

## CORRESPONDENCE.

THE REPORT OF THE MEDICAL REFORM COMMITTEE  
OF THE BRITISH MEDICAL ASSOCIATION.

SIR,—I have just read the report of our Medical Reform Committee in the JOURNAL of to-day's date, and, as a member of the British Medical Association, protest against its adoption by those of our members who may be present at our annual meeting next week. I object, because of its untruthfulness, to the statement that I would not co-operate with our Association; but it is true that I determined not to identify myself with the reprehensible idleness and silly tall talk of our Reform Committee.

I protest against the work of other Associations and persons being appropriated by the Reform Committee, and palmed off upon the credulity of our members as its own work, as has been done by this Committee. I protest against the members of our Association being assured by this Committee that the investigation of the Royal Commission was of an exhaustive character, when it is well enough known to those familiar with the proceedings of the Commission that the evidence of many competent witnesses was not accepted.

Again, I protest against our members being assured by this Committee that the Royal Commission has reported in favour of medical reform as advocated by the profession, and, at the same time, maintain that it has reported, not only directly against that reform, but in favour of much that would be detrimental to the interests of the profession, and especially to the interests of the general practitioners thereof.

I maintain, and challenge a statement to the contrary, that, for the past twelve years at least, the Reform Committee has had no programme of its own; that for all this time it has followed in the trail of other reformers, and has merely adopted the Bills of other Associations and persons; and that, in now asking our Branch Councils to memorialise the Privy Council to bring in a Bill founded upon the report of the Royal Commission, it is abandoning ignominiously, with the single exception of direct representation, any principle for which the profession has laboured for many years past.—I am, sir, your obedient servant,  
R. H. S. CARPENTER.

August 5th, 1882.

## THE PROPOSED AMENDMENT OF BY-LAW 12.

SIR,—The echoes of the late annual meeting at Worcester have scarcely begun to die away, before some corrections of the reports of its agenda are called for.

In reference to my motion, it is said at page 276 (August 12th) of the Council: "They are, however, unable to understand the necessity for such an alteration of the by-law, and believe there would be a difficulty in carrying out an arrangement for which there is no known precedent." As to the "necessity", opinions may differ; but the discussion and the motion carried at the final general meeting, on the Friday morning, carries with it some significance. As to the "difficulty", I can see none. In what does it consist? Then as to "precedent". The latter part of the sentence would give the casual reader the impression that I wished something to be done which was novel, and against the constitution of the Association. Yet, if the reader will turn to "The Articles of Association of the British Medical Association"—in other words, the original and fundamental laws of our Association—he will find:

## "OFFICERS.

"28. There shall be the following officers of the Association, viz., a *President of the Association*, a *President-elect*, Vice-Presidents, a *President of Council*, a *Treasurer*, an *Editor of the Journal*, and a *Secretary*, who respectively shall be designated or elected, and *hold office for such period*, and have and enjoy such duties, powers, and privileges, and as to the *Editor of the Journal and Secretary* receive such emoluments, *as shall be determined from time to time by the Association in general meeting*." The italics are mine.

Now already, to the best of my belief, the term of office of the President, and with it that of the President-elect, has been fixed at one year; that of the President of Council at three years. If these do not constitute a "precedent" for determining the tenure of office of another officer, then the English language has no meaning.

Whether by-law 12 would be amended by fixing an extreme limit to the tenure of office by the Editor, or it should remain as it stands at present, is a matter for the Association "in general meeting" to determine, not the Council. My desire all along has been to induce the Association to act deliberately in the matter, not to dismiss it with eager haste. It is no mere personal matter betwixt myself and the present editor, but a matter of broad policy, which I must bring for-

ward again "in general meeting" at Liverpool (the earliest time possible according to by-law 43), for the verdict of the members collectively; no matter whether the present editor holds the office then, or some one else is in the saddle.

Whatever the verdict may be is a matter of little moment to me personally; my aim has been, and is, to give the Association an opportunity of declaring its will on a matter left unsettled, but now ripe, or at least ripening, for decision. We will see what a year will bring forth! By next year, the motion will have had that consideration given to it which is to be desired. My vanity is not so egregious as to ask the members of the Association to adopt my views on the subject; my object was and is to ascertain its views, which can only be done by a formal vote.

Perhaps I may be permitted to add a word of explanation as to my non-appearance at the first general meeting on Tuesday evening. My letter to the Committee of Council asking for postponement to a later meeting was read by them on Tuesday afternoon; but no intimation of their resolution not to alter their agenda (and that therefore my motion, if not discussed on Tuesday, could not come on at all) was communicated to me; or, if it was, it failed to reach me. I was therefore in ignorance of that fact until I saw it in the Daily Journal of Thursday, August 10th, and in such ignorance I appeared at the general meeting on Wednesday morning to tender an explanation, which was cut short summarily (see BRITISH MEDICAL JOURNAL, August 12th, page 278), and which I now tender to the Association—viz., it did not seem to me desirable to ask the members to decide by vote a matter which they had not had time to previously discuss among themselves, and which would come more fitly near the close rather than at the commencement of the meeting.

The matter is certainly not yet a part of the "dead past"; and I shall, if all be well, be in my place to propose it next year (when called upon) without fail.—I remain, etc.,

August 21st, 1882.

J. MILNER FOTHERGILL, M.D.

\* \* Dr. Fothergill's observations are not in any sense "corrections." They are "arguments" in favour of a proposal which he ought to have been in his place to propose at the time appointed for the discussion of the motion, of which he had given formal notice. The time at which the discussion would be taken had been officially notified to him, and, as he was not present to support his motion, it could only lapse. Dr. Fothergill was in Worcester at the time his motion was called on, and, according to all rules of public business, should have been ready to support it. It was not possible to communicate with him before the meeting on Tuesday, as his address in Worcester was not known.—C. G. WHEELHOUSE, President of Council.

## NOTIFICATION OF INFECTIOUS DISEASE.

SIR,—Dr. Seaton, Medical Officer of Health for Nottingham, writing on this subject in your last issue, says:

"If I understand Dr. Mahomed's resolution aright, the proposal" (adopted by the meeting of the British Medical Association at Worcester) "is, that the sanitary authorities should be empowered to require every householder to notify...and no more....I have heard this idea expressed before, but have never known it to be definitely formulated."

For a definite formulation of this idea, I beg to refer Dr. Seaton to the Bill introduced last session into the House of Commons by Mr. Meldon, M.P., on behalf of the Irish Medical Association and the Dublin Branch of the British Medical Association, of which Bill I have the pleasure to send him and you copies.

I submit that it is the only measure which promises to effect notification without putting the physician in a false position; and I would urge its general adoption as a means of resolving the existing contention between sanitarians and the profession.

The Bill proposes—

a. To make the custodian of the patient, primarily, solely responsible to notify. He shall find out the nature of the disease in any way he pleases (through the family doctor, if he has one—through the parish doctor, if he has not); but he must cause notification to be made *per alium aut per se*, and shall be answerable to the sanitary authority if he omits to do so.

b. But he may use the doctor as his agent if *the doctor pleases*; and, in that case, the entire responsibility and penalty shifts at once to the doctor's shoulders, who undertakes to notify, and receives the fee.

Let me point out how this system would work. The child of A. falls sick. Thereupon, he sends for the doctor. Why? Because he knows that, whether he does so or not, he himself *must* notify—that he will not escape sanitary inconveniences by excluding the doctor, but that, on the contrary, the doctor can save him much trouble and publicity by notifying for him. The physician visits, diagnoses the disease, informs A. of its nature, and of his (A.'s) responsibility to notify.