

ordinate staff of a rate-supported hospital. The consequence is that miserable misunderstandings, such as appear to have arisen at Hereford and Folkestone, do frequently arise, and the responsible officer has his position weakened rather than strengthened by the action of those professional brethren from whose opinion he would wish to derive support when advocating before our local rulers sanitary and administrative reforms.—I am, etc.,

Barnes, S.W., Oct. 3rd.

F. GRAHAM CROOKSHANK.

SIR,—In your leader dealing with this subject you speak of the "unpleasant results which may accrue to authorities from neglect to give adequate thought to the three main points that constitute the elements of a successful hospital, namely, site, structure, and arrangements for administration."

Are we then to infer that, in your opinion, the occurrence of "return cases" is referable to the neglect to provide "up-to-date" hospital accommodation and administration? Surely not; for this would be a wholesale condemnation of the sanitary authorities of nearly all the large towns and cities in the United Kingdom, not one of which is provided with "a successful hospital." The aggregation of the infective sick in large permanent hospitals never has been, and never can be, successful. The utmost that can be claimed for the system is that it has ministered to the convenience of a section of the public.

I have for a long time been convinced that the blame cannot be put on administration, and I have always tried to make this clear for two reasons: in the first place such a suggestion would be cruelly unjust to those having charge of these institutions who would be put constantly on their defence (as in the Hereford case) and in the second attention would be diverted from the real causes of the failure of these pest houses miscalled isolation hospitals. The failure is universally acknowledged, the cause of that failure awaits Government inquiry. Instead of facilitating inquiry what has been the attitude of the Public Health profession? Almost to a man they have sought to bolster this bad system up with pseudo-scientific arguments such as the nonsense about "epidemic wave periodicity"—an argument that carries with it a confession of failure.

In this city where we have an "isolation" hospital in every sense "up-to-date and thoroughly equipped"—where administration has been carried out with nervous energy—where money has been lavishly spent in a desperate effort to make "isolation" appear to be some sort of success—what do we find after thirty years of compulsory notification? The sanitary authority is disheartened, the impossibility of avoiding "return cases" openly confessed, medical men on the Health Committee pouring ridicule on the system, a consensus of opinion amongst medical men that nothing but harm has accrued, and the fact that now few cases of scarlet fever are admitted.

For some reason, not far to seek amongst the findings of bacteriology, hospital-discharged patients remain not only in a highly infective but in a protracted infective condition. So far as the former is concerned, we know that the Ditcham inquiry revealed the fact that the very contacts of a hospital-discharged case of mild scarlet fever are capable of spreading both this disease and diphtheria over a wide area and in a deadly form! As to the latter, the case mentioned by Mr. Shirley Murphy, which, we are told, on being discharged from one of the hospitals of the Metropolitan Asylums Board, went about for six or seven months establishing new centres of diphtherial infection, may be instanced. We know that such things are unknown amongst the home-treated, and we are aware that they are not the happenings of the unexpected.

Surely it is the very irony of fate that after thirty years of finings, imprisonments, and persecutions the public should now be found turning against sanitary officials their own weapons. That the Hereford example will be followed elsewhere is beyond question. Equally certain is it that sanitary authorities will be driven to repudiate responsibility for the unavoidable. Then the attention of those who have charge of the public health will at last be compelled.—I am, etc.,

Nottingham, Oct. 5th.

EDWARD DEAN MARRIOTT.

SIR,—Under the above heading in your issue of September 26th, taking as your authority a letter signed by Dr. T. M. Watt, of Goxhill, which appeared in the *Hull Times* of September 19th, apparently without any endeavour to ascertain the correctness or otherwise of the statements it contained, you proceed to criticize the conduct of the Glandford Brigg

Rural District Council. As their responsible Medical Officer of Health, will you kindly allow me space for reply?

Dr. Watt commences his letter by stating "On March 22nd I found a family of six children down with scarlet fever and advised their removal to the isolation hospital."

The facts are as follow: Immediately on receipt of the notification I visited and found five of the children running about freely desquamating. The only remaining child was being nursed on the mother's knee. The house is a farmhouse situated about three-quarters of a mile from the village of Goxhill. It is separated from the public road by a high wall and gate. In front there is a large yard and behind are the fields belonging to the farm. There was ample accommodation in the house. They were some 200 yards distant from their nearest neighbours. Taking all these circumstances into consideration, I did not advise their removal to the isolation hospital. I gave directions as to disinfection and isolation, and left printed instructions. I called several times afterwards to see that my orders were obeyed. The inspector also made frequent visits, and supplied disinfectants. That the fever should have broken out thirty-five days after in a house 200 yards away only illustrates that the most elaborate precautions may sometimes fail. Dr. Watt complains of the inconvenience caused to the incoming occupier. This man applied to the Council for compensation, which they have granted subject to the approval of the Local Government Board. The recent cases mentioned by Dr. Watt, as he himself says in his letter, occurred during the absence from home of the medical officer of health. At the time I was on a visit to the South of Ireland, Dr. F. Goodman, by permission of the Council, acting as my deputy. On September 4th Dr. Watt telegraphed to the Local Government Board as follows: "Will you order open to-day infectious hospital here? Scarlet fever epidemic for month. I have urged authorities in vain. Three cases in one tavern. Isolation impossible.—Dr. Watt." On September 6th I received a telegram from Dr. F. Goodman stating that the Local Government Board required a report in reply. I started for home by the first train, and travelling without breaking my journey, reached Brigg on Tuesday, September 8th. On the 9th I visited Goxhill, and also New Holland, where an epidemic of diphtheria had just broken out. On September 10th I sent in my report to the Local Government Board. I visited the house where Dr. Watt states typhoid fever prevailed, and arranged for the children who were not ill to be boarded out at the expense of the Council.

In conclusion, I may mention that our district is a large one—area, 124,157 acres, with a scattered population of 23,823—and that the whole time of the medical officer of health is not given up to the duties of that office.—I am, etc.,

GODFREY GOODMAN, M.O.H.

Rural District Council of Glandford Brigg, Department of the Medical Officer of Health.

October 6th.

SIR,—Referring to your annotation of last week under this heading will you allow me to state that I had it personally from a district councillor that the Council declined to open our hospital because of the expense, and that they were waiting at the time in hopes that the epidemic would die out? Moreover, the mother of the typhoid family reported to me that the medical officer of health, in reply to her own and her sick husband's wish that the stricken ones should be removed, told her that the Council were willing to board out the healthy children, but they would not open the hospital because it would cost £10 a week. The unfortunate woman had imposed upon her, in addition to all her load of other work, the task of canvassing the village personally to seek lodgings for these healthy ones, but her efforts were in vain. For this service to the Council she received no remuneration. Since I wrote my letter I have notified six fresh cases of scarlet fever. I append the only notice I have seen of my narrative of facts. It appeared in the *Hull Times*, and is a sample of what we may expect if we bestir ourselves in behalf of the welfare of our fellow-citizens.

Sir,—Mr. T. M. Watt's fiery verbiage in the *Daily Mail* of Thursday would be somewhat startling did not residents in the district know all the circumstances. As matters now are, the Rural District Council have, no doubt, a complete answer to the allegations of Mr. Watt, but knowing that gentleman they might not think it worth while to reply. Perhaps it might be advisable to knock 95 per cent. off Mr. Watt's assumptions and off his self-blown trumpeting about his being "a zealous private medical officer of health."—I am, Sir, etc.,

September 19th, 1903.

INO.

—I am, etc.,

Goxhill, Sept. 30th,

THOS. M. WATT.