

MILITARY AND NAVAL MEDICAL SERVICES.

ROUTINE IN ARMY MEDICAL ADMINISTRATION.

SIR,—I have carefully perused the report (as far as published) of the Committee on the Army Hospital Medical Service, and your comments upon it, which are just and well timed. Allow me, as an old medical officer, who has done duty as a militia surgeon, with charge of military hospitals for thirty years, and gone through the routine required in the management of army hospitals, to express my opinion (which I do most strongly) that it is the absurd regulations and the amount of red tape that brings discredit on the Army Medical Department, and causes, at times, grievous miscarriages in the working of the system, and hampering the hands of medical officers. To cast the blame upon hard-working, zealous officers is most unjust and undeserved. One advantage, however, may be derived from the Parliamentary report and inquiry, viz., that public opinion will insist upon the commissariat department being reformed, and much more discretionary power given to medical officers in charge of hospitals, especially in time of war. Just to illustrate the absurdity of the system, I may name an amusing case that occurred to myself whilst in charge of troops. I had occasion to send a requisition for a mustard-pot and frying-pan (one not being allowed), and a dust-shovel, for the use of the cook. A month after the requisition was sent, a railway-van drives up to the hospital with those valuable articles from the Tower, in London; the carriage alone would cost more than the things could have been bought for on the spot; and extra medicines and requisite drugs cannot be procured except by special requisition through the medical department in London. I could enumerate cases without end where delay, annoyance to oneself, and inconvenience to the sick, have been the consequence of such unbusinesslike routine. I repeat, it is the regulations of the service, and not the officers themselves acting on their regulations, that should be held responsible.—I am, sir, your obedient servant,
J. INGHAM IKIN,
Surgeon-Major, and late Surgeon 4th West York Militia.
Leeds, May 28th, 1883.

SURGEONS WITH MOUNTED TROOPS IN INDIA.

SIR,—Allow me to draw attention to the position of surgeons when marching with mounted troops in India. The commanding officer is not compelled to detail a troop horse for the surgeon's use, as is the case at home; so a surgeon has either to walk or provide himself with one for the proper discharge of his duties. It is impossible for a pedestrian to keep pace with a horse for long marches in a tropical country—a fact well known to the authorities, but carefully ignored. The medical officer is supposed to be at all times in the immediate rear of the troops, so as to render assistance without delay in case of accident or sudden illness, such as sunstroke, etc. His non-attendance would subject him to grave censure, if not to court-martial; so, in order to protect himself, he has to keep a horse, and in this way to hold the unique position of being the only officer in the service who has to provide a horse for public use at his own expense. This is one of the many curtailments which have taken place since the introduction of the station hospital system, as the Indian Government seem to have selected the Army Medical Department as the special victim of their economical ideas. This is especially hard on the surgeons who have entered the service under the Warrant of 1879, in which there is no information given of the fact that, when serving in India, they will draw less pay than before its publication.—Your obedient servant,
SURGEON, A.M.D.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES AT NOTTINGHAM.

EVERY successive event in the history of the compulsory notification of infectious diseases, points to the urgent necessity of the question being considered in a calm and judicious spirit by a Select Committee of the House of Commons, with a view to one uniform system of legislation for the entire kingdom. But the reference to such a committee must be of the widest possible character; for whatever provisions may be ultimately agreed upon should be founded on evidence gained from all parties likely to be interested by the extended law. The Select Committee on Police and Sanitary Legislation—appointed on March 13th, 1882, “to consider and report on the proposals in private Bills to create powers relating to sanitation and police, which deviated from, or were in extension of, or repugnant to the general law”—confined themselves to the examination of eight medical witnesses, all known beforehand to be favourable to placing compulsion on medical men, of whom five were

actual medical officers of health, one a late medical officer of health, and at the time of being examined a member of a health-committee, conspicuous for his public advocacy of compulsory notification in the town where he resided, while another occupied a similar position in a town for which compulsory powers were being sought; and they actually refused to hear evidence from those who represented the other side of the question. That any conclusions, founded on so partial an inquiry, can be satisfactory to the general body of medical practitioners, is not to be expected; and, if the Committee's functions are to be continued, their reference should be so extended as to admit of general practitioners, employers of labour, shopkeepers, and all others, whose interests are likely to be affected, being heard before they again issue a report, whose principles are likely to be quoted by many as settling the question, simply because of the apparently authoritative source from whence they emanate. Above all things, the actual results in saving life in towns that have had the largest experience of compulsion, as compared with those attained by other towns which have depended on general sanitary agencies only, must be most carefully considered.

The latest incident in the development of compulsory notification, and one which conspicuously illustrates all the worst evils that spring from private Bill legislation, is a discussion in the Nottingham Town Council, terminating in the adoption of a report of the Health Committee, in which the advisability of continuing and extending powers contained in the Improvement Act of 1878, but first put into operation in February 1882, was affirmed. Among these evils, the most deplorable are a division of the local profession into two hostile camps—one in harmony with, and the other opposed to, the sanitary authority's recommendations; the publication of letters by medical men in the general press, in which expressions and imputations are used on both sides which, it is not too much to say, must be regarded with regret by all who are jealous of the reputation of the profession, and of its legitimate influence with the public; and, lastly, the initiation of a controversy among medical officers of health themselves—some of whom deprecate, as rash and ill-judged, isolated attempts, such as these, to legislate in opposition to the convictions of a very large proportion (probably of a very large majority) of the entire body of medical practitioners; and one at least of whom publishes a hostile, and apparently not ill-founded, criticism, of the report of the particular medical officer of health on which the recommendations of the Nottingham Health Committee are founded. What has occurred in Nottingham has occurred, with slight variations, in Bolton, in Leicester, in Liverpool, in Glasgow, and in many another town, where attempts have been made by means of private Bills, that do not admit of free Parliamentary discussion, to create a new offence for medical practitioners, the proof of the committal of which is to rest with a few other medical men, who are not unfrequently their professional rivals.

It will not be amiss, perhaps, briefly to recapitulate the history of the Nottingham Act, and of certain events which arose out of it, as it is impossible, in ignorance of that Act, adequately to understand the attitude of the majority of the profession of the town on this question. On June 17th, 1878, an Act was passed which, as its title sets forth, was to enable “the Mayor, Aldermen, and Burgesses of the Borough of Nottingham to construct additional gasworks, to make a new road, and for other purposes.” Immediately on the Act being obtained, the Town Council empowered the Health Committee to carry out such of its provisions as related to infectious diseases, none of which were specifically mentioned or even remotely alluded to in the title, but which were included under the general but very indefinite heading of “other purposes;” and accordingly the necessary notices and forms were forthwith prepared by the medical officer of health. But, in the words of the Town Clerk, in a letter published in the BRITISH MEDICAL JOURNAL of December 25th, 1880, “as soon as the public of Nottingham became fully aware of the coercive character of the clauses in the Act, it was apparent that any attempt to put them in force would lead to open rebellion, and would give rise to a state of public feeling with which it would be impossible for the Health Committee successfully to contend. The medical officer of health himself reported that a number of the largest practitioners in the town would refuse to comply with its provisions, and he suggested to the Council that it would be prudent to defer the putting in force of these clauses until a better state of public feeling should arise.” The diseases scheduled for notification were small-pox, cholera, typhus, typhoid, scarlet, and relapsing fevers, and diphtheria. The Act remained in abeyance, however, until February 1882, when, in view of a threatened outbreak of small-pox, the medical officer of health advised the Health Committee to obtain the sanction of the Council to put into opera-

tion their powers for enforcing notification for that disease. It does not appear that the attitude of the medical profession was altered, as, from a memorial submitted, they objected to the onus of compulsion being imposed upon them, "until the difficulties associated with such notification have received full consideration in Parliament, and such duty is sanctioned by being the law of the land;" while at the same time they expressed themselves as "satisfied of the importance of the notification of infectious diseases." What is very remarkable is that, in urging the adoption of the Health Committee's recommendation, the Chairman of that Committee said that "they did not require any number of compulsory measures, and, in point of fact, they had scarcely been required to use compulsion at all....In the fifteen small-pox centres of the town, they had been fortunate enough to have the disease completely stamped out by the exertions of Dr. Seaton and the kind co-operation of the professional gentlemen who had had cases. By persuasion, they had got the people in these neighbourhoods to be vaccinated, and over one hundred people were vaccinated in a few days....They had really no occasion to apply for any particular compulsory powers; but there were some eight or nine cases which had been treated by other professional gentlemen, who had not given information in any shape or form....Under these circumstances, they wanted the authority of the Council to obtain the information they required."

The result of the discussion was, that the powers were granted for twelve months—the Chairman remarking, however, that he did not think they would be required for half that time—and that scarlet fever as well as small-pox was to be reported.

The twelve months having recently expired, and notification having been enforced during the whole of that period, instead of only half of it, as was thought likely by the Chairman, a proposition was again submitted to the Council to continue the powers, and to add to the two diseases previously notified typhus and typhoid fevers. Again the adoption of this recommendation was preceded by a meeting of the medical profession, at which, by nineteen votes to eighteen, the following resolution was agreed to, viz.—"That the Town Council be requested to suspend the enforcement of the compulsory clauses relating to the notification of infectious diseases until Parliament has settled the question." It would be difficult, perhaps, to summarise the debate in the Council so as to do full justice to the views of the opposite parties. Briefly, however, the reason adduced by those who desired a continuance and extension of the powers was that notification had "enabled them probably to stamp out an epidemic of a very virulent disease in, perhaps, the shortest time that ever was known." This was advanced by the Chairman, who the year previously, before compulsion existed, had stated that "in the fifteen small-pox centres of the town, they had been fortunate enough to have the disease completely stamped out by the exertions of Dr. Seaton, and the kind co-operation of the professional gentlemen who had had cases;" that the object of notification was to enable the authority to disinfect, and take other preventive measures; that the Nottingham system of disinfection was characterised in a Local Government Board report as "a perfect model;" that compulsory notification did not imply compulsory removal, but that where they had been compelled to remove patients to hospital, "the latter had expressed their sincere gratitude;" that, "in some instances, where there had been a certain amount of hardship, the Committee had made slight compensation;" that they had only had one complaint during the year, and that on investigating it he, the Chairman, had found it to be groundless; that "there could not be two opinions on the merits of the system of notification;" that 372 persons had been removed to hospital and well cared for; that 2,000 persons had been re-vaccinated; that, whereas, in the small-pox epidemic of 1872, 349 persons died out of a population of 88,000, in 1882, only 57 died out of one of 193,000; that 11,000 articles and 1,465 rooms infected with scarlatinal poison had been disinfected; that 550 cases of the latter disease had been notified to the School-Board authorities; that 1,648,605 tub-closets had been collected; that "at one time there was great opposition to notifying cases of death, but that that had all disappeared now, and so, in time, the present objections would vanish; that the wish of the Health Committee was that their officials should not go to houses in order to "play fantastic tricks," but as "ministering angels sent by a liberal Corporation"; that local was preferable to imperial government, "because corporate bodies know better than Parliament the special requirements of different districts"; "that the Contagious Diseases Act was carried in the House of Commons by an assembly not more numerous than they had in that hall at that moment, and yet surely they should be as competent to do for Nottingham what was necessary, as those

thirty or forty people in the House of Commons were for the whole country;" "that it was not right because in a poor man's house there was an infectious disease, that that disease should be carried through the town simply because the medical officer of health or inspector was not allowed to go into that house;" that unless the power of compelling the doctors to notify were granted, the hospitals would be of no use to them; that other towns, such as Bolton, had notification, and that it worked well in them; that "it was not a question for the medical men; that they were entirely outside the question;" that, "with regard to diseases, they scarcely ever agreed as to the mode of curing them"; that the medical officer of health would "have the good sense to try to work harmoniously with the other members of the medical profession in the town; that the medical opposition seemed to be diminishing, and that the Act had been openly discussed, after full advertisement of all its details, some of the clauses having been modified at the request of a conference of medical men in the town."

On the other side, and in proof that there were two opinions on the merits of the system, it was objected that, if "notification pure and simple" were required, without "legal powers to enter a person's house, to direct any measures of sanitation, or to remove compulsorily," it would do no good; that if compulsory removal were insisted on it would beget dangerous opposition; that it was wrong for officials to interfere between a medical man and his patient without the medical man's consent; that what had got rid of small-pox from among them was extensive vaccination and revaccination, which had nothing to do with compulsory notification; that, if the system of notification were so beneficial, it ought to be applied to the country generally by imperial legislation; that removal, though not compulsory in a direct sense, might be made compulsory indirectly, through a system of terrorism exercised by the officials over the people; that to work the plan with efficiency they must have the cordial co-operation of the medical profession; but that "the medical men of the town were almost equally divided" on the subject: that other large towns without notification had progressed quite as fast as Nottingham had with it; that in other places the medical officers of health had secured the hearty co-operation of medical practitioners without compulsion; that the diminution in epidemic diseases had not been in consequence of notification, but from other causes; that the death-rate of Nottingham had not diminished, but was from 21 to 23 per 1,000, as it was years ago; that "their own Town Clerk had said that he did not think the compulsory notification should be upon the medical man but on the householder;" that the chances of recovery were diminished by removal to hospital; that the Act was obtained under cover of a title which gave no presumption of its powers, or, in other words by a "trick"; that though there was plenty of assertion there was no proof of any specific case in which the notification of one case had tended to prevent the spread of small-pox; and that the statistical returns from Bolton and Warrington, instead of being favourable, were unfavourable to notification.

The Council adopted the recommendation by 35 to 7. We do not attempt to criticise these arguments, or to show their relevancy or otherwise to the question under discussion. It is by other methods than that of debates in Town Councils that this all-important matter must be finally settled; and the sooner these methods are initiated, the better will it be for the profession and the country.

IGNORANCE OF SMALL-POX: INDIFFERENCE TO VACCINATION.

IN a letter to the *Standard*, "An Octogenarian" expresses the desire that those who doubt the utility of vaccination, could become acquainted with the state of matters as they were in his distant youth. "I think," he writes, "I may safely say, that for every person I now meet with seamed or pitted face; I then met a hundred, many grievously disfigured, and not a few blind." Even that was an improvement on what had been the case at an earlier period, and he had heard his mother say, he continues, "that in her early days, marks of small-pox were so prevalent, that it was common to distinguish one free from them as a smoothed-faced person." In the present day, thanks to the vaccination laws, small-pox has become little more than a name to the bulk of the population; and there can, we think, be no doubt that the indifference too often exhibited on the subject of vaccination, as well as a considerable amount of the actual opposition to that measure, is owing to ignorance of the true character of small-pox. Small-pox, in its natural condition, is a disease so terrible and so loathsome, that were vaccination attended with twice the risk with which it is credited by antivaccinationists, and possessed of only one half the efficiency it undoubtedly possesses, it would still be an inestimable boon to the human race. As it is, the vaccination enactments have been attended with so great success, and at so small a cost, that it would seem impossible to believe that the legislature should permit any check to the diffusion of that measure. Such a result can only occur through the indifference of the majority; but we trust that Parliament will be so impressed with the importance of the question, that it will not permit a blatant minority to obtain a snap-vote which would involve such disastrous consequences to the public health.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

NEW FOREST RURAL DISTRICT.—A fairly low death-rate is reported for this district, the total deaths (222) representing an annual rate of 16.8 per 1,000. Zymotic diseases were fatal in 12 cases; and, in referring to this mortality, Mr. Jenkins rightly advocates the importance of early notification of disease and of the provision of isolation accommodation. There was an outbreak of typhoid fever, which was due undoubtedly to the polluted water-supply used by the patients. Of the total deaths, 32 were those of infants under one year, while 57 were those of persons over 70. During the year, several cases of lead-poisoning came under notice; and the health-officer cautions the inhabitants against the general use of leaden pipes, the water apparently containing a large amount of chlorides and nitrates. Mr. Jenkins refers to the insufficient cottage accommodation, and comments in severe terms on the apathy of the sanitary authority displayed in this and in other directions. There seems some need of building by-laws. "At present," the health-officer says, "there are no by-laws whatever; in consequence of which, your officers are quite powerless, and your authority only 'the shadow of a name'."

NEWTON ABBOT, WOLBOROUGH, AND DAWLISH.—Of the ten deaths registered from zymotic diseases in the Newton Abbot Rural District, one-half were from enteric or typhoid fevers. In referring to this mortality, Mr. Leonard Armstrong observes that he has been accustomed of late years to the frequent occurrence of scattered and isolated cases of enteric fever, or of an undefined fever, having very similar characters; and he appears to favour the theory of the spontaneous origin of that disease. In some cases which came under his notice during 1881, Mr. Armstrong failed, after careful investigation, to discover any adequate cause for their origin, and there was no apparent channel by which disease-germs from an antecedent case could have been imported. He remarks: "If the conclusions of Professor Pasteur with regard to disease-germs, like those of *Bacillus anthracis*, may lie dormant in infected matters in earth or air for months and years—and yet be capable of recovering their active vitality so soon as the requisite conditions are supplied—it becomes evident that the difficulty of tracing them must frequently be insurmountable." This theory of the long dormant vitality of disease-germs may, the health-officer thinks, account for certain obscure and intermittent outbreaks of diphtheria which have occurred at Chudleigh Knighton. "Unless this theory is adopted, the conclusion is again forced upon the mind, that, under some peculiar and as yet unknown conditions, enteric fever may be developed *de novo* in some susceptible persons." The occurrence of so many separate and limited outcrops of scarlet fever of late almost leads Mr. Armstrong to the same conclusion as regards scarlatina. With the exception of these remarks, the mortality-statistics call for little remark. The Newton Abbot Rural District has the lowest death-rate, that of 14.0 per 1,000; Wolborough coming next with 14.5; and Dawlish last with 17.8. In this latter district, there were 4 deaths registered from the principal zymotics, against 9 in Wolborough, and 10 in Newton Abbot.

WINCHESTER.—Mr. Langdon submits a carefully prepared report on the health and sanitary condition of this city during 1881. The various outbreaks of zymotic disease are thoughtfully discussed, and a short account is given of the measures adopted for preventing their extension, the report concluding with a brief *résumé* of the sanitary operations carried out during the year. The account of the two outbreaks of small-pox is especially interesting. The first of these took place at the barracks among the Hants militia during the annual training. Three men were infected by the disease, and afterwards one child; the cases were isolated in a building near the hospital, and all recovered. The usual precautions of disinfection and fumigation were resorted to, and the disease did not spread in the city. One man, however, who had occupied the same room as one of the cases, and who had left apparently well on the disbanding of the regiment, developed the disease after he reached his home in another part of the country. It has happened several times before that the city has been thus endangered during the militia training; and upon inquiry, Mr. Langdon ascertained that the recruits were not subjected to revaccination, as is the case in the regular army. Having regard to the importance of the subject, Mr. Langdon most properly brought the matter before the notice of the Local Government Board. It is satisfactory to learn that in future the militia recruits, on joining the head-quarters of a regimental district for preliminary drill, will be vaccinated. The second outbreak occurred at some industrial schools, where the infection was believed to have been imported from London. The patients were

carefully isolated in a cottage close by, and all the boys in the schools over twelve years of age were revaccinated. The disease, fortunately, did not spread; and it is noteworthy that, although revaccination was publicly recommended in all parts of the district, not a single person acted on the suggestion. As to zymotic diseases, Mr. Langdon has little of interest to report. During the earlier part of the year, measles were somewhat prevalent at the barracks, where there were sixty-one cases. Of these, forty-one were children who had recently returned from a warm climate, under five years of age, nine of whom died. Ophthalmia was very prevalent in most of the parish schools, but Mr. Langdon was unable to ascertain in which of them it originated. The total deaths registered during the year amounted to 320, giving a death-rate of 17.9 per 1,000. The city still remains without any provision for isolating cases of an infectious nature, the absence of which was severely felt during the year. Efforts, however, have been made for securing this important provision, and a suitable piece of land has been secured. The sanitary condition of the city calls for little comment. Systematic inspections appear to have been made; and the health-officer remarks that, while many people still require to be urged to adopt the best sanitary measures, there is a great improvement in their appreciation by the inhabitants generally.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Friday, May 25th.

Medical Act Amendment Bill.—The Medical Act (1858) Amendment Bill was read a third time and passed.

HOUSE OF COMMONS.—Monday, May 28th.

The Indian Medical Service.—Mr. LEAMY asked the Under-Secretary of State for India whether his attention had been called to the grave cause for dissatisfaction given to the junior members of the Indian Medical Service by the enormous percentage of them at present on "unemployed pay;" whether the "unemployed pay" of a surgeon in the Indian Medical Service—namely, 286.10 rupees per month—was not the lowest scale of pay awarded to any commissioned or covenanted officer in the Indian service; and whether the Government intended to take any, and, if so, what steps, to remove this grievance, and to fulfil the terms of the printed conditions upon which men had been induced to enter the service.—Mr. CROSS: The attention of the Secretary of State has been called to the exceptionally large number of junior medical officers in India drawing what is called unemployed pay. This is due partly to the unusually small number of medical officers at present absent from India on furlough, partly to the large number of young officers admitted to the service consequent on the Afghan war, and partly to the recent reduction of twenty-two native regiments, with the consequent reduction of the medical staff attached to regiments. The unemployed pay of a surgeon in the Indian Medical Service is not the lowest awarded to any covenanted or commissioned officer in the Indian service. An unemployed lieutenant would draw 256 rupees a month; while an unemployed surgeon, if under five years' service, would draw 286 rupees, or, if over five years' service, 304 rupees a month. The present difficulty is being met by a large decrease in the number of appointments, there having been eighteen for last year and thirteen for this, as compared with thirty-nine and forty-nine for the two preceding years. The published conditions under which officers accept employment in the Indian Medical Service are accurately fulfilled.

Tuesday, May 29th.

The Army Medical Commission.—Dr. CAMERON asked the Secretary of State for War, whether Lord Wolseley was correctly stated by *The Times* of May 19th, to have given evidence before the Army Medical Commission, to the effect that all the "flour sent out from England for the purpose of making bread for the Egyptian Army was unfit to make bread with"; "that the Commissariat never supplied any good bread during the whole campaign"; and "that the bread supplied by the Commissariat to the hospital at Ismailia was unfit for human food"; and whether the late Commissary-General at headquarters was correct in his statement, in a letter in *The Times* of the 23rd of May, that his department had absolutely nothing to do with the purchase of the flour sent out, and was not consulted respecting it; and, if so, what official was responsible for the purchase of the flour in question.—The Marquis of HARTINGTON: The complete report and evidence has been distributed. The hon. mem-