

SIR,—With your permission I will deal shortly with a few points regarding the notification of infectious disease which have been alluded to in BRITISH MEDICAL JOURNALS of recent dates.

We are all agreed about the difficulties in forming a correct diagnosis, and also about the benefits to be derived from notification, but we do not all agree about the justice or wisdom of the Notification Act in its present form. Undoubtedly the medical man who notifies a case is entirely responsible for the diagnosis and for any legal consequences which may follow in case of a mistake. That the medical practitioners of this country should so long have tolerated having thrust upon them such a serious responsibility is difficult to understand. It can only be accounted for by supposing that they have never seriously considered the subject; they have gone on notifying, just as they used to do in lunacy cases, until many medical men were ruined by being prosecuted. Similar prosecutions and penalties for maldagnosis are not unlikely to follow notifying. In the JOURNAL have been reported particulars of several such prosecutions under similar laws in the States, where heavy penalties with costs were inflicted.

The medical officers of health are only acting within their present legal rights in refusing to accept any responsibility in diagnosing. After a case has been removed to an infectious hospital, however, how can a M.O.H. faithfully discharge his duty to his patient and to his employers by "in every case taking it for granted that the certificate of the registered practitioner as to the nature of the disease is correct, and under no circumstances ought he to question this?" I believe medical men cannot be legally compelled to act as experts, nor do they generally profess to be such. The M.O.H., however, by accepting his appointment, becomes at once a professed expert, and the law, in all fairness, ought to compel him to act as such in the interests of the ratepayers. Why should the general medical practitioner have forced upon him this responsibility, whilst at the same time he has to pay his proportion of the professed expert's salary? The climax of this injustice is only reached when we are told, in so many different ways, how incapable we are of diagnosing infectious disease. A M.O.H. in this neighbourhood recently stated publicly before a meeting of the sanitary authority "that 95 per cent. of our medical men are incapable of diagnosing a case of malignant infectious disease." In spite of this expression of opinion, I am inclined to agree with one of your correspondents when he says that "the medical practitioners of the country are probably more likely to form a correct diagnosis than the ordinary M.O.H.," who has been placed in an altogether false position with regard to the rest of the medical profession.

But medical officers of health not only bring a charge of incapacity against us, they repeatedly have accused us of making wilful misstatements about the nature of infectious disease for the purpose of either obtaining a fee, or have evaded notification altogether by yielding to the prejudices of our wealthier patients. Are medical practitioners prepared to sit quietly under such a libel not only on their professional but on their moral character?

Although, personally, I have been compelled to notify under various Acts, I have always taken care to shield myself from legal liabilities, with the result that I have been four times summoned for not complying with the Acts. On each of these occasions the case was dismissed, and for the last seven years matters have been at a deadlock between me and the Jarrow Corporation. During that period they have received no notifications from me at all, although verbally, on one occasion, I brought under their notice an outbreak of typhus, and would be quite prepared on all occasions to inform the sanitary authority of the existence in my practice of "infectious disease of a dangerous character." It will thus be seen that compulsory notification has not worked so smoothly, in Jarrow at least, as might be inferred from official reports.—I am, etc.,

Jarrow, September 21st.

W. WHAMOND.

SIR,—As divisional surgeon of Metropolitan Police, I am constantly required to visit houses in which policemen are living on the outbreak of contagious disease, and to furnish a

certificate to the inspector on duty. It has happened to me dozens of times to find a case of scarlet fever under the treatment of another medical man who has already duly certified to the medical officer of health. I never notify such cases. I should consider it a fraud upon the vestry to claim a fee for sending information which had already, to my certain knowledge, been given by the medical man in attendance. I always imagined I was doing my duty in a proper spirit, and am, therefore, much surprised that anybody in the world should call such conduct in question.

If Dr. Goodhart be wrong in his view, undoubtedly hundreds of medical men besides him and myself may expect to come under the censure of some medical officer of health who is prone to interpret the law in a narrow-minded fashion, for in an ordinary practice one has to certify in many parishes, and to more than one medical officer of health.—I am, etc.,

Hammersmith, September 24th.

E. C. BARNES.

P.S.—I am in exactly the same position as surgeon to the Post Office.

#### THE INFECTIVE PERIOD OF SCARLET FEVER.

SIR,—With regard to this matter many letters from eminent authorities have appeared in the BRITISH MEDICAL JOURNAL within the last two or three weeks, so that I hope you will allow me to say that, if an experience of sixteen years as medical officer of health and medical officer of an infectious hospital—to which during that time many hundreds of cases of scarlet fever have been sent from their homes on the first, second, and even third day of the rash, without secondary cases arising in them—has told me anything it is that, as a rule, the disease is not infective in its first stage.

This experience enables me to use this non-infective stage as an all-powerful argument in trying to persuade unwilling parents to send their child suffering from scarlet fever to the hospital, so that the remainder may escape the disease; and I find it a most successful and effective one. The greatest difficulty with me has been to know when, after convalescence, the patient is free from infective power, as even after eleven weeks' detention in the hospital a patient has been returned home and other children have, within a few days, become infected, whereas during the whole period of the absence of the initial case the other children have remained free from the disease.—I am, etc.,

Derby, September 24th.

W. ILIFFE.

SIR,—All my published writings insist upon scarlet fever being infectious from its commencement. While I was Secretary of the Epidemiological Society I called the attention of the Society and so of the profession at large to a miscarriage of justice at the Epsom petty sessions in the previous November (1875, I think), where a person escaped penalty for removing a scarlet fever patient in a hired fly by obtaining direct medical testimony that the disease was not contagious in its early stages. My previous statements to that Society, and subsequently, that an early separation was likely to be successful when the exposure had not been at very close quarters are based upon quite other grounds than that scarlet fever is free from infection at its commencement.—I am, etc.,

WILLIAM SQUIRE, M.D., F.R.C.P.

Harley Street, W., September 26th.

#### PAYMENT OF MEDICAL WITNESSES.

SIR,—I have read with much pleasure the correspondence on the above subject, and should like to add myself to the number of aggrieved members of the profession in this matter. It was my unfortunate luck some two months ago to get called to a case of assault. The magistrates committed the prisoner to the assizes. In due time my subpoena arrived ordering me to attend at a certain time on a certain day. I went at 10 o'clock—the time named—to find the judge's charge would not be given till 5 P.M., and the cases for trial were to commence the following morning. Well, Sir, I attended the assizes for seven days from about 10 A.M. till 3 P.M., and sometimes after, no one being able to give me any idea as to when my case was likely to come on for hearing; and as I had a railway journey of fourteen miles to go each way (Liverpool), I certainly lost much more than I gained as far as remuneration was concerned. I received 10s. 6d. per diem for attending before the local magistrates,

and 21s. per diem, plus second class railway fare, at the assizes.

I shall be glad if something could be done by which medical witnesses having to come from a distance could be informed on what day their case was to be heard. Living, as I do, in a country district, it is very inconvenient to attend assizes at such a distance day after day, wasting time when one's own work might have been done at home. If the fees were increased and a special day appointed for the hearing of the case it would be much more satisfactory, and be also a great saving of public money by not having witnesses there day after day doing nothing. I sincerely hope that urgent steps will be taken at once to remedy this grievance.—I am, etc.,

September 18th.

VOX ET PRÆTEREA NIHIL.

\*\* A good deal might be done by more frequently fixing cases for a certain day so as to avoid the unnecessary attendance of witnesses at other times. Most judges, however, are very chary of fixing cases for fear of being left without work to go on with. It is very difficult to predict how long a case may last and consequently when the court will be at liberty to take another; but the number of witnesses kept in attendance on the chance of their case being called on is usually far in excess of what is necessary.

#### THE SCHOOLBOY'S BEER.

SIR,—In an excellent and suggestive leading article on Schoolboy's Meals, replete with sound sense and true scientific teaching, an expression which you employed is certain to be interpreted by the profession generally, as well as by the public, as commending and sanctioning an allowance of ale at dinner. You say: "The amount of ale should be strictly limited; there is still some room for reform here, though there now hardly anywhere exists that extraordinary possibility of abuse which obtained until quite recently." I submit that there is a general consensus of medical opinion as to the non-necessity of giving any intoxicant to young people in health, and that, therefore, the only reform admissible is the total withdrawal of ale *et hoc genus omne* from a dietary for schoolboys.

The abuse arising from intoxication, such as used to happen occasionally at public and private schools, was trivial compared with the present risk of a strictly limited dietetic sanction and administration as an article of food of a beverage useless in health, while perilous to boys with an inebriate heredity or allied neurosis which makes them more susceptible to the influence of anaesthetics, and less strong in control and in inhibitory power to resist this heightened susceptibility.—I am, etc.,

Grove Road, N.W., September 26th.

NORMAN KERR, M.D.

#### THE SCOTTISH CROWN VACANCY ON THE GENERAL MEDICAL COUNCIL.

SIR,—May I urge medical practitioners resident in Scotland to take action so that the practitioner to be appointed by the Crown be a representative of the great mass of the practitioners of Scotland and not of their medical corporations? The latter are at present over-represented. The Universities of Edinburgh, Glasgow, Aberdeen, St. Andrews, the R.C.P., R.C.S.Edin., and the F.P.S.Glasgow each have a representative upon the Council. The late Sir G. H. B. Macleod was the Scottish Crown nominee, but practically represented the Glasgow University.

It is to be remembered that a few of us have asked the General Medical Council to petition the Privy Council to enact that the number of Direct Representatives be increased; such action being provided for by Section 10 of the Medical Act of 1886. This the Council has refused to do. We have also petitioned the General Medical Council to see that some of the Crown nominations be filled by those who represent the great mass of the profession, and not the diploma-granting bodies. Our wish has been treated with contempt. It is to be remembered that almost all the money employed in supporting the General Medical Council and in administering the Medical Acts is found by the medical practitioners through the payment of their registration fees. If the corporations will exclude the representatives of the profession, then let these corporations pay their representatives. Nor will the bald statement, that the representatives of the

corporations represent the profession in general, hold water, because as a rule only the Fellows and Doctors are given the power to vote.

As bearing upon this question, I would call attention to the Report of the Royal Commissioners on the Medical Acts, 1882, page lx, where the following weighty words occur: "While we insist that the reason of the existence of the General Medical Council is the interest of the public, we cannot but recognise the vital interest of the whole medical profession in the constitution of that body. It seems to us highly important that the profession should have full and complete confidence in the Council, and seeing that the governing bodies of the medical corporations, which now elect members to the Council, can hardly be said to represent the great majority of practitioners, we think it advisable to give the general practitioner an effective voice in the body which will be the principal authority of the medical profession. We can see no reason to suppose that the members elected by direct representatives will be less eminent than those nominated either by the Crown or the divisional boards."

Let us see that this valuable recommendation is carried out. To effect this I suggest (a) that each practitioner residing in a Scottish parliamentary division write at once to his member of Parliament asking him to use his influence with the Privy Council so that a representative of the Scottish corporations be not appointed as the Scottish Crown nominee, but that a practitioner representative of the great body of the profession in Scotland be elected; (b) that the practitioners in each city and town get up a petition to the Privy Council, praying that a Scottish practitioner nominated by Her Majesty with the advice of Her Privy Council be selected from among the profession in general, and that he should not be selected by, or from, the medical corporations; (c) that practitioners nominate one of their number for the post. I think that Drs. Farquharson, Clark, Cameron, and other Scottish members of Parliament should be approached at once, and also that the help of the Parliamentary Bills Committee of the British Medical Association should be invited.—I am, etc.,

Liverpool, September 28th.

ROBERT REID RENTOUL.

#### THE ROYAL COMMISSION ON VACCINATION.

SIR,—Allow me to express a hope that my suggestions which you kindly inserted some time ago with regard to vaccination may not be forgotten before the Royal Commission completes its labours. These were principally that some provision should be made with regard to revaccination, and also some means taken to prevent the false security caused by imperfect vaccination by private practitioners, such as their certificates being countersigned by public vaccinators. This must do a great deal to lessen the prejudice against vaccination, a consummation devoutly to be wished. If the Local Government Board was half as active as the anti-vaccinators in distributing leaflets we should have much less of the latter. It is quite certain that vaccination has been at a discount since the Royal Commission has been sitting, and it is to be hoped their future action will in some measure redeem the harm done in the past.—I am, etc.,

September 24th.

W. W.

#### DEAF JURYMEN.

SIR,—The recent retrial before Mr. Justice Collins of a case of murder in consequence of the subsequently-discovered deafness of two of the jurymen, is of considerable importance, owing to the waste of public time and money which such a proceeding involves, not to mention the unnecessary harrowing of the feelings of the prisoner, who may, of course, be innocent. Some means should, therefore, be taken to prevent the recurrence of such a mishap, and for this purpose the following suggestions may be thrown out.

There are two points to be considered: First, no persons unable to hear the evidence should serve on a jury. This may be secured by imposing a small fine on anyone who does so, and now that the subject has been brought into public notice there is less likelihood of this occurring. Secondly, means must be taken to prevent well-hearing persons from obtaining exemption on the plea of deafness. This can only be attained by requiring each person who is exempted to present a certificate from a competent surgeon certifying as to his deafness. The methods employed for detecting malin-