AN ADDRESS ON THE RÔLE OF THE MUNICIPALITY IN PUBLIC HYGIENE.

Delivered before the Dublin Branch of the British Medical Association.

By SIR CHARLES A. CAMERON, C.B.,
Medical Officer of Health, Dublin; President of the Branch.

[ABSTRACT.]

SIR CHARLES CAMERON, in a presidential address on this subject, first expressed his thanks for the compliment which the Branch had paid him in electing him President. He was the first President whose duties were altogether devoted to preventive medicine. Being a sanitarian, and occupying the position of Chief Medical Officer of Health for the City of Dublin, it had occurred to him that the rôle which municipalities played in relation to public health would be a suitable subject for his address. The power of municipal authorities to promote measures for the improvement of the public health, formerly very limited, had been greatly increased in the latter half of the nineteenth century, and at present was very extensive. Many of the authorities used these powers almost to their full extent, others in a moderate degree, and not a few only so far as they were compelled to employ them. Many so-called sanitary authorities had not adopted the Notification of Infectious Diseases, the Open Spaces, the Housing of the Working Classes, the Shop Hours, and other useful Acts. They had not established abattoirs, baths and wash-houses, or disinfecting chambers, nor carried out efficiently the provisions of the Sale of Food and Drugs, the Margarine, and the Contagious Diseases (Animals) Acts.

Port Sanitary Authorities.

One of the most important functions of municipal sanitary authorities was the adoption of measures most likely to prevent the invasion of these islands by exotic diseases, such as Asiatic cholera and plague, and also to prevent other diseases, such as small-pox, from gaining an entry into towns. Until the passing of the Public Health Act of 1896, special provisions to guard against the entry of only three foreign diseases were adopted. When any one of those diseases existed in any part of the world from which it might be imported into an Irish port, the Local Government Board framed orders in reference to ships coming from infected ports, which were carried into effect by the Boards of Guardians whose districts abutted on the ports and adjacent sea. The Boards of Guardians acted not only for their own districts, but also for various municipal authorities and for other Boards of Guardians. For example, the South Dublin Board of Guardians was the sanitary authority for their own union, the North Dublin Union, the City of Dublin, and Clontarf and Pembroke Townships. It always occurred to him that it was extraordinary to make a Board of Guardians, unprovided with a disinfecting dépôt or proper disinfecting staff, practically a port sanitary authority instead of the city sanitary authority, who were well provided with the means of disinfecting ships and the clothing of their crews and passengers. The Board of Guardians in Dublin, however, did their duty thoroughly, and the city authorities gave all the assistance the Board required. Until the Act of 1896 was passed there was no power to constitute a permanent port sanitary authority, nor was such a term made use of in any Act or in any Order of the Local Government Board. The only permanent duty of the South Dublin Board of Guardians was the maintenance of a hospital ship in Dublin Bay, at the joint cost of all the sanitary authorities for whom the Board acted, in times of threatened invasion of cholera, etc. The Act of 1896 enabled the Local Government Board to constitute permanent port sanitary authorities, with power to inspect ships even when cholera, plague, or yellow fever were not threatening Europe. Other diseases than those might be introduced by ships, and the hygienic conditions of the ships themselves might be investigated by officials of the port

sanitary authority. The Corporation of Dublin had petitioned the Local Government Board to constitute them the port sanitary authority for the Customs Port of Dublin, which includes all the minor ports of the coast from Balbriggan to Courtown. Belfast Corporation was at present the only port sanitary authority in Ireland, and they acted for the whole of Belfast Lough. He would go so far as to say that the expenses incurred by port sanitary authorities—at least in epidemic times—ought to be borne by the country at large.

Dangerous Shellfish.

It was incumbent on the sanitary authorities, whose jurisdiction extends to the coasts, to exercise whatever powers they possessed to prevent shellfish from being used as food when they had been obtained from places contaminated by sewage. Unfortunately their powers were neither extensive nor properly defined. A Bill, having for its object the preservation of oyster beds from sewage contamination, which was introduced into the House of Lords last session, had to be abandoned, he trusted only temporarily. There was a serious defect in that Bill, which he trusted would not appear in its successor, should there be one, namely, not entrusting the carrying out of the provisions of the proposed statute to the local sanitary authorities. If a stringent Act for the protection of oysters from sewage were vigorously administered by the sanitary authorities these delicious molluscs would be eaten with greater confidence by the lovers of them, and by many others who now refrained from them because they might possibly be infected.

Hospital Accommodation for Infectious Diseases.

One of the duties which now devolved upon municipal and other sanitary authorities was the establishment of fever hospitals. In England and Scotland all the more, and most of the less, important municipalities had provided fever hospitals. In London this duty was entrusted to a body having the rather curious name of the Asylums Board, and which represented the various municipalities of the great metropolis. This Board had made special provision for small-pox cases, as had also many of the English municipalities. It was important to note that the fever hospitals were in no way associated with pauperism. The most respectable persons entered them, and the inhabitants of the district in which they were situated were entitled to be admitted to them as matter of right, and not of concession. In Ireland the Poor-law Boards of Guardians were bound to provide hospital accommodation for the sick poor, and in many parts of Ireland fever cases were received into workhouse hospitals. Unquestionably the patients in such hospitals must be regarded as paupers. The county infirmaries, which were in the last century established in Ireland, by grants from the grand juries and private subscriptions, still, with one or two exceptions, existed. They were, no doubt, charitable institutions, but the patients were not regarded as paupers. It was to be hoped that the new county councils would maintain these infirmaries as public institutions, and that, so far as the fever wards or fever infirmaries were concerned, the general public would have a right of admission to them.

At present the position of affairs in Dublin as regards accommodation for fever patients was most unsatisfactory. Why it was so should be made clear. The guardians of the South and North Dublin Unions had never provided fever hospitals, because they relied upon the Hardwicke and Cork Street Fever Hospitals. Into these institutions they sent the inmates of the workhouse when they became affected with fever. The guardians also arranged with these hospitals for the reception of patients who were not inmates of the workhouse. Cork Street Fever Hospital was maintained by means of an annual Parliamentary grant, a yearly grant from the Corporation, a contribution from the Hospital Sunday Fund, private subscriptions, and revenue from funded property. The Hardwicke Fever Hospital was chiefly supported by a Government grant. In the financial year ended on September 29th, 1898, the South Dublin Board of Guardians paid to Cork Street Hospital £2,763 4s., and in the year ended September 29th, 1897, £3,000. In the year ended on March 25th, 1899, the North Dublin Board of Guardians paid the hospital £450 5s. 6d. The Hardwicke Hospital received, in the year ended March 23rd, 1899, £1,128 3s. 6d. from the North Dublin

Union. Thus it would be seen that these two fever hospitals received, in one year, £4,341 13s. for the treatment of fever patients who were inmates of the workhouses, or were admitted from the tenement houses. The Local Government (Ireland) Act divested the Boards of Guardians of all their sanitary powers; and in the opinion of The MacDermot, Q.C., and Mr. Mattheson, Q.C., they were not empowered to pay for the maintenance of non-pauper patients in other than the workhouse hospitals. Their sanitary functions were in part transferred to the district rural councils and in part to the Corporation of Dublin.

Under the provisions of Sections CLV and CLVI of the Irish Public Health Act of 1878 a sanitary authority could construct a hospital and maintain it, or could contract with hospital authorities for the maintenance of patients. Of course it was only for fever or cholera patients that such a contract would be made.

Power of Corporation to Pay for Patients.

The guardians being debarred from making contracts with the fever hospitals for the treatment of patients other than the workhouse inmates, the Corporation were now the only sanitary authority legally empowered to take their place. But in their case this duty was permissive, not mandatory. It was a deplorable state of things that even if an epidemic of small-pox were raging in Dublin, it was not obligatory on any authority to provide hospital accommodation, unless the Local Government Board declared that an epidemic prevailed. It was to be hoped that immediate legislation would remedy this serious defect in the sanitary code.

The Accommodation for Fever Patients.

Fever cases were treated in two special and six general hospitals, and in ordinary times these hospitals afforded sufficient accommodation for the wants of the city and suburbs. During epidemics there was not by any means a sufficient number of beds in the fever hospitals and fever wards of the general hospitals. During the severe epidemic of measles now nearly come to an end, there was a lamentable want of accommodation for the patients, as every dispensary physician in Dublin could testify. Children were allowed to remain in tenement houses, every room in which was occupied by a whole family. Had the dispensary physicians the means of promptly sending every child affected with measles to hospital, the mortality caused by that disease would have been much less than it proved to be, and the cases fewer. Like the vast majority of sanitarians, he held to the opinion that infectious diseases, except, perhaps, enteric fever and pathogenic pneumonia, should be treated in special hospitals isolated as far as practicable from other buildings. Still he recognised the great importance of the general hospitals as clinical schools, and also the fact that many of the greatest physicians, such as Graves, Marsh, and Stokes, who had enlarged so much the knowledge of fever and its treatment, were students and teachers in those general hospitals which had fever wards. The patients in general hospitals had the advantage of being under the care of the ablest physicians in Dublin. The same observation applied to the fever hospitals. If for the first time special fever hospitals were about to be established, they would not be placed within the city limits; but two hospitals of the kind had existed for many decades in the city, and had rendered incalculable services to the poorer classes of the population. He had never proposed that they should be abolished, though he thought their positions altogether suitable. He, however, asserted that during epidemics they did not, even with the aid of the general hospitals, provide sufficient accommodation. The Corporation had the power to provide both hospitals and homes for convalescents. In view of the opposition offered to the proposal to establish isolation hospitals, it might be more politic for the Corporation to establish a home for convalescents from infectious diseases, to which the various hospitals could send their convalescing patients. Were this home provided the accommodation in the hospitals for acute cases would be largely increased. For example, scarlet fever patients were on the average kept six weeks in hospital, but they could with safety be removed to a convalescent home in three weeks.

Small-Pox.

When small-pox appeared in Dublin in 1886 he addressed a

circular letter to the authorities of the general hospitals, begging of them not to treat cases of that disease. They promptly agreed not to admit such cases. A large number were admitted into the two fever hospitals, which very soon were filled, and after considerable and dangerous delay sheds were erected by the South Dublin Board of Guardians, and a large number of small-pox patients received into them. He thought few would venture to deny the desirability of treating small-pox in a special hospital, and few would also be found to regard the precincts of a workhouse as a proper place for a hospital, which must necessarily be used by persons far above the pauper class. If small-pox were to become epidemic in Dublin there was no proper hospital to receive the patients. They should not be treated in the ordinary fever hospitals, nor in workhouse sheds. The Corporation, as the sanitary authority of Dublin, were morally bound to provide a site on which sheds for small-pox patients could be erected when required, and which sheds should be burned after the epidemic had ceased.

The Influence of Schools in Spreading Disease.

There was very little doubt as to scarlet fever and measles being spread by means of the primary schools. In England the sanitary authorities had the power of closing schools during epidemics; in Ireland they had no such power, but he hoped that the next general Public Health Act for Ireland would give it to them. There seemed to be little benefit obtained by closing schools when an epidemic was far advanced; the proper time to close them was at the beginning of one. Notifications of the occurrence of infectious diseases were sent to the managers of schools as confidential documents, but upon which they might act to prevent children from infected houses attending their schools. He was bound to say that many school managers closed their schools at the request of the Public Health Committee during recent infantile epidemics.

Notification of Infectious Diseases Act.

It was to be regretted that this Act was one which might or might not be adopted by the sanitary authorities. Like every other permissive Act relating to the public health, it was at once adopted by the Corporation of Dublin, and soon after by the Pembroke and Rathmines Township Commissioners. It ought to be a mandatory Act, as undoubtedly its provisions were calculated to arrest the spread of infection. The medical profession had achieved great success in the domain of preventive medicine, and although their professional *raison d'être* depended upon the existence of diseases, they did their very best to stamp out all that possibly admitted of extinction. He regretted, however, to be obliged to admit that as regarded the notification of infectious diseases many physicians not only neglected to notify, but were utterly opposed to the principle of notification. In the year 1899 there were about 350 medical men in Dublin, and of these 168 sent notifications of various infectious maladies. Of the 350 medical men some were not engaged in private practice, others might not have had any fever patients, and perhaps a few surgeons and gynaecologists did not treat fever cases, still it was evident that a large number of practitioners did not notify. When it was first proposed that medical men were to give certificates as to the cause of death, much indignation was excited, and authorities from the time of Hippocrates were quoted to prove that to issue such certificates would be a gross breach of medical etiquette. No medical man now objected to give a certificate of cause of death, and he trusted, in the fulness of time, the same would be the case as regarded notification of infectious diseases. He could not quite understand why the general public did not universally see the great benefit to the community resulting from notification, and the infinitesimal injury which it caused to them. Notifications were regarded as confidential documents, were seen by two or three officials, and were only communicated, as regarded infectious diseases of children, to the managers of the primary schools, who were requested to regard them as confidential. If the medical man marked on the notification form that "no immediate attention" was necessary, no action was taken for some days by the sanitary authority. Then a letter was sent to him, asking whether or not disinfection of the infected dwelling could be performed, and if he replied that he would see that process performed himself, that was the end of the case. If persons did not desire their dwellings to be disin-

fected during the day, as it might attract attention, it was performed at night or very early in the morning. He might mention that the following cases were notified in Dublin in 1899:

Typhoid fever ...	1,727
Continued fever ...	342
Erysipelas ...	579
Scarlet fever ...	515
Typhus fever ...	39
Puerperal fever ...	7
Croup ...	14
Measles ...	5,554
German measles ...	11
Diphtheria ...	174

The medical men, notably the dispensary physicians, who always notified, were placed at a disadvantage, because many persons knowing that they complied with the law consulted those practitioners who continually broke it.

Housing of the Very Poor.

It was upon the reading of a report of his that the Municipal Council, nearly twenty years ago, adopted and put into force the Artisans' and Labourers' Dwellings Act. Since then he had repeatedly pleaded the cause of the very lowest strata of the population. It was, of course, desirable that the artisan class should have healthful and sufficiently commodious dwellings, but if the municipality did not provide them, building societies and private builders must supply to a great extent the want. In the case of the very poor, who could afford no higher weekly rents than from 1s. to 2s. a week, their dwellings were, with few exceptions, in a deplorable state. Many of their landlords were but little superior in pecuniary resources to their tenants, and were unable to make costly improvements in their wretched tenement houses, of which they were merely leaseholders or yearly tenants. Of the 375 separate dwellings which the Corporation had erected on cleared areas, which had once been insanitary, only 23 were let at 1s. 6d. per week. As the dwellings of the poorest classes were the hotbeds of the seeds of infectious diseases, and as the vitality of their inmates was lowered by the unhealthy conditions of their homes and environments, they could not wonder that the very poor readily succumbed to constitutional diseases, and were peculiarly susceptible to infection. The high death-rate of Dublin was due, not to an undue amount of infectious diseases, but to the great mortality of the poorer classes, more especially of the adults. In 1898 the death-rate amongst the professional and independent classes (population 15,579) was 20 per 1,000 persons living, whilst it was no less than 31.8 amongst the 83,472 "hawkers, porters, labourers, etc." What was urgently required in Dublin was the improvement of the dwellings of the very poor, without increasing, except perhaps to a small extent, the rents which they now pay. No doubt this improvement would involve a considerable expenditure of money—certainly not less than a quarter of a million—but if the money were judiciously expended there would be a fairly good revenue from rents of the houses. The Corporation had provided 375 dwellings, occupied by 1,544 persons; the Urban Council of Rathmines 58 dwellings, inhabited by 277 persons; and the Pembroke Urban Council 115 dwellings, accommodating about 500 persons. The Dublin Artisans' Dwellings Company had provided for nearly 10,000 persons, the City and Suburban Artisans' Dwellings Company had 284 dwellings, and the Industrial Tenements Company 46 dwellings. A large number of dwellings for the working classes would soon be erected by the Corporation on the Bride's Alley area, and by Pembroke Urban Council at Donnybrook and Ringsend. Lord Iveagh was completing the clearance of the unhealthy Bride's Alley area, and upon the cleared site dwellings for working classes would be erected. This noble work would cost at least a quarter of a million. The Company for the Housing of the Very Poor, of which the Right Hon. Joseph Meade was chairman, would soon be in a position to provide forty-eight families with dwellings at rents not exceeding 2s. a week. The families in the Dublin tenement houses and other dwellings regularly inspected by the sanitary officers numbered 32,000, and of these a very large proportion required better lodgings. It was inexpedient to add to the enormous number of insanitary dwellings already closed until provision

was made for the reception of the occupiers of the unhealthy houses that still remained. In concluding this part of his address he pointed to Edinburgh as a pattern for Dublin. The former high death-rate in that city had been brought to a very low one, and this improvement, it was stated, was chiefly due to the fact that £560,000 was expended in improving the dwellings of the working classes.

Tuberculosis.

Tuberculosis of the lungs was a peculiarly fatal disease in Dublin; about 34 persons per 10,000 perished annually from it. That it was an infectious disease was now generally admitted, but that it should be included amongst those that were notifiable was hardly expedient. Information as to its infective character should be diffused as widely as possible. After the death or removal of a consumptive patient the apartments which he or she had occupied should be disinfected. This purification was performed by the Dublin sanitary authority, but only occasionally, as the deaths from tuberculosis were rarely notified for the purpose of disinfection. He was of opinion that the dairy cows of Dublin were not much affected with tuberculosis—much less than were the cows of the large English towns. This was due to the fact that the latter were kept in the cowhouse until they ceased to give milk, whilst the former were depastured for six or seven months in the year. He trusted that the influential Committees which had been formed in London, Dublin, and other towns, with the object of investigating the causation and prevention of tuberculosis would be able to grapple with this scourge of mankind and lessen its terrible ravages. It would be within the rôle of the municipalities to assist those Committees by carrying into effect their recommendations, if it were in their power to do so.

AN ADDRESS

ON

MEDICAL PRACTICE IN EUROPEAN COUNTRIES.

Delivered before the Yorkshire Branch of the British Medical Association.

By THOMAS KILNER CLARKE, M.A., M.D., F.R.C.S.,
Surgeon to the Huddersfield Infirmary; President of the Branch.

WHEN thinking over the possible subjects for an address, it occurred to me that it might perhaps interest you to hear something of the course of medical study and the position of medical men in other countries of Europe. For many years I have taken my annual holiday abroad, sometimes in France, but usually in the northern countries of Europe, and there I have generally made friends with the local medical man or men, if there have been any, and if there has been a hospital I have endeavoured to see something of its working and its practice. Invariably I have met with the greatest kindness and hospitality, and desire to give me every information. Some of this information I propose to put before you. My choice of this subject was influenced, too, by the fact that though there are openings for English medical men abroad, there is not much information readily obtainable how to make use of these openings.

FRANCE.

As France probably offers the most numerous openings for the English medical man I will take that country first.

The French medical student has five examinations to pass. The first is in physics, chemistry, and zoology. I may mention that this examination must be passed before the student is allowed to join a medical school. He is obliged to spend a year in a school of science studying exclusively the subject of the first examination.

II. (1) Practical dissection or 'dissections, anatomy of histology; (2) physiology.

III. (1) Practical examination in surgery (elementary), external pathology, surgical midwifery; (2) internal and general pathology.

IV. Hygiene, medical jurisprudence, therapeutics, materia medica, pharmacy.

V. (1) External and obstetrical clinics. (2) Internal clinics, examinations in practical pathological anatomy, also a thesis consisting of a printed dissertation on a medical or surgical subject chosen by the candidate, who must also reply to questions put to him on the different parts of medical education. In bacteriology, pathology, and also in medicine and surgery, these examinations are very practical.