medical attendant need not open his mouth unless he is asked the question, "Is the disease infectious?" How worthless such a system would be, those can best judge who are accustomed to attend the sick among the labouring and artisan classes, in tenement-houses in the lanes and alleys of large cities.

4. There remains the *dual system of notification*, according to which both medical attendant and occupier are obliged to give notice to the sanitary authority, independently of each other and in all cases. There are two grave objections to this plan. First, the system is unnecessarily complex, and will probably lead to confusion at the office of the sanitary authority, for the information will not reach the office from both sources simultaneously. Secondly, I know of no method which is more calculated to bring the medical attendant into unpleasant relations and even conflict with his patient or his patient's family; for, should the householder omit, through negligence or design, to notify, the medical attendant's certificate will be used to convict him—a proceeding which can hardly fail to provoke bad feeling.

These, then, are the proposed methods of notifying the occurrence of infectious disease. It is now necessary for me to state which plan I consider would be most feasible and most efficient. I have already said that direct notification by the medical attendant is the best and simplest plan. It has been tested in the case of Edinburgh; and Dr. Littlejohn, the medical officer of health of that city, assures me that so far it has worked admirably. There has been no protest from the medical profession, and no householder has felt aggrieved. Still, in face of the opposition of the profession, and because there is a tangible objection to it, I am prepared to give up this plan in favour of a modified system of indirect notification by the medical attendant through the householder (Method 2). For the modification, I am indebted to my friend, Dr. G. Purcell Atkins, the resident medical officer of Cork Street Hospital.

Let the medical attendant, on recognising that a case is infectious, fill up, in writing, a certificate, stating the name of the patient, his residence, and the nature of his malady, and let him hand this certificate to the responsible person in charge of the patient, who shall then forward the information contained in the medical certificate to the sanitary authority. At the foot of the certificate the words, "No immediate attention is required" may be printed, so that when the certificate goes forward the sanitary authority need not send their inspector to a private dwelling-house, for instance, unless the word "No" have been erased. This plan is adopted in Edinburgh, and has given complete satisfaction. So far this is indirect notification by the medical attendant; but how do we ensure that the responsible person will at once forward the requisite information? In this way. Immediately on receiving the message, let the clerk of the sanitary authority or the medical officer of health acknowledge its receipt to the attendant physician. Should the last named not get the acknowledgment within twenty-four, thirty-six, or, say, forty-eight hours, let it be his duty to forward a duplicate certificate to the sanitary authority. No doubt, delay will occur when the householder neglects to forward the information, but no system can be regarded as perfect, and the instances of neglect of duty on the part of the householder will probably be comparatively few, because he knows that, should he omit to send the notice, the medical attendant will have to notify—a contingency which is to be avoided if possible, as there will be a substantial penalty to which the housekeeper will render himself liable by his neglect. Also, he can have no grievance against the medical attendant, who, in the first instance, does not move in the matter at all.

Only two or three points now remain for consideration. And, first, it is fitting and just that the medical profession should be adequately recompensed for the great service rendered to the State by any system of compulsory notification of infectious diseases. To offer a member of a learned profession one shilling in return for an important public service, is an injustice and an insult. If the information obtained by compulsory notification is worth having, it is worth paying for; nor is there any reason in law or equity why a physician should not receive a guinea fee for his certificate of notification, as he does for a certificate of lunacy, or for a certificate of death handed in to an insurance office. This question of fee is, I hold, the great and only grievance of the medical profession in connection with compulsory notification. It should not be left only in the hands of a local sanitary authority, but should be met by an annual Treasury grant in aid of the expenses incurred by the local authorities.

Secondly, what diseases should be notified? Small-pox, scarlet fever or scarlatina, measles, among the exanthemata; typhus, typhoid, and relapsing fever, among the continued fevers; puerperal fever, erysipelas, diphtheria, whooping-cough, and cholera (including cholerae, or English cholera), should certainly be included in the schedule to the Act of Parliament. Moreover, the Local Government Board of each

division of the United Kingdom (called the "Board of Supervision" in Scotland) should be empowered to add to the list "any contagious or infectious disease represented to be dangerous by one or another of the three Colleges of Physicians".

And here, *en parenthèse*, I would refer to the absurdity of mentioning "scarlatina and scarlet fever", as if there were two different diseases known under these names. In England, indeed, there is a prevalent idea that scarlatina is a mild and harmless affection, quite different from scarlet fever. But this is a misleading and most mischievous popular error, not to be countenanced for a moment. Practical physicians know that it is the very mildest cases of scarlet fever (the so-called "scarlatina") which are most dangerous to the public health. The phrase should run "scarlatina or scarlet fever".

In conclusion, I would earnestly commend the topics with which this paper deals to the thoughtful consideration of all who desire to aid in that humane and Christian work which it is the province of preventive medicine not only to undertake, but to fulfil.

THE NOTIFICATION OF INFECTIOUS DISEASES.*

By W. H. MICHAEL, Q.C., M.R.C.S.Eng., F.C.S.

THE President of the Council of this Association, Mr. Hastings, M.P., at the close of last session, introduced into Parliament "A Bill for the better Notification of Infectious Diseases", which Bill was ordered by the House of Commons to be printed on July 27th last; and a Bill of a similar character, but applicable only to Ireland, had also, in the earlier part of the session, been framed and brought in by Mr. Edward Gray, and ordered by the House to be printed on January 7th. These Bills recite that it is desirable to provide for early notification to sanitary authorities of the occurrence of infectious diseases within their districts, and contain provisions rendering it incumbent on the medical practitioner, when there is one in attendance on the case of illness, to fill up and forward, by post or otherwise, to the sanitary authority of the district in which the house is situate containing the sick person, a certificate in a given form furnishing the requisite information. Where there is no medical attendant, then it is proposed that the duty should be cast on the occupier of the house, or the person in charge of the inmate, to forward the certificate; and a penalty is to be imposed for default, while a payment of half-a-crown is proposed to be paid to the medical attendant by the sanitary authority, who are, without cost, to furnish in the district blank forms of certificates. It is also intended by the British Medical Association to cause a Bill to be introduced into Parliament in the forthcoming session with a like object, but with this difference of provision, that, in lieu of the medical attendant filling up and forwarding the certificate directly to the sanitary authority, it will be his duty, after so filling it up, to direct the occupier or person in charge to forward the certificate to its destination. It is hoped that the matter may be referred in the next session of Parliament to a Select Committee of the House of Commons, and that the whole subject may be thus fully investigated, and the best means devised for accomplishing an object which a continually growing public opinion has shown to be eminently necessary. The diseases which it is thus proposed to be caused to be notified, subject from time to time to alteration at the instance of the Local Government Board, comprise small-pox, cholera, typhus, typhoid, scarlet, relapsing, and puerperal fever, diphtheria, measles, and erysipelas. There is no power to require such notification in any existing sanitary statute. The Public Health Act, 1875, does, indeed, deal with the subject in Section 84, but that only requires that the keeper of any common lodging-house shall give immediate notice to the medical officer of health, and also to the Poor-law relieving officer of the parish or union in which the common lodging-house is situated, if any person be ill of fever or of any infectious disease. Beyond this, the 80th Section of the same Act gives power to the sanitary authority to make by-laws for giving notices and taking precautions in the case of any infectious disease in common lodging-houses; and, further, there is a power lodged in the Local Government Board by the 90th Section, to declare by notice published in the *London Gazette*, with respect to houses let in lodgings, that that section of the Public Health Act is to be in force within any district, or any part of a district of any local authority; and, on and after the publication of such notice, the local authority is to be empowered to make by-laws for the giving of notices and the taking of precautions in case of any infectious disease. In the Canal Boats Act, 1877 (40 and 41 Vict., c. 60), the principle is further developed which underlies these provisions: for, by the 4th Section of that Act, power is given to the sanitary authority to take such

* Read in the Health Department at the Annual Meeting of the Social Science Association in Dublin.

steps as may be necessary to prevent the spreading of infectious disease, when it occurs in a canal boat, and for that purpose to exercise the power of removing any person so suffering; and they may, further, detain the boat in which such disease has occurred; but no provision exists in the Act rendering it in any way compulsory on the person in charge of the boat to notify to the sanitary authority that such disease exists. The power of removal here referred to is contained in Section 124 of the Public Health Act, 1875, which provides that a person suffering from dangerous infectious diseases, without proper lodging or accommodation, or lodged in a room occupied by more than one family, or on board any ship or vessel, or who is an inmate of any common lodging-house, may by order of a justice be removed at the instance and cost of the local authority to any hospital or place provided by such local authority for the reception of persons suffering from such diseases.

These are the entire general enactments bearing on the subject of notification of infectious diseases, and their isolation; but several private statutes have been obtained by various sanitary authorities throughout the country having application only to their proper districts. In these private improvement Acts, local authorities may require from the medical attendant, or the person in charge of the case, a certificate of the presence of infectious disease. It is strange that provisions of such a character should make their appearance in private Acts of Parliament outside and beyond the general law. What are the conditions in Bolton or in Leicester more urgently requiring the notification of the presence of infectious disease, other than those existing in Bristol, Manchester, or Dublin? Why should they apply up to the boundary of a borough, running through the middle of a street, and be operative on the one side, powerless on the other? If it be necessary for public protection that such knowledge as is here proposed to be given should be in the hands of a local authority, there can be no other limit than the whole kingdom; for whatever artificial boundaries we may choose to place between districts and authorities, it is certain that infectious diseases have not yet learned to respect them; and the good we may acquire by sweeping and garnishing our own houses, will not prevent the evil spirits from stepping out of their own abodes to occupy ours. But we are, in our laws and institutions, eminently conservative; and it requires that we should, by experience acquired at great cost, learn the necessity of either change or progress before we can hope to impose it on the community.

It has been, therefore, necessary that individual towns should try the experiment for us, and that isolated examples should be forthcoming before we can hope that the legislature will pass any general measure.

Even such enactments as the Lands Clauses' Acts, and the Gas and Waterworks Clauses' Acts, were prefaced in a similar manner, and had a like origin. Thus we find in the recitals to these Acts these sentences: "That whereas it is expedient to comprise in one general Act sundry provisions usually introduced into Acts of Parliament (that is, private Acts), therefore be it enacted," etc., and so the general Act is passed into law. We may without hesitation in this case use the same formula, and express in the strongest manner our opinion, whatever may be the weight attachable to it: That it is desirable, in the best interests of humanity, to pass without delay a general Act, for compulsory notification of infectious diseases, in order that local sanitary authorities may at least be made acquainted with the fact that these dreaded visitors are in their midst, and that the responsibility may be thrown upon them to use the best means at their disposal to prevent the disastrous consequences of neglect and delay.

If it is true that the spread of infectious diseases may, by timely measures of precaution, be prevented—and ample experience has shown that they may in any locality be thus stamped out—it is clearly desirable that the earliest notice of their presence should be in the possession of the local sanitary authority. They are communicable from person to person by contact, and through the medium of the earth, air, and water. Isolation of the sick person becomes, therefore, not only desirable, but a duty—to prevent transmission of what may extend the disease, be it germ-particle or whatever else is the source of the mischief, whether from the body of the sufferer directly, or through the medium of the dejections, or articles of clothing or bedding which have become infected. It may be that each of the diseases enumerated has a specific contagium; they may hereafter be proved to be capable of self-origination, or it may be that it is absolutely essential to the presence of the particular disease that it should, through one of the media before noted, be communicated directly or indirectly from person to person; but these are questions which, being beyond the scope of the present paper, it is neither necessary nor desirable at present to discuss. But if children are allowed to go through the stages of virulent small-pox in a room used for the keeping of pledges, and in which two thousand or more of the garments of the poorer class of people are stored, we cannot wonder

at a sudden irruption of small-pox in a locality where such a state of things occurred entirely beyond the knowledge of the sanitary authority. If, without let or hindrance, the whole population of a village gratify their curiosity by visiting the son of the beer-shop keeper, suffering from small-pox, and removed from a neighbouring town to be nursed at home, we are fully prepared for the recorded results of such contempt of ordinary sanitary precautions. The inevitable result must be a large increase of illness, suffering, and mortality. The sanitary authority, if informed of such cases as these, might have taken steps to prevent access to the sick; might have ensured the safety of others, by causing, through its officers, the careful disinfection of all that had been in contact with the sick person. But it must of necessity be acknowledged that there is no virtue in notification in itself; it can only be valuable as means to an end. It would give timely information to the sanitary authority and its officers skilled in the best modes of preventing extension of preventable disease; it would direct attention to the house and its surroundings; would enable the medical officer of health to afford welcome advice and assistance, now happily, to a great extent, freed from the jealousy of interference on the part of the medical attendant. Sanitary defects in streets and dwellings would thus be detected and removed, and a sure means provided for disclosing weak places in our fancied armour of security; and thus enabling remedies to be provided, and real safety attained.

Not less valuable would be the means thus placed at the disposal of the scientific officers, to trace out the history and the causes, and learn the value of various measures as efficacious in stopping the progress of epidemics. How often in water, in milk, or some other medium, only discovered when much of the mischief had been done, do we subsequently trace the source of the contagion. At present, our very ignorance of danger lulls us into a fancied security, where even a little knowledge would conduce to real safety.

These considerations, therefore, make it desirable that there should be, at the earliest moment, a notification to the sanitary authority of the presence of infectious diseases in their district. To be logical, we should go further; and, if we are assured that, by the application of stringent measures, we can prevent the spread of infectious diseases amongst a community helpless to protect itself, we should, in the public interest, overstep private considerations and provide for the compulsory isolation of such cases of disease. But we are not and dare not be strictly logical in sanitary legislation, especially when it proposes to curtail and interfere with the personal liberty of the subject. We must not attempt to make our advances under cover of a syllogism. In this direction every step must be most cautiously taken. It is not sufficient that we ourselves are convinced that the enlarged power sought to be given to sanitary authorities is urgently demanded in order to protect the helpless from suffering. We must first have proved this to the public by teaching and experience brought home to them. The fuller demonstration must precede action—otherwise, in our anxiety to arrest preventable disease, we shall overshoot our mark, and create such a storm of public disapproval as seriously to delay the good work of progress. We must, by slow and painful steps, impress our thoughts and our teachings, and their probable beneficent results, on the minds of the people before they can with safety be transferred to the pages of our statute books. And the public are not yet prepared to admit the desirability of giving to sanitary authorities the power to remove their children and friends to hospitals compulsorily in order to ensure isolation. We shall at present in vain urge that this is the true solution of the question. We must depend on persuasion and example rather than on force. If sanitary authorities, with the proposed improved information of the presence of infectious disease in their districts, use judiciously, but firmly, the powers they already possess, we shall at no distant period secure public opinion as our friend, instead of our foe, in advocating further methods of repression. Our present means may be well supplemented by the establishment of paying hospitals, or rather homes for convalescents; and by increased power to sanitary authorities to employ and pay nurses, in order, as much as possible, to isolate the healthy members of families from the sick.

But there are still some objectors both to the matter and to the manner of the proposed measure. It is said, that keepers of schools, proprietors of large establishments, hotel-keepers, and others, will be unwilling to employ medical attendants for persons suffering from infectious diseases, if certificates of the presence of such diseases are to be furnished to the sanitary authority; that medical men will object to the secrets of their practice being disclosed; that the medical attendant ought not to be called on to transmit his certificate directly to the sanitary authority, but that his duty should end when he has filled up the certificate, and handed it to the occupier of the house where the disease exists for transmission to the sanitary authority; that it would be a breach of confidence between the patient and the medical attendant, if the

latter disclosed the nature of the complaint from which the sick person was suffering; that the carrying out of the proposal would injure medical practice, especially that of conscientious practitioners, and lead to the employment of persons ready to evade their legal responsibilities, in the hope of securing an extended practice; that it would lead to deception as to the character of the disease; that it is not always possible to determine that a case is one of sickness of an infectious character. It might almost be sufficient to meet all these objections by the rejoinder that, where the system has been in operation, none of these fancied grievances have been practically found to exist, or to eventuate from the exercise of the powers granted to the sanitary authority of the district. It must be obvious from these and similar statements—they can hardly be called arguments—supposing them to have any foundation in fact, that it is desirable, in order to secure the carrying out of the law, that it should be made in its operation as simple and direct as possible, and that the fewer the hands through which the certificate has to travel, the more likely is it to reach its destination.

With respect to the questions raised on the score of medical etiquette, it is worthy of remark, that much the same objections were raised when it was first proposed to require from the medical attendant a certificate of the cause of death for registration. It was then said that it would be a breach of confidence to betray the secrets of home-life in cases such as puerperal fever in unmarried females, and that the most serious injury might accrue from the knowledge of the presence of epilepsy in families; that medical men would be tempted to conceal the real cause of death; and that the registry would be valueless. At the present time, we see the futility of these cavillings; and it would be now hard to find a single person to repeat these and a host of others of a similar character, which were at the time fully relied on as unanswerable obstacles to the proposed law. A little consideration will show that any supposed hardship to be inflicted on the medical profession is illusory: they are to be paid for filling up and forwarding the certificate a sum which is considered to be an adequate fee. Instead of betraying any confidence reposed in them by their patients, they will be only carrying out the obligation of the law, which, when passed, would form part of the contract between medical attendant and patients. Moreover, if any injury whatever is to be apprehended by the doctor, or any unpleasantness in relation to the certificate, it must surely be less when it is silently transmitted to the sanitary authority, without the intervention of the person in charge of the sick, rather than when, as is proposed by the objectors, it should be filled up and handed to such person, its contents explained, and an injunction given to forward it for dreaded publicity. It is believed that general, like particular, experience will demonstrate that all these fears and objections have really no solid ground on which to rest.

As to declining to call in medical assistance, it must be remembered that in such a case the duty still remains charged on the occupier to forward on his own account the certificate; and if medical assistance were declined on this ground and fatal consequences ensued, the person so offending would be liable to a criminal indictment for neglect. There are many other answers of a minor character that might be replied to these carping objectors, but they are hardly worthy to be discussed by this Congress.

It may well be that some possible private injury might be done by directing the attention of the sanitary authority to the fact that infectious disease existed in some particular locality. But private interest must give way before public necessity. It is a hardship when, in the public interest, we by our laws interfere with labour or with trade, or take land compulsorily from private persons for public undertakings. But if the plea of private hardship were to be or had been considered a bar, we should have had no railways or canals; we could not in many cases sewer our towns, or provide supplies of gas and water, or carry on any public enterprise.

Are those we love best—innocent children, delicate women, those whose resistible power is the least, and who the most require our defence—to continue to fall victims to small-pox, scarlet fever, and the whole array of these scourges of humanity, and products of dirt and neglect, that we may continue to allow our garments to be manufactured, and our clothes to be cleansed, in company with virulent cases of infectious disease? That these should remain not only unchecked, but their presence absolutely unknown in our midst, is a disgrace to our boasted civilisation. Let this Association lend its most strenuous assistance to make impossible in the future the disastrous apathy of the past.

A BILL FOR THE BETTER NOTIFICATION OF INFECTIOUS DISEASES, 1881.

Whereas it is desirable to provide for early notification to sanitary

authorities of the occurrence of infectious diseases within their districts:

Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same as follows (that is to say):

1. *Short title.*—This Act may be cited for all purposes as the Infectious Diseases Notification Act, 1881.

2. *Construction of Act.*—This Act shall be read and construed with the Public Health Act, 1875, 38 and 39 Vict., c. 55.

3. *Certificate of infectious disease to be sent by medical practitioner to sanitary authority.*—Any medical practitioner attending or requested to visit and attend any inmate of any building in the district of any sanitary authority suffering from small-pox, cholera, typhus, typhoid, scarlet, relapsing, or puerperal fever, diphtheria, measles, or erysipelas (or other acute infectious diseases, when included within the scope of this Act by order of the Local Government Board), shall, immediately on becoming aware of the nature of the disease from which such inmate is suffering, forthwith fill up, sign, and transmit, either personally or by post, to the office of the sanitary authority of the district a certificate in accordance with the form of notice contained in the schedule to this Act.

4. *If no medical practitioner, notice to be sent by person in charge.*—If no medical practitioner be attending on such inmate, then the occupier of such building, or if the occupier be incapacitated by illness, the person in charge of such inmate, shall, as soon as he becomes aware that any such inmate is suffering from any infectious disease, forthwith transmit a notice by post to the sanitary authority of the district at their office as nearly as possible in the form contained in the schedule to this Act.

5. *Sanitary authority to supply forms for certificate.*—The sanitary authority shall supply gratuitously to every registered medical practitioner resident or practising in the district, and to every inhabitant, upon application, forms for the certificate by such medical practitioner or inhabitant, as the case may be, of the occurrence of infectious disease. *Fee.*—The sanitary authority shall pay to every registered medical practitioner who shall, in accordance with this Act, transmit any such certificate a fee of two shillings and sixpence in respect of the same; provided that not more than one fee shall become payable to the same medical practitioner for any certificate given by him in respect of any infectious disease occurring in the same building within thirty days of the date of the said certificate: Provided also, that no fees under this Act shall be payable for the notification of infectious diseases occurring in workhouses, gaols, or public hospitals.

6. *Penalty for neglect.*—Any person neglecting to transmit any notice required by this Act shall be liable to a penalty not exceeding five pounds, to be recovered in the same manner as penalties under the Public Health Act, 1875.

7. *Sanitary authority to make enactment known.*—Every sanitary authority shall take means to make this enactment generally known by affixing notices of the contents thereof in all public places where such notices are usually affixed within the district of such authority.

8. *Act not to apply to Ireland.*—This Act shall not apply to Ireland.

SCHEDULE.

Form of Notice. Notification of Infectious Diseases Act, 1881.

"I hereby certify and declare, in pursuance of the above-named Act, that * , living at No. † Street, is suffering from infectious disease, viz., ‡ . Dated the day of , 188 . Registered medical practitioner or householder, or person in charge, as the case may be. To the sanitary authority of the district of ."

* Here state the name.

† Here state the number and name of street or description of house.

‡ Here insert name of disease.

THE RELATION OF SALARY TO SKILL.—The city of New York pays a pilot at the Quarantine Station ninety dollars a month, an assistant-physician fifty dollars, and a fireman forty dollars. The *Medical Record*, commenting on this, says that, judging the capabilities of those employes by their salaries, a man sick on shipboard does about as well to get a prescription from the quarantine fireman as from a quarantine physician, and he is in rare luck if he can be attended by the pilot. The real cause of this difference in salaries is not far to seek. It takes a man with clear head and sound judgment about seven years of constant training to become a pilot, while a dunce may become a doctor by attending two courses of lectures of four months each (missing three-fourths of these), a period far too short to even become a passable fireman.