

those who administer it might profitably give attention. The charter of the College limits its power of holding lands or rents to an amount not exceeding £2,000 a year. It holds now, and has held for many years, property exceeding that amount by at least £1,300 a year. Every member of the Council has thus rendered himself liable to very heavy penalties, a fact of which the Association of Fellows and Members ought to be aware.

#### NOTIFICATION OF INFECTIOUS DISEASES.

SIR,—Jarrow secured the compulsory notification of infectious diseases in 1878, being the first sanitary authority to do so in the kingdom. In this Act the medical attendant only had to notify. In 1884, in an amended Act, the dual system of notification was adopted.

All official reports referring to these Acts point out the great benefits derived from compulsory notification, and speak of how smoothly they work. The benefits to the public have undoubtedly been great, although kept at a minimum, because the Act does not work smoothly. As far as the householder is concerned, the Act has always been a dead letter. Its bearing on the medical practitioner, however, has been very different. I have been summoned on four separate occasions, causing me great expense, great annoyance, and serious loss of time. All the cases were dismissed. The persecution has been most persistent, and the misstatements and misrepresentations made at Council meetings, and in our local press, are calculated to do great injury to my practice.

According to our Act the medical attendant has to fill up a form bearing a preliminary declaration that the person named is suffering from an infectious disease within the meaning of the Act, and, lastly, has to state the "nature of the disease." This I do by saying it is of a dangerous character, and although thus making our Act dovetail, as it were, with the instructions issued to medical officers of health in the Public Health Act, our medical officer has persuaded the Council to insist on being supplied with the name. I decline doing so, for several reasons, and am not the only one in the district who fills up the reports in the way stated.

I shall never submit to having a medical officer of health sitting in judgment on my diagnosis, backed by a body of men totally ignorant of medical affairs, but considering themselves in honour bound, under all circumstances, to support the opinion of their officer, who, by the way, has not always had a training calculated to make his *ex cathedra* opinion of much value when there is a difficulty of arriving at a correct diagnosis in cases of infectious disease.

The Act says that on becoming aware of the nature of the disease my return must be made forthwith. I am frequently aware that I have an infectious disease of a dangerous character to deal with for some time before I am able positively to give it a name. My reports are not only in accordance with the wording, but also with the spirit, of the Act, for they put the sanitary authority on their guard at the earliest possible moment. As we all know, the symptoms of infectious disease will not at one and the same time accommodate themselves to the Council's interpretation of the Act, and enable them to be an efficient sanitary authority.

Mistakes in the diagnosis of infectious diseases are common, and cases are frequently sent to fever and small-pox hospitals which are found to be neither small-pox nor fever. I therefore decline incurring the risk of a prosecution resulting from an error in diagnosis, and a document bearing my signature being produced in court proving my legal responsibility. A medical practitioner in New York was lately assessed in heavy damages under such circumstances.

As illustrating another form of trouble which may result from giving the name of a disease, I will relate what took place a few years ago. I was called in to see a case of small-pox, and found several others convalescent from the same disease. I wrote to the Mayor, and a Council meeting was called, the medical officer informing them that they were cases of chicken-pox, and producing several certificates signed by medical men expressing the same opinion. In self-defence I asked Dr. Gibb and Dr. Armstrong, medical officers of health for Newcastle, to visit the cases. They pronounced them to be all cases of small-pox, and the town suffered for more than twelve months from the epidemic of small-pox which resulted.

As I do not give the name of the disease, the town clerk has written me to say that the Council refuse paying for my reports. The Act says I must report under a penalty, and also enacts that I am to be paid 2s. 6d. for each report, but it nowhere says I must give credit; so the reports are filled up, taken to the Council Chamber, where payment is invariably refused, and I bring the reports home and file them pending future developments.

I have repeatedly offered, and am still prepared to give, the medical

officer all the assistance in my power, and am willing at any time to give privately my opinion as to the name of the infectious disease from which my patient is suffering.

To secure the efficient and smooth working of an Act, the medical officer will have to develop into something more than a mere compiler of figures obtained from the registrar and medical practitioners of the district. He must also diagnose the cases himself for the sanitary authority, and be carefully instructed to do nothing calculated to interfere with the cordial relationship existing between the patient and the medical attendant under pain of dismissal. Present forms of notification should be done away with, and each householder only be compelled to report, and no fees should be paid for reporting.

Jarrow-on-Tyne, October 22nd. W. WHAMOND, M.D. Glasg.

SIR,—The subject of compulsory notification of infectious disease having recently occupied considerable attention in the columns both of the medical and public press, perhaps the experience of one who speaks from an actual and extensive acquaintance with the same may be of some service in arriving at a conclusion upon this subject. And here it should be noted that this is a question in which the public at large are even more interested than the medical profession itself.

If any health authority is to grapple successfully with outbreaks of epidemic disease, the first and most elementary requisite is that they should at once, and with the smallest delay possible, know where such disease exists. On this point surely all are agreed. Then comes the question respecting which so much difference of opinion exists—that is, the best way of supplying this information to the authority concerned. Shall it be through the medical attendant, or through the friends of the patient, or both? Practically, it must in the great majority of cases come from the medical attendant, directly or indirectly. This being so, why complicate matters by introducing a third person, often ignorant, illiterate, or harassed, and only tending to cause delay in the information being transmitted? Surely the medical man is the fittest person, and there is nothing more *infra dig.* in thus reporting than in furnishing the legal certificate of death in fatal cases. But to meet the smaller minority of cases where no medical attendant is called in, the notification should be dual, the responsibility resting equally on the patient's friends with the practitioner, and then the objection is met that cases would be wilfully concealed by patients not having any medical attendant at all.

Leicester was amongst the first of the large English towns to obtain these compulsory powers, and the strongest opposition was raised at the time by the members of the profession here. It was asserted that the confidential relations existing between medical man and patient would be destroyed, etc. Nine years' experience has served to dispel all these fears, and to-day, those who were then amongst the most determined opponents are now its warmest supporters. The dual system is in force, but in practice only the medical man certifies, though the public are kept fully alive to the fact that they also may be called on to notify, and thus the hiding away of cases is prevented.

No doubt, where a medical officer of health is in general practice there will exist a not unreasonable dislike to notify to a rival practitioner; but in all our large towns where that official is not engaged in practice, he must be wanting considerably in tact and discretion if any friction arise between him and his professional brethren on this matter.—I am, etc., H. TOMKINS, M.D., B.Sc., San. Sci. Diplom., Leicester. Medical Officer of Health.

SIR,—Dr. Jacob has misapprehended the purport of my letter in the JOURNAL of October 8th, in which I did not undertake to prove anything, but merely stated that compulsory notification of infectious disease was acceptable both to the profession and laity of Reading, and worked smoothly and well. The question of its value as against disease is a different and larger one, to which the demands on my time will not permit me to do justice, nor can I, owing to the death of our medical officer of health, under whose supervision our present system has grown up, obtain access to or deal with the statistics of the borough as he, had he been alive, would have done.

I much regret that I am unable to give a satisfactory reply to Dr. Jacob's first question, as to the influence of compulsory notification on the death-rate from zymotic disease. The reason is that until November, 1875, Reading had no complete system of drainage, and during the past ten years the number of houses connected with that system has been gradually increasing from 2,003 in 1876 to 8,765 in 1886. Therefore the two factors of improving house sanitation and compulsory notification have been concurrent, rendering it impossible to ascertain to what extent each is responsible for the reduction of the