AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF PUBLIC MEDICINE.

*At the Annual Meeting of the British Medical Association,
held in Glasgow, August, 1888.*By HENRY DUNCAN LITTLEJOHN, M.D.,
Medical Officer of Health for Edinburgh.

ON SANITARY LEGISLATION.

In taking the chair on the present occasion I have to intimate that my colleagues determined to devote the three days of our meeting to the discussion of three distinct and important subjects, namely, Sanitary Legislation, the Disposal of Sewage, and the Dangers resulting from the Use of the Flesh of Infected Animals, leaving other topics which members may choose to bring before us to be taken up as opportunity offers at the end of each day's discussion. We trust that this arrangement will approve itself to the judgment of the Section.

I am privileged to open the consideration of the important subject of Sanitary Legislation. *In limine*, I may observe that I have always regarded the Public Health Section of this Association as affording the best available platform for the profitable discussion of questions relating to preventive medicine. The well-known Social Science Association (now in abeyance) supplied too popular an audience and too one-sided a jury, the medical professional element being either absent or in a marked minority; while, in my opinion, the various strictly sanitary institutions and associations of England and Scotland, doing much excellent work in the discussion of technical subjects connected with sanitation, and especially as supplying valuable entrance examinations for sanitary inspectors, are mainly composed of experts, who are too apt to indulge in technicalities, which rather tend to repel those who are not actually engaged in the work of sanitation. In this Section, however, we have the great advantage of bringing two classes of inquirers face to face—both the practised sanitarian, applying his scientific principles to the daily routine of sanitary duties, and also his medical *confrères*, trained by their professional studies to habits of observation and fully competent to judge and estimate aright the value of the experiments detailed, of the effects of sanitation, and the proposals submitted for the better discharge of sanitary work.

Indeed I have always held that practical sanitation must be mainly governed by common sense. Without this essential the most scientific observer, driving his hobbies *à outrance*, finds himself misapprehended and possibly misrepresented; collision with the local authority and the ratepayers ensues, and while he personally suffers, the great cause of preventive medicine, for which at the time he may be sacrificing in many cases his all, is discredited in the eyes of the public, and its progress in consequence retarded.

It is equally important that the health officer should carry with him the intelligent portion of his own profession. Within the last few years the knowledge of hygiene has become widely spread among medical men, and the addition of public health to the list of subjects of examination at our universities and colleges must powerfully contribute to the greater diffusion of this knowledge. The best results must follow this extension. Without the aid of our medical brethren it is impossible to carry out the requirements of our Public Health Acts in a satisfactory manner. The health officer is single-handed, and fights generally at a disadvantage; but with the concurrence and assistance of his medical brethren the opposition of the ratepaying public is gradually disarmed, and the expenditure for improvements demanded—the great bugbear rendered necessary by his suggestions—allowed. While this is more especially true of great centres of population where the muster of the profession is strong and its voice influential, it is also true of country districts, and I am officially cognisant of many instances where the profession have generously supported the health officer in the discharge of his often difficult duties.

[1443]

Here in this Section, I again remark, the two classes are brought face to face, and health officers have an opportunity, in connection with some of the most important sanitary questions of the day, of detailing their proposals, of relating their grievances, and stating wherein they ask the support of the profession and of the public. Our jury is composed of health officers and our professional brethren, and we have behind us this great Association, which can place the result of our deliberations before the Government, support our suggestions, and powerfully urge the redress of our many grievances.

Both countries—England and Scotland—occupy interesting positions at present, so far as sanitary legislation is concerned. It is difficult to say which of them is to be most congratulated. England is just having accorded to her a most important measure of local self-government, from which it is certain that sanitary reform will receive a greater impetus—its administration being based on a wider area of government and on a more intelligent basis. We in Scotland, on the other hand, have had our hopes deferred. Our Local Government Bill is only promised us, and our new police and sanitary Act, the Burgh Police and Health Bill, after running successfully the gauntlet of a Special Committee, is now reported to the House of Commons, and may this year be expected (should fortune favour it at this late stage of the session) to be sent to the Lords and become law.

Looking at this important measure, one cannot fail to remark on the very questionable procedure involved in including health clauses in a police Bill. No doubt the word "police" is common to both departments, civil and ordinary police, "medical police" representing the two great divisions of this important subject. It must surely, however, be regarded as unfortunate that in an Act of Parliament mainly intended to regulate the police of town and country districts there should be included so many important sanitary provisions. This commingling existing alongside our Public Health (Scotland) Act, 1867, must inevitably lead to confusion and uncertainty.

I cannot but agree with Dr. Clark, M.P., who has consistently, throughout the discussion of this Bill in Committee, opposed the inclusion of the health clauses, and has advised (what commends itself to every sensible mind) the introduction of an amended version of our Public Health Act, which, although introduced so long ago as 1867, is still an admirable Act, and is only deficient in the permissive character of many of its most important requirements. For this we can hardly blame its authors when we remember that more than twenty years have elapsed since its introduction, and that even now the education of the general public has advanced so slowly, that I have again and again heard it urged as an argument for not opposing the present Burgh Police and Health Bill that the clauses it contains are, in many cases, of such a stringent character, that if they were fully discussed in connection with an amended health Act, they would never have a chance of being passed, and that it is, therefore, wise policy to accept the present Bill as an instalment while waiting for an amended public health Act.

The chapter in the Burgh Police and Health Bill relating to the mitigation and prevention of disease contains some novel and important provisions, to which I shall allude.

It is a matter of satisfaction that a great blot in the Bill has been removed in Committee, through the agency of Dr. Clark, M.P.; and it is to be hoped that the change will be adopted by the House. I refer to the objectionable proposal that the election of the medical officer should take place annually. It is disheartening to think that this proviso was introduced at all, and vigorously supported by the promoters of the Bill, and that the members of the Government allowed it, in the first instance, to pass. No reasons were forthcoming for this high-handed act. It was in vain that representations were made by this Association and others that the proviso in question was a serious discouragement to the health officers, that the gentleman holding the office would be compelled to devote half the year in canvassing for a renewal of the confidence of the electing body, and that this in too many cases would not be secured without a loss of independence, and without the dread that if he continued fearlessly to discharge the duties of his office his hopes of re-election would be reduced to a minimum. It was monstrous to keep a professional gentleman in such a state of insecurity, and at the mercy of any faction in the Board or of any designing newcomer into the town or parish. The circumstance certainly throws a disheartening light on the previous conduct of this Bill, its promoters being personally connected with small

burghs and country districts, and having most imperfect notions of the requirements of the present day so far as sanitary science was concerned. The obnoxious clause found, I am happy to say, no supporters in Committee, and Dr. Clark had but to state his objection, when the clause came under review, to have the appointment of the health officers placed on the same footing as the other officials, a new clause being added, stating that the medical officer of health "shall hold office during the pleasure of the Commissioners." Even with this addition, I cannot hold that the position of the medical officer is even yet placed on a satisfactory basis. This important official should only be removable with consent of our Scottish Local Government Board—the Board of Supervision. Without some such safeguard it is impossible for the health officer in small burghs and country districts chiefly affected by this Bill, where petty personal feeling too frequently runs high, to be independent in the discharge of his duties. Otherwise he is liable to be swayed by powerful ratepayers, and he finds himself unable to discharge the duties of his office in a conscientious manner. To this additional safeguard there cannot be pled any reasonable objection. At present, under our Public Health (Scotland) Act, 1867, two important officers are only removable with consent of the Board of Supervision. I refer to the inspector of poor and the sanitary inspector; thus enabling these officials to maintain an independent course in the discharge of their duties. For the last twenty years this regulation has worked well and given satisfaction, and I cannot see why a more important official, namely, the medical officer, should not be similarly treated. I would propose that the clause in question should be altered as follows: "The burgh surveyor and the inspector of cleansing shall hold office during the pleasure of the Commissioners, but the medical officer of health and the sanitary inspector shall only be removable with consent of the Board of Supervision." The appointment of medical officer is now, as in England, imperative in all towns, villages, places, or localities containing a population of 700 inhabitants or upwards, and, for the purposes of the Act, two or more contiguous towns, villages, places, or localities (not being burghs already), may be held to be a populous place. Look at the present state of affairs. Of the 1,041 local authorities in Scotland, 867 are rural and 174 urban; of these 597 are provided with health officers, and 444 have none.

What can be expected with such a state of matters? Nothing is said as to the remuneration of the health officer in the new Bill. In the Public Health Act, 1867, the words were the local authority shall allow to every local medical officer on account of his employment "a proper salary." I go farther, and I hold that the salary proposed to be given should be submitted to the Board of Supervision for their approval. I am confident, however, that this question of salary will never be satisfactorily settled unless the sanitary duties are enlarged.

In the new Bill there is an important paragraph relating to the chief constable which I shall take the liberty of reading. "It shall be lawful to appoint the same person to be chief constable for two or more adjoining burghs, whether situated in one or more counties, and the chief constable of a burgh may be appointed chief constable of the county in which such burgh is wholly or partly situated, or of any county closely adjacent, etc.;" now, were a similar permission granted in the case of the health officer, it would enable that official to have an increased area of jurisdiction, which implies an increase to his salary, and to such an extent as would justify his exclusion from private practice, and the demand that he be possessed of some licence or guarantee that he had devoted special study to public health, and was fully qualified to discharge the duties of his office. Were such a combination of districts allowed, it would then become possible to insist on the amendment of Sir Lyon Playfair, that no health officer should be appointed who did not possess a qualification in public health. Of course, with small salaries, it is out of the question to expect that any medical man would undergo the trouble and expense of taking such a qualification. The outlying and poorer districts, such as the Hebrides, sadly in need of energetic and wise action with regard to sanitation, are just those which demand such a combination.

Again, in the Bill it is provided that the whole responsibility of removing cases of infectious disease to a hospital rests entirely with the health officer, whose decision is final in the matter. There being no magisterial intervention of any kind, the importance of such a clause in preventing delay in the isolation of infectious cases, and enabling the medical

officer of health to deal promptly with an outbreak need not be insisted on.

For the first time in sanitary legislation the establishment of a hospital is made compulsory, Clause No. 337, stating that the Commissioners shall provide within or near the burgh (the definition of which is wide enough, and I have already given it) a hospital for the treatment of persons suffering from infectious diseases, and a reception house, and permission is given for contracting with an adjacent hospital, and also for contiguous burghs combining in maintaining a common hospital and reception house and also disinfecting houses. The importance of this compulsory clause can hardly be overestimated. No doubt it is gratifying to observe the general movement throughout the country of late in the way of looking this subject of hospital accommodation fairly in the face. Much of this, on the eastern side of Scotland, was due to the action of the Royal Infirmary of Edinburgh plainly advertising its intention, after a certain date, of shutting its door on all infectious cases. This action at once led to a series of conferences of the various local authorities in the east, but, as often happens in similar circumstances, the subject of hospital accommodation was deputed to committees to look out for sites, etc.; and, the special emergency being forgotten, the matter has in too many instances been allowed to go to sleep, and, as the clause in the Public Health (Scotland) Act is only permissive, the Central Authority is powerless. There have been, I am glad to say, several notable exceptions, where hospitals have been erected at the instance of several adjacent local authorities combining for this common object.

While populous rural districts are now thus efficiently provided for in the new Bill so far as hospital provision is concerned, there remain the strictly country parishes or dairy districts with scattered homesteads, any one of which may become a centre of infection and lead to outbreaks of disease wherever the milk and other dairy products are circulated. To meet such a case, special legislation is still required, and a clause such as follows is, in my opinion, demanded and should be added to the Bill: "When the local authority of any town, burgh, or village containing at the last census not less than 700 inhabitants shall have reason to believe that one or more of the parishes from which the milk-supply of such town or village is derived is without accommodation under the Public Health Act for the isolation of cases of infectious disease, it shall be the duty of such local authority to intimate the same to the Board of Supervision; and the Board, on receiving the intimation, shall inquire into the facts, and, if satisfied that no such accommodation exists, shall make an order, etc.," and giving at the same time power to the local authority to appeal to the Secretary for Scotland, who shall be empowered and required to confirm, modify, or rescind such order as to him may seem expedient.

Lastly, this Bill gives no uncertain sound as to the notification of infectious diseases—a most important subject, which, as we all know, has anxiously engaged the attention of this Association. It is not necessary, at this time of the day, I am happy to say, to insist on the importance of notification. All are unanimous, or nearly so, on the subject. It is as to the carrying out of this important provision that difference of opinion exists, and it is somewhat remarkable that north of the Tweed the profession appears to be quiescent on the matter, while in England the controversy has been animated, and, so far as the result is concerned, indecisive. Into this controversy I am not going to enter, but, so far, I entirely sympathise, and have always done so, with my English brethren, and have never hesitated to express my opinion that all notification clauses are comparatively unworkable so long as medical officers of health are allowed to engage in private practice, and therefore assume, however unconsciously, a position of rivalry to their medical brethren. Let us first insist on the status of this officer being that of an official only removable by the Central Board, on his sphere of action being so extended as to secure a competent salary and freedom from private practice, and I am confident that our differences as to the vexed question of notification would admit of easy solution.

With all its imperfections, and I am bound to say that by no body have these been more clearly criticised than by the Parliamentary Bills Committee of this Association, I am clearly of opinion that this Bill should receive our support, not as a full and complete measure, but as an instalment of a larger Act, and as embodying some very important sanitary provisions, which, if we lose now, may be lost to us for ever—relating to milk-supply, slaughter-houses, small dwellings, etc.

As I said in the beginning of these somewhat desultory remarks, Scotland must have a Local Government Act such as our sister country has just already, I hope, received. The proposed Burgh Police and Health Bill, *inter alia*, satisfactorily provides for the effectual removal of that great scandal in our great mining industries, namely, the deplorable sanitary state of our mining villages and townships. The drainage, the water-supply, the sewer construction, the hospital accommodation of these scattered and, at the same time, too often overcrowded populations, are for the first time made the subject of legal provision. But the Bill does not go far enough. We cannot allow the sanitary state of our strictly country parishes to be dependent on the action of parochial boards; and as Dr. Russell, of this city, forcibly puts it, the time is fully ripe for the enfranchisement of our rural population. A new Local Government Act, dealing with the kingdom as a whole, must grapple with the whole subject of Scottish sanitary organisation. We have made a great step in advance by the appointment of a Secretary of State for Scotland, who, of course, must be the head of the great central authority. The composition of this authority must be such as fully to represent the requirements of the present day. There must be the infusion into the Central Board of strictly professional and scientific elements. The staff of inspectors must be increased so as to allow of more active and extensive inspection of given areas at regular intervals.¹ I unhesitatingly accept the programme laid down by Sheriff Spens in his very suggestive treatise on the *Sanitary System of Scotland*, published in 1876, and I beg to express my agreement with him in the view that instead of the present defective local authorities the Commissioners of Supply would form an effective District Council which would at once secure the confidence of the public and, at the same time, ensure that the public health of their various districts was properly supervised.

Mr. SHERIFF SPENS said it was difficult in the space of ten minutes to touch on the many important points dealt with in the Chairman's able address; and, though he would have liked to have discussed them all, he would confine himself to one or two. He dissented from the Chairman's view that it was desirable that the sanitary clauses of the Burgh Police and Health Bill should pass, not because he did not recognise their substantive value, but because it would retard that Imperial legislation which was urgently required. It was urgently required more especially with reference to the rural authorities, which were wholly inefficient. He referred to the importance of the dairy-infection question, and to the fact that no control could be expected of the rural authorities. *Quis custodiet ipsos custodes?* He then referred to the constitution of the Board of Supervision, which, he thought, afforded no guarantee for effectiveness as a central authority, while not denying that it had done good work. What he would like to see was a Minister of Public Health and Under-Secretary of Health in Scotland, or Sanitary Inspector-General. If the Board of Supervision were retained, a medical gentleman of eminence, such as Dr. Littlejohn, should be added to the Board. He then advocated the widening of public health areas, and the appointment of medical officers of health over large areas, debarred from private practice and paid adequate salaries, irremovable except by the Central Board.—Dr. GLAISTER referred to the excellent address just delivered by the President, and he specially referred to some of the anomalies that threaten to intrude themselves into sanitary legislation in the impending Burgh Police and Health Bill. The minimum population basis in that Bill was fixed at 700. The medical profession had insisted, and did insist, that a medical officer of health should devote himself exclusively to the duties of his office, and that he should be provided with a sufficient salary. Besides, that unit area should provide adequate hospital accommodation and reception room. Now it was extremely difficult to see how, with the small rateable income of such a unit area, such a sufficient salary could be paid and the other measures effected. It seemed to him that no such unit area should be fixed, but that a larger area should be determined by contiguity or otherwise, so that a fair field of work might be provided for the medical officer of health; that the salary of that officer should bear a certain ratio to the

rateable income of the district; and that his appointment should not be altogether in the hands of local busybodies, who sometimes were themselves grave offenders against the Act, but be under the control and confirmation of a central authority—call it what they pleased. It seemed to him that, *quid* sanitary legislation generally, the time had passed when it was spoken as a reproach to a Government that its policy was "*Sanitas, omnia sanitas*," to a time when sanitary legislation was to be squeezed into law in a general police Bill, instead of having a distinct Act, as formerly it had, and as it certainly should still have. He deplored such an unhappy union as was exemplified in the Burgh Police and Health Bill, and hoped that the meeting would declare no indistinct opinion upon it. Regarding notification of disease, he felt strongly that notification must be effected, but his opinion was that general notification clauses applying to the whole of Scotland should be passed.—Dr. HARDESTY (Galashiels) said he was satisfied that sanitary affairs would not be improved much, in provincial districts at any rate, until Imperial legislation was brought to bear on them, and the provisions of the Acts for their administration were not so permissive as at present. Unless made compulsory, many local authorities would not enforce them. In reference to public health hospitals, he knew of cases in which these, although provided, were utterly useless for the purpose for which they were intended, no one being sent there who could be kept out on the score of expense, seldom anyone being sent to them for treatment except from common lodging-houses or from private lodgings, when the landlady insisted on their removal.—Dr. EBEN DUNCAN said that some of the reasons given by the promoters of the Burgh Police and Health Bill for pushing these sanitary clauses were vicious and immoral. He objected to stringent clauses on any subject being smuggled through without adequate public discussion. Although these stringent clauses were passed, they would not be carried into effect unless the public mind was educated to see the necessity for them, and the best education the public could get would be in the conflict of opinion which always occurred before important sanitary questions, which were subjected to full and free public discussion, were settled. He further said that all the provisions required by urban districts were also required in rural districts, and no distinction should be made between town and country in a health measure. He pointed out the very extraordinary fact that all the members of the central health authority of Scotland have always been appointed on account of legal or other qualifications connected with the administration of pauper affairs, and that not a single sanitary or medical expert had ever been added to the Board. Even when serious and widespread epidemic conditions alarmed the people of Scotland, the law endeavoured to meet the enemy by adding another lawyer to the Board of Supervision. They required a strong Central Health Board, the members of which would be appointed for their knowledge of sanitary science, men who would not be afraid to enforce just health laws in urban and rural districts alike without fear or favour.—Dr. NASMYTH (Fife) spoke in favour of the resolution which had been proposed and unanimously agreed to. He stated that a year ago he read a paper before the Fifeshire Medical Association, urging the formation of a Board of Health for Scotland, presided over by a Minister of Health, and the suggestion was adopted unanimously, and a petition was forwarded to the Secretary of State for Scotland urging on this suggestion. He, therefore, now suggested that copies of the resolution should be sent to the Secretary for Scotland and the Lord Advocate.—Dr. MCVAIL (Kilmarnock) said that in regard to the advantages or otherwise of the sanitary clauses of the Burgh Police and Health Bill, the main question was, how would these clauses affect the prospects of sanitary legislation which would be national in character? He referred to rural as well as to urban districts. Dr. Clark, M.P., had urged on the Select Committee of the House of Commons that these clauses should be dropped *in toto*, as being hindrances to thorough legislation. The Lord Advocate replied that they would not be hindrances, but probably, even with the best personal intentions, he was wrong. At the same time, a burgh health officer, under the existing law, was continually having brought before him the urgent need for some alteration of the law of 1867. Recently the Board of Supervision had sent out a circular to local authorities, urging the erection of small-pox hospitals, owing to the danger of the disease spreading from the north of England. The local authority of Kilmarnock took the matter up, and in view of the well-known dangers of such hospitals when situated in populous districts (as exemplified in the case of the metropolitan small-pox hospitals), looked out for a

¹ This is specially required in country districts. Our large centres of population can be trusted to the intelligence of their responsible officials, and also to vigilance committees of the citizens, which, I am happy to say, exist in many of our large towns, and which have effected much good by the dissemination of instruction in the rudiments of hygiene among the poor, and by stimulating and encouraging the officials in the discharge of their duties.

site at a distance from the town, got permission to prepare plans, and took other initial steps. But, on communicating with the Board of Supervision, it was pointed out that under the present law the local authority had no power to send patients to any hospital outside the burgh. Thus, unless a hospital be erected where it will be a great danger to the public health, it need not be erected at all, as infectious cases cannot be compulsorily removed to it. So, too, when a medical officer saw continually around outbreaks of infectious disease, that could easily be prevented by compulsory notification, he longed for even an instalment of reform. But, in view of the prolongation of limited sanitary areas, of want of power to prevent the introduction of milk-conveyed diseases from rural to town districts, and of the delay that would likely ensue in the passing of a general Public Health Act, it seemed, to the speaker, that the sanitary clauses of the new Police Bill would do far more harm than good.—**Dr. CORNER** (Poplar, London), said, as illustrating the great necessity of giving to rural populations the same protection as the urban, he would give an illustration of importance to Scotland as a great health resort. Three years ago, in the centre of Sutherlandshire, in a wayside fishing inn, his son sickened with typhoid. Professor Church, of Oxford, another inmate, also was infected and nearly lost his life. The proprietor and other members of his family were similarly affected; and, worse still, he believed they were the means of taking the infection to the next hotel—leading to the death of one of the inmates. On inquiry he ascertained that the origin of this local epidemic was from some labourers who slept in an outhouse belonging to the inn, one of whom had fever and delirium for a day or two. And he knew, from the circumstances of these parts, that, given the importation of a case of typhoid, there was great probability of its spread, both through the water-supply and the character of the drainage.—**Dr. FITZPATRICK** (Liverpool) said that the permissive clauses should be struck out of the Public Health Act. Dual or single notification was useless, unless accommodation existed for isolation. Medical officers of health should be appointed permanently, and should not be engaged in private practice, as otherwise friction must always occur. The State took more care of the health of cattle than of human beings; in the former case they compelled isolation, in the latter they were allowed at pleasure to mix with their fellows.—**Dr. GRAHAM** (Middleton), speaking in support of the resolution, objected to piecemeal legislation and division into urban and rural districts. He was informed that 90 per cent. of cases of infectious diseases were notified round Manchester, where there was no compulsory provision; and he thought even that was satisfactory evidence to make what worked fairly well in some districts compulsory in all. Combinations of districts ought to provide hospitals for infectious diseases as they had done, contributing in proportion to population. The improvement in the law in Scotland, it was hoped, would be followed by the same in England.

It was proposed by **Dr. ALFRED CARPENTER**, and seconded by **Dr. EBEN DUNCAN**:

"That this Section reaffirm the resolution passed already in this Section, and are of opinion that a Local Government Bill, containing provision for the protection of the public health, should be introduced as a Government measure during the next session of Parliament, and that the Council be requested to transmit a representation to that effect to the Lord Advocate and to the Secretary of State for Scotland."

This was carried unanimously.

REQUESTS AND DONATIONS.—**Dame Laura Buchan**, widow of Lieutenant-General Sir John Buchan, K.C.B., bequeathed £1,000 each to the Isle of Man General Hospital, the Middlesex Hospital, and the Hospital for Sick Children, and £500 each to the Hospital for Consumption and Diseases of the Chest, and the Royal National Hospital for Consumption and Diseases of the Chest.—**The Hospital for Diseases of the Throat and Chest** and **St. Peter's Hospital for Stone** have each received £100 under the will of Lord Northwick.—**Mr. John Turner** bequeathed £100 to the Huddersfield Infirmary.—**Thomas S —, Esq.**, has given £200 to the Metropolitan Hospital, Kingsland Road.—**The Hon. H. E. Butler**, of Eagle Hall, Pateley Bridge, has given 100 guineas to the building fund of the Harrogate Bath Hospital.—**The Mercers' Company** have given 100 guineas additional, each to the Royal Free Hospital and the Royal National Hospital for Consumption and Diseases of the Chest.—**Mrs. Dowling** has given £50 additional to the Charing Cross Hospital.

ON EXTENSION OF THE SYSTEM OF NOTIFICATION OF INFECTIOUS DISEASE, WITH ESPECIAL REFERENCE TO A PROPOSED NATIONAL SYSTEM OF DISEASE REGISTRATION.

Read in the Section of Public Medicine at the Annual Meeting of the British Medical Association, in Glasgow, August, 1888.

By **JOHN TATHAM, B.A., M.D. UNIV. DUBL.**,

Medical Officer of Health, Salford Borough.

THE general subject of compulsory notification of infectious disease has now been before the medical profession for a considerable period, and the advocates and opponents of the several "systems" have certainly had a fair opportunity of airing their opinions in the medical press.

It is not my object to-day to elicit further controversy on the so-called "burning question," which has been so warmly discussed of late in our leading periodicals. I am content to record and to gratefully realise the fact that, having had experience in my own borough of the concurrent advantages of disease notification and hospital isolation, for a period of nearly six years, I find that these systems have been productive of substantial benefit to the health of the people, and that the advantages which we derive from notification accumulate steadily as time goes on. The public are gradually becoming more accustomed to the visits of the sanitary inspectors, and increasingly appreciative of the advantages of hospital isolation. During the period which has elapsed since the Salford Notification Act was first put into operation, more than eight thousand cases of dangerous infectious disease have been reported to the Health Department; and of this total, not less than 43 per cent. have been removed to hospital. The proportion of cases isolated has steadily increased year by year, for, whereas in 1883, the first year of work under the Notification Act, only 26 per cent. of the notified cases were removed to hospital, this proportion during the last two years has approached 50 per cent. But the removal of even this large proportion of the reported cases, and the consequent disinfection of places and things, is not the only expedient which notification furnishes for the suppression of infectious disease. If it were, there would be considerable force in the objection that the mischief done by the residue of patients who are treated at home would counteract the good effect of removal, and would to a great extent perpetuate the spread of infection amongst the remainder of the population.

In the first place, we are able to control the attendance at school of infective children, by promptly communicating the fact of the existence of infection, in a house containing school children, to the master or mistress of the school attended. On an average, about one thousand letters annually, having this object, are despatched by our health department. We also encourage the school authorities to report to the health office, on stamped forms gratuitously supplied, any cases of suspected concealment of infectious disease in houses containing children of school age, and thus we frequently obtain information of unrecognised or of slight cases, which might otherwise have led to serious diffusion of infection. A vast amount of inspection of premises, together with the adoption of necessary sanitary measures, has been carried out as a consequence of notification, which, without it, could scarcely have been effected; and the operations consequently carried out have, in numerous instances, led to the removal of causes of disease and of ill-health.

Again, the inspectors, in the course of their inquiry, frequently encounter timely evidence of other conditions which in themselves are likely to lead to disseminate infection. Thus, for instance, it is not uncommon to find in a room in which the business of a tailors or that of a laundress is in active operation, a child suffering from scarlet fever, and being nursed by the parent, who devotes her intervals of leisure to her ordinary handicraft. Again, the inspectors frequently discover infective patients in dangerous proximity to milk-supplies, exposed for public sale in premises probably too small, under the most favourable circumstances, for the safe storage of milk. In these and other instances,