

is recommended to join a Provident Dispensary. In the Provident Dispensary the applicant must make four weekly payments, or an immediate payment of 5s., before treatment is commenced; but during these four weeks he receives treatment at the Manchester Royal Infirmary free of charge. Dr. Harris considered there was little or no abuse of the out-patient medical department. He proposed that the wage limit should be raised to 1s. and 20s. per week for unmarried and married applicants respectively.

Mr. WILLIAM THORBURN, F.R.C.S. (assistant surgeon, Manchester Royal Infirmary), corroborated Dr. Harris's statement as to the absence of abuse in the surgical department. He was emphatically of opinion that the surgeons and physicians should not take part in the system of checking.

Dr. HILL GRIFFITH stated that there was no wage limit in use at the Royal Eye Hospital. If the applicant was able to pay a consultant's fee of 21s. he was referred to one of the hospital staff.

Mr. H. LUND said that careful investigation proved that the applicants at the Salford Royal Hospital were in receipt of an average weekly income of 11s. only.

Dr. A. M. EDGE supported this statement, and affirmed that there was little or no abuse in the out-patient department.

Drs. BURY and WALTER admitted that in special hospitals there were flagrant cases of abuse occurring frequently.

Professor SINCLAIR maintained that there was vastly less abuse in the hospitals, both special and general, than there was in the provident dispensaries; that he had an extended experience of the provident dispensary system, and that nothing could be worse than that system. He believed Dr. Rentoul's propositions would greatly extend it. The present difficulties arose from overcrowding of the profession.

It was proposed by Dr. T. HARRIS, seconded by Dr. COLLINS, and carried unanimously: "That this meeting recognises the existence of hospital abuse, and that medical practitioners and the managers of our medical charities in the various towns and cities meet together and decide who are eligible for out-patient medical aid. Further, that either the Manchester system of checking an abuse, or that tried at the London and St. Bartholomew's Hospitals be put into force, but that preference be given to the plan adopted in Manchester."

It was proposed by Professor SINCLAIR, seconded by Dr. NICHOL, and carried unanimously: "That no public medical service which may be dominated by lay members of committees can possibly succeed in supplying permanently medical relief to the working classes of our cities."

These resolutions were confirmed by the Committee at a meeting held on December 6th, 1889; and it was resolved: "That this meeting desires to express its regret that the Poor-law infirmaries and fever hospitals are not open for the clinical instruction of medical students, and hopes that the various authorities will direct their attention to the removal of the present restrictions, so that the educational standard may be improved."

The Committee ordered that a full report of the proceedings of the Association should be forwarded to the Editor of the JOURNAL for publication.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE COST OF NOTIFICATION.

Dr. T. J. DYKE, M.O.H. (Merthyr) writes: "The Merthyr Tydfil Sanitary Authorities, urban and rural, are desirous, before adopting the Act for the Notification of Infectious Diseases, to learn what have been the expenses incurred in towns where compulsory notification has been for some years past required.

"As an authentic epitome of the average annual percentage of charges (per 1,000 of the population) for medical fees, and for other expenses, would be of great assistance to health officers in introducing the new Act to the local authorities, I would ask is it possible to have a list of some five or six towns in which provisions similar to those of this new Act have been carried out, and the annual average charges in each town?"

It is difficult, in some cases almost impossible, to calculate the cost involved in the Compulsory Notification of Infectious Diseases, seeing that it will depend upon the number of infectious

cases, and be greatly influenced by outbreaks of disease. If these facts be borne in mind, the following table may be found interesting. The year selected is 1886.

Name of Town.	Population, 1881.	Approximate Total Cost in 1886.	Cost per 1,000 of Population.	Number of Cases Notified during Year.						
				Small-Pox.	Typhus Fever.	Enteric Fever.	Continued Fever.	Scarlet Fever.	Diphtheria.	Erysipelas.
Barrow-in-Furness	50,000	35	14	—	—	—	110	141	23	—
Bradford (Yorks)...	224,500	250	22	3	—	159	—	1,118	46	—
Dewsbury ...	33,000	40	24	—	—	11	87	217	—	—
Heywood ...	25,000	8	6	4	—	27	—	8	—	—
Jarrow ...	30,000	21	14	—	2	22	—	94	19	—
Leicester ...	143,000	270	38	1	—	141	—	817	51	260
Nottingham ...	240,000	75	6	12	—	317	—	351	68	—
Portsmouth ...	137,900	220	32	—	—	1,250	—	343	230	—
Reading ...	50,000	20	8	1	—	20	—	236	11	—
Sunderland ...	130,000	60	9	—	40	107	49	328	22	—

LIST OF AUTHORITIES WHO HAVE ADOPTED THE INFECTIOUS DISEASE (NOTIFICATION) ACT.

WITHIN the next few weeks more than half the population of England and Wales will be subject to the compulsory notification of certain infectious diseases. By the Infectious Disease (Notification) Act of last session, it was provided that any local sanitary authority outside the metropolis may, if they think fit, adopt the Act, and thereby impose upon householders and medical men the duty of notifying the occurrence of cases of "small-pox, cholera, diphtheria, membranous croup, erysipelas, the disease known as scarlatina or scarlet fever, and the fevers known by any of the following names: typhus, typhoid, enteric, relapsing, continued, or puerperal." The Act has already been adopted by the following local authorities:

Urban.—Abingdon, Altrincham, Ambleside, Appleby, Ashton-in-Makerfield, Aspull, Bakewell, Baldock, Balsall Heath, Bangor, Barking, Barton, Beckenham, Bedford, Belper, Benwell, Bexhill, Bexley, Bishop Stortford, Bodmin, Bollington, Boston, Bournemouth, Bowness, Brentford, Broadstairs, Bromley, Broughton, Budleigh Salterton, Burgess Hill, Buxton, Cambridge, Cardiff, Carnhalton, Castleford, Chatham, Cheddar, Chester, Chilver Cotson, Chiswick, Chorley, Church, Cirencester, Cleckhwaon, Clevedon, Cockermouth, Colwyn Bay, Conway, Compton Gifford, Colchester, Coventry, Crumpsall, Dalton, Darlington, Devonport, Dorking, Dover, Dwygyfylli, Ealing, Eastbourne, East Grinstead, East Ham, East Retford, Egremont, Ely, Enfield, Epsom, Erith, Eton, Exeter, Eye, Falmouth, Fenchley, Folkestone, Garston, Gillingham, Glastonbury, Gorton, Great Crosby, Great Yarmouth, Halstead, Harborne, Harrow, Hayward's Heath, Heath, or Hebdon Bridge, Hereford, Herne Bay, Hertford, Heston and Isleworth, Hexham, Higher Bebington, Hoole, Horncastle, Hornsey, Horwich, Houghton-le-Spring, Hurst, Huyton, Ilfracombe, Ince, Keighley, Kenilworth, Kettering, Kildermister, Kirkby Lonsdale, Liskeard, Little Woolton, Loner Bebington, Lymm, Malvern, Malvern dale, Mansfield, Mansfield Woodhouse, Mark, Mark T Harborough, Melksham, Link, Mansfield, Millom, Morecambe, Mount-in-Ash, Nantwich, Neath, Middlesbrough, Millom, Milton, Morecambe, Mount-in-Ash, Nantwich, Neath, Newark, Newton Heath, Newton-in-Makerfield, Normanby, North Bierley, Northfleet, Nunaton, Openshaw, Ormskirk, Raigton, Penrith, Penzance, Plymouth, Pontypridd, Queenborough, Radcliffe, Redruth, Richmond (Surrey), Rishton, Rochdale, Rochester, Runcorn, Saffron Walden, St. Austell, St. Helens, Salcombe, Sale, Saltley, Selby, Sheerness, Sheffield, Shepton Mallet, Shipley, Sittingbourne, Skipton, Sleaford, South Hill Nether, Southend, Southgate, South Gosforth, Southport, South Stockton, Spalding, Standish, Street, Sutton Coldfield, Swadlincote, Swinton and Pendlebury, Tamworth, Taunton, Teignmouth, Tenterden, Tettenhall, Todmorden, Tonbridge, Totnes, Tottenham, Toxteth Park, Tredegar, Trowbridge, Truro, Tunbridge Wells, Turton, Twickenham, Tynemouth, Ulverston, Upholland, Uxbridge, Walker, Wallasey, Waltham Holy Cross, Warley, Waterloo-with-Seaford, Wavertree, Wellingborough, West Hartlepool, Weston-super-Mare, Whitley and Monk-seaton, Widnes, Wimbledon, Windermere, Winsford, Withington, Wolverhampton, Wombwell, Worcester, Wrexham.

Rural.—Abingdon, Alresford, Altrincham, Amersham, Anglesey, Ashford (East), Aston, Banbury, Barnet, Barnsley, Barton Regis, Basford, Basingstoke, Bedford, Biggleswade, Billesdon, Blandford, Bolton, Brackley, Bradfield, Bridge, Bridgnorth, Bromley, Buckingham, Burnley, Caistor, Cannock, Carnarvon, Castle Ward, Caxton and Harington, Cheddar, Chertsey, Chertston, Chippenham, Chorley, Christchurch, Cirencester, Cockermouth, Conway, Cosford, Coventry, Cranbrook, Croxson, Darlington, Daventry, Deepwade, Doncaster, Dore, Dorking, Dover, Drayton, Droxford, Dunmow, Durham, Eastbourne, East Grinstead, East Retford, Eastry, Elham, Epsom, Eton, Evesham, Fareham, Faversham, Faringdon, Foleshill, Frome, Garstang, St. Germans, Grantham, Greatcross, Hailsham, Halstead, Hambleton, Harismere, Hartlepool, Hartley Wintney, Haverfordwest, Hay, Hendon, Henley, Heitford, Hexham, Holling-bourn, Horncastle, Houghton-le-Spring, Howden, Hoxne, Hungerford, Hunslet, Hursley, Keighley, Kendal, Kettering, Kingsbridge, King's Norton, Kingston-on-Thames, Lichfield, Lincoln, Louth, Ludlow, Lutterworth, Macclesfield, Maldon, Malling, Mansfield, Martley, Mere, Meriden, Midhurst, Milton, Monmouth, Neath, Newent, Newhaven, Newmarket, Northwich, Oakham, Okehampton, Orsett, Pateley Bridge, Penrith, Peterborough, Pocklington, Potterspurty.

Prescot, Reigate, Ross, Rugby, Runcorn, Scarborough, Selby, Settle, Sevenoaks, Shardlow, Sheppey, Shepton Mallet, Shifnal, Skipton, Sleaford, Sohull, Southam, South Stoneham, Spalding, Spilsby, Stafford, Stamford, Stratford-on-Avon, Strood, Sunderland, Swansea, Tadcaster, Tamworth, Tarvin, Taunton, Tending, Tenterden, Thakeham, Thame, Thanet, Thingoe, Thirsk, Thornbury, Totnes, Truro, Ulverstone, Uppingham, Uxbridge, Wakefield, Walsall, Ware, Wellingtonborough, Wellington (Salop), Welwyn, West Ward, Wetherley, Whitehaven, Isle of Wight, Winchester, Wirral, Worcester, Wortley, and Wrexham.

The aggregate population of these districts is about six millions. The Act came into force in the whole of the metropolis at the end of October last, and thereby brought upwards of four millions of people under its operation, whilst by separate local Acts the system of compulsory notification had already been in force in fifty-nine large towns, with an aggregate population of nearly four millions.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

At a meeting of the Council held at their rooms, 3, Bolt Court, Fleet Street, on December 3rd, Mr. A. Stokes, district medical officer of the Uxbridge Union, attended and fully explained his case to the Council. He was privately advised as to his future action. It was decided to give further consideration to this case at the next meeting. In reference to the case of Mr. C. G. Read, late medical officer of the Hoxne Union, it was unanimously resolved: "That this Council, having fully considered the case of Mr. C. G. Read, of Stradbroke, especially in reference to his long services as medical officer in the Hoxne Union, deeply regret to hear that the Board of Guardians of that Union should have declined to exercise their powers to award him superannuation allowance on retirement from office, and that a copy of this resolution, signed by the Chairman of this Council, be forwarded to the Chairman of the Hoxne Board of Guardians with a request that he will order it to be read at the next meeting of that Board."

The above resolution was read at a meeting of the Hoxne Board of Guardians on December 10th.

EARL SPENCER ON THE REPORTS OF LOCAL GOVERNMENT BOARD INQUIRIES.

EARL SPENCER, speaking at a meeting of the Brixworth Board of Guardians recently, strongly censured the action of the Local Government Board in its delay in sending out reports. In August an outbreak of diphtheria occurred at East Haddon, and many people died. An inspector visited the village in September, but no report had yet been received, and this delay his lordship considered most serious and deplorable. The local authorities were most anxious to deal with the outbreak, but they were completely paralysed owing to the absence of the report. It was a sad reflection on centralised government for an authority to wait from the middle of September onwards for a report, and these delays furnished the strongest arguments against a central government in London. As Chairman of the County Council he was not anxious to assume fresh duties, but he ventured to say that if they had had to deal with the matter they would have brought common-sense to bear, and not have paralysed the action of the local authorities.

VACCINATION IN IRELAND.

DURING the third quarter of the year 25,526 persons were successfully vaccinated, while in 3,058 cases the operation was postponed, and 50 children were reported as insusceptible of vaccination. The deaths of 1,490 unvaccinated children under three months old were registered during the quarter, making a total of 30,124 children with regard to whom particulars as to vaccination were ascertained.

HINTS FOR MEDICAL OFFICERS OF HEALTH.

In a little publication just issued Dr. Spottiswoode Cameron, formerly medical officer of health for Huddersfield, and now for the County Borough of Leeds, gives some valuable hints, gained by an experience of twelve years, which should be very useful to sanitary authorities about to adopt compulsory notification powers. In this pamphlet Dr. Cameron points out that there must always be a considerable number of cases of infectious disease about the exact nature of which there is a certain amount of legitimate doubt. "Medical men," he says, "will naturally hesitate, some more, some less, according to constitution, about reporting these contagious cases, and the length of their delay, in not a few instances, will be lessened or increased by the amount of their confidence in the judgment, tact, and considerateness of

the medical officer of health. If the latter is a fussy official, who, with perhaps little or no practical acquaintance with medical work, without perhaps any personally acquired knowledge of the insidious commencements of those very diseases which have so distinct a *facies* when seen later on in the wards of a hospital, insists upon an early and definite diagnosis from the medical attendant, on pain of presenting the latter before his patients as a man ignorant of the signs of the diseases he has to deal with, such a one may expect very little friendly help from the practitioner in those doubtful and difficult cases where from first to last the facts on which a diagnosis has to be based are few and indefinite. And yet it is just these doubtful and indefinite cases that are too often the *fons et origo* of an outbreak of infectious disease."

THE IMPROVEMENT OF INSANITARY HOUSES.

SIR,—On page 1172 of the JOURNAL of December 7th, in an annotation on "The Improvement of Insanitary Houses," you state that a nuisance, when proved in a court of justice, is not a punishable offence, and you urge an amendment of the law relating to nuisances which should have the effect of making the neglect of a sanitary authority's notice to remove a nuisance an offence punishable by a fine not exceeding £5, the neglect of the magistrate's order being punishable by a further fine.

Permit me to point out that, while the laws dealing with nuisances within the metropolis are as you state, it is otherwise in the rest of England, where the Public Health Act, 1875, is in force, and has replaced, consolidated, and in some respects amended, the laws relating to public health which were previously in force in the whole of England, as they still are in the metropolis.

Section 96 of the Act of 1875 enables a court of summary jurisdiction not only to make an order requiring compliance with the requisitions of a notice of a sanitary authority, but also to impose a penalty, not exceeding £5, on the person on whom the order is made, whilst Section 98 of the same Act provides a penalty for a contravention of an order of the court.—I am, etc.,

Reading, November 30th.

ALFRED ASHBY.

THE ASSOCIATION OF PUBLIC SANITARY INSPECTORS OF GREAT BRITAIN.

MR. HUGH ALEXANDER (Chairman of the Association of Public Sanitary Inspectors) writes: If it were possible for you to publish my address on the Sanitary Institute, to which you refer in your issue of November 16th, and of which I enclose herewith a copy, I would be quite content to be judged thereby, as the address supplies full reasons for the resolution which was adopted at the meeting, and which you say was unreasonable. If that may not be, I shall be very glad if you will be good enough to permit me to say, in reply to the observation, that the suggestion of the Council for the improvement of the Sanitary Institute's examination "must be decided on general grounds of public expediency, as well as merely in the interests of the inspectors," that it is far more in the interests of the public health than in the individual interests of inspectors holding office that the Sanitary Institute should cease to admit to its examinations any candidate for its certificate of fitness for the position of sanitary inspector, unless such candidate can give satisfactory proof of practical experience in building operations, and, in addition, be in possession of a first class certificate of the Science and Art Department in building construction. What measure of "public expediency" is promoted or upheld by the examinations as at present conducted can best be estimated by the fact, that they have overstocked the market, and that every vacancy, however poorly paid, is competed for by numbers of poor men holding the Institute's certificate—soldiers, policemen, postmen, confectioners, etc.—who are positively without any other qualification than that they have attended a course of lectures, and been sufficiently coached to obtain the certificate of the Sanitary Institute. The Council of the Association are not ungrateful to the Institute, and to the great men, its members, who have done so much for the advancement of sanitary science, but we owe no debt of gratitude to those whose influence, for whatever reason, is exerted in retarding a reform unquestionably of the greatest importance to the interests of the public health.

GRANTS TO PUBLIC VACCINATORS.

PUBLIC VACCINATOR asks if the formation of the new County Councils makes any and what difference to the grants usually given to public vaccinators?

"* We referred to this matter some weeks ago.¹ We understand that the delay which has this year occurred in paying the awards gained by public vaccinators for successful vaccination has been due to difficulties that arose in connection with the apportionment of the payments between the several counties. These payments will in future, as the result of the provisions of the Local Government Act, 1888, be made, not direct from the Imperial Exchequer, but by the County Councils, on the certificate of the Local Government Board, out of the new Exchequer Contribution Account, to which the sums received by the Councils in respect of the duties on local taxation licences and the probate duty grant are carried. We believe that the process of certifying and paying is now going on, and doubtless there will not again be such delay as has occurred this year.

¹ JOURNAL, October 26th, p. 939.