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This the physician does, without hesitation, because he is not thereby adding in the least to his patient's troubles, or involving him in any sanitary inconveniences which do not already rest on him.

With the notification fee in view (supposing him to have no other incentive), the doctor informs A. that he is willing to relieve him of all trouble of notification. I anticipate that in nine cases out of ten A. accepts thankfully the relief; whereupon, the doctor fills up his notification-form, hands one part as a voucher to A., posts a second part to the sanitary authority, and keeps the block as his own record.

But suppose A.—fearful of sanitation or negligent of his duties—does not send for the doctor. The nature of the disease is discovered by the sanitary authority either by registration of death or otherwise, and A. is prosecuted. He can have no defence. No question can arise which will require the doctor to go into the witness-box to prove that he did or did not hand A. a notification-certificate. If the "voucher" be not forthcoming, A. is at once convicted and punished. On the other hand, suppose the doctor undertakes to notify, but neglects to do so, A. is questioned or prosecuted as before. He produces his "voucher"; the doctor is at once made amenable, and cannot plead doubts as to the nature of the disease, because he has already pinned himself to it on the face of the "voucher".

I submit that this system would meet every possible contingency. It would afford no inducement to A. to exclude the doctor, nor any inducement to the doctor to conceal from A. the nature of the disease. It would not make the physician the server of a process in the sick-room (unless when asked to undertake notification), nor the agent of the sanitary authority for the infliction of sanitary inconveniences. Lastly, it would not call the doctor (as the "indirect" method of notification does) to appear as witness against his patient's custodian in the police-court.

You will observe that I do not argue this question as a matter of medical feelings or interests, though I fully appreciate this aspect of the matter. I insist that, in the public interest, compulsory notification by the physician should be resisted, because it must cause—and I assert has caused—concealment of disease; because (with this object in view) it must cause, and has caused, the exclusion of the physician until the patient is dying; because (for these reasons) it must cause, and has caused, rather an increase than a diminution in the zymotic mortality of those towns to which it has been applied.—Yours, etc.,

ARCHIBALD H. JACOB, M.D.Dub., F.R.C.S.I.,
One of the Executive of the Irish Medical Association.

SIR,—If medical men are to be compelled to notify the outbreak of infectious disease, the odium and responsibility of failing to diagnose cases, to say the least, extremely doubtful, but which further development may prove infectious or otherwise, will devolve and fall heavily and undeservedly on the profession. All doubtful cases should, as a matter of precaution, be assumed to be infectious, and isolated in a "doubtful ward." The patient would not be transferred into the infectious ward until proved to be tainted. On the other hand, a doubtful case, which proves harmless, would have the advantage of escaping the infection.

Are we to understand that it is proposed that our already heavy clerical work is to be increased by having to notify every case of infection and a register of each? To my mind, notifying a decided outbreak should be deemed sufficient; and this duty should devolve equally on school authorities and householders, whether it be considered necessary that we should do so or not. How terribly harassed any individual member of our profession would feel, when intimidated for not at once recognising a case of very doubtful yet incipient infectious disease, and fined on account of the failure.—Yours obediently,

Pershore, August 26th, 1882. SAMUEL W. SMITH.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

DISTRICT MEDICAL RELIEF IN THE UNION OF MANCHESTER.

CONSEQUENT on the death of the late Mr. Dean, until lately medical officer of No. 2 District of the Manchester Union, the guardians appointed a committee to take the subject of medical relief into consideration, and to report to the board the arrangements which appeared to them to be advisable. At the last meeting of the board their recommendations were brought up, and formed the subject of a very lengthened discussion. To make the subject clear to our readers, we must state that, up to the date of Mr. Dean's death, this union, for district medical relief purposes, was distributed as follows: No. 1 A., population 22,034, Mr. T. Price, stipend £170; No. 1 B., population 15,227, Mr. Mann, stipend £170; No. 2, the late Mr. Dean, population 47,981, stipend £220; No. 3, population 63,547, Mr. Meacham, £200; the aggregate area being 1,577 acres, the gross population being 148,799, and the total expenditure on district medical relief being £760, from which used to be deducted the cost of providing and the dispensing of all medicines, which the medical officers had to furnish.

It was now proposed to appoint Mr. Price, medical officer of sub-district No. 1 A., to the vacancy caused by the death of Mr. Dean, and to join his district to that of Mr. Mann, the holder of No. 1 B., leaving Mr. Meacham's district intact, thereby making the three medical districts conterminous with the relieving officers' districts.

In formally moving the adoption of the report, the chairman said he did so unwillingly, as he objected to the amount of salaries proposed, and therefore he should not vote for it. The proposition was as follows: To give Mr. Price £30 additional, a similar amount to Mr. Mann, and to augment the stipend of Mr. Meacham by a like grant, whereby a saving of about £160 would be (so it was imagined) saved. In the course of the discussion which ensued, it came out that the cost of district medical relief, in this highly pauperised union, has been successively reduced from £1,020 to £760, at which it stood at the time of Mr. Dean's death, and that this further reduction would bring the total down to £630, if this scheme should be ultimately adopted.

After much discussion, it was arranged that the combination of districts should be carried out; and, as the salaries could not be modified without notice, the chairman submitted a resolution, which he proposed to move, that Mr. Mann's salary be increased from £170 to £200, that Mr. Price's be raised by a like amount, and that Mr. Meacham should have a grant of £30 additional.

Now, what does this scheme amount to? For a gross sum of £630, from which has to be deducted the cost of drugs and their dispensing, the guardians of the union imagine that the sick wants of their mass of pauper poor can be efficiently dealt with. We protest against the arrangement; and give it as our opinion, derived from an extensive examination of the question, that it cannot be honestly done. In the first place, the population of each district, notably that of Mr. Meacham's, is in flagrant violation of the general orders of the Local Government Board, which limits the population in an urban district to 15,000 persons, though here and there a larger population has been sanctioned. These districts and these obligations will inevitably lead to a perfunctory performance of duty, or to a wholesale recommendation of the great majority of sick cases as fit and proper persons for the workhouse, where the cost of their entire maintenance, and the total destruction of independence, will infallibly lead to a vast augmentation of the cost of pauperism.

If the guardians of this union really desire the well-doing of their sick, let them, before deciding to adopt their chairman's resolution, ascertain how the dispensary system of medical relief works in those districts and unions where it has been introduced—such as Birmingham, Southampton, and Oxford, and the metropolitan unions; and let them not be deterred by the dread of first outlay, seeing that, where the system has been fairly carried out, a very considerable reduction in the cost of pauperism has resulted.

FEVER IN ACCRINGTON.

DR. MILNE, the medical officer of health for this borough, reports increased prevalence of scarlatina and measles during last month, compared with the corresponding month of last year. There were fifty-six registered deaths during the month, a death-rate of 21 per 1,000; whereas in the corresponding month of last year it was 16.46. The deaths from zymotic disease were at the rate of 9.3 per 1,000, to 3.8 of the corresponding period of last year. The borough is never, it appears, quite free of scarlatina. Dr. Milne attributes the prevalence of the disease mainly to the extreme difficulty of isolating infected persons in the dwellings of the operatives, and "the almost criminal indifference with which children and others are allowed to go from infected households to school, to the mill, and in other ways to come in contact with their fellows". Dr. Milne recommends the closing of the schools, thorough disinfection, isolation until complete recovery be medically certified, and the cessation of the practice, peculiar to *some* women, of "gadding about" from house to house where sickness exists. He also recommends that the fewest possible number of persons should attend the burial of infected bodies, and that these should be interred as quickly as possible. Finally, he recommends regular periodical examination of the water-supply; not, of course, omitting general sanitary cleanliness.