

Report of the Committee appointed by government to investigate the history and particular conditions of the cholera-epidemic of 1854.

Contributors

Mauritius.
Great Britain. Colonial Office. Library
King's College London

Publication/Creation

Port Louis [Mauritius] : H. Plaideau, Govt. Printer, MDCCCLVI [1856]

Persistent URL

<https://wellcomecollection.org/works/f37h6jtp>

License and attribution

This material has been provided by This material has been provided by King's College London. The original may be consulted at King's College London. where the originals may be consulted.

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

**wellcome
collection**

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

FORNIE &
COMMERCIAL OFFICE



KING'S *College* LONDON

FCO2 FOL. RC134.M3 MAU

Library

Adwith us.
Report of the Committee appointed
by government to investigate the
history... of the cholera-epidemic
1856

201164178 1



KINGS COLLEGE LONDON



**Transferred on
permanent loan**

MMVII



Digitized by the Internet Archive
in 2015

<https://archive.org/details/b21297502>

REPORT

OF THE

COMMITTEE APPOINTED BY GOVERNMENT
TO INVESTIGATE THE HISTORY AND
PARTICULAR CONDITIONS

OF THE

CHOLERA-EPIDEMIC OF 1854.

Published by Order of the Government.



H. PLAIDEAU, GOVERNMENT PRINTER, BOURBON STREET,
PORT LOUIS.

MDCCCLVI.

W. 201/38
621
RECEIVED
JAN 23
1857

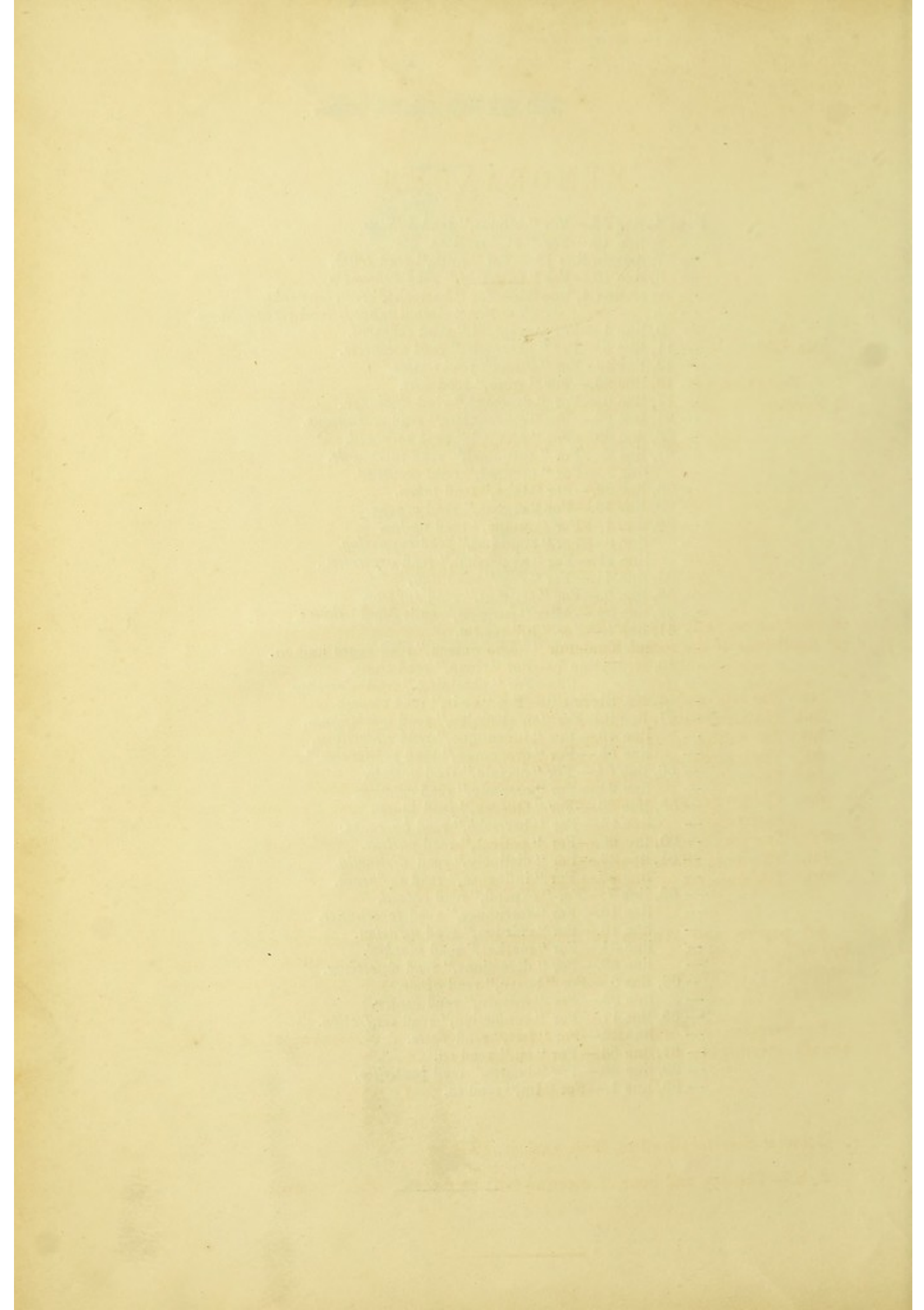
1162210



1827 folio
no C0 stock
bound 7/87

ERRATA.

- Page 4, line 53.—For “bilious,” read *billious*.
— 6, line 18.—For “at,” read *as*.
— 7, margin line 18.—For “huth,” read *truth*.
— 8, line 10.—For “extremly,” read *extremely*.
— — section 4, line 33.—For “bartachs,” read *barracks*.
— — — — 37.—For “circumstanco,” read *circumstance*.
— 9, line 4.—For “corporol,” read *corporal*.
— 11, line 5.—For “excentric,” read *eccentric*.
— 12, line 4.—For “ilness,” read *illness*.
— 16, line 25.—For “were,” read *was*.
— 17, line 6.—For “dramage,” read *drainage*.
— 21, line 29.—For “extranuous,” read *extraneous*.
— 26, line 39.—For “ocured,” read *occurred*.
— 27, line 2.—For “succursal,” read *succursale*.
— line 7.—For “ocured,” read *occurred*.
— 28, line 20.—For “take,” read *taken*.
— 29, line 16.—For “orgons,” read *organs*.
— 30, line 1.—For “nndue,” read *undue*.
— line 6.—For “suposing,” read *supposing*.
— line 11.—For “as persion,” read *aspersion*.
— 33, line 41.—For “auy,” read *any*.
— 38, line 5.—For “serjiant,” read *surgeon*.
— 39, line 24.—After “surgeon,” omit *5th Fusileers*.
— 41, line 4.—For “h,” read *a*.
— line 32.—For “negro women,” read *negro woman*.
— 43, N. 19, line 7.—For “come,” read *came*.
— — 23.—For “obtaining,” read *observing*.
— 44, No. 21, line 9.—For “cloir,” read *cloarec*.
— 47, line 9.—For “morbefiqius,” read *morbifiques*.
— line 40.—For “indemique,” read *endémique*.
— line 55.—For “qrononcee,” read *prononcées*.
— 56, line 64.—For “aectate,” read *acetate*.
— line 64.—For “creasote,” read *creosote*.
— 58, line 26.—For “Queen,” read *Queen*.
— line 42.—For “barrchs,” read *barracks*.
— 60, line 36.—For “petient,” read *patient*.
— 61, line 23.—For “distincky,” read *distinctly*.
— line 50.—For “influnce,” read *influence*.
— 62, line 7.—For “expend,” read *extend*.
— line 16.—For “forrunner,” read *forerunner*.
— line 18.—For “effusion,” read *affusion*.
— line 34.—For “market,” read *marked*.
— line 59.—For “digestions,” read *dejections*.
— 63, line 5.—For “boave,” read *above*.
— line 35.—For “aware,” read *aware*.
— 65, line 11.—For “confaction,” read *confection*.
— line 22.—For “fact,” read *facts*.
— 67, line 38.—For “ou,” read *on*.
— 69, line 58.—For “boutes,” read *bouteilles*.
— 80, line 1.—For “im,” read *in*.



MEMORANDUM.

A.
No. 656.

The Honorable the Officer Administering the Government has been pleased to appoint a Committee consisting of :

The Honorable THE TREASURER, *President.*

CHIEF MEDICAL OFFICER.

P. A. WIEHE Esq.

Dr. DAUBAN.

Dr. E. SALESSE.

Dr. BROWN SÉQUARD.

Dr. E. M. MC. PHERSON.

and

F. DE CHAZAL Esq., *Municipal Councillor*

to meet, on an early day, for the purpose of investigating the history and particular conditions of the recent Epidemic. The points to be examined are :

- 1st. The date and place where it first broke out.
- 2nd. The circumstances under which it broke out.
- 3rd. The course which it took in its progress.
- 4th. The classes whom it especially affected.
- 5th. The ratio of mortality to the number of persons attacked.
- 6th. The proportion of the sexes, and of adults and young persons who fell victims to it.
- 7th. The point (in time) of greatest mortality.
- 8th. The most effectual remedies.
- 9th. The duration of the Epidemic in a dangerous form.

All papers, and reports in the possession of Government necessary to aid this enquiry, will be handed over to the Chairman of the Committee, who is also requested to invite such persons as he thinks competent, to give any information they can.

Furthermore, a Clerk will be appointed, with an allowance of £10 (ten pounds sterling) to compile and copy notes, papers, &c.

Signed . C. J. BAYLEY,
Colonial Secretary.

Colonial Secretary's office, 29th August, 1854.

P, S.—The day and hour of meeting will be fixed by the President.

Colonial Secretary's office, 6th October, 1854.

The Honorable G. FROPIER, Esq., Mayor of Port Louis.

B.
No. 630.

Sir,

Doctor Brown Séquard, a member of the Cholera Committee, having expressed to the President of that Board his intention of leaving the Colony, and the Honorable the Officer Administering the Government considering that your talents and experience would prove of great benefit if you were added to that body, I am directed by his Honor to ask you to form part of that Committee.

I have, &c.,

Signed :

C. J. BAYLEY,
Colonial Secretary.

Colonial Secretary's office, 18th January, 1856.

To the Honorable the TREASURER, President of the Cholera Committee :

B.
No. 34.

Sir,

In reply to your letter of the 16th instant, recommending that the vacancy caused in the Cholera Committee by the departure of Dr. E. McPherson, be filled up by Staff Assistant Surgeon, G. K. Hardie, M. D., I am directed to inform you that his Excellency the Governor has had much pleasure, upon your recommendation, in nominating that gentleman to be a member of the Committee.

I have, &c.,

Signed :

J. DOWLAND,
Acting Colonial Secretary.



TABLE OF CONTENTS.

MEMORANDUM OF THE OFFICER ADMINISTERING THE GOVERNMENT, APPOINTING A COMMITTEE.

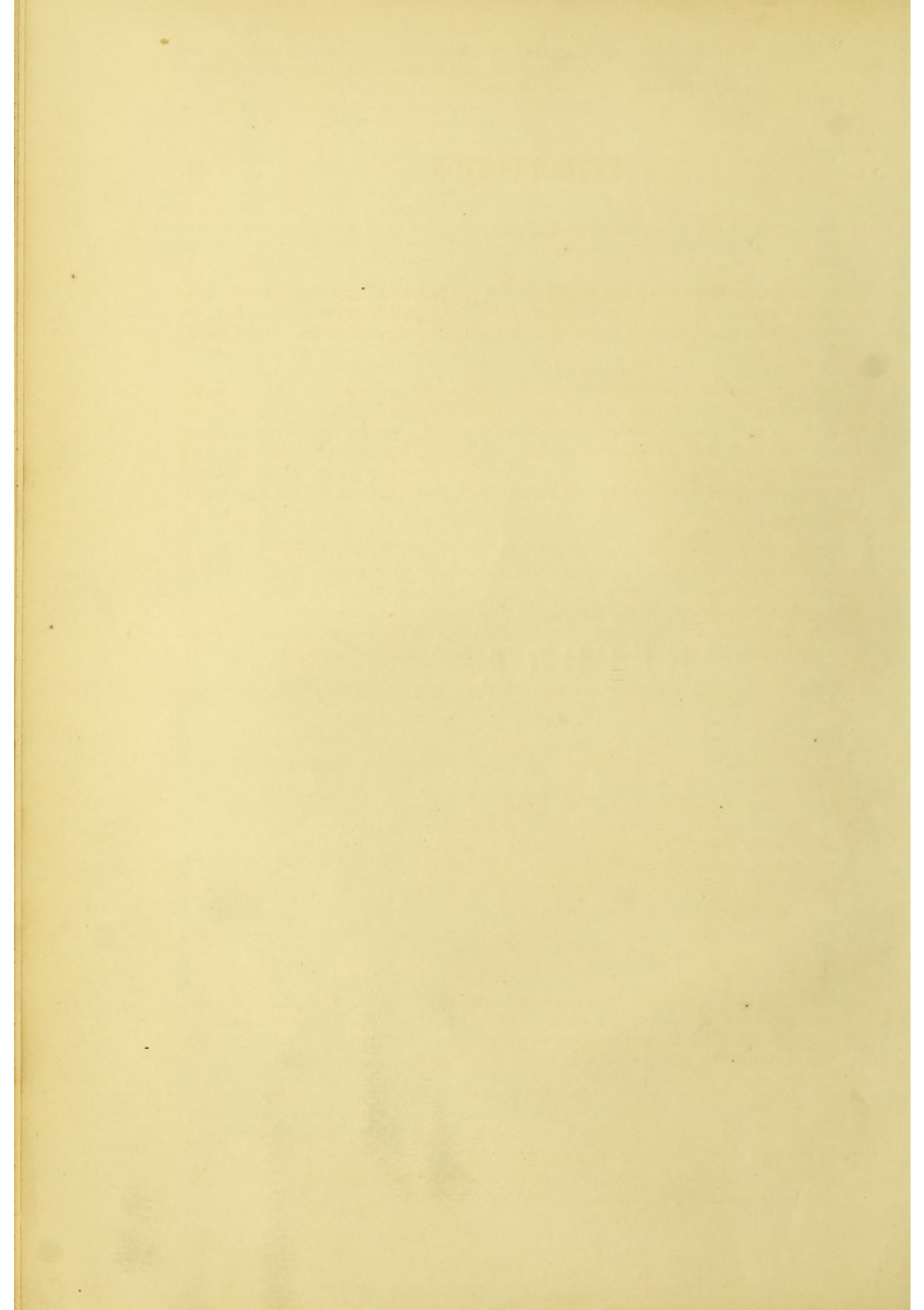
Official Notices, &c.		
REPORT.	Introduction	1
Section I.	Cases of Cholera between 1st January and 24th March.....	2
— II.	Account of the Cholera in Port Louis.....	3
— III.	Account of the "Sultany".....	6
— IV.	Cholera in the Garrison.....	8
— V.	Phenomena attending the Cholera in Port Louis.....	9
— VI.	Cholera in Pamplemousses.....	11
— VII.	Cholera in Rivière du Rempart.....	13
— VIII.	Cholera in Flacq.....	15
— IX.	Cholera in Grand Port.....	18
— X.	Cholera in Savanne.....	20
— XI.	Cholera in Black River.....	22
— XII.	Cholera in Plaines Wilhems.....	24
— XIII.	Cholera in Moka.....	26
— XIV.	Second outbreak of Cholera in Flacq.....	27
— XV.	Treatment of Cholera.....	29
 APPENDIX.		
	Table showing the distribution of the Immigrants who arrived in the "Sultany".....	31
	Letter from Mr Bérichon to the President of the Cholera Committee.....	32
	Letter from Mr. Savy to Do. ....	..
	Letter from the Commander of the "Églé" to Do. ....	..
	Proceedings of a Committee enquiring into the alleged infringement of Qua- rantine by the Master of the "Sultany".....	32
	Circular from the Cholera Committee to the Medical Practitioners of the Colony.....	35
	Answer to ditto from Geo. Clerihew, Esq., Principal Medical Officer.....	36
	Do. Surgeon E. S. Docker, 5th Fusileers.....	37
	Do. Assistant Surgeon J. R. Whitty, 5th Fusileers.....	..
	Do. Staff Surgeon I. Carson and Assistant Surgeon A. F. Bartley, 85th Light Infantry.....	..
	Do. Staff Surgeon W. Home.....	38
	Do. Staff Assistant Surgeon Johnstone Ferguson.....	39
	Do. Assistant Surgeon H. B. Franklin, 5th Fusileers.....	40
	Do. Staff Assistant Surgeon G. K. Hardie.....	..
	Do. Dr. H. Sénèque.....	41
	Do. Dr. Emile Salesse.....	42
	Do. Dr. E. M. MacPherson.....	..
	Do. Alex. Montgomery, Surgeon in charge of the Civil Hos- pital.....	..
	Do. Assistant Surgeon Labat, Civil Hospital.....	43
	Do. Dr. H. Lolliot.....	..
	Do. Dr. N. Fressanges, acting Health Officer.....	44
	Do. Dr. C. Coignet.....	..
	Do. Dr. B. Dorelle.....	45
	Do. Dr. Colin.....	..
	Do. Dr. Th. Labauve D'Arifat.....	..
	Do. Dr. Dauban.....	46
	Do. Dr. L. Powell, Superintendent of Lunatic Asylum.....	48
	Do. Dr. H. Kœnig.....	..
	Do. Dr. P. Reilly, Government Medical Officer.....	49
	Do. Dr. P. Gouly, Do. ....	..
	Do. Dr. C. Grivot, Do.	50
	Do. Dr. Cox, Government Vaccinator.....	51
	Do. Dr. J. R. Johnstone, Government Medical Officer.....	..
	Do. Dr. John Bolton, Government Medical Officer.....	52
	Do. Dr. Amédée Perrot, Government Do. ....	..

Circular Letter from Cholera Committee, requesting further information.	53
Answer to ditto from Geo. Clerihew, Esq., Principal Medical Officer. . . . .	..
Do. Surgeon E. S. Docker, 5th Fusileers. . . . .	..
Do. Assistant Surgeon J. R. Whitty, 5th Fusileers.	54
Do. Staff Surgeon John Carson.	55
Do. Staff Surgeon W. Home. . . . .	..
Do. Staff Assistant Surgeon, G. K. Hardie.	57
Do. Dr. H. Sénèque.	59
Do. Dr. Emile Salesse.	60
Do. Dr. E. N. MacPherson. . . . .	..
Detail of Dr. MacPherson's system of treatment of the Cholera.	61
Answer of Alexander Montgomery, Surgeon in charge of the Civil Hospital. .	64
Do. Assistant Surgeon Labat, Civil Hospital.	66
Do. Dr. H. Lolliot.	67
Do. Dr. N. Fressanges, acting Health Officer. . . . .	..
Do. Dr. B. Dorelle.	69
Do. Dr. Colin.	70
Do. Dr. Dauban.	73
Do. Dr. Brown Sequard.	79
Do. Dr. L. Powell, Superintendent of Lunatic Asylum. . . . .	..
Do. Dr. H. Kœnig.	80
Do. Dr. P. Reilly.	82
Do. Mr. Alcide Barbeau, Government Dispenser.	83
Do. Dr. Ph. Gouly, Government Medical Officer.	84
Do. Mr. Frédéric Brou.	87
Do. Dr. C. Grivot, Government Medical Officer. . . . .	..
Do. Dr. Cox, Government Vaccinator.	88
Do. Dr. T. R. Johnstone, Government Medical Officer.	89
Do. Mr. Elm. Hitié, Government Dispenser.	90
Do. District Magistrate J. W. Robertson.	94
Answer to Circular from Dr. John Bolton, Government Medical Officer.	96
Do. Stipendiary Magistrate Mr. Autard de Bragard.	95
Do. Dr. Amédée Perrot, Government Medical Officer.	97
Do. Stipendiary Magistrate Mr. Thomas Rudelle.	100
Letter from Mr. C. C. Brownrigg, enclosing statements, &c., relative to the treatment of Cholera at Beau Bassin and Wolmar Estates.	101
Letter from Dr. N. Lejeune, on supposed cases of Cholera at Bourbon.	108
Letter from Principal Medical Officer, accompanying report of Medical Commit- tee, on second outbreak of Cholera in the District of Flacq. . . . .	..
Report of the Medical Committee.	109
Observations at the Royal Engineer Observatory, from January to August, 1854, both inclusive.	114
Observations at the Government Observatory, from 17th April to end of Aug- ust, 1854, by Mr. Régnaud.	116

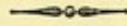
STATISTICAL TABLES.

A.—Estimated Population of Mauritius on the 25th May, 1854.	119
B.—Mortality from Cholera between 25th May and 31st August, 1854, (both inclusive,) divided into classes.	120
C.— Do. Do. Divided into sexes	121
D.— Do. Do. In the Indian Population.	122
E.— Do. Do. In the Garrison.	123
F.— Do. During the month of June, 1854.	124
G.—Geographical March of the Cholera—showing the first fatal case in Town and in the Country Districts, as they respectively occurred between the 25th May and end of August.	125
H.—Centennial Proportion of Deaths to Population in the Different Classes. .	130
I.—Centennial Proportion of Deaths to Population in each Sex. . . . .	..
J.—Centennial Proportion of Deaths to Population in each Sex, and in Adults and Children respectively.	131

REPORT.



INTRODUCTION.



SOME considerable delay has arisen in the production of this Report, caused by a natural anxiety, in so grave a matter, to collect together every species of information, which could throw a light upon the subject proposed to the consideration of the Committee.

For this purpose, letters requesting information and opinions on definite points have been addressed to all the Medical Men, all the Magistrates, and all the Proprietors or Managers of Estates in Mauritius, and from their collective answers it was expected, that a detailed account of the late Epidemic would have been compiled, which might, from its exactitude, and extensive range of information, not only have been interesting as a history, but have been useful for future contingencies.

Difficulty experienced in getting information.

Owing, however, to the negligence, apathy, or indifference which has in too many instances been evinced, the statistical details which might have proved so interesting, and so useful, are not as ample as was expected. As far however as they go, they are substantially correct, and whenever any information sought for has not been obtained, the fact is mentioned—so that the Report, although not so extensive in its details as was intended, is yet free from any deception.

It has been found most convenient to subdivide this Report into various Sections containing :

Subdivision of Report.

An account of the cases of Cholera reported in Mauritius from the commencement of 1854 to 25th May.

An account of the Cholera in Port Louis.

An account of all matters connected with the Ship *Sultany*.

An account of the Cholera as affecting the troops.

Phenomena attending the Epidemic in Port Louis.

An account of the Cholera in the Country Districts.

Observations on the treatment of Cholera.

To this is added an Appendix containing:—

Various Tabular Statements connected with the Cholera, part of which have, by permission of the Committee, been published by Mr. Bolton in his Almanac.

Letters from Medical Men in answer to certain queries.

Letters from Magistrates and Medical Men in answer to other Queries.

Miscellaneous Letters.

Results of observations made in the Royal Engineer Observatory, from January to September 1854, by Lieut. Fyers, R. E.

Results of Meteorological Observations during the same period, by Mr. Régnaud, in charge of the Observatory at Port Louis.

SECTION 1st.

Seven cases of Cholera between 1st January and 24th March 1854. Seven cases of Cholera are ascertained to have existed in Mauritius between 1st January 1854 and 24th March, the date of the arrival of the *Sultany*.

First case :

1. Mr. Bonin. * Mr. Bonin, who died on the 2nd January. The case of Mr. Bonin is described as having all the characteristics of Asiatic Cholera.

It appears that some time in the latter end of December 1853, Mr. Bonin was present at the exhumation of a corpse at Pamplemousses, and returned to Town worn out with fatigue.

That in the night of the 31st, he was suddenly taken with colic, and went out into the yard of the house in a state of extreme perspiration, with no clothing beyond a night shirt. Immediately after returning to his bed room, diarrhœa and vomiting set in.

At 7 A. M. of 1st January 1854, his state is described as follows: "prostration of strength, general cold, violent perspiration, vomiting of a yellow matter, rice water evacuations, excessive thirst, imperceptible pulse, contracted features, tongue cold: in short all the symptoms of Cholera." Mr. Bonin died in the morning of the 2nd January.

2nd and 3rd cases. Two Soldiers. Second and third cases :

† Two soldiers of the 85th Regiment were taken ill on the 18th January, and 26th February respectively. The cases of these two men, although not severe, were sufficiently well marked, in the opinion of the principal Medical Officer, and presented all the characteristics of the disease in a mild form.

4th case. Creole Laborer at *Barachois*.

Fourth case :

‡ The fourth case is that of a Creole of about 49 years of age, named Arthur, who died in February, at *Barachois* Estate. He is described as having been an industrious, hard working man, whose energies were daily taxed to procure food for his wife and children, dependant upon him. He was a fisherman, but when not out with his nets, worked in the fields. This man was taken ill in the night, and when first seen at 6 A. M. had already had an alarming number of alvine and evacuations. His extremities were cold, his tongue dry and dark, the secretions of the kidneys deranged, the eyes sunken. A few hours later he expired.

5th case. Indian Woman at *Burachois* Es-

Fifth case :

In March an Indian married woman living on the same Estate, but some distance from the man Arthur, was attacked at night with alvine evacuations and vomiting. At 7 A. M. the vomiting had ceased, though the evacuations continued; the extremities were cold, and the tongue parched, with an incessant craving for water. Active measures were immediately adopted, and the woman recovered.

6th and 7th cases at the *Vale*.

Sixth and seventh cases :

Two cases occurred at the *Vale* Estate in Pamplemousses, between the first and the fifteenth of March; both in the residence of Mr. Thomas West. They were successfully treated by Dr. Harel.

Cases between 24th March and 14th May.

Cholera cases between the 24th March and the day the disease broke out in the Jail.

1. Case of Nanette Gabriel.

§ A female ex-apprentice, named Nanette Gabriel, living at Madame Jammaden, by occupation a washerwoman, was attacked on the 15th April. The case of this woman was investigated with great care by Dr. Dauban, who communicated personally with her, and received a written report on her illness from an Indian medical man, named Ramsamy, who had attended her. The Abbé Laval who possesses considerable skill, and who was employed in a medical capacity during the visitation of Paris by Cholera in 1832, saw this woman several times, and confirms the statement of Ramsamy, and reports that her illness was marked by all the peculiar characteristics of Cholera. She ultimately recovered.

*Dr. Fressanges and Dr. Salesse.

†The Chief Medical Officer.

‡Proprietor of *Barachois* Estate, Black River.

§Dr. Dauban.

On the night of the 10th April, an ex-apprentice named Bastien, and a child of 5 years of age, died in the house of Mr. Arthur Chevalier in Desforges street, both of Cholera. 2. 3. Cases of Bastien and a child.

On the 16th April two carpenters, Jean Alcide and Agand Selden, were attacked. One recovered, the other died after 24 hours illness, with all the most marked features of Asiatic Cholera. 4. 5. Cases of Alcide & Selden.

These four last cases are reported by Dr. Dauban, as facts which he believes to be true, but which did not come under his personal observation.

During the next fortnight no new cases occurred. Two men indeed were reported ill, but one could not be discovered, and the other had only an attack of Cholera from indigestion, and speedily got better.

*On the 6th May, a child of Mr. Malfait, residing in an isolated, well ventilated house near the Bay of Grand River, was attacked by Cholera and died on the 7th. His aunt, Melle. Massé, who had attended him, was taken ill on the 7th, and expired on the 8th. 6. Case of child of Malfait.
7. Case of Melle. Massé.

† ‡ On the 12th of May, two fishermen who were attended by Dr. Powell, died of the Cholera at Grand River, and on the same day a creole servant of Mr. Hart was attacked and died within 12 hours, in the town of Port Louis. 8. 9. Case of two Fishermen.
10. Case of servant of Mr. Hart.

§ The next manifestation of the disease was in the Civil Prison. On Sunday the 14th May, there were in the Civil Prison of Port-Louis, 655 prisoners and 27 officials making a total of 682 individuals. Of the 655 prisoners, 156 were under sentence of misdemeanors, 356 were vagrants, 116 were felons, 10 were women or debtors, and 17 were committed for trial. On the 14th, Cholera broke out in the prison, in the misdemeanour ward on the person of a creole, Emilien. He was sent to Hospital where he died the next day. On the 15th, 11 cases were declared, of which 10 were in the misdemeanor ward. They were all sent to Hospital, and 4 died. On the 16th, there were 6 fresh cases, of whom 2 died. On the 17th, there were 20 cases, of which 6 were sent to the Civil Hospital, where they terminated fatally. 8 cases occurred on the 18th, of whom one died; 3 on the 19th, all fatal, and 2 fatal cases on the 21st. In all 52 cases, of which 19 terminated in death; exclusive of the case of the wife of the Gaoler, who died on the 23rd, after an illness of nine hours.

Prison at Port Louis.

Under these circumstances, the Prison Committee, in a meeting held on the 18th May, resolved, under the opinion and on the recommendation of the Chief Medical Officer, that it would be expedient, in order to disencumber the Gaol, which was crowded to excess, to hire two ships, one to be used as a prison, and one as an hospital ship, with a resident Medical Man on board. The Government on being put in possession of these facts, hired, accordingly from Messrs. Blyth Brothers and Co., a vessel then lying in the Harbour, called the *Alexander*, as well as the *Leonidas* hulk; a second hulk having been gratuitously placed at their disposal by Messrs. Vigoureux, De Courson and Co. The *Alexander* was converted into a Cholera Hospital, and 326 prisoners were sent on board the hulks between the 21st and 27th May, and 230 prisoners were sent to Flat Island, and 34 were sent direct to the *Alexander* on the 21st May. There remained in the prison only 45 prisoners, of whom one died. 199 prisoners returned to the Gaol from Flat Island on the 5th August, and 60 from the hulk on the 25th September. 150 deaths from Cholera took place on board the *Alexander*.

SECTION 2ND.

During the latter half of May, the mortality continued to increase in the Town, and by the end of the month, 639 declarations had been made, 377 of which were made between the 25th May and the end of the month, and were exclusively Cholera casualties. Increasing mortality in Port Louis.

By this time an universal panic had taken possession of the Inhabitants of Port-Louis; most of those who had conveyance at command, had fled into the country. The roads were covered with groups of fugitives laden with their household goods, and seeking in the purer atmosphere of the country districts, a security which they were not destined to enjoy—but into which, in many instances, they carried the germ of contagion, and dying themselves, left a legacy of death to all around them. It is calculated that 10,000 people abandoned the Town. Business was nearly at a stand still. A great part of the shops were shut: The Panic at the end of May.

*Dr. Powell.

†Dr. Kœnig.

‡Dr. Colin.

§Gaoler's Report.

4
Offices of Government were indeed open, but scarcely one had it's complement of Clerks to carry on the duty.

The streets leading to the Cemetery presented a long lugubrious line of funeral processions, and in the desolated city, the most heart-rending scenes of misery and despair, contrasted strangely with the bright sky and cool breezes over head.

Good conduct of the Mayor.

It would be wrong to omit here a tribute of praise to the unremitting efforts made by the Municipality to arrest the progress of this fatal malady, and the untiring zeal of the Mayor, who, never for a single day, abandoned the post of danger, but was ever ready, by precept and by example, to show that presence of mind and fortitude which offered the best chances of mitigating the horrors of the epidemic. All did not follow his example, and instances are known of wives flying from the death beds of their husbands, and children from their parents; and many poor wretches were left to perish unheeded in their solitary agony, whose deaths were known only by the accidental discovery of their remains.

Cholera in Port Louis in June and July.

The epidemic raged with increasing violence till the 11th of June, when it reached its apogee, 243 persons having died in Port Louis on that day. It then began to decrease in virulence, the next 4 days presenting respectively 138, 168, 111, 92, fatal cases; on the 16th, the mortality rose again to 213; 92 deaths occurred on the 17th, and 129 on the 18th. From this day till the end of the month, a constant daily diminution (with the exception of one day) took place, and on the 30th the mortality had fallen to 7. In July the mortality seems to have been mostly confined to the outskirts of the town and the Infirmary of St-Mary. 64 deaths were declared in that month, out of which 32 are stated to have occurred in the Western, 16 in the Eastern Suburb, and 10 in the Infirmary. The last fatal case in Port Louis was that of an ex-apprentice girl named Ernestine, who died at St-Mary's Infirmary on the 1st of August.

Mortality up to 1st August.

The estimated population of Port Louis on the 31st May, was about 49,000.

The declared mortality from Cholera between the 25th of May, and the 1st August, the date of the last case, was 3,492, being an average of about 50 deaths per diem—from Cholera alone—the usual daily average of deaths from all causes, taken on a comparison of three years being 7. Of these, 1,623 were males, and 1,326 females, belonging to the general or ex-apprentice population, and 463 males, and 80 female Indian Immigrants.

Cases of Cholera in the family of M. Ackroyd.

In October three fatal cases of Cholera took place in the family of Mr. Assistant Commissary General Ackroyd. This gentleman died after a few hours illness on the 13th, and two of his children died on the 17th and 23rd respectively, one of Cholera, and one of Typhoid Fever, which set in on reaction.

The following account of these cases is in the words of Dr. Home:—

Dr. Home's account of the cases of M. Ackroyd and his Children.

"The habits of the late Mr. Ackroyd were extremely regular and temperate, and though neither of muscular or vigorous constitution, he could not be said to be delicate for he was scarcely ever ill. He was not predisposed to relaxation of the bowels, and had never to my knowledge suffered from Dysentery.

"On Thursday 12th October (the day previous to his attack) he was in all respects in his usual health: his dinner consisted of roast Mutton which he ate with an ordinary appetite, and having passed the evening, as was his habit with his family, he retired to rest at 9 o'clock.

"There is no reason to believe that during the night he was otherwise than well, for he subsequently stated distinctly, in reply to my questions on this point, that no symptom of anything wrong shewed itself before day light on Friday morning. On that morning the 13th on getting up, as was his custom soon after Gunfire, he had a call to evacuate his bowels, and this was repeated many times at intervals till between 11 and 12 o'clock, after which the evacuations which were of the characteristic rice water appearance entirely ceased, and did not again return. At 9 o'clock he sat down to breakfast with his family, and tho' remarked to be looking ill he made light of his complaint, conversing as usual but taking nothing but a cup of yapan tea. Soon after (perhaps about 10 o'clock) he vomited for the first time, and even after this symptom had recurred twice or oftener, so slightly ill did he consider himself, that he actually sent to say that he would be at his Office soon after 12 o'clock. About 11 beginning to feel weak and really unwell he decided on taking off his clothes, and lying down in bed, and it was when preparing to do so and in the act of drawing off his boots, that he had the first attack of cramps.

"After this the symptoms began rapidly to increase, a copious and cold perspiration came on, the cramps returned at short intervals, and notwithstanding the use of stimu-

lating drafts frequently repeated, of warm tea brandy and water &c., and of continued frictions, the whole surface of the body speedily became cold and livid, the vomiting continued to recur occasionally, but the action of the bowels, as before stated, had by this time finally and entirely ceased.

"By 2. p. m. all the symptoms of the worst form of malignant cholera were but too distinctly marked, the features were livid and collapsed, the eyes sunk in their orbits, the whole surface was cool and wet with perspiration, the nails blue, the skin of the fingers shrivelled, the nose, cheeks, and forehead, cold. The patient, whose intelligence was unimpaired, replied to questions in a whisper which could only be heard by placing the ear almost close enough to touch his mouth. Deglutition was performed with great difficulty, and notwithstanding the burning heat complained of at the pit of the stomach, it was with much difficulty either drinks or Medicine could be swallowed. About 4 o'clock the pulse had ceased to be perceptible at the wrist, and both the tongue and breath were cold. By 6 o'clock the symptoms of collapse and debility had increased, the spasms of the limbs were distressingly severe, and it had become almost impossible to swallow the medicine that up to this time had been administered every $\frac{1}{4}$ of an hour. At 8 the agitation and restlessness was extreme, the respiration became laboured on account of the sensation of weight and tightness experienced in the region of the heart, to which all the applications that could be thought of afforded not even the least temporary relief. His state of uneasiness and jactitation continued up to $\frac{1}{2}$ past 8 o'clock, at which time he became rather suddenly quiet and apparently unconscious either of pain or external impressions, and in this state he expired about $\frac{1}{4}$ before nine o'clock, never having throughout his attack manifested the slightest apprehension as to the result, or given any reason to believe that he was aware of the true nature of his complaint.

"Early in the forenoon of the following day Saturday 14th, the six children left by Mr. Ackroyd consisting of two grown up sons, one young lady, two boys aged about 11 and 7, and one child a girl of 4, removed to the house of Mr. Hunt in Rempart street, the young men returning at night to sleep in their own house as a protection to the property which it contained. All went on well till Sunday afternoon, 15th, when William the boy of 11 was seized about 5 o'clock P. M. with frequent calls to evacuate the bowels. The supposed cause of this attack was his having an hour or two before been observed to chew some billimbees, which were lying about, but which there is no evidence to prove he had ever swallowed any, as no trace whatever of them was found on the most careful examination of the stools. It was then considered that the attack was nothing else but an ordinary derangement of the bowels, such as was not uncommon at the time. About 6 o'clock he took a laxative of rhubarb, which having acted satisfactorily, was followed by an interval of quiet of 4 or 5 hours, during which he slept and appeared quite well. On awaking however about 1 in the morning, the purging again recurred, copious, watery, and light in colour, and though astringents were then given in frequent doses, no beneficial effect followed, and at 3 A. M. he vomited for the first time, the purging thereafter increasing in frequency, and consisting of pure rice water stools passed without the slightest pain, and accompanied with a cold and clammy perspiration. About $\frac{1}{2}$ an hour before this, his youngest brother Frederick, who had slept perfectly well, and had never complained up to this time, suddenly awoke saying he was sick and wished to go to stool: in this case the symptoms advanced much more rapidly than in the other, the purging and vomiting went on simultaneously, the evacuations became almost at once light in colour, and the surface speedily became cool. Emetics were given to both, and all means used to prevent the temperature sinking and to keep up the strength. The following morning reaction had taken place in the eldest boy, but not at all in the youngest. The extremities of the latter continued cold, his skin livid and clammy, his eyes sunk, and towards the afternoon of Monday his pulse was not to be felt: at 6 A. M. on Tuesday he died. The other went on more favourably, the vomiting having ceased entirely on Tuesday and Wednesday, the evacuations having become bilious, and the urinary secretion having been partially restored. Nourishment both on this and the following day was well taken, but tho' the evacuations did not exceed 2 or 3 in the 24 hours, his strength did not improve, the eyes were sunk in the orbits, there was much thirst, great debility, and the tongue continued very foul. On Friday the secretion of urine became again arrested, and in the night there was delirium, which prolonged itself into the following day; and tho' the pulse was very moderate in rapidity it was weak, and the tongue became dark and dry, in fact all the symptoms of typhoid fever now set in. On Sunday, alternate delirium and somnolency manifested themselves, the urine continuing still suppressed tho' the bowels acted naturally. On Monday the eyes were suffused, the pupils contracted, the tongue dry and black, and he ceased to be able to reply to questions. At 11 p. m. he died (23rd.) Of the remaining four children of Mr. Ackroyd one on the Monday forenoon (the third day after the Father's death) had a smart attack of Diarrhea, which was accompanied with nausea but without actual vomiting; treatment was had recourse to at the very commencement, and in 4 or 5 hours all the symptoms ceased.

" Another child, aged about 4, was similarly attacked on Tuesday morning, and after very frequent watery stools the skin was observed to become a little cool, upon which an emetic was immediately given; after its operation and the use of the warm bath and a few doses of astringent medicine in the afternoon all symptoms of the complaint abated. But two therefore it will be observed of the six of Mr. Ackroyd's family have shewn no symptoms whatever of the disease.

" Regarding the cause of the outbreak of Cholera in this family, after being three months entirely absent from Port Louis, no satisfactory evidence can be given. A careful examination of the servants and the premises, in which I had the pleasure of being assisted by Dr. Dauban, threw no light on its occurrence, nor does it aid in clearing up the difficulty the fact, that very early in the late epidemic the whole Ackroyd family had been freely exposed to the disease by having a European servant attacked in their house, where she received every attention from Mr. A. and his family until she died. Several of the children including William (the last who died) had at that time sharp attacks of Choleric Diarrhea, but Mr. Ackroyd himself had up to the period of his last illness entirely escaped, though he had assisted in rubbing the servant above mentioned, had spent I believe a night in aiding in the treatment of the late Mrs. Kelsey when suffering from Cholera, and had immediately after her death received her children for some days at residents into his family, having also on more than one occasion, visited the Cholera Hospital of Saint-Mary which was at no great distance but to the leeward of his house.

" Such is the history of these unfortunate cases of Cholera which so recently made their appearance in Port Louis. That they were really identical with the pestilence that occasioned such mortality in the Island admits not of the slightest doubt, nor because their origin is inexplicable, and their being confined to one single family is as surprising as providential, is any one justified in doubting that the disease was the veritable malignant cholera."

Signed : W. HOME, M. D.

SECTION 3RD.

Arrival of ship *Sultany* 24th March. The *Sultany* left Calcutta on the 14th of February 1854, having on board a crew of about 80 men, and 375 Immigrants, of whom 292 were male adults, 23 were boys, 23 were women and 7 girls.

She had a passage of 34 days, arriving at Mauritius in the evening of the 24th of March.

Casualties on board during the passage. Cholera made its appearance on board the *Sultany* 13 days after she left the Sand Heads, and 30 passengers died between the day the disease broke out, and the day of her arrival at the " Bell Buoy."

Reported to Government and actions given thereon. The illness on board this Ship was reported to Government by the Chief Medical Officer on the 25th of March, and he requested : " that the Ship might be detained under restriction, all communication with the shore being prohibited by means of two row guard boats, till the result was seen."

The letter was referred to the Acting Harbour Master " to have the precautions recommended by the Chief Medical Officer immediately adopted, and put into execution," and the Acting Harbour Master reported, on the same day, that these measures should be attended to.

On the 30th March, the Board of Health met for the first time to consider the case, and the *Sultany* was directed to land the coolies at Flat Island, (where they were to remain in Quarantine for 30 days), and return to the anchorage for a ten days' Quarantine of observation, subject to an indefinite extension in the event of any fresh case of Cholera manifesting itself on board.

Sultany sails for Flat Island. As the ordinary Quarantine Station was then partially occupied by Immigrants affected with Small Pox, and it was thought inadvisable to place Immigrants affected with Cholera so near the Town, arrangements were made for their reception at Flat Island, which led to a delay of several days; and the *Sultany* sailed for Flat Island on the 7th April, having, since her arrival, suffered an additional loss of 5 more passengers from Cholera and Dysentery.

Improved condition of Immigrants at Flat Island, and consequent abbreviation of Quarantine. The *Sultany* landed the Immigrants on the 9th April, and anchored again at the " Bell Buoy" on the 11th, and was admitted to pratique on the 19th April. 268 men, 48 women, 17 male and 7 female children, were landed at Flat Island on the 9th April as above mentioned; and their general state of health under went so rapid an improvement, that on the 21st April, there were only 7 persons under medical treatment, of whom four were suffering from Dysentery, one from Diarrhœa, one from the Mumps and one from Fever.

The General Board of Health, in a meeting held on the 28th April, recommended therefore that the Quarantine should cease on the 1st, instead of the 10th of May, as previously recommended. On the 1st of May accordingly, the Immigrants were released from Quarantine, having lost during their sojourn on Flat Island, one woman who died from an accident, and two boys who died from Dysentery and debility. And the Board thought it unnecessary to destroy the clothes of the Immigrants.

On the 4th May, with the exception of 14 who were claimed by their relatives, the Indians were distributed amongst various Estates throughout the Colony.

A Table has been prepared showing this distribution, and exhibiting the sanitary state of each of these Estates on the 3rd June, one month after their distribution.

Sanitary State one month after of Estates where these Immigrants were located.

It will be seen that out of 307 Immigrants who were distributed on 15 different Estates, only one died between the 3rd May and the 4th June; that on five Estates where 76 Immigrants were located, no deaths at all took place during the Epidemic, and that the total mortality on the remaining Estates, where 238 Immigrants were located, did not exceed 57 amongst all classes.

No answers to the letters addressed to them have been received from Mr. Sicard, in Moka, at whose Establishment one of these Indians was settled, or from Messrs. Dioré and Lebreton to whom sixteen of the *Sultany* laborers were awarded.

The *Sultany* as before mentioned, remained at the anchorage under surveillance of a guard boat from 5^h 10' P. M. of the 24th March, to 9^h 30' A. M. of the 7th April, and again, after returning from Flat Island, from 1 P. M. of the 11th to 1 P. M. of the 19th April, in all, nearly 22 days. No case of Cholera had occurred during the voyage, amongst a crew of nearly 90 men, of whom a great many were Lascars, nor did any case occur amongst the crew whilst the vessel was in Quarantine.

Sultany returned to the anchorage

It was nevertheless the opinion of many persons, that the Epidemic was introduced into the Colony by communication between the vessel and the shore, at sometime during these 22 days; and this opinion was strengthened by a rumour, that the fact of communication was no secret, and that the truth could not fail to be elicited through the agency of the Committee of enquiry.

Suspicion of Cholera having been introduced by the *Sultany*

A special Committee, had in the mean time been appointed to investigate the matter, composed of the Chief Medical Officer, the Harbour Master, and Mr. A. Vigoureux. These gentlemen called before them three men belonging to the guard boat, the Master, Chief Officer, Surgeon, second and third Officer, of the *Sultany*, and having taken their evidence, but not under oath, gave it as their opinion "that the allegations made respecting the infringement of the Quarantine Regulations by the Master of the *Sultany*, and his illegal communication with the shore, in the month of April 1854, were without foundation."

Investigation by a Special Committee.

The result of this enquiry, however, did not effect much change in the popular opinion, and the fact of the persons examined being mostly interested parties, divested it, in some measure, of the authority which it might have claimed to possess.

The rumor continued, and received additions of circumstantial detail, to the effect that the Captain of the *Sultany* was in the habit of visiting a house at Grand River where two of the earliest fatal cases reported on by Dr. Powell, and referred to in the previous part of this Report, took place viz: on the 6th and 7th May.

The Committee, naturally anxious to arrive at the truth, and thinking that a desire to avoid criminating themselves might have prevented persons capable of affording information from coming forward, went so far as to obtain from the Executive, a promise, that no breach of Quarantine which had been committed should be punished, if such breach should have been committed by some deed, which would prove the existence of the alleged communication between the *Sultany* and the shore. This assurance was attended with no result.

Unsuccessful attempts of Committee to arrive at the truth.

The Committee as a body have used every endeavor to arrive at some one certain fact, but in vain. The individuals to whom report pointed, as being in possession of ample information, have, without exception, declined to answer or protested their ignorance.

The only evidence tending to show proof of communication between the *Sultany* and the shore, is contained in a letter addressed to the Committee by Mr. Bérichon, in which the writer asserts, that when the *Sultany* was in quarantine in front of Rochebois, he saw, almost every evening, a boat, with the word "Moutou" on the bow, communicate with the said vessel.

The President and one of the Members of the Committee waited on Mr. Bérichon, but the information afforded by that gentleman on the subject, did not go beyond what was stated in his letter, nor was he aware that any person besides himself had witnessed the occurrence therein mentioned.

Mr. Savy, a Barrister practising in the Courts of Mauritius, whose testimony was invoked by Mr. Bérichon, was communicated with by the President of the Committee, but his letter is very unsatisfactory, and he has shut himself up in an official reserve, which precludes any further attempt at eliciting information from him. And the Commander of H. I. F. M. Schooner *Eglé*, who was cited as having positive information to give on the subject, has declared in a letter laid before the Committee, that he is extremely surprised as having been cited as being able to witness to facts, of which he knows nothing. The three above mentioned letters be found in the Appendix.

The Committee, having carefully considered the weight of the testimony received, and not having been able to arrive at a satisfactory conclusion, have determined to leave the question of the introduction or non introduction of Cholera into Mauritius by the *Sultany* an open question, giving the evidence, such as it is, and leaving the public to draw their own conclusions.

SECTION 4TH.

Strength of Garrison.

The Garrison of Mauritius, on the 25th May, consisted of 1704 men of all ranks, part of whom were quartered in the Port-Louis Barracks, in the centre of the Town, and in the adjacent Artillery Barrack, part in the Citadel on a rising ground to the rear of Port-Louis, and part in a low marshy creek and in various posts near the Harbour; Detachments being stationed at Mahébourg, 30 miles, and Flacq at 21 miles distance—besides a small Post of Artillery-men at Black River, about 19 miles to the Southward.

*Fifty six soldiers were admitted to Hospital between the 25th May and the 31st August, ill with Cholera; of whom thirty four, or nearly seventy per cent died.

On the other hand, the proportion of fatal Cholera cases to the strength of the Garrison is hardly two per cent, which is less than half of the proportion in the civil population of the Colony, and two thirds less than that amongst the Police.

Preventive measures adopted by the Military Authorities.

This exemption from disease may be ascribed to the energetic preventive measures taken by the Military Authorities throughout the Island. As soon as the first fatal case was known in Port-Louis, the Barracks were thinned, part of the men sent to the outposts, and others put under canvas in the Barrack square. All intercourse with the Town was cut off, a Cholera Belt issued to every man—the bedding was aired in the sun every day—the windows left constantly open, day and night—and the men impressed with the necessity of reporting the slightest illness, particularly diarrhœa.

Similar precautions were taken at Mahébourg and Flacq, and in both places the Epidemic was later in making its appearance and sooner in its departure than amongst the surrounding population.

Mortality in Royal Artillery and Sappers and Miners.

Three privates in the Royal Artillery were attacked by Cholera in May, of whom one died, and three Sappers and Miners died in May and June. The first case amongst the 5th Fusiliers in the Port-Louis Barrack took place on the 4th June. This man's illness was concealed by his wife until all hope of recovery had gone, and he died as he reached the Hospital gate. This case was followed by sixteen others, several of which were from a room occupied by married men, in the North West range of the buildings, immediately to Leeward of the yard where the hearses and dead carts were kept at night. They were treated in the Hospital, and eleven terminated fatally. A great majority of these men were hard drinkers, and had failed to report themselves when first taken ill, and three were men who had been employed by the Civil Authorities in the Police.

In Port Louis Barrack.

At Mahébourg.

The Cholera appeared in the Barracks at Mahébourg on the 15th June; and, out of five cases, two died during the month, two recovered, and one died in July. The last case occurred on the 6th July, and was discharged cured on the 15th.

At Flacq.

The Military Quarter at Flacq suffered more in proportion than any other; a circumstance mainly owing to the position of the Barrack close to the village, and possessing none of the advantages of complete isolation enjoyed by Mahébourg. The disease appeared in

*Principal Medical Officer.

the village on the 31st May, but did not reach the Barracks until the 8th June, when a private died after ten hours illness.

The case of this man was an exceptional and peculiar one, and no more disease appeared until the evening of the 13th, when the wife of a Corporal was taken ill, and died the next morning.

Four cases were admitted on the 14th June, whose symptoms were speedily arrested, but one relapsed and died. The other three recovered. Another man was taken ill on the 16th June, who lingered until the 28th, when he died, and the fatal termination of the case may be ascribed to the neglect of the patient not reporting himself ill until too late.

The last case was that of a soldier confined in the cells for drunkenness, who was taken ill on the 6th July and died the same day. This man's constitution is reported to have been undermined by severe organic disease.

In the 85th Light Infantry, four men were admitted to Hospital with Cholera in May, of whom two died; and fifteen in June, of whom eight died, one of whom had been employed as a Policeman in aid of the Civil Authorities.

The last case occurred on the 16th of June, and terminated in death.

Amongst one hundred and thirty three women and two hundred and thirty four children attached to the Garrison, six women were seized, who all died, and five children, out of whom two fell victims.

Mortality
amongst
Women and
Children.

SECTION 5.

Phenomena attending the Epidemic in Port-Louis.

*The disease showed itself in Port-Louis with the ordinary phenomena of ever varying and never to be explained facts, which defy all reasoning, and baffle every calculation.

Parts of the Town where putrid emanations were most abundant, and the houses situated in the most unhealthy places, suffered less than others, where the air was less tainted, and the houses better cared for.

†A striking example may be found amongst the Malabars and Arabs who live in the vicinity of the Bazaar. These men are in the habit of living crowded together in the same rooms (with various animals) and always with quantities of perishable goods, such as vegetables, fruits, lard, ghee, etc., of which a large proportion is generally in a semi-putrid state.

Malabars n
Bazaar.

The horrible state of these lodgings was not unknown to the Municipal Authorities, and the most direful results were anticipated; contrary to which, the Epidemic was less virulent and less fatal in these infected hovels than in the most airy and cleanly parts of the Town.

‡Another remarkable fact is, that the persons whose business exposed them to daily encounters with the most poisonous emanations, did not furnish a corresponding proportional increase of cases of Cholera. The Inodore Establishment employs 150 Indians, of whom 90 are constantly collecting the refuse of the streets in the scavenger carts, or in going round at night, collecting night soil. Of these 90 men, 15 were taken ill, of whom 10 died. The Director of this Establishment ascribes these casualties, not to the exhalations from the soil, but to the facts of these men having been obliged to penetrate into the yards of the houses, and to their having carried away with them clothes, which had been worn by persons dead of the epidemic and thrown on the dunghill by their relatives. Of the remaining 60 who were employed in the manufacture of manure from the soil, only two were attacked, and these two were old men with worn out constitutions, predisposed to suffer from any epidemic.

Inodore Es
tablishment.

§From 12 to 18 grave diggers were employed daily by the Municipality; of these men, who pursued their avocations from morning to night, under the most distressing circumstances, during more than two months, only two fell victims to the Cholera.

Grave diggers

*Dr. Labat.

†Dr. Dauban.

‡Report of Director.

§Mayor of Port Louis.

La Chaussée. There is a street in Port-Louis called "La Chaussée". It is bordered on either side by houses built closely together as in Europe, not one of which has a garden, and many nothing beyond a narrow close court in the rear. Two streams of water cross this street on their progress to the sea. These streams serve as drains to the houses situated higher up, and one of them was the sewer of the prison and conveyed all the refuse and night soil from that large establishment across the street. The Chaussée is one of the great outlets from the Town to the Southward of the Island, and is constantly thronged with people. Notwithstanding, not more than 4 or 5 cases of Cholera are known to have occurred in it, of which one was that of a painter who had frequently been called in to the houses where lay the dead, for the purpose of taking plaster moulds of their faces. An other curious case * of comparative immunity is found in the Dock Establishment, a locality notoriously unhealthy; not only from the circumstance of the banks of mud left exposed to the heat of the sun at low water, but to its being close to the outlet of the sewer alluded to as running across the Chaussée. Out of 530 persons composing this Establishment, 79 are reported to have been attacked by the epidemic, of whom only 4 died. The Director of the Establishment in his remarks, reduces the recognised cases to 20, and ascribes the freedom from disease to strict sanitary preventive measures, and a constant surveillance on every individual in his employ.

Indian Camp at Grand River. Near Grand River, there exists a camp of Indians formed of a number of earthen hovels with thatched roofs. The entrance doors are so low that one must stoop to enter, and the interior seldom high enough to allow a full grown man to stand upright; no window nor aperture, save these doors, no ventilation, no light, no sunshine.

Charcoal burners. The ravages of Cholera would have been calculated to reach their acme in this unwholesome spot. On the contrary. Fewer persons were affected there than on the neighbouring high ground, or in the most favorably situated parts of Port Louis. Perhaps this immunity may in some measure be ascribed to the fact of about 100 of these Indians being Charcoal Burners; for it is ascertained, that not one of these 100 Charcoal Burners suffered from Cholera, nor did the Epidemic once come into the houses in Port Louis where depots of Charcoal were kept.

Champ de Mars and Champ de Lort. †The part of the Town called the Champ de Mars & the Champ de Lort are the two best built, least crowded, and coolest parts of Port Louis. The houses are generally roomy and airy, with large yards and gardens, the slope on which they stand affords every facility for drainage, and the fortune and position of the tenants are guarantees for the observance of all ordinary sanitary Regulations. Strange to say, the mortality in these favored spots was as great in proportion as in any other part of Port Louis.

Chinese. ‡Another fact worthy of notice is the immunity enjoyed by the Chinese during the Cholera.—There were in Port Louis, in June 1854, about 1800 Chinese, of whom some 200 were dock laborers, and the rest petty shop-keepers, joiners, butchers, hucksters &c. The entire ascertained mortality among these 1800 men from Cholera is 2. This proportion, which would appear very remarkable under any circumstances, must appear wonderfully strange, when it is recollected, that 9/10 of the Chinese lived and remained in Port Louis, in the very centre and hotbed of disease, and that their habits, their food, their dwellings, were of a nature to invite disease instead of repelling it. This mysterious privilege of remaining unscathed in the midst of deadly malady, amid hygienic conditions of the most unfavorable character, has been abundantly proved; but the reasons assigned are hardly satisfactory, and it is difficult to believe that the use of tea and opium are of such miraculous preservative powers. A Chinese who described himself as holding a diploma of Medicine obtained after a course of study at Ounan, one of the 13 Medical Universities of the Celestial Empire, informed the Committee, that 45 Chinese were attacked by Cholera, of whom one died in Port Louis, and that from some great imprudence committed when almost convalescent. The other death occurred in Pamplémousses. He asserted that, out of 194 persons whom he attended, he lost but 2; that he had already seen four visitations of Cholera in China, of which the 1st and 2nd resembled the existing epidemic in Mauritius, the 3rd was not accompanied by vomiting, but was not the less dangerous, and the 4th was so sudden in its attack and so rapid in its progress, that few escaped, even when the doctor happened to be at hand at the very moment. On being questioned as to the habits of the Chinese, he answered that they seldom drank any thing but tea, that they eat animal food freely and pork in particular, and a daily preparation or paste made from shell-fish and imported from China; that they smoked a vast quantity of opium, and that this habit of smoking was the great preservative secret and shield; though

*Director of Dock.

†Dr. Dauban.

‡Police Report.

if persisted in after the commencement of an attack of Cholera, it was equally certain death. These revelations were accompanied by some very fanciful descriptions of the manner of gathering the fungus or herb with which to affect the cure, which must of course be taken with that degree of suspicion which attaches to all communications from these eccentric people—but the main fact of the absence of mortality is beyond a doubt.

SECTION 6TH.

PAMPLEMOUSSES.

NAME OF ESTATE.	Population.	Illness.	Deaths.	Centesimal portion of Illness to Population.	Centesimal portion of Deaths to Illness.	Date of 1st case of Cholera.
California .....	..	21	10	..	47	16 June.
Mon Choisy.....	900	44	2	5	5	2 "
Pont Maillard.....	..	10	7	..	70	
Jouvence.....	..	38	21	..	55	12 "
Beau Rivage.....	60	2	..	3	..	
La Rosière.....	..	4	1	..	25	
Souvenir.....	..	12	6	..	50	6 "
Lucia.....	161	44	11	27	25	11 "
Belle Vue.....	..	1	1	..	100	
Union.....	..	3	..	..	..
The Vale.....	580	43	1	7	2	11 "
Belle Vue.....	..	84	15	..	17	7 "
Windsor.....	..	54	13	..	24	13 "
Belle Vue.....	..	7	3	..	43	
Selina.....	..	1	1	..	100	21 "
Sottise.....	..	16	10	..	63	
The Mount.....	..	23	19	..	83	27 May.
Les Rochers.....	..	66	1	..	1	8 June.
Solitude.....	..	11	9	..	82	13 "
St-Médard.....	80	22	6	27	27	13 "
La Cocoterie.....	165	28	9	16	32	11 "
L'Espérance.....	..	27	5	..	19	6 "
Ravensworth.....	214	10	3	5	30	11 July.
L'Essai.....	..	2	..	..	..

Belle Source,
Mon Repos,
Triolet,
Trio,
Fond du Sac,
Mon Rocher,
Good Chance,
Belle Alliance,

} No cases of Cholera.

PAMPLEMOUSSES.

POPULATION.

	Males.	Females.	Total.
<i>General Population</i>	4,181	3,771	1,952
<i>Ex-Apprentices</i>	4,758	3,659	8,417
<i>Immigrants</i>	12,896	2,837	15,733
	21,835	10,267	32,102

Out of 93 proprietors or managers of Estates, who were requested to furnish certain statistical information to the Committee, 14 returned answers giving the requi-

site information, 18 gave imperfect information, and 61 gave no information whatever, or took any notice of the letters addressed to them. The calculations therefore of illness and mortality cannot be expected to be either satisfactory, or complete.

On 24 Estates in this District where the illness was 591, the deaths were 146, showing a proportion of 24. 17 in deaths to illness. Of these Estates, Windsor, Lucia, and Jouvence, appear to have most suffered. Belle Source, Mon Repos, Triolet, Fond du Sac, Mon Rocher, Good Chance and Belle Alliance enjoyed perfect immunity from disease.

First case,
24th May.

The first case of Cholera in Pamplemousses which came under the notice of the Government medical officer, was on the person of an Indian laborer residing at Beau Plan, who had never left the Estate, nor had any communication with any infected District. This man lived on the borders of a large marsh: he had suffered very much from diarrhœa in the commencement of the year, but had recovered sufficiently to go to work. He died on the 24th May.

The next case brought to the notice of the Committee, though eight other deaths appear to have taken place in the District between the 25th May and 1st June, was in the night of the 2nd June, when 5 men were seized by Cholera, and at la Paix, where the daughter of the proprietor, was taken ill the next day. A blacksmith named Policar at the other end of the same Estate was taken ill in the same night.

Progress
of epidemic.

On the 3rd a death took place, at Mon Choix, and two at Rivière des Calebasses, and at Mr. Bouton's, and 8 cases were certified to exist at Bois Manguier, 2 at les Rochers and one at Madame Langlois; 6 cases were discovered at Rivière des Calebasses on the 4th, and 9 at Cerné on the 5th. The epidemic now increased rapidly. Before the 10th, 17 Indians had died at Rivière des Calebasses, and the disease had reached Beau Plan and Industrie. On the 15th the epidemic was at Camp Maçon and by the end of the Month, 1245 victims perished, besides those who died and were buried in remote places and never registered.

Abatement.
Last case,
18th August.

The disease abated a good deal in it's malignity in July. The total registered mortality in this Month being only 126, and ceased entirely on the 18th August, when the last fatal case occurred on an Indian on the Plaines St. Cloud; 4 persons having died in the commencement of the Month.

Canals.
Rivers.

The Government Medical Officer reports, that the same laws governed the Cholera which influenced it during it's progress in most Countries. Along the banks of rivers and canals, it was very virulent, and the victims have been very numerous in the neighbourhood of ill ventilated and badly drained places. All the borderers of the Callebasse River and old Bois Rouge Canal suffered.

Powder Mills
Prison

On the other hand, with the exception of Beau Plan, the vicinity of the Powder Mills Canal was not particularly unhealthy, and in the Prison itself, the ravages it caused amongst the inmates were much less than had been anticipated from it's position, and defective ventilation. Out of an average number of 80 prisoners only 5 died between the 25th May and the 31st August.

The total mortality from Cholera in Pamplemousses between the 25th May and the end of August according to the registered declarations was 1385, vizt.:-

25 May to the end of the month.....	9
June	1245
July.....	126
August.....	5
	<hr/>
	1385

of these, 832 belonged to the general or ex-apprentice population, and 556 were Indian Immigrants, out of whom 486 were males and 70 females.

SECTION 7TH.

RIVIÈRE DU REMPART.

NAME OF ESTATE.	Population.	Illness.	Deaths.	Centesimal pro- portion of Ill- ness to Popu- lation.	Centesimal pro- portion of Deaths to Ill- ness.	Date of 1st case of Cholera.
St-Antoine	750	8	1	1	12	31 May
Mapou	255	37	1	10	3	13 July
Ravin	178	15	7	7	5	1 June
Belle Vue (Dumont)	188	2	1	1	50	23 "
Labourdonnais	525	48	5	8	12	4 "
Forbach	510	70	20	13	29	3 "
Cottage	204	22	6	10	27	23 "
Bon Espoir	355	107	66	30	61	31 May
Clémence	160	1	1	7	100	2 June
L'Amitié	322	30	11	9	36	20 "
Espérance	409	23	..	5	..	13 "
Schœnfeldt	741	9	2	1	22	5 "
Mon Loisir	318	27	6	8	23	3 "
Belmont	270	33	13	12	39	2 "

Roche Noire,
Mon Triomphe,
Maresque,
Figette,
Belle Rive,
L Union,
Grande Baie,
Deux Amis,
Mon Loisir,
Moulin,
Rocheterre,
Melville,
Beau Verger,
Beau Manguier,
Woodford,
Mont Mascal,

No cases of Cholera.

RIVIÈRE DU REMPART.

ESTIMATED POPULATION.

	Males.	Females.	Total.
<i>General Population</i>	1,476	1,303	2,779
<i>Ex-Apprentices</i>	1,455	1,192	2,647
<i>Immigrants</i>	8,754	1,967	10,721
	<u>11,685</u>	<u>4,462</u>	<u>16,147</u>

Returns have been called for from 47 Estates in this District and have been received from 30. Of these, 14 representing a population of 5,185 individuals, were visited by Cholera and have declared 427 cases, out of which 140 proved fatal: making the centesimal proportion of illness to population 8.23, and of deaths to illness 32.

The exact date of the first case does not appear to have been ascertained, but Dr. Gouly mentions as the first case brought to his notice, that of a Creole nurse who accompanied part of the family from Port Louis to Rivière du Rempart on the 27th May, and was attacked by Cholera the same night, and the child under her charge the next day. First case.
27th May

On the 28th May, the doctor was sent for to Poudre d'Or village, when he found Cholera existing. On the 29th it broke out at the Establishment Raffray, and on the 31st at Bon Espoir, and St. Antoine. The epidemic reached successively Ravin on the 1st June,

Clémence and Belmont on the 2nd, Forbach and Mon Loisir (Senneville) on the 3rd, Labourdonnais on the 4th, and Schœnfeldt on the 5th.

Last case.
3rd August.

From this day to the 20th no new fatal cases on the several Estates are brought to the notice of the Committee. On the 20th it appeared for the first time at l'Amitié, on the 3rd at Belle Vue, and the Cottage, and on the 13th July at Mont Mascall. The disease remained in the District during the whole of July, and subsided altogether in the commencement of August, the last fatal case having taken place on the 3rd at Belle Vue on the person of an ex-apprentice named Pierre Colombino.

Here as elsewhere the proportion of Creoles to Indians who suffered was very great, and amongst the Indians themselves, the loss among the women and female children was proportionally small. Only 14 women and 8 female children died.

Water.

Dr. Gouly observes, that from the commencement of 1854, disease of the intestines and diarrhœa were very prevalent at the Piton, and he attributes this state of unhealthiness to the use of the water of the Rivière du Rempart canal which crosses several Estates before arriving at the Piton, and the quality of which is deteriorated by the detritus and other impurities with which it is charged: to which cause he further attributes the persistence and intensity of the epidemic in this particular part of the District.

Mortality at
Grand Gob.

The Mortality amongst the inhabitants of the village of Grand Gob at Mapou was very great. These men, all of whom were Creoles, were for the most part fishermen, living from hand to mouth, starving for days, and when they had a chance, spending any gain they might make, in debauchery of every kind. The only water they used came from cisterns.

Mapou.

In the village of Mapou a similar state of things existed with similar fatal results, and the ignorance of these unfortunate men was so great that they rejected the intelligent assistance supplied to them by the Medical dispensers sent by Government, in favor of the most prejudicial Empirics.

The ravages of the Cholera offered the same mysterious phenomena of capricious virulence, in Rivière du Rempart, as in the other parts of the Colony. Mon Loisir (Senneville), Ravin and Haute Rive (Baudot) were all affected by the epidemic, whilst the Estates in the immediate vicinity escaped.

Bon Espoir appears to have been the greatest sufferer in the District, and the epidemic there presents the curious fact of having struck once and all at once, for there was no illness in May, July or August, but during June there were 107 cases of Cholera including 66 deaths in a population of 355, a centesimal proportion of 30 in illness to population, and 61 in deaths to illness.

The following Estates escaped altogether, vitz: Roche Terre, Mon Loisir (Rouillard), Melville, Beau Manguier, Woodford, Mont Mascall, Mon Triomphe, Maresque, Roche Noire, Figette, Espérance, Belle Rive, Grande Baie, l'Union, Deux Amis, Beau Verger et Les Moulins: and others were nearly as fortunate, vitz: St. Antoine, where there occurred but 1 death in a population of 750, Mapou, 1 death in 255, Belle Vue, 1 death in 188, Clémence, 1 death in 160, Schœnfeldt, 2 deaths in 741, and Labourdonnais, which only lost 5 out of 525.

The Cholera mortality of Rivière du Rempart taken from the Official Returns of declarations was as follows:—

25 May to end of month.....	2
June	246
July	107
August	1
	356

of whom 173 belonged to the general or ex-apprentice population, 166 were male and 17 were female Indian Immigrants.

SECTION 8.

FLACQ.

NAME OF ESTATE.	Population.	Illness.	Deaths.	Centesimal pro- portion of Ill- ness to Popu- lation.	Centesimal pro- portion of Deaths to Ill- ness.	Date of 1st case of Cholera.
La Grande Retraite.....	400	8	5	2	62	2 June.
Solitude	10	7	3	70	42	13 July.
Fontaine Belle.....	35	14	6	40	42	17 June.
Belle Vue (Larché).....	360	70	18	19	35	1 "
Beau Bois.....	210	84	28	40	32	13 "
Belle Source.....	42	8	3	19	37	30 May.
Constance (D'Arifat).....	260	28	19	10	67	5 June.
Constance (Fontenay).....	210	37	17	17	48	3 "
Ma Retraite.....	13	1	1	7	100	
Belle Allée.....	70	31	2	44	6	17 "
Bel Air.....	40	2	1	5	50	17 "
Beau Champ.....	460	182	42	39	23	15 "
Belle Vue (Lanougarède)..	200	92	6	46	6	21 "
Beau Rivage (Montocchio).	460	17	3	3	16	10 July.
La Vilette.....	170	21	..	12	..	30 May.
Deep River.....	610	20	8	3	40	5 June.
L'Union.....	200	1	1	5	100	10 "
Brisé Verdière.....	35	13	4	37	30	14 "
Mare Triton.....	65	20	6	30	30	4 "
Bonne Mère.....	300	55	15	18	27	8 "
Les Frères.....	300	88	15	29	17	10 "
Beau Vallon.....	64	40	13	62	32	1 July.
La Gaieté.....	735	89	34	12	40	29 May.
Choisy.....	160	26	16	16	61	9 June.
Queen Victoria.....	650	44	6	6	13	9 "
Solitude	46	7	..	15	..	12 "
Bras d'Eau.....	490	14	..	2	..	12 "
L'Elysée.....	61	32	4	52	12	12 "
Providence & Beau Bassin.	325	175	5	53	2	15 "
Trois Ilots.....	170	32	8	18	24	17 "
Quatre Sœurs.....	340	73	26	21	36	16 July.
Caroline.....	416	146	113	35	77	13 June.
Australie.....	80	28	5	35	17	10 July.
Belle Rose.....	114	47	7	41	14	26 June.
Clemencia.....	725	120	..	16	..	22 "
Mare aux Huitres.....	24	3	3	12	100	15 August.
Bel Etang.....	450	62	4	13	6	5 June.
La Retraite.....	350	7	6	2	85	18 "

Argy,
Rivière Céré,
Petite Retraite,
Belle Roche,
Palmar,
Belvédère,
Bon Accueil,
L'Amitié,
Belle Mère,
Richfund,
Belle Etoile (Sévène),
Last Hope,
Mon Rêve,
Espoir,

No cases of Cholera.

FLACQ.

ESTIMATED POPULATION.

	Male.	Female.	Total.
<i>General Population</i>	2,336	2,093	4,428
<i>Ex-Apprentices</i>	3,502	2,779	6,281
<i>Immigrants</i>	11,117	2,437	13,554
	<u>16,954</u>	<u>7,309</u>	<u>24,263</u>

Out of the 52 properties in Flacq, from which answers were sent to the 54 letters of enquiry from the Committee, 15 escaped the epidemic altogether, and 37 were affected with it in different degrees of intensity.

The average population of the remaining 37, during the prevalence of Cholera, was 9,300, and the centesimal proportion of illness to population was 18. 58, and of deaths to illness 25. 84.

st case.
May.

The first case brought to the knowledge of Dr. Grivot, in Flacq, took place on the 27th May, on the person of a child who had just arrived from a house in Port-Louis, where a death of Cholera had occurred.

The first case at the Post of Flacq was the infant child of Mr. Renaud, who had come with his family, 10 in number, on the 30th June from Port-Louis, on a visit to Mr Véron, whose family numbered 12, and lived in a small two roomed house. Assistant Staff Surgeon Hardie was called in on the 31st. May, and the child recovered under his treatment: but on the 1st June a daughter of Mr. Renaud was attacked by Cholera, marked with all the customary symptoms, and she died on the 3rd.

rtality in
Veron's fa-

The little girl was buried on the 3rd, and Mr. Renaud returned to Port-Louis the next day. That same day Mrs. Véron and her son, who had been very assiduous in their attention to the children, were both taken ill. She died in the night, the son on the 6th. The eldest daughter were seized on the 7th. Mr. Véron was seized on the 10th, and died on the 12th; on the 14th another daughter died; on the 15th, one of the servants, on the 16th, an old friend, who had been assisting in nursing, died. Two servants on the 18th, and on the 20th, another servant and child, and two more of the family were attacked, but recovered. In all, between the 31st May and 21st June, there were 16 cases in this one house, of which 11 were fatal. Dr. Hardie cites this lamentable series of misfortunes as being the most obvious proof of the introduction of the disease from Port-Louis into a spot, until that time quite free from it.

st case.
August.

From the 5th June, the disease was epidemic, and extended itself slowly to windward, not reaching Grand River S. E., till the commencement of July, when it had totally disappeared from the Post. On the 7th June, the epidemic had reached Constance, Belle Allée, Bel Air, Deep River and Bel Etang: by the 12th, it had arrived at Bonne Mère, Choisy, Queen Victoria, l'Union, les Frères, Solitude, Bras d'Eau, and l'Elysée: On the 17th, Caroline, Brisée Verdière, Beau Champ, Fontaine Belle, and Trois Ilots. It now began to diminish up to the end of the month, it only attacked 3 fresh Estates, Belle Vue, Clemencia and Belle Rose. During July, cases broke out for the first time in Beau Vallon, Beau Rivage, Australie, Solitude and Quatre Sœurs, but the epidemic had ceased on 10 Estates where it had been prevalent in June. Only one (first) case arose in August, vizt.: At Marre aux Huitres on the 15th, and the two last cases are stated to have taken place on the 30th of August, at the Camp de Masque, in the person of Julien Dunkirk and Marie Thomas.

The following list contains the names of the Estates which were totally exempt from disease during the epidemic; vizt.: Rivière Ceré, Argy, Petite Retraite, Belle Roche, Palmar, Belvédère, Bon Accueil, l'Amitié, Belle Mère, Richfund, Last Hope, Mon Rève, Espoir, Belle Etoile (Sévène).

The ravages of the epidemic in Flacq were governed by no ascertained rule of progress, and the medical treatment could never be appreciated by the apparent results. Of the first 30 cases treated at the Post of Flacq, not above 6 were saved, whilst at Queen Victoria, the first fatal case was preceded by 30 favorable cases.

In the lower part of Flacq near the sea, and particularly at the point where the houses are small and densely inhabited, and where the drainage is defective, 46 people died out of 426 inhabitants, which is equal to 10.8 in every hundred, whilst in the upper part of the village the mortality was 1.17 per 100, or 4 out of 337. At the Barracks there were 5 deaths out of 113 individuals.

In the Marres aux Lubines, which may be considered as a straggling continuation of the Post for 2 miles along the coast, there were up to the same period, 14 deaths in a population of 161, equal to a per centage of 8.7.

These were under no medical treatment, so that the ratio of mortality may be considered as a standard one under moderately favorable circumstances, among the Africans.

The greatest number of fatal cases in one house, have been already mentioned, viz.: 11. In another house at the Post of Flacq, which was quite isolated on the sea shore and the most to windward of all the village, 6 in one family died within 12 days, commencing with the father on the 6 June, then 4 children, and ending with the mother, who had nursed all the rest.

There were 7 deaths in another house on the sea shore, in which some sailors lived. A strict cordon was kept in the Civil Prison in which were upwards of 100 persons, and no case occurred.

Mr. Montocchio isolated Belle marre by a strict cordon, and escaped altogether the visitation of the Cholera.

Generally, the estates along the coast in the direction of Grand River S. E. suffered little compared with those on the high road, of which several suffered very severely, particularly la Gaieté; where out of 98 cases, 35 proved fatal, and la Caroline, where out of a population of 410 people, 146 were attacked, and 115 died: the proportion of deaths to illness having risen to 77 per cent.

The estates on the high road between the 15 and 18 mile Posts enjoyed exemption. It is to be remarked, that in this part, there are no running streams from which drinking water could be taken, most of the water used being drawn from wells: and a similar piece of good fortune was felt at Lemarre, a hamlet opposite the 14th mile stone, where a number of ex-apprentices were crowded together, and where the epidemic was expected to rage with considerable violence.

The total mortality from Cholera in Flacq taken from declarations made in the office of the District Magistrate, are as follows:—

25th May to the end of month.....	12
June.....	351
July.....	290
August.....	65
	<hr/>
Total....	718

of whom 376 belonged to the general and ex-apprentice population, 310 were male and 32 were female Indian Immigrants.

SECTION 9TH.
GRAND PORT.

NAME OF ESTATE.	Population.	Illness.	Deaths.	Centesimal pro- portion of Ill- ness to Popu- lation.	Centesimal pro- portion of Deaths to Ill- ness.	Date of 1st case of Cholera.
Beau Vallon.....	..	17	..	..	..	14 June.
Plaisance	28	..	..	..	2 "
Deux Bras	2	1	..	50	14 "
Mont Fertile.....	161	22	4	1	2	
Le Hangar	4	1	..	25	18 "
Les Marres.....	..	1	..	..	..	23 "
Eau Bleue.....	..	5	..	..	..
New Grove.....	..	1	1	..	100	28 "
Corby Hall.....	..	26	3	..	11	14 August.
Grand Sable.....	..	12	10	..	83	21 July.
St-Hélène	39	9	..	23	15 "
Gros Bois.....	..	63	9	..	12	11 June.
Solitude	5	..	..	..	7 July.
Beau Vallon.....	..	6	6	..	100	14 June.
Ferney	57	3	..	5	18 "
Providence	3	2	..	66	
Petit Sable.....	..	10	..	..	..
Belle Vue	14	6	..	43	15 "
Nouveau Bosquet.....	..	21	2	..	9	
Les Bambous	28	2	..	7	
Trou d'Eau.....	..	5	3	..	60	
Anse Jonchée.....	..	12	8	..	66	20 August.

Marre d'Albert,
Virginia,
Belle Etoile,
Bon Court,
Riche Bois,
Beau Fond,
Camisards,
Savinia,

} No cases of Cholera.

GRAND PORT.

POPULATION.

	Males.	Females.	Total.
<i>General Population</i>	2,711	2,498	5,209
<i>Ex-Apprentices</i>	3,009	2,411	5,420
<i>Immigrants</i>	7,770	1,548	9,318
	13,490	6,457	19,947

lation. The Population of Grand Port may be estimated at 20,000.

The proprietors or managers of 49 Estates were written to for information, but only 30 answers have been named.

These returns however, being mostly deficient in the item of population, no satisfactory calculations can be made as to the proportion of sickness to population, or of deaths to sickness beyond that of a proportion of 70 deaths to 381 cases of Cholera on 22 estates, which would give a centesimal proportion of 18. 6.

The first case reported in Grand Port was that of the coachman of a hired carriage which carried Mr. Hart from town to his estate of Plaisance on the 26th of May. This man was taken ill almost immediately after reaching Plaisance and died there after an illness of 36 hours.

First case.
27th May at
Plaisance.

The second case recorded, was that of Mme. Bertrand, who left Port Louis on the 27th May, was taken ill at Mahébourg on the 28th and died on the 29th. The third case was that of Mr. Desfosses who died at Plaines Magnan on the 2nd June. On the 3rd June, four more fatal cases occurred at Plaines Magnan and 4 at Marre d'Albert; on the 5th, an Indian and two Créoles died at Mahébourg, and on the 8th, 5 more at Plaines Magnan. On the 9th, the disease had spread, already 105 laborers on Beau Vallon had been seized and successfully treated, whilst Beaufond with 140 laborers, Sauveterre with 118, Virginia, Le Souffleur and Les Marres, having respectively 341, 113 and 217, had escaped, and Plaisance, with the exception of the one case detailed above, had been equally fortunate.

The malady continued to rage with increasing violence, particularly on the Plaine Magnan, l'Escalier and Mahébourg, and along the River La Chaux, up to the 23rd June, when a partial diminution of mortality took place. This amelioration only lasted till the 25th June, when the Cholera casualties increased and Mahébourg, l'Escalier and Plaine Magnan were again suffering. On the 30th June, a partial cessation of illness took place on the Plaine Magnan, but on the 4th July, the epidemic was again in full force. It continued its ravages throughout all July with alternations of short intervals of respite, nor can it be said to have ceased in the District before the end of August.

Progress of
epidemic.

The epidemic remained longer in this District than in any other part of the Island, with the exception of Flacq; and its virulence showed itself under the same capricious features as was observed in other parts of Mauritius.

In contradiction to the received rule, that it follows the course of rivers and roads, the fact is recorded that it was most tenacious from Old Grand Port to Quatre Sœurs to which place there is no communication by water and no road; Quatre Sœurs being moreover open to the S. E. trades, and having little or no communication with other parts of the Colony, but by sea.

Again; the epidemic ran down the right bank of the River La Chaux, leaving the left bank untouched: and in 10 days later it returned up the stream and desolated the left bank.

Phenomena.

At Escalier the loss of life was frightful, whilst Baraque, some hundred of yards distant, where 400 persons were crowded together, escaped altogether.

The usual immunity from disease in those parts of the District in which there exists a scarcity of running water, was observed.

The estates which escaped Cholera altogether were: Les Marres, Marre d'Albert, Virginia, Belle Etoile, Bon Cour, Riche Bois, Beau Fond and Camisard. The places which suffered the most are stated to have been Mahébourg, where more than 100 persons perished, Escalier, Plaine Magnan and Ruisseau Copeaux.

It is ascertained that the mortality on Mr. Rochecoute's estate, Beau Vallon, was very great: but that gentleman not having returned any answer to the enquiries addressed to him, the exact number of deaths and amount of sickness amongst his laborers cannot be stated.

The scattered population near Marre d'Albert, Escalier, Hangar (Robillard), suffered very severely, and in many instances, the persons attacked, died without medical assistance. The Indians throughout the District are stated to have suffered much less than the Créoles. The Indian women were but little molested, and the Indian children hardly at all.

The total mortality in Grand Port, taken from the official declarations of deaths is as follows:—

Between the 27th May and end of month.....	2
June.....	182
July.....	209
August.....	39

432

of these 289 belonged to the general population or were ex-apprentices, 132 were male and 11 were female Immigrants.

SECTION 10.

SAVANNE.

NAME OF ESTATE.	Population.	Illness.	Deaths.	Centesimal portion of Illness to Population.	Centesimal portion of Deaths to Illness.	Date of 1st case of Cholera.
St-Aubin	340	3	2	8	66	17 June.
Benares	328	7	3	2	42	15 "
Constantine.....	109	57	..	52	..	10 "
Céline	8	5	..	6	..	..
La Chaumière.....	26	8	4	31	50	17 "
Eastwick Park, Savannah..	395	48	23	12	47	1 "
Rivière des Anguilles.....	129	18	16	14	88	8 "
Beau Champ	218	29	3	13	10	7 "
Chamouny	424	16	5	3	31	11 "
Long Champ	257	63	38	24	60	8 "
Rochester.....	88	6	4	7	66	9 July.
Ruxa	3	1	1	33	100	..
Bel Air (Coriolis).....	180	8	3	4	37	12 June.
La Retraite.....	24	6	..	25	..	12 "
Espoir	32	11	1	36	9	..
Les Trois Cascades.....	34	4	1	11	25	15 "
Surinam	320	42	21	13	50	15 July.
Bains des Nègresses.....	34	2	..	6	..	..
Terracine	290	37	17	13	46	30 "
Bon Accueil (Prudhomme).	100	4	4	4	100	27 June.
Bon Accueil (Lousteau)....	25	5	..	20	..	..
St-Félix	288	148	61	51	41	7 "
Belvédère & Bon Courage..	12	3	..	25	..	17 July.
L'Union (St-Félix).....	250	8	3	3	37	7 June.
Baie du Cap.....	25	2	2	8	100	12 "
L'Union (Fontenay).....	137	3	..	2	..	11 "
Providence.....	27	2	2	1	100	30 "

Bel Air & Bellouguet,
 Mont Rose,
 L'Hermitage,
 Beau Bois,
 L'Ami,
 Choisy,
 Pointe aux Roches,
 Fontenelle,
 Belle Vue,
 Riche Bois,
 St-Aubin de Combo,

} No cases of Cholera.

SAVANNE.

ESTIMATED POPULATION.

	Male.	Female.	Total.
<i>General Population</i>	714	607	1,321
<i>Ex-Apprentices</i>	1,673	1,432	3,095
<i>Immigrants</i>	4,522	937	5,459
	<u>6,909</u>	<u>2,966</u>	<u>9,875</u>

on. The population of Savanne may be estimated in round numbers at about 10,000.

Returns have been sent in by all the estates on which Cholera existed. By these returns it appears, that 27 estates representing a population of 4103 individuals

suffered; and that on these estates the average centesimal proportion of illness to population was 13.20, and of deaths to illness 39.19.

The first case occurred during the night of the 1st June on the person of a girl named Charlotte Charles, who fled from Port Louis on the 28th May, was taken ill on the 29th, at Gros Ruisseau in Grand Savane, and on the 1st June, Cholera declared itself. First case,
1st June at Gros
Ruisseau.

On the 2nd June a second case took place on the person of an Indian laborer attacked to Eastwick Park, and on the 3rd, another Indian living at Eastwick Park was attacked.

In the mean time, a seaman named Joseph landed at Souillac on the 29th May, and was attacked by Cholera on the 30th and died on the 3rd June. His Father, who attended on him, and who had not left Savanne, died after a few hours illness, and the disease spread.

On the 4th June, a man named Brunet, who had brought from Town with him, during the previous night, in a carriage, the corpse of his brother, was stricken down in the road and carried into Mr. Lalane's premises where he died in a few hours. In less than 4 days the Cholera broke out at Mr. Lalane's.

From this day the disease spread far and wide. On the 7th it appeared at Beau-Champ, St. Felix and l'Union; on the 8th, at Rivière des Anguilles and Long Champ; on the 9th at Rochester; on the 10th, at Constantine; on the 11th, at Chamouny and l'Union; on the 12th, at Bel Air, La Retraite and Bellouquet, and so on to the commencement of July, when it began to decrease in intensity, and finally, on the 31 August, the last fatal case took place at Chemin Grenier. One isolated fatal case took place so late as the 15 September on an Indian laborer at the Cascade Estate. This man probably came from some other part of the country, as it appears that the Cascade Estate had been remarkably healthy during the course of the epidemic, having lost only 1 man between May 25 and August 31, out of a population of 34, and one other isolated case occurred at Ruxa on the person of an ex-apprentice, which terminated fatally on the 15 of October, and was evidently owing to extraneous causes; only one death having taken place on that Establishment during the whole of the epidemic. Last case,
15th October.

In its progress through this District, the pestilence displayed the same capricious character, which it had manifested elsewhere, both in regard to its course, and in the selection of its victims. Phenomena.

Whilst raging close to Souillac, at Surinam and Camp Michel Estates, the village itself comparatively escaped. Long Champ was losing 4 to 5 men every day, whilst the adjoining property of Beau Champ only lost 2, and Bel Ombre none at all.

The Estates which suffered most in the District, were Eastwick, St. Félix, Long Champ, and Surinam; and the villages of Ligne Grenier, Bassin Blanc, Maisonette and Camp Michel. In these villages the Cholera spared various houses which were clear from brushwood and stagnant water, and decimated families where habits of uncleanliness prevailed.

Both Dr. Bolton and the Stipendiary Magistrate, Mr. Autard de Bragard, have expressed their intimate conviction, founded on actual observation, that the Cholera was contagious.

The Estates in Savanne totally exempt from illness during the epidemic are as follows:

Mont Rose, Choisy, L'Hermitage, La pointe aux Rochers, Beau Bois, Belle Vue, Bel Air, Riche Bois, L'Ami, Fontenelle, L'Abondance, D'Aubin.

The total general mortality in this District declared in the office of the District Magistrate was as follows:—

25 May to end of month.....	0
June.....	135
July.....	64
August.....	48

247

of whom 119 belonged to the general or ex-apprentice population, 114 were male, and 14 were female Indian Immigrants.

SECTION 11TH.
BLACK RIVER.

NAME OF ESTATE.	Population.	Illness.	Deaths.	Centesimal portion of Illness to Population.	Centesimal portion of Deaths to Illness.	Date of 1st case of Cholera.
L'Amitié.....	49	4	..	8	..	3 July
Rivière Dragon.....	158	81	21	51	25	9 June
Belle Vue (Hannong).....	135	116	22	85	19	6 "
Gros Cailloux.....	142	3	3	2	100	14 "
Charbonnière.....	16	9	..	56	..	
Belle Ile.....	81	10	4	12	40	20 "
Crémise.....	17	5	1	29	20	5 "
Wolmar.....	200	150	1	75	6	18 "
Mont Séjour.....	22	2	2	9	100	26 "
Mecca.....	152	6	4	3	66	20 "
Rivière Songe.....	7	6	2	86	33	8 "
Anna.....	220	36	3	16	8	6 "
Mon Désir.....	240	3	..	1	..	10 "
Belle Rive.....	1000	160	20	16	12	15 "
Belle Vue (Mée frères)....	113	24	4	21	16	12 "
Chamarel.....	23	2	..	8	..	14 "
Yemen.....	750	124	15	16	12	16 "
Hasard.....	29	1	1	3	100	15 "
Belle Vue (Vve. Delonnay).	26	1	1	4	100	6 July.
Petit Verger.....	29	10	7	38	70	16 "

Constance,
Le Morne,
L'Etoile,
La Rosière,
Palmyre,
Albion,
Barachois,
Cascavelle,
L'Union,
L'Exil,
Eden,
Trois Casernes,
Case Noyale,
Les Salines,
Riche en Pailles,
Mermont,
La Chaumière.

No cases of Cholera.

BLACK RIVER.

ESTIMATED POPULATION.

	Males.	Females.	Total.
<i>General Population</i>	865	829	1,694
<i>Ex-Apprentices</i>	1,963	1,509	3,472
<i>Immigrants</i>	4,119	906	5,025
	6,947	3,244	10,191

tion. Population, about 11,000—Returns have been received from 37 Estates. On 16, total freedom from illness is recorded; on the remaining 21 is found 22. 08 per cent of illness to population, and 14. 74 per cent of death to illness.

The first case of Cholera in Black River, at Barachois, has been already detailed in the first part of this Report. The second occurred on the 28th May, at Petite Rivière, on a creole laborer who had been drunk the day before, and had slept all night in the open air. The third case was that of an English Constable, named Samuel Beard, who died on the 31st May. Neither of these men had had any communication, as far as could be ascertained, with Port-Louis. On the 3rd June, the Cholera suddenly broke out at Petite Rivière; on or the 4th, at Bambou; on the 7th, in the Plaines St. Pierre; and on the 12th, at the Village at the mouth of the River.

First case, sporadic.

Second case, 28th May at Petite Rivière.

It continued to rage with alternations of increased and decreased violence until the end of July. Only 9 fatal cases took place in August, and the last blow struck was on the 7th August at the village of Flicq en Flacq on the person of an ex-apprentice laborer, named Charles Antoinette, and an Indian on the Anna Estate, in the neighbourhood of Flicq en Flacq.

Last case, 7th August at Flicq en Flacq.

The fatal power of the epidemic does not seem to have been affected by any difference of class, constitution or temperament, though it is right to observe that of all the persons living on the Montagne "Chamarelle", only one died, and that one a young girl who had fled from Port-Louis and probably brought the germ of the malady with her.

A fact worth attention connected with the visit of the epidemic to the Black River, is the treatment adopted by Mr. E. Fyers, the manager of the Wolmar Estate: a detailed Statement of which appears in the Appendix, and which was so eminently successful as to save 149 persons, out of 150 attacked by the Cholera.

Treatment adopted by Mr. Fyers, at Wolmar.

It has been remarked, and with justice, that many of the marvellous cures of Cholera on record, will not bear investigation, because in very many instances, the illness to be cured had never reached that intensity, at which it degenerated from diarrhœa into Cholera.

Be that as it may, the statement now before the Committee, in detailing the symptoms of 105 patients, gives as having had

Diarrhœa	13
Diarrhœa, Vomiting and Cramps.....	11
Diarrhœa, Vomiting, Cramps and cold extremities..	40
Collapse.....	5
Nearly dead.....	14

But even if these symptoms are not grave enough to merit the name of Cholera, the successful treatment of so many unfortunate people whose state would very soon, at all events, have quickly passed into that imminent danger, shows what can be done by an intelligent man, whose mind was equal to the emergency, and whose conduct contrasted so vividly with others, who appeared paralyzed by fear, and powerless to do good, either for themselves or for others.

The Estates on Black River which escaped altogether are 16 in number, viz.: Constance, Le Morne, L'Etoile, La Rosière, Palmyre, Albion, Cascavelle, L'Union, L'Exil, Eden, Trois Cavernes, Case Noyale, Les Salines, Riche en Pailles, Nermont, La Chaumière.

Those which suffered most, were: Rivière Dragon which lost 21 out of 81 cases, with a population of 158, and Belle Vue 22 out of 116 cases in a population of 135.

The officially declared mortality from Cholera, is as follows:—

25th May to end of month.....	1
June	200
July	44
August	9

254

of whom 144 belonged to the general or ex-apprentice population, 95 were male, and 15 were female Indian Immigrants.

SECTION 12.

PLAINES WILHEMS.

NAME OF ESTATE.	Population.	Illness.	Deaths.	Centesimal proportion of Illness to population.	Centesimal proportion of Deaths to Illness.	Date of 1st case of Cholera.
Cressonville.....	35	1	1	3	100	12 June.
Plaisance	216	100	54	46	54	7 "
La Réunion.....	..	12	2	..	16	
Orixa and Oaks,.....	21	6	2	29	33	5 "
Beau Séjour.....	254	63	20	25	32	16 "
Stanley.....	398	91	45	23	49	11 "
Palma.....	124	21	3	17	14	1 "
Chesterbank	26	2	..	8	..	
Riche en Roches.....	94	32	..	34	..	12 "
Bonne Terre.....	50	3	3	6	100	
Bosquet.....	230	92	22	40	24	5 "
Petit Coin.....	140	20	4	14	20	21 "
Pierre Fond.....	185	26	5	14	19	6 "
Bagatelle.....	166	18	1	10	6	8 "
Phoenix & Mère Nouricière.	275	32	23	11	72	28 "
Beau Bassin.....	134	116	30	86	26	4 "

Belle Terre, }
 La Réunion, } No cases of Cholera.
 La Louise, }

PLAINES WILHEMS.

ESTIMATED POPULATION.

	Males	Females	Total
<i>General Populations</i>	1,379	1,130	2,509
<i>Ex-Apprentices</i>	2,974	2,315	5,289
<i>Immigrants</i>	5,205	991	6,196
	9,558	4,436	13,984

Returns from 20 estates or establishments have been sent in from this District, in answer to 40 letters of enquiry. Of these, three viz: Belle Terre, La Réunion and La Louise did not suffer. Of the remaining 17, the proportion of illness to population was 27.04, and of death to illness 37.00.

From the information furnished by Dr. Perrot, it appears that the first cases of Cholera which appeared in Plaines Wilhems were in people who had come from Port Louis, and who were taken ill within 3 days, and from whom the disease was communicated to others.

But the first case which he observed, where no previous communication with Port Louis could be discovered, was at Palma: on the 1st June: but even there, there was constant communication with the Town by carts, and subsequent enquiry had elicited the fact, that an Indian who had been 20 days in Prison at Port Louis, arrived at Palma, sickened, and died, the very week that the disease appeared; but previously; on the 29th May, 2 deaths occurred. On the 30th, two more, and two more on the 31st.

The mortality gradually increased: between the 1st and 5th June, Pierre Fond, Mon Repos, Bosquet, Ebène and Coromandel were attacked.

27	deaths	were	declared	on	the	7th	June.
30	"	"	"	"	"	9th	"
17	"	"	"	"	"	10th	"
24	"	"	"	"	"	12th	"
22	"	"	"	"	"	13th	"
31	"	"	"	"	"	14th	"
31	"	"	"	"	"	19th	"

The epidemic seems to have reached it's height about the 19th June, and it then generally decreased in intensity. The last fatal case took place on the 29th August on the Phoenix Estate.

Last fatal case
29th August on
Phoenix estate.

The most startling phenomena of the epidemic in this Quarter, are the contradictions by ascertained facts, of the rules generally accepted with regard to a predisposition to Cholera brought on by neglect of cleanliness, exposure to a tainted atmosphere, and the presence of stagnant water. At Palma, Ebène and Bonne Terre there was but little sickness and little mortality, altho' the emanations from the distilleries established in these three places are very sensibly felt in the neighbourhood. At Stanley, the Indian Camp is built on a rocky foundation, the ventilation is perfect, and the whole place is a model of cleanliness and good order, whilst at the Couvois Estate and the Plaines St. Pierre, the laborers huts are closely crowded together in a hollow at the foot of a hillock on which are 4 basins of stagnant water, the filtration from which goes thro' the Camp, and adds it's miasma to that produced by large heaps of manure and a great many swine. In the qualities of cleanliness, ventilation and apparent salubrity no two places could be more opposite: and yet the first had 65 cases of Cholera of which 45 proved fatal out of 398 laborers, whilst the loss of the latter did not exceed 3 men in a population of more than 200.

Phenomena.

Again at Claremont, the model house for every thing that was most to be desired and appreciated, where convenience and comfort were studied down to the very lowest details, the fatal disease broke in, and in spite of every precaution, and every assistance which medical science and unremitting care could oppose to it, ceased not its progress till 16 of the inhabitants of this envied villa had perished, amongst whom was the lamented proprietor.

The total loss of life in Plaines Wilhems taken from the declarations made during the Cholera amounted to, vizt. :—

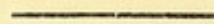
May 25th, to end of month.....	9
June.....	491
July.....	65
August.....	36

601

of whom 372 belonged to the general and ex-apprentice population, 209 were male, and 20 were female Indian Immigrants.

The estates which appear to have been the greatest sufferers, are Plaisance, where the ratio of mortality to sickness was 54 in every hundred, and of sickness to population 46. Stanley, whose loss is detailed above, Bosquet, where out of 230 inhabitants, 92 were ill and 22, died, and Phoenix, where, with a population of 275, the proportion of sickness to population was 11 per cent, and that of death to illness 82 per cent.

The three estates which escaped altogether, are Belle Terre, La Réunion and La Louise.



SECTION 13.

MOKA.

NAME OF ESTATE.	Population.	Illness.	Deaths.	Centesimal portion of Illness to population.	Centesimal portion of Deaths to Illness.	Date of 1st case of Cholera.
Belle Vue.....	24	5	1	20	20	14 June.
Bon Air.....	75	1	..	1	..	12 "
Mon Rève.....	..	7	1	..	14	
Mont Fleury.....	..	4	..	..	..
Good Ground.....	220	16	..	52	..	
Côte d'Or.....	110	20	..	2	..	25 "
Bagatelle.....	22	8	1	..	8	11 "
Mon Désert.....	180	10	6	5	60	7 "
Mont Pevénil.....	30	4	3	13	75	20 "
Minissey.....	87	1	1	1	100	26 "
The Villa.....	26	7	2	27	29	9 "

Circonstance,
Mon Rève,
L'Amitié, } No cases of Cholera.

MOKA.

ESTIMATED POPULATION.

	Males	Females	Total
<i>General Populations.....</i>	579	587	1,166
<i>Ex-Apprentices.....</i>	1,541	1,266	2,807
<i>Immigrants.....</i>	1,471	282	1,753
	<u>5,391</u>	<u>2,135</u>	<u>5,726</u>

It had been hoped that Moka, from the salubrity of it's atmosphere, the absence of any dense population, and the comparative small communication with Port Louis, would have suffered little loss from the Cholera. It did not escape however without contributing it's share to the general calamity. And the recorded deaths amount to 165 out of an estimated population of about 5726.

Returns from 14 estates and private residences have been received out of 25 to whom letters of enquiry were sent. Of the 14, three viz.: Circonstance, the residence of Mr. Finnis, Mon Rève, and l'Amitié, the residence of Mr. Bréard escaped altogether. The remaining 11, had 83 cases of Cholera, of which 15 proved fatal: being a proportion of 18 per cent of death to illness.

The first case of Cholera in Moka took place on the 27th May on the person of a lad named Théogène, the son of a Police Serjeant stationed in the District. This young man left Port Louis on the 26th May, was taken ill the same evening, and died in the night of the 27th at the Police Station. He was attended by Dr. Perrot, who reported his case to be Cholera, Asphyxia.

Two other cases occurred in May, and the disease extended over the whole District, reaching it's highest point about the 25 of June and diminishing in intensity to the end of the month, when the epidemic may be said to have nearly ceased, only 21 deaths being declared in July and one in August.

It is possible that some of the people living in the scattered huts on the property of the late Mr. Williams at Pailles, and in other parts of the District of the Quartier Militaire, may have died without declarations of such casualties having been received but a similar supposition attaches to every statistical Return in this Report.

The accounts from Moka are however the more meagre that it does not enjoy an independent supervision but is a sort of succursal to Plaines Wilhems, to which the attention of the District Magistrate seems to have been specially directed during the Cholera.

The last case was that of an Indian laborer at the Quartier Militaire who died on the 27th August. Last case 27th August.

Two other cases indeed occurred in the first week of September, both laborers at the Quartier Militaire: but the disease had ceased to be epidemic.

The total number of registered deaths from Cholera in Moka between the 25th May and the end of August 1854 was as follows:—

25 May to the end of month.....	7
June	136
July.....	21
August	1
	165

of whom 123 belonged to the general or ex-apprentice population, and of the remaining 37 were male and 5 were female Indian Immigrants.

SECTION 14.

Outbreak of Cholera in Flacq in October and November 1854.

Outbreak of
Cholera in Flacq.

The last declared case in Flacq having taken place on the 30th of August, and a long interval having elapsed without any fresh one, the disease besides having ceased throughout the Colony, it was with great apprehension that intelligence was received by the authorities, of the Cholera having made it's re-appearance in Flacq.

A special Committee composed of Drs. Montgomery, Dauban, Grivot, and Staff Surgeon Hardie M. D., was appointed to proceed to the spot and ascertain the exact truth, and from the Report which will be found in the Appendix, we gather that this second disease was in all respects identical with the Cholera lately prevalent in the Island, the cases in repeated instances having proved fatal in a few hours, with simi-lar symptoms to those which were observed in the June epidemic. Committee sent to the spot.

The first verified case occurred on the 16th October at Trois Ilots. The next occurred at Plaine Larcher, opposite the 19th Mile stone on the old Flacq road, on the person of Jean Artidor, who died on the 18th October, after an illness of 12 hours. Two more deaths took place on the 20th., at Trois Ilots. On the 28th, the disease had reached the Camp de Masque, and attacked Mon Rève and Bon Espoir on the right hand side of the road, and Marre Jacko and Queen Victoria on the left. First case 16th October at Trois Ilots.

Out of the 130 labourers on Mon Rève, Mr. Villemain did not lose one during the first epidemic. But on the 11th November, a fatal case occurred and subsequently 10 others, Vitz: 6 Indians, 1 creole, 1 creole woman and child, and his own brother. The creole woman, Perrine Tourette, who died on the 11th, after 12 hours illness, had been nursing her aunt, who died of Cholera on the 4th November, in the Camp de Masque. Casualties at Mon Rève

After her aunt's death, she brought her two orphan children down to the Estate, where one, the creole child above mentioned, died, as did also her husband, the creole above alluded to. Two days after the death of Perrine, the Indians were attacked and they all died with preceding illness averaging 12 hours.

At Espoir, where no deaths had occurred in the June epidemic, 9 cases occurred in this second visitation; of whom 5 died, 1 creole woman, 2 Indians, and one white child, whose nurse also died on the 28th October. Espoir.

Queen Victoria Five cases occurred at Queen Victoria, of which 4 were fatal. Three of these, according to the statement of Dr. Hardie were in one family; the father named Bonhomme being first attacked, and subsequently two of his sons. The disease broke out on the 5th. It is supposed (although denied) that Bonhomme had lately been to the Camp de Masque, but it is certain that there was daily and almost hourly intercourse and communication of some kind.

Curious occurrence at Clemencia.

The origin of this second break out of Cholera at Clemencia is extremely curious. There exists a shop about 300 yards from the works, where, during the first epidemic, two persons had died, and the house had remained closed ever since. On the 13th November, a Madame Alfred, the sister-in-law of the former proprietor, wishing to ascertain if her shawl was in the house, had a shutter wrenched open, put her head in at the open window, saw the shawl on the floor, and went away, remarking on the disagreeable smell which existed inside. That same night she was taken ill, Cholera declared itself on the second day, and on the 17th she died. Her adopted child, an infant of 2 years of age was taken ill with Cholera the same morning, and died within 24 hours. Another child named Léonore whose mother had been a near neighbour of Mme Alfred was taken ill on the spot, and died the same night. The disease spread all around this focus and soon reached Clémencia. Here, where the June epidemic had scarcely been felt, only one fatal case having taken place out of 727 persons, the disease broke out on the 18th, the day after Mr. Alfred's death, and not less than 78 cases occurred, of which 17 were fatal.

126 decided cases of Cholera were verified in Flacq during the months of October and November, of which 51 proved fatal; but it is supposed that many fatal cases have never been declared, and the Abbé Giles with whom the Special Committee were in communication, estimated at one hundred the number of deaths, in the Camp de Masque alone, since the apparent cessation of the June epidemic.

No satisfactory reason could be assigned by the Special Committee for the apparent predisposition of this District more than others to the disease. The Creoles live in detached houses surrounded by small plots of cultivated ground, which are better constructed, better ventilated, and generally cleaner, than those in the Indian Villages.

No assignable reason for second outbreak.

There is good natural drainage in the Camp de Masque, except in the course of the River Coignard at the bottom of Marre Jacko. Great scarcity of water existed in the District co-inciding very nearly with the re-appearance of the disease; but no reason could be found for associating the two facts in the relation of cause and effect. The Special Committee doubt if Cholera was ever totally extinct in the District, since its introduction, and they think it possible, that if the disease had been carefully noticed by competent observers, at different points of the District, slight cases would have been found to keep up the continuity, which seems broken, when judged of solely by mortality.

The last case probably in the whole Island occurred to a soldier in Barracks at the Post of Flacq on the 30th January 1855, six months after the cessation of the epidemic there. This man had intense vomiting for 18 hours, repeated rice water evacuations, cramps and suppression of urine for more than 24 hours. It was as well marked a case as could be seen. He recovered.

SECTION 15th.

*Observations on the treatment of Cholera in Mauritius.*Treatment of
Cholera.

Most of the modes of treatment that have been had recourse to in other countries have been employed in Mauritius, and, generally, with the same uncertainty; and, as regards the more advanced stages of the disease, with the same want of success. It is impossible to form, from the Returns that have been received, any opinion as to the comparative success of different modes of treatment; and this, in fact, is extremely difficult in any country, and has no where, as yet, been accomplished with any accuracy. Numerical Returns, as to the results of treatment in Cholera are extremely fallacious. In the first place, the more or less advanced period of the epidemic has a most important effect on the success of treatment; the same remedies, which had been useless in the beginning of the epidemic, being given successfully at a latter period, the malignancy of the disease gradually abating. The results of treatment are, moreover, greatly influenced by the special characteristics of the patient; his age, strength of constitution, and soundness of organs, and by the comparative severity of the case itself. Without a scrupulous attention to these and other circumstances, almost any result might be arrived at, in attempting to form an estimate of the comparative success of different modes of treatment in Cholera.

At present, no antidote, nor specific medicine is known that can neutralize the poison of Cholera, and arrest, with any certainty, the progress of the disease; but it would appear from the evidence of most observers, that, in the period of invasion, that is during the premonitory diarrhoea, the morbid effects of the Cholera poison may be successfully combated; whereas, in the stage of complete collapse, it is evident that from the altered composition of the blood, the depressed condition of the nervous energy, and above all from the impossibility of absorption by the alimentary surface, medicines of any kind, given internally, must be almost inert; while from the state of the nervous system, external applications must in like manner, be of little efficacy. In the treatment of the premonitory stage, considerable uniformity prevailed, one of three modes of treatment being generally adopted. Of these, the first was the employment of diluted sulphuric acid in doses of 30 drops frequently repeated; the second was the giving of infusion of *ayapanah*, generally combined with ginger and brandy; the third mode of treatment was the exhibition of opium, either in pills or draughts in combination with aromatics and stimulants, or more commonly in the form of enema. That much success must have attended these modes of treatment, in the early stages of the disease, notwithstanding the great mortality of the epidemic, is evident from the fact, that during the prevalence of Cholera in Port Louis, nearly the whole population was more or less affected, either diarrhoea, or some other forms of gastric derangement being almost universal.

The treatment of the more advanced stages of disease, vizt. : when collapse was beginning or had already commenced, was more various, almost all those means being employed in the treatment of this disease that have been had recourse to elsewhere.

Stimulants of every kind, both external and internal, were employed by most persons, either alone or in combination with other means.

Calomel with opium was employed by Dr. Bolton with a large measure of success, calomel being given in doses of 10 to 20 grains, every three or four hours. Dr. Bolton states that he lost only five out of 38 cases of true Cholera at Souillac.

The Emeto-Cathartic treatment is preferred by Drs. Salesse, Clerihew and Koenig, who considered it the most successful, and of whom the two former state

their opinion, that much evil has been done by the undue use of opium in this disease.—Emetics were also used by Dr. Gouly, Grivot, Dorelle & Co. but were employed with the most striking results by Mr. Fyers at Wolmar Estate, who treated the disease in every stage by Emetics followed by doses of castor oil.—The results were, that out of 150 cases of more or less gravity, all were saved but one. Such a degree of success can only be accounted for by supposing a modification of the severity of the disease at the locality in question, a similar treatment having been employed elsewhere with very different results.

The saline treatment seems to have been employed by one physician only, Dr. Gouly, who appears to have used it, chiefly in mild cases or in those little advanced.

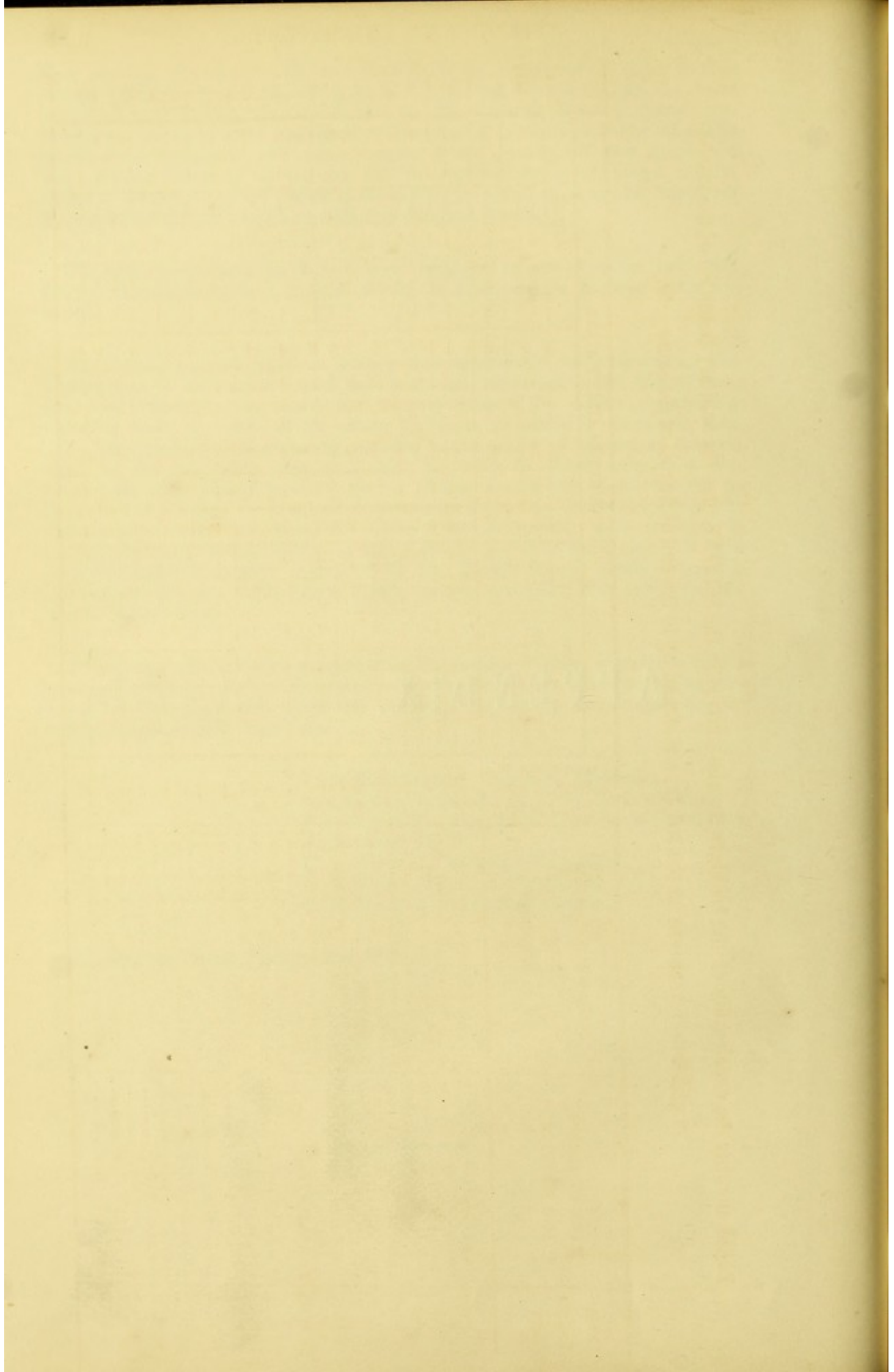
The Douche or cold water as persion was extensively employed during this Epidemic.—Its use was introduced and strenuously advocated by Mr. Macpherson, who used it alone, in every variety and in every stage of the disease, maintaining that it is more immediate in its effects and more beneficial in its results than any other remedy, and that the only antidote to the poison of Cholera, is the excitation of the respiratory system, in order to effect the decarbonization of the blood —By other persons, however, the use of the douche was mostly limited to the period of collapse, in conjunction with other means, and various opinions are given as to its value.—Dr. Powell by whom it was extensively used considers it the only treatment giving a chance of success at this period of the disease. It was used also, and is favourably spoken of, by Dr. Perrot, Home, Gouly, Senéque and surgeon Whitty ; while others, as Dr. Carson, state that they saw little permanent benefit by it.

Finally most of those who have recorded the results of their experience in the treatment of Cholera in the Mauritius, state that here, as in other countries, medicine has very little power over this disease, except in its early stages, that is, before collapse is fully established.

Felix BEDINGFELD, Treasurer, Chairman,
George CLERIHUEW, M. D., Chief Medical Officer,
P.A. WIEHÉ, President of the Chamber of Commerce.
E. SALESSE, M. D.
F. DE CHAZAL, Municipal Councillor,
G. FROPIER, Mayor of Port Louis,
G. K. HARDIE, M.D., Staff Surgeon.

COMMITTEE ROOM, January 31st 1856.

APPENDIX.



No. 2.

Le 26 Janvier 1856.

Monsieur,

En réponse à la lettre que vous m'adressez, j'ai l'honneur de vous faire savoir qu'à l'époque où le *Sultany* était en quarantaine devant Rochebois, j'habitais ce canton, et que, du rivage je voyais presque tous les soirs un bateau portant sur l'avant le mot "Moutou," communiquer avec le dit navire, comme c'était un bateau de pêche, je présumais qu'il portait du poisson à bord.

J'ai l'honneur d'être, Monsieur,
Votre Serviteur,

EST. BÉRICHON,

S. S.—Si vous vous adressiez à M. N. Savy, il vous ferait connaître un fait positif de communication avec le *Sultany*.

No. 3.

Port-Louis, 28 Janvier 1856.

Monsieur,

J'ai pris l'avis de mes amis qui est que je ne peux faire connaître ce qui s'est passé à mon cabinet relativement aux faits de communication avec le *Sultany*.

J'ai l'honneur d'être, Monsieur,
Votre très-humble et très-obéissant Serviteur,

N. SAVY.

Hon. BEDINGFELD, &c. &c. &c.

No. 4.

Port-Louis, le 23 Janvier 1856.

Monsieur le Trésorier,

Je regrette vivement de ne m'être pas trouvé à l'hôtel lors de votre visite de ce matin ; je n'aurais pu cependant vous donner aucuns des renseignements que vous me demandez, car à l'époque à laquelle le *Sultany* se trouvait en rade, l'*Egléo* était amarrée devant le Bureau du Port, et je demeurais à terre.

Je me trouve donc bien étonné, Monsieur, d'être cité comme pouvant donner témoignage de choses dont je n'ai aucune connaissance.

Je vous prie d'agréer mes sentimens
respectueux et distingués.

L. LECLAIRE.

No. 5.

Proceedings of a Committee assembled by order of the Honourable the Officer administering the Government, to enquire into the truth of the allegations made respecting the infringement of the Quarantine Regulations by the Master of the Ship Sultany, and his illegal communication with the shore, in the month of April last.

MEMBERS :

The Chief Medical Officer,
The Acting Harbour Master,
A. Vigoureux, Esq.

Port Louis, 21st August 1854.

The Committee having assembled, proceeded to interrogate the following witnesses, vizt.:—

1. René Antoine, one of the crew of the Guard Boat.
2. Eugène Marcel, do. do.
3. Augustin Adéline, do. do.
4. William Henry Shire, Master of the *Sultany*.
5. James Barratt, Chief Officer of do.
6. John Matthews, 2nd Officer of do.
7. C. Sarkies, 3rd Officer of do.
8. Houssain Ali Khan, Doctor of do.

The evidence of the witnesses, which is annexed, is to the following effect, viz.:

The three men belonging to the crew of the Guard Boat all distinctly and positively asserted, that no communication whatever took place between the *Sultany* and the shore, with the exception of a letter which was delivered to the Guard Boat after being previously steeped in vinegar; they, moreover, declared that it was impossible that any communication could take place without their knowledge.

Mr. Shire, the Master of the *Sultany*, asserted that, from the time he left Calcutta until the liberation of his ship from Quarantine on the 19th April, he never landed any where except at Flat Island, and never sent a boat ashore except at that place; also, that no boat from the shore ever communicated with his ship, except the Guard Boat and the Health Officer's Boat, which lay off and spoke the ship at a distance.

The three Officers of the ship all stated, that no communication whatever took place between the ship and the shore during the whole time of the Quarantine; and, also, they all stated that it was impossible for such communication to take place without their knowledge, as there was a strict Officers' watch kept during all the time the ship was at the Bell Buoy.

The Doctor of the ship stated that he never heard of any communication having taken place between the ship and the shore, during the Quarantine, and that he was quite sure none had taken place.

The Committee, considering the positive manner in which all the witnesses asserted that no communication took place, and that Mr. Shire and the other witnesses expressed their readiness to make oath to the truth of their statements; also that the different witnesses perfectly agreed with each other in their evidence, is of opinion that the allegations made respecting the infringement of the Quarantine Regulations by the Master of the Ship *Sultany*, and his illegal communication with the shore in the month of April last are without foundation.

GEO. CLERIHEW, Chief Medical Officer,
JAMES THOS. RUSSELL, Acting Harbour Master,
A. VIGOUREUX.

RÉNÉ ANTOINE, one of the Boat Crew of Guard Boat:

Did not see any communication and can take oath that no communication took place all the time that he was on duty; did not see any small boat near the ship, and states that it was impossible that it could be so without his perceiving the same, and is ready to take oath to this assertion; used to change boats crew every six hours; does not know "Papillon," a fisherman, nor "Bastien," a fruit seller. Heard say that there was communication with the vessel whilst on shore by the other boat's crew taking a letter.

EUGÈNE MORCEL, of the other boat's crew:

Did not see any communication with the vessel, a letter was taken from the vessel and

brought to the Port Office, flung the letter over the stern into the boat, did not see boats near the Ship, does not know "Bastien" or "Papillon;" never saw any thing, took his turn with the others every six hours; is sure and can swear that no communication ever took place with the vessel during his watch.

AUGUSTIN ADELINÉ, in the same boat with E. Morcel:

All the time he was on guard there was no communication with the Vessel, a letter was flung over the stern of the Vessel to the Officer of the Boat which was brought to the Port Office, and the letter was steeped in vinegar previous to it's being flung in the Boat, the letter was given previous to the Vessel going to Flat Island, no other communication with the Vessel after this letter was taken; used to always chase the boats when nearing the Vessel at some distance; one was Mr. Belteau, does not know "Bastien" or "Papillon," there never was any communication with the Vessel, never saw a small boat boarding the ship at night, considers it impossible that any boat could communicate with the Vessel night or day without his knowing it; never heard on shore that the Captain left the vessel night or day, is sure that the other boat kept also a strict look out; a person could not swim from the vessel to the shore without being seen; never heard the men of the other boat made allusion to any communication having taken place, is sure and can swear that during his watch, no communication ever took place; used to lay about a cable's length from the vessel and used to go round the vessel three or four times during the night and several times during the day, none of the crew used to sleep whilst on watch, one of the same boat's crew died on board the Hulk after having been imprisoned for making disturbance during the epidemic.

CAPTAIN WILLIAM HENRY SHIRE, Commander of the Ship *Sultany*, and was Commander of this vessel on her last voyage to Mauritius:

Sailed from Calcutta 14th and Sand Heads the 18th February, and arrived here on the evening of the 24th March at 5. 10 P. M. Had 360 Coolies on his arrival here, lost 30 on the passage; the first case of sickness occurred in the River at Calcutta. During the time he was in quarantine, never landed or sent a boat on shore until his arrival at Flat Island, and is ready to take oath to this assertion; no boat ever communicated with his ship with the exception of the Guard and Health Officers boats which laid off and always spoke at a distance; remained in Quarantine until the 19th, never heard till his arrival now at Mauritius that fishermen ever communicated with his ship, and never heard on board his vessel that the crew had any communication; no boat, with the exception of the authorized boat, ever boarded him, never landed on any part of the Island until the 19th April, never went to Grand River by boat at any time before or after the Quarantine; was forbidden even to lower a boat to paint the bends of his vessel; does not know Mr. Malfait, never heard his name. A regular watch was kept by his officers all the time he was riding at single anchor; considers it impossible that communication could have taken place on board his vessel without the knowledge of his officers; was under the impression that "Sentinels" were placed all along the shore ready to shoot at him in the event of his communicating with the shore. Had communication taken place it would certainly have been reported to him; has the fullest confidence in his officers and they are of known character, and he can rely on the veracity of their statements.

JAMES BARRATT, Chief Officer Ship *Sultany*, was the Chief Officer last voyage:

Is not aware of any communication having taken place with the *Sultany* previous to her going to Flat Island, between the 12th and 19th April; no communication took place with the exception of the authorized and Health Officers boats; had any communication taken place he certainly must have known it, no person ever landed from the ship except at Flat Island all the time he was in Quarantine; no men ran away from the ship all the time she was in Quarantine, one seaman (a lascar) swam on shore during the night about five days after they were released from Quarantine, never heard what became of him but heard since his arrival this time that he was sent to prison. Believes the lascar's name is Babou; kept a regular and strict officer's watch all the time he was at the Bell Buoy; no person could possibly have communicated with the ship without his knowing it, it was generally fine moon light nights; does not think the guard boat was moored more than a mile off nor less than a half mile; considers the guard boat always kept a strict watch night and day; on the 1st March the first death and the first case of Cholera took place, and died two hours afterwards, no cases of sickness previously, no rumour of Cholera in the ship till the 1st March; they were between 3° and 10° South when the first case and death occurred.

JOHN MATTHEWS, 2nd Officer Ship *Sultany*, and was second Officer last voyage:

Knew that sickness existed on board the last time he was here, and that the vessel was placed in Quarantine; has always charge of a watch and had on that occasion; never saw any boat, excepting the Guard Boat come along side or communicate; it was not possible that a boat could have communicated during his watch without his knowledge; never heard any rumour on board that communication had taken place; the Captain never sent his boat on shore at Grand River during his watch; no boat was ever lowered from the ship or sent on shore whilst in Quarantine; can, and is willing, to take oath to these assertions; it was impossible for any fisher boat or fruit sellers ever to come on board, and if so should have heard of it; is not aware that any man deserted the ship or swam on shore during the night all the time he was in the harbour.

C. SARKIES, 3rd Officer ship *Sultany* and was third Officer on her last voyage:

Sickness existed on board on the passage and is aware that the vessel was placed in Quarantine after his arrival here; keeps a regular-officer's watch, kept a regular watch all the time he was in Quarantine at the Bell Buoy, had always the first watch from 8 till 12; was always on deck during his watch, never saw a boat communicate with the vessel, except the Quarantine Boat; it was impossible that a boat could come along side during his watch without his knowing it; no boat ever attempted to come along side during his watch, had it occurred otherwise he would have heard of it. No person or boat was ever sent on shore; the boat occasionally let down to black the vessels bends; a letter was sent in our boat to the ship *Catherine Apcar*, she was under sail off the Bell Buoy, the Captain took the letter, never heard that the Captain or any other person ever left the ship whilst in Quarantine to come on shore, and if so must have heard of it; does not recollect that any man ever deserted the ship whilst at the Bell Buoy, does not recollect of any person deserting the ship after being released from Quarantine, can swear and is ready to take oath that his assertions are true.

HOUSSAIN ALLY KHAN, Doctor of the ship *Sultany*, was Doctor last voyage:

Cholera existed on board on his arrival here from Calcutta; on leaving Calcutta there were symptoms of Cholera in one case on the first day, the first case of Cholera occurred on the 3rd or 4th March, it began in one corner and went through the vessel; the first case occurred on the poop, it was one of the Coolies, he belonged to this corner; six or seven died in the corner of the same party; last case occurred 26th or 27th March. Swears there were no cases of Cholera after the Coolies were landed at Flat Island or after the 27th March; the only two persons sick (boys) were convalescent and walking about on his arrival here; two cases only occurred after this. Is not aware of any communication from the shore to the ship. No boats ever came alongside, except the Health and Guard Boats. Never heard and is quite sure that no communication with the ship and the shore ever took place all the time she was in Quarantine.

PORT OFFICE, 21st August 1854.

No. 6.

Circular.

COMMITTEE ROOM,
Government House, 4th September 1855.

To the Medical Men practising in the Island.

Gentlemen,

I have the honour to request that you will favor me, at your earliest convenience, with answers to the following questions for the information of the Committee assembled under order of the Honorable the Officer Administering the Government, for the purpose of enquiring into the history and circumstances attending the late Epidemic.

1. Place and date of the first case of Cholera which occurred in your own practice, or to your knowledge, in this Island since the commencement of the present year.

2. The circumstances under which such case occurred.

3. Whether, since the 1st January last, dysentery, diarrhœa, intermittent fever, or any other malady prevailed in your neighbourhood to a greater extent, than usual at the same season in preceding years.

I have, &c.,

Signed: FELIX BEDINGFELD,
Treasurer—Chairman of Cholera Committee.

No. 7.

Port Louis, 19th September 1854.

Sir,

In answer to your Circular of the 4th instant, I have the honor to inform you:

First cases.

Two soldiers of
85th Regiment.
January and Fe-
bruary. Port
Louis.

1. That the first cases of Cholera seen by me this year occurred in two soldiers of the 85th Regiment:—Pte. Thos. Pike, admitted January 18th, discharged January 24th, and Pte. Chs. Cockbill, admitted February 26th, discharged March 7th.

These cases altho' not severe, were sufficiently well marked, and presented all the characters of the disease in its slighter forms. They were similar to the sporadic cases of Cholera which occasionally occur in the hot months.

There was nothing peculiar in the circumstances of these men. They were soldiers, only nine or ten months arrived from England, and living as the other soldiers do.

Comparison of
amount of fever,
diarrhœa and dy-
sentry in 1852,
1853, 1854.

3. I have no answer to give to the 3rd Query proposed by you, as I was not in Mauritius during the first four months of any preceding year; but I find that the comparative prevalence of Fever, Diarrhœa, and Dysentery among the troops in Mauritius has been in the first four months of 1852, 1853 and 1854, respectively, as follows, vizt. :—

Disease.	Ratio per 1000 of strength.		
	1852.	1853.	1854.
Dysentery.....	20. 9	18. 2	28. 8
Diarrhœa.....	26. 2	20. 0	32. 9
Fever.....	124. 2	14. 6	32. 4

This gives a very large increase for the first four months of the present year; but it is necessary to explain, that this increase is attributable chiefly to the arrival of the 85th Regiment in April 1853; the men of this Corps from their recent arrival, being particularly prone to bowel complaints. Of the 105 cases of Diarrhœa and Dysentery occurring among the Troops in the first four months of 1854, no less than 72 cases were in this Regiment, altho' their strength was only 573 men in a total of 1795 men serving in the Island.

Signed: GEO. CLERIHEW,

P. S. The remark made above as to the increase of Bowel Complaints this year being caused by the recent arrival of the 85th, does not apply to the Fevers, as from that disease the lately arrived Regiment did not suffer in any greater proportion than the one long resident. The large number of Fevers in 1852, was caused by an Epidemic which prevailed in the first half of that year.

The Honorable Felix BEDINGFELD,
President of Committee.

No. 8.

Mahebourg, 15th September 1854.

Sir,

I have the honour to forward, for the information of the Committee assembled under order of the Honorable the Officer administering the Government, the subjoined replies to questions addressed to me by you on the subject of the late epidemic.

1st. The first case of Cholera which occurred in my practice took place at Port-Louis, on the 28th May last.

First case, 28th May, a non com^d officer of the 5th Fusiliers at Port Louis.

2nd. The circumstances under which this case occurred were these; the subject, a non-commissioned Officer in the 5th Fusiliers, was, at the time of his attack, a patient in the Regimental Hospital, having been a few days under treatment for fever. He was convalescent, and nearly fit to be discharged, when in the evening of the 28th May, about 8 o'clock, he became seized with vomiting and purging, but did not render the circumstances known till five hours had elapsed, when I found him in profound collapse. He died at 8 P. M. the following morning, twelve hours after.

3rd. Since the 1st January last, neither dysentery, diarrhoea, intermittent fever or any other malady has prevailed in my corps to a greater extent than at the same season in preceding years.

No increase of illness as compared with former years.

Signed, E. S. DOCKER.

Surgeon, 5th Fusiliers.

To the Chairman, Cholera Committee.

No. 9.

Port-Louis, September 9th 1854.

Sir,

I have the honor to send, for the information of the Committee assembled under order of the Honorable the Officer administering the Government, answers to the questions contained in their Circular of the 4th Instant in compliance with the request therein.

1. Georges St, Port-Louis, on or about the 27th of May 1854.

First case, 27th May at Port Louis.

2. The patient was apparently a healthy male adult, who had been living very freely for some time previous to the attack.

3. Do not know, as the date of my arrival in this Island was the 19th of March of the present year.

Has no means of comparing present with past sanitary state.

Signed, J. R. WHITTY,
Assistant Surgeon, 5th Fusiliers.

Felix BEDINGFELD, Esquire, Treasurer, Chairman Committee.

No. 10.

Port Louis, 9th September 1854.

Sir,

We have the honor to forward, for the information of the Cholera Committee, answers to the questions proposed in the Circular, dated 4th September 1854.

1. The first case of Cholera seen by Assistant Surgeon Bartley, 85th Regiment and myself, occurred on the 27th May in Port Louis: a civilian.

First case, 27th May at Port Louis.

2. The patient was young and healthy, but was supposed to have been living freely; the case from the commencement, was very acute.

More fever and diarrhœa in spring of 1854 than in 1853.

3. The Regiment having arrived in this Colony on the 12th April 1853, the statistics are not very valuable, but diarrhœa and fevers prevailed in April and May 1854, in a proportion of about three to two greater than in the year 1853.

We have the honor to be,

Signed: J. CARSON, M. D. Staff Serjeant, 2nd class.
A. F. BARTLEY, Assistant Surgeon, 85th Regt.

No. 11.

Port Louis, September 16th 1854.

Sir,

I have the honor to submit the following replies to the Queries contained in your Circular of the 4th instant.

First cases, six prisoners admitted to hospital on the night of the 15th May.

1. The first cases of Cholera seen by me were the undermentioned six prisoners admitted into the Civil Hospital on the night of Monday 15th and morning of Tuesday, the 16th May, vizt.:

NAMES.	Designation.	When admitted.	How disposed of
Bodoo	Malabar.....	15th 5 P. M..	Sent on board <i>Alexander</i> .
Mahiboh	Arab.....	16th 2 A. M..	Do. do.
François Louis.....	Creole	16th 4 A. M..	Died at 9 P. M.
Jean Jacques	Creole	16th 4 A. M..	Died at 5 P. M.
Hardiae	Malabar	16th 6 A. M..	Sent on board <i>Alexander</i> .
Mc Coy.....	English	16th 6 A. M..	Died at 11 P. M.

The first case I saw in private was on the morning of the 27th May, a malabar in the service of Mr. Terré, a baker, whom I directed to be sent immediately to Hospital, where he died soon after. Mr. Terré's house is situated in Bourbon street and suffered with peculiar violence during the existence of the Epidemic; no less than six of his own family having been attacked, of whom 3 died.

2. The circumstances under which Cholera occurred in the prisons is a point of too much importance and extent to be entered on here. In regard to the case in Bourbon street which occurred on the 27th, nothing particular can be discovered as to its origin, as the disease then prevailed in all quarters of the town.

3. The reply to this question will best be given by the following Tables drawn up from the Records of Establishments with which I am connected.

Comparative view of prevalence of certain diseases in spring of 1853 and 1854.

Comparative View of the prevalence of certain Diseases during the first 4 months of 1853 and 1854 among the Patients treated at the Dispensary of Port Louis.

DISEASES.	January.		February.		March.		April.		Average of 4 months.	
	1853.	1854.	1853.	1854.	1853.	1854.	1853.	1854.	1853.	1854.
Intermittent Fever...	0	0	0 7 $\frac{1}{10}$	0 4 $\frac{1}{10}$	0	0	0	0	0	0
Remittent Fever.....	0 6 $\frac{1}{10}$	1 3 $\frac{1}{10}$	1 8 $\frac{1}{10}$	2 8 $\frac{1}{10}$	2 8 $\frac{1}{10}$	0 4 $\frac{1}{10}$	0 3 $\frac{1}{10}$	1 8 $\frac{1}{10}$	5 4 $\frac{1}{10}$	6 3 $\frac{1}{10}$
Continued Fever.....	2 0 $\frac{1}{10}$	7 0 $\frac{1}{10}$	4 0 $\frac{1}{10}$	9 3 $\frac{1}{10}$	6 0 $\frac{1}{10}$	5 1 $\frac{1}{10}$	3 4 $\frac{1}{10}$	17 2 $\frac{1}{10}$	15 3 $\frac{1}{10}$	38 6 $\frac{1}{10}$
Diarrhœa.....	3 3 $\frac{1}{10}$	2 3 $\frac{1}{10}$	1 8 $\frac{1}{10}$	3 7 $\frac{1}{10}$	4 0 $\frac{1}{10}$	4 7 $\frac{1}{10}$	2 2 $\frac{1}{10}$	4 0 $\frac{1}{10}$	11 3 $\frac{1}{10}$	14 7 $\frac{1}{10}$
Dysentery.....	1 9 $\frac{1}{10}$	1 8 $\frac{1}{10}$	4 4 $\frac{1}{10}$	4 2 $\frac{1}{10}$	4 4 $\frac{1}{10}$	2 7 $\frac{1}{10}$	2 4 $\frac{1}{10}$	1 8 $\frac{1}{10}$	13 1 $\frac{1}{10}$	11 0 $\frac{1}{10}$
No. of patients monthly	294	215	270	214	247	244	263	220	1072	903

Number of Patients affected with the undermentioned Diseases treated in the Military Prison at Port Louis during the first 4 months of 1853 and 1854.

DISEASES.	January.		February.		March.		April.		Total treated.		Per cent of each.				
	1853	1854	1853	1854	1853	1854	1853	1854	1853	1854	1853	1854			
Fevers.	1	5	0	4	0	3	0	0	1	12	28	10	25	0	10
Bowel Complaints.	1	0	3	0	2	0	1	0	7	0	20	0	10	0	
Dysentery.	1	0	1	0	0	0	0	1	2	1	5	7	10	2	0
Total treated monthly.	11	10	10	14	8	13	6	11	35	48					

From these Tables the only conclusion of a positive nature that can be drawn is, that Fever prevailed to a greater extent in the first months of 1854 than at the same period in the preceding year, and that Bowel Complaints (which undoubtedly occurred to a very great extent while Cholera actually prevailed) shewed but little or no greater prevalence before the disease broke out than it did at other times or on previous years.

It has been considered worth while giving at the beginning of this letter the names of the prisoners admitted into the Civil Hospital on the night of the 15th and morning of the 16th May as it was on the examination of these individuals that the existence in the Mauritius of the true Asiatic and malignant form of the disease was first determined.

Several single cases of a peculiar nature had been admitted into the Hospital some days previously, but their true nature was not recognized until the morning of the 16th May. The greater malignity of the Disease in Creoles and Europeans, also it may be observed, was thus early manifested, the two Indians and an Arab (probably from Bombay), having alone lived to be transferred to the Cholera Ship while the others speedily died.

Signed: W. HOME, M. D..

Staff Surgeon, 5th Fusiliers.

N. B. The figures show the per centage of each disease to the whole number treated.

The Honorable the Chairman
of the Cholera Committee.

No. 12.

Artillery Barracks, 26th September 1854.

Sir,

In reply to your Circular of the 4th Instant, I have the honor to state :

1. That the first case of Cholera, in my immediate practice, was that of Bombadier Ball, Royal Artillery, quartered at Fort Adelaide.

2. It occurred under the following circumstances : The man had been under treatment since the 11th May for a syphilitic bubo, and was somewhat pulled down by the necessary treatment and confinement in Hospital. On Sunday May 28th, a fatal case of Cholera occurred in a ward occupied by the 85th L. I., adjoining the Royal Artillery ward, in which was Ball; between these wards there exists a communication by means of which a man in either may see what passes in the other. It appears that Ball had looked upon the sufferings and death of the soldiers of the 85th and either from the impression made on his nervous system, or from some morbid poison lurking in his frame, about 12 at night he was seized with a fit of shivering with cold sweats and cramps, but no diarrhoea: he and another man immediately affected were seen by a Medical Officer who ordered them a stimulating draught, which caused these symptoms to disappear; next morning, May 29th, neither of the men complained of anything, but begged to be sent out of Hospital: this I agreed to, seeing that they evidently feared the disease which then prevailed; on this

First case at Fort Adelaide on 28th of May, an artilleryman.

evening Bombadier Ball does not appear to have had any diarrhoea, but is reported to have said that he felt very queer since he saw the 85th man die, and borrowed money from a comrade to buy a glass of brandy. On the morning of Tuesday, 30th, he eat bananas and milk for breakfast, contrary to the advice of one of his comrades who, afterwards, remarked him going once or twice to the rear and looking badly: he then said that he felt ill, and that if he was not better, he would go to Hospital after dinner; at about 10 A. M., he got off a bed on which he had been lying and walked to the door of the Barrack room, where he fell down. A Medical Officer was immediately summoned who, at once, saw that he was labouring under Asiatic Cholera of the worse type; he had been transported to Hospital in a Dooly where he came under my treatment and died at 1 A. M. on the 31st.

Cannot give any comparative statement of disease.

3. I have never been quartered in Port-Louis between the months of January and May of any previous year, so that I can give no information respecting the usual diarrhoea, dysentery or intermittent fever.

Signed, JOHNSTON FERGUSON,
Staff Assistant Surgeon.

Felix BEDINGFELD, Esquire, etc.

No. 13.

Military Hospital, Port Louis, 12th September 1854.

Sir,

First case, 27th of May, Port Louis.

1st. The first case that I saw was that of G. Feuillerhade, Esquire, 27th May 1854.

2nd. Suddenly struck with the disease.

3rd. Low fever of typhoid type.

Signed: H. B. FRANKLYN, Assistant Surgeon,
5th Fusiliers.

Hon. F. BEDINGFELD.

No. 14.

Post of Flacq, 21st September 1854.

Sir,

In answer to the questions received, I have the honor to state as follows:

First case, 31st May, at Flacq.

Mortality in Mr. Veron's family.

1. The first case which occurred at this Post was the infant of Mr. Renaud, who had come down with his family 10 in number, on the 30th May from Port-Louis, to visit Mr. Véron, whose family numbered 12, and whose house consisted only of two small rooms, exclusive of outhouses. The child had diarrhoea on leaving Town. I was called, and on the 31st he had then frequent purging and vomiting, but no collapse; he ultimately recovered; on the first of June, his eldest daughter, about 4 years old, was seized with Cholera marked by all the customary symptoms in considerable intensity, purging, vomiting, collapse and cramps in the legs. She died on the 3rd June at 9 P. M.

The same day, a sailor George Coleuse, died having been ill with marked Cholera for several days he had returned after a trip by Chasse Marée, a little out of sorts, and was attacked with the disease two days afterwards.

The further progress of the disease in Mr. Véron's house is remarkable, as presenting the greatest mortality I meet with during the epidemic, eleven having died in the house and outhouses, and interesting as being the most obvious instance of the introduction of the disease from Port Louis, into a spot, until that time, quite free of it.

Mr. Véron's son had been the most assiduous of all in his attendance on the sick children, having had no rest for several nights. He made all the arrangements for the funeral which took place on the 3rd of June; he and his mother were taken ill the next day, she died in a very few hours, he on the morning of the 6th; the two eldest daughters were

next seized but in a milder form, which was protracted for several days ; their father who had been, from the beginning, constantly nursing his family, was seized on the 11th and died on the night of the 12th ; on the 14th a young daughter was taken ill, and died during the night ; on the 15th, h servant died in an outhouse ; on the 16th, Mr. Manesque, an old man, who had been very serviceable in assisting Mr. Véron to nurse his family, died after a short attack ; on the 18 two more servants died in the outhouses ; on the 20th another and within these dates, the child of one of the servants. Two more of the Véron family were attacked, but recovered.

2. I should have said that Mr. Renaud took his family back to Port-Louis on the 14th of June.

I may state that in the houses in front and to leeward of Mr. Véron, occupied by respectable families, there were no cases ; further to windward there were several, chiefly among people of African race.

From the 5th of June, the disease was epidemic and remained so until about the 25th, when it had almost disappeared round the Post.

At the same time it was raging in the neighbourhood of St. Jullien's Church, 5 miles from here, which is the other great centre of communication of this district with Port-Louis. The disease extended itself slowly to windward and did not reach Grand River S. E. till the end of the month when it had disappeared totally here.

3. As to the time of the appearance of the Cholera, I had not been struck by the amount of sickness in this district, but am unable to speak from experience of former years.

Signed,

G. K. HARDIE, M. D.

Staff Assistant Surgeon.

The Honorable Felix BEDINGFIELD, Esqre., Treasurer, etc., etc.

No. 15.

Port-Louis, the 8th September 1854.

Sir,

I have the honor to forward you answers to the questions of your Circular dated the 4th September Instant.

1. The first case of disease which I can state to be positively a case of Cholera was found by me, on the 17th of May, upon a young girl of fourteen years, creole malabar, in the Camp des Yolooffs, near Mr. Allen's, of the Treasury. She died seven or eight days after. The second case of Cholera took place in the same Camp two or three days after the first case and close to it, and was found upon a young negro-women, creole also, who died within 24 hours from the beginning of the attack.

First case, May 17th, in the "Camp Yolooff."

Second case, same locality.

2. As for the circumstances accompanying those cases, I am ignorant of them ; the only circumstance I can mention is that the patients were of the poorest class and appeared to have hardly means of daily subsistence.

Patients very poor.

3. I can say that from the beginning of the present year, I met in my own practice, not more cases, but more serious cases of diarrhœa and fever than usual in the preceding years, accompanied with symptoms of the same appearance as several of those observed in the Cholera ; for instance : The algid period *sine pulsa*, which I observed twice, the first time in a case of intermittent fever, in April, upon a young man named Roger, at Camp des Salines, who recovered ; the second time upon a Madame Pragassa, Camp Lascar, who died on the 3rd of May.

Observed more serious cases of fever & diarrhœa than in preceding years.

Signed

H. SÈNÈQUE, D.

To The Honorable F. BEDINGFIELD, Esqre, Treasurer, etc., etc.

No. 16.

Port-Louis, 13 Septembre 1854.

Monsieur,

En réponse à la circulaire que vous m'avez adressée sous la date du 4 de ce mois, j'ai l'honneur de vous faire parvenir mes réponses aux questions qui m'ont été adressées.

Premier cas 22
Mai au Port-
Louis.

Le premier cas de Choléra qui s'est présenté dans ma pratique a eu lieu le 22 Mai 1854 sur Madame Weston.

Cette femme, dont le mari était geolier aux prisons civiles, habitait avec lui aux dites prisons.

Le choléra faisant des progrès aux prisons, Madame Weston, effrayée, en sortit en parfait état de santé le 21 Mai au matin, elle alla demeurer rue Dauphine.

Le lendemain, 22 Mai, elle fut prise de choléra; appelé à lui donner mes soins, je me rendis près d'elle à 9 heures du matin; à deux heures et demie de l'après midi j'y retournais avec quelques confrères, et à 5 heures elle n'existait plus.

Pas plus de
diarrhée que dans
les années précé-
dentes.

Depuis le premier Janvier de cette année, je n'ai pas observé que ma pratique m'ait fourni plus de cas de diarrhée, de fièvre intermittente ou autres maladies que dans les années précédentes.

Signé, EMILE SALESSE, D. M.

L'Honorable F. BEDINGFELD, Esqre, Trésorier, etc., etc.

No. 17.

Port-Louis, 8th September 1854.

Sir,

First case, 25th
May, at Lunatic
Asylum.

Cannot give in-
formation on com-
parative amount
of diarrhœa in
spring of 1854
and 1853.

In reply to the questions on the subject of Cholera contained in the Circular of the 4th Instant, forwarded by you, I have the honor to state that the first case of that disease which came to my knowledge, occurred under the care of Dr. Powell, at the Lunatic Asylum, at Grand River, on the 25th May, at which time the disease had established itself as an epidemic in this Island. As to the third question, being a stranger in this Colony, and not until the outbreak of Cholera in the practice of my profession here, I can give no information upon the point in question.

Signed

E. M. MACPHERSON.

To F. BEDINGFELD, Esqre, Chairman, Cholera Committee.

No. 18.

Civil Hospital, 21st September 1854.

Sir,

I have the honor to submit the following replies to the Queries contained in your Circular of the 4th Instant, on the subject of Cholera.

First case 15th
May in Civil Hos-
pital.

1. The first cases of the disease that came under my personal observation, were those admitted into Hospital on the 15th and 16th May last.

2. Those cases were sent from the Civil and Criminal Prisons.

Diarrhœa &c.
did not prevail in
hospital to a greater
extent than
it did in former
years.

3. My private practice being limited, I cannot say from personal observation, what may have occurred in Port Louis and its environs. But Dysentery, Diarrhœa and Fevers did not prevail in the Hospital to a greater extent, as compared with the number of patients admitted, in the four months of the present year than in the four months of the previous year. Intermittent Fever is not known as an Epidemic in the Colony, nor to my know-

ledge has any disease of an epidemic character prevailed in the Colony in the four months of the present year.

(Signed) ALEXANDER MONTGOMERY,
Surgeon in charge.

The Honorable F. BEDINGFELD, Esq.,
President of the Cholera Committee.

No. 19.

Civil Hospital, 24th September 1854.

To the Honorable F. BEDINGFELD,
Treasurer, Chairman.

Sir,

I have the honor to send you the following, answers to the questions contained in your Circular of the 4th Instant, on the subject of Cholera.

1. The first cases of the disease that come under my personal observation, were those admitted into the Hospital on the 10th, 11th and 13th May last. I received, on the 10th, an Indian named Konursing, picked up in the street by the Police, and discharged him cured nine days after his admission; I received on the 11th, from the Civil and Criminal Prisons an Indian named Edmond, and sent him, by order, to the *Alexander* on the 23rd in an apparent state of recovery; I received, on the 13th, from the same Prisons, a creole named Emilien, accompanied with a ticket stating that he was labouring under diarrhœæ, but, as this man evinced the same symptoms as the two precedent ones and died thirty two hours after his admission, I examined the body and found every reason to suspect that he died of Cholera, (tho' at that time, no medical practitioner had recognized any epidemic disease of that kind) and classed him, as the two former, amongst the patients who were admitted labouring under Cholera, as shewn in our daily medical registers. First case 10th
May, at hospita

The subsequent cases were those admitted from the Civil and Criminal Prisons on the 15th and 16th May, and undoubtedly proved to me the existence of the disease with which I had been acquainted in 1819.

2o. The circumstances under which such cases occurred are entirely unknown to me,

3o. As to the third question, I would say that I had no opportunity of obtaining in this hospital the prevalence of the diseases here mentioned during the preceding year, as I was, at that time, in charge of the Grand River Asylum; nor did I make any such observation in my private practice, which was very limited and remains so; but, from the Records preserved, I find that the Civil Hospital received in the first four months of the present year a greater number of fevers and bowel complaints than in that of the same period of the preceding year, without, however, a proportional increase in the number of fatal cases. Thinks mor
cases of bowe
complaint wer
received in th
four first month
of 1854 then i
those of 1853.

In conclusion I would add, in reply to the words "or to your knowledge," that the case pointed out by public rumour as the first one in the colony was that of Mr. Malfait's child at Grand River.

(Signed): LABAT,
Assistant Surgeon, Civil Hospital.

No. 20.

Creole Street, Port Louis, 8th September 1854.

To F. BEDINGFELD Esqre.,
President of the Cholera Committee.

Sir,

In conformity to your Circular, under date the 4th instant, I have the honor to forward for the information of the Cholera Committee, the following answers:—

10. The first case of confirmed Cholera which came to my knowledge in this Island since my arrival, which took place on the 12th May last, occurred at Grand River, at Mr. Malfait's residence, and I have been told in his own family.

20. I am personally ignorant of the circumstances under which this case occurred.

First case, end of May.

30. The first case which occurred in my own practice belongs to the category of cases which may be properly attributed to the Epidemic, as it was observed at the end of May, and when the influence of the disease was every moment becoming more and more general.

Cangiveno opinion on comparative sickness of 1854 and 1853.

40. Having landed in this Island on the 12th of May last—as I have above stated—I am not able to establish whether dysentery, diarrhœa, intermittent fever, or any other malady, prevailed anywhere here, to a greater extent than usual, at the same season in preceding years.

(Signed): DR. H. LOLLIOT.

No. 21.

St. George's Street, 11th September 1854.

Sir,

I acknowledge the receipt of your Circular dated 4th September 1854.

First case, 24th April, on board of the *Sultany*.

Agreeably to your request, and in reference to the first article of the Circular, I may fairly state that the first case of Cholera which occurred to my knowledge is the death of Mr. Bonin,—I say, to my knowledge—because I heard it from public rumour. I did not attend the case. Those gentlemen who were his medical advisers, amongst whom the late Dr. Cloir was, may bring testimony of the case; and Mr. Bonin resided and died in the first week of January last, at Rempart Street, corner of Pump Street. In my own practice, the first case of Cholera, I saw, was on board the "*Sultany*," on the 24th April last, whilst discharging the duties of Health Officer alongside that vessel. The circumstances concerning that vessel are too well known to the public for me to enter into their details. Vide the report of the Committee lately instituted by the Local Government to inquire into the particulars.

No diarrhœa in spring of 1853.

With reference to the third article of the Circular, I may certainly state, that diarrhœa prevailed in my neighbourhood only at the time Cholera broke out; that is, shortly after the latter made its appearance amongst the prisoners and from amongst them began to spread. As for diarrhœa prevailing in my neighbourhood, in the same season the prevailing year, I say, no:—neither dysentery nor intermittent fever ever came to my notice there during or before the epidemic.

Now, Sir, allow me to inform you that, at the time, or shortly after, the death of Mr. Bonin—that is, during the first week of January last—two cases of violent purging and vomiting took place on board the French bark "*The St. Anne*," Capt. Girandean. The Vessel was then moored opposite the "*Chien de Plomb*." I did not see them, but the Captain reported them, and told me that they were sent to the Civil Hospital for the care of Dr. Montgomery. That sincere gentleman might give you ample information. I never knew hereafter what became of these two cases.

(Signed): DR. N. FRESSANGE,
Acting Health Officer.

No. 22.

A l'Honorable F. BEDINGFELD, Esqre.,
Président du Comité d'Enquête sur le Choléra.

Monsieur,

J'ai l'honneur de vous faire parvenir, d'après la Circulaire que vous avez bien voulu m'adresser, les réponses suivantes:—

Premier cas le 22 Mai au Port Louis.

10. Le premier cas de choléra que j'ai eu occasion de voir et de traiter au commencement de l'épidémie, (22 Mai 1854,) est une employée de la classe des ex-apprentis, au service de M. Thomas, demeurant Rue Wellington.

20. Les renseignements que j'ai pris sont insuffisants pour apprécier les circonstances sous l'influence desquelles ce cas s'est déclaré.

30. Depuis le 1er Janvier dernier, je n'ai pas eu dans ma pratique particulière plus de dyssenteries, de diarrhées ou d'autres maladies que dans la même saison des années précédentes.

Pas plus de diarrhées que dans la même saison des années précédentes.

Port Louis, ce 12 Septembre 1854.

(Signé): C. COIGNET,
D. M. P.

No. 23.

Port Louis, le 6 Octobre 1854.

Monsieur,

Ce fut dans ma cour et le jour même de mon arrivée dans la Colonie—c'est-à-dire, le trois Juin dernier, que j'ai eu à observer le premier cas de Choléra. Le malade était un jeune noir âgé de vingt ans, ayant une conduite régulière, d'une forte constitution et jouissant d'une très bonne santé. La maladie a débuté brusquement à la suite de fatigue et d'émotions morales très vives éprouvées par le malade en donnant des soins à d'autres Cholériques.

Premier cas le 3 Juin.

Quant, à la troisième question, je ne puis, Monsieur, y répondre, étant dans la colonie depuis quatre mois seulement.

Ne sait rien des années précédentes, n'ayant été dans la colonie que depuis trois mois.

(Signé): B. DORELL,
D. M. P.

Monsieur BEDINGFELD, Trésorier, Port Louis.

No. 24.

8th September 1854.

Sir,

I have the honor to forward you, with answers to your questions, for the information of the Committee assembled for the purpose of enquiring into the history and circumstances attending the late epidemic:—

1st. The first case of Cholera which I observed in my own practice, occurred on the twelfth (12) May 1854, at Mr. Hart's house Government Street.

First case 12th May, at Port-Louis,

20. It appears that this man (negro) seized with Cholera, had been previously affected with diarrhœa. But he was quite well when, on the morning of the 12th May, he was sent by Mr. Hart on an errand to the wharf. There he suddenly felt nausea and a severe want of stool. He hastened to return to Mr. Hart's house, and was immediately seized with vomiting and diarrhœa. He died on the evening of the same day.

I visited, together with Doctor Salesse, another case of Cholera on a woman; and, together with Doctor Dauban, another case, having occurred on a sailor (apprentice) called Joseph. These two latter cases took place 3 or 4 days after the former one.

30. As to the third question I regret not to be able to answer in a favorable manner. I was not in the Mauritius in the beginning of last year. But, I must say that, having consulted my books of observations, I don't see a greater number of cases of diarrhœa and dysentery from the 1st January 1854 to the 12th May of the same year.

Does not find more cases of diarrhœa in 1854 than in 1853.

(Signed): DOCTOR COLIN.

The Honorable BEDINGFELD.

No. 25.

10. Les premiers cas survenus dans ma propre clientèle se sont présentés le 27 Mai dernier, dans les rues du Gouvernement et Royale, et bien avant ceux-là, j'avais eu occasion d'en voir avec mes confrères qui ont dû nécessairement les faire connaître au Comité.

Premier cas, le 27 Mai, au Port-Louis.

20. Les circonstances qui ont présidé au développement de la maladie chez ces malades alors, que le choléra s'était répandu dans les différentes parties de la ville, sont sans contredit l'infection, car le choléra se transmet par voix d'infection.

N'a rien observé de particulier depuis le commencement de l'année au sujet des affections diarrhéiques.

30. Relativement à l'état sanitaire de la ville, eu égard aux années précédentes, je n'ai rien observé de particulier depuis le 1er du mois de Janvier, surtout en ce qui concerne les affections diarrhéiques et dyssentériques.

Port Louis, 2 Octobre 1854.

(Signé) : THY. LABAUVE D'ARIFAT,
D. M. P.

No. 26.

Réponse du Docteur Dauban aux trois premières questions adressées aux Médecins de la colonie par le Comité d'enquête du choléra :—

1^{RE} QUESTION.

Le lieu et la date du 1^{er} cas de Choléra qui a eu lieu dans votre pratique ou à votre connaissance dans cette Ile depuis le commencement de cette année.

Le 24 Mai j'ai eu à traiter au Camp Yloff, conjointement avec M. le Docteur Colin, un ex-apprenti nommé Joseph Lucas, matelot à bord du navire le *Sea Horse*. Vers le milieu du mois de Juin, au plus fort de l'épidémie, ayant été visiter des cholériques au Camp Malabar, j'ai appris qu'une femme nommée Nanette Gabriel, blanchisseuse ex-apprentie, demeurant chez Madame Veuve Saminaden, avait été atteinte d'un véritable choléra deux mois auparavant :—c'était le 15 Avril ; comme cette date coïncidait avec la présence en rade du navire le *Sultany*, arrivé le 24 Mars, ayant le choléra à son bord. Je me suis empressé de me présenter chez Madame Veuve Saminaden pour m'assurer de l'exactitude de ce fait. Ayant demandé à voir la femme Nanette, elle m'a donné tous les renseignements propres à me convaincre qu'elle avait été atteinte d'un violent choléra ; en même temps, elle m'a demandé des conseils pour une indisposition résultant des suites de cette grave maladie.

RÉPONSE.

Dans la ville du Port-Louis, observé un 1^{er} cas de choléra le 24 Mai, à ma connaissance, manifestation d'un cas le 15 Avril, traité M. Bonin le 2 Janvier, atteint de choléra sporadique.

Les détails communiqués par les personnes qui l'avaient soignées, réunis au rapport fait par M. Ramsamy, Médecin Indien, qui avait traité la malade, ne m'ont laissé aucun doute sur la nature de la maladie : c'était un véritable choléra qui, au dire du Médecin Indien, avait été si grave qu'il avait un instant désespéré de la guérison de la malade.

Mr. Ramsamy, médecin à bord des navires qui transportent des Immigrants, a quitté la colonie depuis plus d'un mois.

Dans le cas où le Comité d'Enquête attacherait une certaine importance à cette manifestation du choléra chez la femme Nanette, quelque temps avant qu'il n'ait éclaté dans la ville du Port Louis, le comité peut se procurer des renseignements précis, et surtout authentiques, auprès du très digne Abbé Laval : ce vénérable ecclésiastique a visité, deux fois, la femme Nanette, au plus fort de sa maladie, pour lui administrer les secours de la religion ; et, comme tout le monde le sait, M. l'Abbé Laval possède des connaissances très étendues :—il a été employé en qualité de Médecin pour traiter les cholériques dans la grande épidémie qui a désolé la ville de Paris en 1832.

Si le comité reçoit d'un homme aussi recommandable des renseignements conformes à ceux que j'ai recueillis de mon côté, l'apparition d'un cas de choléra le 15 Avril sera incontestable, quant à la date—elle doit être précise—toutes les personnes de la famille Saminaden se rappellent que c'est le Samedi Saint que la femme Nanette est tombée malade.

Bien antérieurement au cas de choléra que je viens de signaler, j'ai eu à traiter le 2 Janvier dernier, conjointement avec les Docteurs Coignet, Salesse et Sauzier, M. Bonnin, âgé de 45 ans, demeurant rue St. George, qui a succombé en moins de 48 heures, à une affection dont les symptômes ont offert une identité complète avec ceux du choléra Asiatique.

2^{ME} QUESTION.

Après avoir porté à la connaissance du comité ce dernier fait, je crois qu'il est utile de le faire suivre de quelques considérations, lors même que le programme des questions proposées par l'Honorable Président ne ferait pas mention de l'endémicité du choléra à l'île Maurice, comme cette question est relative au plus haut degré à la sécurité de la population de l'île, il y aurait lieu de supposer qu'un cas de choléra isolé est d'ordinaire l'annonce funeste d'une épidémie prochaine, qui, pour éclater, n'aurait besoin que de certaines conditions favorables à son développement ;—soit dans la constitution atmosphérique, soit dans des circonstances propices de localité, ou didiosynérasie chez les habitants du pays.

RÉPONSE.

Le cas de Monsieur Bonin est accidentel, et ne prouve pas que les

Je déclare, d'après mon opinion établie par une très longue expérience médicale, que le

déplorable événement survenu à M. Bonnin n'est d'aucune valeur pour prouver que le choléra est endémique à la colonie ; autrement dit, qu'il puisse se former de toutes pièces sur les lieux, et une fois qu'il a pris naissance spontanément sévir ensuite, sous la forme épidémique sur une grande masse de la population.

Le médecin qui, à Maurice, chercherait à rattacher le développement de l'épidémie à peine complètement éteinte, à l'existence d'un seul cas de choléra isolé, dont la manifestation remontait à quatre mois, commettrait une grave imprudence—de son opinion résulteraient, peut-être, les plus fâcheuses conséquences. L'administration de la colonie pénétrée de l'idée que les épidémies cholériques peuvent se développer par suite des causes morbifiques engendrées par des conditions inhérentes à notre localité, serait en droit de considérer le maintien des quarantaines à peu près comme tout-à-fait inutile, et, au lieu d'imposer aux navires arrivant dans le pays avec des cholériques, des mesures sanitaires plus rigoureuses que par le passé, ne voyant pas une nécessité impérieuse à protéger la population contre l'invasion d'un fléau dont la provenance étrangère ne serait pas bien démontrée, admettrait en libre pratique les navires ayant des cholériques à leur bord.

Le fait de M. Bonnin doit être simplement classé dans la catégorie des cas de choléra sporadiques, destinés à rester toujours à l'état d'isolement, privés, par conséquent, de toute puissance reproductive. Pour appuyer cette opinion de preuves, je prendrai la liberté d'observer au Comité, qu'exerçant la médecine à Maurice depuis 25 ans, j'ai eu l'occasion de constater chez plusieurs de mes malades des symptômes tellement manifestes d'un Choléra bien confirmé que, dans deux circonstances, j'ai cru utile d'en prévenir le Médecin en Chef. Mes deux malades, observés par une commission de médecins, soit dans leur lit, soit lors de leur autopsie cadavérique, ont offert tous les phénomènes et tous les symptômes du véritable Choléra.

Il n'existe à Maurice aucune affection ayant l'apparence du Choléra revêtant la forme endémique, si ce n'est, affection désignée du nom de cholérine chez les très jeunes enfans ; elle a pour caractères symptomatologiques le vomissement, la diarrhée sérieuse ; la fièvre n'est jamais en rapport avec l'agitation extrême, l'assoupissement survient, les yeux s'encavent, l'enfant se refroidit, la circulation du sang est suspendue et l'enfant succombe dans une véritable période algide ; on le voit, ce sont là presque tous les symptômes du Choléra ; cette affection se développe chez les enfans lors de leur dentition ; pendant les fortes chaleurs, et les enfans qui habitent les maisons construites en pierres et couvertes en ferblanc y sont particulièrement prédisposés ; ce qui achève de compléter la ressemblance de cette cholérine des enfans avec le Choléra épidémique, c'est que les petits malades succombent le plus souvent en dépit du traitement le mieux dirigé ; j'ajouterai que les indications pour le traitement sont les mêmes que pour le véritable Choléra.

Le médecin doit s'empresse de suspendre les évacuations alvines s'il ne veut pas avoir le douloureux spectacle de voir succomber ses petits malades. Si la symptomatologie de la cholérine de très petits enfans est en tout identique avec celle du Choléra, ces deux affections diffèrent seulement pour la forme : l'une est réellement indémique et l'autre importée.

Les dissenteries et les diarrhées règnent annuellement à Maurice dans la saison des fortes chaleurs ; je n'ai pas remarqué que depuis le 1er. Janvier 1854 il y ait eu un plus grand nombre de ces affections que les années précédentes. Pour résoudre cette question avec précision, il faudrait s'adresser aux médecins des campagnes ; leurs registres feront voir si les cas de dissenteries et de diarrhées ont été plus nombreux qu'à pareille époque dans les années précédentes ; l'Hôpital Civil doit également établir cette statistique avec exactitude.

Une remarque faite dans ma pratique, lorsque le règne de l'épidémie cholérique fut bien constitué, il s'est présenté quatre cas de dissenterie ou de diarrhée parvenus à une extrême gravité, et qui ont tout aussitôt revêtu le caractère de l'épidémie cholérique régnante ; les quatre malades ont présenté, avant de succomber, les phénomènes de la période algide du Choléra ; la nature des selles n'avait nullement changé, elles ont conservé le même aspect qu'elles avaient auparavant.

Quant aux fièvres intermittentes, je n'ai pas observé un seul cas de fièvre de ce type, seulement les fièvres typhoïdes et catarrhales ont offert une rémittence et une exacerbation plus prononcée que dans les temps ordinaires.

Les épidémies pré existantes à l'apparition de la redoutable épidémie cholérique étaient la rougeole du reste assez bénigne et la coqueluche ; ces épidémies de peu de gravité se sont complètement effacées pour laisser le champ libre au redoutable fléau qui a régné en véritable autocrate, sans admettre le moindre partage avec les fièvres exanthématiques ou les affections bronchiques reconnues contagieuses ; mais tout aussitôt que le Choléra a diminué d'intensité, seulement alors la rougeole a eu la faculté de se manifester, et vers la fin du règne cholérique, j'ai eu trois malades qui, à peine échappés aux dangers d'un violent

conditions susceptibles d'engendrer le Choléra puissent se développer spontanément dans l'île, pour donner naissance à l'épidémie il a fallu l'importation de la cause morbifique ou d'un germe.

3ME QUESTION.
Depuis Janvier dernier, y a-t-il eu dans votre pratique, plus de dysenterie, de diarrhée, et de fièvre intermittente, que les années précédentes ?

RÉPONSE.
S'il a existé en plus grand nombre d'entéocolites, (diarrhées ou dysenteries) depuis le commencement de l'année qu'à pareille époque dans les années précédentes, je n'en ai pas la certitude. les médecins des hôpitaux ruraux ou de la

ville peuvent seuls répondre à cette question; dans ma pratique je n'ai pas eu à traiter des fièvres intermittentes.

Choléra, ont été atteints de l'éruption rougeoleuse très forte, ce qui a prolongé de beaucoup leurs souffrances et leur convalescence. Si l'apparition de la rougeole a été consécutive à la manifestation du Choléra chez les malades, l'infection contagieuse de la rougeole a dû pré-exister à l'invasion du Choléra. La période d'incubation devait exister déjà, tellement les deux affections se sont suivies de près, ce qui prouverait encore une fois de plus que, de deux maux développés en même tems, le plus violent suspend l'effet du moindre.

Port-Louis, 15 Novembre 1854.

DAUBAN, D. M.

No. 27.

Grand River, 30th September 1854.

Sir,

In answer to your Circular of the 4th Instant, I have the honor to inform you:—

First case 8th
May, at Grand
River.

1o. That I saw the first case of Cholera which occurred in my practice on the night of the 8th May, which case was that of a child aged about 8 or 9 years, living in a house situated about two or three hundred yards from the Bay of Grand River.

2o. I was called upon by Mr. Malfait, a painter occupying a shop in the Chaussée, but residing at Grand River, on the night of the 8th May to see his son, who, on my arrival, I found to be in the last stage of collapse, and who was stated by his father to have been violently vomiting and purging for 4 or 5 hours before I saw him. He died in a very short time. Mr. Malfait has since informed me that the domestic attached to his shop in town was attacked the next day with the same symptoms as his son, and died the same day.

More diarrhœa
&c. than usual in
the same season in
preceding years.

3o. Diarrhœa and influenza were more prevalent in my neighbourhood than usual at the same season in preceding years.

(Signed): L. POWELL.

To F. BEDINGFELD, Esqre.,
Treasurer & Chairman of Cholera Committee.

No. 28.

To the President of the Cholera Committee.

Sir,

First case 19th
May, at Grand
River.

The first case of Cholera which occurred in my practice was at Grand River, on my father's property, on the 9th of May last. The subject was an Indian, a groom, of a strong constitution, who, after two days of intense diarrhœa, was taken by the Asiatic Cholera, which terminated fatally after two days duration. That man had not left the establishment.

This case is the first, to my private and positive knowledge, for I attended the patient: but I have had the opportunity to learn that, previous to that case I have mentioned, four had occurred. The first (as far as I can recollect) was on the 5th of May; it was Mr. Malfait's child, whom Dr. Powell attended; and the second, a female servant to an Indian residing at Grand River: the third an old fisherman living on the sea shore: the fourth, an old black woman, who died after a few hours of sickness the night of the 9th of May (if my memory serves me right). I cannot precisely warrant the exactitude of these dates (except that of my father's groom); but what I can state positively is, that they are previous to the cases which occurred in the prisons of the town.

As to the second question which you ask an answer to in your circular, viz:—"The circumstances under which such cases occurred," I declare it is not in my power to give you any answer whatsoever. As far as concerns the Indian I attended upon, he had not left the establishment before he fell ill, (at least as far as I can know); and I repeat, I am totally unable to say how or why he was taken by the epidemic.

As to the third question, viz: "Whether, since the first of January last, dysentery, diarrhœa, intermittent fever, or any other malady, prevailed in my neighbourhood to a greater extent than usual, at the same season in preceding years," I must again beg leave to confess my incapacity to answer to it; for I have not been in the colony for more than nine months; and, when Cholera fell upon us, I had scarcely begun practising medicine and had seen but few patients. But what I have observed is this: that the epidemic had hardly begun at Grand River; that I was called to attend upon a great number of patients of all ages, labouring under common and simple diarrhœa, (a few vomited at the same time as they were purged,) which, in the very great generality, were easily and rapidly cured.

Cannot answer the question as to comparative prevalence of diarrhœa in spring of 1854 and 1853.

October 5th.

(Signed): H. KÆNIG,
D. M. P.

No. 29.

Replies to questions proposed by the Cholera Committee in Port Louis, on the circumstances attending the late Epidemic, September 4 1854.

No. 1. The first case of Cholera that occurred in my own practice, or to my knowledge, since the commencement of the present year, took place on the 24th of May, on the "Beau Plan" estate, the property of Mrs. Widow Couve—about half a mile from the Village Church on the Powder Mills Road.

First case, 24th May, at "Beau Plan."

No. 2. In the person of an Indian who, as far as could be ascertained, never left the estate—at any rate, no previous communication either with infected districts or persons could be made out.

No. 3. Bilious remittent fever, known commonly here as Bombay fever, prevailed on this estate in an epidemic form, in the months of February and March last, causing the deaths of 5 or 6 persons. The Indian above-mentioned was a severe sufferer from the disease; and tho' he had returned to work, was still feeble. I am not aware that any other than this malady was more prevalent than usual in this neighbourhood, since the first of January, than at a similar period in preceding years—nor that this disease existed on any other estate.

More diarrhœa than in spring of preceding years.

The Indian camp on the above-named estate is situated on the borders of a large marsh. November 25th 1854.

(Signed): P. REILEY,

Government Medical Officer.

No. 30.

Rivière du Rempart, 12 Septembre 1854.

Monsieur,

J'ai l'honneur de vous transmettre les réponses aux questions que vous m'avez soumises dans votre circulaire du 4 courant.

1. Le premier cas de Choléra s'est déclaré chez moi.
2. Voici dans quelles circonstances :

Le samedi, 27 Mai, une partie de ma famille a quitté le Port pour venir s'installer chez moi; dans la nuit du samedi au dimanche, une femme créole, gardienne d'un des enfans, a été prise du Choléra; le lendemain dimanche, l'enfant confié à ses soins a éprouvé tous les accidens caractéristiques de la maladie régnante.

Premier cas, le 27 Mai, dans sa maison, Rivière du Rempart.

Dans la journée, j'ai été appelé à la Poudre d'Or, (à quatre milles de l'endroit que j'habite) où j'ai constaté l'existence de la maladie.

Le lundi, 29, l'épidémie commençait ses ravages sur les établissemens Raffray; le 31 sur l'établissement Bon Espoir.



Beaucoup de diarrhée depuis le commencement de l'année.

3. Depuis le commencement de l'année jusqu'à l'invasion du Choléra, le nombre des malades atteints de diarrhée, de flux de sang et de gastro-entérite aiguë avec prédominance du type intermittent a été considérable. L'eau du canal de la Rivière du Rempart qui traverse plusieurs habitations avant d'arriver au Piton, est chargée de résidus, de détritits, d'impuretés qui en altèrent nécessairement les qualités ; déjà, l'année dernière, j'avais fait établir un filtre sur l'embranchement qui finit à Bon Espoir ; c'est à l'usage de cette eau que j'attribuais le développement et la gravité des affections gastro-intestinales, c'est en grande partie à son action délétère long tems prolongée que j'attribue l'intensité et la persistance de l'épidémie cholérique dans cette partie du district.

PH GOULY,
Government Medical Officer.

No. 31.

Flacq, 22nd September.

Sir;

In reference to your circular, under date 4th September, I have the honor to forward the result of my observations in the district of Flacq.

First case, 27th May, at Flacq.

The first case of Cholera that came under my observation was on the 27th May. It was a child who, with its family, had just arrived from Port Louis. Previous to their departure a fatal case of Cholera had taken place in their yard, which was the cause of their leaving town.

Second case, 28th May.

The 28th, died of Cholera an Indian, just arriving from Port Louis, in the upper part of Flacq. The 30th, in the neighbourhood, the disease increased rapidly, four or five per diem falling victims.

In another part of the district, (Poste of Flacq.) the first June, died a child, whose family had fled from town. The family who received them was decimated a few days afterwards.

The Poste of Flacq communicates frequently both by sea and by land with town. Several persons arriving from Port Louis died at the same time in the same spot ; and the fifth of June the disease was fully developed.

In many places the disease appeared to have been communicated by persons coming from town ; and frequently we had occasion to observe that persons going to Port Louis came back to die of Cholera in the district—and immediately the neighbourhood was infested with the disease : and this fact was so notorious, that people dreaded to send a person to town.

From my observations I have come to the conclusion that the disease was, in the first instance, brought from town and spread over the district by inter-communication. Whether we should have been spared, had it been possible to prevent communication, is a question which I am not prepared to decide ; but, in many cases, contagion appeared to me manifest.

Advantage of drinking well water.

There is a fact which is worthy of particular attention, and which I bring to your notice :—In those places where the inhabitants drank only well water, the disease did not appear. (Bras d'eau Palmar, Bellemare, Belle Étoile, Beau Rivage, Bon Accueil, are estates coming under this category.) On the contrary—river water, and particularly canal water, appeared to be destructive at the Caroline estate—Beau Champ, La Gaité, Constance, coming under this last condition—the disease was frightful.

Persons given to drinking were more exposed to be attacked by the disease ; and such cases were invariably fatal.

The whole of the district was not attacked simultaneously :—the disease attacked one spot, increased, came to its highest, declined and disappeared : it then attacked another place, went through the same course, and successively reached all over the district—*apparently progressing to windward*. The intensity of the disease shewed itself generally after a hot day combined with a moist atmosphere.

With respect to the sanitary state of the district, previous to the appearance of Cholera, I have no reason to believe that it was not as good as in the preceding years at the same season—a remarkable case of disease having come under my observation.

Sanitary condition of district before the epidemic similar to that of former years.

These are the facts which I have observed and thought worthy of your attention.

(Signed): C. GRIVOT.

No. 32.

Au Président du Comité
Monsieur,

J'ai l'honneur de vous adresser les réponses aux questions que vous me faites par votre circulaire du 4 courant sur l'invasion et la marche du Choléra dans le quartier du Grand Port.

Le premier cas de Choléra observé par moi est celui d'un cocher créole appartenant à une des Messageries du Port Louis, qui était venu conduire une voiture sur l'établissement Plaisance le 26 Mai dernier; le lendemain il fut pris de la maladie et mourut après trente-six heures. Ce cas n'eut aucune conséquence fâcheuse pour les autres personnes habitant sur la propriété Plaisance.

Premier cas le 27 Mai à "Plaisance."

Le deuxième cas que j'observai fut celui de Monsieur J. Desfosses, arrivant du Port-Louis, où il venait de soigner sa belle-mère qui avait succombé à la maladie. Ce jeune homme éprouva les premières atteintes du Choléra le 31 Mai et mourut le 2 Juin.

Le troisième cas fut Madame Desfosses, qui fut prise de la même maladie que son mari, et qui, après avoir été très malade pendant plusieurs jours, finit par se rétablir.

Ces deux derniers cas eurent des conséquences terribles pour les personnes habitant aux environs de la maison de Mlle. Picquenard, chez laquelle étaient descendus Monsieur et Madame Desfosses. Cette maison, située à l'entrée du village de la Plaine Magnan, devint un centre d'où la maladie se répandit dans tout le quartier du Grand Port, en faisant plus de trente victimes en moins de quinze jours dans le village même où, jusqu'alors, le Choléra ne s'était pas encore manifesté. Ce ne fut que plus tard que le Choléra exerça ses ravages dans les autres parties du quartier, et son influence contagieuse se fit sentir avec beaucoup plus de force sur les propriétés avoisinant les rivières que sur les habitants éloignés des courants d'eau.

Depuis le mois de Janvier dernier, je n'ai pas eu l'occasion d'observer plus de fièvres, dysenteries ou autres maladies qu'à même époque des années précédentes.

Pas plus de diarrhée depuis Janvier que dans les années précédentes.

Grand-Port, 12 Septembre 1854.

Signé COX G.

No. 33.

Grand Port, 9th September 1854.

Sir,

I have the honor to return the following answers to the questions submitted to me in your circular of the 4th inst.

No. 1. The first case of Cholera attended by me in this district occurred at Mahebourg on the 28th May.

First case, 28th May, at Mahébourg.

No. 2. The subject of this case was a lady named Mme. Bertrand, who left Port Louis on the 27th for Mahebourg. On the following day, the 28th, she was seized with Cholera, and died in 24 hours. The second case that occurred at Mahebourg was on the 5th of June. The third case, on the 9th June. The disease then became general.

No. 3. On referring to the dispensary books, I find that there has been an increase of dysenteric and diarrhœic cases since the beginning of 1854, over that of preceding years—but not very considerable.

An increase of diarrhœa in 1854 as compared with 1853.

(Signed): J. R. JOHNSTON.

To the Honorable FELIX BEDINGFELD,
Treasurer & Chairman.

Savane, September 9th 1854.

Sir,

In reply to your circular relative to the Cholera, I have the honor to inform you:—

First case, on the 3rd June, at Chemin Grenier.

10. That the first Cholera case I had this year, occurred in the person of a Creole seaman named Joseph, residing at Chemin Grenier in the Little Savane. On the same day that this man's case occurred, I also had a case in an Indian hawker named Darsau at "Surinam" estate near Souillac.

20. Both the cases I have above named, occurred in persons who had just arrived from Port Louis; and in the case of the seaman Joseph, diarrhœa existed with him when he left Port Louis. In the case of the man Darsau, he was attacked by the disease on the second day of his arrival at Savane: Darsau recovered. Joseph died after 8 or 9 days sickness from the date of the preliminary diarrhœa, and on the day of his death, his father (who had not been out of Savane) died also from Cholera after a few hours illness. From this date the disease gradually spread thro' the Petite Savane.

30. I remarked, during this year, a greater amount of Typhoid fever (far greater) than I have ever observed before. Intermittent fever generally exists in this damp district; but I am inclined to believe that it has not been more prevalent than usual. I would beg to observe that diseases were certainly far more common this year than usual, but they were of a mixed nature, and, with the exception of Typhoid fever, no specific disease presented itself to an unusual extent.

Diarrhœa not more common than usual.

With regard particularly to diarrhœa, I have no hesitation in saying, that it was not more common than usual.

(Signed): JOHN BOLTON.

P. S.—Joseph died on the 6th June.

F. A. BEDINGFELD, Esqre.,
Chairman of the Cholera Committee, Port Louis.

No. 35.

Plaines Wilhems, 30th September 1854.

Sir,

First case, 27th May, at Police Station, Moka.

I have the honor to forward to you the following answers to the three questions contained in your circular of the 4th Instant, regretting that the enquiries necessary for these answers together with my professional duties, did not allow an immediate reply.

1. The first case of Cholera which occurred in my own practice was on the 27th May last, at the Police Station of Moka, on a young man named Théogène, son of a Police Sergeant.

2. This patient was seized with the incipient symptoms of the malady on his way to Moka from Port Louis, where he is said to have had communications with choleric patients. He died about 24 hours after his arrival at Moka, in a hut of the Police Station. I visited him Saturday the 27th, and stated the symptoms of Cholera Asphyxia.

Cannot say whether since the 1st of January, more diarrhœa prevailed than in preceding years.

3. I cannot state whether, since the 1st January last, dysentery, diarrhœa, intermittent fever, or any other malady, prevailed in my neighbourhood to a greater extent than usual at the same season in preceding years: but I have often complained, during the year preceding the appearance of Cholera, of the unusual gravity of the cases occurring in my practice, especially of fevers.

(Signed): AMÉE. PERROT,
D. M. M.

To the Honorable BEDINGFELD,
Chairman of the Cholera Committee, &c., &c., &c., Port Louis.

No. 36.

[Circular.]

Committee Room, Government House,
10th October 1855.

Sir,

The Committee, appointed by His Honor the Officer Administering the Government to investigate the origin, progress and decline, of Cholera in Mauritius, being desirous of mentioning in their Report the treatment for that malady, which has been pursued with the greatest success, I have the honor to request that you will inform me, at your earliest convenience, what has been the result of your experience in that respect, and what treatment you have found to be most efficacious in its application.

2. As it is a notorious fact that, during the Epidemic, some localities have scarcely suffered while, on the contrary, others have been most severely afflicted, I shall feel extremely obliged by your letting me know the places which have been characterized by these phenomena, and the causes which you suppose may have produced them.

3. The Committee will receive, with pleasure, any observations you may have to offer on the various symptoms and course of the Epidemic, in your neighbourhood.

I have, &c.,

(Signed): FELIX BEDINGFELD,
Treasurer, Chairman of Cholera Committee.**No. 37.**

Port Louis, 21st October 1854.

Sir,

In reply to your Circular of the 10th Instant, I have the honour to state that, during the prevalence of the late epidemic, my time was so much occupied with official business, that I had very little experience in the treatment of the disease, except in consultation with others. This, however, has been the third epidemic of Cholera in which I have been engaged, and from former experience, as well as from what I have lately observed, I consider the most successful mode of treatment in this disease to be: 1st. The exhibition of an emetic. 2nd. A mercurial purgative, given soon after the emetic. 3. Small doses of calomel, given at very short intervals, beginning soon after the purgative, 4. The ordinary means for restoring temperature and combatting collapse, employed as soon as it appears.

11. With regard to the second paragraph in your Circular, I have nothing to communicate resulting from my own practice for the reason above mentioned.

Signed

GEO. CLERIHUEW,
C. M. O.

The Honorable F. BEDINGFELD, Esqre, President of the Committee.

This is the third Epidemic witnessed by him, and prefers as treatment:

1. Emetic.
2. Mercurial Purgative.

3. Small doses of Calomel.

The ordinary means of combatting collapse.

No. 38.

Port Louis, 23rd October 1854.

Sir,

In reply to the queries contained in the Circular dated 10th October, issued by the Cholera Committee, I have the honour to state:—

10. The treatment I found to be most efficacious was:—

A. In the premonitory stage:—1. Dilute sulphuric acid, in half drachm doses every half hour or hour. 2. An emetic when there was nausea, vomiting, or pain in the abdomen.—I must remark that this plan was singularly successful, and one which I can, from experience of its great efficacy, strongly recommend for general adoption.

Details the treatment he prefers in the premonitory stage.

- The stage of invasion. B. In the stage of invasion:—1. Saline draughts, consisting of tartar emetic $\frac{1}{4}$ gr. sulphate of magnesia g. x. v., water 1 oz., given every quarter of an hour. 2. Calomel, in doses of 5 or 10 grains every half hour or hour. 3. Venesection, from 6 to 12 oz.
- The stage of collapse. C. In the stage of collapse:—1. Venesection, from 6 to 12 ozs. 2. Turpentine epithem or fomentation to the abdomen. 3. Draughts consisting of solution of sesqui-carbonate of ammonia, sulphuric æther, oil of turpentine, each 2 drachms; with camphor mixture 1 oz. every hour. 4. Friction of the limbs with strong stimulating embrocations.
- The stage of reaction. D. In the stage of reaction or hot stage:—1. Calomel, in 2 or 3 grain doses—sometimes hydrarg. c. cret., or blue pill, every 4 or 6 hours, in combination with Morphia or Dover's powder. 2. Alternating diaphoretic draughts. 3. Quinine in from 2 to 6 grain doses, every 4 or 6 hours. 4. Leeches and blisters to the abdomen, in the event of gastro-enteric complication. 5. Turpentine by mouth and anus where there was sinking of the vital powers. 6. Cautious, sometimes very liberal administration of direct stimulants, i. e. wine, brandy, porter, or champagne. 7. Nourishing diet of suitable quality—great care being taken not to oppress the stomach.

The above is but a brief sketch of the varied treatment pursued in this complicated and highly dangerous stage of the disorder.

Locality where most Cholera prevailed, to windward of yard where dead carts were kept. 20. The locality in the Barracks where most cases of Cholera occurred, was the upper floor of the N.W. range, having immediately to windward of it a yard in which were kept a number of vehicles used for the transport of dead to the burial grounds. In no other way is the greater virulence of the disease in that quarter to be accounted for.

Reaction most severe and fatal, more than in Sindh and Ireland. 30. I have but little to say as to the symptoms of the epidemic as it appeared in the Barracks, as these differed, I apprehend, in no respect from those which characterized cases occurring in other parts of the town. I may be permitted, however, to remark that, as compared with the Cholera of 1846 in Sindh, and that in Ireland in 1849, both of which I had ample opportunities for observing, the stage of reaction in this terrible complaint, as it appeared in June last in this Island, was, by far, the most severe, the most unmanageable, and the most fatal.

(Signed): E. S. DOCKER,
Surgeon 5th Fusiliers.

To FELIX BEDINGFELD, Esqre.

No. 39.

Line Barracks, Port Louis, 20th October 1854.

Sir,

I have now the honor to comply with the requests contained in your Circular of the 10th Instant:—

Details the treatment most successful. 10. As regards the treatment which I have found most efficacious during the late Epidemic.—The early employment of the douche bath, and its judicious continuation until complete reaction had set in—at the same time giving calomel, muriate of morphia and camphor. The proportions and manner in which I used them were:—2 grains of calomel, 1/6 grain muriate of morphia, and 3 grains of camphor, in the form of a pill, given every half hour, or oftener if rejected; also friction with a linament of equal parts of oil of turpentine and olive oil, over the extremities, keeping the patient at the same time as well covered with blankets as possible. Brandy, in some instances, and gin and water in others, were given internally. At the period of complete reaction—indicated by returning heat, pulse quick, and the patient calling out for more water to be thrown on him—the douche bath was discontinued, 20 grains of calomel were given, the pills given at intervals of one hour, a large mustard plaister applied over the chest and abdomen, a mild and natural action of the kidneys and intestines, promoted by the careful administration of castor oil and tincture of opium, (in the form of enema,) and acetate or nitrate of potass were given in moderate doses.

20. With respect to where I remarked Cholera most prevalent, and the contrary, and the causes to which I attributed the phenomenon:—

During the earlier period of the Epidemic my duties confined me closely to the Line Barracks at Port Louis, where the sanitary measures adopted rendered the occurrence of Cholera among the men rare; but, on my subsequent removal on detachment to Reduit,

in medical charge of about 200 men, I had an opportunity of contrasting the disease among the soldiers and the lower class of inhabitants in the district—both as regards the number of cases and the malignity of the attack; and, during my stay there, the latter suffered most. And I further remarked that bad clothing, bad diet, uncleanness, disregard to proper ventilation, or intemperance, might be adduced as a predisposing cause in every instance which came under my notice, and that the disease raged with severity proportionate to the existence of these causes in particular localities.

Soldiers at Re-duit suffered less than lower class of Inhabitants.

Bad diet, dirt, intemperance &c. predisposing causes.

(Signed): J. R. WHITTEY,
Assistant Surgeon 5th Fusiliers.

The Honorable FELIX BEDINGFELD.

No. 40.

Port Louis, 24th October 1854.

Sir,

In answer to your inquiry as to the mode of treatment employed by me in the recent Epidemic of Cholera, I have the honor to reply that, if the vomiting was not very frequent on admission, an emetic, generally of mustard, was prescribed, the body very freely rubbed, both with dry towels, by the hands, and also by stimulating linaments.

If the vomiting was not very frequent, a mustard emetic given.—Dry friction and stimulating linaments.

Small doses of acetate of lead and opium were given in some cases, every hour or half hour, to four or six doses, and also stimulants internally, such as wine, brandy, æther and ammonia.

In some cases, small doses of acetate of lead and opium, and brandy, æther or ammonia, internally.

The cold affusion or douche had a fair and thorough trial in some cases; and, although on the first or second application it seemed to rouse the patient and to be followed by slight reaction, I cannot say that I saw much permanent benefit under its use.

Did not see much permanent benefit from the douche.

Mustard poultices were freely and frequently applied.

Frequently applied mustard poultices.

I am inclined to believe that small and frequently repeated doses of calomel, with or without a very small portion of opium, appeared to have most influence in checking the disease and in bringing back the suspended biliary secretion.

Believes that small, oft repeated doses of calomel, with or without opium, had influence in bringing back the suspended biliary secretion.

(Signed): Jno. CARSON, M. D.
Staff Surgeon, 2nd Class.

The Honorable F. BEDINGFELD, &c., &c., &c.

No. 41.

Port Louis, November 1st 1854.

Sir,

In reply to the 1st paragraph of your letter, dated the 10th ultimo, I regret to say that I have extremely little of a satisfactory nature to lay before the Committee.

The multitude of remedies that have in succession been vaunted as efficacious in Cholera which, after being submitted to the test of unprejudiced trial, have been found utterly unequal to the accomplishment of the object desired, shews but too truly that *none has yet been discovered on which reliance can be placed*. all may do good in some cases, but it is equally true that all fail in but too many. The want of due discrimination between the treatment of the diarrhœa that prevails during Cholera, and of the symptoms premonitory of the disease, has also occasioned much to be said and written, regarding the utility of remedies in Cholera, which had only succeeded in arresting the epidemic derangement to which the name of Cholera has been given, and which in the great majority of cases there is every reason to believe, would have subsided spontaneously or with any simple remedies, whether Emetic, Astringent, Laxative, or Stimulant, provided only they were used in good time. This throws serious difficulty in the way of estimating the amount of real good that has been done in the hundreds of cases of Cholera we hear of having been successfully treated by particular remedies.

No remedy that can be relied on, has been discovered.

A most important question to decide, and one that has not hitherto met with the attention it deserves, is, whether or not we are in possession of any means whereby

Recommends protective preparations of Steel and bark such as are used in India.

the human system can be fortified and protected against the assaults of this formidable disease. No one is more interested in the discovery of some such means than the Medical Man whose constant exposure by night and by day to the malarious if not the infectious atmosphere of the disease, combined with his unceasing fatigues and anxieties, renders him undoubtedly susceptible in a peculiar degree to the reception of whatever poison the atmosphere may then contain. Preparations of steel and of bark have been used as a protective to some extent in India; and with little more experience of the benefit of Quinine than its effects in my own case during the late epidemic, which I am fully satisfied was very satisfactory, I would not only, on any such future occasion, recommend its use to all to whom such epidemics bring unusual fatigue, but I would go further; and this I think a very important observation; I would in the event of one member of a family being attacked by Cholera immediately administer to all the others, protective, or as it is technically called Prophylactic doses of this valuable drug, the use of which I may here remark suggested itself to me, not so much from having heard that it had been so employed in India, as from having witnessed the great utility of Bark when employed to fortify the system against that most formidable disease, not unlike Cholera in some of its features, the Remittent Fever of Hong Kong. Should any future outbreak of Cholera unfortunately here occur, it would be almost worth while to test the virtues either of Quinine or Bark, by keeping a certain number of policemen or soldiers under its constant use, during the force of the epidemic.

Very important to check the diarrhoea.

With a view to the successful treatment of Cholera, no fact is of more importance than one which is universally admitted to be true, vizt.: that relaxation of the bowels should at such a time never be suffered for an hour to proceed unchecked; let this be as extensively and widely made known as possible, and spread abroad. A knowledge of this most simple and effectual means of treating diarrhoea, will prove the most important means of checking the disease that can possibly be devised.

Details what he considers best to be employed.

In order to provide a mode of treatment of general utility and application in this derangement of the bowels, several requisites are essential; in the first place the remedy must not be expensive, it must be one simple in its preparation, and found generally in abundance in the shops of the druggists, and it must not be dangerous in its action in overdose. Now in the following list of remedies, all of which have commonly been employed, vizt. compound Chalk Powder, confection of Opium, Tincture of Rhubarb, Tincture of Catechu, Dover Powder, Alum, Laudanum, Dilute Sulphuric Acid, Acetate of Lead, and many such like, I believe by far the most valuable as fulfilling most if not all the foregoing indications is the *Dilute Sulphuric Acid*. I myself used extensively at first Opiate Confection dissolved in Peppermint water, with or without the addition of Catechu, as recommended by the Central Board of Health of London, and I had no reason to be otherwise but well satisfied with its effects, but the price was high (which limited its use to the better classes only) and very speedily the whole stock possessed by the Druggists was exhausted. Under these circumstances I betook myself to the Sulphuric Acid, and I was not, except in a few occasional cases, disappointed. When the Acid had failed of itself to check the purging, I generally found that combining it with Laudanum, or using at the same time Opiate lavements, proved successful in bringing the symptoms to an end. With the Acetate of Lead and Opium, I had more experience during the earlier part of the epidemic than with any other remedy, and to me the results were very satisfactory, but administered as it usually is in Pills it soon became impossible for the Druggists, overwhelmed as they were with unceasing labours, to prepare it. In simplicity of preparation it was decidedly surpassed by the Acid, which could be compounded with the greatest facility, and dispensed with the utmost dispatch; and a sufficient supply of which moreover for the whole Colony, even if it came into universal use, might be stored up and kept without charge or deterioration in the Government stores for the next 30 years the established interval we hope of the epidemic's appearance in Mauritius. Such a precaution might also be had recourse to in regard to Laudanum, the supply of which during the late outbreak was completely exhausted at an early period of the disease. Alum has been strongly recommended for its efficacy in the epidemic diarrhoea, and the simplicity, harmlessness, cheapness, and abundance of this substance would render it well deserving of a trial. When notwithstanding the early and continued use of the above class of remedies, the purging continues, the evacuations becoming light in colour, and there occurs vomiting with unusual perspiration and coolness of the skin, or what is still more formidable, when all these symptoms commence simultaneously, without the previous occurrence of diarrhoea at all, then a much more serious state of matters is at hand, for the premonitory is passing into the confirmed stage of Cholera, in which, so far as I can judge, *Medicine begins to manifest but little power.*

In confirmed Cholera, medicine begins to manifest but little power.

At this period of the disease I was in the habit of increasing the dose of Acetate of Lead and Opium, and of combining it with camphor and creasote, which latter ingredient seemed to exert much effect in arresting the vomiting; but what I had repeatedly occasion to see, with anxiety and regret, was that succeed tho' we did in checking both vomiting and

purging, the disease continued its onward progress to perfect collapse, notwithstanding all that could be done. This stage fully developed, I feel bound to confess that in my opinion Medicine has proved itself of little (it may be almost said of no) use. I have administered stimulants of all kinds including Ammonia, Æther, Brandy, Camphor, Turpentine, and I have used all manner of powerful frictions to the surface, but where the collapse was complete, the issue has been almost invariably fatal. Well may we use our utmost efforts in the premonitory and early stages of the disease, to arrest its progress, for once it is fully developed in its cold stage, the resources of the healing art in the present stage at least of our knowledge, may be said to be almost at an end. It is proper here shortly to notice the affusion of cold water which was extensively used throughout the late epidemic, and which I myself tried on several occasions. *When employed early* in the stage of collapse, and *followed by assiduous rubbing*, as pointed out and considered essential by Doctor Macpherson, it certainly appeared to act beneficially, rousing the pulse, improving the colour, and checking the spasms, all of which no doubt it effected by promoting the oxygenation of the blood, but this benefit did not appear to me to be continued on the frequent repetition of the Douche, for the slight reaction which at first resulted from its employment, after three or four repetitions seemed to cease, and the patient remained cold, livid, and even exhausted by the repeated operation. The mode of action of this remedy, vizt.: that of rousing the patient to the performance of the vital acts, and thereby enabling the blood to circulate, is, it appears, a movement in the right direction, and it is thus that an effectual remedy for Cholera (if such is ever discovered) will in all probability be found to act. A very formidable objection to the Douche as hitherto administered, and precluding its general employment, is the constant attendance required to be devoted to a single case on the part of the Medical Attendant, and the number of stout persons requisite to give it effect.

The Douche.

In regard to the second Paragraph of the Circular. A fact not to be lost sight of as regards the late epidemic is the number that in different localities have been attacked, and even died in the same house, while other houses and families entirely escaped. This is notorious to all and needs no special cases quoted to illustrate its truth. In some instances where such occurred, there no doubt appeared causes in a certain degree accounting for the unfortunate result, but in others which took place under my own observation, no satisfactory explanation could be assigned.

The fact however being undoubted, would it not be desirable in any future epidemic, whenever a single case shewed itself in a family, who could afford to remove to another house, that they should at once evacuate their residence, and betake themselves to a different locality. Who can tell but that some valuable lives might have been saved, had this been adopted in the late epidemic. This expedient of removal I would recommend in addition to the employment (as before stated) of immediate means of bringing all the members of the affected family as speedily under the influence of Quinine as possible.

Recommends when practicable isolation.

On the third paragraph of your Circular, calling for remarks on the symptoms of the disease, and the course that it has taken in my neighbourhood, I have nothing of importance to submit.

The Committee are all aware of the late limited outbreak of the disease which took place in the family of the late Mr. Ackroyd, living in a house situated in the Valley, between the Champ-de-Mars and Champ Delort, three months after every case had entirely disappeared from the Town, and almost a week after it had entirely ceased on the Island. As this case will hereafter possess much interest in the history of the disease in Mauritius, its detail may be advantageously preserved with the documents connected with the epidemic, and the Committee's proceedings. I make no excuse therefore for attaching to this a copy of a report forwarded by me on the subject to the Mayor and Municipal Council of Port Louis.

Signed : W. HOME, M. D.
Staff Surgeon 2nd class.

The Honorable the Chairman of the Cholera Committee.

No. 42.

Flacq, 16th October 1854.

Sir,

In answer to the queries sent to me, I have to state :—

1o. That the treatment universally adopted by me, if the case was in the early stage, before symptoms of collapse and asphyxia had set in, was to administer grain doses of opium at inter-

In early stage

grain doses of opium at inter-

vals of half hour, with stimulants and cordials—half doses of dilute sulphuric acid in addition.

opium in the form of a pill, at intervals of from half to one hour for three or four times, combined, when possible, with stimulant aromatics and cordials. In addition, half drachm doses of dilute sulphuric acid were given in draughts of water 3 or 4 times in the hour. In all cases seen at an early period, and in those of slight intensity, I found this treatment very effective. The portability and convenience of administration of opium in this form, made me distribute great numbers to people, with simple injunctions to use them, on the first approach of diarrhœa, which many did with perfect success.

When collapse had set in, the acid given with opium, and external frictions used. This treatment was generally unavailing.

The disease when in full intensity defies treatment.

At Flacq after about 10 days, the disease became more tractable and minor remedies succeeded.

At Flacq, of the first 30 cases 24 died, at Queen Victoria, 30 cases recovered before one died.

One collapse and congestion set in, nature will do as much as medicine.

Never tried the douche.

Tried the emetic treatment once. It failed.

The low part of Flacq, crowded and dirty, suffered most: up to the 25 June, of 426 people 46 died.

The upper part 337 inhabitants 4 deaths.

The estates along the coast in the direction of Grand River S. E. suffered less than those on the high road.

The estates on the road to P. L. between the 15th and 18th mile stones escaped, also a place opposite the 14th mile stone.

The class of cases, however, varied so greatly at different places, and at the same place at different periods, that this treatment was often ineffectual, and, at other times, inapplicable, from the circumstance of commencing asphyxia having set in before I arrived. In these cases, when the state of collapse had set in—and this was the state in which I first saw by far the greater number, the sulphuric acid drinks were given without opium, and stimulants frictions and external warmth were tried. The result of this treatment in the far greater number was utterly unavailing and worthless. Wonderful recoveries from a state bordering on death were seen occasionally, but in such a small proportion as to make them dependent, with very little probability, upon the treatment. In short, I confess the utter powerlessness of favourably influencing the disease by treatment when in its full intensity.

A very marked change in the type of the disease occurred at the Post of Flacq after the most violent form had prevailed for about 10 days. The disease became much more tractable, and remedies had then a marked influence over the disease:—many who had been discouraged by the palpable failure of medicine, in the hands of the physician, vaunted, and with truth, that they had cured themselves with such simple remedies as ginger or ayapana tea. To shew how impossible it is to appreciate, by apparent results only, the value of treatment, I may say that, at the Post of Flacq, of the first thirty cases treated, I probably did not succeed in saving more than six, while, at the estate of Queen Victoria, there were thirty favourable cases before one died. The measure of success depended on the early application of remedies and the degree of intensity of the disease. My experience convinces me that the time for treatment is over, practically, before collapse and congestion have set in; when these are once declared, I am disposed to doubt if nature, left to herself, would not produce as favourable results as those which my experience can lay claim to.

The *douche* was not tried by me, as it required more time and aids than I had at my command.

The *emetic* plan of treatment was tried by me only on the last case I had, to which it seemed particularly appropriate, as the disease supervened upon a drunken bout—full vomiting was produced, but collapse supervened at once, and the case terminated fatally. The collapse seemed rather hastened by the effect of the emetic.

20. In no place, in my experience, was the disease so malignant as in lower part of the Post of Flacq, where the houses are small, densely inhabited—where there are no drains, and where nuisances of all kinds abound.

The upper part of the village above the line of the Barracks suffered much less: out of 337 inhabitants, there were, up to the 25th June, only 4 deaths, while in the lower part, in the same period, out of 426, there were 46 deaths. In the Marres Lubines, which may be considered a straggling continuation of the Post, for 2 miles along the coast, there were, in the same time, 14 deaths in a population of 161. Between the Marres Lubines and Belle Marre a strict cordon was kept by Mr. Montocchio who, I believe, escaped the disease altogether. Generally the Estates along the coast in the direction of Grand River South East escaped comparatively with those situated on the high road, of which several as Riche Marre, La Caroline and La Gaiété suffered severely, as did also, I believe, the estates on the high road to the Camp de Masque.

The Estates on the road to Port-Louis between the 15th and 18th miles were almost exempt from Cholera, and the same held of La Marre, a place opposite the 14th mile stone where there are a great number of ex-apprentices, who, it was fully expected, would have suffered severely.

Signed G. K. HARDIE, M. D.

The Honorable F. BEDINGFELD, Treasurer, etc., etc.

Post Louis, le 20 Novembre 1854.

Monsieur,

En réponse à votre circulaire en date du 10 Octobre dernier, à laquelle mes nombreuses occupations ne m'ont pas permis de répondre plus tôt, j'ai l'honneur de vous soumettre le résultat de mes observations pendant et sur l'épidémie qui a visité récemment notre pays.

1. N'ayant jamais eu, pendant ma carrière médicale, à observer aucun cas de Choléra avant la dernière épidémie, j'ai été forcé, lorsqu'elle a éclaté, d'employer les moyens médicaux indiqués par quelques auteurs, et ceux publiés sur quelques journaux du pays, qui sont presque tous pris parmi les excitants aromatiques et qui n'ont nullement répondu à l'efficacité qui leur a été attribuée, qui ont été pour mieux dire nuisibles.

N'a jamais avant la dernière épidémie, eu à observer aucun cas de Choléra.

Après quelques jours d'observation, voici quel a été le traitement que j'ai cru devoir adopter, et qui m'a été assez favorable : Dans la première période de la maladie, période de diarrhée, ou de vomissements, ou de la concurrence de ces deux phénomènes, les opiacés m'ont paru être le remède par excellence.

Croit que dans la première période les opiacés sont les plus efficaces.

Voici la formule de pilules anti-cholériques que j'ai prescrites pour cette période, et qui m'ont presque toujours été efficaces.

Sous nitrate de Bismuth—GR. XXI.
Poudre de gingembre—GR. VI.
Extrait d'Opium—GR. II.
Sulfate d'alumine—GR. IV.

en six pilules : Une pilule toutes les deux heures pour un adulte ; les faire dissoudre pour les enfants, en proportionnant la dose à l'âge.

Les lavemens laudanisés accompagnaient presque toujours ces pilules.

J'ai observé, pendant cette épidémie, que les opiacés étaient administrés à des doses fabuleuses, sans jamais avoir eu un seul cas où j'ai eu à combattre un narcotisme.

Une décoction légère de riz et de gingembre froide, des synapismes au creux de l'estomac, une diète sévère, étaient les moyens accessoires.

Il était rare que ces moyens continués avec persévérance, ne parvinssent pas à arrêter la marche de la maladie, et à empêcher la période algide d'arriver.

Dans la seconde période, période algide ou de refroidissement, les moyens excitants ont été les seuls auxquels on ait pu recourir ; mais autant que possible, j'ai évité leur emploi à l'intérieur, principalement chez les femmes et les enfants.

Dans la seconde période, il employait les moyens excitants, à l'extérieur autant que possible.

Quand il s'agissait d'y recourir pour l'intérieur, je prescrivais des potions ayant pour excipients les eaux de menthe, de canelle, le vin de porto &c. en y ajoutant soit de l'ammoniacque liquide ou l'acétate d'ammoniacque &a.

Des frictions excitantes à l'extérieur, mais plutôt des applications chaudes, briques, bouteilles de grès, &a.

J'ai essayé les émétiques, les applications de sangsues dans les fortes crampes d'estomac, les bains de fumigations—sans résultat satisfaisant.

Il a essayé les sangsues &c. sans résultat satisfaisant.

J'ai employé sur quatre sujets des affusions froides, faites par moi-même, dans la période algide, et j'ai réussi sur deux enfants et un homme, le quatrième enfant a succombé. L'emploi des excitants à l'intérieur est tellement dangereux chez les enfants principalement, et laisse à la suite un tel désordre dans les organes digestifs, et rend le traitement de la période de réaction si difficile et incertain, que, j'ose le dire, si j'avais un enfant atteint du choléra parvenu dans cette période, je n'hésiterai pas un instant à employer les affusions froides et à rejeter tous les excitants internes.

Quant à la période de réaction, le traitement que j'ai employé était symptomatique, c'est-à-dire s'adressait au symptôme prédominant.

Des sangsues au creux de l'estomac, des vésicatoires aux jambes, même à la région épigastrique, des cataplasmes émollients, le calomélas à l'intérieur &a. &a.

Considère la malpropreté, &c. comme causes de maladie.

Croit que cette maladie est la même dans tous les pays et climats.

20, Les rues malpropres et étroites, les demeures sales et étroites, l'agglomération de personnes dans le même logis, les maisons peu exposées au courant d'air, ont été les sièges et les causes plus fréquentes de cette maladie.

3. Je ne crois avoir rien à dire sur les divers symptômes de cette maladie qui a été si exactement décrite par presque tous les auteurs qui en ont parlé, et qui semble être la même pour tous les pays et les climats.

Signé

N. SÉNÈQUE, Dr.

No. 44.

Port-Louis, 4 Novembre 1854.

Monsieur,

J'ai l'honneur de répondre aux questions que vous m'avez adressées par votre circulaire en date du 10 Octobre dernier.

Le traitement selon lui, est encore à trouver.

Relativement à la première question, où vous me priez de vous faire connaître les résultats de mon expérience sur le traitement qui a été suivi avec le plus d'efficacité, je suis on ne peut plus embarrassé de vous répondre, attendu qu'il est impossible de dire le traitement qui a le mieux réussi pendant l'épidémie qui a décimé la population : *Tous les traitements indiqués par les auteurs ont été employés*, chacun a expérimenté le sien, et personne ne peut dire de bonne foi que tel traitement à mieux réussi que tel autre. *Le traitement selon moi est encore à trouver*. Cependant, si ce qu'à Dieu ne plaise, le même fléau se présentait dans notre pays, je n'hésiterai pas à faire usage de la méthode *Emétho-cathartique*.

L'opium a empoisonné plus d'une personne.

Maintenant je regrette que, pendant l'épidémie, on ait permis l'administration par des charlatans des remèdes plus ou moins incendiaires. *L'Opium a empoisonné plus d'une personne* et je me demande comment des médecins ont été assez imprudents pour en conseiller l'emploi dans le choléra confirmé ; qu'on l'administre pendant la diarrhée, c'est-à-dire au début de la maladie, mais dans la dernière période de la maladie, c'est irrationnel.

Quant à la seconde question, mes notes m'apprennent que les rues David, des Limites, de la Petite Montagne, du Collège, sont celles qui ont eu le plus à souffrir des ravages de l'épidémie. Roche Bois a été on ne peut plus mal traité.

Signé

EMILE SALESSE, D. M.

Monsieur F. BEDINGFELD, Président du Comité, etc., etc.

No. 45.

Mauritius, 20th October 1854.

Sir,

Vide printed Report.

In replying to the enquiry, contained in the Circular of the 10th Instant issued by the Committee on Cholera, as to the most efficacious mode according to my experience, of treating Cholera, I would beg leave to refer to a paper published by me, and copied into the *Mauritius Commercial Gazette* of the 27th May 1854, upon that subject. It was, I believe, in consequence of the paper above alluded to having appeared in the Gazette, that I was summoned by the friends of the patient to attend upon a case of Cholera that had been given up in despair.

Cold water douche more immediate in its effects and beneficial in its results than any other remedy tried, or seen given.

It having been bruited abroad, that this case had recovered, tho' only survived 12 days, my services were in requisition by so many, that having seen them once, and instructed their friends in the mode of applying the water, and the object they had to keep in view in so doing, I had not an opportunity of revisiting them. I therefore cannot lay before the Committee any detailed statement of the cases treated by the cold water douche. I can only say, that my time was fully occupied during the violence of the epidemic in this Island, and that here, as in India, I found the cold water douche in every case of every description to which I was called, more immediate in its effects, and beneficial in its results than any other remedy I ever tried of myself, or saw given by others.

Considers that the only antidote to the Cholera

My experience of Cholera in this Island has not only confirmed me in the opinion I endeavoured to advance in the paper alluded to, as to the efficacy and *modus operandi* of the treatment by the water douche, but leads me to hazard an affirmation, that if even an anti-

note should be found for the Cholera poison in the human system, it will be founded on the principle pointed out by the action of the water, viz.: that of exciting the respiratory powers, so as to decarbonize the blood by the absorption of oxygen into the system.

poison is founded on the principle of exciting respiration so as to decarbonize the blood by absorbing oxygen.

The most severe cases of Cholera that came under my notice occurred at Grand River. There I saw several cases closely resembling, in fact identical with the worst forms of Asiatic Cholera, in which collapse and suppression of urine were, as far as I could learn, the first and only symptoms; in one case, a creole clerk, accompanied by violent convulsions. The vomiting, purging and cramps which are only concomitants of the milder or European form of Cholera, were absent in most of these cases.

Saw, at Grand River Asiatic Cholera and treated it with success.

Those whom I saw, and had an opportunity of treating are, I believe, alive and at their ordinary vocations.

I beg to enclose herewith a copy of the Gazette of 27th May in which may be seen my views of Cholera, and of its treatment, as fully as I could wish to lay them before the Committee.

Signed E. N. MACPHERSON.

To F. BEDINGFELD, Esqre.

No. 46.

*On Cholera and its treatment by cold water affusion or douche,
by E. N. Macpherson Esqre., late surgeon in the Army.*

Having had various opportunities of treating Cholera during a service of nine years in India, and of testing the efficacy of cold water affusion in many cases of the worst description since June 1845, I believe that a report upon this mode of treatment, which has been found so immediate in its effects, and beneficial in its results, will merit attention. And, if conclusions may be drawn from the ostensible principle of its action, the real nature of Cholera cannot fail to be more distinctly recognised than has yet been acknowledged.

Before entering upon this report, it may be advisable, for the elucidation of the subject, to glance at the difference supposed to exist between Cholera in Europe and Cholera in Asia; and, for the better appreciation of the treatment proposed, to determine from the copious and accurate data recorded of Cholera, what is the leading characteristic of the disease, and what ought to be the object of our treatment in regard to it.

That the difference supposed to exist between the Asiatic and European forms of Cholera is one of degree only, not of kind, will be evident on a cursory inquiry. Hence it will also be evident that the treatment applicable in the one form, is equally so in the other.

In Asia, where the disease may be said to be indigenous, Cholera, true to its history, bursts forth in all its vigor, and from the first appears in its advanced stage, or stage of Collapse—in this country denominated its second stage. But when, after its outset in this advanced stage, it subsides in the virulence of its attacks, and the cases become milder, more amenable to treatment, and less rapidly fatal, it will be found to assume that form of the disease in which, vomiting, purging, and cramps prevail, and to be in every respect identical with the so-called European Cholera.

In Europe, on the other hand, where the disease is almost invariably ushered in by vomiting, purging, and cramps, these symptoms constitute its first stage; but when these symptoms have ceased, and when, as dissolution approaches, the first has passed into the second stage, or stage of collapse, Cholera in Europe will be found identical with Cholera in Asia, where so many are struck down almost lifeless from the first.

How far these symptoms, viz, the vomiting, purging and cramps (upon which so much stress has been laid in the pathology and treatment of the disease) ought to be taken into account, the known history of cholera in all places and under all circumstances in which it has shown itself, will satisfactorily decide.

If the value of a symptom, with a view to treatment, is to be regarded in proportion to its influence on the fatality of a disease, then neither the vomiting nor purging nor cramps will be found worthy of any consideration whatever in the treatment of Cholera. In the words of Dr. Copland in his treatise on Cholera: The "vomiting and purging

“ which are far from being the most dangerous symptoms, and are often the most remarkable in the least urgent cases, are generally slight, or at least not profuse in those attacks where the sinking of the vital energies is the most rapid and greatest, and are readily allayed by medicines. The spasms are often slight or nearly absent in some of the most rapidly fatal cases. ”

That these remarks are fully borne out by the history of the disease, all who enter into the subject and expend their observations beyond their own doors may satisfy themselves. They may also infer what must be obvious to most who have had experience of Cholera in India, that the symptoms in question, the vomiting, purging, and cramps, if at all constant in their relation to the disease seem to be so in an inverse ratio, as in compression of the brain, and the depression of vital energy. In other words, the Collapse or Asphyxia, with its sequels oppressed respiration, impeded circulation, coldness, blueness, etc., is the only invariable symptom, and therefore the leading characteristic of Cholera, and ought to be the object of our treatment: not only because it is the only constant symptom, but also, perhaps rather, on the proof which experience will give all who have treated Cholera, that reaction is the forerunner of every amelioration in the symptoms during an attack, and the only sign to be depended in forming a *prognosis*. It was in producing this reaction, that the cold water effusion or douche was found so beneficial.

At Cawnpore in June 1845 Cholera broke out in the 53rd Regiment to which I then belonged with the same virulence as attended it in various localities throughout India, during that and the succeeding year. Two men, the last survivors of several who had been attacked within two days, were sinking under that fatal collapse which alone, without any other symptom, marked all the cases that had occurred in the Regiment. Every remedy that could be devised to produce reaction, had been tried in vain. The exhibition of the nitrous oxide gas proved worse than useless. The water douche was applied in despair to one, the effect being good to the other patient placed on a bedstead in the verandah. Attendants were at the same time employed in rubbing the trunk and limbs with their palms. A refreshing sensation, and comparative reanimation having followed this operation, it was had recourse to at intervals, tho' only with the success of having prolonged life, which was ebbing fast, for some hours.

It was thought that if the remedy had been applied in the first instance instead of as a last resource, the reaction might have been more evident and more durable. Acting upon this, when Cholera broke out again the same evening, the water douche was at once applied, with marked benefit but on the patients being placed in bed, beginning to get warm, the collapse recurred. In this state of things, judging from those cases that had already occurred, all seemed hopeless. However, there could be no doubt that the water douche was the only remedy as yet applied that had proved capable of producing any effect. It was therefore repeated in a case in which recurring collapse had taken place. While this case was undergoing the douche, it was accidentally observed that the pulse rose and kept pace with the gasping which the plump of the water excited. This seemed to say that the air taken in at each gasp or forced inspiration was the source of power, and that the want of air, or rather of its vital principle, was the cause of depression, or collapse. Under this assumption, every case was submitted, as often as collapse recurred, to the application of the water douche, and the result justified the presumption, as it was found that each case rallied in proportion to the gasping induced, and in all, success rewarded perseverance as often as it was found necessary to stimulate the flagging powers of life by the application of the douche.

How many came under treatment at this time, I cannot now venture to affirm; but I believe I am correct in stating, that, of all admitted, but two died, one of apoplexy; the other, who was allowed a warm bath, of Cholera. The rest all of whom recovered from the Cholera, were treated by the cold water affusion.

Since the period above alluded to, I have not had an opportunity of treating cases of Epidemic Cholera. Several cases, however, of endemic Cholera among Europeans, while it was, as often happens, epidemic among the natives, have been treated by me in every instance with success.

One of the most remarkable of those endemic cases occurred at Meerut in August 1848. A corporal of the 9th Lancers, an atrabilious subject, was brought to Hospital at 4 A. M. almost pulseless, having been purged during the morning, and having passed several rice water digestions on admission into Hospital. There were slight cramps and occasional efforts to vomit. He was immediately placed in a hip bath, and water was poured over him while the hospital attendants rubbed the limbs and trunk. This was continued until he became chilly and He was then removed from the bath, dry rubbed and placed in bed much revived by the operation as was shown by less op-

pression in breathing and a more distinct pulse. After remaining in bed for about half an hour, he began to relapse, the pulse sank, vomiting, purging of rice water, and cramps returned. He was replaced in the bath, with the same effect as before. Being again placed in bed, he again relapsed. The water was again had recourse to, and repeated at intervals as above, according to symptoms until 10 P. M., six hours after, its first application. The respiration then became free, the pulse soft and distinct; the natural warmth, was restored, and remained, and the patient slept until morning when he awoke with a furred tongue, feeling weak and drowsy, but without that consecutive fever so often more fatal than the disease itself, and which has always seemed to me to follow most in those cases in which brandy, opium ammoniac and other stimulants have been freely administered. Meagre and unsatisfactory as the above statements must appear, taken as evidence of the efficacy of the treatment advocated, yet, if the action of the remedy shall be thought to afford a satisfactory explanation of its curative effect, one case successfully treated in the manner presented, will carry more weight than accurate details of numerous cases treated by the unknown action of some occult remedy. The first effect of cold water poured over the head and chest in a small stream from a water ewer, held at a greater or less height by a person standing on a chair, or raising his arm over the patient placed in a bath while frictions are applied to the trunk and limbs, is to produce, as in case of ordinary asphyxia, a convulsive gasp or forced inspiration, succeeded by two or three strokes of quickened respiration. With each gasp, as by a convulsive throw, the paricle of the thorax before immovable, will be observed to expand, and the diaphragm will descend.

Simultaneously with each effort of inspiration, the impeded circulation will be found to flow, the pulse to partake of the impulse, and the sluggish to resume its wonted sensibility. These are the first and immediate effects of the water douche. When continued, they constitute reaction; and if this is maintained, the vital energy, even at its last ebb, the natural heat of the surface, and the color of the skin will be restored. This is effected by the imbibition into the blood, through respiration, of atmospheric air taken in at each forced inspiration,—the entire surface being at the same time stimulated by frictions to the limbs. It being evident, according to this view, that the stimulating effect of the cold water douche is to be attributed to its power of exciting the respiratory function to take oxygen into the system, it may be enquired how the experiment with the nitrous oxide gas, above alluded to, failed so signally. One essential condition to its action was wanted; viz, that expansion of the thorax for the reception of air into the lungs upon which the effect of the water douche so much depends. Since I have become aware of this as an essential condition to the effect produced by the water douche, I have not had an opportunity of repeating it in conjunction with the gas; but may it not be presumed that taken together, if they do not prove an antidote to the disease, they are at least worthy of a trial. That the want of oxygen in the blood is the cause of Cholera, has often been advanced, if not generally admitted; but the effect of this want upon the brain in producing vital depression seems to have been overlooked; while its effect, or that of some poisonous miasm in the system, upon almost every other organ of the body, has been fully insisted upon as indicative of some particular line of treatment to be pursued.

How symptoms are to be regarded as indicative of treatment has already been noticed. Is it not however, a general law of the system that any violent shock inflicted upon it, as in concussion, compression, some cases of poisoning, and in Cholera itself, is followed by vomiting, purging, cramps, and suppression of urine, in a greater or less degree according to the nature of the shock, unless vitality shall have been so overwhelmed by the force of the injury as to pass away without any attendant symptoms, save suppression of urine, which being in proportion to the Collapse, gives, by its cessation, one of the surest indications that a generous reaction has set in?

In Cholera, as in cases of drowning, or poisoning by carbonic acid gas, in all of which the *post mortem* appearances are so strikingly similar, may not suspended animation, collapse, or asphyxia, be ascribed to the paralysing effects of carbonized blood upon the brain? For precisely in proportion to the removal of this effect by the stimulating agency of oxygen imbibed thus the respiration, will reaction ensue, the powers of life return, and all the symptoms that characterized the affection disappear. The mode of using the cold water affusion has been pointed out in the case detailed, as having been under its operation for six hours.

The most essential requisite for the successful application of this mode of treatment was found to be undaunted perseverance, so long as after each relapse reaction could be induced by its repetition. It was a want of a knowledge of the good effect of this perseverance that caused those two cases first mentioned to be given up in despair. Each

time that the douche was resorted to, its effect was of longer duration; until, at length, by watching and perseverance, the respiration, "the pendulum of life," was set in motion; every part of the vital machine dependent upon it moved in concert, and the brain, the mainspring of existence, was restored to its wonted power of maintaining the just equilibrium.

With respect to the state of the atmosphere during the time that Cholera prevails, much has been said. One simple fact, familiar to many, I would mention as I have not seen it alluded to before; the dimness of lights, and the dullness of fires are as striking as their brightness and briskness in the country in frosty weather. If the presence of oxygen is allowed to be the cause of the latter, may not the former be imputed to its absence; and the opposite states of feeling in all animated nature, produced upon those who have experienced both, is beyond question.

The mode of applying the cold water douche merely consists in placing the patient in any convenient position, so that, while water is being poured over him, frictions may be applied to the limbs. After the gasping has ceased, this process is to be continued until the depressing effect of cold, shivering, and chattering sets in when the pulse will begin to fall. The patient is then to be placed in bed, having been well rubbed. In a short time, when warmth begins to return, relapse will take place. The water is to be repeated in the same manner as above, and persevered in so often as Collapse recurs. After each repetition its effect will be found to be more palpable and more prolonged; until at length thro' the agency of the imbibed oxygen the system is restored to its wonted power.

Many mentioned in a general way the good effect of cold water in Cholera; but none I think have understood the reason of this good effect, and therefore it has not been carried to its full extent. It may be well to add, for the satisfaction of those who cling to the idea that Cholera is a disease of vomiting, purging and cramps, that under the water treatment as described, these symptoms will soon cease to be objects of attention. They will in general subside on the first application, and seldom reappear after the third or fourth.

As to internal remedies, water to drink freely will be found the most agreeable to the patient's taste, less productive of nausea and depression, and so prove to give rise to the often fatal consecutive fever.

As to the premonitory diarrhœa, on which much stress is laid, I would remark that on the worst cases of Cholera it neither precedes nor accompanies the disease; that often, where it subsides, Cholera sets in; that where it continues, Cholera does not necessarily follow; that to view it as such and treat it accordingly, can only be in accordance with that style of medical reasoning which has ever puzzled the profoundest lawyers.

E. N. MACPHERSON,

No. 47.

Civil Hospital, 7th October 1854.

Sir,

I have the honor to submit the following replies to the questions contained in your Circular of the 10th Instant relative to Cholera.

Considers the appearance of the disease due to atmospheric causes. 10. I consider the appearance of the disease, in the first instance, due to atmospheric causes, known to the Divinity alone. Its duration, to the same cause, acting upon certain localities and individuals predisposed to contract the disease. I look upon predisposition to be an impoverished or vitiated state of the blood, which acts upon the nervous system, producing depression of spirits and want of moral courage.

All modes of treatment must be speculative. As yet, no specific remedy has been discovered, so that modes of treatment must be speculative. I consider no remedy of any avail when the disease has reached its climax, as the lymph or nutritive portion of the blood is expended by vomiting and purging, and the unhappy victim may be said to have been bled to death. The chance of recovery depends on the quantity of lymph remaining in the system.

Thinks that prophylactics given at the first ap- When a patient is seen on the first appearance of vomiting and purging, prophylactics will arrest the progress of the disease; but, when vomiting and purging have continued so long as to exhaust the patient, stronger remedies must be resorted to—stimulants of differ-

ent kinds, relatives such as opium, purgatives as well drastic as saline, have been administered with different degrees of success. Emetics have been given with better success than any other remedy: see Mr. Fyer's Report of the disease at Wolmar estate, where but one man died out of 142 treated, besides several on the neighbouring estates. I have tried it on two cases with perfect success. Cold water douche has been a favourite remedy; it has never succeeded in my hands. I have dashed cold water on the face with a sponge, with decided good effect: I lost no patient on whom I tried it. The patient was previously swathed in blankets, with bottles of hot water placed to the lower extremities, and synapisms to the pit of the stomach,—they took occasional doses of mild stimulants, composed of compound tincture of cardamoms, compound spirits of ammonia, opiate confection, and peppermint water. When purging and cramps set in, they were immediately arrested by dashing water on the face, which had the same supposed effect as the general douche, of generating heat, with this advantage, that the heat generated was retained, whilst the exposure of the patient after the general douche was prejudicial in the extreme. It is to be observed, that no congestion of the brain or lungs followed the sponge douche, as happened after the general douche; and my patients recovered rapidly. Emetics, sponge douche with mild stimulants, have proved more successful in my practice than any other mode of treatment. It would be a waste of time to report remedies that proved of no avail. Calomel and opium may be beneficial in certain stages—synapisms and stimulating embrocations may also be useful; but I maintain that no remedy is of avail when the disease has reached its last or even advanced stage. Therefore, there is no specific. As to the contagious or non-contagious nature of the disease, I offer no opinion, but let fact speak for themselves

During the period that Cholera was in hospital, there were no less than 194 souls, daily average, in it, consisting of officers, attendants, servants, and patients. There were the porter, ward-master, and their wives, with five children each, steward, his wife, and four children. The ward-master's room is on the same floor with the cholera ward, only twenty paces distance; the steward's quarters are to leeward of the ward and a most offensive privy: yet none of them contracted the disease, although constantly exposed. Seven of the patients took it, but were predisposed from previous disease. Four Indians employed by the Mayor of Port Louis to render assistance in the Cholera wards, and one of the hospital servants, all of whom slept out of the hospital, contracted the disease; but which cannot be said to have been contracted in hospital, but by exposure to night air, which is found to be more prejudicial than that of the day, the sun having the power of rarifying the air.

Two men were constantly employed in removing the dead bodies—170 in number—to the dead house, nailing them in their coffins, &c.: they did not contract the disease. No one could be more exposed than myself, as proved by the following facts, in addition to my hospital duties:—Mrs. A., the mother of eight children, the youngest but two months old, had been ironing clothes until 10 o'clock on the night of the 26th May; was awoke from her sleep at 1 a.m. the following morning with vomiting and purging. When I arrived at 2 a.m. cramps had set in, and, strange to say, she insisted on having the child at her breast until forced from her. She died at 10 a.m. I remained in the house at least two hours. Her bed was surrounded by her husband, the children, her sisters, and several others, amounting to at least 14 or 15 persons: yet, none of the persons present contracted the disease, nor had the unfortunate victim been exposed so as to contract it. During the prevalence of the disease at Mr. Kelsey's, I passed two whole nights in his house, which, from its site and construction, might be compared to a pest house. The first night was that of the 9th and 10th June with two of his children, the second night was of the 15th and 16th for himself. I sat by his bedside, and closed his eyes in death. I shall ever consider that Mr. Kelsey contracted the disease from over fatigue in attending on his children, want of proper nourishment and sleep, and that his death was caused by that abominable douche, which he insisted on having. I passed the night of the 9th and 10th June in attending on Serjeant Major Rouse of the police, whom I cured by the sponge douche, as described above. His wife died three days after from the effects of the general douche. Such was the effect of my hands being tied by the interference of others, that I was not allowed to apply the sponge douche. Mr. F. L. was attacked on the evening of the 4th June. I was called on the morning of the 5th. He was the first person to whom I applied the sponge douche: he recovered, and was walking in his garden three days after, although he had been seriously ill. Mrs. S., the mother of three children and seven months pregnant of the fourth, was attacked on the morning of the 9th June. I saw her at 3 a.m., remained with her until 6. It was found impossible to keep the children out of her bed, even after death. She died at 10 a.m. Yet neither the children, father, nor others in the room at the time, contracted the disease. I passed some hours in the house of Mrs. W., on the night of the 12th and 13th June. She was pregnant of her fourth child. She died at 8 a.m. of the latter day: yet neither the husband, children, nor attendants, contracted the disease. I often said to myself in my night attendance, if Cholera is contagious, I must contract it.

pearance of symptoms, may arrest them.

Emetics have been tried with some success.

Has never succeeded with the douche; but tried dashing cold water on the face with success.

In the advanced stage, maintains that no remedy is of any avail.

As to the contagious or non-contagious nature of Cholera, observes that in the Civil Hospital, with an average of 194 souls in it, none of the officers or their families took the disease.

The two men employed in removing 170 corpses, &c., escaped.

Cites instances of his own exposure, but escape.

At Mrs. A.

At Mr. Kelsey's.

At Mr. F. L.

Mr. S.

Mrs. W.

Considers Mr. Kelsey's house, and Mr. Chapman's as unhealthy.

Inodore Establishment.

Contrasts spread of Influenza with that of Cholera.

I attended many others, but those related were the most striking. So soon as vomiting and purging in the European Cholera patients subsided, the men were removed from the Cholera ward below stairs to the European ward upstairs: yet none of the European patients contracted the disease. I visited the Reverend Mr. Banks: my views were not carried out. Neither his wife, his two sons, or servants contracted the disease, nor did any of Mr. Kelsey's servants contract it. Speaking of the effects of locality in propagating the disease, no site could be more calculated to do so than Mr. Kelsey's residence. Mr. Chapman's was also calculated, from being on the leeward side of Grand River ravine, a deep jungle in the rear of the house, which I often pointed out as a hot bed for miasma. The cases that died there were said to be chiefly confined to the stable yard with lofty walls. The disease was capricious in its march, attacking one side of a street, and only certain houses, other intermediate ones escaping it. Strange to remark, none of the men employed in the Inodore establishment, in carrying the night tubs, or in the manipulation of the manure, contracted it, whilst the men who led the mules and in scavenging, contracted it—17 of whom died. This information I had from Mr. Joly, the manager of the establishment. This I attributed to the gas arising from, and used in manufacturing the manure, changing that of the atmosphere so as to make it innoxious.

Other diseases are due to atmospheric causes as well as Cholera: Influenza, for instance, Their march is different: Influenza will spread over the continent of Europe in a few days, whilst Cholera is slow and capricious in its march, and, like an adder, steals upon its victims.

Was not the whole Colony excited with the alarm of a contagious Typhus Fever existing in Plaines Wilhems prison in June 1853? Did not a Medical Committee, of which I was President, pronounce it to be neither Typhus nor contagious, but a fever attributable to local causes, as proved by the removal of those causes arresting the fever which has never appeared since?

It would be a waste of time to follow up this subject.

In conclusion, I beg to mention, that I conceive, that the discovery of the fixed principle which has caused a deviation from the general laws of nature, as relates to Cholera, would facilitate its treatment.

God alone knows how it was contracted or introduced.

(Signed): ALEX. MONTGOMERY.
Surgeon in Charge.

The Honorable FELIX BEDINGFELD,
President of the Cholera Committee

No. 48.

Civil Hospital, 28th October 1854.

To the Honorable F. BEDINGFELD, Treasurer, Chairman.

Sir,

Here are the replies I have the honor to address to you on the subjects of your Circular of the 10th Instant.

The causes of Cholera are unknown.

The true and positive causes of Cholera, will always be concealed from human intellect as long as truth will depend upon prematurely conceived ideas, as is the case with religious, scientific and political opinions. Thus it is above my power to say more than has been said at times, in Europe, by medical practitioners.

Coincides in opinion as to treatment with Dr. Montgomery.

As for the treatment, I would refer to Dr. Montgomery's Report on the subject, and I specially point out the use of camphor, ether, opium, emetics, purgatives, astringents, stimulants, and irritating, and warm applications.

As to the 2nd and 3rd questions, I cannot enlarge upon them in as much as I was always on duty in the Civil Hospital into which I daily and nightly received out patients.

Signed,

LABAT.
Assistant Surgeon.

No. 49.

Port-Louis, ce 15 Octobre 1854.

Monsieur BEDINGFELD, Président, etc.

Monsieur,

J'ai l'honneur d'accuser réception de votre circulaire, en date du 10 Octobre, et je m'empresse de répondre aux questions que vous m'y adressez.

Je ne connais pas, Monsieur, de remède spécifique contre le Choléra. Je me suis en outre toujours défié des panacées qu'on a débitées avec tant de profusion pendant l'épidémie ; j'en ai souvent blâmé l'emploi, et je vais même jusqu'à penser que, dans bien des circonstances, ce sont ces drogues qui ont tué les malades, et non pas le Choléra.

Une étude sérieuse des phénomènes symptomatiques de l'infection cholérique et la connaissance des préceptes établis par les médecins-épidémiologistes de tous les pays, m'ont convaincu, en l'absence d'un remède héroïque, de la nécessité de traiter avec discernement en même temps qu'avec hardiesse, ces symptômes révélateurs, au fur et à mesure qu'ils se présentent et menacent les jours du malade. J'ai donc toujours fait la *médecine des symptômes*, et je ne pense pas, Monsieur, que les autres médecins qui ont traité pendant l'épidémie aient fait autre chose. La thérapeutique de ces symptômes est parfaitement connue des praticiens et varie avec les périodes que parcourt le mal.

Un point que je crois devoir signaler, parcequ'il ne paraît pas encore démontré pour tous les médecins, c'est l'existence de la période prémonitoire, caractérisée par les phénomènes gastriques et intestinaux particulièrement. Cette période me paraît incontestablement établie dans la grande majorité des cas et semble, prise à temps, céder heureusement à l'emploi de l'éther et du laudanum.

Les médecins de la ville vous éclaireront sur ce qui s'y est passé. Pour moi, bien que j'y sois resté quelque temps pendant l'épidémie, j'ai particulièrement donné mes soins, sur la réclamation du Gouvernement aux cholériques du district des Pamplemousses. Je vous signalerai, en conséquence, les lieux dits l'*Ilot*, le *Camp des Ambrevades*, le *Camp des Mâçons*, la *Citadelle*, la *Rivière des Callebasses*, la *Terre Rouge*, etc., comme ayant été particulièrement atteints. Il est à remarquer que presque tous ces endroits sont placés sur des rivières, ou dans leur voisinage. Au contraire, les habitations de l'endroit dit la *Plaine des Papayes* ont été généralement et souvent remarquablement épargnées ; or, cette portion du district des Pamplemousses étant privée de cours d'eau, ou n'y boit que de l'eau de puits. Du reste, pour plus amples renseignements, je prends la liberté, Monsieur, de vous renvoyer aux Rapports que j'ai adressés pendant tout le cours de l'épidémie au Médecin en Chef.

Je n'ai rien à ajouter, Monsieur, aux symptômes de la maladie déjà décrits par les auteurs qui ont traité du Choléra asiatique. J'ai pu l'observer sous toutes ses formes.

Quant aux progrès et au déclin de l'épidémie aux Pamplemousses, je crois que le Comité peut plus sûrement se renseigner auprès des autorités locales.

Signé

H. LOLLLOT, D. M.

No. 50.

Rue St. George, 23 Octobre 1854.

Monsieur,

Dans ce rapport que je vous livre agréablement au vœu que vous exprimez par la Circulaire du 10 Octobre 1854, je demanderai votre attention sur trois points, savoir : 1o. Que mes observations ont été faites exclusivement dans cette partie de la ville qui s'étend de la rue St George au pied de la Montagne des Signaux d'une part, et d'autre part, depuis l'ancienne rue Moka jusqu'au Champ Delort. 2o. Que, comprenant la cholérine comme le prodrome par excellence du choléra, j'adopte pour celui-ci une division en deux périodes, savoir : La période algide et la période œstueuse ou de réaction. 3o. Que je ne parlerai pas du traitement de la période de réaction, puisqu'elle concerne les complications différentes que cette période amène, et que mes confrères sont appelés chaque jour à traiter, et qu'on traite avec succès, savoir : l'encéphalite, la méningite, la pneumonie, la gastro-entérite, ou bien, dans un degré de succès moindre : l'état typhoïde et le coma. Je ne vous entretiendrai que du traitement de la période algide ou de froid de la maladie, et, la supposant bien connue, du traitement qui m'a réussi dans cette période, où tant de médications rationnelles et en apparence spécifiques, ont été alternativement inefficaces ou insuffisantes.

Il ne connaît pas de remède spécifique pour le Choléra. Croit que les panacées ont tué bien des malades.

A toujours fait la médecine des symptômes.

Constata l'existence de la période prémonitoire, et croit qu'elle cède, prise à temps, à l'emploi de l'éther et du laudanum.

Les endroits placés sur des rivières ou dans leur voisinage ont été particulièrement atteints.

Ses observations ont été faites exclusivement dans la partie de la ville qui est au pied de la Montagne aux Signaux.

Il adopte pour le Choléra, une division en deux périodes.

La période Algide et la période œstueuse.

Les causes de l'Épidémie sont inconnues.

Il cite en détail le traitement qui lui a paru réussir le mieux.

Circulaire, première partie.— Causes de l'épidémie ? Inconnues.

10. Avant que les vomissements se soient établis, et pendant les déjections alvines caractéristiques de l'épidémie, j'ai employé avec avantage la potion suivante :

R. Sp: ammo: arom: un gros.
Conf: arom: un scrupule.
Trœ: Opii: 5 gouttes.
Aq: menth: pip: une once.

qu'on prenait d'heure en heure, en augmentant laudanum de cinq gouttes, jusqu'au nombre de cinq doses. On donnait pour boisson au malade et par très-petite quantité de l'eau de fontaine, ou celle-ci mêlée à un cinquième d'eau-de-vie. Diète sévère.

20. La diarrhée une fois arrêtée, on administrait six heures après en deux pilules.

R. Hydr: C: cretà: 8 grains.
Pulv: Ipec: comp: 2 grains.

lesquelles on faisait suivre au bout de quatre heures de

R. Pulv: Rhei: 10 grains.
Aq: menth: pip: une once.

La cholérine par ce moyen cédaient bien vite.

30. Quand la diarrhée persistait ; et, que les vomissements avaient commencé, et semblaient vouloir se maintenir, alors le grand remède : Vésicatoire à l'épigastre de cinq à six pouces carrés et même double ; lorsqu'il pouvait prendre, et je puis dire il prenait toujours au moyen de certaines précautions, ce vésicatoire agissait d'une manière merveilleuse sur la physiologie de la maladie. Toutefois si l'on voulait agir très promptement, un vésicatoire fait de petits piments écrasés, et, appliqué dans le même endroit, s'emploie avec le même succès dans l'Inde. Celui-ci ne manquerait guère de prendre ; on administrait en même temps la potion effervescente.

R. Sodæ: sesqui-carb: demi gros.
Acidi tartarici un scrupule.
Trœ opii: 20 gouttes.
Aquæ dist: une once.

et qu'on répétait, au besoin, avec ou sans laudanum. De cette manière on obtenait raison des vomissements, ou des vomissements et de l'abondance des déjections alvines.

40. Si les vomissements cessant, les garde-robes continuaient :

R. Hydr: Chloridi 10 grains.
Pulv: opii 1 grain.
Olei menth: pip: 1 goutte.

pour 2 pilules en une seule fois, rétablissaient l'équilibre général. Pendant ce temps, les évacuations cessent, les vomissements n'existent plus, l'état cyanique et les symptômes nerveux n'ont pas eu le temps de se développer, ou, se développant, s'amendent rapidement. La réaction s'établit.

Pendant cette médication, on faisait des frictions de liniments stimulants derrière le cou et le long de l'épine dorsale, on enveloppait le malade de draps chauds, et l'on administrait de temps à autre des bains internes amidonnés, chargés de vingt à trente gouttes de laudanum.

Quand aux bains froids dans cette période, ils me paraissent hâter les crampes.

N. B. Il arrivait quelquefois qu'au début de la maladie, le malade était saisi comme d'un mal de mer : vertige, langue large, blanche, moite et dentelée ; la peau froide et moite ; le pouls faible et petit ; envie de vomir et d'évacuer sans le pouvoir faire ou le tenter sans succès.

R. Pulv: Ipec: comp: 10 grains.
Hydr: Chloridi 5 grains.
Antim: Pot: Tart: $\frac{1}{4}$ grain.

en deux pilules, et accompagnées quatre heures après de la potion suivante :

R. Inf: Sennæ comp: une once.
Mag: Sulph: un gros.

fesaient rallier le malade. On obtenait alors un ou deux vomissements bilieux, et quelques évacuations alvines, et les symptômes autres de l'épidémie disparaissaient.

Circulaire.—Seconde partie.

Si l'élévation du terrain est de quelque chose dans l'innocuité de la maladie, j'ai à vous signaler deux cas seulement de choléra sur le penchant de la montagne, lesquels ont promptement guéri par l'application du vésicatoire à l'épigastre pour l'un; et, pour l'autre, par l'éméto-cathartique. Chez le premier, les purgations et les vomissements s'étaient établis; chez le dernier, un malaise général comme le mal de mer, indiquait la crise prochaine.

Circulaire.—Troisième Partie.

C'était dans les trente-six heures que l'état cyanique survenait. Il était toujours précédé par des vomissements; et, ceux-ci, par les selles caractéristiques. En même temps se déclaraient les spasmes qui commençaient au mollet, et se maintenaient au tronc, surtout à l'abdomen. De sorte que comme vous voyez, il n'y eut pas pour moi de cas de choléra foudroyant. L'épidémie a été fatale dans ma pratique à toutes les femmes enceintes de cinq à six mois; elles avortaient toujours avant la mort; quoique j'eusse pour leur sexe et leur état, pris un mode de traitement plus réservé. Il n'était pas de même après les couches à terme. Je sauvais une femme accouchée depuis quarante jours; il y avait cyanose commençante. Je n'eus point de vieillards.

Il ne vit pas de cas de Choléra foudroyant.

Effet de la maladie sur les femmes enceintes.

Chez les enfants de sept à huit ans, les symptômes de l'épidémie cédaient bien vite au vésicatoire à l'épigastre. Les complications qui survenaient pendant la réaction, prenaient un caractère typhoïde.

Sur les enfans.

Signé : Dr. H. FRESSANGES,
Acting Health Officer.

No. 51.

Port-Louis le 20 Novembre 1854.

Monsieur,

Dans le traitement du Choléra, les indications à remplir ne sont pas toujours les mêmes: elles varient selon la période à laquelle est arrivée la maladie. Dans la première période d'invasion, lorsque la maladie ne se révélait que par quelques troubles légers, par quelques symptômes bénins, le repos au lit, la diète, les boissons chaudes aromatiques, l'entretien autour du corps d'une douce chaleur m'ont quelquefois suffi à l'enrayer. Lorsque les symptômes présentaient plus de gravité, je prescrivais le repos au lit, la diète absolue, pour boisson de l'eau de riz grillé et j'avais recours au laudanum de Sydenham employé à hautes doses: 10 à 15 gouttes dans une petite quantité de véhicule. La même dose était renouvelée trois ou quatre fois dans les vingt quatre heures et pour le même espace de temps je prescrivais quatre quarts de lavement mucilagineux contenant chacun 10 gouttes de laudanum. Si la diarrhée persistait, j'avais recours aux solutions astringentes d'alun, ou d'extract de Ratanhia, données en lavements, tandis que par la bouche le laudanum était continué. Si la maladie après tous ces moyens n'était pas enrayerée, et que, de la première elle passait à la seconde période, je prescrivais la poudre d'Ipécacuanha, qui m'a souvent donné d'excellents résultats. La dose était de deux grammes divisés en trois paquets égaux; chaque paquet était pris de quart d'heure en quart d'heure, et pour seconder les vomissements je faisais prendre au malade des infusions aromatiques de thé ou de camomille. Lorsque l'ipécacuanha avait produit son effet, et si les vomissements continuaient, je faisais appliquer à l'épigastre des sinapismes, et quelquefois même des vésicatoires volants, et le malade continuait à prendre pour boisson des infusions chaudes aromatiques, mais en petite quantité. La glace, les boissons acidules gazeuses, eussent dans ce dernier cas été très utiles; mais je n'en avais pas à ma disposition. La diarrhée dans cette période était encore combattue par des lavements laudanisés ou aluminés. Dans la troisième période ou période algide, alors que la face et les membres sont cyanosés, que la peau, la langue et l'haleine sont froides, la soif vive, la voix éteinte, les urines supprimées, le pouls imperceptible, que les malades sont tourmentés par les crampes, j'avais alors recours à une médication stimulante tout en continuant les lavements laudanisés ou aluminés. Pour boisson je prescrivais des infusions aromatiques de thé, de menthe, du punch, et je faisais réchauffer le malade par tous les moyens possibles: frictions sur la peau, application permanente de boutes d'eau chaude, de briques chaudes, de sachets de sable, et de sinapismes. Les sinapismes sont aussi employés avec grand avantage contre les crampes.

Cite le traitement qui lui semblait le plus avantageux.

Tel est Monsieur, le traitement que j'ai employé dans la dernière épidémie et qui m'a le mieux réussi.

Viennent maintenant les moyens prophylactiques dont j'aurais d'abord dû parler, et qui je crois doivent occuper la première place dans la question qui nous occupe. Ces moyens prophylactiques qui nous sont fournis par l'hygiène, permettent en effet souvent de prévenir l'invasion du mal, de soustraire l'économie à son influence. Ainsi, je me suis souvent bien trouvé de recommander aux personnes affaiblies, débilitées par des maladies chroniques, telles que les affections du tube digestif, et des organes pulmonaires, de se surveiller très attentivement et de s'astreindre à un régime extrêmement sévère. Aux personnes bien portantes, j'interdisais les excès en tous genres, les aliments d'une digestion difficile, les boissons froides, je leurs conseillais l'usage de viandes bien cuites, de vin, de spiritueux, mais en petite quantité, et d'éviter les émotions morales, les fatigues, les refroidissements, le corps étant en sueur.

Approuve les
moyens prophylactiques.

Cite les causes
prédisposantes.

L'encombrement, l'habitation dans des lieux humides, non aérés, les aliments grossiers, les privations, la misère, sont autant de causes prédisposantes qu'il faudrait aussi éviter et là où elles existaient, la maladie a sévi avec plus de violence ; du moins c'est ce que j'ai été à même d'observer à Moka (Camp Malgache) et à la Rivière Noire (Village du Tamarin.

Signé, B. DORELLE M. D.

Monsieur BEDINGFELD.

No. 52.

19 Octobre 1854.

Monsieur,

Je viens vous accuser réception de votre circulaire en date du 10 Octobre dernier, et vous transmettre les réponses aux questions que le Comité d'Enquête m'a fait l'honneur de m'adresser.

1o. Il serait ici trop long d'exposer les divers traitements que j'ai employés dans la dernière Epidémie de Choléra, les ayant presque tous mis en usage.

Etant d'opinion que la cause du Choléra est inconnue et qu'il n'y a pas de traitement spécial, il met de côté tout système.

Partageant les opinions émises par tous les auteurs remarquables de presque tous les pays 1o. que la cause pathognomonique du Choléra est encore inconnue ; 2o. qu'il n'y a pas encore de traitement spécial propre à cette affection, j'ai mis de côté tout système de traitement et me suis borné à combattre les symptômes par les moyens le plus habituellement en usage.

Il fait d'abord observer au Comité.

Les médicaments violents ont été en apparence utiles mais nuisibles véritablement.

Sa méthode est d'employer des moyens doux et au moindre signe d'amélioration de tâcher de prévenir une réaction trop forte,

Qu'il me soit permis tout d'abord d'appeler l'attention du Comité sur un fait qui me paraît remarquable, car je l'ai observé très souvent dans les commencements de l'épidémie. *i. e.* Que les médicaments violents tels que le laudanum à haute dose, les douches d'eau froide et les différentes mixtures préconisées, ont été beaucoup plus nuisibles qu'utiles. En effet, si quelques uns de ces moyens réussissaient à amender certains symptômes, il survenait presque toujours d'autres accidents redoutables, et le malade succombait bien vite à la suite de ces accidents. C'est ainsi qu'on a pu croire que beaucoup de personnes avaient été sauvées, parcequ'il y avait eu un amendement dans les symptômes ; tels que diarrhée, refroidissements, vomissements, etc., etc., et qu'on a vu ces mêmes personnes succomber quelques jours après à la suite de congestions du côté du cerveau, d'affections typhoïdes, et souvent même à la suite d'affaiblissement ; car les malades ne pouvaient pas surmonter la réaction qui s'opérait chez eux.

Ce fait qui m'a paru remarquable m'a en quelque sorte servi de prémisses pour le traitement que j'ai suivi dans la suite.

Ce traitement, dont je me suis servi avec beaucoup d'avantages, consiste à combattre les symptômes par les moyens doux, et les plus habituellement mis en usage dans les cas de vomissements, diarrhées, crampes, refroidissements, etc., etc.

Mais la chose à laquelle j'attachais le plus d'importance, était les suites du Choléra ; aussi, à peine voyais-je la plus légère amélioration se manifester, soit dans le pouls, soit dans la diarrhée et le vomissement, j'employais immédiatement les moyens les plus propres à prévenir une réaction trop forte, et pour ce je faisais appliquer des vésicatoires aux jambes, et je donnais un purgatif doux, tel que la manne, le sel ou une potion laxative.

Ces moyens, joints à une diète sévère, nonobstant les demandes réitérées des malades, m'ont été très efficaces, et je n'hésiterais pas une minute à les employer de nouveau si, par malheur, Maurice devait encore être frappée de ce fléau. Je considère aussi comme très importantes les trois observations suivantes que je m'empresse de présenter au Comité.

1o. Chez toutes les personnes dans une situation intéressante et dont la grossesse était peu avancée, s'il survenait un avortement, la guérison du Choléra était certaine.

Effet du Choléra chez les femmes enceintes &c., &c.

2o. Chez toutes celles dont je pouvais parvenir à avancer l'époque des menstrues et à les faire paraître même long temps avant l'époque mensuelle, la guérison était assurée.

3o. Ayant fait usage des pastilles de santonine sur un enfant de 4 ans chez lequel il m'avait semblé reconnaître des signes de l'affection vermineuse, je fus frappé de voir que l'enfant n'avait pas rendu de vers, mais en même temps la diarrhée et les vomissements s'étaient considérablement amendés. Depuis lors je fis usage de ces mêmes pastilles et réussis dans nombre de cas de Choléra confirmé,

2o. Les endroits où le Choléra s'est surtout manifesté (je parle ici de ce que j'ai observé dans ma propre pratique) sont surtout le faubourg de l'Est et le faubourg de l'Ouest, la partie haute du Champ de Mars, les établissements avoisinant le Port, les navires en rade ont été comparativement peu affectés.

Les faubourgs de l'Est et de l'Ouest, les plus affectés.

Pas tant au haut du Champ de Mars, près du Port, et en rade.

Beaucoup de cas dans les routes conduisant à la Grande Rivière et aux Pamplemousses.

Il y a aussi à constater que nombre de cas se sont présentés sur les deux routes conduisant l'une à la Grande Rivière, l'autre à la Montagne Longue et à Rochebois.

Quelles sont les causes qui ont amené ces différences dans telle ou telle partie de la ville et de l'Ile? Il me serait difficile d'y répondre d'une manière absolue et même satisfaisante.

Comment déterminer où est le principe du Choléra?

Le principe du Choléra se trouvait-il dans l'air, dans l'eau, dans les aliments, dans la situation de telle ou telle localité exposée à tel ou tel courant d'air, dans la malpropreté des habitations ?etc., etc. ? Il me serait bien difficile de le déterminer. Aucune analyse n'a été faite à cette époque de la composition de l'air atmosphérique, de l'eau, des aliments, etc. Est-ce dans la malpropreté ? Mais qui ne sait à Maurice que les Indiens sont essentiellement sâles; qu'ils sont quelquefois 20 ou 30 couchés pêle-mêle et cependant dans ces mêmes cases où couchaient 20 ou 30 personnes, aucune n'était atteinte du Choléra, tandis qu'à quelques pas une antre maison ne contenant que 2 ou 3 individus et proprement tenue, était assaillie, et voyait mourir ceux qui l'habitaient.

Quant à la contagion, mon opinion est bien fixée, mais on n'en parle pas dans l'enquête, je me tairai donc sur les causes présumées du Choléra; ces causes pouvant toutes lui être attribuées plus ou moins, avec tout autant de raisons les unes que les autres.

Que le Comité me permette encore cette observation.

Lorsque le Choléra s'est déclaré à Maurice, une panique générale s'est emparée de presque tous les habitants. C'est à qui se pourvoierait de médicaments, de tisanes, &c. Cette panique a été fatale à beaucoup; non pas par le trouble moral qui n'était que trop légitime, mais bien par les soi-disant préservatifs du Choléra. Des médicaments violents ont été préconisés et vendus, non par des hommes de l'art, mais bien par des personnes ignorant complètement ce qu'étaient les symptômes du Choléra. Ainsi ces médicaments violents étaient mis entre les mains de personnes ignorantes, qui, sans avoir le plus léger symptôme de Choléra, en prenaient des doses énormes.

La panique a été fatale à beaucoup de personnes.

Effet des médicaments violents pris sans discrétion et sans cause comme préservatif.

L'action de ces médicaments, jointe à la frayeur, a causé beaucoup de malheurs chez les personnes qui en faisaient usage; et lorsque le médecin était appelé, il était trop tard pour en prévenir les suites fâcheuses.

Signé: Docteur COLIN.

Post Scriptum.—J'ai dit plus haut que mon opinion était formelle sur la contagion du Choléra.

En effet, ce n'est pas ici le lieu de faire de l'érudition et de citer les opinions des princes de la science: admettant ou n'admettant pas la contagion. Il ne s'agit que de la dernière épidémie à Maurice; laissant donc de côté l'opinion de ceux qui admettent la contagion, et les faits sur lesquels ils se basent; laissant de côté les lois de quarantaine établies pour préserver de la contagion, et sur l'avis des hommes qui se sont le plus occupés de questions de salubrité publique et de questions scientifiques; ne faisant pas attention à ce fait d'une grande importance qu'un homme distingué, en France, et adversaire de la contagion, vient dans un écrit sur le Choléra de se rallier aux contagionistes; laissant encore de côté les enseignements que j'ai reçus de mes maîtres, et ne comptant pour rien ce que j'ai vu à Paris,

Est d'opinion qu'à Maurice, plus que partout ailleurs, le Choléra, s'est montré contagieux. à Montpellier et à Bordeaux, lors de l'épidémie de Choléra en 1849. Enseignements et expérience que le Choléra était contagieux ; je dirai loyalement et hautement, qu'à Maurice, plus que partout ailleurs, le Choléra s'est montré sous forme contagieuse. Et en supposant que je fusse un adversaire déclaré de la contagion ; ce qui s'est passé sous mes yeux me rallierait tout-à-fait à une opinion opposée. De tous ces faits j'en choisirai seulement 3.

Le 1er. tiré du centre de la ville.

Le 2nd. d'une campagne.

Le 3me. du commencement d'un faubourg.

1er. fait.

Cite le cas de M. Dubois.

M. Dubois tombe frappé du Choléra. Plusieurs médecins l'ont vu avec moi. Son domestique vient le soigner, et passe deux journées et une nuit à le masser et le frictionner. Le domestique tombe lui-même frappé de Choléra : sa femme vient le frictionner : elle aussi tombe victime après le 2nd. jour : sa belle mère qui n'habitait pas la même maison, arrive pour les soigner tous les deux : elle aussi, après le 3me jour tombe frappée de Choléra.

2me. fait.

Le Choléra au "Hochet" sur la route de la Montagne Longue.

Sur la Propriété le *Hochet*, se trouvant sur la route de la Montagne Longue, quelques jours se passent sans aucun cas de Choléra. Mais tous les jours on envoyait en ville pour les provisions dont on avait besoin. Un homme arrive de la ville, et tombe frappé de Choléra ; et dans cette petite propriété où se trouvaient à peu près une vingtaine de personnes, 15 d'entr'elles tombent les unes à la suite des autres : le cocher de M. D'Épinay (nommé Frank et anglais d'origine) qui venait de la ville dans un état de santé parfaite, voit son enfant malade ; il y reste pour le soigner, et après avoir vu successivement sa femme et 3 de ses enfants atteints, il tombe lui-même frappé et meurt après un seul jour de souffrances.

Et notez bien que ceci se passe dans une propriété, où tout est dans un très grand état de propreté, et qu'aux environs de cette propriété, dans les maisons voisines où il n'y a pas de communication avec l'endroit attaqué par le fléau, tout se passe bien.

3me. fait.

Le cas fatal derrière les Casernes,

Derrière le quartier (*les Casernes*), une jeune fille va sur la grande route qui conduit au Cimetière pour compter les morts, elle rentre et tombe frappée de Choléra. Toutes les personnes habitant la même rue, tombent les unes après les autres. A peine en compte-t-on quelques unes qui n'ont pas été atteintes. Ici il y a eu encore communication de maison à maison, toutes les personnes qui habitent cette rue sont parentes ou alliées et se voient très fréquemment.

A ces faits je pourrais en ajouter une masse d'autres à ma connaissance, tirés de la rue de la Côte D'or, de la rue Condé, de Rochebois, du sommet du Peterboot, où M. Gotré avait été établir sa famille, 5 ou 6 jours après le commencement de l'épidémie, lorsque tout le monde partait pour la campagne, nonobstant l'air du Peterboot, nonobstant que cet endroit n'avait pas encore été atteint, son enfant fut atteint de Choléra ; preuve évidente qu'il avait emporté avec lui, les germes du Choléra pendant qu'il était en ville. Je pourrai encore citer une maison voisine que j'habite. Je me bornerai aux 3 suivants qui ont chacun une importance majeure.

Effet du vent quand il soufflait de la ville vers les Plaines Wilhems.

1o. Sur le jugement et les observations du Docteur Perrot, il paraîtrait (et je le crois sans peine) que le Choléra ne s'est manifesté aux Plaines Wilhems que lorsque le vent soufflait de la Ville aux Plaines Wilhems, et que c'était surtout chez des personnes venant de la Ville, que le Choléra s'était d'abord manifesté.

Les frères Pitchen.

2o. Il existe au Port Louis plusieurs frères Pitchen, tous établis avec leurs familles dans différentes Rues de la Ville. Un des frères tombe malade ; les différentes familles viennent le voir et le soigner : quelques jours après il y avait dans chacune de ces familles et dans leurs maisons respectives, des personnes atteintes de Choléra.

3o. Qui ne sait que beaucoup de familles sont allées s'établir à la campagne pendant le Choléra ? et qui ne sait que ces familles croyant l'épidémie terminée sont revenues en Ville et ont été à leur tour atteintes de Choléra ? ce sont là des faits que je puis prouver.

A ceux qui me demanderaient comment se fait il que dans une même famille telle ou telle personne ait été atteinte plutôt que telle autre ? je répondrai : comment se fait-il qu'aux environs des marais, là où existe la fièvre intermittente, telle personne est atteinte de fièvre à type tierce telle autre à type quotidien, telle autre à type quarte : telle autre encore n'est pas atteinte ? c'est qu'il y a ici comme pour toute autre maladie comme pour le Choléra, des prédispositions, des idiosyncrasies, des constitutions, des tempéraments, des hygiènes, des habitudes, etc., etc. différentes suivant tel ou tel individu.

C'est qu'il y a ici le *quid divinum* (Hippocrates) devant lequel nous nous inclinons ; c'est qu'il faudrait connaître l'essence même d'une chose ; et Lock nous dit avec raison : que l'essence d'une chose est ce qui la fait être ce qu'elle est.

Ce que je viens de dire, Monsieur, est le résultat de ce que j'ai vu et observé pendant la dernière Epidémie de Choléra.

Il est d'autres raisons qui confirment mon opinion. Il est d'autres faits cités dans les auteurs qui la confirment aussi, mais j'ai passé ces raisons et ces faits en silence, attendu que ce n'est pas un rapport que je fais ici, mais bien des observations que j'ai recueillies à Maurice dans ma pratique, et que je me fais un véritable plaisir de transmettre au Comité.

(Signé) Dr. COLIN.

No. 56.

De l'Étiologie et de la Nature Contagieuse du Choléra à Maurice.

Les mesures préventives contre le retour d'une nouvelle invasion du Choléra à Maurice, pour être efficaces, doivent être établies d'après la cause qui a le plus concouru à donner naissance à la maladie : on ne saurait par conséquent négliger la recherche de l'étiologie de l'épidémie qui a régné en 1854.

Des considérations de plus d'un genre doivent contribuer à rendre la solution de cette importante question longtemps encore indécidée. Il est cependant un moyen de la résoudre et de sortir d'embarras : c'est par l'exposé et la discussion des 4 propositions suivantes.

1o. Ou bien l'épidémie a été d'origine spontanée, ainsi que plusieurs personnes l'ont supposé d'abord, et conséquemment après s'être engendrée parmi les détenus de la prison, devenue un foyer d'infection, le fléau s'est propagé dans la ville du Port-Louis, en revêtant la forme épidémique.

Le Choléra était, ou spontané, ou provenant des vices hygiéniques inhérents à la ville

2o. Ou bien des vices inhérents à la ville, tels qu'une mauvaise hygiène publique réunie aux misères auxquelles sont exposées les classes pauvres, ont donné naissance à l'épidémie du Choléra ; conséquemment, la manifestation de la maladie était de nature épidémique.

3o. L'apparition du Choléra, a été peut-être l'effet de quelques conditions mystérieuses ou spéciales et atmosphériques ; conséquemment la maladie serait le résultat des influences atmosphériques ou climatiques.

Ou l'effet de quelques conditions atmosphériques, ou transporté à Maurice du dehors.

4o. Ou bien l'élément contagieux du Choléra a été transporté à Maurice du dehors par les émigrants Indiens arrivés à bord du navire le *Sultany*, conséquemment la maladie s'est développée par importation et propagée par contagion.

De l'invasion et de la marche du Choléra de 1854 à l'Île Maurice.

Certains cas de Choléra se sont manifestés à l'état sporadique dans la ville du Port-Louis seize jours après l'arrivée en rade du navire le *Sultany*. C'était le jour même où le navire débarquait ses émigrants à l'Île Plate que l'on retrouve l'existence de deux cas de Choléra, dans une maison de la rue des Forges. Dans la nuit du 10 au 11 Avril, deux personnes succombent, offrant tous les symptômes du véritable Choléra. Quatre jours après, le 16 Avril, deux nouveaux cas de Choléra se manifestent dans la rue, route des Pamplemousses, chez deux ouvriers Charpentiers : le premier affecté de ces deux cholériques se rétablit promptement ; le deuxième succombe dans moins de 24 heures, avec les accidents les plus caractéristiques du Choléra Asiatique.

1854, invasion du Choléra.

Cas sporadiques, seize jours après l'arrivée du *Sultany*.

10 11 Avril.

16 Avril, deux cas, dont un fatal.

Pendant une quinzaine de jours pas de manifestations connues ; seulement, durant cet intervalle deux ex-apprentis que leurs voisins supposent cholériques sont signalés à la Municipalité ; sur l'invitation de M. Léchelle, Maire de la ville, je me transporte aux domiciles des malades, rue de Moka ; l'un des deux avait fui de son logement et n'a pu être découvert ; le deuxième n'était atteint que d'une cholérine, suite d'indigestion ; il se rétablit. Le 6 Mai, à un des points extrêmes de la circonscription municipale, à la Grande Rivière, dans une maison située sur une hauteur, par conséquent bien aérée, et réunissant en outre toutes sortes d'avantages hygiéniques, M. Malfait, a eu son fils âgé de 6 ans qui succombait d'une violente attaque de Choléra ; la tante de cet enfant, après l'avoir soigné, était prise de Choléra le 7 Mai et succombait le 8. A la même date, le 10 Mai, deux pêcheurs observés et traités par M. Powel mouraient du Choléra encore. Le 10 Mai, M. Labat

6 Mai, cas fatal à la Grande Rivière.

8 Mai, cas fatal dans la même maison,

10 Mai, deux cas fatals. médécin assistant de l'Hopital Civil de la ville du Port Louis, enrégistre un décès par suite du Choléra.

12 Mai, cas fatal au Port-Louis. Le 12 Mai, M. Le Docteur Colin reconnaît un cas de Choléra sur la personne du cocher de M. Hart, demeurant rue du Gouvernement près du Champ-de-Mars ; ce malade meurt le jour même. Le 14, la présence du Choléra est officiellement constatée dans les prisons de la ville ; plusieurs cas successifs et rapprochés se développent parmi les prisonniers qui sont entassés au nombre de 500 dans des prisons mal aérées et trop étroites pour contenir une

14 Mai. Choléra constaté officiellement dans la prison. aussi nombreuse population de détenus. A dater de cette époque, il ne reste plus aucun espoir aux habitants de la ville du Port Louis d'échapper aux ravages du fléau : au 19 Mai il y avait eu à l'Hopital Civil 13 décès sur 25 malades admis, provenant presque tous des prisons : dans la dernière quinzaine du mois de Mai la désolation et la mortalité vont croissant ; à la fin de ce même mois il y avait 639 déclarations de décès ; la presque totalité de ces décès ont été occasionnés par l'épidémie cholérique. Pendant tout ce mois je n'ai

Progrès de l'épidémie. constaté qu'une seule mort occasionnée par toute autre maladie que le choléra, pour qui j'ai fourni un certificat pour que le corps pût être transporté à l'Eglise ; mes confrères m'ont fait part qu'ils avaient à peine observé quelques cas de mortalité par les maladies ordinaires.

Ravages de l'épidémie au mois de Juin. Le fléau n'a fait qu'accroître ses ravages jusqu'au 9 Juin : dans cette lugubre et fatale journée, la mortalité s'est élevée au Port Louis au chiffre épouvantable de 253 décès. A la fin du mois de Juin, époque où l'épidémie a cessé de sévir activement, le nombre des décès s'est élevé pendant ce mois à jamais néfaste à 3,094. Sans craindre de faire erreur, on peut avancer que ce nombre est en entier composé des victimes immolées par le choléra seul.

Ce fléau a été si implacable à l'égard de la population du Port Louis, et ses atteintes si graves, qu'un grand nombre des malades ont succombé après que l'épidémie avait cessé de régner.

Et en Juillet. La mortalité a été, dans le mois de Juillet, de 374 décès ; le plus grand nombre provenait des suites des atteintes de choléra. Le total des 3 mois Mai, Juin, et Juillet s'est élevé à 4,089. La Population de la ville du Port Louis a été littéralement décimée, attendu que le nombre des habitants s'élevant d'après les derniers recensements à 49,000, avait été réduit à 40,000 par suite de l'émigration des familles aisées.

A la suite d'un événement aussi calamiteux, la commission d'enquête sur le choléra devrait chercher à déterminer avec précision si le développement de l'Epidémie doit être attribué à des causes purement locales, et par conséquent de nature endémique ; ou bien si la cause ou le germe productif du fléau nous est venu du dehors. Le développement du choléra dans la ville du Port Louis a été tellement indépendant des émanations qualifiées ordinairement du nom de putrides, que l'on a vu des localités où ces émanations étaient les plus abondantes, et des logements également des plus insalubres, être de beaucoup moins affligés par les affreux ravages du choléra, que certains lieux où l'air paraissait le plus pur et les logements réunir de bonnes conditions hygiéniques.

Malabars aux environs du bazar. On a pu faire cette remarque à l'égard du quartier de la ville et des logements occupés par des malabars, des arabes, ou des chinois. Les malabars ainsi que les arabes qui logent aux environs du bazar, vivent entassés par chambrées ; souvent pêle mêle avec toutes sortes d'animaux, mais toujours avec un entassement de marchandises infectes, et souvent altérées par un commencement de décomposition putride. Non seulement ces substances ainsi altérées vicient l'air, mais encore par leur encombrement deviennent un obstacle au renouvellement de l'atmosphère. Dès le début de l'épidémie ces déplorables conditions d'insalubrité qui avaient fixé l'attention de la Municipalité, faisaient craindre les plus lugubres événements ; contre toute attente, dans ces mêmes logements, le choléra y a été moins meurtrier et moins redoutable que dans les lieux de la ville réputés les plus salubres.

Chinois. Un fait bien plus remarquable encore qui s'est passé sous les yeux de la population, et par conséquent on ne peut le révoquer en doute : on a généralement observé que sur une population de 1,100 chinois, et avec leur famille, cette population dépasse plus de 1,500 personnes, il n'y a eu tout au plus que cinq décès pendant le règne du choléra ; et sur ce petit nombre de décès, deux tout au plus ont été occasionnés par le choléra.

Les chinois sont cependant le peuple le plus sale de la terre ; ils vivent dans un état d'encombrement et de malpropreté inouis, dans de misérables logements, pires que ceux des malabars du Bazar ; ils ne se nourrissent en grande partie que de viande de Porc ; leurs logements sont bas et humides, leurs cours toujours étroites sont remplies d'animaux immondes, et s'il est vrai de dire qu'à l'égard des chinois le choléra a été sans résultat désastreux, alors qu'ils vivaient dans les plus mauvaises conditions hygiéniques, ils ont dû être protégés par quelques circonstances dépendantes de leur manière de vivre, et

probablement aussi par l'excellent et salubre climat de l'île Maurice. L'immunité dont les chinois ont joui pendant le choléra est un fait qui prouve à lui seul que cette maladie n'est pas endémique à la colonie.

Il n'est pas douteux également que l'usage habituel du thé qui est leur unique boisson, et de plus, l'habitude qu'ils ont presque tous de fumer de l'opium, aient été des moyens préservatifs d'une vertu efficace.

Un fait d'un si grand intérêt est assurément digne de fixer l'attention des médecins, en ce qu'il est susceptible de servir d'enseignement pour établir le traitement prophylactique du choléra.

On a aussi remarqué que les personnes dont les professions les exposaient le plus aux émotions malfaisantes, n'ont pas fourni plus de victimes à la maladie.

L'entreprise des Inodores qui occupe 150 malabars, en emploie 90 au nettoyage des rues ou à conduire des charrettes destinées à enlever, tous les huit jours, les fosses mobiles de chez les abonnés : sur ce nombre de 90, il y a eu 15 cholériques, dont dix décès. Le directeur de l'Etablissement attribue le chiffre élevé des attaques de la maladie à ce que son atelier de 90 hommes était obligé de pénétrer durant la nuit dans les cours pour faire leur service, et surtout parce que les charretiers et les balayeurs des rues emportaient avec eux les effets qui avaient servi aux cholériques, et qui avaient été imprudemment jetés sur la voie publique. Il ne supposait pas que les effluves ou les émanations qui s'échappaient des fosses d'aisance aient transmis la maladie ; il en déduisait la preuve de ce qu'un atelier de 60 hommes dont moitié était employée à vider les matières fécales dans les bassins à poudrette et à nettoyer les bailles, n'ait pas présenté un seul cholérique. Seulement, la moitié de l'atelier occupé à confectionner la poudrette a eu deux hommes très-âgés qui ont été affectés. Déjà depuis quelque temps ces deux vieillards ne faisaient plus un travail actif, ils étaient relégués dans leurs cases.

Les Inodores.

D'après des observations semblables, l'on est forcé de confesser que l'atmosphère des maisons ou des cours occupées par des cholériques, surtout les objets qui ont servi à leur usage pendant la maladie, sont plus susceptibles de transmettre la contagion que leurs déjections.

Le fléau a également sévi avec moins de vigueur dans les rues ou quartiers insalubres que dans les lieux réunissant de bonnes conditions hygiéniques. A l'appui de cette assertion, je dois signaler la rue de la Chaussée : construites à l'égal des rues des villes d'Europe, les maisons sont contigues les unes aux autres, dépourvues de jardin, elles ne possèdent que des cours étroites ; cette rue est traversée de deux ruisseaux qui servent d'égouts à la ville, et reçoivent dans leurs parcours les immondices provenant des latrines des prisons et des maisons qui les bordent ; cette rue est une des plus peuplées et des plus commerçantes de la ville ; à ma connaissance, durant le règne de l'épidémie, il n'y a eu que quatre à cinq malades dans la rue de la Chaussée.

La Chaussée.

De ce nombre était un pauvre peintre souvent appelé au domicile des cholériques ; il s'y transportait pour faire leurs portraits. Les platres que j'ai vus dans son atelier au nombre de cinq, moulés sur la face des personnes mortes du Choléra, sont vraiment hideux ; ils ont conservé cette altération caractéristique qu'imprime cette affreuse maladie aux traits du visage, et pour peu que les peintures ressemblent aux platres, l'on doit en convenir, les familles ont dû conserver de bien tristes images de leurs proches.

Après des faits semblables, ne serait-il pas temps de persuader au public que le Choléra est réellement contagieux, et qu'en pareille occurrence, on est coupable d'exposer l'existence de son semblable sans une nécessité absolue.

Faut-il encore des preuves ? A la Grande Rivière, banlieue de la ville, il existe un village peuplé d'Indiens, véritable spécimen des villages de l'Inde, formé par une réunion de huttes construites en terre et couvertes de chaume, si rapprochées, qu'elles ne laissent aucun espace libre entre elles ; l'entrée en est si basse qu'il faut pour s'y introduire y pénétrer à quatre pattes ; si peu élevées qu'il n'est pas possible de se redresser une fois entré ; n'ayant pour toute ouverture que la porte, par conséquent sans air, sans lumière, sans soleil. Durant le règne du Choléra, ce village Indien aurait dû se transformer en un véritable foyer d'infection et encore des plus meurtriers, si le Choléra se développait et se propageait par infection, et surtout en proportion de la délétère influence des logements insalubres. Il n'en a pas été ainsi : Les habitants de ce village établi dans de si déplorables conditions, ont fourni moins de victimes au fléau, non seulement que les demeures du voisinage, toutes bien situées et convenablement bien disposées, mais que la plupart des quartiers de la ville réputés les plus sains.

Village Indien à la Grande Rivière.

Une observation tout-à-fait digne d'être rapportée en ce qu'elle peut augmenter le nombre des moyens prophylactiques à opposer au propre Choléra, c'est que, parmi la population de ce village, il s'y trouve une centaine d'Indiens employés à faire du charbon de bois dans la forêt, ou à le transporter en ville, pour le vendre. De tous ces charbonniers, sans exception, pas un seul n'a été atteint par l'épidémie ; les habitants des cases où se déposait le charbon ont été aussi préservés.

En regard des populations qui vivaient dans les plus mauvaises conditions de salubrité, parcequ'elles demeuraient dans des localités et des logements infects et malsains, et qui ont été en grande partie épargnées, opposons les populations qui demeuraient dans des lieux et des demeures salubres, ou bien celles dont les professions s'exerçaient au grand air qui ont été cependant les plus maltraitées.

Champ-de-Mars. Le quartier du Champ de Mars est le quartier de la ville où l'air est le plus pur et le plus sain, exposé aux vents généraux ; toutes les rues ont une pente suffisante pour donner un libre écoulement des gondoles ; toutes les maisons y sont environnées de cours

Champ Delort. et de jardins ; dans ce quartier, dont les rues et les maisons sont tenues proprement, la mortalité a été plus considérable que dans les autres points de la ville. Il en a été de même au Champ Delort, un des lieux les plus secs et les plus salubres.

Rue de l'Eglise. Une particularité assez singulière, et qui prouve combien le Choléra est bizarre dans sa marche : une portion de la rue de l'Eglise, composée d'une douzaine de maisons au plus a fourni 43 décès, le côté opposé de la rue n'a eu qu'un seul décès.

No. 57.

Symptômes du Choléra de l'Epidémie de 1854.

Durée de l'épidémie, 24 Mai au 30 Juin. Le choléra qui a sévi dans la ville du Port Louis n'a revêtu la forme épidémique qu'à dater du 24 Mai 1854 ; il a conservé cette même forme jusqu'au 30 Juin. L'épidémie a cessé tout à coup. Sa durée a été de 36 jours en tout. A dater de cette époque, il n'a existé que des cas de choléra sporadiques ; ses funestes propriétés de se communiquer par contagion

Elle a sévi dans la saison la plus salubre de l'année. s'étaient anéanties. La manifestation de l'épidémie cholérique a exercé ses ravages précisément dans la saison la plus tempérée et la plus salubre de l'année ; à ma connaissance elle n'avait pas été précédée de l'apparition de diarrhées muqueuses, ou bilieuses, ni de flux de sang. Ces dérangements intestinaux sont assez rares dans la saison où les grandes chaleurs et les pluies ont cessé ; la population du Port Louis n'était alors affligée, lors de l'apparition du choléra, que d'une épidémie de rougeole, du reste assez bénigne, et de coqueluche, chez les très jeunes enfans.

Description des symptômes pré-curseurs. Les symptômes précurseurs du choléra étaient des douleurs sourdes et profondes à l'épigastre, des borborygmes avec nausées ; la diarrhée ne tardait pas à se déclarer ; les premières selles n'étaient qu'un devoiement de matières stercorales qui vidaient les intestins du produit de sa digestion ; l'apparition des selles cholériques suivait immédiatement ; celles-ci étaient dans le plus grand nombre de cas, complètement liquides, semblables à la décoction de riz, de nature séreuse ; des flocons ou plutôt des grumeaux muqueux, de l'aspect et de la grosseur d'un grain de riz cuit, surnageaient à la surface. Dans un petit nombre de cas, elles étaient blanches ou laiteuses, analogues à une bouillie composée de farine au lait ; sous ces deux formes les selles étaient à un égal degré de fâcheuse augure.

Son effet sur le malade. Ces évacuations avaient cela de caractéristique ; qu'elles se faisaient sans douleur, avec absence d'effort. Le malade ressentait dans le ventre des migrations de liquides accompagnées de borborygmes ; il ne tardait pas à éprouver une diminution presque radicale de ses forces ; le pouls n'était nullement altéré sous le rapport de sa force et de sa fréquence ; la peau conservait une bonne moiteur sans élévation ni même abaissement de température ; c'était l'ensemble de tous ces phénomènes, surtout la diarrhée de nature cholérique, qui signalait la première période de la maladie ou le début du véritable choléra. Tout autant que les évacuations alvines ne présentaient pas l'aspect d'un liquide séreux ou laiteux, avec absence de toute odeur, l'existence du choléra n'était pas confirmée.

Pendant tout le règne de l'épidémie, j'ai observé ainsi que beaucoup de mes confrères, un grand nombre de malades atteints d'une simple diarrhée bilieuse ou muqueuse, ou formée d'une bouillie stercorale ; la nature des selles ayant persisté de la sorte durant un intervalle de 24 heures au moins, il n'est pas survenu à leur suite de choléra. A bon droit

on ne saurait établir comme un précepte rigoureux, pendant une épidémie de choléra, qu'une simple diarrhée est un accident prodromique du choléra. Il convient d'attendre la transformation de la diarrhée en diarrhée cholérique, lors même qu'il y aurait crampes, nausées, et même vomissements. Le médecin doit tenir ces différents symptômes comme suspects, méritant une attention toute particulière, mais ne pas croire que s'il a arrêté une simple diarrhée, il a combattu avec succès le début d'un véritable choléra.

Lorsque la diarrhée séreuse se prolongeait, elle amenait l'existence de la deuxième période du choléra, caractérisée par des altérations spéciales et profondes de la face ; la voix devenait enrrouée, souvent elle était éteinte ; la langue était froide et plombée ; vomissements, crampes des jambes suivies de refroidissement ; cette période était des plus aiguës ; elle était presque immédiatement suivie de la période extrême désignée du nom de période algide : on observait des sueurs froides abondantes visqueuses ; la peau des mains et des doigts était ridée ; ces symptômes précédaient la disparition complète des battements de l'artère radiale, les accidents redoutables de l'asphyxie avaient lieu ; la distention des régions sous costales, le ballonnement du bas ventre, la cessation des évacuations par le haut et par le bas, ainsi que l'émission des urines, annonçaient une terminaison promptement fatale ; le malade mourait suffoqué, avec des angoisses extrêmes ; souvent il s'éteignait avec calme ; les accidents cérébraux étaient rares ainsi que la cyanose.

Seconde période.

Période extrême.

J'ai remarqué que toutes les sécrétions perdaient leur mauvaise odeur ; lorsqu'un malade de race mozambique était parvenu à la période algide, sa transpiration qui à l'état normal est prouvée d'une odeur repoussante, devient inodore, sa couleur noire s'efface en partie, et sa peau surtout à la face devient d'un noir grisâtre, ou cendrée aux approches de la mort.

Phénomènes de l'effet du Choléra sur les Mozambiques.

Lorsque la marche de la maladie a été des plus violentes, sa durée a été de sept à huit heures, à dater du développement du premier accident cholérique jusqu'au moment du décès. Dans la plupart des cas, la marche de la maladie a été simplement aiguë ; sa durée moyenne était de 24 à 36 heures, lorsque la maladie se terminait par la mort.

Durée de la maladie.

Je n'ai vu que deux ou trois fois des cas où une réaction ayant ramené le développement du pouls et le retour de la chaleur du corps, un nouveau colapsus est survenu de rechef et les malades ont succombé assez fréquemment par l'emploi des excitants à l'intérieur et à l'extérieur et des douches d'eau froide. J'ai fait cesser le refroidissement, et le pouls est devenu perceptible chez deux malades parvenus à la période extrême ; malgré cette apparente amélioration, les malades ont tout de même succombé.

J'ai constaté chez plus de vingt cholériques, au moyen du papier réactif de tournesol, la propriété acide dans les déjections alvines ; cette propriété acide était d'autant plus prononcée que le cas était grave.

Propriété acide dans les déjections alvines.

Avec des selles cholériques survenaient des vomissements réitérés et opiniâtres ; d'ordinaire ce phénomène n'ajoutait pas à la gravité du pronostic. J'ai observé des malheureux cholériques qui pendant toute la durée de leur maladie avaient été privés des soins convenables ; on s'était borné à leur donner de l'eau tiède en quantité ; ils avaient fini par se rétablir, après deux ou trois jours de vomissements presque continuels.

Vomissements.

Particulièrement chez les femmes enceintes, les vomissements offraient une ténacité et une opiniâtreté désespérante. Sur plus de 15 femmes enceintes que j'ai traitées, affectées d'un choléra grave, il y en a eu dix qui se sont complètement rétablies sans avortement.

J'ai observé trois cas de Choléra que l'on est convenu d'appeler Choléra sec, parcequ'il y a absence de vomissements et de diarrhée. L'un des trois malades fut pris d'emblée, et soudainement (sans nul symptôme précurseur, ou écart de régime, au milieu d'une santé parfaite) d'un profond collapsus et refroidissement des extrémités des membres ; cet état s'est prolongé plusieurs heures avec anéantissement de la sensibilité et des facultés intellectuelles. Des excitants sur les extrémités inférieures (l'alkali volatil employé pur en frictions, et des sinapismes), après plusieurs heures, rappelèrent ce malade à la vie : Cette soudaine attaque ne se reproduisit plus ; le malade conserva pendant plusieurs jours une faiblesse extrême ; le facies cholérique et des excoriations aux jambes résultant de l'application des topiques escharrotiques persévèrent plusieurs jours de suite.

Choléra sec. 1er. cas.

Le deuxième malade a offert pendant trois jours consécutifs des accès intermittents de refroidissement général, disparition du pouls, altération des traits de la face : l'apyrexie ou l'intermission de ces phénomènes cholériques cessait pendant quelques heures, pour être suivie d'un nouvel accès ; la médication suivie fut le traitement approprié aux accès de fièvre remittente pernicieuse ; plus, des frictions excitantes sur toute l'habitude du corps et des vésicatoires aux jambes ; après le 3me. accès, le malade qui était âgé de 14 ans, ne tarda pas à se rétablir.

2d. cas.

3me. cas.

Le troisième malade a succombé dans un état plutôt typhoïde que cholérique ; la maladie a duré 4 jours avec refroidissement des extrémités des membres et faiblesse excessive du pouls. Les deux premiers malades ont été affectés au moment où l'épidémie cholérique était dans toute sa violence ; le dernier, à son déclin. Toutes les fois que j'ai tiré du sang aux cholériques, soit par la saignée ou au moyen des ventouses scarifiées, le sang était noir épais, visqueux, presque semblable à la gelée de groseille ; il coulait difficilement et se coagulait immédiatement ; des saignées faites près de huit jours après la convalescence de violentes attaques de Choléra, ont encore donné un sang noir et tout-à-fait dépourvu de sérosité.

Incertitude du pronostic, et du diagnostic.

Le pronostic était incertain à toutes les périodes du mal. Souvent des malades que j'avais visités la veille au soir, avec l'espoir de les voir se rétablir, à ma visite du matin j'avais la douleur d'apprendre qu'ils avaient succombé ; des malades dont je désespérais se sont rétablis contre mon attente.

Même incertitude pour le diagnostic ; les douleurs sourdes et profondes de l'épigastre, les nausées fréquentes, les borborygnes, ou plutôt les bourdonnements insolites, dans l'abdomen accompagnés de diarrhée, tous ces phénomènes réunis, n'ont pas été toujours l'annonce de l'invasion du véritable Choléra, surtout lorsque des selles de dévoiement avaient lieu avec dégagement de gaz.

Théorie des diarrhées prodromiques.

Les publications de l'époque faites dans les journaux, par quelques médecins qui avaient signalé toute espèce de diarrhée comme un signe précurseur du développement prochain du Choléra, avaient inspiré tant de terreur au public, que le moindre dérangement d'entrailles, au lieu d'être considéré comme un simple phénomène prédisposant, était envisagé la plupart du temps comme signe infaillible du début d'une attaque de véritable Choléra.

Par suite de la théorie des diarrhées prodromiques, la panique était telle, qu'à la première manifestation d'une diarrhée, on envoyait quérir en toute hâte le médecin. Pour ma part, après m'être assuré que la nature des selles n'avaient rien de suspect, souvent j'ai cherché, mais en vain, à inspirer de la sécurité à des malades tellement persuadés par l'idée sinistre qu'ils étaient réellement atteints de Choléra, qu'ils prenaient des remèdes en dépit de mes remontrances, le plus fréquemment c'était du laudanum à fortes doses.

Est d'opinion que le danger de la simple diarrhée a été exagéré.

D'après les faits nombreux observés lors de la dernière épidémie de Choléra, je n'hésite pas de dire que mon opinion la plus formelle est, qu'à l'île Maurice du moins, l'on s'est trop exagéré le danger de la simple diarrhée qui a été d'ordinaire concomitante ou intercurrente, et non le symptôme prodromique ou précurseur du véritable Choléra ; constamment il a existé des dérangements dans les voies digestives durant l'épidémie du Choléra ; ces dérangements ne se sont transformés en Choléra, qu'autant qu'il y a eu des écarts de régime, ou bien des communications avec des cholériques.

Lorsque l'épidémie du Choléra a eu fait son temps, l'épidémie Diarrhéique ou Dyssentérique l'a remplacée ; c'est là un fait incontestable qu'à l'île Maurice le Choléra et la Diarrhée ont existé simultanément. En témoignage de la sincérité et de la réalité de ce dernier fait, nous invoquerons un extrait de la plupart des navires qui ont abordé l'île ayant le Choléra à bord parmi le transport des Emigrants.

Objections au projet d'organiser un service médical pour traiter la maladie à domicile.

Ce n'est pas tout-à-fait dans le but de blâmer la proposition faite par l'Honorable Maire à son Conseil Municipal, d'organiser un service médical pour traiter à domicile l'épidémie de Diarrhée qui avait succédé à l'affreuse épidémie Cholérique, afin d'éviter par cette précaution le retour du Choléra ; mais bien plutôt pour faire ressortir tout ce qu'il y avait d'intempestif et d'impraticable dans l'exécution des mesures prophylactiques qui avaient été suggérées à M. Le Maire, par un médecin d'un grand renom sans doute, mais en réalité très-peu praticien. Ce médecin avait considéré le retour de l'épidémie comme certaine parmi la population de la ville du Port-Louis ; dans cette appréhension, il proposait d'organiser comme en Angleterre, dans les villes atteintes de Choléra, un système de moyens préventifs, consistant en visites journalières dans toutes les maisons des pauvres, pour prescrire le traitement de la Diarrhée, et prévenir toute attaque consécutive du Choléra.

Lors même que ce moyen eût été excellent, il n'aurait pas été possible de concentrer un personnel médical suffisant pour le Port-Louis ; cette mesure était tout-à-fait intempestive, parce qu'elle aurait eu pour résultat d'effrayer la population de la ville, sans réaliser en compensation aucun avantage bien positif. Dans la manifestation de l'opinion de ce médecin, il y avait tout à la fois une grave erreur de diagnostic et de pronostic. Du moins à Maurice les épidémies de Choléra cessent tout-à-coup pour ne plus reparaitre, à moins qu'un nouveau germe reproducteur venu du dehors, inocule de rechef le poison pestilentiel aux populations.

L'observation rigoureuse des faits a constamment prouvé que les épidémies de Choléra se transforment en épidémie de Diarrhée ou de Dysenterie ; que le fait de cette transformation, au lieu d'offrir de grands dangers, est fait pour rassurer, puisqu'elle remplace un mal bien plus dangereux.

Signé : DAUBAN, D. M.

No. 58.

Messieurs,

Je n'ai pas l'intention dans le rapport succinct que j'ai l'honneur de lire aujourd'hui à la Commission, de donner de grands détails statistiques ou autres sur l'Infirmerie Ste Marie. Je réserve ces détails pour le travail que je prépare sur l'Epidémie qui vient de frapper notre pays.

Je me bornerai à dire ce que sont devenus les nombreux malades qui ont été admis à l'Infirmerie depuis sa création. La Commission sait que dans les premiers jours M. Macpherson a eu, soit seul, soit concurremment avec moi, à soigner les cholériques de l'Infirmerie.—53 malades ont été traités par M. Macpherson seul ; 16 ont été d'abord traités par lui, puis par moi ; 201 ont été traités par moi seul. Cite le nombre des malades traités par lui à l'Infirmerie.

Des 201 malades traités par moi seul, 56 sont morts, 123 sont sortis guéris, et 22 sont encore à l'Infirmerie.

Des 56 morts, environ 16 sont morts d'une maladie autre que du Choléra et 40 par le Choléra.

Des 123 guéris, environ 100 ont eu le Choléra confirmé. La proportion des morts parmi les individus atteints véritablement du Choléra est donc de 40 sur 140 malades, c'est-à-dire 28 morts sur 100 malades. C'est là une mortalité extrêmement faible, surtout pour un Hôpital créé si soudainement. Je suis heureux de pouvoir dire publiquement que ce résultat si favorable doit être surtout attribué au zèle incomparable et au dévouement ardent et éclairé des Sœurs de Charité, qui n'ont pas craint, malgré leur croyance à la contagion, de venir chaque jour soigner les malheureux cholériques de l'Infirmerie, tant que l'Epidémie a eu de la violence. Je n'ai pas besoin d'ajouter, car tous les Membres de la Commission doivent le savoir, que sans l'activité inouïe, le dévouement sans bornes de M. GEO. DE COURSON, l'Infirmerie qu'il a créée d'une manière si magique n'aurait pas pu subsister et que sans son zèle un grand nombre de malheureux eussent péri. Fait l'éloge du zèle et du dévouement ardent et éclairé des Sœurs de la Charité à l'Hôpital et du dévouement de M. G. de Courson.

Je dois aussi les plus vifs remerciements aux Conseillers Municipaux qui composaient le Comité Exécutif et qui remplaçaient le Conseil pendant l'Epidémie. Individuellement ou réunis ils ont aussi beaucoup fait pour l'Infirmerie, et ils ont ainsi contribué à sauver la vie de plus de 120 malheureux.

Signé E. BROWN SEQUARD.

No. 59.

Grand River October 20th 1854.

Sir,

In answer to your communication of the 10th Instant I have the honor to inform you.

1st. That I found "diluted Sulphuric Acid," in doses of 30 drops, every $\frac{1}{4}$ of an hour, by far the most efficacious remedy in those cases, which were ushered in by diarrhea: I may say that with very few exceptions it always succeeded in arresting diarrhea.

In cases which commenced with vomiting and diarrhea, I found the diluted Sulphuric Acid, succeeded in about one half of the cases in arresting the symptoms.

In some advanced cases that is to say where the evacuations were very frequent and copious, and the patients rapidly sinking into a state of collapse, I tried the effects of "Pure Tannin" in doses of 10 grains repeated every 10 minutes, under which treatment, some of the most unpromising cases recovered ; in all the cases on which I tried it, it arrested the purging, but about one third of the Patients sank under the consecutive fever. In advanced stage tried "Pure Tannin" in doses of 10 grains.

cases of recovery after very severe attacks which occurred in my practice, I attributed much to the supposition, that I had succeeded in introducing into the system a certain proportion of mercury, after having arrested the discharges.

Highly approved of the cold water douche.

In those cases which came under my notice, in which I found the patient in a state of collapse, I invariably had recourse to the cold water douche, as so ably described and practised by Dr. Macpherson, and from the results, I am decidedly of opinion, that when the disease has arrived at that stage, it is the only treatment that gives the slightest chance of success. I found likewise that the cold douche invariably relieved cramps, and found it also the only treatment which was of the slightest avail, in those cases which commenced with Asphyxia, several of which cases occurred in my neighbourhood.

Found want of free circulation of air predisposing to disease.

2ndly. I found that the disease was invariably more virulent and the cases more numerous, where there were any causes interfering with the free circulation of the Atmosphere.

One of the spots, where there were the greatest number of cases in proportion to the number of Inhabitants was, "Claremont" one of the healthiest spots, in my opinion in the Mauritius : but the cases of cholera occurred principally in the stables, which are built in the form of a square, without any provision for ventilation, and in the out-houses, which are likewise ill ventilated.

Not one case occurred at the lunatic asylum on the upper part of the building, where the circulation of air is freer, whilst numerous cases took place at the ground floor.

In the Lunatic Asylum under my charge, I had numerous cases on the "Ground floor," and that part of the establishment known as the "cells," in both of which the ventilation is interfered with by high walls surrounding them, whilst in the upper part of the building which is plentifully supplied with windows higher than the surrounding walls, I had, I believe not a single case ; at all events I can certify, that in one large ward occupied entirely by bed ridden old men (the very subjects likely to be attacked first) not one single case occurred during the whole course of the epidemic.

I would call the attention of the Committee to the construction of the huts of the lower classes of society in the country districts, more particularly of the Indians : it continually occurred to me during the late epidemic, to be called to patients living in huts with a low door way, no window, a fire in it, in many cases, a donkey, fowls, goats &c ; and such a state of filth in the huts of the "Indians" that it was impossible to remain in them more than a few seconds, without a feeling of nausea.

3rdly. The disease in my opinion, first made its appearance at "Grand' River" ; it then appeared in the "Prisons in town, but at the same time, from what I can learn, there were still a succession of isolated cases, about "Grand' River, although from the people not being aware of the nature of the disease, they did not seek for assistance.

The disease appeared to become general at Grand' River two days before it became general in town ; it then steadily pursued its course up the Ravine to "Plaines Wilhems" making its appearance at "Petite Rivière" at a later date, which quarter did not suffer nearly so much as Plaines Wilhems.

Signed : L. POWELL, M. D.

No. 60.

Monsieur,

Dans votre circulaire en date du 10 Octobre, vous me demandez de vous faire connaître le traitement qui m'a rendu le plus de services dans l'épidémie que nous venons de traverser. Je m'empresse de répondre à votre demande, et j'y aurais répondu plus tôt si je n'en eusse été empêché par une absence de la ville.

A fort peu varié son traitement.

J'ai fort peu varié mes modes de traitement dans le Choléra. Du commencement à la fin de l'épidémie, la médecine purgative et vomitive a formé la base de ma thérapeutique. Au début des accidents, quand le malade se présentait à moi avec des évacuations abondantes, j'ai souvent eu recours aux préparations opiacées que j'administrerais par la bouche et en lavement ; mais l'opium ne m'a réussi que dans les cas de diarrhée bénigne. J'ai employé beaucoup plus souvent et avec plus de bonheur les purgatifs et les vomitifs. Etant donné un malade chez lequel les déjections alvines étaient abondantes, sans avoir égard à leur nature, qu'elles fussent bilieuses ou qu'elles aient déjà revêtu l'aspect caractéristique des déjections cholériques, je faisais prendre au malade quarante grammes de sulfate de soude dissout dans une bouteille d'eau.

Si au contraire la maladie se présentait avec une prédominance de vomissements, quelle que fût la matière ou la couleur des matières rejetées, je faisais prendre au malade un ou deux grammes d'Ipécacuanha en poudre, et je favorisais, autant que possible, l'action du vomitif, faisant boire de l'eau tiède en abondance.

Après que le malade eût beaucoup vomé, si la transpiration se rétablissait, je m'arrêtais et restais à peu près inactif; une fois la transpiration rétablie, la circulation revenue, les seules forces de la nature m'ont paru suffisantes au rétablissement. Si au contraire la transpiration (et je n'entends pas par transpiration, cette sueur froide et visqueuse qui recouvre le corps des cholériques) tardait à se rétablir, ou ne reparaisait qu'incomplètement, j'y pouvais de toutes mes forces avec une potion fortement ammoniacale, à laquelle j'ajoutais vingt ou trente gouttes d'éther sulfurique.

Je ne sais si je m'abuse, mais je crois avoir été très heureux de l'administration des purgatifs, et surtout des vomitifs dans le choléra. Mes notes n'ont pu être rédigées à tête reposée, et je ne peux pas donner une statistique exacte du nombre de guérisons et de morts que j'ai eus dans le village de la Grand' Rivière, où j'ai été appelé par plus de deux cents malades. Si mes souvenirs sont fidèles, j'ai vu deux cent vingt ou trente malades atteints de forte diarrhée, de cholérine ou de choléra confirmé. Les cas de diarrhée légère, je ne les compte pas, car ils ont cédé aux moyens les plus simples.

Je dois dire en terminant cette première partie de ma réponse que je ne négligeais pas les accessoires, tels que frictions avec des substances excitantes, ou avec de la flanelle sèche, le massage, les sinapismes sur le tronc, sur les membres. &c, &c.

II. Je ne peux répondre que brièvement à la seconde question de votre circulaire. Il est vrai, en effet, que pendant l'épidémie, quelques endroits en ont à peine senti l'effet, tandis que d'autres en ont cruellement souffert. Vous me demandez de vous faire connaître les endroits où ces phénomènes se sont montrés, et les causes qui les auront déterminés. Je regrette d'avoir à confesser mon ignorance à ce sujet; j'ai vu les endroits les plus sains envahis par le choléra, d'une manière aussi cruelle que les endroits les plus insalubres à la Grand' Rivière, où j'ai traité pendant tout le cours de l'épidémie; j'ai vu les habitations situées sur le bord de la mer, exposées à une atmosphère très-pure, j'ai vu, dis-je, le choléra se montrer avec autant de force que dans le bourg même où les habitants sont logés dans de petites cabanes mal aérées, et dans lesquelles couchent père, mère, enfants et animaux. Le Choléra s'est montré jusqu'à présent partout, et pour ma part, je répète qu'il m'est absolument impossible de dire quelles influences empêchent ou favorisent ses ravages; c'est une question encore à l'étude, tant en Europe qu'à Maurice, et à laquelle aucune solution généralement acceptée n'a été donnée.

Impossible de déterminer des règles pour les causes de la maladie.

III. Le Comité demande que je lui transmette les observations que j'ai pu faire sur les divers symptômes de l'épidémie, et sur la marche qu'elle a suivie dans la localité où je l'ai observée. Je me borne, relativement à la première partie de cette question, à une seule observation, c'est que le Choléra ne commence presque jamais d'emblée. Dans les neuf dixièmes des cas, il est annoncé par une diarrhée plus ou moins forte, qui dure de quelques heures à quelques jours avant l'explosion des symptômes principaux. Cette observation, j'y insiste de toutes mes forces, parce que je la crois d'une importance majeure, car je pense que l'existence presque constante de cette diarrhée prémonitoire est d'un intérêt capital. A la Grand' Rivière je ne demandais pas aux malades pris de Choléra s'ils avaient eu la diarrhée, mais plutôt pendant combien de temps avant le Choléra, ils avaient eu les entrailles relâchées, tellement j'étais sûr de rencontrer ce symptôme prodromique.

Constata une diarrhée prodromique avant le Choléra.

Je crois devoir faire une autre observation, elle est relative à un mode de terminaison du Choléra: j'ai vu plusieurs malades qui me paraissaient guéris, ou au moins en bonne et franche voie de guérison, pris de symptômes typhoïdes que, dans quelques cas, j'ai pu attribuer à un écart de régime, et qui, dans d'autres cas, survenaient sans qu'aucune cause appréciable n'en ait déterminé l'invasion. Ces symptômes typhoïdes, sauf deux ou trois exceptions heureuses, ont presque toujours été suivis de mort.

Les symptômes typhoïdes sont presque toujours fatals.

Quant aux autres symptômes du Choléra, je n'ai pas à m'y appuyer, car ils ont été ici ce qu'ils sont partout.

Les progrès, la marche qu'a suivie le Choléra à la Grand' Rivière, ont été observés par moi avec soin. Le premier cas que j'ai vu a été au 19 Mai; de ce jour au 24, aucun cas ne s'est montré; dans la nuit du 24 au 25, une jeune femme, Mme. Massé, est prise et meurt dans le courant du jour suivant. Le 26 deux autres cas se montrent; à partir de ce jour, le Choléra suit une marche graduellement ascendante, et arrive à attaquer jusqu'à dix personnes dans une même journée; je ne me souviens pas avoir eu plus de malades pris de choléra

confirmé dans une même journée.) De temps en temps l'épidémie semblait se reposer, et deux, trois jours même se passaient sans aucun cas; après ce temps de répit, elle reprenait avec une égale intensité; deux fois j'ai vu ce ralentissement, ce repos momentané de l'épidémie suivi d'une forte reprise. Enfin, après quatre semaines de durée, l'épidémie commença sensiblement à décroître, la maladie dégénéra, les symptômes devinrent plus faibles, et cédèrent plus facilement à la thérapeutique, la mortalité fut à peu près nulle, et dès le 30 Juin, je ne fus plus appelé auprès de cholériques.

N'a pas remarqué que l'épidémie fût sous l'influence d'aucune cause atmosphérique.

Je dois être en terminant, que je n'ai pas remarqué que ces moments de répit que me laissait le choléra à la Grand' Rivière, fût sous l'influence d'aucune cause atmosphérique ou autre, car le temps était le même pendant ces temps de repos que pendant les moments d'exacerbation.

Signé : H. KENIG, D. M. P.

No. 61.

South Pamplemousses, December 4th 1854.

Sir,

Derived most benefit from the employment of Dilute Sulphuric Acid.

In reply to your circular letter of the 10th of October last, calling for observation on the recent outbreak of Cholera, I have the honor to observe that the remedy from which I derived most success, not only from its effects, but also from the facility with which it could be administered, is undoubtedly the dilute Sulphuric Acid, as recommended by Dr. Fowler. I regret, however, to state that from the extent of the district in which I reside, as well as the great number of sufferers to whom I was called, the plan of treatment could but rarely be carried out under my own immediate superintendence; but even under these disadvantages, I found it to be amongst the best of the remedies employed, especially in the choleraic diarrhoea of children.

Next to that, found benefit from the acetate of lead & opium.

Next to this, I found much benefit from the acetate of lead and opium, as recommended by Dr. Greaves of Dublin.

The use of opium I found frequently to do harm, especially as it was, in most cases, employed by inexperienced persons.

The result of the Douche was not satisfactory.

With respect to the cold douche, the result in the few cases in which it was tried in the district, was far from satisfactory, its application being attended with labour not easily obtained in the country.

Amongst the popular remedies which came under my notice, I observed one which was administered in several instances with great success, notwithstanding the disease was considerably advanced in its worst stage; it is worthy of notice from its being at the door of numbers who cannot obtain medical assistance; it is simply stimulating and tonic, and possesses the quality of being neither intoxicating nor injurious, and consists of the following ingredients.

Mentions popular remedies, which met with much success.

A strong decoction of either of the 3 species of momordica of the Hortus Mauritianus (Bojer) Vulgo. Margose, a small quantity of the seeds and roots of the Solanum Indicum, equal proportions of Pepper and Ginger, all of which are boiled together, and to a bottle of which decoction, when strained and cold, about 4 ounces of Brandy are added to prevent acetous fermentation; of this, 2 or 3 ounces or less, as the vomiting will admit of, are given every 3 or 4 minutes; if the 3rd or 4th dose be retained, and the urgent symptoms cease, a few hours after, from one to two ounces of castor oil are administered with the greatest benefit, the patients being frequently to my astonishment, convalescent on the following day; but this, like all other remedies employed in the treatment of this disease, is not always successful.

Another popular remedy for the suppression of urine, after reaction had been established, I have known used with success when all the usual diuretics employed have failed to obtain any effect: the infusion of the green berries of the coffee plant. I in no way for their diuretic qualities; but, in an enquiry of this nature, I deem it right to place before the Committee whatever means I may have seen successfully employed in combatting the symptoms presented by this fearful malady.

The disease followed the same laws which in-

As far as my observation goes, the disease has followed the same laws that have influenced it in other countries. Along the banks of rivers and canals it has been very virulent, and in

the neighbourhood of ill-ventilated and badly drained places, the victims have been very numerous. The residents near the course of the Callebasse River suffered much, as did all the bor'ers of the old Bois Rouge canal, from where it becomes extinct, on the Mon Choix estate and Bon Espoir, to the Plaine des Roches, where it takes its origin. Along the Powder Mill's canal, with the exception of Beau Plain estate, the disease did not make so many victims. At the Powder Mill's Prison, the disease was far from making the ravages anticipated from its position and deficient ventilation; and its progress amongst the prisoners was far from being as rapid as it would have been, had the disease been propagated by contagion, as will be seen by the accompanying table.

It is to be remarked in the case of the Prisoners, that the men were strictly enjoined not to drink any of the water from the Powder Mill's Canal, but to use for this purpose, water furnished by a spring which takes its rise in the higher parts of the Prison Grounds; and, strengthening this fact, it has been generally remarked that estates and families who used well or spring water for drinking purposes, although they resided on the banks of canals or rivers, either escaped entirely or the disease was less virulent in character: this, I particularly remarked in my own immediate vicinity.

The class of society which suffered most in this district was, without doubt, the creole and ex-apprentice Population, and this, I attribute in a great measure to the miserable manner of existence amongst them, the irregularity of their meals, the insufficient and inferior quality of their food, in a great manner owing to their improvident mode of life; whilst the Indian is better cared for, especially when engaged on estates, he has more regular hours for meals and regular employments, his food is of better quality, being purchased from respectable merchants in large quantities, and not as is the case with the ex-apprentice, at small retail shops where the quality of the food is frequently deteriorated.

The ex-apprentices suffered most, which may be attributed to their improvident habits.

Reasons why Indians suffer less

With respect to the contagious or non contagious nature of the disease, which I conclude this paragraph embraces, I cannot say I can add any evidence in favour of the former; certainly the progress of the disease in the Powder Mill's Prison would in no way speak in favour of the theory of contagion; only one Patient took the disease in Hospitals, and he was in the last stage of consumption, and suffering from diarrhea. Each case of Cholera, when admitted, had 8 men from the common Prison for the purposes of counter irritation by friction, but in no case did any of these assistants or the servants of the Hospital contract the disease. Certainly now and again, cases would occur in my general practice which might have been attributed to contagion, had it not been remembered that they had all been exposed to the same poisoned atmosphere, and had they had no communication with each other, would have contracted the disease.

Is not favorable to the theory of contagion.

Signed: P. REILLY,
Government Medical Officer.

No. 62.

Port Louis, Mauritius, 10th November 1854.

To the Chairman of the Cholera Committee.

Sir,

I beg to communicate to the Committee of enquiry on the causes of the invasion of Cholera in the Mauritius, the humble opinion I have been enabled to frame on this all-absorbing subject.

Indeed my limited experience on the prevalence of the late epidemic will go the length to prove, to a certain extent, that the plague was not diffused throughout the whole island by means of contagion, taken in the widest acceptation of the term. The cholera is a disease that can be communicated through the instrumentality of a corrupted and vitiated state of the atmosphere, but not by the immediate contact of any two individuals. For, from time immemorial, ever since this formidable pestilence has been known to have existed, it has never stricken deeper roots in one quarter of the globe than in another. An argument illustrative of what I have already adduced of its travelling propensity in a state of condensed poisonous air, not unlike the *monsoon* in its periodical and frightful inroads.

Thinks that the Cholera is not communicated by immediate contact.

Many discrepant and conflicting opinions have been broached on this self same subject, more or less at variance with the doctrines put forth by medical authorities of the oldest standing. The cholera had a spreading tendency in proportion as the spots that lie in its passage are more or less marshy or swampy. On its late prevalence when God Almighty willed that our small speck was to be visited by this awful scourge, (would that

Locality affects it.

it were disappearing for ever!) Full scope was afforded to the medical men of this island who had never witnessed the awful effects of this disease, to study its various symptoms.

Phenomena at the Civil Hospital.

Whilst employed by Government in the capacity of a dispenser, I had an opportunity of following up its progress and increase. Whilst in the Civil Hospital, previous to entering upon my professional duties, I noticed that all the wards wherein the inmates of the Asylum were located, although contiguous to the place where such as were afflicted with cholera were attended upon, the patients admitted for miscellaneous distempers, with very few exceptions (including two of the male attendants) were perfectly secured from its attack, considering that there was a continual va-et-vient between one ward and the other. I submitted the patients that were brought in to the process of auscultation, I felt the icy cold perspiration, I handled the mummy-like body; yet the absorption eventually proved ineffectual.

Advocates treatment of disease at the onset.

As far as regards the treatment, I found that which was suggested by the Chief Medical Officer*, Dr. Home, and Dr. Montgomery, more availing when the disease was guarded against on its very outset, previous to the whole system being invaded. As soon as the vomiting, one of the premonitory symptoms, came on, I immediately administered a strong decoction of ginger and *ayapana*, every half hour, and should this leading symptom abide, I administered 30 drops of Sulphuric Acid dilute in half a tumbler of cold water; if any diarrhea set in, a *bain interne* of tincture *opii* (from 5 to 20 drops) and amidon was exhibited, to be renewed until the relaxation of the intestinal tube was set to rights. If any symptoms of cerebral disturbance occurred, large blisters to be kept open, were applied to the lower extremities, the whole trunk was constantly rubbed, nay curried, (if you allow me this homely expression) with a solution of camphor and spirits of turpentine, or a piece of flannel dipped in vinegar in order to bring back the languid and benumbed circulation to its normal standard of animal heat.

Influence of the weather.

In reference to the second question, that as long as the epidemic endured, several localities scarcely felt the influence of it, whereas in other spots it raged with the utmost degree of intensity, I observed that in all such quarters where the climate is generally cold and the air chilly, after a variation in the state of the weather, as for instance, immediately after a pouring rain, especially when there happened to be sudden draughts of moist and damp wind, when the sky was somewhat murky in appearance, a speedy revival of the plague almost invariably occurred. In support of what I here adduce, suffice it to bring to your knowledge, Sir, that as long as I held the situation of a Government dispenser of medicines at Montagne Longue, in Pamplermousses district, I was several times called out in the middle of the night to see a patient; I then observed that all such as inhabited the lowlands and the vicinity of the river, were more liable to the influence of the cholera, and more lives were lost amongst them, than such as inhabited the rising grounds adjoining the mountain, in proportion as the air became more rarefied.

Many causes were found to call forth a fresh visitation of the disease, if there had been a short lull: Whenever the weather had been unusually sultry in the course of the day, and gusty towards the evening, it broke out anew; the huts tenanted by the inhabitants of the place who were generally lightly clad and scantily fed, being almost always damp and thinly thatched.

Describes the symptoms of the Cholera down to death.

The third question, the most important of all, I shall endeavour to answer as far as my limited knowledge of medicine goes, having been myself a prey to a severe attack of cholera. First and foremost, as soon as a patient is on the point of having a seizure of the disease, he wears an unmistakable expression of anxiety, strongly indicative that the plague is to come on him. In cases of cholera, one experiences griping pains of the abdomen: sometimes a dull faint sound, not unlike the rumbling of a distant carriage, or at other times a gurgling noise like that produced by the smoking of an Indian Hookah, not unfrequently a very audible crepitation, like the bursting of air bubbles, then vomiting attended by a sense of faintness and sinking: purging ensues, and if not checked at once by means of the remedies already indicated, may lead to genuine Asiatic cholera, which may not improperly be called in theatrical parlance, the denouement of this dreadful tragedy, in which many distressing symptoms are ushered in, sometimes so rapid in the progress, as to unnerve the firmest practitioners; then the voice becomes husky, the features shrunken, the nose pinched, the eyes quiver and roll about in their orbits; so that the cornea is at times scarcely perceptible; there is almost invariably a sardonic smile on the countenance, the patient be-

* Dr. Clerihew.

comes ins:inctively aware of the closing scene, his fast approaching end, the circulation becomes tardy and as it were clogged, the hands become clenched and icy cold, the abdomen inflated and the urinary secretion at a stand still : death takes place by asphyxia.

The foregoing, Sir, are the opinions (the Committee I trust will make allowance for this tardy communication) I have been enabled to form touching this momentous subject. I indulge the hope that these unpretending observations will meet with a kind reception at your hands.

ALCIDE BARBEAU,
Ex- Government Dispenser.

To Felix BEDINGFELD, Esqre.

No. 63.

Il est malheureusement vrai qu'on ignore encore la nature, l'origine, les causes du Choléra, et que nous ne possédons aucun mode de traitement complet et rationnel pour combattre les symptômes divergens et simultanés qui le caractérisent ; aussi la plupart des personnes qui, par position, par dévouement ou nécessité, ont donné des soins aux malades atteints de cette terrible affection, ont été réduites à faire une médication presque purement empirique—il fallait agir : le mal attaquait si violemment, les progrès si rapides, qu'on lui opposa les secours les plus prompts et les plus actifs, mais souvent les plus extrêmes.

On ignore encore la nature et les causes du Choléra, donc, il n'existe pas de traitement complet.

Quand on consulte quelques uns des nombreux ouvrages qui ont été publiés en Europe sur l'épidémie Cholérique, on est effrayé du nombre et de la diversité des théories proposées pour en expliquer l'essence, et des moyens conseillés pour en arrêter la marche. Quelques faits cependant ressortent de ce dédale d'opinions confuses, ils sont consacrés par l'observation et l'expérience, et conduiront, je le pense du moins, à la connaissance de la nature du fléau qui, depuis 1817, a parcouru toutes les parties du monde.

Voici quelques uns des faits principaux sur lesquels j'ai basé le mode de traitement qui m'a le mieux réussi, traitement auquel je dois la guérison de la moitié à peu près, de cas graves soumis à mon observation. Les résultats que j'annonce seront sans doute confirmés par les rapports que le Comité demande à tous les habitans.

Le traitement qui lui a réussi en raison de cinquante pour cent des cas graves, est.

1o. Dans le Choléra, les viscères de la vie organique sont lésés, leur ensemble d'actions est anéanti, les fonctions digestives, circulatoires et respiratoires sont altérées ; or, les poumons, le cœur, le tube gastro-intestinal reçoivent leurs nerfs du grand sympathique. Le jeu des organes de la vie de relation n'est interrompu que consécutivement ; ils sont sous la dépendance du cerveau et de la moëlle épinière.

2o. D'après les analyses les plus sévères, le sang des cholériques a perdu la plus grande partie de son sérum, et avec le sérum les sels à base de soude qu'on retrouve dans les déjections blanches et les matières des vomissements ; il ne reste donc plus que la partie plasmatique, le cruor, qui cesse d'arriver aux extrémités artérielles, stagne dans le système veineux, dans les poumons, le cœur, le foie, la rate. . . . La chaleur est alors nécessairement anéantie.

Dans les cholériques, le sang a perdu son sérum, la chaleur est anéantie.

3o. L'air expiré par les cholériques cyanosés n'a subi aucune modification ; il n'y a pas eu d'oxigène absorbé, l'himatose est suspendue. Ce défaut d'oxigénation dépend en grande partie de la diminution des sels dans le sang, et devient une des causes les plus actives du refroidissement.

Il n'y a pas d'oxigène absorbé

Il serait rationnel d'admettre comme point de départ des accidents observés dans le Choléra, une affection particulière du système nerveux grand sympathique ; mais on en ignore la nature et la cause première, et, les connaît-on, il y aurait encore à en trouver le remède spécifique. Ne pouvant agir directement contre la cause, la médication se borne à en combattre les effets.

Le canal gastro-intestinal est le siège d'une supersécrétion ; le sang devient plastique, le système veineux se gorge, la circulation artérielle s'arrête, les phénomènes chimiques de la respiration cessent de s'opérer, la sécrétion urinaire n'a plus lieu, les sueurs visqueuses enlèvent le reste des produits aqueux qui viennent s'exhaler à la surface de la peau, tel est le tableau des premiers symptômes dont l'observateur constate l'existence. Les indications à remplir ont évidemment pour but de rendre au malade l'eau et les sels qu'il a perdus, de ranimer la circulation et de combattre le refroidissement.

Le canal gastro-intestinal est le siège d'une supersécrétion ; le sang devient plastique, le sang devient plastique, etc.

Le but est de rendre l'eau et les sels perdus, de ranimer la circulation et combattre le refroidissement.

J'ai cherché à obtenir ces résultats en donnant quatre et six fois en quelques heures :

Infusion d'ayapana.....	2 onces
Sel de cuisine.....	une cuillerée à café
Eau-de-vie ou Rum.....	une cuillerée à café

et la solution simple d'hydrochlorate de soude en bains intérieurs. Boissons chaudes aromatiques avec addition de quelques grains d'acétate ou de carbonate d'ammoniaque.

(En Europe, on a obtenu des effets remarquables de l'injection dans les veines d'une solution d'hydrochlorate de soude. Je n'avais à ma disposition aucun des instrumens nécessaires pour pratiquer cette opération sur un grand nombre de sujets, et l'installation des Hôpitaux sur les Etablissements, ne me permettait pas d'y avoir recours. Je regrette qu'on ne l'ait pas tentée au Port.)

Dans les cas où il y avait prédominance marquée de la diarrhée; injections avec 8 ou 10 gouttes de laudanum, vomitif, 10 grains d'ipéca.

Quand, au contraire, le vomissement était le symptôme alarmant, eau légèrement acidulée, limonade sulfurique, sous-nitrate de Bismuth et extrait de Belladone. Large vésicatoire camphré, sur la région épigastrique.

Pour rappeler la chaleur: frictions avec l'eau-de-vie camphrée, bouteilles d'eau chaude, sachets de sable chaud, sinapismes, manulaves. . . .

La maladie fait des progrès; tous les symptômes s'aggravent, les pulsations artérielles deviennent insensibles, l'air expiré est froid, le refroidissement général, l'amaigrissement extrême, la peau plissée, le malade se cadavérise. Les contractions spasmodiques des muscles des membres, l'aphonie, les douleurs spinales viennent augmenter le cortège des accidens auxquels le malade est en proie.

La maladie empire.

Mêmes moyens, redoublement d'assiduité, aspersion d'eau froide sur la face et la poitrine; application d'un tampon trempé dans de l'eau bouillante. Frictions.

Emploi des mêmes moyens; assiduité surtout dans les soins donnés, aspersion d'eau froide sur la face et la poitrine pour saisir le malade et l'obliger à faire des inspirations profondes. Application sur la face interne des membres, au creux de l'estomac et le long de l'épine dorsale, d'un tampon trempé dans de l'eau bouillante, de manière à obtenir une vésication immédiate; enlever l'épiderme et faire sur les parties dénudées des frictions avec de l'Eau-de-vie camphrée ou de l'essence de térébenthine, jusqu'à ce que le réseau vasculaire rougisse sous la main.

Dans quelques cas de douleurs violentes dans le trajet parcouru par la moëlle épinière, j'ai obtenu de bons effets de ventouses scarifiées appliquées le long du dos.

Il est sous-entendu que dans l'application de ces moyens, j'ai toujours tenu compte de l'âge, du sexe, de la constitution des malades.

La marche du Choléra qu'on divise généralement en plusieurs périodes, est souvent si rapide, que tous les accidens se manifestent presque simultanément, ou se succèdent avec une telle promptitude, qu'il devient impossible de reconnaître les différens degrés de la maladie. Les moyens les plus énergiques étaient alors employés de suite. J'ai observé une variété de la maladie qui mérite beaucoup mieux le nom de Choléra sec, que celui dont parle Sydenham dans sa description de l'épidémie qui a régné à Londres en 1669: une ou deux évacuations, peu ou pas de vomissemens, et de suite absence de battemens artériels, refroidissement: le sulfate de soude en lavage, l'ipéca, les révulsifs.

Tache de prévenir réaction trop forte.

Quand le malade échappe à la violence des accidens, que l'état cyanose diminue, que le pouls se relève, qu'il est permis enfin de porter un pronostic moins grave, j'ai cherché à prévenir ou à modérer la réaction fébrile, les congestions cérébrales, redoutables surtout dans les cas où les préparations opiacées avaient été administrées à fortes doses, la gastro-entérite franche ou typhoïque par les moyens conseillés en pareil cas.

Beaucoup de personnes échappées du Choléra, mortes d'imprudences.

Régime.

Arrivés à cet état qui n'est plus la maladie, mais qui est loin encore d'être la santé, les convalescens, à peine sortis du gouffre dans lequel ils allaient disparaître, y retombaient faute de soins, et surtout à la suite d'écarts de régime. J'ai vu succomber pendant leur convalescence, bien des malheureux qui avaient résisté aux secousses profondes du Choléra, et que leur imprudence et leur misère rejetaient dans les bras de la mort. Je fais observer que les Créoles et les Indiens, population ignorante, superstitieuse et misérable, qui m'ont fourni la presque totalité des cas de Choléra, n'étaient guères en position de comprendre l'importance du régime diététique que je leur conseillais, et de se procurer les moyens de le suivre.

Je note en passant, que dans les cas nombreux de Cholérine grave, la solution de sel marin, les injections laudanisées, un vomitif quelquefois sont les moyens qui m'ont le mieux réussi.

Je crois inutile de relater les mesures d'hygiène publique et privée dont j'ai conseillé l'adoption, et qui sont celles que la prudence indique pendant la durée de toute épidémie.

Le nombre des créoles, relativement à celui des malades atteints, a été dans une proportion considérable. Il faudrait, pour se rendre compte de cette différence, rechercher dans leurs habitudes, leur genre de vie, leur nourriture, leur affaïssement moral, les causes prédisposantes qui ont pu favoriser le développement de la maladie parmi eux.

Le quartier du Piton, où l'épidémie a commencé, est un de ceux qui ont le plus souffert. J'ai attribué la persistance et la gravité de la maladie dans cette localité, à l'usage et à l'action délétère de l'eau du canal de la Rivière du Rempart. Dans le village du grand gob au Mapou, la mortalité a été considérable; il n'y a là d'autre eau potable que celle des citernes; les habitans étaient tous pêcheurs et créoles, menant une existence irrégulière, vivant ordinairement de privations, et dépensant en excès le revenu d'une journée fructueuse.

Condamner l'eau du canal de la Rivière du Rempart.

Au bourg de la Poudre d'Or, la maladie a fait de nombreuses victimes; là comme au Mapou, on venait seulement déclarer le décès et demander un cercueil; beaucoup des habitans refusaient les soins intelligens des infirmiers appointés par le Gouvernement, et se livraient à la médication incendiaire des empiriques. On a fait courir les bruits les plus absurdes; on a été jusqu'à supposer aux blancs l'horrible intention de chercher à anéantir la race noire.

Ignorance.

Rumeurs.

Les habitations Mon Loisir (Senneville), Ravin (A. Edwards), Haute Rive (Baudot), ont eu un certain nombre de malades, tandis que les habitations voisines, Amitié, Clémence, Ile d'Ambre, en ont eu quelques uns seulement. Je constate le fait sans pouvoir l'expliquer; j'évite d'aborder les questions de contagion, d'infection miasmatique.

Marche bizarre.

Dans tous les pays où le Choléra fait invasion, il frappe par la bizarrerie de sa marche; il décime une des rives d'un cours d'eau, un des côtés de rue, il épargne l'autre. Souvent il quitte brusquement une contrée pour y reparaitre quelques temps après. Espérons qu'il nous épargnera la douleur de le voir planer de nouveau sur nos têtes, et menacer Maurice d'une seconde invasion.

Rivière du Rempart, 22 Octobre 1854.

PH. GOULY, D. M. P.

No. 64.

A Monsieur le Président du Comité d'Enquête, nommé par le Gouvernement.

Monsieur,

J'ai été à même de remarquer dans les cas de Choléra pris au début, combien étaient heureux les résultats obtenus avec le *sel marin* étendu d'eau.

Dans le début approuve l'application du sel marin.

A la troisième période, et quand les symptômes de vie ont presque cessé, l'application du tampon m'a souvent amené des réactions heureuses, et quelques fois suivies de guérison.

A la troisième période, l'application du tampon

Signé: FRÉDÉRIC BROU,
A Haute-Rive, Rivière du Rempart, Etablissement Lebreton.

25 Octobre 1854.

No. 65.

Flacq, 16th November 1854.

Sir,

It is extremely difficult to answer categorically the question contained in your circular: "what is the mode of treatment which has appeared the most successful against cholera"?

It is extremely difficult to decide on the most successful mode of treatment, when so many systems were adopted and so many empirical remedies advocated.

The most strange and the most contradictory modes of treatment have been employed,

and each has been strenuously advocated, by those who invented or employed it, as specific against cholera. The public press of that period teemed with specifics against the epidemic which was then decimating the population, empirism which never doubts was enthroned, rational therapeutic was discarded. Whence arose this confusion?

For my part, I think that diagnostic errors were often committed. Medical men, amongst the number, myself, were so intensely occupied with cholera and their mind so strained by exertion, that I acknowledge having once or twice been led into such errors. Judging from this, it would be difficult to compute the amount of evil which arose from the commission of similar errors by men unacquainted with medical science, who sprung up with the cholera both in Port Louis, and in the rural districts. I have frequently seen persons attacked by disease of a nature quite different treated as cholera patients, and when cured brought forward as cholera cures. How many cases of simple cholera, which is ordinarily cured by diet and repose, have been put down as cases of cholera successfully treated?

Has come to the conclusion, that when Cholera has arrived at a certain height, no remedy has been found successful.

Two of his patients recovered after arriving at that stage, but the remedies which succeeded in their case, entirely failed in other analogous ones.

Approves opium freely given, if timely given.

Found ipecacuanha useful in the second stage.

Does not think much of Dilute Sulphuric Acid as a cure for Cholera.

Worms have been frequently found in the evacuations of Cholera patients.

I have come at last to the conclusion that, when cholera has arrived at a certain stage, "absence of pulse and general coldness of the body," to my knowledge, *no remedy has been successful*, and those attacked, passed into this stage very rapidly in the last epidemic.

In the large practice I have had during the prevalence of the disease, only two of my patients, arrived at this stage, escaped: One by the cold water, the other by ammoniac. The same remedies in other cases strictly analogous *entirely failed*.

But whenever the disease could be timely treated, great advantage was derived by the free use of opium, even to provoking narcotism.

Ipecacuanha, which may be considered a specific against cholera, has been of great service to me in cases of cholera in the second stage, when diarrhoea has ceased, but vomiting continued: I thereby induced copious vomiting, the disease was arrested, and the patient recovered.

Diluted Sulphuric Acid forms an agreeable lemonade which can be taken without inconvenience by patients tormented with thirst. It appeared sometimes to act efficaciously in cases of slight diarrhoea. It is of no other value, and I doubt very much that a cholera patient has been cured by it; and no greater error, particularly in cholera, can be committed than to adopt "*post hoc, ergo propter hoc*."

In concluding, I feel bound to mention a fact which I omitted in my first report, viz: worms have been very frequently present in the evacuations or vomiting of cholera patients.

Signed: GRIVOT. G.

17th October 1854.

No. 66.

Grand Port 18 Novembre 1854.

Monsieur BEDINGFELD, Président.

Monsieur,

J'ai l'honneur de vous adresser les réponses que je fais à vos questions sur le choléra. Je vous prie de m'excuser du retard que j'ai mis à vous répondre, mais des occupations nombreuses m'ont empêché de le faire plus tôt.

Il est difficile d'établir une médication régulière contre le Choléra.

Croit que l'opium, employé

10. Il serait difficile d'établir une médication régulière contre le choléra: cette maladie a été combattue par tous les moyens indiqués par la thérapeutique, et par une foule de remèdes préconisés par les empiriques: les uns et les autres ont réussi sur des sujets et ont le plus souvent échoué sur beaucoup de personnes offrant les mêmes symptômes. Il est à remarquer cependant, que l'opium entre presque toujours comme partie essentielle des médicaments employés, et je crois que cette substance, administrée avec discernement, est

encore celle qui offre le plus de chances pour améliorer l'état des cholériques. J'ai employé avec avantage, dans le début du mal, une potion composée de laudanum, éther sulfurique et acide sulfurique dans une potion gommeuse : ce médicament pris par cuillerées, et des injections opiacées dans le rectum, m'ont souvent réussi pour arrêter les vomissements et les déjections alvines, qui ne sont que le commencement de la maladie ; lorsque le malade était arrivé à la dernière période, ou collapsus, l'administration d'une forte dose de calomel suivie d'un purgatif huileux, et aidée de frictions irritantes sur la peau, m'a donné des résultats assez satisfaisants pour recommander cette médication.

Toutes les parties du Grand Port n'ont pas souffert également de l'épidémie, et les habitations situées sur les bords des ruisseaux et des rivières, et au bord de la mer ont été ravagées, tandis que les propriétés du centre du quartier, où l'eau manque, ont presque toutes échappé à l'influence cholérique. Ce fait, que je ne me charge pas d'expliquer, existe positivement et a été constaté par tous les habitants.

30. Le fléau a sévi d'une manière incomparablement plus terrible sur les créoles des deux sexes que sur les indiens ; la mortalité sur les femmes indiennes a été très peu de chose et presque nulle sur les jeunes enfants indiens.

Telles sont, Monsieur le Président, les observations que j'ai l'honneur de vous adresser en réponse à vos questions en date du 10 Octobre dernier.

Je regrette de ne pouvoir les faire suivre d'explications plus détaillées, mais je laisse ce soin à votre Comité, et il ne me reste qu'à vous exprimer le désir que j'ai de connaître bientôt le résultat de vos travaux sur l'épidémie de Choléra qui vient de faire tant de victimes dans la Colonie.

Signé : COX G.

No. 67.

Mahébourg 17th November 1854.

Sir,

In answer to the 1st question contained in your circular of 10th ultimo, I have to say, that the treatment which I employed with the greatest success, and in which I have great confidence in the worst cases of cholera, is as follows : two grain doses of Calomel every half hour thrown into the mouth, and washed down by table spoonfuls of the following mixture : Common salt, two drachms ; soda, one drachm ; chlorate of potash, half a drachm, dissolved in a bottle of rice water ; I apply also cloths dipt into hot turpentine to the abdomen and loins, and friction with the following liniment : Liq: Ammonia, oleum Terebenth., oleum Camphor, of each, equal parts. I order also the following astringent for the purpose of restraining the serous evacuations, from the rectum ; viz, acetate of lead two drachms, acetate of Morphia four grains, acetic acid twenty drops, water a pint and a half : A wine glassful given as an enema and repeated after any watery dejection : as soon as the evacuations become bilious, remit the injections and the calomel, and if the kidneys are not performing their functions, give the following diuretic : Nitrate of Potass one drachm, Spirit : Ether Nitrici 2 drachms, Tinct: camphoræ comp: 2 drachms, Camphor water six ounces : a table spoonful every hour, repeating the turpentine stripes to the loins and abdomen. As soon as the natural secretions are restored, the patient may be considered out of danger : When the treatment is well carried out, there is very little consecutive fever : when reaction comes on, if the brain appears to be affected (which is to be feared when there is suppression of urine for a length of time,) apply blisters to the nape of the neck.

Describes his mode of treatment.

I have used also the following remedies with various success : viz, Sulphuric Acid, Brandy, Laudanum, ginger, &c. These remedies may succeed in arresting the progress of the disease, if given in the first stage, or before the nervous system is so far depressed that the natural secretions are all arrested : In that period they do more harm than good, in my opinion, with the exception of the Sulphuric Acid, which may be given at any stage of the disease with advantage ; but I give preference to the calomel treatment.

In the last stage of the disease, in fact as soon as the dejections begin to assume a lighter colour than natural, I give the calomel steadily until bile appears in the evacuations.

I pay no great attention to the vomiting ; after a time the calomel allays the irritability of the stomach.

Describes the capricious march of the Epidemic.

2. The parts of the district which suffered most are l'Escalier, Plaine Magnien, Rivière La Chaux, Mahébourg, and the coast from old Grand Port to "Quatre Sœurs." Terny did not suffer from the disease, Rivière des Créoles, slightly; all that part of the district called "Les Marres" did not suffer; La Barraque though situated within a few hundred paces of l'Escalier, did not suffer. The remark that the disease appeared to follow the course of rivers and roads does not appear to hold good, with regard to the coast from old Grand Port to Quatre Sœurs; there are no rivers nor roads, and yet, the Epidemic was more tenacious there than any portion of the district, especially at Quatre Sœurs, situated at the foot of the Mountains, with the trade wind blowing upon them fresh from the sea, with very little communication with other parts but by sea: contrast it with the Barraque estate close to l'Escalier, the main road passing from one to the other, constant communication with the shops &c, having nearly four hundred men closely agglomerated together. It would be difficult to offer a satisfactory explanation of the exemption of the greater part of the estates at Grand Port from the Epidemic.

A case of Cholera made its appearance at Mahébourg long after the disease had ceased followed by several others in the same family.

3. After the disease had entirely disappeared from Mahébourg, a man was brought from Mr. Portal's estate on the coast (to his family at Mahébourg) when he was seized with cholera; several of the family had cholera soon after, and one died. A child in the next house also died from cholera: it did not spread any further.

Signed: J. R. JOHNSTONE.

To the Honorable Felix BEDINGFELD.

No. 68.

Port-Louis, 31 Octobre 1854.

A Monsieur le Président du Comité d'Enquête, nommé par le Gouvernement pour rechercher les causes du Choléra à Maurice.

Monsieur,

Dans la dernière phase du Choléra, approuve l'Acide Sulfurique et le Laudanum à haute dose.

A remarqué plusieurs traitements efficaces.

Me conformant au désir exprimé par votre circulaire en date du 10 courant, et reçu par moi le 23, j'ai l'honneur de vous faire connaître qu'à mon arrivée au Grand Port, Mare d'Albert, le 10 Juin dernier, j'ai visité le lendemain beaucoup de cholériques rendus à la dernière période de la maladie; que de tous les remèdes administrés à cette dernière phase du Choléra, j'ai remarqué que l'acide sulfurique et le laudanum à haute dose, de tous les médicamens dont on a fait usage, avaient opéré seuls quelques guérisons. Je fais observer que tous ces malades étaient désespérés: les uns étaient sans pouls, avec des sueurs froides à la figure, ayant aussi les extrémités froides mais sèches; les autres crispés par des crampes horribles étaient enlevés avant même que le remède administré n'eût eu le tems nécessaire pour opérer. Dans les jours subséquents, pouvant suivre la maladie dans son principe, j'ai remarqué plusieurs traitemens qui ne manquaient jamais leurs effets prompts et sûrs.

1ère. médication.

Dans l'invasion de la maladie, approuve un lavement d'amidon, de graine de lin avec 40 gouttes de Chlorure; pour boisson l'eau Chlorurée.

Aussitôt l'invasion de la maladie (diarrhée prodromique ou simples nausées) un lavement d'amidon, de graine de lin avec quarante ou cinquante gouttes de chlorure; faire prendre également pour boisson de l'eau chlorurée. Cette médication arrêtait tout à l'instant; mais si le malade ne se purgeait pas le lendemain ou le surlendemain, sans plus de retard, la maladie prenait un caractère si violent qu'il fallait presque désespérer du malade.

2me. médication.

La seconde médication employée par beaucoup de malheureux est, il faut le reconnaître, d'une violence extrême: c'était l'emploi du vomipurgatif de Le Roy; que le malade eût la diarrhée ou les vomissemens, le purgatif simple, à forte dose, était aussi souvent employé; si les malades en ressentaient promptement les effets, quelques jours suffisaient à leur guérison; dans le cas contraire, c'est-à-dire, si l'état du malade empêchait la purgation de se faire, l'inflammation s'établissait et la mort était inévitable.

Les effets du purgatif Le Roy.

3me. médication.

La troisième médication était plus rationnelle pour moi et plus en rapport avec la nature de la maladie, toujours dans son principe: c'était une infusion de séné avec deux grandes cuillerées de sel de Glauber; quelques personnes substituaient l'ayapana au séné.

L'une ou l'autre de ces infusions avec le sel de Glauber était d'un effet prompt et sûr. Mais comme tous les tempéramens sont bien loin de se ressembler, et que sur beaucoup de malades, le sel était ou trop faible pour opérer ou trop lent dans son opération, j'ai préféré une médication plus active et en même temps plus conforme aux vrais principes médicaux, pour arrêter les progrès rapides du fléau, médication aussi puissante que toutes celles déjà citées et d'une efficacité reconnue, même à la dernière période de la maladie : c'est l'acide sulfurique, le laudanum à haute dose, puis les frictions d'Eau Sédative, d'eau-de-vie camphrée ou d'huile de coco avec du gingembre, suivant l'état du malade, à l'épine dorsale et aux extrémités, sans discontinuer, puis encore des compressions sur la poitrine. Ces frictions et ces compressions sont tellement efficaces, que j'ai vu des malades crispés par des crampes, ne pouvant et ne voulant rien prendre dans l'état de découragement où ils se trouvaient, revenir à la vie, rien que par ce mode de traitement : c'est ce qui me fait faire la réflexion que si la maladie (ce qu'à Dieu ne plaise) faisait une troisième invasion ici, à Maurice, il faudrait que le Gouvernement ou que les habitans de chaque quartier de l'île pussent mettre à la disposition des docteurs chargés d'administrer les remèdes aux cholériques, de vingt à trente personnes qui ne seraient employées que pour frictionner les malades. Cette mesure prise pour soulager les misères du pauvre, serait d'un effet moral immense sur l'esprit du peuple : toute crainte serait bannie chez lui, et l'espérance viendrait ranimer le malheureux père de famille prêt à se laisser aller au découragement. Car, il ne faut pas se le dissimuler, lorsqu'une épidémie sévit dans un pays, la terreur qu'inspire le fléau est la première chose qu'un Gouvernement doit combattre et faire disparaître.

L'infusion de Séné.

Les frictions.

Efficacité des frictions et des compressions.

Les dispensaires ont été aussi trop peu nombreux. Par exemple, au Grand Port, il aurait fallu qu'il y en eût un à la Plaine Magnien, un autre à la Marre d'Albert et pour les Cent-Gaulettes, et un troisième à l'Escalier. Assurément avec les moyens indiqués ci-dessus, il y aurait eu moins de cas graves, partant moins de mortalité.

Croit que les dispensaires étaient trop peu nombreux.

J'ai visité beaucoup de familles pauvres au Grand Port composées de quatre ou cinq personnes seulement. Eh bien ! de grandes pertes ont été essuyées par ces familles qui n'étaient soignées le plus souvent que par un seul Indien, terrifié lui-même par les terribles souffrances qu'il avait sous les yeux ; le père, la mère et les enfans se trouvant alités et ne pouvant se donner des soins dans l'état de faiblesse où ces pauvres gens se trouvaient. Aussi, sur deux cent quatre vingt neuf cholériques auxquels j'ai administré le traitement que j'ai constamment suivi, (l'acide sulfurique, le laudanum &c.), je n'eusse pas perdu quatre vingt sept personnes, si des soins assidus et immédiats n'eussent totalement manqué à la plupart de ces malades.

Sur 289 cholériques qu'il a traités, 87 ne seraient pas morts, s'ils avaient eu des soins assidus et immédiats.

Quelque soit l'humanité des hommes en général, le Choléra, surtout dans sa première apparition, inspire trop d'effroi pour qu'on puisse attendre des soins constants et énergiques des voisins, même des amis. Je n'entends pas dire ici que toutes les familles se soient isolées entièrement, qu'il n'y ait pas eu de grands dévouemens de la part de beaucoup de personnes ; mais ce sont des exceptions qui ne prouvent rien, eu égard à la généralité de ces petits habitans peu aisés et vivant pour ainsi dire au jour le jour.

Les considérations sur lesquelles je m'appesantis peut-être un peu trop, sont nécessaires pour prouver ce que j'avance plus haut : qu'il est indispensable pour l'efficacité des traitemens administrés aux cholériques, la promptitude des remèdes et les soins intelligents des garde-malades pour les frictions et les compressions, et ce, au moins pendant les premiers jours de la maladie. Ce qui me porte à déclarer que si je n'avais pas trouvé dans M. Aristide Sauzier, habitant de la Marre d'Albert, un des hommes les plus intelligents du pays, aide actif, soins complaisants, et plus que tout cela, son concours pour la préparation et la distribution des différens remèdes que je faisais administrer aux malades, je n'eusse pu donner des soins aussi assidus à un grand nombre de cholériques éloignés de l'endroit où je m'étais établi, le dispensaire se trouvant chez M. Aristide Sauzier même, distant de quatre ou cinq milles des Cent Gaulettes, de l'Escalier et d'autre village ; et le terrible fléau eût compté sans aucun doute, plus de victimes, et les familles de la Marre d'Albert eussent eu à déplorer des pertes plus grandes que celles qu'elles ont eu à essuyer. Je le répète donc, sans le concours généreux de M. Aristide Sauzier qui distribuait sans retard, en mon absence, les remèdes nécessaires pour arrêter le mal dans son principe, le mal eût été beaucoup plus grand.

Il n'aurait pas pu donner des soins assidus à un grand nombre de malades sans l'assistance de M. A. Sauzier.

Avant d'aller plus loin, permettez moi de retourner de quelques jours en arrière, c'est-à-dire au 27, 28, 29 et 30 mai, époque où il mourait par centaine de personnes au Port-Louis.

Travaillant depuis plusieurs années à l'Hôpital Civil sous un habile praticien, le doc-

Cite ce qu'il a eu occasion de voir au Port-Louis dans les derniers jours de Mai.

teur Montgomery, et au dispensaire du Port sous le savant docteur Home, j'avais la facilité de m'introduire dans beaucoup de maisons où il y avait des cholériques. A cette époque de terreur, dix mixtures étaient employées presque à la fois, mixtures qui se neutralisaient au moins ou plutôt qui empoisonnaient le malade. On pouvait dire avec raison que le remède était dix fois pire que le mal : car ayant laissé tomber sur mes doigts quelques gouttes d'une mixture que l'on m'avait prié de vider dans un verre pour faire prendre au malade, j'eus les doigts brûlés à l'instant même. Le jeune homme, âgé de seize ans, ne vécut que quelques heures après avoir pris deux petits verres de cette mixture.

On devrait publier et enrégistrer les remèdes.

Un pays ne saurait trop se souvenir des fléaux qui ont décimé ses habitants, afin de se prémunir contre tout retour du fléau. Ainsi c'est aux riches habitans ou au Gouvernement au moins à publier les meilleurs remèdes trouvés jusqu'à ce jour, et à les enrégistrer même dans les archives, afin que l'on soit prêt dans un an comme dans trente cinq ans, si le choléra faisait à Maurice une troisième invasion, à sauver les premiers cholériques sans essayer de nouveau vingt remèdes qui fissent des milliers de victimes à l'apparition du terrible fléau.

Parle des symptômes précurseurs et des variétés de la maladie.

Cite la maladie de son frère.

Passant au troisième point de votre circulaire, avant de répondre au second point, je vous ferai connaître que les symptômes que j'ai pu observer sont si différents les uns des autres que l'on pourrait difficilement les énumérer. Car l'observation un peu attentive de la maladie, fait reconnaître au praticien le moins exercé, que les symptômes précurseurs de beaucoup de cholériques appartiennent aussi à des maladies différentes par leur nature et dans leur cause. Par exemple, j'ai vu des cholériques, avec des frissons purement et simplement, mourir quelques heures après, crispés par des crampes. Ces symptômes dans toute autre époque que celle dans laquelle nous nous trouvons, n'auraient certainement pas porté un Docteur à dire que ces personnes atteintes de frissons simples, avaient le choléra. J'en ai vu qui mouraient après quelques selles seulement ; d'autres après quelques vomissemens ; elles étaient gangrenées avant d'avoir les symptômes du fléau, symptômes apparents au moins. J'ai vu mon frère vomir inopinément pendant vingt six heures. Les vomissemens étaient de la couleur d'une eau où l'on aurait jeté du vert de gris ; ce fait le Docteur Home l'attestera comme moi. Après avoir tout épuisé, jusqu'à des remèdes empiriques tels que des feuilles de Roussaillers et de l'eau de cendre, sans résultat pendant ces vingt six heures, et au moment où le malade allait tomber pour ne plus se relever, un verre à liqueur de limonade gazeuse seul a suffi pour arrêter les vomissemens et pour lui donner le repos que réclamaient ses forces entièrement épuisées. Six Indiens ont été constamment à lui frictionner les extrémités qui étaient froides et crispées, la nuque, l'épine dorsale et à lui faire des compressions sur l'estomac. J'ai vu cinquante malades qui n'étaient certes pas à la dernière période de la maladie comme mon frère, mourir à défaut de soins qu'un docteur ne pouvait faire donner, n'ayant pas de garde-malades à sa disposition. J'ai vu aussi quelques cholériques mourir instantanément sans avoir éprouvé rien qui pût caractériser une maladie quelconque ; c'était un léger malaise par tout le corps et pas d'autres symptômes.

Il serait tout-à-fait inutile ici de faire connaître que les symptômes les plus apparents du choléra sont : les frissons, les coliques de ventre et d'estomac, les nausées ou envie de vomir, la diarrhée, les vomissemens, la crampe,—le désir du Comité étant de connaître les symptômes autres que ceux qui se manifestent habituellement, ceux-ci pouvant être considérés comme la maladie elle-même.

Cite un cas singulier.

Le détail de tous les cas serait par trop long et demanderait tout un volume ; mais je ne saurais passer sous silence un cas très grave : c'était un sujet si malade qu'il n'y avait que le laudanum à haute dose qui pût vaincre la maladie. Un inconvénient, auquel je n'avais pas prévu, arriva : ce fut l'empoisonnement. Dans cet état, vomissemens, diarrhée, crampes, tout cessa ; mais les pupilles étaient dilatées, les intestins ne fonctionnaient plus, la tête lourde, l'articulation difficile, les yeux constamment fermés ; somnolence continuelle, plus de sensibilité, et le malade semblait toujours revenir d'un rêve lorsqu'il se réveillait pour prendre sa potion. Vésicatoires aux mollets et café fort à toutes les heures ont été principalement employés. Le malade resta trois jours dans cet état de langueur ; le quatrième jour, je m'aperçus, par les douleurs qu'il ressentait au bas ventre, que les sécrétions par les voies urinaires se faisaient, mais aussi que la rétention d'urine existait. Ce n'est qu'au sixième jour qu'une potion diurétique ; composée de liqueur de Potasse, de teinture de jusquiame, d'esprit d'éther nitrique et d'eau camphrée, réussit complètement ; dès ce jour, le malade fut considéré comme guéri. Il eut une convalescence d'un mois environ.

Quant au traitement de la femme se trouvant dans ses momens critiques ou dans un état

de grossesse, il fallait agir avec la plus grande promptitude dans l'administration des remèdes : quelques minutes de retard seulement, et le fléau emportait sa victime. Dans le premier cas, j'ai vu des effets prompts et sûrs dans l'emploi d'une infusion de sené ou de l'ayapana avec deux grandes cuillerées de Sel de Glauber, l'évacuation étant indispensable et de rigueur ; mais si les vomissemens se mêlaient à la diarrhée, le cas devenant plus grave, il fallait au plus tôt se servir de l'Acide Sulfurique et de laudanum. Le second cas est si dangereux, le péril si grand, si éminent, qu'il fallait l'emploi énergique et immédiat de l'Acide Sulfurique et de bains internes fortement opiacés. Le choléra est tellement horrible lorsqu'il s'attache à la femme enceinte, qu'on ne peut le comparer qu'à un monstre dévorant sa proie. . . . Un habile praticien seul peut surmonter tous les obstacles suscités par l'horrible fléau.

Parle du traitement des femmes.

Le second point de votre circulaire restera, pendant bien long-temps encore, dans mon opinion, sans résultat certain. En effet, comment pouvoir affirmer que le choléra a une marche constante et uniforme, quand il est si différent dans la même localité et dans son développement ? Comment affirmer que c'est le courant d'air pestilentiel qui apporte la destruction tout d'un côté d'une rue, lorsqu'à cinq cents pas de là, les deux côtés d'une autre rue sont ravagés par le fléau ? Comment prouver que c'est la saleté, la malpropreté qui est la cause seule de la maladie, lorsque nous avons vu les personnes les plus délicates et les plus haut placées de notre société coloniale en être atteintes ? Comment répéter avec certains systématiques que le choléra ne fréquente que les lieux humides, lorsque nous constatons que c'est dans les endroits les plus secs de l'île : les Plaines Wilhems, Rochebois, les Pamplemousses, la Poudre d'Or, où il y a eu un plus grand nombre de victimes. Supposons qu'un docteur, observateur de premier ordre, assez vieux pour avoir assisté à trois ou quatre invasions du choléra dans un pays, motive son opinion d'une manière bien tranchée ; supposons encore, pour l'examen de cette question, qu'il eût vu le choléra uniforme dans sa marche, pourrions-nous ajouter foi aux observations qui constateraient cette uniformité du choléra ? Je ne le crois pas. Pour résoudre cette question bien difficile et bien importante pour l'humanité, il n'y aurait que des observations bien suivies et simultanées d'un grand nombre de docteurs, appuyées par un plus grand nombre d'observations faites pendant un siècle, qui pourraient peut-être nous donner la solution de cette question qui est encore à l'état de problème non résolu jusqu'ici. Ainsi, après ces réflexions, je ne pourrais que dire ce que j'ai vu, en faisant quelques remarques sur les moyens préventifs qui paraîtront peut-être futiles, mais qui, à mes yeux sont vrais, justes et victorieux pour arrêter les progrès du mal.

Sur la marche du Choléra.

J'ai observé que dans beaucoup de maisons où il y avait des bassins, la maladie avait exercé son influence maligne ; cependant aux Cent-Gaulettes, où il y a beaucoup plus d'eau qu'à la Marre d'Albert et à l'Escalier, il y a eu incomparablement moins de malades. Pendant les premiers jours de mon arrivée au Grand Port, le fléau sévissait tout d'un côté de la Rivière Lachaux en aval, c'est-à-dire en descendant le cours de la rivière, tandis que dix à douze jours après, le fléau allait en amont, c'est-à-dire remontait la rivière. Expliquera qui veut la cause de ce phénomène ; pour moi, je ne puis ni ne veux entrer en aucune façon dans l'examen des hypothèses des uns et des autres ; seulement je dirai que celui qui a exprimé que l'air chargé de miasmes délétères et pestilentiels, en suivant d'un côté le cours de la rivière, était absorbé par l'eau et s'annihilait pendant plus ou moins de tems, avant de passer de l'autre côté de la rivière, a eu l'idée d'une hypothèse fort ingénieuse, si l'observation est reconnue n'être pas vraie. Quant aux progrès de la maladie, c'est moins difficile, à mon avis, d'en faire connaître les causes ; car si le défaut de propreté, de régularité dans les mœurs, de nourriture saine, abondante et nutritive, est la cause de la grande mortalité dans la classe ouvrière et malheureuse, je crois que la peur du mal, que l'inquiétude que l'on éprouve, que la misère que les gens pauvres voient en perspective plutôt qu'elle n'est réelle le plus souvent, contribuent encore à la mortalité qui règne parmi eux et les déciment d'une manière effrayante.

Caprices de la maladie.

C'est donc aux habitans riches de chaque quartier à venir en aide aux malheureux ouvriers et aux petits planteurs, car ces industriels sont aussi une richesse pour leur district. C'est encore à un Gouvernement paternel à rassurer les classes ouvrières en prenant l'initiative dans toutes les mesures conservatrices pour assurer, non seulement la tranquillité, mais encore le bien être de ces malheureux. Ces moyens préventifs bien simples, il n'y en a pas d'autres pour le choléra, seront d'un effet irrésistible pour arrêter le fléau dans sa marche rapide.

Avis aux habitants.

En terminant, je crois devoir faire connaître au Comité que je n'eusse pas abordé un sujet aussi grave et aussi épineux, si je n'y étais en quelque sorte forcé par sa circulaire en date du 10 courant, et par la place que j'ai occupée au dispensaire de la Marre d'Albert (Grand Port.) Ces considérations m'ont porté à entrer dans quelques développemens qui ont pour objet les malheureuses familles disséminées dans tous les quartiers de l'île. Et si mes

efforts pour suivre le fléau dans son principe, dans ses progrès et développemens, enfin dans toutes ses phases, comme aussi pour indiquer les différens modes de traitemens que l'on a suivis, et à l'aide desquels l'on a sauvé la vie à beaucoup de personnes, peuvent conserver, là où le choléra régnera, un fils à sa Mère, un Père à ses enfans, je me croirais bien dédommagé pour les souvenirs pénibles que j'ai eus à retracer dans cet exposé fidèle de mes observations pendant deux mois et demi au Grand Port, et au Port Louis.

Signé : ELM. HITIÉ, Jeune.

Etudiant en Médecine à l'Hôpital Civil,
Dispensaire du Port Louis, et Ex-Dispensaire de
la Marre d'Albert, (Grand Port.)

No. 69.

District Magistracy, Grand Port,
Mahébourg, 20th October 1854.

Sir,

I have the honor to acknowledge the receipt of your circular communication of the 10th, requesting information as to the cause and effects of the Cholera, as may have come under my observation.

And in reply, I have to state for the information of the Committee, that as regards the treatment of the disease, I have little to state, not being a medical man; but I am of opinion that the treatment the most successful in this District was that followed by the Government Medical Officer Mr. Johnstone, and consisted in the administration of Diluted Sulphuric Acid or Albuminous Mixture, together with frictions to the body, and in the event of this not having the desired effect, Calomel in small doses was given to the sufferer, together with internal injections.

Most successful treatment, diluted Sulphuric Acid or albuminous mixture with frictions, and then, calomel with injections.

I am not aware of the Douche having succeeded in any one instance.

Knows of no instance of Douche succeeding.

The epidemic was worst in those places, where the infection had been introduced by persons flying from Port Louis to this District. At l'Escalier, which is situate between the Rivière du Poste and Rivière Tabac, the mortality was very great; which I attribute to the humidity of the place. There were also many deaths on the banks of a small Rivulet called "Ruisseau Copeau," and on those of the "Rivière La Chaux," and in the vicinity of "Deux Bras."

The Cholera was very severe in Mahébourg for some time, and about 130 persons died of it, mostly of the lower ex-apprentice class; they are, in general, intemperate in their habits and uncleanly in their persons, which taken with insufficiency of clothing and unhealthy damp lodgings, may account for the great mortality in the class of the population.

Attributes increased mortality to damp situation and dirty habits.

Some Estates have not suffered at all, such as "Les Marres," "Virginia," "Union Vale," "Mont Eulalia," "Savinia," "Mon Trésor," and the "Souffleur," "Bon Court," "Beau Fond," while others have been most cruelly treated. I am totally at a loss, how to account for this difference.

Cannot account for total escape of some estates.

From the information I have received, I am convinced that fully one half of those who are represented to have died from cholera, fell victims to their own imprudence and want of care after the disease had been subdued.

Believes half the deaths were from imprudence after the disease had been subdued.

Only five prisoners died of the disease in the District Prisons; this, I attribute to the cleanly state of the Prisons, to a timely change in the prisoners' diet, together with fumigations of burnt coffee and sugar, which were regularly made night and morning.

Used burnt coffee and sugar in prison.

I have the honor to be, SIR, Your most obedient Servant,

J. W. ROBERTSON, District Magistrate.

To the Honorable Félix BEDINGFIELD, Esq.,
President of the Cholera Commission, Port Louis.

No. 70.

Savanne, October 24th 1854.

Sir,

I exceedingly regret that my occupations have prevented my earlier replying to your communication (circular) of 10th instant.

With reference to the treatment of Cholera, I fear that little can be said advantageous to medical science ; that which I found most efficacious, however, was calomel and opium, together with blistering the belly and legs by means of boiling water ; in many cases of the worst form of collapse, this brought on reaction, whilst it did not occasion those cerebral symptoms, which I found so frequently occurred after the douche. The administration of Soda water appeared to be grateful to the patient, and in many instances relieved the vomiting. Calomel to be of use, must, I think, be given in large doses : those I employed were of 10 and 20 grains repeated every three or four hours, according to circumstances : in many instances, only one dose was required ; in very few instances did it produce salivation. Having in the commencement of the disease employed laudanum extensively, I cannot hesitate to say, that I consider it (uncombined with other remedies) as seldom producing good effects, much more frequently harm. A remedy much employed here was the medicine of Le Roy, and I am bound to say that it was very frequently successful. At the Camp Michel near Souillac, out of 38 cases of true Cholera treated with calomel and opium and blistering, as I have before described, I only lost 5 cases, of which 2 were very old people.

The treatment which he found most efficacious.

Soda Water sometimes relieves vomiting.

Calomel to be of use must be given in large doses.

Laudanum (uncombined with other remedies) seldom produces good effects.

The Cholera never followed any regular line at Savanne : whilst close to Souillac, it was raging with great severity, viz : at Surinam estate, and Camp Michel, Souillac itself may be said to have escaped, only four or six cases having occurred there ; whilst Cholera was making 4 and 5 victims every day at Long Champ estate, the adjoining property of Beauchamp only lost 2 men, and Bel Ombre had no cases whatever. The parts which suffered most severely were,

Capricious march of the Epidemic.

Estates	}	East Wick Park,
		St. Felix (Wilson),
		Long Champ,
Creole Villages	}	Surinam.
		Ligne Grenier,
		Bassin Blanc,
		Maisonnette,
		Camp Michel.

The Cholera in some of these places passed over certain houses, and I almost invariably remarked, that such places were cleared, nothing surrounding the house but dry earth ; where the huts were surrounded by thick brushwood, there almost invariably the disease fell. In almost every instance, the villages attacked were such as were situated in hollow, damp spots, and to this and the dirty nature of the Creole Black's houses, may, I think, fairly be attributed its great ravages among that part of the population.

Several cases occurred, which leave no doubt whatever on my mind of the contagious nature of the disease ; but for brevity, I will only cite one : Pierre Monvoisin, a creole carpenter, residing at Camp Diable, went to Souillac to the burial of a friend ; (at this time no Cholera existed at Savanne except at Camp Michel close to Souillac) ; on his return from the cemetery, he visited a sick friend attacked with Cholera, and then proceeded home, about 5 miles distant : two or three days subsequently, he was seized with Cholera, and only escaped after very severe treatment : a workman was sent from Riche Bois estate to assist in nursing him ; this man was seized a week after with the disease, as was also the sister of Monvoisin who had attended him : all these cases recovered. It can, I think, scarcely admit of a doubt, that both these persons took the disease from Monvoisin.

Is of opinion the Cholera is contagious.

JOHN BOLTON.

No. 71.

Savane, 23 Octobre 1854.

Monsieur,

J'ai l'honneur de vous transmettre, dans l'ordre des paragraphes de votre lettre, en date du 10 Octobre courant, les observations que j'ai été à même de faire au sujet du Choléra pendant qu'il régnait dans ce Quartier.

Peu de certitude auquel les Médecins étaient arrivés après leurs efforts.

§ 1er. Je me suis attaché, lorsque j'ai été dans l'obligation de secourir des cholériques, à leur administrer les remèdes prescrits par les Docteurs Benoit et Bolton, les seuls praticiens à la Savane : l'un d'eux disait à la fin de la maladie, "qu'elle était humiliante pour le médecin." C'est l'expression franche du peu de certitude auquel il était arrivé après ses efforts ; au fait, Monsieur, malgré les trop nombreuses occasions qui se sont offertes de choisir entre les remèdes à opposer au Choléra, j'avoue que si je venais à en être atteint, je serais fort embarrassé de savoir auquel recourir. Dans les cas violents, presque toujours fatals, le remède qui a réussi ou qui est supposé avoir réussi aujourd'hui, échoue le lendemain.

Une si triste réalité perd beaucoup de ce qu'elle peut inspirer d'effroi, lorsqu'on vient à reconnaître, ainsi que je l'ai fait, que sauf de très-rare exceptions, les violentes attaques sont la suite d'attaques légères qu'on a négligées au début.

Le Choléra s'est montré partout sans exception.

§ 2me. Le choléra s'est montré à la Savane dans toutes les situations indistinctement, dans les lieux hauts, sains, aérés tout aussi bien que dans les localités basses, humides, et enclavées. Après une observation attentive à cet égard, je n'hésite pas à dire, que la différence des localités n'a d'autre influence à l'égard du choléra, que l'influence générale qui en dérive à l'égard de presque toutes les autres maladies. On se porte mieux dans un air pur, que dans un air malsain. Un mal est moins destructeur dans des lieux bien exposés ; ce sont là des vérités vulgaires.

Pour ce qui est du choléra, il vient là où on le porte, et tient compte des tempéraments plus que des localités. Les ex-apprentis domiciliés sur des collines, sur le versant de nos montagnes étaient décimés, les colons européens ou indigènes, résidant sur le bord de mer, près des marais, étaient épargnés.

Sur la question de contagion ou de non contagion, il est d'opinion que la maladie a fait invasion par communication (*human intercourse*).

§ 3me. Deux fois j'avais vu le choléra : à Maurice en 1819, à Paris en 1832, à un âge où on observe encore peu ; mon attention avait été éveillée par les discussions récentes dans ce pays sur sa nature contagieuse ou non contagieuse ; j'étais dans le doute, c'est-à-dire dans les bonnes conditions pour rechercher la vérité, lorsqu'il a éclaté en Mai dernier : de plus les circonstances me plaçaient en qualité de Magistrat de District, en bonne position pour étudier les faits.

Or donc, le choléra existait depuis douze ou quinze jours au Port Louis, qu'il n'y en avait encore aucun symptôme à la Savane. Les dispositions recommandées par le Gouvernement avaient été prises par le Local Board of Health institué adhoc, et l'ennemi ne paraissait pas. Le 29 Mai (suivant Rapport du Dr. Benoit) Charlette Charles partie du Port Louis la veille, tomba malade, et dans la nuit du 1er au 2 Juin le choléra fut reconnu.

Le 2 Juin, un second cas se déclara sur un Indien de l'Etablissement "East Wick Park" arrivé la veille du Port Louis. Le 3 Juin, sur le même Etablissement, un Indien logé à environ 200 pas du malade fut également attaqué de la maladie. En même temps que Charlette apportait le Choléra à la Grande Savane, le matelot Joseph débarquait à Souillac, arrivant du Port Louis, et le lendemain, 30 Mai, frappé du Choléra, en déposait les germes au sein de la Petite Savane dans une case où mourut bientôt la personne qui l'avait soigné.

Dans la nuit du 3 Juin, un Monsieur Brunet transportait clandestinement le corps d'un cholérique du Port à la Grande Savane, de la Grande Savane à la Petite : Le lendemain matin à 8 heures, je le rencontrai à quelques pas de la Cour de District à Maisonnette ; deux minutes après, il tomba sur la grande route, on le transporta sur l'Etablissement Loustau Lalanne, l'un des plus sains, les mieux exposés du Quartier. Brunet mourut après quelques heures : quatre jours n'étaient pas écoulés que la maladie éclatait sur l'Etablissement de Mr. L. Lalanne.

Dès lors, la maladie se propagea de tous côtés : je la suivis partout, interrogeant avec soin le malade, et obtenant partout la preuve la plus complète que la maladie avait fait invasion par communication (*human intercourse*) ; notez, Monsieur, que je ne dis pas contact immédiat.

Il y a dans ce Quartier bon nombre de camps occupés par des familles d'ex-apprentis, ces endroits sont séparés les uns des autres par les bois. Il était facile de s'assurer là, de la marche de la maladie ; aussi les surveillais-je avec soin, et je m'étais formé à la fin une opinion si positive, que je pouvais annoncer, à peu de jours près, l'apparition du Choléra dans tel ou tel camp. Je vais citer un exemple : le Choléra sévissait au camp du Mont Blanc (Petite Savane), je m'y rendis avec M. Mearing, l'Inspecteur de Police ; nous nous arrêtàmes chez lui à Souillac pour prendre des médicaments. Mme. Mearing, en nous remettant un flacon de laudanum, nous informa qu'elle en avait pris quelques gouttes pour la nommée Eliza ; que cette femme s'était sauvée la veille au soir du Mont Blanc, au camp Rochester et Michel, mais qu'elle venait d'être prise de vomissements et de diarrhée. De

retour à mon bureau, je dis à tous les employés que le Choléra ne tarderait pas à se déclarer au camp "Rochester et Michel." Eliza mourut, ses enfants après elle; quatre jours après, le Choléra passait d'une case à l'autre. Cet exemple est choisi entre plusieurs autres.

Au milieu des faits qui se sont accomplis dans le Quartier que j'administre, faits que j'ai observés scrupuleusement, il n'en est pas un qui n'ait permis même de soupçonner un cas de Choléra spontané, tous m'ont conduit à la preuve de l'importation et de la propagation par le *human intercourse*.

Autant qu'il a été en mon pouvoir, je me suis attaché à comparer la marche de la maladie avec les variations de l'atmosphère. L'air m'a paru jouer uniquement le rôle de véhicule; il est propagateur et non générateur, et les émanations humaines, comme celles des fleurs ou corps odorants, trouvent à se produire, et à se répandre avec plus ou moins de facilité, suivant que l'état de l'atmosphère est plus ou moins hygrométrique, électrique, humide ou sec, chaud ou froid.

Permettez-moi de vous prier, Monsieur, d'excuser la forme peut être trop positive que j'emploie pour m'exprimer: je ne puis offrir que des opinions, mais comme elles sont consciencieuses et puisées dans les faits que j'ai étudiés, elles sont pour moi des vérités acquises jusqu'à preuve du contraire.

J'ai l'honneur d'être,

Signé : AUTARD DE BRAGARD.

The Honorable Felix BEDINGFELD, Esqre ;
Chairman of Cholera Committee.

No. 72.

Plaines Wilhems, Charmilles, 20 Novembre 1854.

Monsieur,

J'avais projeté de vous envoyer l'histoire du Choléra aux Plaines Wilhems pour réponse à votre Circulaire du 10 Octobre dernier. Votre lettre me fait renoncer à ce projet, en provoquant une réponse immédiate. Je n'ai plus le temps nécessaire aux recherches, à la classification et aux détails des faits. Au lieu de conclusions dont vous auriez pu questionner les éléments, je ne puis donc vous envoyer que des propositions qui n'exprimeront guère que ma façon de voir les choses qui se sont passées sous mes yeux.

1o. "Le traitement auquel j'ai dû le plus de succès" dans la période algide du Choléra est la Douche d'eau froide, aidée de moyens qui facilitent la réaction. Nous avons compté une trentaine de cholériques guéris par ce moyen, tant dans ma pratique que dans celle de mes assistants. Voici comment nous opérions :

Quand le malade était bleu, froid et sans pouls, la respiration fréquente, le ventre collé au dos, vix tout-à-fait éraillée, les yeux creux et s'éteignant, nous jugions qu'il allait mourir et que le moyen violent et extrême de l'eau froide pouvait être essayé. Je dénudais alors entièrement le malade, et armé d'un baquet contenant une dizaine de livres d'eau froide, j'attendais le moment de l'expiration pour lui lancer d'un seul coup cette masse d'eau froide à l'endroit du cœur, comme pour le couper en deux. Quand la surprise de ce coup d'eau froide arrachait un bon cri, et que le ventre rebondissait dans l'expiration de ce cri, le malade était ordinairement sauvé. Après avoir reçu un nombre suffisant de coups d'eau froide pour que la dilatation de la cage de la poitrine fut complète, (opération qui ne dépassait pas cinq minutes) le malade était vivement frictionné jusqu'à sec, transporté dans son lit, entouré de linges chauds, massé aux quatre membres et prenait pour breuvage et à volonté, soit du punch chaud, soit un mélange d'ayapana et de gingembre additionné d'ammoniaque. On couvrait aussi l'abdomen de sinapismes froids, recouverts de flanelle, de façon à imiter partiellement la médication de Priessnitz connue sous le nom de "Hydrosudopathie." Quand ce moyen de l'eau froide devait réussir, le malade en avait immédiatement conscience, à ce point que, malgré la violence du remède il en demandait la répétition, quand l'embarras de la circulation revenait après une première amélioration.

Donne des détails sur l'application et sur l'effet de la Douche dont il a fait usage avec succès dans la période algide.

Mais si les premiers coups d'eau froide produisaient de l'angoisse sans cri, sans expansion de la poitrine, si le malade ne se débattait pas et recevait passivement ce fouet de l'eau froide, si l'endroit des sinapismes ne rougissait pas, et si la peau restait sans élasticité, et les membres sans pouls, je jugeais le malade perdu. Pour que l'eau froide réussisse, il faut que la première douche de quatre à cinq minutes, produise une amélioration sensible au

malade lui-même. Si cette première douche produit ou tend à produire l'évanouissement, il faut y renoncer.

Devenu plus hardi par le succès, je suis arrivé à employer ce moyen de l'eau froide dès le début, quand la maladie commençait par les spasmes des muscles de la respiration (cœur-diaphragme, muscles intercostaux &c. J'ai vu, en effet, des malades qui, dès le début, se plaignaient d'avoir le cœur serré par des griffes, ou une barre qui les coupait en deux, en les empêchant de respirer, ou un grand serrement dans la poitrine. Ceux que j'auscultais dans cet état avaient une diminution notable dans l'énergie des contractions du cœur. Quelquefois je trouvais de grandes et fréquentes inspirations, comme après une longue course, et sans que les poumons offrissent aucun signe qui fit présumer que leur parenchyme fût devenu moins perméable à l'air. C'était alors le cœur dont l'impulsion était insuffisante ; mais cette insuffisance d'impulsion dans le cœur ne me paraissait pas expliquer seule l'asphyxie, et il me semblait que la vitalité propre du poumon était attaquée au point d'empêcher les combinaisons chimiques qui lui sont propres. Tous les malades qui, après la douche, ont présenté cette fréquence d'inspirations avec froid de l'air expiré, ont péri. L'efficacité de la douche ne doit donc pas être jugée seulement par la suspension du spasme qui occupait les muscles de la poitrine, mais encore par le retour des fonctions du poumon. Pour que la douche sauvât le malade, il fallait qu'elle améliorât la chaleur de l'air expiré et celle de la peau, en même temps que le pouls devenait plus sensible.

Tous les malades ne m'ont pas montré ces spasmes douloureux des muscles qui gênaient la respiration et la circulation ; mais je ne me rappelle pas en avoir vu un seul arriver à la période algide, sans que cette grande fonction de la respiration n'ait été préalablement gênée, ce dont le médecin pouvait se rendre compte, même quand le malade n'en avait pas conscience.

Observations sur la réaction qui suit l'application de la Douche.

Quant à la réaction, je n'ai pas vu qu'elle fut plus violente après l'eau froide, qu'après les autres moyens. J'ai vu une fièvre cérébrale suivre un choléra arrêté par des sinapismes et du punch, fièvre qui a très bien cédé au calomélas et aux sangsues. La réaction amène souvent la congestion ou l'inflammation d'un organe, quel qu'ait été le moyen employé. Cette congestion ou cette inflammation, quand elles sont extrêmes, emportent le malade malgré les moyens les mieux calculés et les plus actifs ; mais ceci est une règle générale. La fluxion de poitrine ou l'inflammation du cerveau tuent quand elles sont violentes, qu'elles aient été précédées ou non de Choléra, et j'ai déjà dit que je n'ai pas vu que ces accidents aient été plus communs à la suite de l'eau froide qu'après les autres moyens.

Je désire que ma déclaration des services que m'a rendus l'eau froide ne conduise pas à me prêter aucune théorie sur l'essence de la maladie. Je ne dis pas, par exemple, que le Choléra n'est que le spasme des muscles de la circulation et de la respiration, et qu'en détruisant ce spasme, ce que fait quelquefois l'eau froide, on rétablit le mécanisme de ces fonctions et que le malade est guéri. Je répudie en pathologie comme en physiologie, tout système qui ne voit dans le corps humain qu'une mécanique un peu plus compliquée qu'une horloge. Je reste ici dans la limite des faits que j'ai vus, et je dis que l'eau froide m'a rendu dans le choléra le service de guérir les spasmes des muscles de la respiration et de la circulation, et d'amener la réaction vers la peau, que les anciens auteurs connaissaient sous le nom de "Antipéristase."

Dans tout ce qui précède, je n'ai entendu parler que du Choléra arrivé à la période d'asphyxie. Quant à la diarrhée et aux vomissements qui précèdent cet état d'asphyxie, je les ai vus céder à un grand nombre de moyens. L'ammoniaque, l'acide sulfurique, les vomitifs, les teintures stimulantes, ont rendu de grands services.

Traitement adopté par Mr. Couvois.

Voici un traitement, que M. Couvois, propriétaire au Bambou, a employé avec grand succès sur une centaine de cholériques avant la période algide. Dès les premiers symptômes, on couvrait le malade de sinapismes, on lui frictionnait les membres avec de l'essence de térébenthine, et on lui faisait boire autant que possible la préparation suivante :

Infusion d'ayapana.....	} quantité égale de chaque.
Do. de gingembre.....	
Do. de safran.....	
Eau-de-vie.....	

Dès le début de la maladie, j'ai conseillé ce traitement à M. Couvois, qui l'a suivi avec tant de zèle et de succès, que ma présence sur l'Établissement a été inutile pendant tout le temps de l'épidémie.

Traitement enseigné par Mr. Marquay.

Dans un choléra complet, j'ai vu réussir le traitement que m'a enseigné M. C. Marquay, et qui consiste à donner au malade un gros de thériaque dissous dans un demi litre d'infusion de cendres. M. Marquay compte un bon nombre de succès par ce traitement.

20. Je viens maintenant, Monsieur, à la seconde question de votre circulaire, et je répète ici l'embarras que j'ai avoué au commencement de cette lettre. J'aurais voulu avant de répondre, donner l'histoire de tous les faits que j'ai vus. Peut-être ce travail modifierait-il mes opinions actuelles en me forçant d'étudier avec soin chacun des éléments de cette grande et difficile question. Dans tout ce qui va suivre, je ne prétends donner que les impressions qui résultent de ma pratique. Je donnerai mon opinion et non des démonstrations.

Les premiers cas de Choléra que j'ai traités aux Plaines-Wilhems et à Moka étaient des malades venus du Port-Louis, où régnait la maladie. Ces individus ont été pris de la maladie soit dans les 24 heures, soit dans les 72 heures de leur arrivée au Port.

Cite le premier cas aux Plaines Wilhems.

Dans les individus qui ont eu communication avec les premiers cas, il en est qui ont été atteints du même mal.

Le premier cas de Choléra qui m'ait paru prendre naissance aux Plaines-Wilhems, sans communication préalable, s'est montré sur la propriété Palma, non dans le camp des Indiens, mais au voisinage de la maison principale. Tous les individus atteints se promenaient ou travaillaient sur une esplanade où se déchargent les provisions qui viennent de la ville. Or, les communications avec la ville étaient quotidiennes, non seulement pour les besoins de la propriété, mais encore pour les mouvements de la distillerie qui y est établie, et c'est à cette esplanade que s'arrêtent toutes les charrettes. Je ne puis voir dans ces faits l'absence de toute communication.

D'ailleurs, j'ai appris depuis, que dans la même semaine que sont tombés ces cholériques et avant leur maladie, il était arrivé sur la propriété un Indien du Port qui y avait été détenu pendant vingt jours dans les prisons. Cet Indien a été pris de Choléra et a succombé à Palma.

Pendant la maladie et depuis, j'ai cherché *un seul fait* de Choléra où l'on pût démontrer l'absence de toute communication, et je n'ai pas encore trouvé *ce seul fait*. Quand je l'aurais trouvé, je m'empresserai de le déclarer.

N'a jamais trouvé un seul fait de Choléra où l'on pût démontrer l'absence de toute communication.

Le fait général qui me paraisse le plus remarquable est la fréquence du Choléra chez les ex-apprentis. Je ne puis trouver la cause de cette fréquence ni dans la race, ni dans l'hygiène. Dans mon opinion, cette fréquence est due à cette coutume des ex-apprentis d'encombrer la chambre du malade, autour duquel arrivent les amis et les parents. Cette fréquence me paraît un fait en faveur de la communicabilité du mal.

Les Etablissements de sucrerie m'ont paru avoir un nombre de malades proportionné soit à leur proximité de la ville, soit à la fréquence des communications. Ainsi les sucreries de Moka (Pestonjee, M. Noël, Florens), ont relativement très peu souffert, dans le temps même où la maladie sévissait chez les ex-apprentis du quartier Militaire. Aux Plaines-Wilhems, la même remarque s'applique aux sucreries les plus éloignées de la ville : (Duval, Gallet, La Réunion, Galéa, Paillotte).

Sur l'Etablissement "Vaucluse," située aussi dans les hauteurs des Plaines-Wilhems, le Choléra n'est pas entré tant que la quarantaine établie par le propriétaire a été observée. Le premier individu atteint a été un Indien qui avait porté sur ses épaules le cadavre d'un de ses amis mort du Choléra à quelque distance de la propriété.

Chez les ex-apprentis, la règle générale a été que le Choléra a *successivement* attaqué les individus de la même case, et ceux qui avaient communiqué avec cette case ; de sorte que ceux-là même qui refusaient de croire à la contagion étaient forcés par le témoignage de ces faits, de se convertir à cette opinion.

Effet du Choléra parmi les ex-apprentis.

La propreté ou la malpropreté des lieux n'a paru avoir aucune influence. A Palma, à l'Ebène et à Bonne Terre, il y a eu peu de malades et peu de mortalités, et sur ces trois propriétés existent des guildiveries dont les émanations étaient sensibles. Stanley, qui a perdu tant d'Indiens, a son camp placé sur un pavé naturel. Ce camp occupe une large surface et la ventilation y est parfaite. Sur l'Etablissement Couvois aux Plaines St. Pierre, les cases sont rapprochées les unes des autres, le camp est situé sur un bas-fond dominé par un terrain plat, où se trouvent quatre bassins dont la surface totale est de près d'un arpent. Ce camp est traversé par les eaux de décharge des bassins supérieurs, et infecté non seulement par les fosses à fumier, mais encore par les porcs que les Indiens y élèvent en grand nombre. Le camp de Stanley est comparativement un modèle de propreté, de bonne ventilation et de bonne tenue ; le camp de M. Couvois, un modèle des vices contraires à ces qualités. Stanley a perdu beaucoup d'hommes, M. Couvois un ou deux sur une population de près de deux cents âmes entassées dans ce camp infecté par les porcs, le fumier, et les émanations marécageuses. Claremont, aux Plaines Wilhems, est l'habitation modèle

Influence de la propreté et de la malpropreté.

pour la bonne exposition, et cette propreté dans les derniers détails qui était la joie du maître, et dont il faisait jouir non seulement ses serviteurs, mais ses animaux mêmes. Comparez la mortalité de Claremont à celle des habitations les plus honteuses.

Effets de la décomposition putride des matières végétales et animales.

Ces faits me rappellent l'opinion qui donne pour cause à la "Fièvre typhoïde," les poisons qui résultent de la décomposition putride des matières végétales et animales, opinion que contredisent un grand nombre de faits généraux, comme la rareté de la Fièvre typhoïde à Mont Faucon ; cette voirie de Paris, qui couvre 32,800 yards de surface, reçoit 230 à 240 yards cubes des produits des fosses d'aisance, et sur laquelle se décomposent les cadavres de 12,000 chevaux et de 25,000 animaux de plus petite taille.

Croit que le Choléra est communicable comme le Typhus, la Rougeole, la Variole, &c.

Tout ce que j'ai vu me porte donc à croire que le "Choléra" est une maladie *communicable* comme le Typhus, comme la rougeole, comme la variole ; non pas que je prétende que la cause essentielle du choléra puisse se mettre à la pointe d'une lancette, se conserver et se transporter sous verre comme le virus de la variole, ni que je pense qu'il faille absolument contact et friction de chair contre chair pour inoculer ce virus, comme dans la syphilis. Sur le mode de communication, je ne prétends rien risquer parce que je n'ai rien étudié. Mon opinion est que ce qui émane du corps d'un cholérique peut donner le choléra à l'individu qui reçoit cette émanation, et qui est prédisposé à la maladie. J'ajoute que cette opinion est l'hypothèse qui me paraît le mieux rendre compte de la propagation du choléra dans la dernière épidémie.

3o. Il est sans doute fort regrettable que cette opinion de la communicabilité du choléra ait en sa faveur la probabilité des faits, tels que les hommes les plus simples les voient, et il est fort à désirer que les savants en général, et les médecins en particulier, arrivent à trouver que la cause du choléra est extérieure à l'homme vivant, étrangère à son système, et qu'elle consiste dans un ensemble de conditions qu'il nous est possible d'atteindre et de modifier. Personne plus que moi ne désire effacer dans cet ordre de malheurs humanitaires le mot antique "Digitus Dei est hic."

Je continuerai donc à étudier le Choléra avec l'espérance de finir par trouver dans ses allures à Maurice, quelque trait qui le rende saisissable. Si je réussis, je ne manquerai pas, Monsieur, de vous communiquer cet heureux résultat de mes recherches.

Signé : AM^é. PERROT, D. M. M.

L'Honorable BEDINGFELD, Président du Comité du Choléra.

No. 73.

Cour de District, Rivière Noire, 15 Octobre 1854.

Monsieur,

En réponse à votre circulaire en date du 10 Octobre courant, reçue par la Poste le 14, J'ai l'honneur de vous soumettre le résultat de mes observations et de mon expérience personnelle pendant la récente épidémie qui a régné au quartier de la Rivière Noire, quelque incompetent que je me reconnaisse en semblable matière :

1 cas. 28 Mai à la Petite Rivière créole ; qui avait couché en plein champ, ivre.

1o. Le premier cas de Choléra régulièrement constaté par le Dr. Mailly, a éclaté à la Petite Rivière, le 28 Mai dernier. Le sujet était un Créole (General Population) qui s'était livré la veille à un excès de boisson et avait passé la nuit, en plein champ, exposé au froid et à l'humidité.

2 cas. 31 Mai au Tamarin, un anglais.

Le second cas, également constaté, s'est présenté trois jours après, au Tamarin, sur les rives de la Rivière de ce nom. Le malade était un piqueur anglais, nommé Samuel Beard, employé aux travaux du Pont. Ces deux cas ont été promptement suivis de mort, et autant que je puisse m'en rapporter aux renseignements qui m'ont été fournis, les patients n'avaient eu aucune communication directe avec la ville.

Dans ces deux cas, pas de communication directe avec la ville.

Marche :

3 Juin à la Petite Rivière.
6 „ Bambous.
7 „ Plaines St-Pierre.
12 „ Tamarin jusqu'à la fin de Juillet.

2o. Trois jours après le second cas, le 3 Juin, la maladie a commencé à sévir à la Petite Rivière ; peu de jours après, aux Bambous et au canton des Plaines-St.-Pierre, et enfin vers le 12 Juin, au Tamarin sur plusieurs propriétés, et dans le village établi à l'embouchure de la Rivière, où elle a présenté des alternatives de ralentissement et de recrudescence jusqu'à la fin du mois de Juillet.

3o. Quant aux causes du choléra, il me semble difficile, sinon impossible de les déterminer, la maladie s'étant manifestée dans toutes les classes de la société, (quoique plus particulièrement sur les créoles ex-apprentis), sur toutes les constitutions, sur tous les tempéraments et de plus, avec toutes les variations de la température. Le seul fait digne de remarque est que les individus placés dans les régions les plus élevées du quartier, au lieu dit "La Montagne," "Chamarelle" etc., ont été épargnés. Le seul cas de décès constaté à "La Montagne" est celui d'une jeune fille qui avait fui la ville, et qui est morte du Choléra presque immédiatement après son arrivée à la Montagne.

Les Créoles ex-apprentis ont le plus souffert.

Les personnes placées à la Montagne, Chamarelle, ont été épargnées.

4o. Relativement aux divers traitements qui ont été suivis, voici ce que j'ai été à même d'observer : Toutes les fois que le choléra a débuté d'une manière foudroyante, c'est-à-dire sans apparence de prodromes, il a toujours été suivi de mort, en dépit de tous les moyens employés, tels que vomitifs, purgatifs, opiacés, excitants, réfrigérants, etc. La maladie débutant par la période algide, l'effet de toute médication, quelle qu'elle fût, n'a pu être que de prolonger l'agonie de quelques heures.

Le Choléra se montrant sans période prodromique a toujours été fatal.

La maladie précédée d'une période prodromique a été arrêtée par l'ammoniaque liquide en doses de 6 à 20 gouttes deux ou trois fois répétées.

5o. Lorsque la maladie était précédée d'une période prodromique et présentait par conséquent, une marche moins rapide dans son développement, quelle que fût du reste la gravité de son caractère, le moyen qui m'a paru produire le meilleur résultat, est l'ammoniaque liquide employé à la dose de 6, 8, 10, 12, 15 et 20 gouttes, suivant l'intensité du cas et l'âge du sujet.

Ce moyen répété deux ou trois fois au plus, à une demi heure d'intervalle, a réussi à amener la réaction dans la grande majorité des cas.

L'acide sulfurique dilué, à la dose de 30 gouttes pour un adulte et de 15 à 20 gouttes pour les enfants, a obtenu également de bons résultats, de même que des moyens bien moins énergiques, tels qu'une infusion pure et simple d'ayapana et de gingembre avec addition d'ail ; mais ainsi que je l'ai dit plus haut, tous ces divers remèdes n'ont produit d'effet salutaire et de réaction, que dans les cas où le choléra ne se présentait pas avec tout son cortège de symptômes foudroyants.

L'Acide Sulfurique est bon.

L'Ayapanah, gingembre avec ail.

J'ai l'honneur d'être, Monsieur, Votre très obéissant serviteur.

THY. RUDELLE,
Dr. et Sty. Magistrate.

The Honorable F. BEDINGFELD, Esq., Port Louis.

No. 74.

Port Louis, 7th November, 1854.

The Honorable F. BEDINGFELD, Esq., President of Cholera Committee :

Sir,

I have the honor to forward the statements from the Beau Bassin and Wolmar estates, required to be filled in under your circular of the 7th October last.

From the great success which attended Mr. Fyers' treatment of the numerous cases of Cholera on the Wolmar estate, and the great mortality which at the same time existed on the neighbouring properties, where the disease was treated in a different manner, I consider it may prove interesting to the Committee and valuable to the public, to be put in possession of the particulars of each case treated by that gentleman, therefore beg to forward the statements which he has drawn out.

As regards the Beau Bassin, as Mr. Fyers' treatment was not sufficiently known at the time the disease broke out on that estate, it was not made use of, "The Douche" being the one principally employed, and that with considerable success, several lives having been by that means saved.

Signed: C. C. BROWNRIGG.

CORRESPONDENCE.

To the Editor of the *Mauritius Reporter* :

Plaines Wilhems, 23d June, 1854.

Sir,

In consequence of the great success which has as yet attended the system that Mr. Edward Fyers, the Manager of the Wolmar estate, has pursued in treating the prevailing epidemic, I think it may prove useful to the community to make it known through the medium of your Journal, it being simple in its application, and within the reach of the poorest person, viz: On the first appearance of an attack, or as soon as possible after one has commenced, whether from vomiting or purging, to administer an emetic, of 30 grains of ipecacuanha and 2 grains of Tartar emetic, followed, after the emetic has acted, by copious doses of warm water, to clear the stomach. In every case but one, this remedy appears to have given immediate relief, arresting the progress of the disease. In case either vomiting or purging should continue, the usual dose of Diluted Sulphuric Acid will be sure to stop it. It has been found that Sulphuric Acid has a more successful effect, if the stomach has been thus cleared. The patient should not be allowed to eat anything for some days, till the tone of the stomach has been restored.

Up to this date, not less than 64 persons have been attacked on the estate, all of whom have been restored with the exception of an old creole, of a sickly constitution, who was brought to the hospital in the last stage.

The following extract of a letter I have this day received from Mr. Fyers, gives further proof of the efficacy of his treatment.

“ My remedy has commenced to attract attention in the quarter. Mr. A. drove up yesterday to obtain instructions how to act in a very bad case—one of his Indians having fallen in a state of collapse, and lock-jaw setting in. I advised him to give an emetic at once, but I thought it was too late; an emetic was however administered, when the man immediately vomited, heat returned to his body, and he is all right this morning.”

To those who commence with vomiting, I give a vomit; and if the vomit should continue after administering the emetic, which is seldom the case, a small quantity of Sulphuric Acid will stop it at once.

It appears that the vomiting at once relieves the stomach of the poison, and at the same time the retching restores the action of the blood.

I remain, Sir,
Your obedient servant,

Signed: C. C. B.

To the Editor of the *Mauricien* :

Plaines Wilhems, 27th June, 1854.

Sir,

Since I addressed you on the 24th inst., I have received from Mr. Edward Fyers another communication, of which I give an extract, of the continued success in treating the prevailing disease. Should you think that the publication of the statements therein referred to would be at all useful to the public, I beg you will give them a place in your journal. Up to the present date, 78 persons have been attacked, all of whom, with the same exception before noticed, have been saved.

Extract of Mr. Edward Fyers' letter:—

“ I enclose a rough statement of 13 cases of Cholera on the 23d inst.—a very sickly day here—which may prove of use at Beau Bassin or elsewhere, should the people be attacked in the same manner. You will observe by the statements, that it was necessary to repeat the emetic in the cases of Inketsamy and Emilien, before the diarrhœa could be stopped. The other statement may interest you, as it shows the progress which the Cholera has already made amongst the relations of the man who died of that disease on the 18th—the only one

as yet lost—attacking already six in the same house, but who have all been saved by the same treatment.”

I have the honor to be,

Sir,

Your most obedient servant,

Signed: C. C. B.

Treatment of thirteen people, attacked with Cholera on the Wolmar estate this day, 23rd June 1854:

1 to 10.—Sopayer, Ramsamy, Ruggenauth, Rama, Dhacco, Chido, Naigou, Samy Santally, Callien, Nairamy. Constant rice water evacuations; cramps in the belly; arms as far as the elbows, and feet as far as the knees, quite cold; pulse very low; appearance of face death-like; eyes very red; Naigou and Nairamy vomiting also. Each of these 10 men received 30 grains of the ipecacuanha powder and 2 grains of Tartar emetic, mixed in a wine glass full of cold water, followed by copious draughts of hot water, say about 8 or 10 quarts to each. Cured. In all these cases the Sulphuric Acid was not used, the diarrhoea having stopped shortly after the patients had been relieved of the poisonous contents of their stomachs.

11.—Inketsamy.* Constant evacuations; cramps all over the body; very weak and cold; altogether a very bad case. 30 grains ipecacuanha, 2 Tartar emetic, 8 quarts of hot water; afterwards 4 glasses of the diluted Sulphuric Acid and water; *all of no effect*, the patient being a very bilious character. Repeated the dose of ipecacuanha and 8 quarts more of hot water, which removed a quantity of bile, &c, which had not before come away. After 2 wine glasses full of the diluted Sulphuric Acid and water, all unfavorable symptoms disappeared, and the patient quickly recovered. Cured.

12.—Emilien. Same symptoms. Same remedy as above; obliged to give two doses of the ipecacuanha, which had the same satisfactory result. Cured.

13.—Colopar. † This man was one of the holers in the habitation, was seen to stagger and then fall, throwing up, immediately afterwards, quantities of rice water; was carried to the hospital in a very bad state. 30 grains of ipecacuanha, 2 grains Tartar emetic, 10 quarts of hot water. The poison, bile, &c., only came up after the 8th quart. Castor oil two hours afterwards. Cured.

All these patients were only allowed to drink a few mouthfull of cold water for two days. I find, for the after treatment, there is nothing like keeping them low.

Progress of the Cholera in the house of the only man who died of that disease on the Wolmar estate, and the manner in which the sufferers have been treated:—

18th June, 1854.—Lubin, 60 years. Concealed his complaint until all earthly power was of no avail. Sulphuric Acid and laudanum injections; unfortunately *no vomit was given in this case*. Death.

19th.—Vernis, mother-in-law to the deceased, 70 years. Constant evacuations; cramps all over the body; death-like countenance; partial stoppage of the circulation of the blood. 30 grains ipecacuanha, 2 grains Tartar emetic, 8 quarts of water; afterwards a little Sulphuric Acid and water. Cured.

20th.—Josephine, daughter, 9 years. Commenced by vomiting; other symptoms same as above. 20 grains ipecacuanha, 1 grain Tartar emetic, 8 quarts of water. Cured.

21st.—Melanie, daughter, 26 years. Cramps and headache, but no evacuations. Same treatment as the mother-in-law, leaving out the acid. Cured.

22nd.—George, nephew, 20 years. Symptoms same as the daughter Josephine. Strong vomit with 10 quarts of hot water. Cured.

23rd.—Ernest, brother-in-law, 25 years. Constant evacuations and cramps. Same treatment. Cured.

* This case requires particular attention showing the good effect of this second vomit.

Signed: J. E. F.

† A vomit to cure vomiting never fails

24th.—*Emilien, nephew, 14 years. Same symptoms. The first vomit and the Sulphuric Acid afterwards *had no effect*. Obligated to repeat the dose of the emetic. The acid then acted, and saved the lad. Cured.

Castor oil next morning to all these patients.

Signed: J. E. FYERS.

La nouvelle communication qui nous est faite sur le traitement du Cholera à Wolmar, et que nous publions aujourd'hui, sera lue avec le même intérêt que les précédentes. Toute la colonie doit maintenant recourir à un remède si efficace que sur 106 malades, plus ou moins violemment attaqués, pas un seul n'a manqué de guérir.

Voici la continuation des Cures de Mr Fyers :

Wolmar, 29th June 1854.

I am happy again to inform you that my exertions continue to be successful with regard to the treatment of the prevailing malady. An average of about 6 per day have been attacked since the commencement of the week—some very severely, but have been all restored by that simple, and as yet never failing remedy of the vomit.

A woman at La Mare was struck down in a state of insensibility, without either the vomiting or purging, but was restored by the usual remedy.

An Indian, at work, was seen to stagger and then fall, vomiting commencing immediately afterwards; severe cramps in the belly. I need not say that he was immediately relieved by the vomit.

The hospital attendant, who is obliged to look after the sick at night, had left his wife, as usual, in charge of his hut in the camp. The next morning, on opening the door, he found her lying on the floor, cold and dying, having been attacked with the cholera diarrhœa during the night, the evacuations running continually like water from her. That patient was also carried to the hospital, the usual emetic administered, followed by 9 *measured quarts* of hot water.

Some time afterwards, I had the gratification of finding the natural heat returning to the body. 30 drops of the diluted Sulphuric Acid, in a wine glass full of water, completed the cure; two doses. The next day a little castor oil was given, and she is now perfectly well, having been, like the rest of my invalids, only two days laid up.

My reason for making the above observations to you, is to show the efficacy of the vomit in stopping the vomiting, and also its effects in stopping the diarrhœa. Both of these stages of the disease, if not properly treated, invariably prove fatal to the sufferer.

Up to the present date, 91 men have been attacked on this estate, and 15 at the Lime Kiln, (Mark Dejoux's men,) making in all 106, all of whom have been got round by the emetic. The only man as yet dead was treated with Sulphuric Acid and laudanum injections, but was not made to vomit. The neighbouring estates continue to suffer. It is reported that one proprietor, close to us, has lost many men. At Bamboo and Tamarind, the ravages also continue. At the latter place, four were found dead in a hut, the night before last.

Signed: J. EDWARD FYERS.

It is always necessary to excite vomiting by making the patient put his fingers down his throat—a spoon to be used in cases of collapse or insensibility.

* Particular attention should be paid to the case of Emilien, showing the necessity of administering a *second vomit* in many cases.—(D. D. double dose.)

WOLLMAR ESTABLE.

TREATMENT OF 106 CHOLERA PATIENTS, from 18th May to 31st July 1854.

DATE OF ENTRY IN HOSPITAL.	NAMES.	SYMPTOMS.	TREATMENTS.	DATE OF DISCHARGE.	RESULTS.
18th May....	Rama Soorajee.....	First case. Struck down as dead. Perfectly insensible.....	Treated for poison, not knowing that it was Cholera:—Ipeca D. dose C. Oil..	22nd May..	Cured.
June.....	Mr. Charles.....	Struck down in the Collapse state.....	" D. dose "	"	"
	Mrs. Charles & Child.....	D. & V. very bad, relapse 2 days afterwards.....	" D. dose "	"	"
	Mrs. Ducasse, (a nurse).....	D.....	" D. dose "	"	"
	& Child.....	D.....	" D. dose "	"	"
	Lubin.....	D.....	Sulphuric Acid, Laudanum Lavements.	"	"
	Pierre Paul's child.....	D.....	Ipeca C. Oil.	"	Dead.
	Tom's, wife.....	D. & V. C. E.....	"	"	Cured.
	& Child.....	D. Frissons C. E.....	"	"	"
	Jacques.....	Stupor, head ache, frissons, cholice.....	Ipeca	"	"
	Victorin.....	D. & V. C. E.....	" D. dose "	"	"
	& Wife.....	D. & V. relapse C. E.....	" D. dose "	"	"
	Apadoo.....	D. & V. C. E.....	" S. A. "	"	"
	Ramsamy N.....	D. C. E.....	" S. A. "	"	"
	Dhurumpoo.....	V. Cholice C. E.....	"	"	"
	Ballo.....	D. Cramps C. E.....	"	"	"
	Govind J.....	D. & V. Cramps C. E.....	"	"	"
	Govind P.....	D. & V. Cramps C. E.....	"	"	"
	Herro.....	Stupor, Head ache, frissons, Cholice.....	"	"	"
	Itto Bappo.....	V.....	"	"	"
	Itto Narsaont.....	D. & V. Cramps C. E.....	"	"	"
	Luximan D.....	D. & V. Painsallover C. E.....	"	"	"
	Naico B.....	D. & V. Pains C. E. Relapse.....	D. dose S. A. "	"	"
	Nana C.....	D. & V. Cramps C. E. Relapse.....	D. dose S. A. "	"	"
	Nana H.....	D. Pains C. E.....	"	"	"
	Rawjee L.....	D. & V. Cramps Almost dead.....	D. dose S. A. "	"	"
	Shiddo.....	V.....	"	"	"
	Muckoo.....	D. & V. Cramps Almost dead.....	D. dose S. A. "	"	"
	Ogoorah.....	D. & V. Cramps Almost dead.....	D. dose S. A. "	"	"
	Ranjuan.....	V. C. E.....	"	"	"
	Choony.....	D. V.....	"	"	"
	Ballo.....	V.....	"	"	"
	Narro.....	Stupor Frissons C. E.....	"	"	"
	Pando.....	D. & V. C. E.....	"	"	"

DATE OF ENTRY IN HOSPITAL.	NAMES.	SYMPTOMS.	TREATMENTS.	DATE OF DISCHARGE.	RESULTS.
June.....	Custry.....	V. Pains.....	Ipeca	..	Cured.
	Naigon.....	D. & V. Almost dead.....	D. dose	..	"
	Tooriel.....	D. & V. Almost dead.....	D. dose	..	"
	Yencatty.....	V. Pains, C. E.....	"	..	"
	Aristide.....	D. & V. A shocking case.....	D. dose	..	"
	"	"	"	..	"
	Appaya.....	D. Pains, C. E.....	"	..	"
	Itto, P. T.....	D. & V. Almost dead.....	D. dose	..	"
	Indian woman, P. T.....	Struck down in Collapse state.....	"	..	"
	"	C. E.....	"	..	"
	Seringuin's wife.....	V.....	"	..	"
	Ramjee's wife.....	D. & V.....	"	..	"
	Entrepreneur Carpenter.....	Stupor Frissons, C. E.....	"	..	"
	Bonhomme's child.....	V. not bad.....	S. A.	..	"
	Dursan's wife.....	D.....	"	..	"
	Francois's mother.....	Stupor, Frissons, C. E. Pains relapse.....	D. dose	..	"
	Lingaya's wife.....	D. & V.....	"	..	"
	Mrs. Felix.....	Cramps, Head ache.....	"	..	"
	Dhacoo.....	D.....	S. A.	..	"
	Inketsamy.....	D. Cramps, nearly dead.....	S. A.	..	"
	Dhalia.....	D. & V. Cramps.....	"	..	"
	Sauny.....	D. & V. Pains, C. E.....	"	..	"
	Beenan.....	D. Pains, C. E.....	S. A.	..	"
	Taccordasse.....	Stupor, Frissons, C. E. no pulse.....	S. A.	..	"
	Rama.....	D. Nearly dead.....	S. A.	..	"
	Bagunat.....	D. C. E.....	S. A.	..	"
	Samy Santelly.....	D. C. E.....	S. A.	..	"
	Naraine.....	D. V.....	S. A.	..	"
	Vellien.....	D. C. E.....	S. A.	..	"
	Francoise's little girl.....	D. V. Pains, C. E.....	"	..	"
	Mr. Felix.....	D. Nearly dead.....	"	..	"
	Emilien.....	D.	D. dose	..	"
	Ramsamy Inketsamy.....	D.	"	..	"
	Popaya.....	D.	"	..	"
	Kotapah.....	D. V. Cramps, C. E.....	"	..	"
	Naigon.....	D. & V.....	"	..	"
	Chido.....	D.	"	..	"
	George.....	D. V. Pains.....	"	..	"
	Luximan.....	V.....	"	..	"
	Yencaya, P.....	D.	"	..	"
	Luchimce, (woman).....	D. & V. Nearly dead.....	"	..	"

DATE OF ENTRY IN HOSPITAL.	NAMES.	SYMPTOMS.	TREATMENTS.	DATE OF DISCHARGE.	RESULTS.
July.....	Norsoo's wife.....	D. Nearly dead.....	Ipeca.	..	Cured.
	Julius.....	Stupor, Frissons, C. E.....	"	"	"
	Ragou's wife.....	Struck down in a state of insensibility.....	"	"	"
	Lachimoloo.....	D. & V.....	"	"	"
	Dewjee.....	D. & V.....	"	"	"
	Ramjee.....	V.....	"	"	"
	Lingaya's wife.....	D. & V.....	"	"	"
	Pidigadoo.....	D. & V.....	"	"	"
	Felix.....	Cramps.....	"	"	"
	Narro.....	D. & V.....	"	"	"
	Dewjee.....	V.....	"	"	"
	Mauquy, (woman,).....	Struck down. Relapse.....	"	"	"
	Marday.....	D. & V.....	"	"	"
	Molalsalb.....	D. & V.....	"	"	"
	Rangagie.....	Stupor, Frissons, C. E.....	"	"	"
	Anagie.....	D.....	"	"	"
	Massoo.....	D. & V.....	"	"	"
	Rama.....	D. & V.....	Nearly dead.....	D. dose.	"
	Ragoo.....	D. & V.....	"	D. dose.	"
	Naroosano.....	D.....	Frissons.....	"	"
	Marday.....	Stupor, Frissons, C. E.....	"	"	"
	Dilia's wife.....	D. & V.....	"	"	"
	Comodo's wife.....	D. & V.....	"	"	"
	Villian.....	D. & V.....	Relapse.....	D. dose.	"
	Coliramana.....	D.....	"	"	"
	Prosper.....	D. & V.....	C. E.....	"	"
	Celina, (woman,).....	Pulse low. Frissons, C. E.....	"	"	"
	Ramroo.....	D. & V.....	C. E.....	Twice.	"
	Virasamy, P.....	D.....	C. E.....	"	"
	Bungary, G.....	D.....	C. E.....	"	"
	Bungary, T.....	D.....	C. E.....	"	"
	44 cases not detailed.....	Including Mr. M. de Joux's men, (20 in No.).....	"	"	"

D. & V. means Vomiting and Diarrhoea.
D. " " " " " " " " " "
C. E. " " " " " " " " " "
D. D. " " " " " " " " " "
S. A. " " " " " " " " " "

Port Louis, ce 8 Août 1854.

Monsieur,

Je ne puis vous dire rien de positif sur les prétendus cas de Choléra observés à Bourbon, dans les premiers jours de Mai de cette année. Je n'en ai point observé dans ma clientèle à cette époque : voici ce qui est à ma connaissance :

Un jeune confrère, Monsieur le Docteur Leclerc, nouvellement arrivé à Bourbon a prétendu, dans les premiers jours de Mai dernier avoir été appelé auprès d'un ancien esclave, atteint du *Choléra Asiatique*. Le malade a été enlevé en quelques heures. Les jours suivants, trois autres malades le mandèrent : il porta le même diagnostic : deux de ces malades guérèrent.

En même temps d'autres médecins observèrent dans leurs clientèle des cas d'une affection assez grave, puisque les malades en meurent quelque fois, que l'on appelle dans le pays, *Riposte*, et caractérisée par des évacuations abondantes, des vomissements, un facies rappelant un peu celui des Cholériques, un pouls faible disparaissant à la pression. A part la période algide, qui constitue le caractère essentiel du Choléra, c'est un Choléra. Pour ma part, j'ai vu deux enfants que j'ai cru perdre, atteints de cette affection cette année.

Sont-ce des cas semblables que mon confrère a pris pour le Choléra Asiatique ? Je ne puis l'affirmer.

Je dois vous dire aussi qu'un Chirurgien Militaire, Monsieur le Docteur Lepetit nouvellement arrivé à Bourbon, que Monsieur Leclerc a appelé en consultation auprès de l'un de ces malades m'a dit avoir observé un cas de *Choléra Asiatique*.

La Riposte ne manque jamais au commencement du printemps de faire quelques victimes à Bourbon.

Telles sont, Monsieur, les faits qui sont à ma connaissance et que je vous transmets pour en faire tel usage que vous jugerez convenable.

Agréé, Monsieur, l'assurance de ma parfaite considération.

N. LEJEUNE, D. M. P.

M. Le Médecin en Chef du Port Louis.

P. S. Je dois ajouter que vers Avril, Mai, Juin, il y a eu à Bourbon et particulièrement à St. Denis, beaucoup de diarrhées, et d'indispositions gastriques.

No. 78.

[Duplicate.]

Civil Medical Department, 9th December, 1854.

No. 218.

Sir,

I have the honor to forward to you, for the information of his Honor, the Report of the Medical Committee recently sent to Flacq, to investigate the nature of the epidemic prevalent in "Camp de Masque" and its neighborhood.

It results from the inquiries of the Committee—

1. That the epidemic above mentioned is identical with the Cholera lately prevalent throughout the Colony.
2. That the two epidemics appear to have been continuous, notwithstanding that no deaths from Cholera were reported from the 21st September to 16th October.
3. That the first case of the present epidemic occurred at "Trois Ilots" about the 16th October, after which it spread to "Camp de Masque."
4. That the character of the disease is as severe as ever.

5. That of the four estates that have suffered on this occasion, viz. : "Mon Rève," "Bon Espoir," "Bel Etanj" and "Clemencia," it is expressly stated that the first three have almost entirely escaped in the first epidemic, and the same was probably the case as to "Clemencia," although not stated.

6. The people in the affected localities received their water supply from canals, which have been lately in very bad order, from scarcity of water.

7. With the exception of the condition of these canals, there is nothing in the sanitary state of the District to account for Cholera appearing there more then elsewhere.

8. Various interesting facts are recorded in the Report, as to the manner in which the disease was transmitted from one locality to another, and which tend to support the opinion that the disease can be propagated by human intercourse.

9. The Committee is unable to offer any practical suggestions as to the possibility of limiting the spread of the disease by salutary improvements, separation of the sick, or other remedies.

10. I have the honor to recommend that the Report should, with his Honor's permission, be placed at the disposal of the Honorable Chairman of the Cholera Committee.

I have the honor to be,
Sir,

Your most obedient servant,

GEO. CLERIHEW,
Chief Medical Officer.

To the Honorable the Colonial Secretary.

No. 79.

October 28th, 1854.

The Committee having assembled, proceeded to Plaine Larcher, to investigate the case of Jean Artidor, whose was one of the first fatal cases of the present local epidemic.

Opposite 19th
miles of Old
Flacq road.

We were told by his wife that his symptoms began by vomiting and purging; motions like rice water; collapse quickly came on, with cold extremities, cramps, eyes sunk in the head. Disease lasted from 10 A. M. of the 18th October to 10 P. M. on the same day.

In the last epidemic, four months ago, his mother-in-law had died with Cholera in the same house. No other case ensued.

A few days after his death, his daughter, aged 15, at the time of menstruation, had slight vomiting and diarrhoea after taking a dose of salts. No one else of the family, which is numerous, has since been ill. They drink the water of the River-du-Poste.

At Mr. Larcher's Mill, examined the father of Charles Riche, a child, who died in the Camp-de-Masque about a month ago, but date not ascertained. Had been staying with his father for some days, when he returned to his aunt's, in the Camp-de-Masque. He was taken ill at 2 A. M. of Monday, with vomiting and watery purging, followed by coldness of extremities, and died at 2 P. M. on Tuesday. His name is not recorded in the list of deaths by Cholera given to Dr. Hardie from the Magistrate's office.

Larcher's Mill.

The Rev. Mr. Giles, at the Presbytery, says that he has no doubt as to the present epidemic, being identical in all its characters with the last, and as severe in intensity, if not more so. The symptoms have been vomiting, purging, with watery stools, cramps, and cold surface. Saw Jean Artidor, who unquestionably died of Cholera.

The Revd. Abbé
Giles.

The chief mortality has been in the Camp-de-Masque. It began there about the 1st July. Between this and the 15th there were many deaths; from this to the 5th August there was an apparent cessation; from the 5th August to the 2d September many deaths; from the 2d September to 27th October two or three cases only; from the 27th October to the 10th November a very great mortality, particularly in the Mare-Jackos. Since that time the disease seems disappearing in that part.

He thinks that, altogether, there has been a hundred deaths in the Camp-de-Masque.

The Committee next proceeded to Mon-Rève, the estate of Mr. Villemain, which is on the right hand side of the Camp-de-Masque road.

Mon Rève.

He employs a hundred and thirty persons on his estate. During the first epidemic he did not lose a man. The first fatal case was on the 11th November. Since that date he has had 10 deaths from Cholera, viz : 6 Indians, 1 Creole, 1 Creole woman, 1 Creole child, and his own brother. The Creole woman, Perrine Toinette, was the first case. She had been nursing her aunt, Celina Collette, who died of Cholera the 4th November in the Camp-de-Masque. After her death she brought her aunt's two children down to the estate, one of whom is the Creole child mentioned as dead; her husband, also, is the Creole who died of Cholera. Perrine herself died, with all the symptoms of Cholera, after 12 hours illness. The day but one after her death, the first Indian was taken ill. The majority died in from 10 to 14 hours, with well marked symptoms of Cholera. The water used on this estate is from a canal, which has its source at Bel Etang. It at present contains very little water, and that turbid, from ducks puddling in it.

Bon Espoir.

We next went to the estate of Bon Espoir, above the last, belonging to Mr. G. de Paillette, who gave us the following information :—

Had 2 fatal cases of Cholera in the first epidemic, he thinks in the month of July. Since then had no case until the present month, during which there have been 9 persons attacked, of whom 4 have died, viz :

- 1 Creole woman died in 7 hours.
- 2 Malabars in 2 and 4 days.
- 1 white child in 7 days.

All of undoubted Cholera. Has formed no opinion as to the cause of the outbreak. There has been a great want of water of late.

She died the
same night.
(Dec. 1.)

Hearing that a woman had been taken ill this morning of Cholera, we visited her, and verified the disease. Her surface was cold, as also her tongue; pulse flickering; had been purged copiously 7 times. We saw the stools, which were like rice water. She had had no vomiting or cramps. She was passively suckling her child when we saw her. We considered her state to be very precarious. It was she who had attended the child who died on the 23d inst.

Bel Etang,
Madame Tostés.

We next proceeded to the estate of Bel Etang, the highest in the Camp-de-Masque, belonging to Mr. Fontenay, whom we questioned.

Employs 425 persons. During the first epidemic, had 36 people attacked with Cholera, of whom 4 died; the first on the 1st August, the last at the end of the month. In October had about 12 cases of Cholera, none fatal. About eight days ago had 2 cases of choleraic purging and vomiting; has had a smart case of diarrhoea to-day. All doing well.

We went to the head of the canal, which goes to Bon Espoir and Mon Rêve. The water was quite clear; flows out of the Bel Etang, which is supplied by a spring. The River Coignard, which passes down to the Mare-Jackos and Queen Victoria, also receives water from the Bel Etang. This river is very low.

Mr. Fontenay, being asked for his opinion as to the cause of the recent epidemic, stated that he thought it arose probably from the imperfect manner in which those who died in the first epidemic had been buried; founds this opinion upon his knowledge of the indolence and apathy of the Creole character; also from noticing that the disease had recommenced after some days of heavy rain, succeeded by others of bright sunshine.

No refuse from the Mill flows into the canal. Mr. Fontenay has dug a reservoir for it.

Mare Jackos.

From Bel Etang we proceeded to Mare-Jackos, where we questioned several persons as to the graves that had been dug; they are at short distances from the houses, and covered with loose stones. One man questioned said that all he had seen were seven feet deep, but being asked to show the depth, drew a line across the upper part of his chest, about four feet and a half high.

At the bottom of the Mare we found the bed of the River Coignard quite dry. A small canal, with muddy water, was running about twenty yards from it. A man who was with us said that the river emerged from a subterranean channel lower down. This we did not verify, but Dr. Hardie informs us that at Queen Victoria the canal furnished by this river has been almost dry for a week past, so much so as to prevent the use of the vacuum pan there. All the people in the neighbourhood of the Mare seem to depend on this river and the canal for their water, having no springs or wells. Close to the canal we found, in a cottage, a man who had been ill of Cholera for four days; his stools were described as still watery, but he was evidently rallying; his eyes were still deeply sunk in his head; he had passed urine to-day after a suspension of thirty-six hours. We visited several other cotta-

ges where there had been fatal cases, but found nothing to remark upon. Our last visit was to two cottages, situated together, apparently in a most healthy locality, freely exposed to the sea breezes, being at the top of a slope commanding the sea. The approach to them was by a neat avenue of flowering plants, and everything showed that the occupants had taken pride in the neatness of their property. Yet in these two houses there have been five deaths, and they are now deserted. The graves are in the lower part of the garden, on the sea slope. There is no spring of water here, and all the water is brought from the canal. There were some articles of bedding lying exposed in the garden, which we ordered to be burnt, and recommended the houses to be opened, for the purpose of cleaning and whitewashing. There are several other houses that have been, like this, shut up and deserted. The person to whom we spoke said he feared it might be illegal to open the houses, as he knew there was property inside, and, at any rate, it would be sure to give rise to suspicions.

With this we completed our inquiry in the Camp-de Masque.

October 29th.

We set off to visit the Rivière Sèche and the estate of Clemencia, marked on the map "Hermitage, where of late there has been a great mortality.

The situation is high up, between the Montagne Blanche and the Montagne Faïence, and is, as the crow flies, not two miles from the lower part of the Mare-Jackos. About 300 yards from the Mill of Clemencia, we stopped at a closed shop, near which are several cottages of Creoles, from whose examination we gathered the following particulars:—

During the first epidemic, about four months since, two persons, one of whom was the owner of the shop, had died of Cholera in it, since which time it had remained closed, as no one carried on the business. On the 13th of this month, Madame Alfred, sister-in-law of the former owner of the shop, wishing to know if her shawl was in the house, had a window shutter opened, and put her head through the window, when she saw her shawl on the floor. She did not remove it. She remarked, on withdrawing her head from the room, that she was "frappée par la mauvaise odeur." The same night she had looseness in her bowels. She went into the woods next day, but during that night she became worse, and next morning Cholera had fairly declared itself; vomiting, purging of watery stools, enabled the neighbours to recognize the disease without any difficulty. She died on Friday, the 17th November. A child whom she had adopted, two years of age, was taken ill with Cholera the same morning, and died the same night.

Another child, Léonore, whose mother had been in constant attendance on Madame Alfred, living within fifteen yards of her, was taken ill at the same time, and died on the 18th. On the same day a carpenter, who lives at a short distance, at the foot of the Montagne Blanche, came here to make a coffin for Léonore; he was seized with Cholera on the spot, went home, and died the same night.

On Sunday, the 20th inst., another Creole, named Augustine, whose house was pointed to us, about 300 yards up the side of the mountain, was taken ill on his return from mass, and died the same night.

The father of the child Léonore, named Frederick Jean Fou, was seen by us in bed, having had an attack of Cholera, characterized by all the usual symptoms. He was attacked on Sunday last, on his return from mass. His eyes are still sunk, and his face expressive of the Cholera state.

At a house about 25 yards from this, we saw a girl who had had a slight attack of vomiting and purging, but who is now convalescent.

From this we proceeded to Clemencia, where we gathered the following facts from the Manager:

There are 458 persons employed.

The Cholera appeared among the Indians about the 20th of this month, on which the first fatal case occurred. In all there have been about 78 cases, more or less grave, since the commencement of this outbreak. Of this number, 17 have died, and about 25 are now convalescent, who have had severe attacks. The remainder were trivial cases. The deaths have been entirely among Indians. The following are the dates and descriptions of the dead:—

November 20th	.....	1 man.
“ 21st	.....	4 men.
“ 22nd	.....	1 man, 1 child.
“ 23rd	.....	2 men, 1 woman.
“ 24th	.....	1 man, 1 child.
“ 26th	.....	2 men, 1 child.
“ 28th	.....	2 men, “Sirdars”

To-day there are a great number of absences, which are partly the result of fear. There are to-day three new cases—a man, a woman, a child; the latter a slight case, and the others not of a bad form.

The situation of this estate, and of the Creole houses before spoken of, is at the head of the Rivière Sèche. There is a quantity of swampy land at the bottom of the valley. The Creoles informed us that they drank spring water. The Manager at Clemencia states that there is a good spring at the side of the hill, not far from the Camp, but thinks that the Indians use almost exclusively the water from the marsh. He has formed no opinion as to the cause of this new epidemic. States that there is constant communication between the Indians of the estate and the Creoles whose houses we have just left. They go to shops close to that spot.

This concluded our investigation.

Queen Victoria. We did not visit the estate of Queen Victoria, where there have been four deaths out of five cases. Three of these, according to Dr. Hardie's statement, were in one family; the father being first attacked, and subsequently two of his sons.

The disease appeared on the 5th November, on the father, “Bonhomme,” and two Indians. One of the Indians recovered, but the two others died on the 8th. The two sons of Bonhomme were taken ill on the 11th, one of whom died the same day; the other lingered till the 13th. One or two very slight cases occurred about the same time, but since there has been no recurrence of the disease. It was denied by the father that he had been up lately in the Camp-de-Masque, but there is daily and almost hourly communication of some kind, as by hawkers, &c.

The Committee appointed to investigate “the character of the present epidemic, the extent of its prevalence, and the sanitary condition of the localities in which it exists,” have thought that they would best discharge their duty by recording, on the spot, the facts brought to their knowledge, and submitting these to the consideration of the Principal Medical Officer, who is thus capable of appreciating the value of the conclusions at which we have arrived, on some of the points indicated in his letter of the 25th November.

1st. We consider that there is superabundant proof that the disease at present existing here is, in all respects, the same as the Cholera in its first appearance in the Island. The cases, in repeated instances, have proved fatal in a very few hours. The cold surface and tongue of the woman seen by us at Bon Espoir, equalled what is seen in the worst forms of Cholera. The Rev. Mr. Giles thinks that he has seen worse cases in the late than in the former epidemic.

2nd. The chief places where the Cholera has prevailed of late, are the Camp-de-Masque on both sides of the road, particularly at Mon Rêve and Bon Espoir, on the right hand, and at the Mare-Jackos and Queen Victoria, on the left. Latterly it has prevailed with great intensity, at the head of the Rivière Sèche, between the west ends of the mountains Blanche and Faïence. It is to be noticed that more than ten days before fatal cases of Cholera reappeared in the Camp-de-Masque, there had been fatal cases registered at Trois Islots, and at Plaine Larcher. According to the list furnished to Dr. Hardie from the office of the District Magistrate, it seems that no death from Cholera is reported from the 21st September, when one occurred in the Camp-de-Masque, and the 16th October, when one is recorded at Trois Islots, followed by two others, in the same locality, on the 20th.

These cases are verified by Dr. Grivot. On the other side of the District, on the 18th October, the fatal case at Plaine Larcher occurred, 10 days after which the first fatal case is registered from the Camp-de-Masque. The only connection between these two last spots is that of the child Riche, who had been staying at Plaine Larcher for some days, and, on his return to the Camp-de-Masque, died of Cholera. His name is not in the list furnished from the Magistrate's Office, and his father could not give us the date of his death.

As regards the number of cases, we think it would be well to have the whole of the Camp-de-Masque examined, with the view of correcting and confirming the number registered.

Mr. Giles is evidently of opinion that a much greater have died than have been declared.

If a Police Officer were appointed to do this, it would be judicious to give him the power to open all houses which have been closed in consequence of deaths by Cholera, and to have them burned out and fumigated, burning such articles of bedding as may be found there. The propriety of such a step will be seen when the history of the reappearance of the disease at Rivière Seche is considered.

3rd and 4th. We have not succeeded in tracing the disease in the Camp-de-Masque back to any origin external to it. On either side of it, sporadic cases were occurring at a time when it seemed to have totally ceased there, judging solely from the bills of mortality.

When once returned, there seem to be proofs of its transmission from one part to another, as in the account of the disease at Mon Rêve, where the first fatal case, Perrine Toi-nette, had nursed her aunt, who died a week before, and whose two children had been brought to Mon Rêve. One of these and her husband were among the victims. We also call attention to the fact, that the woman whom we saw with Cholera at Bon Espoir had a few days before been the attendant of a child who had died of Cholera. The history of the cases at Rivière Sèche tend strongly to the same conclusion, and is well worth attentive consideration.

It may fairly be doubted if the disease has ever been extinct in the District since its introduction. It has probably had its lulls, and undergone a great diminution in its intensity for a season; and it is possible, for a time, that the mortality wholly ceased. It is conceivable that if the disease had been carefully noticed by competent observers at different points of the District, slight cases would have been found, to keep up the continuity, which seems broken when judged of solely by mortality.

We find nothing in the locality which appears to predispose this District more than others to the disease.

The Creoles live in detached houses, surrounded by small plots of cultivated ground. These are much better constructed than those found in camps of Indians on estates, admit a much better ventilation, having usually windows or doors on all sides, and are kept in a state of greater cleanliness within and without. The soil in the Camp-de-Masque has of late been dry to the last degree, and there is always good natural drainage, except in the course of the Rivière Coignard, at the bottom of Mare-Jackos. There is, everywhere in it at present, a complaint of scarcity of water, which has coincided very nearly with the reappearance of the disease. We do not see, however, any reason for associating the two in the relation of cause and effect.

The District about Hermitage is always marshy. We have mentioned in our notes Mr. Fontenay's idea of careless interment, but there has been no evidence to show that they have been superficial.

5th. We regret to be unable to offer any practical suggestions as to the possibility of limiting the disease. The segregation of individuals affected is impracticable. We have reason to hope that the disease is subsiding in the Camp-de-Masque, but are unable to report so favorable an opinion, under present circumstances, of the district round Clementia.

DAUBAN, D. M.
ALEXANDER MONTGOMERY,
GRIVOT,
G. K. HARDIE, M. D.,
Staff Assistant Surgeon.

RESULTS OF OBSERVATIONS made in the Royal Engineer Observatory, Mauritius, from January to June 1854.

MONTH.

REMARKS ON THE WEATHER, &c.

MONTH.	Barometer, (reduced to temperature of 32°.) Height above the sea, 20 feet.			Temperature. (Degree's Fahrenheit.)						Hydrometric state of the Atmosphere.				No. of inches of rain fallen.	Mean amount of cloud.	REMARKS ON THE WEATHER, &c.
	Mean height — English inches.	Mean daily variation in the atmospheric pressure.	Range during the month.	Mean maximum temperature during the day.	Mean minimum temperature during the night.	Mean temperature of the month.	Max. temperature during the month.	Min. temperature during the month.	Range.	Mean temperature of evaporation.	Mean temperature of dew — points.	Mean elastic force of vapor.	Mean degree of humidity of the air (complete saturation.			
January	29.931	0.050	0.376	86.953	78.388	82.645	89.5	76.0	13.5	74.265	70.2	.728	.668	4,120	.5	<p>The wind was very variable and light during the whole of this month. The first part of the month was fine, the latter part cloudy and sultry with heavy rain, accompanied on the 30th by a Thunder Storm.</p> <p>First part of the month cloudy with heavy rain; on the 2nd, 3 inches of rain fell in an hour and a half, accompanied with Thunder. During the 11th, there were signs of bad weather, and on the morning of the 12th, a Rotatory Storm passed between this and Rodrigues. The middle part of the month was fine, the latter part squally with rain. Wind variable during the month between N. E. E. and S. E.</p> <p>First part of the month occasional rain. Middle part Cloudy. Squally with heavy rain and occasional Thunder and lightning; wind variable, but principally from E. to S. E.</p> <p>First and middle part occasional showers. Latter part overcast with heavy rain. Accompanied on 2 days by Thunder and lightning. The wind light and principally between N. E. and S. E. during the day and between E. and S. E. during the night.</p> <p>First part fine but cloudy. Occasional flashes of lightning at night, light variable wind. 10th to 14th fresh trade wind, occasional light rain, 16th close sultry weather, nearly calm, oppressive sensation; the shock of an Earthquake was also felt by several on this day. The 28th was in every respect much the same as the 11th. The sky was overcast and the heaviness of the weather imparted to most persons a feeling of languor and difficulty of respiration.</p> <p>There were a few light showers during this month, but on the whole, the weather was very fine. A cool trade wind of about 2 lbs pressure on the square foot was blowing nearly all the month, and there was nothing apparently to account for the dreadful mortality that was going on from Cholera: unfortunately, the Electrometers belonging to the Meteorological Society had not been unpacked, but I have been told, that those who had Electrical Machines found great difficulty in obtaining a spark; this phenomenon was also noticed in Paris during the prevalence of the Cholera there, and indicated an absence of the Electric Fluid usually diffused in the atmosphere.</p> <p>There was a curious coincidence in Port Louis between the phases of the moon and the intensity of the Cholera. For instance, the disease commenced to create alarm on the 27th May, the period of New Moon, gradually increased in intensity until the 9th June. The period of Full Moon being 3 A. M. on the 11th, and then gradually decreased until the 25th, the period of New Moon.</p>
February	29.818	0.046	0.768	85.286	78.0	81.643	88.5	75.0	13.5	75.42	72.3	.782	.742	11,165	.5	
March	29.931	0.048	0.311	84.742	76.403	80.572	86.5	71.5	14.0	73.709	70.2	.734	.713	3,495	.4	
April	29.980	0.042	0.280	83.216	75.616	79.416	85.5	72.5	13.0	73.116	71.5	.762	.775	12,153	.44	
May	30.014	0.050	0.210	80.951	72.710	76.830	84.0	69.5	14.5	70.354	68.6	.695	.767	1,755	.4	
June	30.124	0.049	0.328	77.683	70.0	73.841	79.5	66.5	13.0	66.524	62.9	.575	.699	0,520	.4	

RESULTS of Observation made in the Royal Engineer Observatory, Mauritius, during the Month of July and August 1854.

MONTH.	Barometer reduced to temperature of 32° Height above the sea 20 feet.			Temperature (degrees Fahrenheit.							Hygrometric state of the atmosphere.				No. of Inches of Rain which fell on the Ground.	Mean amount of Cloud (complete overcast being taken as 1. 0)	REMARKS ON THE WEATHER &c.
	Mean height English inches.	Mean daily variation in the atmospheric pressure.	Range.	Mean max. during the day.	Mean min. during the night.	Mean of the month.	Max. of the month.	Min. of the month.	Range.	Mean Temp. of Evaporation.	Mean Temp. of Dewpoint.	Mean Elastic Force of Vapour.	Mean degree of Humidity of the air (complete saturation being 1. 0.)				
July.....	30.123	0.049	0.317	75.468	67.258	71.363	78.0	62.0	16.0	63.669	59.9	.520	.685	0.715	.3	{ The weather during this month was fine, light rain fell on 9 different days. The wind was principally from between S. & E.	
August..	30.169	0.054	0.230	76.120	67.552	72.010	79.0	64.5	14.5	64.338	60.5	.532	.685	0.325	.4	{ Weather fine, light showers on 8 different days. Wind chiefly from E. to S.E.	
																No electrical phenomena were observed during either of these months.	

Port Louis, Mauritius, 17th October, 1854.

A. B. FYERS, Lieut. R. Engineers.
A. O. D. GRATIAN, Capt.. commanding R. Engineers.

Président du Comité.

D'après le désir que vous m'avez témoigné d'avoir les observations météorologiques que j'ai faites pendant la malheureuse épidémie qui a régné dans notre pays, bien que je n'ai aucune qualité publique de donner mes observations particulières (attendu que le gouvernement à un observateur météorologique), je m'empresse de vous donner les observations et les remarques que ma vieille expérience et l'amour de la science météorologique m'ont fait un devoir de faire, pensant à l'utilité que ça pourrait être à la science *étant intimement convaincu* que les phénomènes célestes devaient être en rapport avec ceux terrestres,

7 Septembre 1854.

Signé, RÉGNAUD.

OBSERVATIONS.

Je commencerai par le 17 avril, à 7½ du soir, un magnifique Bolide de L'E. N. E. au O. S. O. a donné une forte clarté qui a obscurci celle produite dans les salons par les lampes, et une forte détonnation au moment où il s'est dispersé s'est fait entendre. Dans l'après-midi, le temps était sombre, avec de gros nuages du O. N. O. au O. S. O. au coucher du soleil, et plus d'une heure après, les nuages avaient une couleur rouge, puis, d'un pourpre bien prononcé; ça s'est dissipé à la nuit; la soirée magnifique jusqu'au moment du Bolide, où il s'est couvert. Le lever du soleil le 18 (tems civil), a offert le même spectacle. Le Btre. était à 30.130, le ther. 83°.

Le 19, temps couvert, des éclairs, de la pluie; à 5 heures du matin, un fort coup de tonnerre du Sud, puis de la pluie à verse, presque calme, brise très variable. Btre. 30.050, ther. 82°.

Du 20 avril au 1er mai, brise inégale, variable, le maximum du Btre. était le 30 avril de 30.230 et celui du ther. 81°; le 20 et 30 avril et 1er mai, le minimum du Btre. a été de 30.000, celui du ther. 78° 5, le 25 et 26; le temps dans cette intervalle a été très variable, de l'orage, de la pluie, beaucoup d'éclairs la nuit, de forts grains.

Du 1er au 10 mai, temps inconstant, brise variable de toutes les parties, le maximum du Btre. a été 30.170 le 4, celui du ther. 82° 5, le minimum du B. 30.100 le 9, et celui du ther. 81° 5, le 2.

Du 11 au 15.—Le 11 la mousson doit être considérée comme reversée à la suite de beaucoup d'éclairs et d'un temps très sombre ou nuageux; la brise s'est élevée du Sud, S. S. E. et S. E., B. 30.210, ther. 81°. J'ai remarqué que le bord de la mer depuis le quai devant l'Observatoire, jusqu'à la Chaussée du Fort Blanc, était couvert de petits poissons morts flottants. Du 15 au 24 il m'a été impossible de faire aucune observation, le maximum du B. 30.270, le 12 et 13 mai, le minimum 30.170.

Le 25 mai, le choléra morbus ayant pris avec fureur, j'ai redoublé mon attention aux Observations Météorologiques la nuit surtout, et particulièrement à l'heure que j'appelle en Météorologie *heure solennelle*, de 2½ heures du matin à 5 heures. Je profiterai de cette occasion pour prier M. le Secrétaire de la Société Royale des Arts et des Sciences de demander à MM. les Docteurs, *si pendant cet intervalle de temps* en général, le nombre des malheureux atteints de cette cruelle maladie, et la qualité de la maladie n'étaient pas plus considérable et plus forte qu'aux autres heures de la journée? il m'obligerait.

En conséquence, je dirai que du 27 mai au 31 de ce mois, le Btre. a constamment marqué 30 p 100; le mercure était immobile, et le ther. 79° nuit et jour (quoique en dise M. Fyers qui faisait, à ce qu'il paraît, des observations dans un autre endroit que moi; quant à moi, j'affirme que ce que j'avance *est parfaitement exact*). Le temps cependant ne laissait pas de marquer du changement très apparent; ainsi la nuit très belle, presque pas de vent, tantôt chaud, tantôt froid, mais très humide; la partie comprise depuis le S. S. O. jusqu'à E. S. E. et Est, était entre 2 heures et 3 heures du matin sillonnée par une grande quantité d'épars (bien qu'il fit très froid et le temps très humide); de 5 heures du matin à 7½ heures, d'épais brouillards du O. S. O. au Nord de la côte; pendant la journée, temps inconstant, brise faible et très variable, de gros nuages noirs s'amoncelaient du S. S. O. au S. S. E. et du S. E. au N. E. Ces nuages fixes n'étant poussés, par aucun vent (ce dont on pouvait facilement se convaincre par des relèvements) se fondaient sans donner de la pluie, mais rendaient la soirée extrêmement humide et froide. J'ai aussi remarqué que de dix heures du soir à minuit, des oiseaux tels que éperviers et autres affligeaient l'oreille par leurs cris de détresse ou chants lugubres, et aussi le matin de 2½ heures à 5 heures, on entendait le cri de beaucoup d'oiseaux aquatiques, tels que Paille-en-queue, Goëlette &c., &c.

Du 1er au 2, brise du large et variable, la partie Sud chargée. Des grains qui rendaient la nuit obscure, froide, humide ; le B. et ther. ont commencé à avoir un peu de mouvement B. 30.170, ther. 79.5.

Du 2 jusqu'à la fin du mois, il y a eu de très fortes brises du Sud au S. E. et E. S. E., toujours froides et humides ; le Btre. et le ther. ont continué comme toujours à marquer les intempéries du temps ; de très forts grains, surtout du O.S.O. au sud, avec pluie ont souvent eu lieu ; dans la soirée et la nuit, la température a toujours été froide et plus humide avec ces vents.

Depuis le 6, je n'ai pu, étant très fatigué et soignant des malades, continuer mes observations de nuit hors de ma chambre, je le regrette sincèrement. Le 16, le maximum du B. était 30.400 et le ther. le 2, 79 ; le minimum du B. le 19, de 30.000 ; le ther. 75, le 16. Du 12 au 14, le mercure a éprouvé de fortes oscillations dans le tube du Btre. ; le temps beau, la nuit très belle, mais avec quelques petits grains de pluie fine qui rendaient le temps très froid et humide ; le 16 surtout a été très désagréable par son humidité ; l'excellente pendule de l'observatoire qui ne varie pas, a éprouvé deux ou trois fois de forts sauts.

Le mois de Juillet a été comme le précédent, avec le temps ordinaire de la saison ; il y a eu beaucoup de changements de température, forte brise du Sud au S. E.

Le mois d'août de même.

Je suis on ne peut plus peiné de n'avoir pas eu à ma disposition un igromètre ; je pense que des observations igrométriques auraient été de la plus grande utilité, mais je n'en avais pas. Tant qu'aux marées, malgré toutes les observations que j'ai pu faire, rien de changé dans l'état naturel des marées.

Ces observations ont été dans les rues, sur le quai, dans la plaine et quelques unes le matin à l'Observatoire.

Je certifie conforme à mes observations :

Signé : RÉGNAUD,

Ancien Capitaine de Marine Marchande.

THE HISTORY OF THE

ROYAL SOCIETY OF LONDON

FROM ITS INSTITUTION TO THE PRESENT TIME

BY JOHN VAUGHAN

IN TWO VOLUMES

VOLUME THE SECOND

LONDON: PRINTED BY RICHARD CLAY AND COMPANY, LTD.

BUNGAY, SUFFOLK, AND BUNGAY, NORFOLK.

1928

BY APPOINTMENT TO HER MAJESTY THE QUEEN

AND TO HIS MAJESTY THE KING

PRINTERS IN ORDINARY TO HER MAJESTY THE QUEEN

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

AND TO HIS MAJESTY THE KING

T A B L E S.

TABLE

A.

ESTIMATED POPULATION OF THE ISLAND OF MAURITIUS, ON THE 25th OF MAY, 1854.

CLASS.	DISTRICTS.																		TOTALS.		GRAND TOTALS.									
	PORT LOUIS.			PAMPLEM'SSES. RIV. DU REMPT.			FLACQ.			GRAND PORT. SAVANNE. BLACK RIVER			PLAINES WILHELMS.			MOKA.														
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.		Total.								
Gen'l Population...	14422	13868	28290	4181	3771	7952	1476	1303	2779	2335	2093	4428	2711	2498	5209	714	607	1321	865	829	1694	1379	1130	2509	579	587	1166	28662	26686	55348
Ex-Apprentices....	5616	5096	10712	4758	3659	8417	1455	1192	2647	3502	2779	6281	3009	2411	5420	1673	1422	3095	1963	1509	3472	2974	2315	5289	1541	1266	2807	26491	21649	48140
Immigrants.....	8812	1816	10629	12896	2837	15733	8754	1967	10721	11117	2437	13554	7770	1548	9318	4522	937	5459	4119	906	5025	5205	991	6196	1471	282	1753	64667	13721	78388
TOTAL.....	28851	20780	49631	21835	10267	32102	11685	4462	16147	16954	7309	24263	13490	6457	19947	6909	2966	9875	6947	3243	10191	9558	4436	13994	5391	2135	5726	119820	62056	181876

FELIX BEDINGFELD.

TABLE B, shewing the mortality from Cholera in Mauritius from 25th May to 31st August 1854, both inclusive, divided into Classes.

DATE.	CLASS.	DISTRICT.									TOTAL.
		Port Louis.	Pamplemousses.	Rivière du Rempart.	Flacq.	Grand Port.	Savanne.	Black River.	Pl'nes Wilhems.	Moka.	
From 25 th to 31 st May.	General Population.....	160	2	..	1	1	..	1	..	4	169
	Ex-Apprentices.....	186	3	1	2	1	..	..	8	2	203
	Indians.....	31	4	1	9	..	..	..	1	1	47
	TOTAL....	377	9	2	12	2	..	1	9	7	419
June.	General Population.....	822	112	10	80	24	11	24	50	7	1140
	Ex-Apprentices.....	1728	645	87	98	100	44	87	236	92	3117
	Indians.....	499	488	149	173	58	80	89	205	37	1778
	TOTAL....	3049	1245	246	351	182	135	200	491	136	6035
July.	General Population.....	13	8	17	70	20	1	4	37	..	170
	Ex-Apprentices.....	38	57	56	76	121	32	21	8	18	427
	Indians.....	13	61	34	144	68	31	19	20	3	393
	TOTAL....	64	126	107	290	209	64	44	65	21	990
August	General Population.....	..	1	..	24	8	1	..	25	..	59
	Ex-Apprentices.....	2	1	1	25	14	30	7	5	..	85
	Indians.....	..	3	..	16	17	17	2	6	1	62
	TOTAL....	2	5	1	65	39	48	9	36	1	206

SUMMARY of MORTALITY from Cholera in Mauritius from 25th May to 31st August 1854.

DISTRICT.	May.	June.	July.	August.	TOTAL.
Port Louis.....	377	3049	64	2	3492
Pamplemousses.....	9	1245	126	5	1385
Rivière du Rempart.....	2	246	107	1	356
Flacq.....	12	351	290	65	718
Grand Port.....	2	182	209	39	432
Savanne.....	..	135	64	48	247
Black River.....	1	200	44	9	254
Plaines Wilhems.....	9	491	65	36	601
Moka.....	7	136	21	1	165
TOTAL.....	419	6035	990	206	7650

SUMMARY of MORTALITY from Cholera in Mauritius between 25th May and 31st August, as regards Classes.

General Population.	Ex-Apprentices.	Indians.	TOTAL.
1538	3832	2280	7650

TABLE C, shewing the Mortality from Cholera in Mauritius from 25th May to 31st August 1854, both inclusive, in each sex, and in Adults and Children respectively.

Date.	SEX.	DISTRICT.									Total of mortality among Adults.	Total of mortality among Children.	
		Port Louis.	Pamplemousses.	Rivière du Rempart.	Flacq.	Grand Port.	Savanne.	Black River.	Plaines Wilhems	Moka.			
From 25th to 31st May.	Male..	Adults....	181	7	2	7	1	..	1	5	5	209	..
		Young....	44	..	..	1	..	..	..	3	..	..	48
	Female	Adults....	104	1	..	2	1	..	..	1	2	111	..
		Young....	48	1	..	2	..	..	..	..	..	..	51
	TOTAL....	377	9	2	12	2	..	1	9	7	320	99	
June.	Male..	Adults....	1458	765	189	237	112	94	127	319	94	3395	..
		Young....	366	105	15	31	19	14	22	44	8	..	624
	Female	Adults....	894	295	27	61	45	22	36	100	25	1505	..
		Young....	331	80	15	22	6	5	15	28	9	..	511
	TOTAL....	3049	1245	246	351	182	135	200	491	136	4900	1135	
July.	Male..	Adults....	32	88	50	189	123	42	25	28	7	584	..
		Young....	4	15	9	35	27	4	5	5	2	..	106
	Female	Adults....	17	18	27	47	46	15	9	19	10	208	..
		Young....	11	5	21	19	13	3	5	13	2	..	92
	TOTAL....	64	126	107	290	209	64	44	65	21	792	198	
August.	Male..	Adults....	1	2	1	35	23	32	4	20	1	119	..
		Young....	..	2	..	3	6	4	1	8	..	..	24
	Female	Adults....	..	1	..	21	7	10	3	4	..	46	..
		Young....	1	..	..	6	3	2	1	4	..	..	17
	TOTAL....	2	5	1	65	39	48	9	36	1	165	41	
	GRAND TOTAL.	3492	1385	356	718	432	247	254	694	165	6177	1473	

SUMMARY of Mortality from Cholera in Mauritius from 25th May to 31st August 1854, as regards Sex.

Men.	Women.	Children.	TOTAL.
4307	1870	Male.... 802 Female 671 } 1473	7650

D.

MAURITIUS.—INDIAN MORTALITY FROM CHOLERA FROM 25th MAY TO 31st AUGUST, (BOTH INCLUSIVE.)

DISTRICT.	PERIOD.	CALCUTTA.			MADRAS.			BOMBAY.			NOT NOTED.			Born in Mauritius of Indian Parents.			REMARKS.
		Male.	Female.	TOTAL.	Male.	Female.	TOTAL.	Male.	Female.	TOTAL.	Male.	Female.	TOTAL.	Male.	Female.	TOTAL.	
Port Louis.....	May.....	6	1	7	6	2	8	..	..	..	11	2	13	1	2	3	
	June.....	129	17	146	146	28	174	10	5	15	118	9	127	23	14	37	
	July.....	4	..	4	2	..	2	..	..	..	5	..	6	2	..	2	
	August.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pamplemousses....	May.....	2	..	2	1	..	1	..	..	..	..	..	..	..	1	1	
	June.....	229	30	259	177	18	195	5	1	6	..	..	..	16	12	28	
	July.....	27	7	34	20	1	21	1	..	1	..	..	..	5	..	5	
Rivière du Rempart.....	August.....	..	1	1	1	..	1	..	..	..	..	..	..	1	..	1	
	May.....	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
	June.....	63	7	70	71	6	77	2	..	2	..	..	..	..	..	..
Flacq.....	July.....	23	1	24	7	3	10	..	..	..	..	..	..	..	..	..
	August.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	May.....	3	..	3	4	2	6	..	..	..	..	..	..	..	..	..
Grand Port.....	June.....	83	4	87	73	13	86	..	..	..	..	..	..	..	..	..
	July.....	67	4	71	66	7	73	..	..	..	..	..	..	..	..	..
	August.....	9	1	10	5	1	6	..	..	..	..	..	..	..	..	..
Savanne.....	May.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	June.....	30	4	34	20	2	22	2	..	2	..	..	..	..	..	..
	July.....	35	2	37	30	1	31	..	..	..	..	..	..	..	..	..
Black River.....	August.....	7	1	8	8	1	9	..	..	..	..	..	..	..	..	..
	May.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	June.....	41	4	45	32	3	35	..	..	..	..	..	..	..	..	..
Plaines Wilhems..	July.....	21	5	26	2	1	3	2	..	2	..	..	..	..	..	..
	August.....	9	..	9	7	1	8	..	..	..	..	..	..	..	..	..
	May.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Moka.....	June.....	49	8	57	19	4	23	5	..	5	..	..	..	1	3	4	
	July.....	10	..	10	7	..	7	1	..	1	..	..	..	1	..	1	
	August.....	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
TOTAL.....	May.....	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
	June.....	104	9	113	71	4	75	8	..	8	..	..	..	6	3	9	
	July.....	7	1	8	8	2	10	..	..	..	..	..	..	..	2	2	
TOTAL.....	August.....	3	1	4	2	..	2	..	..	..	..	..	..	..	..	..
	May.....	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
	June.....	14	2	16	16	2	18	2	1	3	..	..	..	..	..	..
TOTAL.....	July.....	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..
	August.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
	TOTAL.....	980	110	1090	805	102	907	38	7	45	134	11	145	56	37	93	

F.

MORTALITY FROM CHOLERA throughout the Island during June.

DATE.		Port Louis.	Pamplemousses.	Revière du Rempart.	Flacq.	Grand Port.	Savanne.	Black River.	Plaines Wilhelms	Moka.	TOTAL.
June	1	108	29	2	4	..	..	..	1	1	145
..	2	64	19	5	2	1	..	1	6	..	98
..	3	80	33	3	7	..	..	..	4	1	128
..	4	160	46	..	4	..	2	2	11	1	226
..	5	160	56	17	1	..	..	3	14	5	256
..	6	150	61	7	4	2	1	..	15	5	245
..	7	160	58	15	4	3	2	3	16	7	268
..	8	152	62	16	19	6	5	2	24	3	289
..	9	205	69	19	12	6	4	7	21	8	351
..	10	183	89	6	9	2	10	4	14	5	322
..	11	243	79	12	..	4	7	8	21	1	375
..	12	138	69	10	12	5	6	13	23	9	285
..	13	168	59	9	4	2	8	9	30	7	296
..	14	111	64	14	13	10	6	9	17	2	246
..	15	92	60	13	8	5	9	12	30	8	237
..	16	213	30	9	13	3	6	16	17	6	319
..	17	92	56	2	18	5	8	14	19	10	224
..	18	129	49	4	4	15	9	10	18	2	240
..	19	50	29	10	16	5	3	5	22	8	148
..	20	93	26	5	15	7	4	17	18	4	189
..	21	19	35	5	21	10	3	12	27	6	138
..	22	31	24	13	20	8	5	6	13	5	125
..	23	16	29	3	18	8	9	6	21	6	116
..	24	45	21	4	16	10	9	4	18	3	130
..	25	149	18	8	4	7	2	9	17	8	222
..	26	9	18	7	35	7	1	9	16	2	104
..	27	9	16	3	13	18	6	8	13	3	89
..	28	8	18	11	20	16	7	4	7	4	95
..	29	5	13	6	25	8	2	5	11	1	76
..	30	7	4	8	10	9	1	2	7	5	53
		3049	1245	246	351	182	135	200	491	136	6035

G.

GEOGRAPHICAL MARCH OF THE CHOLERA.

MAY.

Showing the first fatal case in the Town and in the Country Districts as they respectively occurred between the 25th May and the end of August 1854.

Date.	PORT LOUIS.	PAMPLEMOUSSES.	RIVIÈRE DU RAMPART.	FLACQ.	GRAND PORT.	SAYANNE.	BLACK RIVER.	PLAINES WILHEMS.	MOKA.
25	Grand River Lunatic Asylum Goal—Camp Yoloff Powder House street Camp Malabar.... Camp Lascar..... Vallées Prêtres.. Champ Delort.... Cotton street..... Plaine Verte.....	Rochebois.							
26	Farquhar street... Malabar street... Madame street... Lataniers..... Arsenal street.... Côte d'Or street.. Du Pouce street..	Beau Plan.							
27	Champ de Mars... Dupavillon street.. Corderie street... Moka street..... St. George street.. Limites street.... Desfortes street.. David street.....	The Mount.						Police Station.	
28	Canal street..... Magon street..... Castries street... Touraine street.. Vieux Conseil street Rampe street..... Limite street..... Rue Royale..... Hyderabad street.. Dauphine street.. Bourbon street... La Gaieté street.. Monsieur street... Tron Fanfaron... Pamplemousses road Nicolay road..... St. Louis street... Poivre street..... Jemmappes street.. Madras street.... La Chapelle street Calcutta street... Labourdonnais street Commissaire street Pucelles street... Hospital street... Castor street..... Maillard street... La Reine street.. Chien de Plomb.. Saline..... Brabant street... La Chaussée.....	Richeterro.	Village of Poudre d'Or.	Plaisance.			Petite Rivière.	La Plaine. Mère Nourricière.	Château Trompette.
29	Côte d'Or street... Lit' Mountain street Caudan..... Ailes dorées street.. Créoles street... Government street	Pointe aux Piments. Montagne Longue		Upper part of Flacq. The Post. La Gaieté.	Black Town.				
30	Rampart street... Creoles street... Church street....	Canton de l'Eglise. La Marre.		Belle Source. Riche Marre.				Mon Essai.	Pailles.
31	Chartres street... Hochet.....	Plaine des Papayers.	Beau Séjour. Bon Espoir.	Camp-de-Masque. Rivière Sèche. Beau Bois.	Trois Islots.			Rivière Sèche. Hermitage.	Belle Rose.

GEOGRAPHICAL MARCH OF THE CHOLERA.

UNE.

Showing the first fatal case in the Town and in the Country Districts as they respectively occurred between the 25th May and the end of August 1854.

Date.	PORT-LOUIS.	PAMPLEMOUSSES.	RIVIERE DU REMPART.	FLACQ.	GRAND-PORT.	SAVANNE.	BLACK RIVER.	PLAINES WILHEMS.	MOKA.
1	Corps de Gardes street St. George street... Prince Regent street	Bois Mangue. Piton. Mon Choix. Rivière des Calabasses. L'Industrie. Terre Rouge. Cerné.	Piton. Ravin.	Clémencia. Bellevue.		Gros Ruisseau.		Palma.	
2		Mon Plaisir. Maison Blanche. Mon Choisi. Plaine St. Cloud.	Rivière du Rempart. Mapou. Clémencia. Belmont.			Eastwick Park.	La Montagne.	Mon Repos. La Retraite.	
3		Ruisseau Citron. Tombeau. Powder Mill's.	Forback. Mon Loisir. (Senaeville)	Beau Rivage. Centre of Flacq. Rivière Française.				Vacos. Montagne Caudos. Salancis.	
4		L'Asile. La Paix. L'E-poir. Villegague.						Quatre Bornes. Chenil. Champ Chéri. Rosunda. Cure-Pipe Police Station. Beau Bassin.	Rivière Baptiste.
5		Belle Eau. Constance. Vallon. Souvenir.	Labourdonnage.		Rivière Tabac.		Bamboo. Renet. Bellevue.	Coromandel. Hyde Park. Windy Knowes. Caverne. Bosquet. Mon Repos. Bassin. Trianon.	Crève Cœur.
6		Walton. Ilot. Grande Baie. Rosalie. L'E-pérance. Grandgnan. Buxton Hall.	Beau Séjour.				Colette. Anna. Viador.	Pierre Fonds. Orixa.	Réduit. Chateau Tremblant.
7		Beau Plan. Bellevue.	Schaenfeldt.	Pont Blanc. Constance. Fontenay. Deep River.	Plaine Magnan. Mahébourg. Rivière La Chaux.	Beau Champ. Camp Fouquet. Union. St. Félix.	Plaine St. Pierre.	Allee Brillante. Mon Roche. Plaisance. Mon Essai. Menil. Quinze Cantons. Cascade.	Mon Désir. Bois Chéri. Petit Verger. Pont Souillac. Mon Désert.
8		Les Rochers. L'Agrément.	Marre Sèche. Piton.	Plaine Larcher. Marre Goyave.	Souffleur. L'Escalier. Trou D'eau Douce.	Camp Diable. Rivière Dragon. Riv. des Anguilles. Longchamps.		Bagatelle. Harwood Park. La Plaine.	Le Villa.
9		L'Arsenal. Mon Désir. Gatine.			Grand Bois. Ruisseau Coco.		Rivière Dragon.	Roche Brunes. Phœnix.	
10				Bon Rivage. Marres Labines.	Mon Repos		Médine.		L'Assurance. Quartier Militaire.
11		Plessy. Lucia. Cocoterie.			Gros Bois. Mon Désert.	L'union (Fontenay). Savannah. Chamoany.	Tamarin.	Camp Benoit. Stanley. Richelieu.	Bagatelle.
12		Jouvenne. Bois Rouge.	Haute Rive.	L'Union. Elysée. Bras d'Eau. Les Frères. Choisy. Bonne Mère.		La Retraite. Belair.	Bellevue. Police Station.	Cressonville. Riche en Roches.	

GEOGRAPHICAL MARCH OF THE CHOLERA.

JUNE (Continued.)

Showing the first fatal case in the Town and in the Country Districts as they respectively occurred between the 25th May and the end of August 1854.

Date.	PORT-LOUIS.	PAMELEMOUSES.	RIVIÈRE DU REMPART.	FLACQ.	GRAND PORT.	SAVANNE.	BLACK RIVER.	PLAINES WILHEMS.	MOKA.
13		Windsor. St. Médard. Solitude.		Belle Etoile. Quatre Coins.				Rose Hill. Trou aux Corfs. Eau Coulée.	
14					Beau Vallon. Deux Bras.		Gros Cailloux.		
15		Rokeyby.	Grande Baie.		Bel Air. Marre d'Albert.	Les Cascades.	Belle Rive.	Quatre Pavillons. Petit Beau Séjour.	
16		Californin. L'Agrément. Mon Chagrin.					Les Salines.	Beau Séjour. Cybèle.	
17			Pointe Bourrique. Beau Manguier.	Riche Marre. Belle Allée. Trois Islots. Bel Air. Beau Bois. Caroline. Brisée Verdière. Fontaine Belle. Beau Champ. Queen Victoria.		St. Aubin. La Chaumière.	Andouan.		
18					Ferney. Hangar Robillard.		Wolmar.	Ebène.	
19			Réserve.	Plaines des Roches. Beau Bassin.	Longchamp.	Camp Berthaud.	Mecca.	Myrtle Hall.	
20			L'Amitié.	Grand'Baie de Flacq					Mont Peveril.
21		Celina.		Belle Vue. (Lanougardé.) Providence.			Walhalla. Rivière Belle.	Petit Cour. Espérance.	
22		Petite Rosalie. L'Unité.		Argile.	Old Grand Port. Chalan.	Bel Ombre.		Bel Air.	
23			St. François. Belle Vue. The Cottage.	Marre Jacko. Coquinbourg. Bois d'Oiseau.	Rivière des Créoles. Les Marres.			Vaucluse. Terrain Fouqueraud	Bon Espoir.
24				Palma.		Petite Savanne.		Mon Désir.	
25		Adrienne.		Belle Rose.	Rose Belle.				Agrément. Côte d'Or.
26				Pont Praslin.	Rosa.			Beau Songe.	Minissey.
27		Nicolière.		Mare Triton.		Chemin Grenier. Bon Accueil.	Belle Rivière.	Mon Tourment. Piton Longchamp.	Beau Bois.
28					New Grove.	Constance.			
29			Pointe Lascar.	Plaine Gersigny.					
30						Providence.		Chemin des Vergues Cocaval.	

GEOGRAPHICAL MARCH OF THE CHOLERA.

JULY.

Showing the first fatal case in the Town and in the Country Districts as they respectively occurred between the 25th May and the end of August 1854.

Date.	PORT LOUIS.	PAMPLEMOUSES.	RIVIERE DU REMPART.	FLACQ.	GRAND-PORT.	SAVANNE.	BLACK RIVER.	PLAINES WILHEMS.	MOKA.
1			Mon Loisir.	Beau Vallon. Mon Réve. Grande Rivière, S.E.					
2		Bon Espoir.			Oriole. Choisy.				
3			Ile d'Ambre.	Bois de Ruscoa.					
4				Marreaux Fougères.			Mon Repos.		
5							Belle Vue (Delaunay)		
6			Clemence.	Australie.					
7					Solitude.				
8				L'Espoir.	La Barraque.				
9							Rochester. Mont Blanc.		
10				Bon Rivage.					
11		Ravinscoorth.	Moulin.	Plaines des Roches.					
12		Good Chance.	Macon.	Solitude.	St. Antoine.				
13		Trou aux Viches.	Mont Mascal.	Bel Etang.					
14								La Louise.	
15		Maison Blanche.		Quatre Sœurs.	St. Hélène.	Surinam.			
16							Petit Verger.		
17									
18					Les Quatre Sœurs.				
19			Good Land.			Baie du Cap.			
20									
21					Grand Sable. Virginia.				
22									
23			Woodford.		Cent Gaulettes.				
24					Riche en Eau.				
25					Camisard.	Fontenelle.			
26						Providence.			
27						Congo.			
28									
29									
30			Les Trois Fontaines.			Terracine.	Le Morne.		
31					Anse Cunat.				

GEOGRAPHICAL MARCH OF THE CHOLERA.

AUGUST.

Showing the first fatal case in the Town and in the Country Districts as they respectively occurred between the 25th May and the end of August 1854.

Date.	PORT LOUIS.	PAMPLEMOUSSES.	RIVIERE DU REMPART.	FLACQ.	GRAND-PORT. †	SAVANNE.	BLACK RIVER.	PLAINES WILLEMS.	MOGA.
1							Pet. Riv. (Esnaud.)		
2								Camp Malagash.	
3									
4									
5				Fairfund.					
6									
7				Bon Accueil.				Riche Eau.	
8							Pet. Riv. (Chavré.)		
9				Rich Fund.					
10									
11									
12									
13									
14		Nlle. Découverte. Bon Air.			Corby Hall. Bamboo.				
15				Marre aux Huitres.		Mont Michel.			
16									
17									
18							Pet. Riv. (Chauvin.)		
19									
20					Anse Jonchée.				
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

TABLE H, showing the Centesimal Proportion of Deaths to Population in the different Classes, in the Town of Port Louis and Country Districts respectively.

CLASS.	Port Louis.	Pamplennousses.	Rivière du Rem-part.	Flacq.	Grand Port.	Savanne.	Black River.	Plaines Wil-hems.	Moka.
General Population.....	3.50	1.54	96	3.95	1.01	99	1.71	4.46	94
Ex-Apprentices.....	18.2	8.38	5.45	3.12	4.35	3.42	3.31	4.85	3.99
Indians.....	5.10	3.53	1.71	2.52	1.53	2.34	2.18	3.74	2.39

TOTAL POPULATION—CENTESIMAL PROPORTION.

General Population.....	26.8	13.45	8.12	9.57	6.84	6.75	7.20	13.05	7.92
Ex-Apprentices.....	V	W	V	IV	VIII	IX	VII	II	VI
Indians.....									
General Population.....								2.77	
Ex-Apprentices.....								7.96	
Indians.....								2.90	

FELIX BEDINGFELD.

TABLE I, showing the Centesimal Proportion of Deaths to Population, in each Sex, in Port Louis and the Country Districts respectively.

SEX.	Port Louis.	Pamplennousses.	Rivière du Rem-part.	Flacq.	Grand Port.	Savanne.	Black River.	Plaines Wil-hems.	Moka.
Male.....	7.23	4.50	2.28	3.18	2.30	2.74	2.67	4.49	3.25
Female.....	6.76	3.90	2.01	2.46	1.82	1.92	2.12	3.80	2.24

TOTAL POPULATION—PROPORTION.

MEN.	WOMEN.
4.26	4.09

FELIX BEDINGFELD.

TABLE J, showing the Centesimal Proportion of Deaths to Population, in each Sex, and in Adults and Children respectively, in Port Louis and the Country Districts respectively.

DISTRICT.	Men.	Boys under 14.	Women.	Girls under 12.
Port Louis.....	5.79	1.43	4.88	1.86
Pamplemousses.....	3.95	.55	3.06	.84
Rivière du Rempart.....	2.07	.21	1.21	.80
Flacq.....	2.76	1.42	1.79	.67
Grand Port.....	1.92	.38	1.53	.29
Savanne.....	2.43	.31	1.58	.37
Black River.....	2.25	.42	1.47	.65
Plaines Wilhems.....	3.81	.68	2.78	1.02
Moka.....	3.00	.25	1.73	.51

FELIX BEDINGFELD.



