing a competent living?

22. If the legislature should impose a tax for the purpose of providing medicines and medical aid throughout the different parishes of the island, under the denomination of a "Medical Relief Tax," how do you consider such an impost would be paid—willingly or not; and what method would you advise for laying it, on the person, or on the property, and on what description of property?

23. Is a proper and adequate supply of medicines provided and kept in your parish in the event of any epidemic disease appearing therein?

Be pleased to state anything that may occur to you as useful to be known to the Central Board of Health, on the subject of medical relief generally, and particularly in Jamaica.

True copy,

JOHN C. MACFARLANE, *Secretary.*

APPENDIX H, No. 2.

Answers of the honorable Hector Mitchel, custos of Kingston, to the questions appended to circular of 8th September, 1851.

1st. It extends along the sea shore about five miles and a half, and may be said to be one mile in breadth north to south, lying on an inclined plain and partly on the long mountain, and all accessible. The soil is clay, and may be cultivated into gardens. The roads require frequent repairs. It has never been surveyed.

2nd. The population was never correctly ascertained, but was variously estimated from forty to thirty-five thousand. The loss by cholera may be considered three thousand five hundred. It has not been possible to ascertain the proportion of ages and occupations. A very small proportion of agricultural occupation may be mixed with the inhabitants.

3rd. There are no sugar estates.

4th. There is no rule of wages for estates labour.

5th. The number of paupers on the list is ninety-one males, and three hundred and sixty females, and the cost for the last twelve months £4340. At the present moment half the number of the inhabitants do not know how to provide themselves with subsistence, and they shift among themselves from morning to night as they best can, therefore unable to provide themselves with medicines and medical attendance.

6th. There are ten doctors in this parish. It would be difficult to calculate the requirements of a poor population. The number of medical gentlemen in practice appears to be sufficient for the ordinary calls of payment. Complaint exists among the paupers.

7th. There is no public dispensary, but there is a

public hospital. It is supported entirely by the legislature. There is a private dispensary supported by individuals who contribute a small sum each. The remuneration for medical attendance is, I am told, small. The fifth Victoria, chapter eighth, provided that each parish should have a parochial asylum, and authorized the establishing of dispensaries throughout the island, but it is repealed.

8th. The negro population in general are willing to take medicines from a dispensary or submit to medical treatment if they get it for nothing, but in many cases would rather die than pay for it.

9th. I am aware of the ninth Victoria, chapter forty-three, and it was never attempted to be carried into effect in this parish. I cannot answer for the other parishes.

10th. The coroner's name is Benjamin Naar, a tobaccoist, and lives in Harbour and Hanover streets, and is remunerated by fees.

11th. A medical practitioner filling the office of coroner would, as a man of education, be more competent.

12th. There is a register of births and deaths, and it has been opened for registering since the year one thousand eight hundred and forty-four, but it is very little used in consequence of no penalty to enforce it.

13th. The diseases have not been attended to.

14th. The rite of marriage is comparatively little attended to, and I fear is generally the result of illicit intercourse of the sexes.

15th. The practice of obeahism and myalism occasionally shews itself.

16th. There are persons uneducated among the black and coloured inhabitants, who assume to themselves a knowledge of quackery, and no doubt do mischief, but are not easily detected. They take any thing they can get as remuneration, but they do not shew it.

17th. I have no doubt that deleterious drugs and

noxious mixtures have been administered by such persons.

18th. Ignorance predominates so much among the lower classes, that they do not pretend to judge for themselves, and I think compulsion would be necessary for the preservation of society.

19th. Negro women are very commonly used as midwives in child-bearing. It would be difficult to bring their unskilful treatment to the child, or the mother to a legal conviction.

20th. The crime of infanticide is occasionally occurring, but is of very difficult detection. Society must be more generally refined, and morality more generally diffused before that crime can entirely disappear.

21st. The welfare of the island depends upon a legislative enactment to provide the island with the necessary medical assistance, to enforce the rules necessary among an ignorant population, for the preservation of life.

22nd. The experience the island has already had by the cholera shews that medicines and medical aid should be provided for by the legislature, whether it would be willingly acceded to or not. If the same ruin should continue to the island, no person or property could bear such an impost. If prosperity should follow cultivation, the legislature could have no difficulty in apportioning the measure of taxation.

23rd. I believe a proper and adequate supply of medicines is not provided and kept in this parish to meet the wants of an epidemic disease appearing therein. I was much surprised, on the late visitation of cholera, to find a deficiency of medicines in the whole island, and as Kingston was considered the capital and the principal place of commercial intercourse, every part of the island looked to it for a supply. Medicines are of no great value, and, in future, it would be culpable negligence to be without a reasonable supply.

Answers of Dr. Chamberlaine to circular 8th September, 1851.

A statement of the present sanitary condition and requirements of the city and parish of Kingston, by R. Chamberlaine, M.D., M.R.C.S. London.

The committee of the Central Board of Health in their circular of the 8th ultimo, desire "*inter alia*," to have a statement of the present sanitary condition and requirements of this parish.

One of these "*circulars*" is addressed to me, and I hope I shall be found readily disposed, when any requisition is put forth, and couched in the language of courtesy, as this "*circular*" undoubtedly is, to meet the wishes and desires therein expressed, and particularly on a subject of such primary, of such paramount interest and consideration. A subject indeed that involves life itself. A subject in which our very existence, *one and all*, is intimately connected and mainly depends; and who and what members of our profession would be backward or indifferent in responding to, or complying with, an application so complaisantly made? None surely. But let one ask, in sober seriousness, is it not a work of supererogation? I think it such. Have not reports of a similar nature been repeatedly made? Have I not often individually called the attention of the authorities, aye, in print likewise to the state of such things? Have I not for special reasons conducted the queen's commissioner in person, over all those sections of the city in which abominations were most frequently prevalent, and most commonly to be seen, and which I conceived should be brought under the notice and cognizance of such a functionary? Verily I have! And what utility, what benefit have these labours brought forth? What indeed? What attention or care has, at any time, or in any season, been bestowed upon

this most important, most absorbing subject? Has it ever met with the due consideration its neglect involves, or the dangers with which it is always pregnant, and by which it is still surrounded, and may again entail upon this suffering, pauperized community, another overwhelming calamity, sooner or later? I say what are the results of all this trouble and exertion and cost of time? Aye, what? NIL! We only write and talk, *nothing more!* In obeying the requisition of the Board, I have only to tell "*a tale often told;*" that almost all, or most of our streets, lanes, and thoroughfares, continue to be, and are in the same condition as they were antecedently to the frightful and destructive visitation of last year. They were then, as all men know, a blot and a reproach upon our system of municipal government, and a disgrace, a curse, an eye-sore, and an affliction of no ordinary character to a civilized and enlightened community. With their foul, fetid pestiferous emanations, and accumulated filth, their deep pits and rugged excavations, more like ravines and water courses, dangerous alike to man and beast, and consequently unfit for travelling night or day, and in many instances so uneven and irregular as to resemble the undulations or heavings of a troubled sea after a storm, (e. g. Oxford, Bond, and Charles streets,) so intersected by ruts and hollows, as to endanger the safety of every vehicle that attempts to pass over them; such as they are, they have not, I assert, their parallel on the face of the earth. The neglect in which the city of Kingston is left in all such matters, is strikingly apparent at all times. It has ever attracted the notice of Europeans and foreigners, who have had the misfortune to land on these shores, to be disgusted with its filthy condition. Its *sanitary* condition has been generally stationary, *always* bad, but certainly the evil has increased, and become worse annually, particularly since negro emancipation, (premature, hasty, injudicious, reckless emancipation,) was thrust "*volens volens*" upon these ill-starved, doomed colonies.

From this source, and the inflexible perseverance in a stubborn, perverse, dogged policy, conspicuously baneful and destructive, almost all the calamities and disasters that have befallen this once flourishing and prosperous island, (and still continue to afflict it,) may be solely traced or mainly ascribed. Surely clean, smooth, orderly and level streets, lanes, and thoroughfares are closely, nay, intimately connected and blended with the comfort, with the wholesome, healthy, prosperous condition and circumstances of its denizens. Then, let me ask, how can the sanitary state of a city be improving as long as its thoroughfares are suffered and continue to be the depository of variform carcasses, under various degrees of decomposition, or putrefaction, or filthy, offensive, poisonous fluids proceeding from, and running out of all the the yards and horse stables into the streets and lanes, and there forming pools for swine to perform their daily ablutions and bask in? As long, in fact, as dirt, carrion, ordure, offal, broken glass-bottles and tin kettles, cocoanut shells, dead dogs, cats, and pigs, rats and fowls, are cast into the public alleys and thoroughfares, and allowed to remain there unremoved and undisturbed,* so long will the atmosphere become more polluted, more unwholesome, and consequently unsuited for the purposes of life, causing sickness and mortality, particularly amongst those most exposed to its influence in confined, damp, low, narrow unventilated hovels and decayed houses—surely where such horrors prevail that town or village is no longer a fit place, a meet habitation for civilized man, and so long must the sanitary condition of such be at its ebb. It is a sad tale to tell, but these are not the only nuisances and wrongs the moral, sober, and virtuous portion of the inhabitants

* During the prevalence of cholera in this town, it was not uncommon to see foul beds, linen, pillows, blankets, &c. lying in the public streets, thoroughfares, and dunghills, unnoticed or untouched until the Coolies pounced upon the prizes and sacked them, quite regardless of any consequences connected with the infectious or contagious nature of "Jomites."

have to encounter and endure day after day, year after year, apparently without reform, without remedy; other abominations exist, are seen, felt, and borne, equally disgusting, equally dangerous to life, and equally expose us to disease and death. "*We live under an enlightened government,*" people tell us, and some prate about it in the public prints. I do not think that the absence of sound regulations or contempt for, or a wilful neglect of the laws, are proofs of this assertion? Some have begun to manifest a disposition to resist and put them at defiance; perhaps this is the *new* mode of shedding light upon an idle, slothful, semi-barbarous race. The new *code*, perhaps to promote order, peace and industry, or "*to teach the young idea how to shoot,*" or to regenerate the worthless, indolent, thievish, self-willed "*independent paupers*" that infest in myriads the town and its vicinity. I record the fact with sorrow and regret, that in this city almost all the laws and ordinances that enjoin, or contain, or have for their object any wholesome regulations and rules, for the promotion and preservation of the public health, or for keeping the town in a clean, orderly, and sound condition, and for repressing and correcting all such nuisances as render it foul, filthy, and uninhabitable, are allowed to remain in abeyance. They seem as if made to be violated, or to be thrown aside unnoticed and unheeded, and there they lie neglected and unenforced. These are well known facts, so that none can have the temerity to gainsay such statements.—Now then what are the sad consequences to which all classes become obnoxious under such circumstances, under such an accursed system? Why, countless numbers of meagre, hungry hogs, and starveling curs belonging to the lower orders are suffered to spread themselves over the town, to perambulate the streets, and to roam undisturbed in all directions. There is scarcely a street, or a lane, or a dung hill, or a dirt heap, or a foul recess of any description where these animals are not seen congre-

gated together, or found alone, revelling unmolested in filth, or taking their customary repast upon offal, or ordure, or the putrid carcasses of their own, or other species of animals found in abundance (and readily found) in these localities at all times, it would seem for their accommodation and for which purpose their owners set them loose. *There is no call upon their purse for this system of dieting their pets!* It may be contended that hogs and dogs are *scavengers*, be it so, but they are both nevertheless a mighty *nuisance*,* inasmuch as they add to the collected filth, and are besides a source of great inconvenience and danger to travellers. This is not all, the hogs form with their snouts, in most of the public avenues and thoroughfares, large excavations, thereby adding to the danger and unsafety of life and limb, exposing, as well, all kinds of vehicles and the quadrupeds in common use, to the same contingencies.—In a sanitary point of view, I shall notice other matters connected with their being at large, hereafter.—How these pests to our community are disposed of, after they get into *good condition*, I shall not attempt to sicken the Board with a detail of the process, suffice it to say, that those who are fond of *sausages*, or swine flesh, or as it is termed in common parlance, “*country pork*,” may hear of the *recherché* dishes that are occasionally prepared for the gratification of their gastronomic propensities, and it is worthy of record, that the keeping and rearing of this species of animal, and that too at the *cheap* rate of feeding which has been adopted in common, and brought under notice in the preceding lines, forms no inconsiderable source of revenue to this class of our population, hence the feeling of resistance to the laws manifested when any attempt is made to mitigate such

* Surely nothing can be more glaringly indecent, more preeminently calculated to produce disgust and loathing as *quoad nauseam*, or to taint the morals of youth than the filthy scenes that are too frequently exhibited in the public streets and lanes daily, when hogs, dogs, and goats are permitted to be at large at all hours in them.

a crying evil. The sanitary condition of the city is more seriously affected and more permanently damaged by other causes than any yet brought under notice in the foregoing pages, of which I shall shortly speak more at length. I have, in a cursory manner, hinted at the pits and cavities discoverable in all directions, by the sides, and often in the *middle*, of the most populous streets after heavy showers. These are quickly filled with water, in which swine are accustomed to wallow and bask. They soon become stagnant pools, emitting fœtid exhalations. These pools are found also in the *yards* of the miserable hovels in which the masses are chiefly domiciliated, and this at once brings me to the immediate consideration of other sources by which the sanitary state of the metropolis is more seriously damaged than any yet recorded, such sources of contamination as demand immediate attention.

The wretched hovels, tenanted and occupied by the masses, I maintain, present to our view the worst receptacles of filth and *miasmata* it is possible to conceive, and such as nobody can contemplate without the most thorough disgust and alarm. These loathsome habitations are in the worst condition one can imagine. They are not confined to any particular quarter of the town, but are found, now a days, in all directions, and are nothing more or less than "*pest-houses*." The walls and floors are saturated with rain water, that percolates through the decayed roofs.— They keep them generally closed and unventilated both night and day. In very many instances there are no floors, so that their inmates repose upon the damp earth. Such is the condition and state of their dormitories. Now, in what circumstances do we find the *yards* of these wretched dwellings? Soon after the town became supplied with water by the company, the washerwomen discontinued and left off the washing of clothes out of the city, as they were wont to do at Rock Spring and elsewhere, but now a days they carry on this operation in their yards. There

Innumerable tubs, set in rows, will be found, all containing stale soap-suds, or putrid soap-water, become so from keeping and allowed to remain in that state for *days*, they are then upset or cast into the public streets and lanes, where, amalgamating with mud and other offensive materials, it forms a most noisome and poisonous compound, generating in their neighbourhood intractable fevers and other distempers, which spread and infect all who have the bad luck to be within the range of their baneful influence. There also will be seen lean hogs, starved dogs, and famished goats, (all like their owners and their family huddled together,) the *excreta* of which, scattered in all directions, emit a most intolerable stench. The recent pestilence afforded me ample opportunities of entering all such places, and during my visits I was compelled to keep my pocket handkerchief applied to my nose. To these may be added the putrid exhalations from their hogsties, (generally erected next to, and seldom far from, their narrow sleeping rooms or cabins,) and also from their scanty confined shallow privies, never purified, never cleansed, never emptied. The occupants of these low and filthy hovels live poorly and nastily. (As the foundation of another source of *malaria*, I shall have occasion to speak of the quality of their food soon.) They generally appear attired in rags, and their persons are ever filthy and offensive. They are chiefly daily labourers, washerwomen, house cleaners, coalers, fishermen, cobblers, canoemen, grave-diggers, &c.; such are their occupations when they choose to exercise them.— They belong to the class of *independant paupers*.— The next abomination to which I shall call the attention of the Board is the converting of some of the public streets into a market or mart, for the exposure and sale of putrid salted fishes, (cod, salmon, mackerel, herrings,) pork, beef, hams, and rotten cheese; all these articles of human food are found laid out in stalls or tables at the west end of Kingston, and elsewhere. One third of Princess street is

thus disposed of, *on both sides*. Bourden street, from the intersection at Princess street, to West street, is similarly appropriated. The stench emanating, at all times; from these unsound provisions is absolutely suffocating, increased, as it frequently is after showers, by the filthy pools of muddy water, or putrid mire, immediately in front of these disgusting booths. Are such likely to damage the sanitary condition of the town? Are they calculated to engender disease? Is the health of the people likely to suffer from such a loathsome accumulation of *malaria*?—I mean those that are in proximity to the *effluvium*. The havoc made by the recent pestilence, in these districts, is a sufficient response. It is impossible to look at the inmates of these shops and dwellings, where such articles are kept and sold, without feeling a deep commiseration; their countenance is pale, sallow, bloodless; their bodies are lean, asthenic, and withered, their limbs refuse apparently to perform the functions for which they were destined; in fact, a better substitute could not be found for the "*anatomie vivante*." They are painful specimens of the baneful effects of inhaling an impure atmosphere. The articles enumerated, and thus put forth for sale, constitute the principal food of the independent paupers. Immediately after *cholera* travelled to these shores, the inmates of such foul, filthy habitations, in all quarters of the town, became the *first*, and almost, with few exceptions, the principal victims of this desolating and extraordinary malady. In a Hygeian point of view, this was to be expected, and consequently the ravages of this direful pestilence, in such localities, were most frightful and formidable. The virulence with which its victims was assailed had no parallel, except at Kurrachee, when it fell upon the military, where, in little more than five minutes, the hale and hearty were cramped, collapse, and dead! They were speedily decimated in all such quarters. In very many instances they severally became corpses in two hours! The absence of cleanliness and ventilation

was conspicuous all around their dwellings; in fact, the sanitary condition of the town could not be worse when the destroying fiend alighted amongst us. The whole country was quite unprepared *in every respect*, and the results of the dreadful visitation are now well known and most severely felt. In this colony alone, at the lowest calculation, not less than thirty-six thousand persons (chiefly the agricultural classes) perished. In this city, the deaths could not be less than five thousand; and in fourteen years, from 1817 to 1831, Macaulay states, that fifty millions of the human race have been swept off by this scourge alone; and since 1832 to 1850, Gunn adds ninety millions more, making a total of one hundred and forty millions destroyed by cholera in all parts of the globe. Great Britain supplies its quota at above one hundred and twenty thousand victims in 1832 and 1849. It is incumbent, as it is useful, to relate that in certain quarters of this city, where the streets happened to be free from most of the abominations (set forth and described in this summary) and where sanitary processes and free ventilation were put in force and strictly maintained, not only in the dwellings, but in the yards and out-offices, there the scourge seldom paid its visits, and when it did, their inmates were more commonly attacked *singly*, generally escaping the fate of their less fortunate fellow-citizens. *Cholera* then, *malignant cholera*, would appear to be the disease of filth and *malaria*, never controlled or confined within bounds by any guards, police, sanitary cordons, or restrictions of any description. Having endeavoured to place before the Board most of the noticeable points that have reference to the sanitary condition of this town, (once the abode of wealth, and rank, and grandeur,) I proceed to consider the last demand of the committee of the Central Board of Health, viz.:—“a statement of the requirements of your parish or district;” and in the circular transmitted to me, the Board desire “that your answers will be as *prompt* and *full* as the nature of a written

examination will admit." I hope I have in this instance met their request; and I hope the answers in both documents are as full as the nature of a written communication will admit, and as *prompt* as the limited time prescribed by the Board for the consideration of subjects so truly momentous, and of such deep interest to all classes will allow. And now I believe I should stop! I do not desire to throw any obstacles or impediments in the path of improvement, nor do I feel indifference or supineness for the reformation of abuses; on the contrary, every honest man, every good citizen, who has made these beautiful islands his chosen abode, or his adopted country, or who is forced to spend his days in them, hopes to see those laws *faithfully* carried out, that have for their object, the preservation of his health, the procurement of his comforts, the providing for his safety, by the exclusion of destructive or pestilential maladies; in fact, all such as throw around him protection for life and property, and the certain correction of all evils, moral, social, and physical. It is easier to find fault than to apply a remedy. The remedies sought after and loudly called for in the present emergency, (*the pestilence has not as yet departed our shores,*) are surrounded by difficulties of no ordinary stamp. In the exhausted and embarrassed state of the public finances, one is really at a loss what to recommend—what answer to make to a question of such vast importance—one in which all human interests are more or less concerned or interwoven—or to describe or to suggest "*what are the requirements of your parish?*" But I am digressing. I humbly submit that the rigid enforcement of the laws, (*even such as they now stand on the statute books,*) is one of the *first* requirements. This is imperatively demanded if the question of sanitation is to be *seriously* entertained. In a community so peculiarly constituted as this is, it may turn out a more difficult task than is imagined; "*Hic labor, hoc opus.*" "Liberty of the subject is a great privilege, but not to be tolerated when it prejudices

the public weal." By a faithful and strict observance of the laws a vast amount of existing evils might be overcome. As soon as these are put into *actual* operation, others may be devised, having for their object general internal sanitary arrangements, and other remedial measures. 2d. A continuous and plentiful supply of water for the irrigation of the streets, and for all purposes of internal cleanliness. 3d. Sewers and cess-pools, to carry off, to the remotest distance, all the noxious fetid fluids now collected and retained in most yards, a large portion of which afterwards run into the streets and lanes. 4th. The prohibition of washing clothes in the town. 5th. The destruction of all old decayed and filthy hovels. 6th. The tax on dogs, to be imposed and enforced *without distinction*, so that the town may be rid of the *superfluity* of these pests by *night* and *day*. 7th. The immediate abolition or removal of that pre-eminent grievance, pregnant at all times with danger, "*The market of abominations*" kept at the west end of Kingston.—8th. And, second to none, an *amended* and stringent enactment to rid the town of all hogs and goats; at all events to exclude or keep them confined out of the town, as is done in Barbados. 9th. And last, though not least, a special *sanitary* police, appointed and paid to carry out the ordinances and laws in all such matters which have been hitherto neglected and allowed to moulder on their shelves. The late police and the present constabulary force are ineligible for such a service; and if reasons were required to be adduced for such assertion, they shall be furnished, even as plentiful as black-berries. I have refrained from touching as yet, except in a partial manner, upon a source of *malaria* I consider as pestiferous as any—I allude to the *privies* of the whole metropolis. It is supposed that their numbers are not much below three thousand. I believe I can assert, without fear of contradiction, that none have been emptied (an act of cleanliness—a duty seldom neglected in former days) since emancipation. Night-men are no longer

to be found, they have been converted into *gentlemen*. Are these depositories, daily accumulating, to remain thus? Are they not concerned in tainting the atmosphere and disturbing the sanitary condition of the town? Undoubtedly they are. It must be kept in remembrance that atmospheric impurity is not always confined to the domiciles of the wretched. When the north or the west winds prevail, the atmosphere, in the dwelling now occupied by me in East street, becomes so painfully disagreeable and offensive, in consequence of the *effluvia* being wafted into its chambers or apartments from the neighbouring *privies*, (never emptied, never purified,) that it compels the closing of doors and windows for its exclusion. How to deal with this mammoth nuisance, (such a pestiferous accumulation of putridity,) I do not offer, at present, any opinion. I must leave it to the superior wisdom of the learned Board, as well also as the following sink-holes of corruption:—

- 1st. The barrack privy nuisance.
- 2nd. The railway putrid mud nuisance.
- 3rd. The public hospital privy nuisance.
- 4th. The intramural interments nuisance.
- 5th. The intramural slaughter house nuisance.
- 6th. The Solas market nuisance.
- 7th. The carbonic gas nuisance.*

The atmospheric pollution which such a hoarded conglomeration must necessarily produce, can hardly be less fatal than the destructive epidemics by which we have repeatedly suffered, tending, at the same time, to increase their virulence. And however ignorant we may still continue to remain of the real causes of zymotic and epidemic distempers, we know

* It may be asked what is this nuisance? It is the *gas* evolved in lime kilns and wafted into our dwellings by the sea breezes, or north winds—the respiration of which is very oppressive, and interferes with sleep; and consequently is unsuited to the delicate structure of our lungs? Man carries a pair of them beneath his ribs, fitted only to inspire oxygen and nitrogen in their *purity*—a *physiological* fact most people seem to forget, and very few care about; nevertheless it is upon this important consideration that our enjoyment of *health* mainly hinges.

that filth, uncleanness, and an impure atmosphere, are positively favourable to their outbreak and to the virulence of their ravages.

In these pages sufficient proof, I hope, has been adduced of the irresistible truth, of the damning fact, as it had reference to one of the causes, and also to the awful consequences of the dismal pestilence by which this unfortunate colony was afflicted last year. It therefore behoves the authorities, when put in possession of such testimony, to adopt at once, and urge upon the legislature the carrying out, without delay, such a scale of general and effective remedial measures as will ensure and fix upon an immovable basis the promotion of the public health: the maintenance of order, cleanliness, and decency, (public and private,) as well as the abatement or the annihilation of every nuisance wherever found, moral, social, and physical, by which this community has long been, and is, up to the present moment, afflicted, degraded, and disgraced! In these colonies the science of sanitation is in its infancy, but it is hoped that the "*circular*" is initiatory to a sanitary movement, in this city at least, the ultimate effect, whether so intended or not, lies beyond the pecuniary advantage, pounds, shillings, and pence.

I must draw this hasty sketch of the sanitary condition and requirements of the parish to an end, begging the committee to keep in mind, that "we have outlived the notion that the calamitous results of human error and social ignorance are the direct and inevitable inflictions of Providence, to be submitted to with Mahomedan fatality. The philosophy of cause and effect has cleared the question of most of its difficulties, and we can but trust that far-reaching views will be combined in its solution with soundness of judgment and promptitude of action, and that a liberal spirit will animate all parties in the furtherance of so grand and benevolent a work."

Answers of Dr. Chamberlaine to the questions appended to circular 8th September, 1851.

No. 1, 2, 3, and 4. These questions appear to have reference chiefly to agricultural districts, I may say almost exclusively so. I therefore, as an inhabitant of Kingston, the principal city of the British West Indies, leave them to be answered by the medical gentlemen and others residing in such.

No. 5. An able writer says, "*the pauperism of England* is to be attributed, in a great measure, to the reckless and improvident habits of its labouring poor." Now, if the habits of the *English* labouring poor be in reality such as to elicit such an opinion, *a fortiori*, with how much more force, and truth, and correctness, may we apply the remark to the lazy, indolent, emancipated population of these unfortunate decaying colonies, who have none of the numerous evils with which their European brothers have to contend. The same writer continues to inform us, "that the *greatest prudence*, united with the *greatest industry* on the part of the poorer classes, will not always save them from want.

"This is frequently the case in *England*, where wages are *low*, compared with the expences of living, so that an ordinary labourer often cannot, in the period of his life, when he can do the greatest amount of labor, save any thing against the time of decrepitude or sickness, and the children of suffering parents must suffer with them. The question in regard to such is, by what means shall their present distress be relieved? The economists of the *new school* (as it is sometimes called) say, that they are to be abandoned to starvation. But a doctrine so abhorrent to our nature, is only a hideous theory which cannot enter into the laws or habits of any people, until human nature shall be sunk into brutal hard-heartedness. The dictates of religion, conscience, and compassion enjoin us to give relief, and the only questions practically

discussed, relate to the mode and degree of the assistance to be afforded, and the measures which ought to be adopted for reclaiming such as bring their misery upon themselves, by vice and idleness. The two great objections are, remedy of present suffering, and prevention of future; and these two objects are very much blended, for it is a great rule so to administer succour as not to encourage idleness or vice. In the case of *young* subjects of relief, the greatest charity is that which is directed to the forming of good habits and giving them instruction in useful arts. With *older* subjects there is very little hope of any great amelioration of character. But even with these, a regard to the influence upon their habits is constantly to be kept in view in administering to their present wants.

“One essential condition is, *that they should be made to labour*, and thus contribute as far as is possible to their own support. As to the *sick and infirm*, the rest of the community are bound to support them by a just assessment of the expences.”

These observations strictly apply to the “*pauperism*” of Kingston as well, but it may be useful to separate *pauperism* from *vagrancy*, before the answer is made to the question in reference to “the amount of pauperism in your parish?” Dalton gives *three* classes of poor, or pauper. *We have them all!* Of the first two, the numbers are not very great and they are provided for, as will be seen hereafter. It is to the *third* class I shall direct my observations chiefly, “*the poor by prodigality and debauchery, also called thriftless poor; as idle, slothful persons, pilferers, vagabonds, strumpets,* &c.*” It is upon this over-

* M. Duchatelet, after tracing the *first* causes of prostitution to an irregular life, says, in his elaborate statistical work “on the Prostitution in the city of Paris,” “This is a general cause, and acts upon all indiscriminately, but there are *secondary* causes which he thus notices in detail. Laziness may be placed in the first rank; it is the desire of procuring enjoyment, without working, that causes many young women to leave their places, or to refrain from seeking others when out of service. The laziness, carelessness, and cowardice of prostitutes have

whelming community of *vagrants* that my answer shall hinge—"those who produce nothing, and who contribute nothing, either for their own support, or

become almost proverbial. Misery, proceeding to frightful extremes, is also one of the most active causes of this evil. Vanity, and the desire of being finely dressed, is another active cause of prostitution, particularly in Paris, where simplicity in dress is actually a subject of reproach, and shabbiness is still more condemned.

Those who know the extent to which love of *dress* and *finery* exists in some women, will easily judge of the activity of such a cause of prostitution in Paris."

State of education among these women.—On registering the prostitutes it is customary to make them sign an engagement that they will conform to all the measures of sanity and safety which are prescribed by the police. "It appeared to me," says the author, "that these signatures might make known, to a certain extent, the education which the signers had received. I therefore considered that all those who had declared that they would not sign their names, and merely made a cross, or some other mark, were entirely ignorant and uncultivated; that those who could sign should be divided again into two classes, viz: into those who wrote *well*, and those who wrote *badly*; of the four thousand four hundred and seventy prostitutes born and brought up in Paris, two thousand three hundred and thirty-two could not sign; one thousand seven hundred and eighty could sign, but badly; one hundred and ten signed well; many of them indeed particularly so. Of two hundred and forty eight, I had no information. Of those who were born in the departments the proportion entirely without education, was still greater—of seven thousand six hundred, four thousand three hundred and fifty-two were unable to sign; two thousand seven hundred signed badly; ninety-five signed well; four hundred and fifty-three penmanship not known. Of the five hundred and one foreigners, two hundred and forty-five could not sign; two hundred and seventeen signed badly; seventeen signed well; twenty-two, their writing not known."

Now, I would ask do these observations in any wise embrace a class, or do they apply to the habits and customs of the swarms of *ladies* found in Pink, Chesnut, Rose, Bread, Matthew's, and Peters' lanes, of this delectable town? Many in addition may be expected from the rural districts to swell their numbers, it being more than possible that "*Othello's occupation's gone.*"

Poor Jamaica! Under the sway of one of the most urbane, hospitable and witty of her rulers, long lingering in the hopelessness of despair, is doomed to abandonment and irretrievable desolation! But what can Sir Charles Grey do to save the gem of the Antilles? The beautiful land of springs! whose peaceful green hills, and fertile plains and cultivated valleys, will soon resemble those of the sister isle! whose *sable* sons, retrograding in the scale of human beings, must speedily return to lawless life and unmitigated barbarism. A land where civilization and the arts once flourished—but alas! "*in the vicissitudes of things,*" is consigned to destruction—to ruin—to utter annihilation! a desert! a wilderness! another Hayti! a land

"Where savage monsters roar,
Where love ne'er deigns to dwell,"

And must it be so? Such will be the effects of emancipation, free trade, and cheap sugar!

the support and enjoyment of others, are, in every community, a *public nuisance!*" And such is the *third* class, as defined by Mr. Dalton, in its strictest sense.

The amount then of "such pauperism" in Kingston is very great indeed. It is becoming more prevalent, more rampant *daily*, and how can it be otherwise? The laws and ordinances are frequently in abeyance. They are, such as they are, in many instances, a *dead letter*; and the negro population are consequently more prone and disposed to vice and idleness, and crime, since premature emancipation was forced upon these colonies than before. They very frequently refuse all kind of honest employment, and when engaged for any kind of labour, their conduct is always marked by dogged disobedience, indolence, and sluggishness. They go where they list, and in fact, do as they please, thus producing utter disgust in the employer. The domestics partake of the same characteristics. They take or refuse work as they please, and often prefer wandering and roaming about in all directions, night and day, like their hogs, committing petty thefts upon all lands, open, or otherwise, or they are engaged at nights in plundering stores, wharves, or dwelling houses, and thus we find when struck down by sickness, or accidents, or maimed by their fellow-man in squables and fights, (I allude to the *young* and *robust* of both sexes,) they seek for *pauper* medical and other aid; they have no means, no pecuniary resources in reserve, for procuring sustenance in such cases, and under such circumstances, but *should* they, at any time, possess themselves of *coin* by *honest*, or *dishonest* callings, the men squander and exhaust their stock on *cigars*, *rum*, *dress*, and *concubines*. The women on *finery*, *silk parasols*, *polkas*, *muslin gowns*, and *white kid gloves*, with which they decorate the persons of themselves and children, in imitation of, and often vying with, their superiors. The emancipated negro of these colonies is in fact, an "*independent pauper*," (particularly those resident in towns,) and some of our legis-

lative acts render him bold, insolent, and however anomalous it may seem, idle, tending at the same time to confirm him in his assumed independence. Neither sex work *continuously* now a days. When the insolent and refractory conduct of the men exclude them from employment, the labour is then performed by women. They, in turn, work irregularly, and when not occupied in any honest vocation, pursue and indulge, at the same time, in a dissolute and profligate course of life. Adultery and fornication are almost exclusively confined to this class. It is proper to state in answer to the question propounded, that those "*who, from sickness, age, or other disability, are unable to contribute any thing for providing themselves medicines and medical attendance,*" receive such at the expense of the public, at an outlay of £5000 *per annum*. On the "*pauper list,*" the names of four hundred and fifty persons, termed *out-pensioners*, will be seen, on whom eleemosynary assistance is, besides, bestowed *weekly*, at the rate of £50 sterling. Independently of, and apart from, this number on the pauper list, the quarterly returns of the medical officers will exhibit an average, annually, of above six hundred others, visited and prescribed for at their homes; for all these services a *paltry* reduced salary of £120 is awarded to each. The numbers are increasing. In the year 1816 the numbers did not, altogether, exceed ninety, including the then city guard, for which the surgeon received £300 *per annum* as salary! Compare the *numbers* and the *salary* then and now—and ask, if the perseverance in such a policy is *honest* and *correct*, and who has reason to complain? In this abominable city, eighteen thousand seven hundred and thirty-seven persons, (this computation was made previous to the recent visitation,) it is said, are to be found *without any occupation*; a portion of these, males and females, are to be found collected at the rails in the police office, and around the court-house, wasting their time from morning till evening, *daily*. Ought these to be

included in the amount of "*pauperism*?" As they, too, apply for parish medical aid when sick, as the "*city poor*," I think they must be. Much of the crime and "*pauperism*" that now exist in the land, must be attributed to the want of *education*.

No. 6. In the city of Kingston they are now reduced to ten or eleven, and they reside in various parts of the town; this number, *I conceive, is more than adequate* in the present stage of our colonial policy, marked as it is in its consequences, by decadence, ruin, and abandonment, to the requirements of such a population.

No. 7. Yes; a public hospital, a vast and expensive pile—and that noble institution the "*Metcalf's Dispensary*," falling rapidly into decay for a want of support by those for whose benefit it was specially erected and endowed. The legislature has been impelled, *by petition*, to make annual grants to keep and sustain it. It has worked badly since it was founded, because the negro population generally will not subscribe to it, although medicines and medical aid can be readily obtained at all times, and at all hours for themselves and their families, at the very lowest cost, viz.: 3d. per week. Two professional gentlemen are employed, or attached to this institution, viz.: Doctors Altman and Jobert, at salaries of £50 each, *per annum*. The voluntary subscriptions for 1850 amount to, £44 6s. The subscriptions from contributing members for 1850 amount to, £201. Grants from the legislature £100 *per annum*, annually.

No. 8. No; they grudge all money expenditure for such purpose, and will not part with a *quatee* in the employment of medical men in town and country, and their reluctance may be ascribed to the notion they entertain "*that it is useless to employ doctors, as people must die*," as well as a mercenary, covetous, venal, and parsimonious disposition, peculiar to the race in general, *in such cases particularly*. In the purchase of *luxuries* there is no lack of

coin. The same remark applies with redoubled force to the pageantry observed and maintained in the costly obsequies of their dead. The procession, in such cases, often reminds the spectator of the tail of a comet! And I cannot help noting the fact, that the negro population generally, seem to have an unaccountable propensity to *law* and *lawyers*. This predilection may be ascribed to their invincible love of feuds. They are the most litigious, wrangling, quarrelsome, jabbering people upon earth; and, however inconsistent it may appear, they can always find money for law expenses; *physic*, under any circumstances, they "*throw to the dogs*." The sentences of the police justices, involving *pecuniary* fines, are no sooner pronounced by them, than they are paid to the clerk.

No. 9. A question, I apprehend, for medical men residing in *rural* districts. To my knowledge it worked badly, and the failure is attributable, perhaps, to the causes recorded in answer eight.

No. 10. Benjamin Naar, esquire, tobacconist, Hanover street; some times fees, other times salary; now fees again, by the disallowance of the act to fix the salary, at the colonial office; fees average now nearly £400 per annum. Average number of inquests, per annum, after the late visitation, ninety; before, one hundred; average number of *post mortem* examinations about twenty-eight; preponderating cause or causes of mortality, I would say "*INTEMPERANCE*," (apoplexy and *pectoral* disorders may be so recorded, but are not these very often superinduced by intemperance?) prevailing alike in palaces and in hovels.*

* Hence we have, in this island, a considerable amount of intemperance, and as the consequence, a considerable amount of disease, *mental derangement*, pauperism, crime, and misery. This must be obvious to the most casual observer. Mr. Nelson read a paper before the Statistical Society of London, in June, last year, "*on the rate of mortality among persons of intemperate habits*," which shows that the lives of *beer-drinkers* average twenty-one years; *spirit-drinkers*, sixteen; and those who drank both *beer* and *spirit indiscriminately*, sixteen. The average duration of life *after* the commencement of intemperate habits among mechanics, working and labouring men, was eighteen years; traders,

Irrespective of the mortality consequent upon the visitations of contagious and destructive epidemics, I retain this opinion.*

No. 11. I do; every advantage. The office of coroner is one of the most ancient and responsible under the crown, and has been so from time immemorial.— I look upon this question as a most important one, and will deal with it as such to the best of my judgment and information; in answer, I say *important*, because legislative measures are quickly required that will at once strike at the root of a mighty evil. I am of opinion that it ought to be filled in these colonies by no other class of persons but “*a duly qualified medical practitioner*,” especially when we know that the duty of this official, in the present day, is almost solely confined to enquire “when any person comes to a violent, or a sudden death, or dies in prison, by what manner he comes to his end.” And because, according to Sir Edward Coke, “a coroner should have five qualities—he should be (1) *probus homo*, (2) *legalis homo*, (3) of sufficient knowledge and understanding, (4) of good ability and power to execute his duties according to his knowledge, (5) of diligence and attendance for the due execution of his office,” and then when vacancies occur, *ignorant and illiterate aspirants following mean occupations, as tailors, cobblers, carpenters, shoemakers, bricklayers, tinkers, &c. will be excluded and rendered ineligible*. As the law now stands, *anybody* may be pitch-forked into the

dealers, and merchants, seventeen; professional men and gentlemen, fifteen, and females, fourteen years only!

The number of paupers in Massachusetts, in 1849, was twenty-four thousand eight hundred and ninety-two, of whom ten thousand two hundred and fifty-three were foreigners, more than nine-tenths of the whole number were made so by *intemperance!*

* Mr. Porter, of the Board of Trade, in his treatise called “Self Imposed Taxation,” shews that the working classes of Great Britain spend annually on beer, spirits, and tobacco, (these three articles alone,) no less than £50,000,000 sterling! And lord Shaftesbury, better known as lord Ashley, tells us in his speech on “public amusements,” that fully six-tenths of all cases of insanity to be found in these realms (Great Britain) and America, arise from no other cause than the habits of intemperance in which the people have indulged.

office irrespective of his fitness or qualifications, by the most open and barefaced practice of bribery and corruption. That candidate has the best chance of securing the vacancy, "of being returned and duly elected" by the voice of the people, forsooth, who can make arrangements with the electors themselves, or through the instrumentality of their friends to give the highest amount of bribes. Now, this is the certain, the *infallible* passport to office, and however monstrous and indefensible such a state of things, such a vicious system, may appear, nevertheless it commonly prevails in our community. Hence mean hovels, ycleped "*freeholds*," rise up in all directions, as if at the wand of the magician, (and chiefly by dishonest means,) so that the principal traffic, now a days, in such cases, is established and derived from the wages of bribery and corruption, demanded and openly accepted with impunity by those who are now permitted to exercise the elective franchise for their services AT ALL ELECTIONS!

The present coroner is a most intelligent, painstaking officer, perhaps one of the best that ever filled that post in this island; in his court, he is, however, boisterous and undignified, and there is a lamentable absence of *urbanity* and *kindness* to those placed *above* or *below* him in society.

No. 12. There are three registers, one of births, one of deaths, and one of marriages, now kept at the registrar's office in Spanish-Town, but "*when and how far back either of them extends perfect and uninterrupted*," I am not prepared to state, at present. The rectors of the several parishes may furnish, perhaps, more full and satisfactory details of these. I consider them *imperfect*. The law to enforce the registration of births and deaths, enacted in 1842, was objectionable and inutile, because *penaltyless*. It was consequently soon repealed and another substituted, but the home government put its *veto* upon the amended enactment. Serious evils have transpired, arising out of the careless and negligent manner in which the re-

gisters of births, marriages, and deaths were formerly kept. Omissions have occurred by which persons have failed to establish, in such cases, their just claims; and if proof were wanting, I adduce the case of the late Mr. Hannaford, as a striking exemplification of the fact of the omission in recording a marriage; others are not wanting, still more distressing and painful, by the omission of deaths.

No. 13. I have already stated that there are three registers—the question therefore applies, I presume, to the “register of *births and deaths*,” kept in the office of the common council of Kingston, and by the clerks of the vestries of other parishes also, and not those records now made in obedience to a clause in the clergy act of 1847. The latter is simply a register of births, marriages, and deaths, and are *bona fide* the registration of *names and dates* of such made by the rectors in their respective parishes. Upon the face of these no diseases whatever, or mortality in consequence, are or were ever exhibited in their columns.* But by the former “*the diseases shown to be most common and fatal during the last seven years*,” (there was no registration made *antecedently* to that period,) are consumption,† fevers, dysentery, apo-

* In this category, we must except Spanish-Town, where, for several years at the beginning of this century, the causes of death were recorded in the rector's register.

† Pulmonary consumption is very rife in this island of recent years, and may be looked upon as one of the chief preponderating causes of mortality.

The statistical reports issued by the registrar-general show that fifty-nine thousand and twenty five of the inhabitants of England and Wales are cut off by pulmonary consumption *in one year*, and, as the mean duration of the disease is about *two years*, it follows that the number of consumptive patients constantly living, and destined eventually to sink under the ravages of the disease, is no less than one hundred and eighteen thousand and fifty! In other words, eighteen and a half per cent. or about one fifth of the total mortality. England and Wales acknowledges pulmonary consumption as its cause. And by this malady alone, society is constantly deprived of the services of *one hundred and thirtieth part* of its members!! Had our “register of births and deaths” been kept “*perfect and uninterrupted*,” a statistical report of the mortality consequent upon this insidious disease would have proved useful and interesting, but alas! there are no records made since 1850—and these extend to only three months in that year!

plexity, and lastly, the recent pestilence of *cholera*.—As the registers now stand, I place little or no value upon either or any of them, because *faulty*. “The register of births and deaths,” kept in the office of the clerk of the common council, has become *obsolete*. The reasons are assigned in answer twelve.

No. 14. This question applies chiefly to *rural* districts; one of the greatest pecuniary encumbrances to some, perhaps to all parishes, is the desertion and abandonment by the male of his offspring—I mean those that are the result of the illicit intercourse of the sexes.

No. 15. Certainly not; but a little is to be found, now and then, in *love* affairs, as the records of our police office and the court of quarter sessions occasionally disclose; nevertheless it is my conviction that both still continue to be practised in most of the *agricultural* districts, (*I speak advisedly*), and that the negro population generally, but particularly the peasantry, are unchanged in their feelings as to the *power* and *influence* of this species of magic, or witchcraft. All the efforts of their pastors to eradicate, by moral and religious instruction, and discourses, the belief in, and the dread of, this remnant of African barbarism, have failed. *The female natives of Hayti are adepts in the art*. And woe be unto that unfortunate wight who happens to be the object of their *jealousy* or *revenge*, the consequences are most distressing—often *fatal*. Their “*macandals*” are generally composed of the teeth of various animals, of hair, feathers, cowries, or jeggays, bits of glass, &c. &c.

“Eye of newt and toe of frog,
Wool of bat and tongue of dog,
Adders’ fork and blind worms’ sting,
Lizzard’s leg and owlet’s wing.”

These are sometimes introduced into a glove and placed in the bed of the victim; at others, some of these articles is administered by mixing them with the soup or other aliment, condiments for a “*hell broth*.”—

“*Bruler la chandelle noir*” is a part and parcel of this infernal machinery, the ground work of which is *poison*, and hundreds of both sexes, in town and country, have fallen victims to these diabolical practices. The “*shadow box*” belongs to this demoniacal art.

No. 16. Yes; there are two or three “*clever*” black doctors—their charges are very low indeed, nevertheless they are seldom paid, and they cannot recover in our courts, for reasons that are self-evident.

No. 17. No; I do not; but I have heard of a recent case which was published “*pro bono publico*,” I suppose.

No. 18. Yes; I do. The black population appear to prefer their own people. They seem always to entertain a marked sympathy for their own colour in most things, and they, in turn, pander to their wants and desires, and particularly so, in the exercise of the “*healing art*,” and if any or a little *obeism* is intermingled, the prepossession is unchangeable and insurmountable. I am constrained to think that a preference would not be given to the last named persons; *nor do I think they could be obtained* for the *fair* remuneration that is provided generally for such purposes, in Jamaica.

No. 19. There can be no doubt that cases of unskilful treatment, attended with loss of life to mother or child, have occurred by the employment of such persons, but as I made no record of names and numbers at the time, I am not prepared to say much more on the subject. During the season of child-bearing, they apply to old black midwives generally for assistance, most of whom are ignorant, coarse, and devoid of skill.

No. 20. I have heard of, and read paragraphs on, such occurrences, but no cases have come under my own immediate observation and notice. I cannot see how “*extended medical relief*” could tend to the suppression of such a crime on the part of the *mother*.

No. 21. I fear not; it is another important ques-

tion and well worth the experiment. The agricultural classes appear to have no great predilection for *white* doctors. They, in my opinion, would meet with little or no encouragement from this portion of our community, unless it be carried out by stringent *compulsory* enactments; even then, I have my doubts. The negro will not consider this provision a *boon* conferred upon him. *We find medical gentlemen leaving the island, when they can, for want of such responsible employment, under any circumstances, and the scurvy treatment that the profession encounter generally, from other classes also, on most occasions, is a significant hint enough for them to keep away and seek employment in other and more genial climes.*

No. 22. This is another serious question and a difficult one to be dealt with. I really do not desire to speak disparagingly in answer, on a subject of such vast, such vital importance, but knowing as I do the disinclination, and in innumerable instances, the unalterable fixed resolution of the negro labourers not to part with their money for such purposes (*even when life itself was involved!*) I fear such an impost would be met "*unwillingly.*" I see no utility in laying it on the "*person.*" An impost, in the shape of a "*capitation tax,*" was laid not long since, and whilst one class paid it, another *put the law at defiance.* "*Ex uno disce omnes.*" An impost laid on house and land *may* answer, and in default, levy must be made on chattels.

The negro population have little dread at the deprivation of personal liberty. Yes! if you deny him his *cigars* and *rum* at the same time, it then becomes *in reality*, an insupportable infliction, not otherwise. Our penitentiary and prisons present the strongest proof we can desire of this fact. Do they not look sleek and joyous in their marine palace, at Rae town? The *diet* and *sea air* are great inducements to linger here in inglorious ease! And when the law is satisfied, and they are at large again, *do they not return quickly to their happy abode?* Corporal chastisement

is quite another consideration. The dread is manifested upon all occasions when this mode of punishment is only spoken of. I would ask again, is this class inspired by the fear of imprisonment in our gaols for the violation of any law? No! They tell you exultingly, "*they are quite ready to go.*" Education will change all these things.

No. 23, and last question. The druggists, in expectation of another visitation from cholera, have made provision accordingly; I speak advisedly.

"Be pleased to state anything that may occur to you as useful to be known to the Central Board of Health, on the subject of medical relief generally, and particularly in Jamaica."

*The requisition is made, and the Board will pardon me if I prove a little diffuse, in answer. I have, in the preceding pages, directed their notice to the working of the "Metcalf's Dispensary," which was established about ten years since, for the benefit of the labouring classes of this city, but those for whom it was exclusively erected, will not subscribe to it, or if they do, and fall into arrears, refuse to ratify, or fulfil their engagements, or pay up their subscriptions, especially when they meet with no difficulty in procuring orders for medical and surgical aid upon the medical officers appointed to attend the destitute poor, exclusively. Now, in this category, I find the following trades and occupations, viz. :—cooks, grooms, nurses, house cleaners, tailors, cobblers, carpenters, fishermen, peddlers, bricklayers, boot and shoe makers, brickmakers, seamstresses, cabinet makers, storemen, plumbers, coopers, basket-makers, higliers, cigar and straw hat makers, coalers, and general labourers, all of whom do not receive as wages less than six, and most, more than twelve shillings per week. Some of the tradesmen viz. : plumbers, carpenters and others, often refuse to work at four shillings per diem, and coolly tell you "*they are doing nothing, and can't**

get work." These facts I think it right to record in this place, in order to prove the "*unwillingness*" of this class to pay for medical assistance even when it can be obtained at the lowest possible figure. In many instances both men and women apply to me for recommendations to the chairman of the outpensioners committee, for what do you imagine, gentle reader? To obtain *pecuniary* aid, forsooth! The parties in such cases are most frequently adolescent, or they are in the prime of life. The *men* tell you "they are too weak, or too old, or they are sick, and can't work." The *women*, that "they can't go to work, for they have children to look after, and the fathers are gone to sea, or dead, or live in the mountains," and will give them no *assistance*! Such are the characteristics—such the matchless profligacy and idleness by which the present generation is distinguished! And what renders them more odious and less worthy of protection and assistance from any quarter, is the rude carriage and independent deportment usually manifested, when offered work of any kind in the town; *out* of it, as it refers to the services of *domestics*, is, on most occasions, beside the question. Squalidity, indigence, want, rags, and all their concomitants, prove no inducement to accept *proffered* employment in such cases!

The town is infested with myriads of the *young* and *healthy* of both sexes, who come under this reproach, and they are domiciliated chiefly in the lanes—east, west, north, and south.

"*On the subject of medical relief generally, and particularly in Jamaica,*" I think it relevant, perhaps imperative, to direct the notice of the Board to another fact, and as senior magistrate, it falls within my province to do so without trenching upon the duty or privileges of others. The town of Port-Royal is now, and has been, for some time past, left without a duly qualified resident medical practitioner, and the destitute poor, and indeed all classes of the civil inhabitants, are thus unprovided and totally unfur-

nished with medicines, or medical and chirurgical assistance for themselves, or their families, at all times and at all hours; nor is there any hospital, or public dispensary to be found in the town, and although repeated offers were made by myself to reside there and afford the required help, for a reasonable salary, (£100 per annum,*) they were never accepted by the authorities, but objections always raised on the score of poverty." "*The parish was too poor to provide medicines and medical attendance for its paupers!*" Such offers it was presumable, would never have met with a dissentient voice; so might opposition and objections be started on the same grounds against the employment of a *rector, an organist, a parish clerk, a beadle, a solicitor of the parish, a clerk of the peace, a clerk of the vestry, a collector of petty debts, a clerk of the market, or any other parish officer, but the parish is provided with all these public servants;* and surely a medical officer is as necessary and as useful to a body of civilized people, equally indispensable to the helpless poor writhing under pain, disease, and affliction, as either or any of these functionaries, all of whom are annually elected, and most paid, by the Vestry. *There is no lack of funds for these! But the professors of the "healing art" are of no consequence; "they are at a discount!" Their services, it would seem, can be dispensed with, until fell disease and death are found stalking over the land. "Sufficient is the day—say they, for the evil thereof!"* And if this is not a proof of a falling, lost, demoralized country, then I know not what is! Ought we to be surprised to find our *black* fellow-subjects chime in with such sentiments and chase the "doctors" from their doors? Certainly not! The *cholera* made its invasion, it is said, first in this ancient town in October last, and the people were compelled, (and gladly too,) to accept medical aid at the hands of the medical officers attached to the

* An army medical officer made a tender to perform the duties for half this amount. It was also rejected by the Vestry!

navy and army. There was no other class from whom aid in such unparalleled distress could be sought on such an extraordinary emergency, and the numbers proving insufficient for the arduous and harrassing task, another was ferretted out and brought from an extensive, distant agricultural parish, where he had little or nothing to do since freedom dawned upon these now almost useless colonies, in order to render additional help to those attacked by the pestilence in this wretched, unfortunate, deserted town, and he and *four* others received remuneration in a sum much below £400 sterling for three months services, *night and day!**

"On the subject of medical relief generally, and particularly in Jamaica," there is, I venture to assert, a vast field for speculation and improvement well worth the attention and consideration of the Board. But I warn the Board that their labours will be of very little or no value to the public if they are not supported, maintained, and enforced by stringent legislative enactments. We live in fearful, in very extraordinary times. This beautiful island is suffering in various forms. The present state of things in general is most deplorable. In the recent awful visitation hundreds, aye, thousands, that were prostrated by the fell disease, lost their lives, in fact; were swept away in rapid succession for want of the services and care of those whom bad treatment, emanating in the adoption of a niggardly parsimonious course, in most measures, (evincing a rotten system of the most despicable policy,) had driven out of the country to seek their fortunes in other and distant lands, denied as it was to them during their sojourn amongst us, and that too on the soil in which they first drew their breath, and which was endeared to them by every tie, human and divine, whilst others in their almost irremediable helplessness and despair are left to pine and waste their days in neglect, obscurity and want!

* Dr. Stennett, alone, had a vote of £330 for six weeks professional services during the prevalence of cholera in his parish.

In concluding these answers to the "circular," I beg the Board to keep in remembrance this simple, but painful truth, that no class of her majesty's subject in these distant and health-destroying dependencies experience more illiberality, meet with more ingratitude, that are more frequently imposed upon and worse rewarded for their services than the members of the noble profession to which I have the honor to belong! We may make laws, holding forth encouragement and tempting, with rewards the Faculty to migrate and reside amongst us: We may expatiate upon the *beauty and salubrity* of our mountain homes: We may also entertain them by discussing the LIBERAL grants of money that have been bestowed in consideration of professional services during the awful visitation of last year. "*And we may call spirits from the vasty deep,*" but will they come? No! *Your reputation is fixed, it is established upon an adamantine basis!* Ingratitude and neglect have done their work, and premature EMANCIPATION has clenched it!

R. CHAMBERLAINE, M.D.
M.R.C.S. England.

16th October, 1851.

Answers of Dr. Downer to questions appended to circular of 8th September, 1851.

No. 1. The parish of St. Andrew contains an area of about two hundred and forty square miles. It has neither town nor villages. There are probably a dozen houses scattered round about the parish church and court house, at Halfway-Tree, and there are two grog and salt provision shops there also, which I think barely sufficient to entitle the place even to be called a village, and this is by far the most important congregation of houses in this parish. Part of the parish is a gently inclined plain, which constitutes about one fifth or one sixth of the whole extent; the residue of the parish is mountainous, and a large part

of that is difficult of access, the mountains being high and steep. Some of the main roads in the lowlands are passably good, but those in the uplands are in very bad order, some of them nearly impassable.

No. 2. The population of St. Andrew's, before the visitation of cholera, was estimated at near twenty thousand. The ascertained deaths from cholera I have understood to be about one tenth. The cholera principally affected the lower orders of society, and the occupation of that part of the community in this parish is agriculture. I am unable to state which of the sexes suffered most from the pestilence, my impression is that they suffered equally.

No. 3. The sugar estates in existence in this parish, twenty years ago, were Constant Spring; Little Spring; Norbrook; Cherry Garden; Somerset; Barbican; Hope; Mona; Papine; Molyne; Maverly; Chancery Hall; White Hall; Pembroke Hall; Waterhouse; Temple Hall; Golden Spring; Hall's Delight. All of these have been thrown up but Constant Spring; Cherry Garden; Molyne; Golden Spring; Norbrook; Mona; and Temple Hall. In order to cultivate these and the few coffee plantations still continued in cultivation, the agricultural population is fully adequate, but then that population is, for the most part, scattered about. Some of the labourers cultivate their own little freeholds, and some occupy the lands of the proprietary as tenants, cultivating the esculent roots of the country, &c. to maintain themselves. With some very rare exceptions they are a worthless class of persons, idle, improvident, and sadly debauched.

No. 4. I am unable to reply confidently to this question. Before the occurrence of cholera, day labour was reduced to nine-pence, but I have reason to think that labour cannot now be procured readily at that rate, especially in the lowland part of this parish. In the upland eastern district, where the climate and soil are peculiarly adapted to the growth and cultivation of coffee, I believe labour is still pro-

cured at nine-pence, per day. In paying wages, I believe the rent for house and ground is deducted, and I rather think settlements are usually made weekly. The main cause which draws labour from the estates and plantation, is the petty freehold and money cultivation, of which I spoke in my last answer to question three.

No. 5. The out-door paupers cost this parish, at this present time, rather more than £650 per annum, the number of persons on the out door-pauper list, is one hundred and forty seven. The parish asylum cost about £200 more. The expence of graves and coffins exceeds £50 per annum, making a total of £900 per annum. I do not think any part of the agricultural population able to pay for medical assistance individually. The only way they could procure it would be by each paying a small sum yearly or half yearly, so as to raise a fund, out of which, when a call was made, the medical attendant might be remunerated. This almost all have the ability to do, but the inclination is wanting.

No. 6. Three. Dr. Pine, at Golden Spring; Dr. Falconer, at Retreat Cottage, near the foot of Stoney Hill; and Dr. Downer, at Bran's Delight, near Halfway Tree. The number is not adequate. There is no medical practitioner in the east district, and none in the Red Hill district. These two districts would not be attended by the three practitioners alluded to, The medical gentlemen who practiced in this parish, under the old regime, were Hawkins, Stamp, Gray, senior, Gray, junior, Downer, M'Fadyen, Dallas, and another, whose name I forget; all these had full employment. But independent of three being inadequate to attend in all parts of so large an area as St. Andrew's comprises, two out of the three are engaged in other avocations, and decline active practice, perhaps, however, it might be otherwise was the remuneration made equal to the labour involved.

No. 7. There is no dispensary, there is, however, an asylum, or poor house, into which sick or decre-

pit poor persons are received, if they procure and present to the matron an order signed by a justice, churchwarden, or vestryman. Sometimes such persons are sent in from distant parts of the parish in a cart.

This institution is supported entirely by the parish, and a sum is raised for the support of it annually in the ways and means of the parish, under the head of "POOR ASYLUM." A medical attendant is provided for this institution, who visits daily. His residence is barely one mile from the asylum. There is also a matron and nurse, who reside in the institution. The salary of the medical attendant is £50. That of the matron £20, and the nurse £12, per annum.

To supervise this institution a committee is annually appointed, who, with the churchwardens, are expected to visit it occasionally, and see that the details of it are properly carried out. The persons received into this institution are ordinarily of the very poorest description, and are furnished, during their stay in it, with coarse clothing, marked Asylum on it. Any person who presents an order from a justice, churchwarden, or vestryman, is entitled to prescription and medicines, if not directed to be received as an in-door patient. The buildings are parish property, and the annual cost of this institution varies from £200 to £240.

No. 8. The negroes are glad to get medicines, or to be received into the institution spoken of, in answer to query No. 7, and submit quietly to such treatment, as may be directed.

No. 9. The dispensary act worked but indifferently in St. Andrew's; the failure of the act was the natural consequence of the very nature of the act; its provisions were unsuited to carry out the object contemplated. No act, having for its object protection in periods of sickness to the poor, and getting for them constant and efficient medical assistance can succeed, unless the medical assistant is adequately

remunerated, and a fund raised adequate to remunerate him. These two objects, duly attended to, the detail could easily be worked out. Every day, however, that is suffered to pass by unheeded, tends to increase the difficulty in respect to the procuring medical aid for the poor medical men are continually as such diminishing in number, some leave their profession to occupy other stations in society; some leave the island, and others, (in many cases I fear,) worn down, broken-hearted, and half-starved, pass away from the stage of life. These men's places, in the present condition of society, can never be filled up. Already large tracts of land in the rural districts of the island are destitute of medical men, and medical assistance cannot be obtained at any price. This is the case even in St. Andrew's, which, from its contiguity to Kingston, possesses advantages which are not to be found in those parishes which are reduced to one or two doctors, as the whole medical staff of the parish.

No. 10. The coroner of this parish, is John Ryder Brice. He was formerly the proprietor of a small coffee plantation in St. Thomas in the Vale, he now keeps a ship yard, at the West end of Kingston. He is remunerated for discharging the duties of coroner by fees and mileage. Judging from the proceeds of his office, for the last two quarters, I should think his income might be fairly estimated at £300 per annum, or thereabouts; I am unable to furnish the information required in the last part of this question. To finish this information, reference must be made to the coroner himself who has the inquisitions of the several inquests he has held since in office.

No. 11. If the office of coroner were necessarily filled by a medical man, this advantage would accrue, the coroner would then be a man of education. The duties, however, of coroner, I look upon to be judicial and not medical; under such an arrangement, many post mortem examinations might doubtlessly be obviated, and the attendance of a medical man

otherwise, might in many case, be dispensed with.— But the coroner could not act in the double capacity to hold the inquest and give medical evidence also.

No. 12. A register of births, deaths, and marriages, is kept or professed, rather, to be kept in St. Andrew's; but the record is so defective, not from any neglect of the registrar, that the information to be desired from it would mislead. I cannot say how far back this registration extends.

No. 13. The record of deaths, being stated to be imperfect, if consulted, would not afford useful information in respect to the most prevalent causes of death within the last ten years.

No. 14. Many marriages take place amongst the blacks, but illicit intercourse between the sexes prevails to a greater extent than marriage. Chastity any way is not much observed. I should suspect, bastard children to be by far the most numerous.

No. 15. I cannot speak positively in answer to this question. I think the negroes, as a body have retrograded in civilization since they were emancipated.— Many of their African habits and amusements have been revived, and I suspect their African superstitions are practised also, though it is only occasionally that the practice of them is brought to light. This is a mere opinion, and will be taken for just as much as it appears to be worth.

No. 16. There are many persons, black and otherwise, who practice physic, but where no doctor is to be had, the evil naturally springs up; perhaps in the first instance benevolence dictates the attempt to afford relief to the sufferer, and if success follows the attempt, the individual who makes it is pressed into the service and becomes a doctor per force, and ultimately gets his fee and rejoices in his new vocation. I cannot tell what are the fees given or received under these circumstances. Some cases of the kind, many years ago, came to my knowledge, in which the fees exacted were considerable.

No. 17. I am not cognizant of any instances in

which deleterious drugs have been used by such persons; neither do I believe that such cases have occurred through ignorance. On the contrary, in such cases as have come to my knowledge, the nostrums used have been very simple, such, as if they did no good, were not likely to do any harm.

No. 18. Unquestionably preference would be given to duly qualified professional men, provided the services of such could be had, irrespective of the payment of fees. The fact is, medical men are unwilling now to give their attendance unless their fees are first paid; and oftentimes the negroes really have not the money to pay; and even if they have it, they are reluctant to part with it, and procrastinate under the hope of amendment in the case to save their money, until it becomes too late for medical assistance to avail. It is not in one case out of a hundred, nay, in even a less proportion, that a fee will be paid, however small, for prospective medical aid. The principle of a contract, negroes do not, or cannot understand; in respect of medical assistance, if they pay a dollar they must have a dollar's worth, and rarely do they evince such moderation as to be satisfied with the mere dollar's worth. I was one of the district practitioners in this parish during the existence of the medical relief bill. One day a negro came to my house and brought a ticket, not for himself, but for his wife, and having received the ticket and paid the fee, he begged me to come and see her, as she was ill. I found, on making the visit, she had been two days in labour. I had an arduous attendance in a miserable negro hut of many hours, and at length I was obliged to resort to the use of instruments to consummate the birth of the infant.

No. 19. Negro midwives and others attend in these cases, and labours are ordinarily happily completed. Formerly, when these midwives had the advantage of the advice of professional men, I found them ignorant and unskilled, "literally doing the things which they ought not to have done, and leaving undone what they

ought to have done." Still nature is so kind that in a natural process, such as parturition, she is not to be thwarted even by officious interference, and the birth is happily consummated in a vast majority of cases in spite of the malpractice of the midwife.

At the present time, I suspect the practice of these women to be more defective than it used to be under the old regime, and I dare say, death sometimes to the mother, and sometimes to the child, is the result.

When I was in active practice, instance of death occurred occasionally from the malpractice of these midwives, and oftentimes labours which would have terminated kindly, have been rendered untoward by improper early interference on the part of those people. Under many circumstances, however, they are useful, and indeed their services are indispensable, and if an evil, a necessary evil; but I looked upon it that the injuries which sometimes result from their ignorance is much more than counterbalanced by the amount of useful service rendered.

No. 20. Infanticide is, I should say, as far as my experience guides me, an uncommon crime in this island. That some children are lost from the false practice of ignorant midwives, there can be no doubt, and the effect of medical relief effectually carried out, would be to save some lives, mothers and children which are occasionally lost during the parturient process.

No. 21. There can be no doubt, but that to establish throughout the rural districts, medical gentlemen whose province it would be, by legislative enactment, to attend the peasantry professionally, would be exceedingly acceptable to them, but unless they were paid each one a stipend for his services, he could not exist, and I think it would be useless to offer less than £300 a year. I hardly think competent and qualified practitioners could be prevailed on to establish themselves in the mountainous districts of the island at a less rate.

No. 22. A medical relief tax is the only method by

which a fund could be raised at all, equal to the object to be carried out, such a tax on the whole by those interested in its operation, would be paid more willingly, when the peasantry were made to comprehend the motive of the tax, than any other tax now in existence. But that is not the question. All direct taxes are paid unwillingly by all persons, and the great land-owners who are taxed less heavily in proportion than any of the other classes of society, grumble most to pay their taxes, *volens volens*. If the measure of medical relief is necessary, levy it, and let those whose duty it is to collect it, deal with the question of gathering it in. Some questions are most easily settled, not by temporising with the parties, but by boldly walking up to the bull, and taking him at once by the horns. No contribution, however small, if left to the option of the parties to be benefitted, will ever be realized. No system will answer to raise a fund but the imposition of a direct tax. This is a subject which once engaged my earnest attention, and I drew out the rough sketch of a bill, and sent it to Mr. Raynes W. Smith, who was the originator of the measure of medical relief. The bill he drew up was thrown out of the assembly, and another bill was introduced, by some other member and that passed, and I rather think a second bill, nearly similar to the first. When this first bill had run its course, Mr. Smith applied for a committee to prepare a bill on evidence. I was summoned to attend that committee, but no committee ever sat, and he requested me to give him my idea on the subject of medical relief, which I did, and if it be not destroyed, he has the paper I wrote still in his possession. I have no rough draft of the plan I then suggested, and am therefore unable to do more at the present moment than to give a crude and brief outline of the nature of the enactment I suggested, and I am still of opinion that some such method, as I then devise, would succeed best. I refer to the appendix which accompanies this document.

No. 23. A small supply of medicines is kept at the parochial asylum, but insufficient to serve in case of the outbreak of any severe epidemic. The fact is medical relief, of any description, is rendered most unwillingly by the authorities of this parish, and every account presented to the vestry, by a medical man, for attendance rendered to any member of the poorer orders of the community, is seldom passed without impertinances and unmerited opposition.

Appendix referred to by Dr. Downer, in answer to question No. 22.

In order to accumulate a fund to remunerate medical men for rendering professional aid to the labouring classes of society in this island, I think a tax on the person, and not on property, would be the preferable mode of taxation.

The persons to be benefited out of the fund are not property persons, many of them possessing none in their own right, therefore these persons should pay a quota in the raising of such fund, far larger in proportion than those pay who are to receive no personal benefit from the imposition of the tax.

1st. I would therefore suggest a per capita tax, regulated by a scale, respective of the number in family of each householder in the parish, whether such householder be a mere labourer, located on a plantation, a tenant, or a freeholder. The scale to decrease in proportion to each, as the number in family increases—thus,

For 1 in a family,	6s.	For 6 in a family,	16s.
2	10s.	7	17s.
3	12s.	8	18s.
4	14s.	9	19s.
5	15s.	10 or more,	20s.

2nd. I would suggest at the usual time of giving in a statement of taxable property for the year, every householder, be he rich or poor, should be bound under a penalty, to be recovered summarily, to give

in, together with his taxable property, (if he possesses any,) a statement of the number of persons of which his family is composed, setting forth the names of each, and distinguishing the sexes. But as very few of the lower classes of society in this island are able to write, it should be provided under such circumstances that the return should be made to the clerk of the vestry, *vivâ voce*, and an enrolment made by him in a book, cut in alphabet, adapted for the purpose, and after the time had expired for making such returns, the clerk of the vestry should enter in the same book the names of all those persons, and the several members of their families who had made returns in writing. I really cannot understand why the 28th March should be chosen as the time at which the ordinary tax returns should be made, or within twenty days after. I think the allowance of time insufficient and would therefore suggest that the returns should, for the future, be made on the 10th day of February, or not later than the 10th of April, which would be a sufficient allowance of time. The registration of the several persons with the numerical strength of each family being thus made, the general tax rolls might issue as they do at present.

3rd. Soon after the accounts are made out and issued, the collecting constables of the several parishes should be required to attend at the court house of the parish, or at some certain and convenient location, a certain number of days every week, and for certain number of hours on those days, both to receive tax accounts which might be offered to be paid, and to issue others not yet delivered, and if tax accounts generally were made thus deliverable and payable, the general collection of the revenue would be facilitated, and the collections be augmented.

4th. On payment of every tax account, it should be required of the person paying, to make a solemn declaration whether he is, or is not in a condition of life, and in circumstances to avail himself necessarily of the benevolent provisions of the medical relief bill,

and in such declaration being made in the affirmative, his name should be entered by the collecting constable, in a register book, cut in alphabet, as a person entitled to medical relief under the bill, and the production of the receipt of the collecting constables when he shall have duly paid his taxes, should entitle such person, and each member of his family, for one year from the date of each receipt, to all the benefits of the bill.

5th. On declaration being made in the negative by any tax payer, his name should also be enrolled in a similar register, and on payment of his account, one fifth of the medical relief tax should be refunded to him by the collecting constable of the parish, and his receipt should be endorsed, "entitled to medical relief."

6th. Parishes should be divided into districts, conformably to their localities, and then again into sections, as many as might be requisite.

7th. A medical attendant should be appointed to each district, and a salary appointed to the duties he would have, (or might be supposed) he would have to perform. An allowance should also be provided for a supply of requisite medicines, &c., which should be kept at the house of such medical attendant, a room therein, or out room being provided by him as a dispensary and surgery.

8th. The district surgeon should be required to remain at home for one or two hours every day, and the time should be fixed and unalterable to prescribe for any persons who might wait on him at that period of the day. And such district surgeon should be bound to prescribe for such persons, furnish them with medicines, and administer professionally to them, provided the collecting constables receipt on the first visit produced, shewing they were entitled to the provisions of the bill.

9th. On the production of such receipt, the name of the person so applying for professional assistance should be enrolled, by the district surgeon, in a re-

gister book, cut in alphabet, and a card should be furnished with his name written thereon, and the names of the several numbers of his family should also be stated in the date of enrolment, and date of the collecting constable's receipt. The production of this card, at any future time, should entitle such person and such number of his family to medical attendance, either at the dispensary of the surgeon, or at the residence of the person enrolled for the year as herein before stated.

10th. In all cases in which it would not prove injurious to the health of the patient, the person entitled to medical relief, and the several members of his family, should be bound to seek advice at the dispensary, circumstances being otherwise, the surgeon should be bound to visit the patient.

11th. All cases should be attended by the surgeon, whether involving the duties of physician, surgeon, or accoucheur, without any extra charge; ordinary cases in midwifery excepted, which the midwives of the parish are competent to attend to.

12th. A commissioner should be appointed to each section, who should form a board to superintend the duties of the district, and a justice of the peace should be located in the district, he should *virtute officii* be the chairman of such board, and if more than one, the senior justice in such district should be the chairman.

13th. It should be the duty of each commissioner to ascertain whether returns have been duly made by each householder in his district, and power should be given him, under the bill, to prosecute and bring to punishment all delinquents who endeavour to evade payment of the medical relief tax.

14th. It should be the duty of the surgeon of the district, every quarter, to transmit to the chairman of the district, a list of patients enrolled, the names of the several members of their families, being set forth in a separate column in such list, and the same should

be arranged alphabetically; diseases treated, and deaths occurring in his practice, being set forth together, with such other information or suggestions as he might consider it incumbent on him to make to his district board.

15th. The bill should make it imperative on the coroner, to hold an inquest over any person who might die in any district of the parish, of whom he might have information, that death occurred in consequence of no medical man having seen or prescribed for the deceased in that his last illness, and rigorous prosecution, under such cases, of wilful neglect or evasion of the medical relief tax, should be provided as consequential and imperative under the bill.

16th. The register should be kept open at the collecting constable's office throughout the whole of the first year, to give every facility for a complete and entire enrolment of all persons liable to the medical relief tax, under the bill, and any person should be entitled to enroll his name, at any time, on payment of a surcharge of one-fifth more than the tax as set forth by the scale.

17th. Every person found to evade the tax to be liable to prosecution summarily on information laid before any one justice, and liable to fine, not less than twice the amount of what his medical relief tax would have been, nor more than four times the amount—one half to go to the poor of the parish, and in augmentation of the medical relief fund, and the whole payable into the hands of the collecting constable on conviction, or to stand committed to the penitentiary for any number of days, not exceeding days, unless in the mean time fine and costs be fully paid.

18th. The several district surgeons to be liable to fine, not exceeding £ for each case of wilful neglect proved against him, or misconduct in the discharge of the professional duties of his district, the case to be summarily disposed of in petty sessions,

and by information on oath before any one justice of the peace; fine and cost, if not paid in court, to be stopt out of his next accruing quarter's stipend.

19th. Surgeons of districts to be paid their stipends quarterly, by the parish treasurer, on their account being attested by the chairman of their districts.

20th. The monies accruing from the medical relief tax, to be paid into one of the banks every quarter, by the several collecting constables, a separate account thereof being rendered into the quarterly vestries, such fund being kept distinct and exclusive of all other taxes. An account also of all fines accruing under the act, to be added to such fund, a separate and distinct account being kept of them also.

21st. No relief whatever of this tax to be granted, except the case be first examined into by the chairmen of the several districts of the parish, assembled in committee, of which not less than three to be a quorum, of whom one must necessarily be the chairman of the district to which the applicant seeking relief shall belong. On such examination being so made, relief may be recommended by such committee for the whole, or a part, of the tax, on the ground that the applicant is really and truly too poor to pay it. On such recommendation so made, the vestry to be empowered to pass and confirm the relief in question.

22nd. District surgeons to be bound to afford medical aid in all cases of pauperism and actual destitution, on certificate furnished by the commissioner of section, and to be authorized to recommend to the churchwardens of the parish for such pecuniary relief, as the destitution of the case may seem to him to warrant.

23rd. The justices and vestry to be empowered, if they deem it necessary, during the first year of the operation of the bill, to borrow from any banking establishment, such additional sum over and above the amount of the taxes as may appear to them requisite

to carry into successful effect, the provisions of the bill.

24th. Justices and vestry to be empowered, after the termination of the first year, to lay such additional tax, on such property, as may be taxable in the current year, as may be necessary to increase the medical relief fund, to a sum adequate to meet the exigencies of the bill, in respect of the past year, and the year then current.

25th. Scale laid down, to be subject to alteration and modification, and the provisions of the bill, otherwise, to be so subject in the next sessions of the assembly,

26th. Enactment should not be for a less period than five years.

Answers of Dr. Stewart to circular of 8th September, 1851.

Pedro District, Claremont, P. O.

St. Ann's, September 30th, 1851.

Gentlemen,

I have received your circular requesting information respecting the sanitary state, &c. of the district in the circuit of my practice.

I have to inform you that the extreme length of this district from my residence is fifteen miles. There is no public dispensary here, and only my own for the compounding and sale of medicines.

This district, and the adjoining one, the Moneague, have been generally healthy during the five years that I have practiced in them, but sickness has been more prevalent in this year, irrespective of cholera, than in any preceding of my residence here. Acute disease bears no comparison in frequency here to that of its occurrence in the lowlands. Yet I am aware there is much of a chronic nature, totally neglected and unprovided for, either by attendance or medicines. My dispensary is situated in the market and post town of

Claremont, being sufficiently central for the supply of medicines to the Pedro district. A dispensary assistant is always in attendance, and I am there on an average of five days in the week. At St. Anns-Bay, ten miles to the N.W. of Claremont, an abundant supply of all medicines and appliances, can be obtained from the resident practitioner, and from several stores in the town; but at the Moneague, which is the market village, at the other extremity of my district, I think it highly desirable that a well constituted dispensary should be established, and I would willingly undertake the responsibility myself, but from a conviction, that without some assistance, a pecuniary loss would be the result. At the Moneague, medicines may certainly be purchased at the stores, but as there is no medical practitioner for many miles to the eastward of the village, the district being recently relinquished by Dr. Donald of St. Mary's, it is obviously important that a duly qualified and recognized dispensary should be at hand, not only to ensure an adequate supply of drugs, but also to advise, in slight cases, and to communicate with me when requisite, also as a point accessible to the public, to diffuse vaccination. The districts above mentioned are at present healthy.

I am, gentlemen,

Your obedient servant,

(Signed,)

JAMES STEWART.

Answers of the honorable Bryan Edwards to circular of 8th September, 1851.

Spanish-Town, October 4th, 1851.

Sir,

I have the honor to acknowledge your letter of 18th September, requiring, on the part of the committee of the Central Board of Health, a statement of the present sanitary condition and requirements of the parish of St. Thomas in the Vale, previously to answer-

ing the queries subjoined, by their direction to your letter.

In reply thereto, I have to state, that with the exception of influenza, which was a few weeks back, generally, and in some localities, severely prevalent, the general health of the parish has been satisfactory, so far as I know, ever since the disappearance of the cholera.

Cases of diarrhœa, dysentery, and cholera, have from time to time appeared, and in some instances have terminated fatally; but this class of disease has probably, and not unnaturally, required an undue share of importance, in consequence of the visitation last year.

With respect to the "requirements" of the parish; they may be summoned up shortly, as being the services of an additional number of medical practitioners; and the institution of some sort of dispensary, or other means of affording medical and surgical relief and medicines, at a reasonable rate, to the labouring classes.

At present there is nothing of the sort whatever; and for medical practitioners, there are but two, for a district extensive enough to keep in exercise the skill of double the number, and which ought to be able to afford remuneration sufficient for them all.

Though, thus in answer to the committee's enquiries, I have stated what the parish wants, I am by no means prepared to point out, or even to suggest, how these requirements are to be supplied.

Thus much is certain, the labouring classes will do nothing in this way to help themselves.

I have myself offered repeatedly, that is in the autumn of 1838, and several times since, to supply all common medicines gratuitously, and to make up in money, what might be required to engage the regular attendance of a medical man, provided the people living on my property, or within reach, would subscribe one dollar a year each; and these offers have

been as repeatedly rejected or disregarded. And I have reason to believe that mine has not been the only proposition which has met the same fate.

I have the honor to be,

Your obedient servant,

(Signed,)

BRYAN EDWARDS,

Custos of St. Thomas in the Vale.

Montego-Bay, St. James',

13th October, 1851.

Sir,

I have the honor to acknowledge the receipt of your letter, of the 18th ultimo, having queries from the Central Board of Health annexed thereto, and requesting, prior to my answering them, "a statement of the present sanitary condition and requirements" of the parish of St. James.

In complying with that wish, I beg to say that there is not, just now, any general sickness within its limits.

Some time ago influenza was prevalent, and although, commonly mild in its character, it nevertheless induced in some persons, and especially in the elderly, bronchial affections which varied, of course in severity; but this disease has nearly altogether disappeared; diarrhœa has, I understand, shewn itself in some of the rural districts, and so have other forms of intestinal disease, but it is difficult to arrive at an accurate knowledge of their character in such localities. Cases of cholera have also occurred during the last four weeks. This disease has not assumed that virulence which marked the late epidemic at its onset; but it has, at the same time, been so severe as to be very fatal; and the cases have increased in number within the last few days.

In respect to the sanitary requirements of this parish, it appears to me to be necessary, that the directions which are contained in the first seven sections of the regulations issued by the Central Board of Health, in the Jamaica Gazette, of the 11th ultimo,

should be regularly carried out, but on these points there are difficulties.

Our constabulary force on which we should look for assistance in the town, at least, until a better arrangement could be made, does not as at present constituted, afford any one person possessed of sufficient weight of character to fill the office required by the seventh section, and thus arises a very great impediment. I therefore think it advisable, that some step should be taken to give it effect, and that the person who may hold the office, should perform its duties with unbiassed steadiness of purpose.

Connected with this subject is the want of medical practitioners in the rural districts of the parish: and I believe that it is admitted by every intelligent person, that if practicable, encouragement should be given to their establishing themselves therein.

I have the honor to be, Sir,

Your most obedient servant,

(Signed,) G. M. LAWSON, M. D.

Custos, St. James.

To the Secretary of the Central Board of Health, Kingston.

Answers of Dr. Lawson to the questions appended to circular 8th September, 1851.

No. 1. There are, I learn, two hundred and twenty seven square miles three quarters in the parish of St. James. One town, Montego-Bay, and several villages are in it. The land is chiefly mountainous. The highways leading to the inhabited localities are, for the most part, good; but the bye-tracts branching off from them to the interior habitations of the negroes very generally bad, in fact, dangerous, in many instances, for one on horseback.

No. 2. The census of 1844 gave a population in St. James of twenty-five thousand five hundred and twelve. The number of inhabitants, by births and otherwise, may have increased to between two and three thousands, after allowing a deduction for deaths, say then it has increased to twenty-eight

thousand. The number of deaths from cholera were, about two thousand five hundred, as nearly as could be computed. The population then, may now be said to be, in round numbers, twenty-three thousand.

No. 3. There are, in cultivation, in the parish of St. James, fifty-seven sugar estates and four pennis for the breeding of stock. The demand for labour on these properties, the sugar estates in particular, is, I am informed, much greater than the supply.

No. 4. The amount of wages paid to an estates labourer is, I understand, one shilling per task, sometimes one shilling and six pence; and the task is finished in a space of time varying from four to six hours. The wages are generally paid weekly; but sometimes, every fortnight. There are also rare instances in which they are paid monthly. The payments are made in coin. The people, according to my information, are not willing to work, and in illustration it may be observed, that notwithstanding the facility with which they do their task, and the early hour at which it is finished, they can scarcely ever be got to take a second one in the same day; but when they have done so, there are instances in which they have completed it by two o'clock in the afternoon, and by which time each of them has earned three shillings for that day's work. The system of task work was established during the apprenticeship, and the negroes were taught to consider the cleaning of a certain number of cane roots a day's work; this they desire to adhere to, and I have information that they prefer taking one shilling for cleaning three hundred cane roots as a day's work, to working continuously, at the rate of one shilling and six-pence for four hundred roots. The negro is naturally of indolent habits, and his unwillingness to work may be thus accounted for: His wants are few and having it in his power to supply them readily by moderate labour, he is enabled also to indulge his disposition. Besides these causes, the cultivation of his provision grounds affords him such ample returns

as, in numerous instances, to render him independent of his wages as a labourer. During the season of crop, the labourers work five days in each week; but at other times of the year only four; and they take many holidays at Easter, in August, and at Christmas.

No. 5. There are two hundred and twenty persons on the pauper relief list of the parish of St. James, who receive parochial aid weekly; but it is impossible for me to form an accurate idea of the number who, from sickness, age, or other disability, are unable to contribute anything for providing themselves with medicines and medical attendance. I should think however, that the number is large.

No. 6. There are seven medical practitioners in the parish of St. James. Five of them reside in the town of Montego-Bay, and the remaining two in the rural districts. The residence of one of the latter, is about six miles from Montego-Bay, in a southwardly direction; and that of the other at the village of Good-Will, distant from the above named town, about fifteen miles, and to the eastward of it.

No. 7. There is a hospital in the parish of St. James, about a mile distant from Montego-Bay, for the reception of seamen and paupers; and a poor house in that town to which the destitute are sent and in which chronic diseases are treated. There is not a dispensary in the parish. Two medical men are appointed to attend at the hospital, at a salary of seventy-five pounds, each per annum, and it is supported by a tax on the vessels trading to the port of Montego-Bay, and on the parish also. There are two medical attendants to the poor house at a salary of twenty-eight pounds each, per annum. A surgeon is appointed also, to attend the out door poor of the parish at their own residences, at one hundred pounds, per annum. The medical men reside at Montego-Bay.

No. 8. As there is not a dispensary in the parish of St. James, an answer cannot be given to the first

part of this query; but as regards the second, desiring to know if the negro population are willing to submit to the discipline and medical treatment, provided for the sick in the hospital, I would say that they very generally yield to them. But the number of such admissions has not as yet been large, as there was at one time much reluctance on the part of these people to go to the hospital. That feeling, however, is wearing off.

No. 9. It did not. The labouring people very generally were averse to pay for medical attendance, and to induce them to do so, credit, a system not contemplated by the act, was given in many instances; nevertheless, a few of them only kept their engagements. The act compelled the medical practitioners, who accepted appointments under it, to receive, as patients, any of those people who might pay for their registration, and it sometimes occurred that persons who did not register when in health came forward in sickness, and if with a family, the sick member alone was registered. The disinclination to register, when in health, led to impositions upon the parties who were authorized to give orders for attendance on these persons as paupers in sickness. There were causes of dissatisfaction on the part of the medical men. But I fear that some of them were indifferent also to their engagements; and living on the borders of two parishes they obtained districts in each, and thereby undertook to perform duties which it was impossible they could accomplish. The districts in each parish being already more extensive than they should have been.

No. 10. Edward Evans is the coroner of the parish of St. James. He has no other occupation than that of coroner. He resides at Montego-Bay. Is remunerated, at present, by fees alone. His probable income is £210 per annum. The average number of inquests from 1841 to 1850 inclusive, is sixty-two per annum, and that of *post mortem* examinations arising therefrom, five and five-tenths. Preponder-

ating causes of mortality according to the verdicts, "natural causes."

No. 11. It appears to me that it might be of advantage to have the office of coroner filled by a duly qualified medical practitioner. The enquiry instituted to discover the cause of death, involves very frequently the pathological condition of the deceased, and it is therefore reasonable to conclude that he who is acquainted with the structure and diseases of the human body, would be more likely to make a fuller investigation, and, if required, to assist a jury more efficiently than one who has not any knowledge of them.

No. 12. On reference to the clerk of the vestry's office of the parish of St. James, I find that by an act of the assembly, seventh Victoria, chapter fifty-four, a registry of births and deaths was established on the 4th June, 1844; but which was very irregularly complied with by the inhabitants. This act was repealed in 1846 by the tenth Victoria, chapter sixteen, which repealing act was disallowed by the queen in council, in 1848, and since that disallowance the registrations, up to the present time, have been still more irregular.

No. 13. Fever and dysentery appear to have been the most common causes of death amongst the number registered.

No. 14. My information leads me to believe that during the apprenticeship, and immediately after emancipation the rite of marriage was observed to a considerable extent by the peasantry; but the number of marriages diminished very much, indeed, after the last mentioned period, and consequently, the offspring from illicit intercourse of the sexes greatly preponderates now. The number of marriages has increased, however, I understand, since the visitation of cholera.

No. 15. Myalism prevailed to a considerable extent in St. James a few years ago, but signal examples were made of the parties engaged in it, and it has

not been heard of since to my knowledge. There have been only three convictions for obeahism in the parish within the last two years. Concealment, however, is enjoined by the persons who practice it, and as the minds of their victims are enthralled by them, fears are entertained that it is carried on.

No. 16. There are uneducated black men in this parish who practice upon the sick, but it is difficult to arrive at a knowledge of the payments they usually receive. An instance of this kind occurred, however, just at the commencement of the late epidemic cholera in which one of these persons, a former hospital attendant, charged sixteen shillings as was shown at a coroner's inquest for a visit and a pill.—The distance of the patient from him was under a mile.

No. 17. I do not know of any instances where deleterious or noxious mixtures have been administered by such persons.

No. 18. The negro is fond of secrecy, and attaches much importance to mystery, and by these means connected with bold assurances as he expects very generally to be cured at once, he is imposed upon; and it is doubtful, under these circumstances whether educated practitioners of honourable principles could hold a footing against the impostors with such a class of people as the negroes, if they should have to pay for the medicines and attendance. But quackery in St. James is not confined to the "black men." Persons who are of a better order are engaged in this practice, and it is sometimes done under the pretext of charity, and while there is little doubt that money, to a large amount, is received for what is done. Negroes have often come to my house by mistake to "see mistress," and get advice, and have had the money with them; but on finding their error, have gone away. To bring up such persons for violating the law, would be a fruitless attempt, for it is more than probable that the witness

es having sought the assistance, would not be got to disclose the fact. If medical attendance and medicines were to be offered as a gratuity, I think the negroes would often take advantage of it, but if payment is to be made for them, they will, it appears to me, prefer going to a quack, although this may not be done until the sickness has continued for some time.

No. 19. I do not think that assistance is sought for from such quacks during parturition, nor do I know of any instance where unskilful treatment has resulted in injury to the mother. These patients are usually attended by midwives, and they have not any knowledge of what they undertake beyond receiving the child after a natural birth, and performing the simple operation which is required at the time.—Where injury arises to the patient, I am of opinion that it occurs rather from the omission of that assistance which is required, and which the midwife is unable to give, than from commission.

No. 20. The crime of infanticide is scarcely known in this parish. I have not heard of more than one case of it.

No. 21. I have already expressed an opinion bearing reference to this query; but I would repeat, that a legislative enactment, having for its object the encouragement of medical gentlemen as expressed in it, would, I dare say, be acceptable to the labouring classes, provided they be not called upon to contribute towards the expences attendant on it; but I do not think that the gentlemen who might be invited to reside here, would meet with such a share of employment as to afford them the means of living, if they are to depend on the labouring classes.

No. 22. In alluding generally to such an impost as is contained in this query, I would say that I do not think that it would be willingly paid. If, however, a tax should be imposed, a capitation tax would be the fairest one I should think.

No. 23. There is, I believe, a very good supply of medicines in this parish to meet ordinary epidemics, but not adequate, I imagine, to meet such a one as cholera.

G. M. LAWSON, M. D.

Custos. St James.

Montego-Bay, 16th October, 1851.

Goshen, P. O. 21st October, 1851.

Sir,

Your letter date dthe 8th ultimo, directed to me by the desire of the committee of the Central Board of Health had been, some how or the other, miscarried and had come to hand only four days since; consequently my answers to the questions therein are not so prompt and full as I could wish.

Respecting the sanitary condition of the parish of St. Elizabeth, it is somewhat similar to the state of all the other parishes of the island—a mere nonentity. But the requirements are great on account of its extent. The parish requires, at least, six able duly qualified medical gentlemen, with as many active assistances, and with a proper and adequate supply of medicines provided and kept in the parish particularly, in the event of any epidemic diseases appearing therein.

I have the honor to be, Sir,

Your most obedient servant,

(Signed,)

A. DEWAR.

To T. JAMES BROWN, Esquire,
Kingston.

Answer of Dr. Dewar to questions appended to circular of the 31st September, 1851.

No. 1. St. Elizabeth is the largest parish in the island, in extent about one thousand one hundred and forty-four square miles; population scattered; the land is both mountainous and in large plains;

the inhabited localities in the plains are accessible by safe roads, but not so good; the roads in the mountainous districts are mere bridle tracts, very bad, and unsafe.

No. 2. I cannot say; the estimated reduction by the cholera is from three hundred to four hundred; cannot say whether the adult survivors are principally male or female. Occupation, principally agricultural, with few exceptions.

No. 3. About fifteen sugar estates, twenty pennis, and about fifteen coffee and pimento properties in cultivation. The demand for labour is greater than the labouring population can or will supply.

No. 4. The average amount of wages paid to an estates labourer, per diem, is 1s.—but the labour on sugar and other estates, is principally paid per job or task work regularly, and all in money. The people are not willing to work in the cultivation of estates, and the cause that contributes to their unwillingness in a great measure, is their facility of purchasing or leasing land at a trifling expense.

No. 5. The amount of pauperism is about £500. Few persons, except paupers, are unable to contribute anything for providing themselves with medicines and medical attendance.

No. 6. Seven qualified medical practitioners without practice; three of the number reside about Black River, three in the Santa Cruz mountain, and one in the Nassau district.

No. 7. There is neither a hospital nor public dispensary in the parish.

No. 8. The negro population in general, are not willing, when sick, to apply for medicines, unless they are certain to obtain it gratis.

No. 9. I am perfectly aware that the dispensary act of the ninth Victoria, did not work well in this parish and throughout the island, and the cause of its failure was attributed to the trifling charge of three shillings and six-shillings, as the case might be, from all applicants for tickets of enrolment. The only part

of the act that worked well was vaccination, for this simple reason, that it was done for them gratis.

No. 10. John Cuff, esquire, proprietor of — penn., at present, I believe, remunerated by fees. His probable income, the average number of inquests held yearly within the last ten years, the number of post mortem examinations, and the preponderating cause or causes of mortality, I cannot say.

No. 11. Yes, I think it is impossible for any coroner who is not a medical man, always to know when medical evidence is necessary, and as he might choose to dispense with it in cases where it would be absolutely essential to the finding of a correct verdict, it should be unlawful for a coroner to hold any inquest without taking the evidence of a duly qualified medical man, except in those cases where the cause of death is so obvious as not to admit of any reasonable doubt. It ought not to be deemed sufficient to record the following vague and indefinite verdicts, viz.: "died by the visitation of God." "Death from natural causes." "Found dead." "Over laid," &c. &c. but that the true and proximate cause should always, if possible, be stated.

No. 12. None to my knowledge.

No. 13. I cannot say.

No. 14. No, far from it, consequently there are many cases where the offspring is the result of the illicit intercourse of the sexes.

No. 15. Very common.

No. 16. Yes, I cannot say what payment they receive, that being kept a great secret.

No. 17. No, but I believe that such cases have occurred.

No. 18. Yes, I think so, and consider that in many cases preference would be given to "quacks."

No. 19. I do not think so; but I believe that the unskilful, after treatment of ignorant "midwives" and "nurses," often result in injury to both child and mother.

No. 20. Yes, I have. Rare cases occur now and

then; not by the mal-practice of "quacks," but by the mothers themselves. I think more extended and cheap medical relief would tend towards the suppression of such crimes.

No. 21. No, I do not think so; and any medical gentlemen coming here would more likely meet with actual starvation, than a fair share of employment, producing a competent living.

No. 22. The impost would be paid unwillingly unless provided by indirect taxation.

No. 23. None whatever.

Answers of Dr. Horlock, of St. Mary's, to questions appended to circular of 8th September, 1851.

St. Mary's, Port-Maria, P.O.

26th September, 1851.

Sir,

I have to acknowledge the receipt of your communication of the 18th instant, and in reply, beg leave to state for the information of the committee of the Central Board of Health, that the district under my immediate superintendance, is at present in an healthy condition, and have reason to believe that the rest of the parish is in a like state.

With respect to the requirements alluded to, I beg leave to observe that there is a sufficiency of both medical aid and medicine for the present wants of the community, there being four medical gentlemen resident in St. Mary, and a fair supply of medicine on hand; this latter part, however, I propose answering more fully to question No. 6.

I have the honor, to be, Sir,

Your most obedient servant,

(Signed,) THOMAS W. HORLOCK.

T. J. BROWN, Esquire.

Secretary of the Central Board of Health, Spanish-Town.

Answers of Dr. Altman to questions appended to circular of 8th September, 1851.

1st. I have no means of ascertaining the number of square miles. Kingston, of course, is surrounded with numerous suburbs, accessible by good and indifferent roads.

2nd. Estimated population about fifty thousand; unfortunately six and perhaps seven thousand fell by the cholera. I should say there is very little agricultural occupation. Mostly the mechanical arts required in large towns give employment.

3rd. This question does not apply to Kingston.

4th. Same.

5th. Pauperism is very great among the humbler classes in Kingston, and hundreds and hundreds are unable, by their own account, to contribute any thing for medical attendance.

6th. Eleven qualified practitioners in the city; the number is inadequate to the population, but adequate to the remuneration.

7th. There is a dispensary and an hospital. The latter supported by the island, the former by the island partly, and by private subscription and monthly payments from persons entering themselves as recipients for the benefit conferred by medical attendance from the dispensary. The latter, one principally the very humbler classes, who, contribute but indifferently in spite of the manifest advantages conferred. For one shilling each month, an adult receives, for the whole month, at his house, constant medical attendance, and if he has a child, he pays in addition only "three-pence" a month. Thus providing, humanly speaking, for his life's safety by so small a sum, and yet with difficulty can they be made sensible of this proper provision, and with more difficulty do they consent to obtain it at the expence

perhaps of some sacrifice, each month, of an article for which they have no need. Yet it is a singular feature, that those who do belong to the dispensary soon perceive its advantages and do not fail to be grateful to the institution. The private subscribers of a guinea each, have the power of keeping one sick person always on the books, and it is astonishing as well as gratifying to perceive, as a whole, what great benefit the Metcalfe dispensary confers. Numerous persons who languish in sickness and have seen better days, too poor to employ medical advice, and too proud to go to the parish, are supplied by these means with medical attendance, and the head of the family is often by these means snatched from sickness, and his family again obtain his exertions for maintenance. One hour every day is devoted to the reception of out door patients, by medical attendants. There are two medical practitioners attached to the dispensary, not resident, but visit the dispensary.— They reside near. The salary, from the indifference of the class for whose benefit, and to whose benefit it largely administers, is now reduced to fifty pounds a year each. The number of persons relieved, notwithstanding last year, were about eight hundred.— This not including the cholera cases, which amounted to more than another thousand, treated by us at the Metcalfe dispensary.

8th. The negro population are willing to apply for medical relief, and submit to medical treatment, but they are (as I have written) unwilling to pay monthly proportions to the dispensary, and I attribute the reluctance of those who can pay, not doing so, simply to the inability of being sensible to the necessity of foresight, forethought, precaution, and the preparation to meet danger, which they never acknowledge, unless it exists, and which, because they cannot see, they do not believe can exist.

9th. This act was never applied in our city.

10th. B. Naar, esquire, is coroner for our parish,

resident in Hanover street. I believe he is remunerated by fees. Income I have no means of arriving at, nor of the number of inquests, nor post mortem examinations. He is an indefatigable and good coroner. I am afraid the preponderating causes of mortality are to be attributed to self-neglect and intemperance among a large class.

11th. Although Mr. Naar is a most excellent coroner, and in application and talent of investigation, entitled to much praise; a medical practitioner should hold the office, I consider of coroner; simply, that where life and death turns on the chain of evidence, the key to many a link is best caught up and then is disentangled the whole of the phenomena of death, as well as mere facts of evidence, by one who, to whom both these fields of evidence are familiar, while the lay coroner is familiar only with adjustment of more common facts of evidence, in contradistinction to medical, &c.

12th. I have no means of answering this query.

13th. No 12 replies to this.

14th. Marriage is partially observed, but there is a great number of children, the result of illicit intercourse.

15th. I do not think it is practiced in this parish.

16th. There are several uneducated black men who practice as quack doctors, I do not know the payment they receive, nor the manner.

17th. I have known of one or two instances of deleterious medicine being given.

18th. I think that in this parish, the educated man would be preferred, but there is not the wide spread means to support them, I fear.

19th. I am not able to give the information on this question, it being difficult to arrive at.

20th. I do not think there is much crime of infanticide committed in this parish.

21st. I really think the poorer classes of this parish, (Kingston,) do, and will prefer always the qua-

lified educated practitioner, but the visit and remuneration, it is out of the power of the mass to pay, although they might desire it.

22nd. Such a tax is not only necessary but is a duty, a duty pre-eminently belonging to a paternal government like our own English, who ever at home and in their dependencies, take the initiative now according to the tone of mind and habits of the people for whom they legislate—there it must ever be paternal in the full, and perhaps almost severe sense of the word, for where classes are in danger, their rulers must use as much coercion and no more as may be required to carry out, at least, the laws of self-preservation. Good heavens! need there be a debate on the soundest and first principle of all jurists, and by all the first writers on the rise and perpetuity of nations. The public health is positively a charge scarcely confided by Providence himself to those whom he has appointed the rulers over men. I have witnessed the course of their reasonings in my own dispensary where I am attached, (the Metcalfe, in Kingston.) I have had much trouble to persuade the man in humble life to belong to it and pay his shilling monthly, but when once on a sick bed and he has felt what may be termed the sweets of attendance and pain alleviated, none have been more regular in their payments. The tax, if any, must be (as in all mere growing masses of society) indirect; on property of course, on some article of most general consumption, and what they can do the least without. And do not let the better classes say why are all then by such a plan inclusively to be also taxed? Let them remember by preserving the base of the pyramid of society sound, the apex is best maintained, and it is the classes, the humble classes from whom their servants are taken, that this tax would be the means of keeping freed from sickness, and by parity of reasoning, would be less likely of carrying from their own rude houses, sickness, and

contagion with them, when they go and enter as servants into the houses of the upper and better classes. To preserve the health of the poor is preservation to all, for most epidemic diseases *foster and accumulate their strength from their ranks to burst around.*

23. The Metcalfe dispensary has a very ample supply.

(Signed,)

S. ALTMAN,
Kingston.

Answers of the reverend Dr. Musson, to the questions appended to circular 8th September, 1851.

No. 1. The area or extent in square acres of the parish of St. Catherine, is ninety-three thousand and fifty-eight. Population scattered, though large numbers are congregated in Spanish Town, and in some small villages. Land partly mountainous, partly plain. Inhabited localities accessible for the most part by bad roads.

No. 2. Estimated population, before cholera, twelve thousand seven hundred and ninety, supposed reduction by cholera, between one thousand five hundred, and two thousand. Survivors are occupied in all kinds of employments, trades, and callings.—There is not much agriculture compared with the extent of acres.

No. 3. There are only two or three sugar estates. The demand for labour is greater than the labouring population can supply.

No. 4. Wages vary, and are, I believe, regularly paid in money. People, generally speaking, are unwilling to work in the cultivation of the estates, in consequence of the facility in procuring the necessaries of life from their provision grounds, &c.

No. 5. The amount of pauperism is large, and most of the paupers are unable to contribute any thing for providing medicine and medical aid.

No. 6. There are two qualified medical practitioners in full practice in Spanish Town. I do not con-

sider them adequate to the wants of the population of the parish.

No. 7. There is a public hospital supported by parochial funds. The two medical practitioners attend it alternately, and receive £ — per annum.

No. 8. The negro population, not generally willing to submit to the discipline, and this unwillingness arises from imperfect acquaintance with civilization and duty.

No. 9. Dispensary act did not work well.

No. 10. Coroner of the parish is John C. M^cAnuff, residing in Spanish Town, remunerated by fees amounting to £200 or more. Number of inquests last year, seventy-three; post mortem examinations, thirty-three, of which there were fifteen in district prison.

No. 11. I do consider that advantage would arise from the office of coroner being filled by a duly qualified medical practitioner, "on the ground that it would save time and expense, as well as lead to a more accurate knowledge of cause of death, &c."

No. 12. There are registers of births, marriages, and deaths, extending back to more than one hundred years.

No. 13. During the last ten years the diseases have not been required to be stated in the register.

No. 14. I fear the rite of marriage is not generally well observed by the peasantry.

No. 15. I hear that obeahism and myalism are sometimes practised, but they have not come under my knowlege.

No. 16. I am not aware of any quack doctors practising.

No. 17. I do not know of any.

No. 18. I consider that duly qualified medical practitioners would be preferred to any quack doctors, if their professional services were given *gratuitously*.

No. 19. Women are often employed as midwives, and I am confidently informed that from their un-

skilful treatment, injury has often resulted to child and mother.

No. 20. I fear from the loose state of morals in the community that this crime does occur. If proper medical aid could be extended there would be a great probability of its being suppressed.

No. 21. I do think so, if the *purses* of the labouring population were not touched for it, a competent living can never be procured from them alone.

No. 22. Unwillingly; I cannot point out any method but a capitation tax. This may be objectionable, but maintaining as I do that every man is bound to take care of his own life, as well as care for the lives of those dependent on him, I think that he should be compelled to provide medical aid for his family. If this is not done, our already too small labouring population will be enervated and diminished.

No. 23. During the recent epidemic there was a scarcity of medicine, and I should hope that warning has been taken from this lamentable fact.

(Signed,)

SAML. P. MUSSON.

Rector of St. Catherine.

Answers of the honorable Alexandre Bravø to the questions appended to circular 8th September, 1851.

No. 1. The extent of the parish is about fifty-six square miles, or thirty-seven thousand one hundred and ninety-one acres. There are several hamlets and detached settlements. The larger portion of the parish is mountainous, the remainder plains. The inhabited localities are accessible by roads which are not always in the best condition, from the inadequacy of the allotments to keep them in substantial repairs.

No. 2. The estimated population of the parish was, males, two thousand six hundred and twenty-eight; females, two thousand six hundred and thirty-seven; total, five thousand two hundred and

sixty-five. The reduction by cholera, as reported, is three hundred and fifty-two. There are no means of ascertaining if the adult survivors are principally males or females. Their occupation is chiefly agricultural.

No. 3. There are nine sugar estates which may be said to be in cultivation in this parish, and there are several grazing pennis. There is, in my opinion, labour sufficient, if the labourers did not find it more to their taste or their interest to cultivate ground provisions in preference.

No. 4. Able labourers are paid one shilling per day, and for less effective nine-pence and six pence. So far as I know the wages are regularly paid in money; continuous labour, so essential to the conduct of sugar properties, cannot be depended on for hire; the people generally prefer being their own masters. Mountain land can be had, on rent, at ten or twelve shillings the acre per annum, from which, working one or two days in each week, a labourer can cultivate provisions sufficient to maintain his family. The rest of his hire is devoted to plantation labour, or to idleness.

No. 5. There are twenty-five paupers receiving a weekly allowance from the parish, amounting to £75 per annum. One fifth of the population would claim inability to provide themselves with medicines and medical aid; and indeed by far the greater portion of the people are opposed to paying medical men.

No. 6. There is at present no qualified medical practitioner residing in the parish.

No. 7. Nor is there any public dispensary or hospital. The sum of £100 is provided in the ways and means for medical attendance on the poor.

No. 8. This question is answered by the preceding.

No. 9. In this parish the dispensary act proved a complete failure. The medical practitioners would not reside in the rural districts, and the people com-

plained that they had not attendance even for the small amounts they paid in advance, and would not renew their tickets.

No. 10. Mr. Thomas Hansill is the coroner of St. Dorothy's. He is the manager of Master's estate, and resides on it. The coroner was originally paid £3 for holding each inquest, with mileage, at 1s. 6d. per mile, from his residence. Latterly, he was paid a salary of £60 per annum, but since the disallowance of the "transfer act," he has been paid after the old rates, viz. :—£3, and 1s. and 6d. per mile. The yearly average of inquests within the last ten years, is seventeen, and the average post mortem examinations three or four. The causes of mortality have been various.

No. 11. I do not consider that any advantage would arise from the office of coroner being filled by a medical practitioner, over any other gentleman of respectability and education.

No. 12. From June, 1844, to December, 1846, a register of births and deaths was kept, it was discontinued by an act of the Jamaica legislature, which act, not receiving the royal assent, the registration was recommenced from July, 1848, and has been continued to the present time. There being no penalty under the act to enforce the observance of it, it is perfectly inoperative. If it be re-enacted on a workable plan, another census of the inhabitants must be indispensable to precede its operation. Marriages by the clergymen of the established church are recorded in the bishop's office.

No. 13. The record of deaths is too imperfect to enable me to answer this question. The causes of death reported, would not point to any particular disease (before the cholera.)

No. 14. About the epoch of freedom. Marriages among the peasantry were very common, but of latter years this rite has been little observed, and the offspring is generally the result of illicit intercourse.

No. 15. Obeahism and myalism are of very rare occurrence in this parish.

No. 16. I am unable to answer this question further than asserting my belief that the more ignorant of the peasantry consult in sickness those who are considered somewhat experienced, but I believe the advice is gratuitous.

No. 17. I am not aware that there has been an occurrence of deleterious drugs having been administered by ignorant persons for many years past.

No. 18. I think that if the professional services of a sufficient number of qualified medical men could be obtained, that would be the most likely means of preventing resort to quacks.

No. 19. I believe the negro women invariably obtain the services of elderly women, who act as midwives, and that the instances of unskilful treatment having resulted in injury to the child or mother, to be of rare occurrence.

No. 20. I have never heard of a case of infanticide happening in this parish.

No. 21. I have before stated the reluctance on the part of the great majority of the people to pay for medical advice, and as there are but very few families residing in this parish, there is truly little encouragement for medical men to come and practice in it. In so small a parish, and viewing the disadvantages just stated, more than one medical practitioner would not certainly succeed, but undoubtedly there should be some legislative provision to secure the presence and services of one medical man in this parish, and if he prove duly qualified and be abstemious and moderate in expectations, he could find here a fair share of employment, producing a competent living, arising from private practice and the parochial appointments, &c.

No. 22. I consider that a small tax, imposed for the purposes of providing medical aid, would be willingly paid by the inhabitants generally, provided some re-

duction was made in the heavy taxes now imposed ; for instance, if the house tax could be dispensed with, it might supersede it, and be levied after the same plan, but in a less ratio. But the success of this measure would entirely depend on the character and ability of the medical practitioner to secure the confidence and good opinion of the inhabitants.

No. 23. There is a druggist shop in the Old-Harbour market which is well supplied, and to which the people resort and purchase medicines, &c. when required.

The parish is very healthy at present, but attention must be directed to the generally filthy and encumbered state of the negro villages. Neither advice nor remonstrance, nor even the late dreadful visitation of cholera is sufficient to induce the observance of cleanliness and free ventilation in and around the dwellings of these people. These dwellings, usually low, are huddled together frequently in low unhealthy situations, whilst the surrounding patches are overgrown and infested with bush and other rank vegetation, pigsties, and every description of filth and insalubrity.

Some mode of punishment must be devised by fine, or otherwise, to overcome this serious nuisance ; whilst it is tolerated the lives, not only of the idle occupants of these hovels, but of every inhabitant, must be jeopardized.

St. Dorothy, 1st Oct. 1851.

Answers of Dr. Adolphus, of Savanna-la-Mar, to the questions appended to circular 8th September, 1851.

No. 1. It is forty miles long from east to west, and averages about twelve miles broad from north to south. It is scattered and congregated in towns and villages. The localities are mostly accessible on foot in the mountain districts. The roads are bad, particularly in the rainy seasons.

No. 2, The population is between twenty-five

thousand to thirty thousand. The cholera must have carried off between two thousand to two thousand five hundred; no correct list can be obtained. The sexes are pretty equally divided. Agricultural labourers.

No. 3. Between forty to forty-five; the demand is greater than the supply.

No. 4. The labour is one shilling and six-pence per day, generally job work. It is paid regularly and always in money. They are unwilling to work, except during crop time; their unwillingness seems to proceed from the facility which they can get their wants supplied from their grounds, &c., and an innate laziness.

No. 5. The paupers consist principally of those in the poor house, averaging about forty-five, and some twenty receiving out door relief. These are the only part of the labouring population who cannot contribute something towards medical relief.

No. 6. Six, Dr. MacDonald (an invalid) at *Hermitage, Savanna-la-Mar*; Dr. Mason at the rectory, *Savanna-la-Mar*, and *Villa*, twelve miles from the town; Dr. Tullis at *Morgan's Bridge*, nine miles from the town; Dr. Jelly at *Walbro Hall*, nine miles from the town; Dr. Harvey at *Windsor*, two miles from the town; and myself in the town. Were all the inhabitants to seek medical relief, their number is not adequate, but so few do so, that all the medical men keep druggist establishments, which is the principal means of their support.

No. 7. No dispensary or hospital. The poor house is used as a hospital for paupers. Dr. MacDonald is employed to attend it as well as the out-door poor, for which he gets a paltry pittance of £60 per annum, and has to supply medicines. He lives about a quarter of a mile from the poor house. There are always upwards of forty inmates sick at the poor house.

No. 8. They apply willingly enough for medicines, if to be obtained gratuitously, and they resort for that purpose to the poor house surgeon, they do not

like to go to the poor house, and very many die without medical assistance, from disinclination on their part to lay out money for that purpose, and they generally only call a medical man when it is too late, and frequently for the express purpose of saving an inquest.

No. 9. When I came to the parish, in one thousand eight hundred and forty-eight, the dispensary act had just expired ; if it were properly carried out it ought to have been a great boon to the population ; from the information I have obtained on that subject it was a failure owing to the inattention of the medical men, and to want of proper inspection.

No. 10. John Deleon. At present a penn-keeper, formerly a storekeeper ; he lives at Mount Ricketts, about fifteen miles from the town. He has a fixed salary, I believe £120 per annum, and a mileage fee of one shilling and six pence per mile. The remainder of the question I cannot answer. Post mortems only occur when there are suspicious circumstances attending death.

No. 11. Most decidedly—upon the same grounds as those which have been adduced in England.

No. 12. There is no office of register of births, deaths, and marriages, the only register kept is of the baptisms performed in the churches, the marriages by the established church, and the deaths of parties interred by the clergymen.

No. 13. As there is no register whatever of the deaths, this is unanswerable ; the negroes, generally speaking, bury their dead themselves in the immediate neighbourhood of their residence, and no one hardly is the wiser of it, or has any knowledge of a death having taken place.

No. 14. Marriages are not generally observed by the labouring classes and others, and the offspring consequently is illegitimate, but since the appearance of cholera here the number of marriages that have taken place is incredible of parties who have been living together for years.

No. 15. Obeah is becoming common here, particularly among the Africans.

No. 16. Very many; they take anything they can get, money, food, or horses, and are much better paid than the medical men to whom they generally resort when, alas! it is too late.

No. 17. Yes, very many; and with danger to life.

No. 18. No; not if they could obtain advice and medicines gratuitously, except, perhaps, by the Africans, who resort to obeahism.

No. 19. The negro women generally assist each other; I have known instances where unskilful treatment has ended in the death of the infant and injury to the mother.

No. 20. I fear it prevails to a great extent both by the midwives and the mothers themselves, for the purpose of avoiding the expence of supporting their offspring, and sometimes to avoid the disgrace of being expelled from their church. Religion and education can only prevent the crime, as it is wilfully committed. Abortion, wilfully caused, prevails also to an alarming extent in the early months of pregnancy.

No. 21. Were the government to remunerate adequately such medical men, it might be acceptable; but they would assuredly starve if they depended solely on medical practice for their support; of the six already here all are obliged to keep druggist establishments, and two, Messrs. Mason and Tullis, are large merchants in general business.

No. 22. It might be willingly paid, if they could, in consequence of it, obtain medical relief without further pay, otherwise it would be very unwillingly paid. It should, I imagine, be raised on land, whether rented or owned by the labourers, and upon their breeding mares. A poll-tax would cause great opposition, I should imagine.

No. 23. I should say that there is always an adequate supply of medicines here to provide against any emergency.

To conclude I would recommend that the parish

should be divided into districts, and a medical man appointed to each; that he should be compelled to visit such district at least three times a week, and oftener if necessary; that the districts should, if possible, be apportioned according to the location of the medical men; that the magistrates be compelled, or the clerks of the peace, to ascertain if the medical men have duly and regularly paid their visits to the sick in their different districts, and ascertain if any complaints of neglect exist. The medical men, for such duty, should be rewarded by a tax levied for that purpose, but their salary should be fixed and payable quarterly by the receiver-general; that the medical men should establish a dispensary in their district, and keep it properly supplied with medicines.

I would advise an office of register of deaths to be appointed, and without the certificate of a medical man, no body should be interred, or in the absence of a medical man, the certificate of a neighbouring overseer; and parties disobeying this order should be summarily punished in a fine, say of twenty shillings.

I would likewise advise strict sanitary regulations to be attended to by the medical men of the different districts, and to be summarily enforced by a small penalty.

(Signed,)

JOSEPH ADOLPHUS,
Surgeon.

Answers of the honorable Richard C. Burke to the questions appended to circular of the 8th September, 1854

No. 1. The extent in area of this parish is about eighteen square miles, it is scattered; there are some plains along the sea coast, but it is generally mountainous. The inhabited localities are generally accessible by roads, but they are, for the most part, indifferent, and in the rainy seasons many of them are nearly impassable.

No. 2. The estimated population, before the ap-

pearance of the cholera, was thirteen thousand eight hundred; the estimated reduction one thousand five hundred to two thousand. It is principally agricultural.

No. 3. The number of sugar estates in cultivation is nineteen; the demand for labour is very great, and only in very settled weather can be obtained. This I impute to the more steady and able of our labourers retiring to their own small freeholds which they cultivate, only coming to the estates in fair weather, or to supply any particular requirement; and it is to be observed the further they retire from the estates in this parish, the nearer they approach the Kingston market; also obtain superior soil for provisions.

No. 4. The average amount of wages is one shilling per diem, but an able labourer will perform the work he engages to do for this sum in five or six hours, and cannot be induced to take a second task except at mill or boiling house work; the wages are invariably paid in money, and regularly, as far as my information goes.

No. 5. There are about fifty paupers receiving weekly relief from this parish, and an asylum for sick paupers, attended by a medical man; the expense to the parish is £500 per annum.

No. 6. One qualified medical practitioner, Dr. Thomas Clarke; he resides at Bellefield pen, five miles south of Annotto Bay, but has a dispensary and place of occasional sojourn at the bay. If the services of a qualified medical practitioner were duly sought after, it would require two or three more adequately to supply the medical necessities of the population of this parish.

No. 7. There is a parish asylum, which also, on a limited scale, answers the purpose of an hospital; it is supported solely out of the parish taxes; it is attended by the above named medical practitioner at a salary of £35 per annum; it is contemplated by the vestry to abolish this institution at the end of the year, in consequence of the pressure of the taxes.

No. 8. The persons who enter this asylum are generally the most wretched and friendless; they submit readily enough to the discipline and treatment. There is no parochial dispensary, but the negroes are always ready to apply at the private dispensaries for medicines and advice, provided the latter is given gratuitously. In a few instances they contemplate paying, and do pay.

No. 9. It was a complete failure; the reason of the failure was that the negroes wished to secure all the benefit of the club system (on which it was, in a great measure, based) when sick, without its incurring obligations while in health, so that the subscriptions fee of three shillings to six shillings, which no doubt the legislature supposed would be generally contributed as towards the construction of a system of medical support, was paid only in individual cases of sickness for attendance and medicines, to which it was, of course, a quite inadequate remuneration. Indeed the medical man, finding himself not at the receipt of a merely modified remuneration, but an absolute and serious loser by the exercise of his calling under an application of the law, such as the legislature never contemplated, evaded it as much as possible. Perhaps the negro doctor also influenced the people against the system.

No 10. D. R. Ball is coroner for the parish; tailor by trade, residing at Enfield; he is paid a certain amount fixed by law for each inquest, (£3,) besides mile money. Income about £120 per annum, but many unnecessary inquests are held; there have not been more than two or three post mortem examinations this year; the average for some years past is about six; the preponderating causes of death, within Dr. Clarke's experience, is pleuro pneumonia.

No. 11. That the office of coroner be only filled by a medical man I consider one of the most valuable suggestions that has been made, particularly under existing circumstances; a reversionary interest in the office would be an encouragement to medical men to

settle in the island. The opinion of a medical coroner would be well founded as to the necessity of a post mortem examination, and consequently alike conducive to the ends of justice as well as economy; and I believe they would, as a body, shrink from a merely mercenary traffic in their functions. By a clause in the act they may be debarred from holding any other parochial appointment, leaving the hospital or asylum, out-door poor, health officer, police, &c. to a second medical practitioner; this would secure two medical men to every country parish; they would also have their private practice, and if a healthy and extensive system of immigration was commenced, (the only means left to stay this agricultural country from a further retrogression,) it may be the source from which a third resident medical practitioner could be introduced. The great want of medical aid is so pressing and so immediate, it is a subject well worthy of legislative consideration how far it would be practicable to remove and compensate the present holders of the coroner's office.

No. 12. A register was kept in this parish of births and deaths; it commenced in 1844, but was never regularly made available by the people; a good many births were registered until the act was repealed, (but the repeal was disallowed,) from that time it fell off and has become a dead letter, no names having been registered for the last year.

No. 13. Without any register to refer to, it is the opinion of Dr. Clarke, resident many years in this parish, that amongst the adult and able bodied portion of the population, by far the most ordinary cause of death is neglected inflammation of the contents of the chest, particularly pleuro pneumonia.

No. 14. There are many married couples among our peasantry whose conduct is unexceptionable, but I regret to add, the rites of marriage are not so generally observed as could be desired; in very many instances young men have married women considerably older than themselves, who had acquired money

in earlier days, either by industry or prior connections, and, I fear, in these cases the wife often submits, and even panders, to the desires of her husband.

No. 15. Obeahism and myalism is, I fear, on the increase in this parish. Melancholy proofs of this came out during the cholera.

No. 16. There are three or four. I am informed of one who charges five dollars for a case, with more or less after, according to the result. I know of one who was very attentive, and said to be very successful in stopping diarrhœa in this district during the recent epidemic.

No. 17. I do not think this class use any drugs with the intention of doing injury; but I fear they sometimes resort to powerful medicines injudiciously, and there is strong reason to suspect, that under the system of obeahism and myalism, sugar of lead has frequently been administered in poisonous doses in this parish.

No. 18. I doubt if the present generation of negroes will ever be induced to volunteer a fair remuneration to duly qualified medical men, who, at present, are seldom called in before the case is in its last stage, or utterly hopeless; and then the sole motive which actuates the sick man's family is, that it may be said the "white doctor," as they call the regular practitioner, has seen the patient, and thereby they "save inquest," as they express it. The quack doctor, being a man of their own class, and in the habit of familiar intercourse with them, has means of obtaining payment, which a gentleman cannot descend to. The quack doctor is often a church leader, and has it thus in his power to use several indirect influences among their own people to induce payment; then he does not insist on a cash fee, having other means to enforce payment as just recited, whereas if the medical man does not get paid a cash fee he may give up all prospect of any after settlement; at the same time the negro readily avails him-

self of the superior skill of the regular practitioner, when it can be obtained gratis.

No. 19. In some cases.

No. 20. The crime of infanticide is unusual among our people, but there is, in many instances, very great and culpable neglect in the treatment of their young children, and when we compare the anxiety, or pretended anxiety of the mother, often witnessed in slavery, with the many instances of gross indifference since evinced, we begin to doubt the sincerity of this feeling at the former period.

No. 21. Such a measure would be very beneficial, but would not, in my opinion, enlist the voluntary support of the people. The habits of civilized life have yet to be formed; a direct tax for this purpose would raise the negative principle of their nature into active antagonism, and thus defeat its own end; the only way they can be made to contribute to the end in view is by indirect taxation. The use of spirits is much on the increase, the spirit licence might, it is fair to infer, be raised at the same time; shops without licences should be more strictly looked after; this even, if successful, could of course be only one necessary means.

No. 22. Answered with No. 21.

No. 23. There is generally a very inadequate supply of medicines kept in the parish, in the event of any epidemic disease appearing. A well regulated public dispensary, in a central part of the parish, attended by a well informed dispenser, under the general instructions of a medical man, would be very valuable indeed. During the late epidemic, the people in the interior were in very many instances wholly destitute of medicines and medical aid, our only medical practitioner attending principally in the town of Annotto Bay.

(Signed,)

RICHARD C. BURKE,

Custos.

*Answer of Dr. Tarrant to circular of 3th September,
1851.*

T. JAMES BROWN, Esquire,
Secretary to the Central Board of Health, Kingston.

Sir,

I herewith forward my replies to certain questions received by a circular letter of date the 18th ultimo, from the committee of the Central Board of Health, Kingston, which I hope may be received in due course, and aid the members of the committee in their labours; some few questions remain unnoticed, owing to the difficulty experienced in obtaining information from persons capable of giving it; on another occasion, I will take the earliest opportunity of rectifying the omission.

In reference to the second paragraph of your circular, I am happy to say, Vere, St. Dorothy, and the lower part of Clarendon, in all of which places I am in the habit of practising, have, since the disappearance of cholera, been healthy, with the temporary exception of influenza, chronic pains, and diarrhœa, and I am not aware of any requiremets, in either parish, save those the legislature may think proper to adopt in addition to their present requirements.

I have the honor to be, Sir, &c. &c.

W. TARRANT.

Rules to be observed by the members, to a self-supporting dispensary.

1st. That the benefit of this society is confined to the inhabitants of Kingston; and any member, on going to reside out of the city, will forfeit all claim to be visited by the subscriber.

2nd. That the object of a self-supporting dispensary is to afford to its members medical and surgical advice, surgical operations, and medicines, and attendance at the abodes of all such of its members as

are not able to call on the subscriber, at his residence, or at the dispensary.

3rd. That attendance on midwifery is not contemplated as a benefit arising from the dispensary, such attendance, when needed, will form a separate charge.

4th. The subscription will be two dollars the quarter, or forty shillings the year, payable in advance, for all persons above fifteen years of age, and half these amounts for all persons under that age.

5th. That no person after, the 1st January, 1839, will receive the benefit of the dispensary, who is not in health at the time of subscribing, unless by paying an extra quarter's advance of two dollars in addition to a year's subscription of forty shillings; in all eight dollars.

6th. That at the time of an individual becoming a member, personal attendance on the subscriber will, in every instance, be required, and then and there to give their proper name, age, occupation, and residence, in order that a register of the same may be kept by the subscriber; and in the event of its being afterwards discovered that an individual has given a wrong name, age, occupation, or residence, such member will forfeit all further claim to the benefit the dispensary holds out, as well as of the remaining period of attendance.

7th. That at the time of the payment of subscription, and upon all subsequent occasions of receiving same, each member will be furnished with a circular letter, explanatory of the ends of the dispensary, the time of attendance paid for therein specified, and signed by the subscriber, as well as the name, age, occupation, and residence, given by the member at the time of paying the subscription; and on no consideration whatever will a subscriber's letter of admission be transferable to another individual.

8th. That every member, when requiring advice or medicines, will be expected to call at the dispensary, (for the present held at the residence of the

subscriber, 59, Duke street,) between the hours of nine and two o'clock in the forenoon, or three and four in the afternoon, and to bring their letter of admission; and that members shall, upon no account whatever, require the attendance of the subscriber at their own residence, unless the illness is such as to prevent their attendance, in which event every attention will be paid by the subscriber when so called upon as in private practice.

9th. That all members, requiring the attendance of the subscriber at their own residence, in order that they may receive early attention to their calls, are expected to forward to him their letter of admission before seven o'clock in the morning, or four o'clock in the afternoon; no attention will be paid to calls made at any other periods, except in cases of emergency, and then at the option of the subscriber.

10th. Every change of residence must be communicated to the subscriber when called upon for advice or attendance, and the letter of admission to be brought to, and left with, the subscriber upon every occasion so wishing advice, as the medium of ensuring early attendance and a correct reference of address.

11th. The period of attendance to commence and terminate at the dates specified by the receipt on the endorsement of the letter of subscription, either quarterly or annually, as the payment may be; and it is expected that all the rules herein contained will be strictly observed by the parties.

12th. The subscriber reserves to himself the right of excluding from the benefit of the dispensary all such persons as he may consider not coming under the denomination of the class of persons whom it is intended to benefit.

W. TARRANT, M.R.C.S.L., S.A. &c.

Kingston, July 1st, 1838,

59, Duke Street.

Answers of Dr. Tarrant to questions appended to circular of 8th September, 1851.

No. 1. Vere is neither scattered or congregated in towns and villages, there being no town, and but a few negro hamlets, strictly speaking, say half a dozen, or thereabouts; the parish is level, and accessible in dry weather to all parts, with fair roads.

No. 2. The reduction of population in Vere, by cholera, as shewn by the parochial register's returns, was seven hundred and eighty individuals; namely, three hundred and eighty-five males, and three hundred and ninety-five females; the survivors are chiefly agriculturists.

No. 3. The number of sugar estates in cultivation in Vere, is, I believe, twenty-five or six; from personal experience, I consider the available labour in the parish is very deficient; and that double the number could readily find employment, owing to the caprice and indolence of its peasantry.

No. 4. Out of crop the rate of wages in the parish of Vere may be said to average from nine-pence to one shilling per day, for adult labourers; elderly people and children half these sums; in crop time, the former, from one shilling to one shilling and six-pence; but at all periods contract or task work is preferred, and considered more satisfactory to the employer and employed; their wages are always paid in specie, and usually every week.

No. 5. The number of persons receiving parochial relief may be said to average about fifty-five per week during the entire year; they are chiefly elderly or diseased subjects, or cripples. These, with any deserving poor persons, receive medical attendance and medicines gratuitously on the recommendation of the clergy, churchwardens, justices of the peace, or members of the vestry; for which duties the sum of one hundred pounds per annum has, for the last three or four years, been assessed in the ways and means of

the parish each year, the same being divided into three districts, according to the number of medical practitioners at that time residing in the parish, but since which period, a fourth, Dr. C. Trutch, has returned thereto, but has not expressed a desire to participate in the same.

No. 6. There are four resident medical practitioners in Vere, namely, Dr. Trutch, residing near to the Milk River Bath, Dr. R. G. Bruce, Lancet Hall, near to the Alley, Dr. J. N. Challinor, in the Portland district, and myself, near Salt River; this number is, in my opinion, more than required for the wants of its parishioners.

No. 7. There is no public dispensary or hospital in this parish, yet, as stated to query number five, £100 is paid annually to Drs. Bruce, Challinor, and myself, conjointly for our professional services and medicines on the paupers and other deserving poor of the parish, at the request of certain authorities.

No. 8. See my reply to the preceding question.

No. 9. Not having been one of the medical attendants under the dispensary act of ninth Victoria, the same dividing this parish in two districts, although there were then and still are four resident medical practitioners, (a division I consider partial,) I cannot, from personal observation, answer this question satisfactorily.

No. 10. Robert G. Bruce, esquire, Lancet Hall, surgeon, his remuneration is, I believe, by fees; Dr. Bruce having promised me to reply to this question fully, he being more interested than myself, will doubtless give the circular of the committee fuller information than I could afford them.

No. 11. I have always entertained the opinion that a medical practitioner, from his knowledge of the anatomy of the human body, as well as of medical jurisprudence, the most fitting person to fill the responsible office of coroner, and thereby forwarding the ends of justice.

No. 12. There is, but I have not as yet been able to refer to the records.

No. 13. For the reason assigned above, I am unable to reply hereto.

No. 14. Not generally so. Since the cholera I am informed some parties who had previously lived in a state of concubinage have been married; the majority of offsprings being however the result of illicit intercourse.

No. 15. Not that I am aware of.

No. 16. I regret to say that there are far too many. The negro practice, I have good reason to believe, is chiefly confined to this class of persons. I cannot, from personal knowledge, say the amount of remuneration they receive, although I should think it to be quite as much as any practitioner would charge persons in their station of life if applied to for medical aid.

No. 17. I cannot say that I do; but not long since an inquest was held on a coloured female in comfortable circumstances, (the widow of the late pound-keeper, and an aspirant for the office of coroner,) whereupon evidence was adduced that she had been shortly before bled by a black man; she died from extensive inflammation of the arm, and side of the body, and, in my opinion, had she not been bled by an unskilful person, death would not have occurred.

No. 18. From my knowledge of the negro character, I feel confident in saying that nothing short of gratuitous medical relief would induce the majority of negroes to leave the illiterate for the regular practitioner, and not then in all cases.

No. 19. Not that I am aware of; old women, very deficient in the art, usually attend on labors, and I know of death resulting from bad treatment.

No. 20. None, to my knowledge, in the parish of Vere. Some years since I was called to attend a coroner's inquest on the decomposed remains of an in-

fant, some time interred, when it was impossible to arrive at any satisfactory conclusion as to the cause of death. I am inclined to think the evidence adduced went to prove the secreting of the birth, and not infanticide.

No. 21. I can conscientiously assert that the medical practitioners I am acquainted with complain they are not sufficiently remunerated for their services; and I would add this is not merely confined to the lower classes, but in many instances to those of a higher grade, who either physic themselves, friends, and family, or but badly remunerate their medical attendant. Eight years practice in this parish, the lower part of Clarendon, and St. Dorothy's, confirms that opinion. I likewise consider (excepting per chance a few parishes) that there are already quite sufficient medical gentlemen, in every point of view, for all sanitary purposes. I could not therefore think of suggesting the idea of calling in more of the faculty to emigrate to the island, particularly at its expence. The best mode to ensure the continuance of the present body of practitioners in the country, and also to add to its number, would, I consider, be by encouraging those already in it, by legalizing their charges for professional services, and by offering them every and any encouragement the legislature could effect. In support of these sentiments I would observe that in the parish of Vere there are four resident medical practitioners, and has continued so since 1844. Of this number only one may be considered as living by his profession; the remaining three (myself included) possess our freeholds, more or less comfortably appointed, which mainly adds to our support. I may add my annual receipts in the three parishes for negro practice, does not average five pounds per annum, whereas, in Clarendon, I know of three medical gentlemen leaving it, not being able to acquire a mere competency, whilst one withdrew from practice on that account, and a fifth lived chiefly on the proceeds of a retail drug shop; and a sixth, lately deceased,

was looked upon more in the light of a general shop-keeper than that of a medical man. During the same period, St. Dorothy had four practitioners, three left the island, not being able to procure a living, and the fourth died penniless, if not in debt.

No 22. This I feel the most difficult question of the number to answer. In the first place, the general and just complaint of excess of taxation would, I think, cause the proprietary body, and like tax-payers, to object to any further impost for the benefit of a class of persons already far better provided for than any peasantry I am aware of; and so far as the negro himself is concerned, much as it may be desirable and proper, I am of opinion no direct tax, imposed on him for that purpose, would be paid, and if paid, then most reluctantly. Their present taxes are paid, for the most part, unwillingly, and they endeavour all in their power to evade a correct return of their taxable property, particularly horses, lands, and houses.

No. 23. Dr. Bruce keeps a shop for the sale of medicines. I keep on hand a supply for my own use only; these are the only parties who keep medicines in the parish, and I should say, excepting in cases of an epidemic, sufficient for the general purposes thereof. There is also a drug shop at Old-Harbour market, generally pretty well supplied for retail purposes, and another at Four Paths, in Clarendon.

Lastly. In addition to what I have already stated, for the information of the committee of the Central Board of Health, I would add that in one thousand eight hundred and thirty-eight, in Kingston, and on my return to the country, I endeavoured to meet the wants arising from the then recently altered state of things by establishing a self-supporting dispensary; a copy of the circular rules, I herewith forward. To which institution only twenty one persons subscribed in the course of a year; their respective amounts being chiefly paid by their employers, or friends, the amount of receipts did not exceed twenty-three

pounds four shillings, a sum barely sufficient to pay the expences incurred in advertizing, printing circulars, forms, &c. I also adopted a similar step on reduced terms, or rather attempted to do so, in Vere, in one thousand eight hundred and forty-four. The only contributors being a family consisting of five in number, (one at the time ill,) and from whom I received six shillings and three-pence, for three months attendance, and medicines.

I would, in conclusion, most respectfully suggest to the committee, that should there be another sanitary bill introduced by the legislature, the sums to be appropriated to each parish respectively should be equally shared by each medical gentleman in the parish, and who may be desirous of attending to its parishioners. In this view my colleagues all concur, as stated by letter to Mr. Bristowe, the senior member for Portland.

(Signed,)

W. TARRANT.

M.R.C.S. London, &c. &c.

Answer of Dr. Allan to circular 8th September, 1851.

*Manchioneal, St. Thomas in the East,
30th September, 1851.*

Sir,

In conformity with your letter of 8th instant, addressed to me, I herewith transmit answers to the several questions submitted by the committee of the Central Board of Health, on the subject of medical relief. I beg leave also to state, (according to your request,) for the information of the committee of said Board, "appointed to consider the sanitary state and wants of the different parishes," that with regard to this district of the parish, it is scattered over a large extent, in each division of which, there are several populous villages, lately settled by the labouring population. The greater part of the dwellings in those villages are constructed without any regard to ventilation, and being generally too densely situated

and confined in their apartments, the inmates are thereby rendered much more liable to such diseases as arise from sudden changes of temperature, dampness, impure air, &c. &c., and when in such ill ventilated and unwholesome localities, they *do* become sick, the success of medical treatment, under such unfavourable circumstances, must thereby be considerably diminished. The evils arising from the crowding and huddling together of the negroes, must be sufficiently apparent to the more enlightened of even themselves, but without some legislative effort to dispel the prejudice and ignorance still unfortunately existing to a large extent in this matter, little, I fear, can be accomplished in the way of sanitary reform. I have, in too many instances in this island, seen and marked the direful effects of impure and contaminated air arising from the overcrowding of apartments and from neglect of proper ventilation. To such neglect (in such a climate as this) much sickness may still be attributed both amongst adults and children. These evils are greatly aggravated by the too common practice adopted by the negroes of planting, close to their dwellings, trees and shrubs, which, shortly increasing, sometimes surround and overhang their already ill ventilated and confined apartments, and thereby greatly diminish the current of air.—The district of Manchioneal has in all a population of nearly five thousand souls. About fifteen years ago there were three resident medical men in practice in said district, but at present I am the only medical practitioner therein. I shall now proceed to answer the several questions in their order as they stand, which I shall herewith enclose.

I have the honor to be, Sir,

Your very obedient servant.

W. B. ALLAN.

Answers of Dr. Allan to questions appended to circular 8th September, 1851.

No. 1. The extent in square miles of the whole parish I am unable to state. This district of the parish (Manchioneal) extends along the sea coast over a space of about twelve miles, and varying in breadth from four to eight miles. Some of the roads are in good condition, and others very bad. The land is partly mountainous and partly in small plains.

No. 2. The estimated population of Manchioneal, before the late visitation of cholera, was about four thousand eight hundred, of whom about seventy died of that disease; the female sex, I believe, now preponderates; the occupation of the peasantry is principally agricultural.

No. 3. There are nine sugar estates in cultivation in this district, and two estates occupied entirely in the cultivation of arrowroot. The demand for labour is fully equal to the supply, but the supply ought greatly to exceed the demand, were each able bodied labourer to give a fair day's work for a fair day's wages. Some of the more industrious agricultural labourers residing here, proceed occasionally to the other districts of the parish, where, on the larger estates, they obtain higher wages, and from this cause also the supply of labour in this district, is considerably lessened. The field labourer on day's wages on estates here most frequently turns out to work at about half-past eight, A. M., and withdraws at half-past three, P. M., taking out of the time stated two hours for breakfast, thus leaving only five hours for a day's work.

No. 4. The average amount of wages paid an estate's labourer per diem, in Manchioneal, may be stated at about one shilling and three pence, but by job or task work, two shillings per diem might be made, and frequently more than that amount per diem is

made by task work in the field; there is, however, on the part of the labourer, a very general reluctance to take job work. The labourer is generally paid weekly, or sometimes once in two weeks. I cannot say that the people generally evince much unwillingness to work in the cultivation of estates, unless indeed some pressing requirements urge them, which seldom occurs.

No. 5. The number of paupers in this parish, or in this district, I have no means of knowing, nor can I say how many, from sickness or other disability, are unable to contribute anything for providing themselves with medicines and medical attendance.

No. 6. The number of qualified medical practitioners at present in this parish is five, viz. :—three at or near Morant Bay, one in Plantain Garden River district, and one at Manchioneal. This number I do not consider adequate to the requirements of the population.

No. 7. There is no public dispensary or hospital in this parish.

No. 8. There being no such dispensary or hospital in this parish, I am not prepared to answer this question, (No. 8.)

No. 9. During the existence of the dispensary act (ninth Victoria, chapter forty-three,) in 1846, (being the first year in which the act came into operation,) I had entered subscribers amounting to one hundred and thirty-five, and paupers, twenty-one, total for 1846, one hundred and fifty-six. The following year of its duration, (1847,) I had entered eighty-eight, and paupers nineteen, total for 1847, one hundred and seven. The greater-part of my first year's subscribers renewed their subscriptions the following year, which shows that they at least did, in some manner, appreciate the advantage of the act. In this parish, however, and I believe throughout the island generally, the act did not work well, chiefly, as I believe, because it was left entirely to the option of

those parties, (the labouring classes,) for whose advantage this act was intended, to avail themselves of it or not, as they might think proper.

No. 10. Duncan M'Pherson, esquire, is the coroner of this parish. He resides on his own property, in the Blue Mountain Valley, a distance of at least thirty-seven miles from Manchioneal Bay, and forty-five miles from the extreme part of the parish. I believe he is remunerated partly by fixed salary, and partly by fees. His probable income I do not know, nor can I state the average number of inquests or post mortem examinations arising out of them.

No. 11. I believe that great advantage would arise from the office of coroner being filled by a duly qualified medical practitioner; chiefly because by his professional knowledge, he might, in cases of doubt or difficulty, with much advantage offer his advice and opinion, and thereby greatly assist a jury in the onerous duty of forming a correct verdict.

No. 12. In the church of England only is there any register kept of births, marriages, and deaths. Such register, I am informed, extends back uninterruptedly for upwards of a century.

No. 13. I am not aware whether in such register the cause of death is recorded.

No. 14. The rite of marriage is now being generally observed by the peasantry of this district, and consequently the number of births, as the offspring of illicit intercourse of the sexes is diminishing.

No. 15. I have reason to believe that the practice of obeahism is very common in this parish.

No. 16. There are uneducated black men, and I believe others, who practice as "quack doctors" in this parish. It is somewhat difficult to discover what payment they receive for their visits or medicines.

No. 17. I have known some instances where improper, and in some cases, deleterious drugs have been administered by such persons. Additional danger sometimes arises to patients in certain cases by

loss of time, while trusting to "quack" drugs before consulting a duly qualified practitioner.

No. 18. If the professional services of a sufficient number of duly qualified medical men could be obtained reasonably, the peasantry would, I have no doubt, prefer employing such medical men to those "quacks" now so frequently resorted to.

No. 19. I have not, for two years back, heard of any instance in this district in which any negro woman, during the season of child-bearing, had applied for the assistance of such "quacks." I have known instances, however, in which injury to both child and mother, has resulted by unskilful treatment on the part of ignorant midwives.

No. 20. I have reason to believe that in some few instances the crime of infanticide is committed in this parish. Extended medical relief might, to a certain extent, tend towards the suppression of such crime.

No. 21. Any legislative provision, having for its object the encouragement of medical men to visit and reside in this island, would, I have no doubt, be generally acceptable to the labouring classes of this country, and under such provision, properly framed, (and not left too much to the discretion of the peasantry themselves,) the gentlemen so coming here, would I believe, meet a fair share of employment and remuneration.

No. 22. The imposition of a tax by the legislature under the denomination of a "Medical Relief Tax," and under judicious arrangements, would, I think, be now generally paid willingly; the more so on account of the late direful visitation of cholera, by the calamitous result of which the deficiency of a medical staff and medical aid in this island, must have been more than ever seen and felt by all classes.— On adults of both sexes, I should consider a house tax a fair one for the purpose of medical relief, or on parties not possessing a house, the tax might be laid on other descriptions of property. On children of

both sexes (say under ten years) I think a small capitation tax might be imposed.

No. 23. As to the supply of medicines provided and kept in this parish, in the event of any epidemic appearing, I am not prepared to state with certainty.

W. B. ALLAN.

Answers of Dr. Rapkey to the questions appended to circular of 3th September, 1851.

No. 1. The parish of St. George contains between eighty and ninety square miles; a large portion is in woodland. The population is scattered. The chief villages are Charles Town, Buff Bay, and Spring Garden. There are very fine plains; the land is nearly all mountainous; all the inhabited localities are not accessible by roads, which are generally very bad in this parish.

No. 2. The estimated population of this parish, before the late heavy visitation of cholera, was between eight and nine thousand. The estimated reduction by the pestilence is seven hundred and thirty. The adult survivors are nearly equal as to sex, and their trade or calling is principally agricultural.

No. 3. The number of sugar estates in cultivation in this parish is three, there are four or five more partially cultivated, or about being abandoned.—There is, in the same manner, seven or eight coffee plantations. The demand for labour in the cultivation of these is generally greater than the labouring population will supply.

No. 4. The average amount of wages paid to an estate's labourer per diem, in this parish, is one shilling; it is in general paid regularly in money. The people are not willing to work regularly in sufficient numbers in the cultivation of estates. The cause which contributes most to their unwillingness is, they are in possession of small freeholds, and "squatgeries," on which they grow (as there falls much rain in this parish) yams, cocoas, plantains, peas, corn, su-

gar canes, fruit, &c. &c.; small quantities of arrow-root, and coffee, and have poultry, hogs, goats, asses, and horses, at pasturage gratis, on the abandoned estates in their neighbourhood, which render them independent of labour.

No. 5. The amount of pauperism in this parish is not large, from the facilities of obtaining the means of subsistence as detailed in number four; the same observation also applies to those persons who, from sickness, age, or other disability, are unable to contribute anything for providing themselves with medicines and medical attendance; it is customary for most of them to live with, and be cared for, by their family and others, to whom they act as servants, watchmen, &c.

No. 6. I am the resident qualified medical practitioner in this parish. I reside at Strathnaver, near to Charles Town, and Buff Bay, the two largest villages in the parish. The number is more than equal to pecuniary remuneration, if not to the requirements of the population.

No. 7. I keep a dispensary at my residence, and have depots of medicines at other convenient places in the parish. It is supported in part by voluntary contributions. The negro population do not contribute their quota towards the same.

No. 8. The negro population, in general, only apply to the dispensary in extreme sickness for medicines and medical treatment. Their reluctance arises from a spirit of economy, from a prodigious faith in the simples of the country, and often from a firm belief in being obeahed, in which case the "quack doctor" is generally consulted.

No. 9. The dispensary act of the ninth Victoria, chapter forty-three, worked very well in this parish, as far as I was concerned, because I was long known as a successful practitioner. The cause of its failure may be attributed generally to a want of knowledge of, and confidence in, the practitioner.

No. 10. Mr. Dunbar is the coroner of this parish;

his occupation is clerk of the peace and clerk to the magistrates; his probable income, as coroner, is £120 per annum. He resides at Green Vale, ten or twelve miles up the Spanish River. About four is the average number of post mortem examinations per annum; accidental death is the preponderating cause of mortality at coroners' inquests.

No. 11. I do consider that the public would benefit by having the office of coroner filled up by a qualified medical practitioner, on the ground of being, from his professional knowledge, the most successful antagonist to the poisoner and murderer; the knowledge (particularly with the negro population) of the doctor always having, as coroner, to see dead body would *act in terrorem*, and I am convinced frequently prevent the commission of crime.

No. 12. There is, I believe, an attempt at registration in this parish, but it is very unsatisfactory.

No. 13. There is no public register kept in this parish shewing the diseases most common and fatal during the last ten years.

No. 14. The rite of marriage is not generally observed by the peasantry of this parish. Their offsprings are generally the result of the illicit intercourse of the sexes.

No. 15. Obeahism and myalism are practiced in this parish, but I doubt if obeahism prevails to the extent of the credulity of the inhabitants; their belief in it is universal, with a few rare exceptions of persons of superior education; from this cause the "quack doctors" are chiefly supported.

No. 16. There are, in this parish, uneducated black and brown men, and women, who practice on the sick as "quack doctors;" the payments they receive are generally trifling.

No. 17. I do know of instances where noxious mixtures have been administered by such persons, and have reason to believe that such cases have occurred.

No. 18. I do think that recourse would be had commonly to such "quacks." If the professional ser-

vices of a number of duly qualified medical men could be obtained at a fair remuneration, I consider it doubtful, more particularly in the case of young practitioners, that a preference would be given to such last named persons.

No. 19. The negro women generally apply to such (female) "quacks" during the season of child bearing. I have known instances where unskilful treatment has resulted in injury to the child and mother.

No. 20. Infanticide is a rare crime in this parish.

No. 21. I do think that a legislative provision, having for its object the encouragement of medical gentlemen, to visit and reside in this island, from England, Ireland, or Scotland, might be acceptable to the labouring classes of this country, but the gentlemen so coming here would not be likely to meet a fair share of employment, producing a competent living. In this parish, within the last three years, it was put to the test by having two additional qualified practitioners, and signally failed.

No. 22. If the legislature should impose a tax for the purpose of providing medicines and medical aid throughout the different parishes of the island, under the denomination of a "Medical Relief Tax," I consider such an impost would be paid rather unwillingly. The method I would advise for laying it should be on property. The description of property I should advise to be land and horse-kind. I would advise the same amount or tax to be laid on every large and small freehold, leasehold, and "squattery," and a further tax on riding horses, riding mules, and asses.

No. 23. I keep always a good supply of medicines, and in case of an epidemic disease appearing in the parish, resort for additional medicines would be quickly had in Kingston, from which we are one day's journey.

It occurs to me as possibly useful to be known to the Central Board of Health, that it might be advisable to have a central depot of medicines and fresh vaccine lymph in Kingston, or Spanish-Town, avail-

able to the different parishes in case of need. A sub-depot of the same might be kept in each parish, under the charge of the senior medical practitioner. If it is determined on to introduce more qualified medical practitioners, they might be stationed in Spanish-Town, ready to assist any parish in which an epidemic might prevail.

(Signed,) C. F. RAPKEY, M.R.C.S.

Answers of the honorable J. R. Grosett, custos of St. George, to circular 8th September, 1851.

*Spring-Garden, St. George,
22nd September, 1851.*

Gentlemen,

In reply to the enquiry contained in your circular, as to the present sanitary condition and requirements of this parish, it is now free from cholera, which had lately appeared in some parts of the parish, causing about twenty deaths; for the most part the attacks were sudden, and the illness of very short duration.

The same unknown causes, which introduced and rendered it so fatal last year, may occur again; and as the same complete ignorance as to any specific cause or treatment continues, it would probably be attended with a like proportion of deaths; for I fear the negroes, instead of being more careful or prudent, would become less so.

I believe the system adopted by the local board of health of this parish, while more economical than in most, was not less efficacious than in any; no hospital was attempted, which, in a parish like this, would have been ruinous; speedy burial with the clothes or bedding was specially recommended without waiting for coffins, the cost of which, soon after the first outbreak, except for interments in the church yards, was refused; but allowance for graves was made in necessary cases. I do not consider the parish at pre-

sent stands in need of any requirements, but if cholera should unfortunately return, both medicines and money will be required, the parish being too impoverished to bear any increased expenditure.

I am, gentlemen,

Your most obedient servant,

(Signed,)

J. R. GROSETT,

Custos of St. George.

To the committee of the Central Board of Health.

Answers of the reverend doctor Williams, rector of the parish of St. James, to questions appended to circular of 8th September, 1851.

No. 1. The parish of St. James, in its superficial extent, is about two hundred and twenty-five miles square. Its population is scattered, but in some places (as in its villages and only town, Montego Bay) it is congregated. It is chiefly mountainous, and its main roads are in tolerable order, but those leading to several villages and through tracts of country, are generally the reverse, being in many places only accessible to travellers on horse back, and that with danger.

No. 2. According to the census taken in 1844, the population was twenty-five thousand five hundred and forty-two. On a moderate estimate, taking natural and acquired increase, and deducting a supposed decrease, it appears that ten per cent. or thereabouts, may be added, thereby making the population, immediately previous to the epidemic, in round numbers, twenty-eight thousand. The number of deaths from cholera has been estimated at two thousand five hundred and twenty-eight.

No. 3. The clerk of the vestry reports fifty-seven sugar estates and four breeding pens in cultivation in the parish.

No. 5. The clerk of the vestry reports two hundred and twenty persons on the pauper list of the parish.

No. 6. There are seven medical practitioners in

the parish, of whom five reside in Montego-Bay and the other two in the rural districts.

No. 7. There is a hospital and also a poor house, both supported at the public charge, to each of which two medical men are appointed. There is also a surgeon for the out-door poor.

No. 10. According to the report of the coroner, whose name is Edward Evans, resides at Montego-Bay, and only occupation that of the office which he holds; his income is about £210 per annum, derivable from fees entirely; the average number of inquests for the last ten years, sixty-two annually; post mortem examinations fifty-five for the period in question, averaging thereby five in each year, and preponderating cause of death, that of nature.

No. 11. I should think it would be advantageous that coroners should be medical men, on this simple ground, that they would be better qualified to direct juries in the finding of their verdicts.

No. 12. The clerk of the vestry is official parochial registrar. He states, by an act of the legislature of this island, a register of births and deaths was established on the 4th of June, 1844; that it was acted upon very irregularly, and that it was repealed in 1846, but that the act, by which it was repealed, was disallowed in 1848, since which the registrations have been more incomplete.

No. 13. The parochial registrar states that fever and dysentery appear to have been the most prevalent causes of death.

No. 14. During the apprenticeship, and immediately after emancipation, the rite of marriage was generally observed by the peasantry, but of late it has not been so, and the children presented for baptism are, for the greater part, illegitimate.

No. 21. There can be no doubt that medical aid would be highly acceptable to the peasantry, but the question is, how are the medical men to be remunerated? The peasantry would receive the benefit gra-

zuitously, but they would be unwilling to pay for it, or if they did, they would do so inadequately.

Taxation seems to be the only mode of procuring the means of doing for the peasantry what they so much require.

Answers of Dr. L. Ashenheim to the questions appended to circular 8th September, 1851.

No. 1. The area or extent in square miles of Trelawny is about two hundred and sixty-four miles. It is both scattered and congregated in towns and villages. It is chiefly mountainous. The roads, generally speaking, are good.

No. 2. The population of Trelawny, before the advent of cholera, was estimated at thirty thousand.—The reduction, by pestilence, was two thousand three hundred and eighty-eight. The adult survivors are principally females. Their occupation is chiefly that of prædial labourers, principally agricultural.

No. 3. There are about sixty-seven sugar estates in Trelawny. Of these six are nearly out of cultivation. One has no works at all, and another has its works in St. James.

No. 4. The average amount of wages paid to an estate's labourer is one shilling per diem. In general, wages are paid regularly. They are principally paid in money. I should say that the population, as a whole, are willing to work in the cultivation of estates.

No. 5. It is impossible to state the exact amount of pauperism in the parish. The pauper list is not a complete one, as independent of this there is a large number of superannuated individuals who have not the means of supporting themselves.

No. 6. There are seven medical practitioners residing in the parish. Of these five are in Falmouth and two near Duncan's. I do not consider the number adequate to the wants of the population.

No. 7. I answer the whole of this question in the negative.

No. 8. The negro population are very unwilling to apply for medical aid. I attribute their reluctance to two causes: first, to a general unwillingness to part with money for this purpose; and second, to the recollection of the times of slavery, during which they received medical aid gratuitously.

No. 9. The dispensary act of the ninth Victoria, chapter forty-three, worked badly, and proved a total failure. It failed from the causes assigned in question eight.

No. 10. George Lyons, esquire, is the coroner for Trelawny. He is a printer, and resides in Falmouth. He is remunerated by fees. I am not in a position to afford any information either on the probable income of the coroner, or on the average number of inquests held annually, or on the number of post mortem examinations arising out of these.

No. 11. I cannot see any great advantage derivable from the filling of the office of coroner by a medical man. On the contrary his practice, if at all extensive, would interfere with his duties, and would, occasionally, be the cause of great delay.

No. 12. There is a registrar; but no register, to the best of my knowledge, has been kept.

No. 13. I am unable to answer this question.

No. 14. I do not believe that the rite of marriage is generally observed by the peasantry of Trelawny. I believe that the majority of their offspring is illegitimate.

No. 15. The practice of obeahism or myalism is rare in this parish.

No. 16. There are uneducated individuals who practice in Trelawny as "doctors." They sometimes receive as much as twenty shillings as fees.

No. 17. I have reason to believe that, on some occasions, noxious medicines have been administered.

No. 18. I do not think that regularly educated medical men would be employed by the population, in

preference to the "quacks" already referred to, unless some law were enacted to compel them to do so, and at the same time punish quackery.

No. 19. The negro women generally employ illiterate women of colour to attend them during the process of parturition; I have unfortunately, known many fatal cases resulting from rash, ignorant, and unskilful treatment.

No. 20. I have good reason to believe that infanticide, or more properly speaking, infantile death, is very often caused by the mothers themselves. I do not, however, think that this is accomplished with criminal intention, but from the want of knowing better. With a stringent law, more extended medical relief would be highly beneficial in preventing this mortality.

No. 21. I am convinced that no legislative provision, in connection with medical men from England, Ireland, or Scotland, will ever be productive of any good, either to the members of the profession, or to the labouring population of this parish, unless it contain items of a compulsory nature upon the latter class.

No. 22. If the legislature were to impose a tax for providing medicines and medical aid throughout the island, I firmly believe that in this parish, at all events, the impost would be paid very unwillingly.—I do not consider myself competent to suggest how this impost should be laid, whether on the person, or on property, or on what description of property.

No. 23. In the event of any epidemic disease appearing in this parish, there is no proper or adequate supply of medicines kept in it by authority. Were such a misfortune to befall this parish, the medical men would be driven upon their own resources, and the stocks in hand of the apothecaries.

I have nothing further to state for the information of the Central Board of Health on the subject of medical relief.

LEWIS ASHENHEIM, M.D.

Falmouth, 22d October, 1851.

*Answers of the reverend Samuel H. Stewart, L. L. D.
to the questions appended to circular 8th September,
1851.*

No. 1. By a survey made within eight years, it appears the parish of Clarendon contains three hundred and fourteen square miles. It is scattered; there are not two towns of any size worth calling so; the village of Chapelton the largest. Four Paths and Bread Nut Bottom contain a few houses each; at the former there are four large stores for the sale of general provisions and supplies. The parish is entirely mountainous, except a stripe of flat land running east and west, from the line of St. Dorothy to that of Manchester, and north and south from the line of the parish of Vere, south to the main post road, along the base of the first tier of hills. All the roads are exceedingly bad; the main roads, including the post road, are nearly impassable in wet weather; in the mountain districts there are literally no roads. People cannot reach church or market but at the risk of their lives; nor can I fulfil what I deem one of the most important and imperative duties of a clergyman visiting among his parishioners but at the same risk. No language I could use could approach to an adequate description of the wretchedness of our roads.

No. 2. The estimated population, at the census, was something above seventeen thousand; but I have no reliance on its correctness. I should, from tolerably sufficient data, estimate it, in 1844, at twenty-two thousand; and it has certainly increased since. The reduction by the pestilence is not yet accurately ascertained; the special registrars not having made returns. I think one thousand five hundred died of cholera; they were, I may almost say, without exception, able, and previously, healthy people. I am parish treasurer, and pay the paupers; only one died, and he perhaps was one who was barely entitled to be on the list. The survivors are nearly balanced in

number; as regards sex, I think a greater number of men died than of women. The parish is altogether agricultural.

No. 3. Twenty-seven sugar estates and sixteen pens are in cultivation. The demand for labour is greater than the labouring population *does* supply; whether if they were industrious and regular in their labour they could supply all that is required, is scarcely to be doubted; that they do not supply it is certain.

No. 4. There is a good deal of labour done by task. I judge the average rate of wages to be about one shilling per day. I have no doubt the wages are regularly paid, and in money. I never heard of a payment in kind; there has been a good deal of holding back since the pestilence, I am certain, as a trial, whether the rate of wages can be raised. I think the people do not labour on estates, except when urged by their own wants. In this there is much fluctuation, the result of caprice and habits of idleness; that, and the facility of getting land by purchase, or squatting, contributes to their unwillingness.

No. 5. I cannot answer this question with any pretension to accuracy. The amount of pauperism, in consequence of age, infirmity, or disease, is very great. The amount dealt out in pittances of one shilling, or one shilling and six-pence per week, derived from various sources, must amount to upwards of £500 per annum. There are about twenty persons on the parish pauper list, namely, persons who were formerly in respectable positions. The maximum vestry allowance is £12 per annum, and thence downwards to less than half. The number who are able to pass an existence of privation while health continues, but who could in no way find means to provide adequate medical attendance or medicines when sickness invades, must be counted by hundreds, if not thousands.

No. 6. There are two qualified medical practitioners in the parish. One, Dr. George Husband, dis-

strict censor, who resides at Ashley, about half a mile from Chapelton. The other, Dr. Craig, an elderly gentleman, lately come to the country, who resides at Mount Pleasant, the great house of Ludlow sugar estate, on the Old Woman Savanna; his residence is nearly on the line between Clarendon and St. John. It is manifest the number is wholly inadequate to the requirements of the parish. Two medical men, Drs. Tait and Peter Tabois, died of cholera, and Dr. John Ewart died, not of the disease, but shortly after it broke out; no one has come to replace them. In the lowlands of Clarendon, indeed from Spanish-Town to Mandeville, there is not a resident medical man. I should have mentioned a third qualified practitioner, Dr. Lachlan McLean, but, for reasons I do not state, he does not practice.

No. 7. There is no public hospital or dispensary of any kind, except a house which I got set apart during cholera as a hospital at Chapelton. It is, however, unfurnished, except with two wooden platforms as bed places, and has no establishment of any kind; the expence of any casual patient is or has been paid on application to the vestry after the case has been attended to, to death or recovery. There are no regular voluntary contributions; the negroes pay nothing. Since the ninth Victoria became inoperative no provision of any kind was made to remunerate medical men for their attendance on the poor until the last vestry in July, except that I, as rector, and some few as churchwardens or magistrates, invoked, in such cases as were brought under our notice, the aid of a medical man, and the supply of medicines. I speak for myself generally out of my own private means, but where this was not so, accounts were attested by the person who called for the aid and sent into the vestry. These were usually paid with grumbling and disinclination on the part of the persons in high places. At the vestry in July, from various causes, there were a few more cases than the average number, and the same process of dissatisfaction, &c. hav-

ing been gone through, a sort of compromise was made. It was resolved that forty pounds a year each be paid to three medical men, namely, to Dr. Craig, in the northern district, to Dr. Husband, in the central district, and to any one who would undertake the lowland district, there being no one there then or now, and after some discussion about the means of obtaining medicines, it was decided that the forty pounds, in each case, should be extended to fifty pounds per annum, the doctor engaging to supply the medicines. Dr. Husband and Dr. Craig were present. They agreed to the arrangement. The third district is unoccupied, and will, I fear, remain so. I stated the whole case, both in reference to the vestry grant, the prospect of general practice to be paid for, and offered my best assistance as to residence and other matters which would have conduced to comfort, and it happens that in this way I could have been useful, but the whole affair did not afford any thing like sufficient inducement, and the people are left to their chances.

No. 8. I think, nay, I know, the negro population are in general unwilling to apply for medicine except it be given gratuitously, and even then it is taken and used with suspicion and doubt. I attribute this to the suspicious feelings which a state of slavery must have produced, and from which they have not yet disenthralled themselves. From the neglect which must have arisen in consequence of the small number of medical practitioners to be found, from the dissension which arose between those who were paid for medicine and medical attendance, and those who thought their attendance should be fairly paid for, from the reliance put on hospital assistants' advice, or old women's nostrums, and finally upon a prevalent opinion that the "country," (I use the term in their own acceptation of it,) was and is bound to pay for all they want. As regards the necessary discipline and medical treatment provided in hospitals, and which I know are absolutely necessary, I do not

think negroes are more disinclined to them than I have known persons in the labouring and other humble classes of society in European countries, or when they come here as emigrants. The want of order and system in their habits, and their disinclination to anything like restraint, are the causes of their reluctance to submit to any well arranged regulations.—The remedy for such errors I leave to persons who know much more than I do. I do think, however, while no adequate system of moral and religious instruction is brought into operation, while the miserable, at such education for the purposes of upholding slavery and making the people more subservient slaves, which produced quiet, and even beyond that purpose, good results are withdrawn, and that total disregard of anything like instruction now exists in such matters, it is vain to enquire why persons, in such a position, disregard sanitary arrangements, the obtaining of medicines, or medical advice.

No. 9. I believe if the dispensary act of the ninth Victoria had been allowed to work itself into operation, and had been met by the legislature in such a spirit as would have induced them to make it better from time to time, as its deficiencies or errors were discovered, in practice it might have worked better than it did. I do not think that any voluntary system of procuring and remunerating medical attendance will work well here. It certainly never has elsewhere (as far as I know) among ignorant, suspicious, and reckless people.

No. 10. The coroner is Edward Ewbank, he was a planter, and was and is clerk of the vestry; he resides at a place called Oaks', in the centre of one of the mountainous districts of the parish. The island act states how coroners are paid. Mr. Ewbank says his average income is from £100 to £120 per annum, at the highest. The present coroner was elected about March or April, in this year; all those who held the office before him are dead; if they were living I doubt whether I could answer that part of this

question which relates to the average number of inquests and post mortem examinations. I have searched the vestry office, but could find no documents to aid such an enquiry. The preponderating causes of mortality, to my knowledge, during eleven years I have been rector of this parish, have been carelessness in mill houses and engine rooms, where persons have got entangled in the machinery; in boiling houses, where they have fallen into boiling liquor pans; in conducting waggons, whereby they have fallen asleep through carelessness or drunkenness, and have been killed by waggons crushing them; in recklessly attempting to pass swollen rivers, of which, in rainy weather, there are many dangerous ones in this parish; by violent riding horses or driving waggons, or other vehicles on the roads, as well in dark as in light. The cases of murder, or intentional man-slaughter, have been very few indeed.

No. 11. I have heard and seen this question many times discussed. While I confess my utter incompetency to enter into the merits of it, I feel bound to say, I can see no good to result to the living from a "*par excellence*," being coroner. The coroner has to do with the dead. It appears to me that a medical practitioner, in such a place as I live in, could not be both without a sacrifice of the duties of either. In the present state of the law no practical saving could result. A medical man, although coroner, would not make a post mortem examination if he were not paid for it at the same rate as the medical practitioner he now calls in; besides, if he did, who is to take his evidence? A coroner is a judge in his own court; would it not be rather anomalous for a judge to examine himself and *charge the jury* anent his own testimony? I have not given the subject much consideration; at present, I cannot perceive any advantage from the office of coroner being filled by a medical man.

No. 12. There was, when the law first passed, a registry of births and deaths. It was, however, a very

imperfect one, and since the disallowance of the law it has wholly ceased. The parish registry of baptisms, marriages, and burials does not record any thing concerning diseases or causes of death.

No. 13. Fever is very common, and I think is the most common cause of death.

No. 14. There are a large number of married persons in this parish. In less than eleven years six hundred and seventeen couples have been married in the established church; and, in the previous five years, before the dissenters marriage act, one thousand three hundred and twenty-three couples were married. There is, however, much illicit intercourse of the sexes.

No. 15. I think not. In 1849 a man, calling himself Dr. Taylor, went through the parish, carrying on such practices. He was taken up, tried, and on conviction, sent to the penitentiary, as these practices, to any extent, were introduced by him. I believe they ceased on his removal. I was not in the parish during the six months he was carrying on these things.

No. 16. There are uneducated "quack doctors" in the parish. I do not think there are many, and I cannot tell how they are paid.

No. 17. I have heard of a few instances of such administrations, but they were not well authenticated; still, I have no doubt, they do often occur, but they are concealed.

No. 18. I think a very short time will serve to induce the peasantry to resort to duly qualified medical men in preference to such quacks.

No. 19. I cannot, of my own knowledge, say that negro women, during the time of child-bearing, do so resort; but, except in some cases of very great difficulty, I have seldom known a qualified practitioner called in.

No. 20. I believe infanticide to be very rare, and I am certain that the death of children, even from carelessness, is not frequent.

No. 21. I think the labouring classes would be

glad that medical men were so increased in number as to bring them within easy call, but I fear any number, approaching to what would be required, could not obtain a competent living, unless the legislative enactments were made.

No. 22. I think the tax alluded to would not be very willingly paid at first, but I believe that unwillingness would soon wear away. I am certain nothing effectual can be done without its imposition, and that it ought to be laid on the person.

No. 23. There was a moderate supply of medicines on hand when cholera disappeared, and I used such influence as prevented its being sold. The supply is certainly not adequate if any epidemic disease of any considerable extent broke out. There is a private place for the sale of drugs and medicines at Chapelton, and one at Four Paths, which are constantly open, but I believe the supply is not large, and if I were to judge from what occurred at the outbreak of cholera, the charges would be outrageous if any emergency were to occur. I have been compelled to sign orders for one pound of calomel, at one hundred shillings.

I will willingly, and to the best of my ability, answer any questions proposed, but I do not feel competent to give any valuable information from my own suggestions. I would, however, anxiously and earnestly urge on the Board that some effectual system of vaccination should be established, even if a compulsory enactment be necessary. I find it almost impossible to obtain lymph, even for the use of persons strongly inclined to have their children vaccinated.

I have the honour to be, gentlemen,

Your obedient servant,

(Signed.) SAMUEL H. STEWART,

Four Paths, 23rd September, 1851.

Answers of the reverend W. Mayhew to the questions appended to circular 8th September, 1851.

PRELIMINARY STATEMENT.

The plain of the parish of Westmoreland is interspersed with many morasses, and in the wet season a considerably larger portion is under water. A great portion of the dry part is very much in bush, and needs clearing to afford a free circulation of air. It is not found advisable to cut down trees and bush in the neighbourhood of the marshes, as they absorb much of the malaria and prevent its spread.

Some years back, when a clearing was made on the east side of the town of Savanna-la-Mar, an epidemic fever was the result.

A better style of cottage building, especially providing that they shall be upstairs, so as to be open to an atmosphere above the cane tops which now grow quite to the houses, is a great desideratum; and money would be well laid out if prizes were offered for models of a cottage suited in expence, in material, in structure, &c., to the climate of Jamaica, for the labouring population. It is probable that if a successful experiment were made, each parish might be induced to erect one or more as samples for the peasantry.

A law enforcing the removal of pigsties to a certain distance from dwelling houses is much needed. As regards the town of Savanna-la-Mar, a supply of good water has always been needed; the water procurable is very unwholesome; and in dry weather only to be had by going a considerable distance.

In anticipation of cholera, the board of health procured a boat load of puncheons of good water from Bluefields, and offered to retail it at the same price as the indifferent water carried about in carts, but as the people had to go to the wharf to fetch it, they would not buy, and the experiment was abandoned.

A good dispensary system, supported by taxes, is very essential.

It seems absurd to spend great sums to import emigrants, and not to provide against an extensive diminution by death, for want of a little medicine and medical aid.

A census appears very desirable next year to tell us our real position.

No. 1. Area three hundred and eight square miles. There is but one town, (Savanna-la-Mar;) there are many villages. The parish is about equally divided between mountain and plain. The inhabited localities are all accessible by, at least, bridle roads.

No. 2. By census of 1844 the population was twenty-four thousand six hundred, and judging by the increase between 1838 and 1844, at the former of which dates it was a little over twenty thousand, the estimated population in 1851, before cholera, would be about thirty thousand. It is supposed that one thousand five hundred have been lost by cholera.

The medical returns of fatal cases are not yet made up, so as to distinguish as to the incidence of mortality with respect to sexes.

The occupation in this parish is chiefly agricultural.

No. 3. Forty-four cultivated estates; five thousand other properties. Want of labour is not excessive, but that it is considered by the planters insufficient, appears from the number of coolies introduced, many of whom were worthless, and died off in great numbers.

No. 4. One shilling per diem, paid pretty regularly in money. The parish is a very wet one, and provisions are plentiful, which affects a regular supply of labour, as the people can earn more than they need.

No. 5. The number of out-door paupers receiving parochial aid is two hundred and forty-one, at a cost of £1000 per annum.

The number of paupers in the poor house is forty-

one, at a cost of £480 to the parish. But there are doubtless many others who could not pay for medical aid.

No. 6. Dr. Mason, Savanna-la-Mar, Dr. Tullis, Morgan's Bridge, Dr. Jelly, close to Morgan's Bridge, Dr. Harvey, close to Savanna-la-Mar, Dr. Adolphus, Savanna-la-Mar, Dr. M'Donald, Savanna-la-Mar—a very inadequate number.

No. 7. No public dispensary or hospital. Dr. M'Donald gets £60 per annum for attending the indoor and out-door paupers, but his services, necessarily from the inadequate pay, and the extent of the parish, are confined to the immediate vicinity of Savanna-la-Mar.

No. 8. Many negroes refused to take medicine during cholera, as thinking it of no avail.

No. 9. That act was a perfect failure, and the medical men got their money for nothing. The negroes were required to purchase tickets at six shillings when they were in health; they would not do so till they were sick, when the medical men would not furnish them, as a matter of course. It is found here as at home, that the poor are short-sighted as to paying any thing to be free of a risk. If no illness has occurred in the year, they consider the money thrown away, and decline subscribing further.

No. 10. John Deleon, esquire; not in any business; lives upon a mountain property, Mount Ricketts, twelve miles from Savanna-la-Mar, and is also much at Savanna-la-Mar. He has no salary; his fees and mileage money average about £275 per annum. The average number of inquests, for the last ten years has been about sixty per annum; the average number of post mortem examinations, about four per annum. But one case of infanticide in that period.

No. 11. It would throw a certain number of prizes to the medical practitioners, and pro-tanto encourage their settlement here. It would also enable the coroner to sum up the medical evidence more to the purpose, and in case of its being impossible to pro-

cure the attendance of another medical man, the coroner could himself act.

No. 12 and 13. The register extends back as far as 1741, but is very scanty and imperfect, in the earlier years. There is no record of diseases in the form for registering burials by the clergy of the church of England.

No. 14. The baptisms bespeak a considerable illicit intercourse. The cholera has alarmed many into marrying.

No. 15. Very rare.

No. 16. Yes, plenty. They charge sixteen dollars for curing sores, some take eight dollars for a sore leg. A good deal of cholera elixer was sold at a dollar an ounce.

No. 17. No; except in cases that have appeared in a court of justice.

No. 18. Quack doctors would still be resorted to for sore legs, for they take the trouble of dressing them off the friends hands, which the medical men do not. In other cases medical men would be preferred.

No. 19. Where a midwife is considered insufficient, resort is had to a regular practitioner. Arms have been pulled off by midwives, and in case of false presentations, the lives of both mothers and infants have been lost by unskilful treatment of midwives.

No. 20. No; except in cases that have occurred in courts of law.

No. 21. Their presence would be very acceptable, but they would not get competent employment from a negro practice.

No. 22. It would be very unwillingly paid as a tax. If a tax were laid, it would seem advisable to continue the house tax for that purpose, when it has paid off the expences of cholera.

No. 23. Yes; though not by the parish, yet in private dispensaries.

MISCELLANEOUS STATEMENT.

The establishment of a self-supporting dispensary, and systemized itinerant visits, had the fullest and fairest trial in this parish.

After freedom, Drs. Mason and Tullis, in partnership, established four dispensaries, one at Phoenix, Hanover, and three in Westmoreland; they had three medical assistants, and an itinerant dispenser at each station. They found medicine and medical attendance at six shillings a head per annum; for the first two years they had on their list about five thousand names; afterwards they began to be irregular in paying, and finally the whole project was abandoned, as the people would not pay without being sued.

Under the dispensary act, ninth Victoria, chapter forty-three, medical men in Westmoreland got £125 a year. The largest number, two hundred and twenty, was on Dr. Mason's list. It was a failure.

Answers of the reverend S. H. Cooke, rector of St. Thomas in the East, to circular 8th September, 1851.

*Parsonage, Morant Bay,
September 23rd, 1851.*

Sir,

I beg to acknowledge the receipt of your favour of the 8th instant, received on the 19th, addressed to me by desire of the committee of the Central Board of Health, annexing certain queries which I shall have great pleasure in replying to with as little delay as possible.

With reference to the desire of the committee, that I should at once give a statement of the sanitary condition and requirements of my parish or district, I regret to say, that as regards this district, which, according to the act for the sub-division of parishes, is in extent twenty-eight and three-quarter square miles,

with a population of upwards of five thousand souls, nearly two thousand of whom are resident within the township of Morant Bay, nothing can be more deplorable.

Numbers of the peasantry die, without being seen by any medical man; for no medical practitioner can afford to attend them gratuitously, and they decidedly have not the means of remunerating him, if he were sent for and willing to attend.

There are no hospitals for the sick, the aged, or the infirm, and no relief is afforded except by the casual order of the churchwarden, in cases of accident, or in extreme destitution, in the immediate vicinity of the town, and even in these cases it is very limited. Much valuable time is often lost before a churchwarden's order can be obtained, his residence being rather more than a mile from the town, on the west side of the Morant river, which is not always fordable, an inconvenience which can only be remedied by the appointment of a surgeon to the poor, who shall be resident within the town, and the erection of an hospital for the reception, not only of the poor of the town and the neighbourhood, but of such persons as may be suffering from any casual accident, requiring prompt and continued surgical attendance, whose place of residence is too far from the town, or even from the residence of any medical practitioner to admit of their receiving that medical or surgical treatment and care absolutely necessary for the saving of life or limb.

I have the honour to be, Sir,

Your very obedient servant,

(Signed,)

S. H. COOKE, *Rector.*

To T. JAMES BROWN, Esquire,

&c. &c. &c.

Secretary to the Central Board of Health, Spanish-Town.

Answers of the reverend S. H. Cooke, rector of St. Thomas in the East, to questions appended to circular 8th September, 1851.

No. 1. The parish of St. Thomas in the East is divided into five districts, containing twenty villages, besides the towns of Morant Bay and Bath. In these villages a very large proportion of the labouring population are located. The land is partly level, and partly mountainous. It is in the mountainous part of the parish many of the villages have been formed, the access to which is by roads always bad and often impassable. It is in extent two hundred and thirty-five and seven-twentieths square miles.

No. 2. According to the census of 1844 twenty-five thousand five hundred; decrease by cholera, according to the returns made to the Board of Health, three thousand six hundred and twenty-six. The actual decrease may be fairly stated at four thousand. Of one hundred and twenty-two deaths by cholera recorded by me, not one half of the number were returned to the Board for this district; fifty-six were males, and sixty-six females, very few of whom came under forty years of age; principally agricultural.

No. 3. There are yet forty-four sugar estates, and four coffee plantations in cultivation. The demand for labour is always equal to the supply, and often much beyond it.

No. 4. In the western part of the parish one shilling per diem for field labour, and one shilling and six-pence for tradesmen, such as coopers. In the eastern district, one shilling and three-pence and one shilling and nine-pence, at present; last year, at the commencement of crop, it ranged from one shilling and six-pence, to two shillings and six-pence for field labourers, in the Vale of Plantain Garden River. In Manchioneal, the average is nine pence, per diem.—I have never known an instance of wages being paid

otherwise than in money, and usually every second week.

No. 5. There are not more than sixty persons on the pauper list, but there are numbers of poor, but respectable people, who, when overtaken by sickness, become perfectly destitute, and unable to contribute any thing towards providing themselves with medicines and medical attendance, or indeed attendance of any kind.

No. 6. Five; Dr. Allen, Manchioneal; Dr. Henderson, Plantain Garden River, physician to the bath; Dr. Porter, no fixed residence at present that I know of; Dr. Cooke, town of Morant-Bay; Dr. Murrough, the vicinage of the towns, but about to remove to the Blue Mountain Valley district.

No. 7. Not any; although I have repeatedly pressed upon the local authorities the necessity of both, but in vain.

No. 8. Yes; if obtained gratuitously, I firmly believe they would eventually, whatever might be their reluctance at first, gladly submit to hospital discipline and treatment.

No. 9. It did not; but this is no argument against the measure. It failed because it was not properly understood, and the act was too short in its duration to test its usefulness. The people were, I firmly believe, taught to regard it as a mere trap to find out their domiciles for the purpose of taxation. It interfered too with the gains of the black quacks, who naturally opposed it by every means in their power.

No. 10. Mr. Duncan McPherson; he has no other occupation that I am aware of at present. He is remunerated by fees. The income is estimated at £150 per annum; his residence is at the very head of the Blue Mountain Valley district, distant from the town of Morant-Bay, twelve miles; Port-Morant, eighteen; Bath, twenty-five, or by the old post road, over the hills by White Hall, sixteen; Amity Hall, Plantain Garden River, twenty-three miles; Holland Bay,

thirty; Manchioneal Bay, thirty; Priestman's River, the line of the parish, forty-two.

No. 11. Most certainly. As the office is one of the highest importance, its duties ought not to be entrusted to any but persons of a liberal education. A knowledge of medical jurisprudence appears to me, to be absolutely necessary for the proper and efficient discharge of the duties of such an office. A great saving, I am convinced, would be made to the public by the avoiding of unnecessary post mortem examinations, if the office were held by a medical practitioner. I have no means of ascertaining the number of inquests for the time mentioned, or post mortem examinations, or the causes of mortality. I may state, however, that from the great difficulty experienced by coroners generally, in arriving at any thing like a satisfactory conclusion on most of the cases brought before them, they are obliged to call for medical evidence and post mortem examinations, the expence of which, would, in most cases, be saved if the office were held by a medical practitioner.

No. 12. As far back as 1708.

No. 13. The register of burials affords no information as to the cause of death.

No. 14. Not to the extent it ought to be. On referring to the register of marriages for the ten years ending 31st December, 1850, I find the number of marriages, for that period, to be seven hundred and forty-one. The number of baptisms of infants for the same period, five thousand two hundred and eighty, of these one thousand five hundred and seventy-seven only were the offspring of married parents.

No. 15. Cholera carried off most of the myalmen—myalism is confined in its practice chiefly amongst the sect called Native Baptists. Some of its priests still carry on a very thriving trade, but not to the same extent as some three or four years ago.

No. 16. There are still some of these people lurking about in the villages, although many of them died during the cholera; the fee is more or less than sixteen

shillings, with maintenance during the illness of the patient, besides the cost of the medicines. In cutaneous diseases I have heard of six pounds to nine pounds being paid to one of these quack doctors.

No. 17. Not to my own knowlege; but I understand there is a most noxious mixture called "Risbey," made by French women, and openly sold in the Kingston market, which the negroes place great faith in. Its effects are often most painful, causing to those who take it years of suffering, and often death. Its cost is sixteen shillings per bottle.

No. 18. In many cases they would. The law is not stringent enough to put down quackery. Every censor of a parish ought to be made liable to a severe penalty, who, when a case is properly brought to his knowledge, should fail to carry out the law to the utmost. I brought a case before the late censor for this parish, Dr. Ward, but he took no action on it.—In his own dispensary I have known one drug sold of a most deleterious nature, and which, if taken, would have caused death, instead of the one asked for, through the ignorance of his dispenser.

No. 19. I apprehend this too is much the case, and that the medical practitioner is only or seldom called in but at the eleventh hour, and then more from the fear of coroner's inquest, than from better motives.

No. 20. I cannot say. No doubt but the evil exists to a most lamentable extent, which more extended medical relief would tend greatly to lessen. In the state of Pensylvania, and I believe it is the same throughout the union, if either the mother or child should die without a medical man being in attendance, there is a penalty on the person neglecting to send for such medical assistance of five hundred dollars.

No. 21. I hardly think so. At present I do not think there is a medical practitioner in this parish receiving £400 per annum.

No. 22. I have not the least doubt but that it would be as willingly paid as a tax for any other purpose; and a capitation of two shillings on all persons from

the age of fifteen to fifty, would, if collected on only one thousand two hundred, out of the twenty-one thousand seven hundred and eighty, the estimated population of the parish, give a sum perfectly sufficient for all sanitary purposes.

No. 23. No; but they could be procured in a few hours from town.

I would suggest that in all the large parishes, there should be at least two coroners, who should be compelled to reside in their respective districts, and as much as possible in the centre of such districts. The necessity of this is apparent, when reference is made to answer No. 10.

Every parish should be divided into districts according to M·Geachy's map for the subdivision of parishes for ecclesiastical purposes. To each district a medical man should be appointed as under the late sanitary act, who should be compelled to reside in his district. There should also be a dispensary in each district supplied with the most useful medicines, and a dispenser at a moderate salary, to be under the sole control of the medical practitioner for each district.

I would urge and earnestly press the necessity for the establishing of an hospital in the town of Morant Bay, the great focus of the poor and needy, which should be placed under the care of the medical practitioner, appointed for the Morant district, with a dispenser and nurse resident within the walls of the building.

Every minister of religion, magistrate, or vestryman should be empowered to call upon the medical man of the district, to visit any person residing within its limits, any sick person not in a condition to pay for such medical attendance. And each medical practitioner should be authorised to send all such cases, as he might deem absolutely necessary, to the hospital, provided there be any wards vacant at the time.

All persons applying for medical advice and medicines at the several dispensaries, should be encouraged to pay for the same, however small the sum may be; the amount so received to be paid to the churchwarden at the end of every three months. By this means, I have every hope, that in a very few years, these dispensaries would be self-supporting, and the people led gradually on to depend more on themselves than at present, and to place a greater value on such institutions than they will perhaps do at first.

No enactment for less than three or five years will be of any use. Had there been a hospital at Morant Bay when the cholera first appeared here, I am confident the same number of deaths would not have taken place by one half. Numbers died from sheer neglect, having no one to administer either medicines or nourishment.

(Signed,) S. H. COOKE, *Rector,*
St. Thomas in the East.

Answers of the honorable J. Barclay, custos of St. David, to questions appended to circular of 8th September, 1851.

No. 1. Seventy-four square miles; a great proportion mountainous; the localities are accessible but by indifferent roads; one village, viz.: Yallahs.

No. 2. Six thousand inhabitants by the census; nearly eight hundred deaths by cholera; they are principally agricultural; the sexes are, I believe, nearly equal.

No. 3. Five sugar estates, about twenty-six coffee mountains, and five pennis. The demand greater than the supply.

No. 4. One shilling per day, paid weekly and monthly, and always in money. They prefer working their own grounds, and the more independent they become, the less they are inclined to work.

No. 5. Fifty-four paupers are supported by the pa-

rish, at an annual cost of £2220. In my opinion there are none that might not contribute towards medicines for themselves, if so inclined.

No. 6. None. The public in general will not contribute any thing for their support, from which they often suffer in sickness.

No. 7. None. The charge for first visit from a medical man, five dollars.

No. 8. The people are averse to sending for medical aid in a great number of cases; they would sooner suffer.

No. 9. It worked very badly; the failure arose from the medical men being unable to enter into any terms with the people.

No. 10. William Mowatt, planter, proprietor of River-Head estate, (totally abandoned;) remunerated by fees and salary; income about £80 to £100 per annum; average inquests twenty-five per annum; on about one half of which post mortem examinations are held.

No. 11. A medical man being appointed as coroner would enable him, with what practice he might get, to live comfortably, and induce him to live in the parish.

No. 12. The registry comes down to December, 1848; at present what registers take place are kept by the clergy.

No. 13. The principal prevailing diseases are bilious fevers and pleurisy.

No. 14. A great number are married, and I think it is increasing, although they do not strictly adhere to their marriage vows.

No. 15. It used to be; several have been convicted; I think it is now on the decrease.

No. 16. I cannot say there are any.

No. 17. I have every reason to think that such medicines have been administered, and convictions of such have taken place—one on my own property.

No. 18. In several instances they prefer applying to their black *doctors*—empiricks.

No. 19. They generally employ midwives.

No. 20. I do not believe there are any.

No. 21. Not without law to compel them to employ medical aid.

No. 22. Not willingly—on the persons and heads of families.

No. 23. I have every reason to think that proper medicines have been and are obtained when required. There is no public department.

Sir,

I have to acknowledge the receipt of your letter, 18th ultimo, with twenty-three questions to be answered, and now take leave to enclose them, and hope they will be considered satisfactory. I am sorry they should have been detained so long, on account of the inclemency of the weather.

I am, Sir, your most obedient servant,
(Signed,) J. BARCLAY, *Custos.*

Answers of the reverend John Smith, rector of St. Ann's, to questions appended to circular 8th September, 1851.

No. 1. The extent of square miles in this parish is three hundred and eighty-two and a half. Small towns and villages are scattered throughout. The land is chiefly mountainous, with plains here and there; inhabited localities are accessible, some by good and some by very bad roads.

No. 2. The estimated population of this parish, before the late heavy visitation of cholera, was twelve thousand six hundred and fifty-six males, and thirteen thousand one hundred and sixty-seven females, and the estimated reduction by the pestilence is five hundred and ten males, and five hundred and eleven females. The occupation of the survivors is principally agricultural.

No. 3. I believe the number of estates to be about fourteen. I know not whether the demand for la-

bour is equal to, or greater than the labouring population can supply.

No. 4. The average amount of wages is, I believe, one shilling per diem, paid regularly in money. The people, I believe, are willing to work in the cultivation of estates, except during the pimento picking, when there is rather a scarcity of labour by their preferring to go to the pimento walks.

No. 5. I am unable to give an answer to this question.

No. 6. There are, I believe, five medical practitioners, and I cannot give their places of residence, except Dr. Bayley, who resides on St. Ann's Bay. I consider the number totally inadequate to the requirements of the population.

No. 7. Dr. Bayley keeps a dispensary on the Bay, where there is also a hospital, supported by the parish. Dr. B., as I have said, resides on the Bay, who receives £63 per annum from the parish for his services.

No. 8. The negro population are, I doubt not, willing to apply for medicines, but I am told not so willing to pay for them generally. They are certainly reluctant to submit to the discipline and medical treatment in the hospital. I do not know to what to attribute their reluctance.

No. 9. The dispensary act of ninth Victoria, chapter forty-three, did not work well. The medical men can better attribute the cause of its failure.

No. 10. S. W. Rose, esquire, the coroner of this parish. He resides at the Farm penn. He is remunerated by a fixed salary. The remainder of the question it is not possible for me to answer.

No. 11. This question I am unable to answer, never having given it any consideration.

No. 12. There are registers of births, marriages, and deaths kept in this parish in accordance with the clergy act, which extends as far back as 1768.

No. 13. The diseases, shewn by the register of births and deaths, kept by the registrar, to be most

common and fatal since 1844, are fever and dysentery, excluding, of course, the cholera.

No. 14. The rite of marriage is generally observed by the peasantry, but I regret to say there are a great many children registered, the result of illicit intercourse of the sexes.

No. 15. Not to my knowledge.

No. 16. Not to my knowledge.

No. 17. None; nor have I reason to believe that such cases have occurred.

No. 18. I cannot say.

No. 19. I have known of no instance of the kind.

No. 20. None.

No. 21. This question I cannot answer. It would of course depend upon circumstances.

No. 22. This question I leave to abler and more experienced heads in such matters to answer.

No. 23. Very inadequate, as exemplified in the late epidemic.

(Signed,)

JOHN SMITH,

Rector of St. Ann's.

Answers of Dr. Brebner to the questions appended to circular 8th September, 1851.

No. 1. The parish of Hanover extends over an area of five hundred and twenty-five square miles. Its general aspect is mountainous, with intervening, and in many instances, marshy flats. The sea coast particularly abounds in these noxious marshes. The principal town is Lucea. Lucea contained one thousand four hundred inhabitants before cholera; of these three hundred perished. There are several negro townships scattered over the parish, selected without any regard to healthy influences, and rendered positively unhealthy by the peculiarity of the negro in surrounding his dwelling with vegetation up to the very door, apparently to hide his proceedings from his neighbour. If any other adventitious circumstances were required to render the negro villages unhealthy, and the inha-

bitants of them peculiarly susceptible of epidemic diseases, it is readily to be found in the low, ill ventilated (and in many cases not ventilated) houses, which the negroes, for the most part, construct. The kind of houses constructed by them at this day, is no bad test of their advancement and progress in civilization.

The public roads throughout Hanover are tolerable in dry weather, but they have, for years past, been notorious for being, in the rainy season, wretched mud holes, and in many districts impassable without damage to horse and rider.

The negro villages are accessible only by narrow tracks or foot paths.

No. 2. Hanover contained some twenty-five thousand inhabitants, of whom about two thousand three hundred perished by cholera. The occupation of the negro population is chiefly agricultural.

There is a great paucity of tradesmen among them. Since the emancipation the negroes have, in very few instances, endeavoured to teach their children any thing useful or good.

No. 3. There are fifty-four sugar estates and ten breeding pens in actual cultivation.

The demand for labour is certainly greater than the supply, but it is beyond a doubt that the present labouring population could, if they were industriously inclined, do three times more than at present.

No. 4. The field labourer receives one shilling, on an average, for four hours work ; (a great deal of estates work is done by task, and I have seen labourers daily returning from their work, for which they are paid one shilling, after four hours.)

The labourer is paid every week, or every two weeks, but regularly and in money. The negro labourer could earn three shillings per day without injury to his constitution, but being naturally indolent, and seemingly devoid of a proper and correct estimation of the responsibilities of prudence, and his wants being few, he contents himself with the one shilling a

day, spending the balance of the day, for the most part, in idleness, satisfied that he can make up the difference by the sale of yams, cocoes, and other provisions, out of his ground, which ground he cultivates on Friday and Saturday, and by which he is, in a great measure, rendered independent of the planter.

No. 5. The parish relieves, during the year, (as paupers paid small weekly sums, and as occasional or transient poor,) some two hundred persons.

The persons most incapable of contributing any thing to provide themselves with medical attendance, are some of the coloured people.

There are doubtless also some among the black persons incapable to do so, but they are not many; and in too many instances they are old people, who are thus got rid of by their families.

No. 6. Some twelve or fourteen years ago the parish of Hanover supported, in a comfortable manner, some sixteen medical practitioners. Of late years. I am sorry to say that the want of interest evinced by the upper classes in the medical profession, coupled with the carelessness and disregard by the negroes of human life, only four duly qualified practitioners manage to drag out an existence in the whole parish.

Of these, Dr. Keich keeps a retail drug shop, and lives in Lucea. Dr. Potts lives two miles out of town, but keeps, in Lucea, a retail-drug shop. Dr. Brebner lives four miles out of town, and keeps also a retail drug shop in Lucea. Dr. James Mason lives in the Green Island district, eighteen miles from Lucea. Each of these gentlemen say that they would be unable to live by the practice of physic, if it were not from the assistance derived from the vending of drugs, and the resources of their respective country residences. This number is, however, quite inadequate to the requirements of the population.

No. 7. There is no public dispensary or hospital, properly so called, in Hanover. Certain small ill ventilated rooms, (selected generally for their cheapness,) capable of containing twenty-eight persons, by

placing sometimes two in one room, are rented by the parochial vestry for holding houseless, aged, and decrepid persons. This is properly an alms house, and is supported out of the general amount of taxes levied yearly in the parish. Dr. Potts receives twenty-four pounds, or twenty-seven pounds per annum, to find medical unguents, &c., for the people, who are, for the most part, covered with old ulcers; he visits the alms house twice a week. I receive forty-two pounds per annum to attend on about ninety paupers, and any transient poor besides, who may apply to the churchwardens for medical aid; for this beggarly pittance I am to attend the transient poor in Lucea, and for twelve miles, in any direction, taking Lucea as a central or stationary point—finding medicines also. Some parts of the parish have not even this miserable provision made for the poor.

No. 8. There is, as I have said, no public dispensary or hospital in Hanover, to which the negro can apply, as in civilized countries, if he felt inclined.—So regardless is the negro of the lives of his nearest of kin, when sick, that it is only after having exhausted all his own efforts and skill, and when he sees too plainly that matters are becoming desperate, that he resorts for aid to the medical practitioners, with whom he drives as hard a bargain as he can; but even this is not general, for in many cases six-pence or one shilling's worth of such medicines as he (the negro) deems requisite, are purchased and administered by himself throughout the case. I am satisfied that the mortality, for years past, has been very great among the negro children during the period of dentition; many perish from dropsy, supervening on neglected diseases.

No. 9. The salary given to each medical practitioner by the public, under the ninth Victoria, chapter forty-three, for attendance on the poor, I consider to have been inadequate, considering the duties required of them. The legislature, perhaps, expected

that the labouring classes would gladly have availed themselves of the provisions of the act, and have subscribed in large numbers, thus making up the "deficit," but as it was optional on the part of the labourers, comparatively few of them enrolled their names, thus it became a hardship on the medical man, for, by the act, he was liable to pains and penalties.— I consider the ninth Victoria to have been objectionable, in not fixing one general rate of salary to be paid to each medical man, instead of leaving it to the determination of parochial vestries not to exceed a certain amount. The members of parochial vestries generally (at least of our Hanover) too frequently import local prejudices into their proceedings, and have never been remarkable for the liberality of their dealings, with an enlightened and heavily taxed profession like that of medicine. The pittance given by the Hanover vestry during the second year of the dispensary act rendered the medical practitioners careless. The scavenger's salary receives as much attention and consideration, if not more, at the Hanover vestry board, than the medical practitioners. By the ninth Victoria, ministers of religion of every denomination, the churchwardens, the magistrates, and vestrymen were all permitted to send orders to the medical practitioners of the district. This privilege is at times likely to be misused. The chief cause of the failure, however, of the dispensary act was the having it optional with the negro to subscribe or not, and pay voluntarily, which he will never do.

No. 10. George Robert Johnson, is the coroner of Hanover. He is upwards of eighty years old; had no other occupation since he became coroner. He, for a great many years, was paid £3 4s. 0d. for each inquisition, and one shilling and six-pence per mile. By the tenth Victoria, he was reduced to a salary of £100 per annum. The tenth Victoria not being now in force, his mode of receiving payment is unsettled. I believe the coroners each received a grant from the

late sessions previous to the passing of the tenth Victoria ; the average amount of salary received by Mr. Johnson, our coroner, was £350. The coroner formerly resided in Lucea, but now, for the last four years, he has lived with his son some sixteen miles out of Lucea. He is morally and physically imbecile, and quite unfit to hold the situation. It appears that he is tolerated in the office from respect to his advanced age. The magistrates *occasionally* hold inquests when *convenient*.

I cannot obtain correct data to fix the average number of inquests ; but the amount of salary per annum of £350, will shew that they were many. I think ten post mortem examinations yearly would be rather above than under the average, for the inquests were held apparently more as a matter of revenue to the coroner, than for the purpose of arriving at correct conclusions as to the causes of death ; and ignorant country jurors too frequently took upon themselves to return verdicts, unaided by medical testimony. A good many of these inquisitions shew such verdicts as the following :—

“ Died from want of medical attendance.”

“ Died from neglect on the part of the parents, &c. &c. &c.”

No. 11. Under the present election law, those who cajole the electors are most likely to be appointed to offices of trust and responsibility ; for such appointments depend now entirely on the labouring classes. It can hardly be expected that under such a state of things gentlemen of education will be appointed.—Setting aside the above consideration, the coroner, if a medical man, would be of considerable assistance in explaining and placing evidence in a manner intelligible to a jury, of necessity unacquainted with medical subjects, or at all events, in directing the jury whenever medical testimony and post mortem examinations were indispensable. He could also be able to determine with a greater degree of accuracy, when

an inquest was absolutely necessary from the *history* of the case, thus relieving persons who have their daily avocations to depend upon for a living, from wasting their valuable time, as I have frequently seen in this parish.

The necessity of filling the office of coroner, in the person of a medical practitioner, is indeed too obvious.

No. 12. The register of births, marriages, and deaths, kept in our vestry office, is not to be depended on at all, it never having been by law compulsory on any one; it might be embodied, for the future, in the Medical Relief Bill.

No. 13. We have had none but the ordinary diseases of the country since I came to Hanover, in 1835. In 1837 a number of persons died from fever, which assumed the typhoid type.

No. 14. The marriage ceremony is often enough performed by the clergyman; but, by the labourers themselves, the marriage vow is more generally regarded in the breach than in the observance. The illegitimate children preponderate.

No. 15. The practice of obeahism, or myalism, is common in Hanover, and largely on the increase, even among those who would fain be considered respectable people, and among the black and coloured people, servants or domestics, in the town of Lucea, of whom, from their constant approximation with the upper classes, more correct notions might be expected, as our recent police records might shew.

No. 16. There are many black doctors who practice obeahism also; their dupes, as well as themselves, are too cunning to let it be known how they are paid.

No. 17. I know of no instance wherein it has been proved that these quacks have administered deleterious compounds, but I nevertheless believe that a considerable amount of mischief is done by such persons among the labourers, particularly in country districts.

No. 18. The negro does not deny the efficacy of

medicines administered by a duly qualified practitioner, but it is the want of affection for his kin, a carelessness of human life, and a disinclination to pay his money to the doctor, which cause him not to apply till it is too frequently too late. If the negro knew that he paid by taxation for medical attendance, he would do otherwise, for he is not the one to neglect to demand value for his money. From cases which I have seen, and what I know of the negro character, I feel satisfied that these obeah men will continue to be applied to, to exercise their mischievous humbug, particularly in cases where the sick fancy that other persons have "put them so," as they term it, from motives of revenge, jealousy, &c.

No. 19. I am not aware that these quacks, or obeah men, are ever directly concerned in the delivery of women during parturition, but they are consulted to prevent, by their supposed charms, women from having easy deliveries. A case occurred a few months ago, to my knowledge, in which, on the cessation of labor pains, the woman attributed her condition to the charms exercised by an obeah man, who had been employed by another woman to "put her so."

The negro midwives are a most ignorant set, and not unfrequently do much mischief.

No. 20. I am not aware that infanticide is committed directly, but many infants do die from neglect and various other causes attributable to the parents.

No. 21. Unless a legislative enactment provides for the payment of medical practitioners, they will be unable to live. The few here are almost starving, (if I may use the term ;) the little that they make is by the retail of drugs.

No. 22. The negro pays no kind of tax willingly. I think a capitation tax of four shillings would be best, and quite adequate to make a liberal provision for the medical practitioners.

No. 23. No medicines were or are kept by the authorities of Hanover in case of epidemic disease.—

During the late visitation by cholera, there was a very imperfect and irregular supply of medicines to the medical men. Frequently have I made applications, and could obtain none. In short, so disgusted was I with the local board of health, that I sent to Kingston and purchased medicines out of my private means for the people.

APPENDIX I.

No. 1413.

*King's House,
October 14th, 1851.**Sir,*

I am directed by the governor to send you the enclosed copy of a despatch from the Earl Grey to Sir C. Grey, secretary of state for the colonies, and of a letter which accompanied it from the General Board of Health in England, expressive of the satisfaction of the Board with the soundness of the views advocated by the Central Board of Health of Jamaica in their First Notification, a copy of which, it appears, had been received from Dr. Gavin Milroy, and submitted by the secretary of state to the General Board in England.

I have the honor to be, Sir,

Your obedient humble servant,

(Signed,)

T. F. PILGRIM, *Sec.*JOHN C. MACFARLANE, *Esquire,**Secretary to the Central Board of Health, Spanish-Town.*

Copy—Jamaica, No. 434.

*Downing Street, September 6th, 1851.**Sir,*

I have received from Mr. Gavin Milroy, a copy of the First Notification issued by the Central Board of Health of Jamaica.

Having submitted a copy of it to the General Board of Health, I transmit to you herewith, for your information, a copy of a letter received from the Board in reply, expressive of their satisfaction at the soundness of the views contained in it.

I have, &c. &c.

(Signed,)

GREY.

*Governor Sir Charles Grey,
&c. &c. &c.*

Transcript copy.

*The General Board of Health,
Whitehall, 23d August, 1851.*

Sir,

In returning to you the First Notification issued by the Central Board of Health of the island of Jamaica, the receipt of which was acknowledged in my letter to you of the 15th instant, I am directed by the General Board of Health to request you to convey to earl Grey the expression of their great satisfaction with the soundness of the views advocated by the Central Board of Health of Jamaica, and the sanitary efficiency of the measures recommended by them.

I have, &c. &c.

(Signed,)

C. M'CAULAY,
Assistant Secretary.

To Herman Merivale, Esq. &c. &c.

Colonial Office, Downing Street.

Copy—Jamaica, No. 231.
Downing Street, September 6th, 1851.

I have received from Mr. J. J. M. M. M. a copy of the First Notification issued by the Central Board of Health of Jamaica.
Having submitted a copy of it to the General Board of Health, I transmit to you herewith, for your information, a copy of a letter received from the Board in reply, expressive of their satisfaction at the soundness of the views contained in it.

GREY.

APPENDIX

TO THE

REPORT OF THE

CENTRAL BOARD OF HEALTH

JAMAICA.



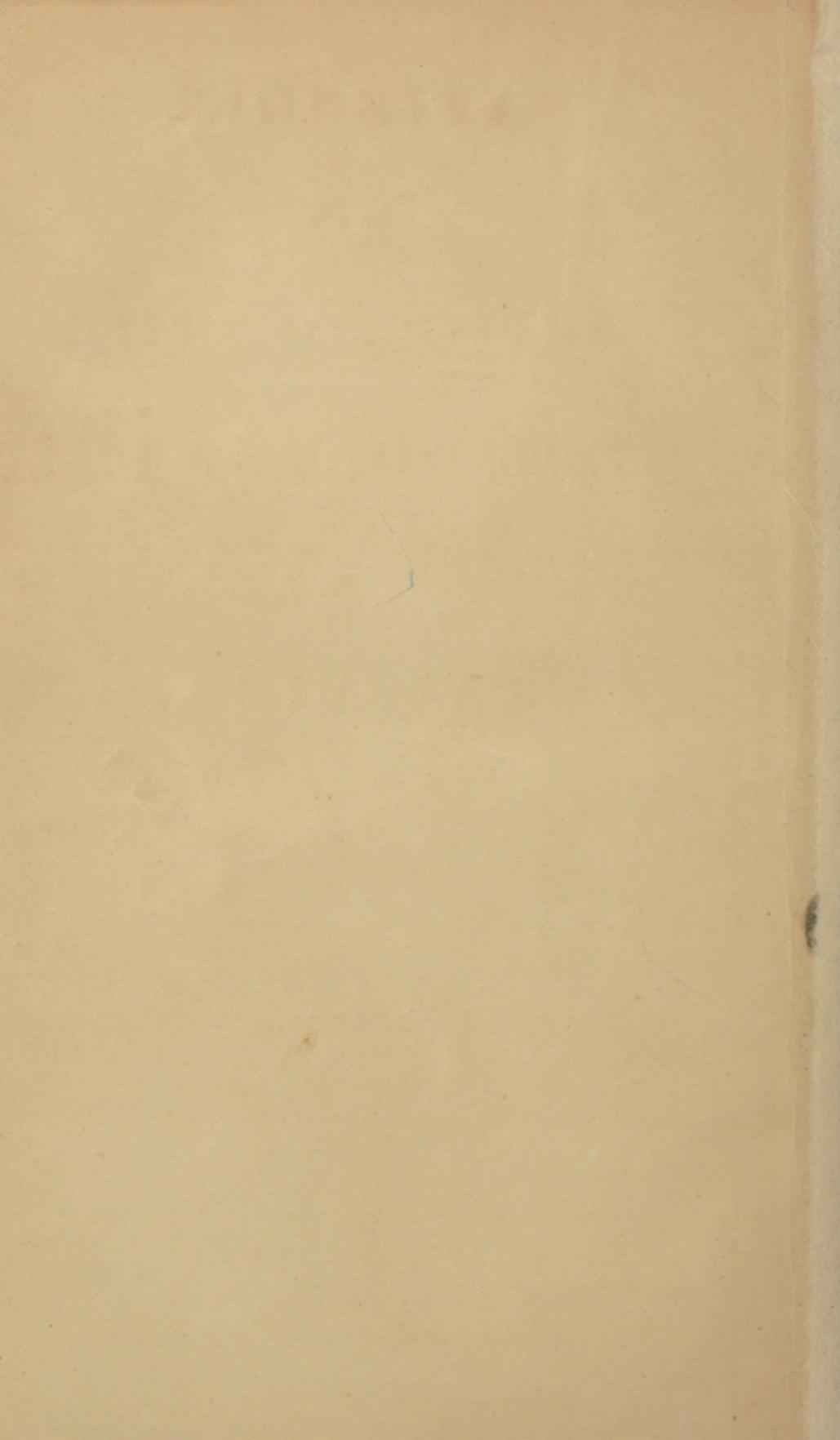
Presented to the Legislature under the provisions of the 14th Vic. chap. 60, and printed by order of the Assembly.

SPANISH-TOWN:

PRINTED BY F. M. WILSON, 6, MARTIN STREET,

FOR THE HONORABLE HOUSE OF ASSEMBLY.

1852.



Central Board of Health Account with Receiver-General.

		£.	s. d.	£.	s. d.
1851.					
May 23.	By amount of grant under act fourteenth Victoria, chapter sixty, to the order of the Central Board of Health			1000	0 0
	To the following orders made on the receiver-general by the Board, viz. :—				
1851.					
July 1.	To order in favor of T. J. Brown, secretary, for incidental expences under the act, and accounted for in his account annexed	30	0 0		
Sept. 1.	To order in favor of T. J. Brown, for his salary as secretary to the Board, of this date	21	8 6		
	To order in favor of R. J. De Cordova, for balance of his account for printing Notifications one and two—amount of account	£21	10 0		
	Paid and charged by secretary	10	0 0	11	10 0
	To order in favor of T. J. Brown, secretary, for incidental expences under the act, accounted for in his and Mr. Macfarlane's accounts annexed	30	0 0		
Nov. 1.	To order in favor of J. C. Macfarlane, secretary, for incidental expences under the act, accounted for in his account annexed	30	0 0		
15.	To order in favor of J. C. Macfarlane, secretary, to pay sundry small accounts passed this day	29	1 6		
	To order in favor of the honorable James Dunstone, custos of Trelawny, for relief to the suffering poor under small pox, and for medicines	50	0 0		
	To order in favor of the reverend H. G. Lawson, island curate of Hanover, to purchase medicine, and for relief to the suffering poor under cholera	50	0 0	252	0 0
				£748	0 0

Many liabilities of the Board, (not yet ascertained,) to be paid, which will appear in a further account.

J. C. MACFARLANE, *Secretary.*

Dr.

Central Board of Health Cash Account with T. J. Brown, Secretary.

Cr.

1851.	£.	s.	d.
July 22. To paid R. J. De Cordova, on account of printing First Notification	10	0	0
Aug. 13. To paid Alexander Campbell, for stationery	2	2	0
26. To paid Joseph Francis and company, for minute book	0	12	0
27. To paid Derbyshire, Norton, and company, for a tin box and twenty-five quills	1	5	0
To paid Dr. M'Grath's travelling expenses from Kingston to Spanish-Town, attending five meetings of the Board	2	0	0
To paid colonel Yule, attending four meetings of the Board, at 8s.	1	12	0
To paid Dr. M'Lean, ditto ditto	1	12	0
To paid Dr. Johnston, two ditto ditto	1	4	0
To paid Dr. Milroy's ditto, four ditto ditto, at 8s.	1	12	0
To paid messenger carrying letters and parcels	0	10	0
To paid postages from 1st June to 1st September	6	4	0
To paid Dr. J. W. Johnston, for postages	0	5	2
To this sum remitted to America, through R. C. J. Hitchins, for vaccine lymph	1	0	0
To balance carried to next month	0	1	10
	£30	0	0

1851.	£.	s.	d.
July. 1. By received from receiver-general, under order of the Board dated 1st July	30	0	0
	£30	0	0

Dr.

Central Board of Health Cash Account with T. J. Brown, Secretary,

Cr.

1851.		£.	s.	d.	1851.		£.	s.	d.
Sept.	To remitted, through Mr. Hitchins to America, for vaccine lymph, per Illinois	3	0	0	Sept.	By balance brought down	0	1	10
	To paid travelling expences of Dr. Johnston to meeting of 16th September	0	12	0		By this sum received by the Board through an order of this date, on the receiver-general	30	0	0
	To paid ditto ditto of Dr. M'Grath	0	8	0					
	To paid ditto ditto of Dr. M'Lean	0	8	0					
	To this sum retained for Dr. Johnston's travelling expences to meeting of 6th September	0	12	0					
	To paid Secretary's travelling expences to the meeting of the 1st and 19th June, 1st and 17th July, 1st August, 1st, 6th, and 16th September, at 8s.	3	4	0					
	To retained, as salary, from 1st to 16th September, at the rate of £50 for seven months	3	17	2					
	To paid postages and queries of medical relief, and other correspondence, in September	2	0	0					
	To balance carried down	*16	0	8					
		£30	1	10			£30	1	10

* Carried by Mr. Macfarlane, as secretary, to credit of his account annexed.

Dr.

Central Board of Health in account current with John C. Macfarlane, Secretary.

Cr.

1851	£. s. d.	1851	£. s. d.
Oct. 18. To paid expences of Secretary to Kingston, on business of the Board	0 7 0	Oct. 1. By this amount received from the Board, being balance handed in by Mr. Brown, late secretary, at this date, as per account current rendered	16 0 8
28. To paid Dr. Smith's travelling expences to Green Island, to attend cases of cholera, to be by him accounted for	10 0 0		
31. To paid Jordon and Osborn, amount of their account for stationery	0 16 6		
To paid Derbyshire, Norton, and Co. for ditto ditto	0 3 0		
To paid sundry postages from the 2nd instant to date	3 1 0		
To balance due, carried down	1 13 2		
	<hr/>		
	16 0 8		16 0 8
	<hr/>		
Nov. 13. To paid Dr. Smith this sum sent to him in a letter addressed to Green Island, to be accounted for by him	10 0 0	Nov. 1. By balance brought down	1 13 2
15. To paid sundry postages from the 1st to date	0 14 8	By this sum received by the Board, by an order of this date on the receiver-general	30 0 0
To paid Derbyshire, Norton, and company, for stationery, as per account	1 10 3		
To paid Jordon and Osborn, ditto	0 13 8		
17. To paid the following accounts, per order of the Board, for £29 1s. 6d.:			
Editor of the Colonial Standard, for advertisements	2 4 6		
Editor of the Morning Journal, for ditto	1 17 0		
R. J. De Cordova, for printing circulars, &c.	2 0 0		
	<hr/>		
Carried forward	£19 0 1	Carried forward	£31 13 2
	<hr/>		<hr/>

Dr,

Central Board of Health in account current with John C. Macfarlane, Secretary,

Cr.

1851.		£.	s.	d.	£.	s.	d.	1851.		£.	s.	d.
	Brought forward				19	0	1		Brought forward	31	13	2
Nov. 17.	A. Feurtado, for horse hire in sending Dr. Smith to Green Island	8	16	0				Nov. 15.	By this sum received from the Board through an order of this date on the receiver-general, to pay sundry small accounts			
	R. and D. Morison, for medicines supplied to Dr. Smith, for use of cholera patients at Green Island		4	4	0					29	1	6
	D. D. Soares, for preparing appendix, report, and plans of Spanish-Town		10	0	0					<hr/>		
					23	0	0			60	14	8
24.	To paid sundry postages from 15th to date					0	10	2				
	To paid Jordon and Osborn for stationery					0	16	6				
	To paid Derbyshire, Norton, and company, for ditto					1	4	0				
	To balance					16	3	11				
						<hr/>						
						£60	14	8				
						<hr/>						
	To balance in hand					£16	3	11				
						<hr/>						

J. C. MACFARLANE, Secretary,

##

Central Board of Health Supplemental Account with Receiver-General.

		£.	s.	d.	£.	s.	d.
1851.							
Nov. 15.	By balance of grant under act fourteenth Victoria, chapter sixty, remaining to the order of the Central Board of Health at this date, per former account				748	0	0
	To the following orders made on the receiver-general, by the Board, on and from 15th November, to and on 29th December, 1851, viz. :—						
	Nov. 29. To order in favor of S. W. Rose, senior magistrate of the parish of St. Ann, for the use of the poor of that parish suffering under small pox	50	0	0			
	To order in favor of J. C. Macfarlane, for payment of expences of making three copies of General Report ; for comparing and examining same, and the making up and binding said report, accounted for in his account annexed	180	0	0			
Dec. 3.	To order in favor of G. M. Lawson, custos of St. James, for the relief of the suffering poor under cholera	50	0	0			
29.	To order in favor of the honorable Bryan Edwards, custos of St. Thomas in the Vale, to be paid to reverend Mr. Pearson, for cholera medicines	6	6	3			
	To order in favor of reverend H. G. Lawson, curate of Hanover, balance of account for cholera medicines	7	16	0			
	To order in favor of J. C. Macfarlane, for newspapers advertisements, accounted for by him in his account annexed	11	5	0			
	To order in favor of John Bristowe, esquire, solicitor, for his attendance at the meetings of the Board, and professional services rendered to Board of Health	25	0	0			
	To order in favor of Dr. Crawford Smith, for professional services during cholera in the parish of Hanover	200	0	0			
	To order in favor of Dr. Crawford, R.N. for professional services during cholera in the parish of Westmoreland	25	0	0			
	To order in favor of Dr. Dalrymple, for services during small pox, and acting as vaccinator in the parish of Trelawny	60	0	0			
	To order in favor of Mr. Walse, Newcastle, for cottage plans	3	3	0			
	To order in favor of Mr. Calvert, for cottage plans	6	6	0			
	To order in favor of G. M. Lawson, custos of St. James, to be paid to W. N. Cooke, esquire, for assistance in defraying cholera expences	50	0	0	674	16	3
	Carried forward						
					£73	3	9

Central Board of Health Supplemental Account with Receiver-General.

		£.	s.	d.	£.	s.	d.
1851.							
Nov. 15.	Brought forward				73	3	9
Dec. 29.	To order in favor of Dr. Clarke, Metcalfe, for services in recent cholera	10	10	0			
	To order in favor of J. C. Macfarlane, for salary as secretary to this Board, from 1st October to 31st December, 1851	21	8	6	31	18	6
	Balance remaining in the hands of receiver-general				£41	5	3

J. C. MACFARLANE, 28th January, 1852.

£. s. d.	J. H. Brinkley	5	15	0
	J. R. Dabney	11	2	0
	Peter Humphreys	1	7	0
	S. Barrow	0	10	0
	G. A. Hagan	12	11	3
	Edward Shaw	0	2	3
	D. P. Menden	0	0	0
	Jaslyn Mayo	3	1	0
	T. Mayo	2	15	15
	W. J. Clarkson	2	10	3
	Richard Charlton	3	10	10
	Mrs. Laing	12	7	0
	Mrs. Ramsay	7	8	1
	Mrs. Hewitt	2	0	8
	J. H. Laing	15	14	0
	David Melhado	20	17	0
	C. G. Hamilton	17	15	0
		£158	19	3

Dr.

John C. Macfarlane, Secretary, in account current with Central Board of Health.

Cr.

1851.	£.	s.	d.
<i>Dec.</i> 3. To paid postages, from 24th November to date	0	19	6
To paid Dr. Johnson's travelling expences to attend sundry meetings of the Board	2	4	0
To ditto Colonel Yule, ditto ditto	1	4	0
To ditto Dr. Magrath, ditto ditto	1	4	0
To paid the following accounts out of contra order for £180 for making three copies of General Report, &c. &c. :—			
	£.	s.	d.
C. C. Hamilton	17	15	6
David Melhado	26	17	0
J. H. Laing	15	14	6
Mrs. Hewitt	5	0	8
Mrs. Ramsay	7	8	1
Mrs. Laing	13	7	6
Richard Charlton	3	16	10 $\frac{1}{2}$
W. J. Clarkson	2	16	3
T. Mayo	2	15	11 $\frac{1}{2}$
Jaslyn Mayo	3	1	9
D. P. Mendes	6	6	0
Edward Shaw	9	2	3
G. A. Hague	12	11	3
S. Barrow	6	10	6
Peter Humphreys	1	7	0
J. R. Dubuisson	11	2	0
J. H. Branfoot	5	15	6
Carried forward	£156	19	3

1851.	£.	s.	d.
<i>Nov.</i> 24. By balance due per last account	16	3	11
By order on receiver-general, at this date, for expence of making three copies of General Report; for comparing and examining same, and the making up and binding said Report	180	0	0
<i>Dec.</i> 29. By order on receiver-general, at this date, to pay newspapers advertisements	11	5	0
Carried forward	207	8	11

Dr. *John C. Macfarlane, Secretary, in account current with Central Board of Health.* Cr.

1851.		£.	s.	d.	£.	s.	d.	1851.		£.	s.	d.
	To amount brought forward				156	19	3	Dec. 29.	By amount brought forward	207	8	11
Dec. 3.	Mr. Neilson, for his trouble in arranging and fastening together several parts of three copies of General Report, from time to time, and afterwards binding three copies for presentation to the legislatures		3	0	0							
	To paid for examination of said Reports		17	0	0							
	To paid for refreshments for persons examining copies Reports, lights, &c.		1	0	0	21	0	0				
29.	To paid postages from 1st to date		0	19	6							
	To paid Jordon & Osborn for stationery		0	1	0							
	To paid out of contra order £11 5s. the following accounts for advertisements in newspapers, &c. :—											
			£.	s.	d.							
	Morning Journal 18s. }		1	16	0	1	16	0				
	Standard . . . 18s }											
	The Daily Advertizer to be arranged, and hereafter paid		9	9	0							
			11	5	0							
	Carried forward		£180	15	9				Carried forward	£207	8	11

Dr.

John C. Macfarlane, Secretary, in account current with Central Board of Health.

Cr.

	£.	s.	d.
1851. To amount brought forward	180	15	9
Dec. 31. To further postages	0	6	4
To Dr. Milroy, travelling expences to attend meetings of the Board, while in the island	1	12	0
To paid colonel Yule, travelling expences to attend meeting 29th December	0	12	0
To paid Thomas Cogill, for his attendance as servant at the several meetings	1	0	0
To balance in hand, to be repaid to the receiver-general to the credit of Central Board of Health, subject to the settlement of Daily Advertiser's account.	23	2	10
	<u>£207</u>	<u>8</u>	<u>11</u>

	£.	s.	d.
1851. Dec. 29. By amount brought forward	207	8	11
	<u>£207</u>	<u>8</u>	<u>11</u>

J. C. MACFARLANE, 28th January, 1852.

