

Royal Victoria Hospital, Netley.

From the Southampton Water Netley Hospital presents a long facade amidst embowering trees. At a distance the woods and sheltered blue water help to give it a picturesque appearance. The building itself is not so impressive as its surroundings, but it is well situated in its extensive and beautiful grounds that slope down to the water's edge. The building facing the water runs from N.W. to S.E., and it is sheltered on the north and east by rising ground. The hospital is built on the corridor plan in three stories, and its total length is over a quarter of a mile. The administrative block occupies the centre and projects some distance in front of the wings. It normally has accommodation for 1,000 patients, but during the late war several subsidiary hospitals were built in the extensive grounds.

The hospital was started to afford accommodation for wounded soldiers in the Crimean war. It cost £350,000 to build. Her late Majesty Queen Victoria laid the foundation stone on May 19th, 1856. It was opened for the reception of patients in the spring of 1863, and invalids were removed from Fort Pitt and the casemates of St. Mary's, Chatham.

The Army Medical School was transferred from Fort Pitt in 1863 to a detached building north of the hospital. Here special instruction is given in military surgery and medicine, and after passing the prescribed course the candidates receive commissions in the medical staffs of the R.A.M.C. and of the Indian Medical Service.

King Edward VII Sanatorium, Midhurst.

This sanatorium was founded by His Majesty King Edward VII in 1903, with funds provided by the late Sir Ernest Cassel, part of which were reserved for endowment. It was built expressly for educated persons of limited means who are suffering from pulmonary tuberculosis in an early stage. The position of the sanatorium on high ground and sandy soil (altitude 494 ft.), with sunny exposure and protection from winds, in one of the loveliest parts of Sussex, is ideal. The building is magnificent, with large gardens, recreation grounds, and a chapel. The medical and nursing equipment is thoroughly organized and efficient, consisting of a medical superintendent, two assistant medical officers, a pathologist, and visiting dental surgeon, and the institution is supervised and visited, at least monthly, by a consulting staff of London physicians.

A report of the condition of each patient on admission and discharge is sent to the medical man concerned in the case, who also receives the annual report of the work of the institution. The inclusive charge for maintenance and treatment is at present 4 guineas a week. The number of beds is 104. Application for admission should be made to the Medical Superintendent, King Edward VII Sanatorium, Midhurst, Sussex, who will forward all particulars.

Royal National Hospital, Ventnor.

The Royal National Hospital for Consumption and Diseases of the Chest, Ventnor, Isle of Wight, was founded by Dr. A. H. Hassall, physician to the Royal Free Hospital. The first prospectus of the hospital was issued in 1867, and the first block was opened in 1869; the last block was completed in 1909. The site, which covers some 20 acres of undulating ground, sloping to the sea, is situated amidst the beautiful surroundings of the Undercliff, three-quarters of a mile to the west of Ventnor, and is sheltered on practically all sides but the south, where it is open to the sea. On that side the undulating character of the ground enables shelter to be secured during rough weather from the south-west.

The hospital consists of eleven blocks of buildings situated in a row, some 300 yards from the cliffs and about 120 feet above sea-level, facing south. Thus from the patients' rooms good views of the grounds and sea are afforded. The Hospital Chapel, situated approximately in the centre of the buildings, is built in architectural conformity with the nursing blocks, and is, probably, one of the finest of its kind. The total accommodation of the institution is 158 beds (90 for males and 68 for females), and with the exception of a few double-bedded rooms all patients' rooms are arranged on the separate principle—that is, each patient has a separate room and all such bedrooms possess verandas. This arrangement of single rooms, though costly, adds considerably to the comfort of the individual. The work of the hospital, in common with that of other voluntary institutions, has been materially affected by the provision of State-aided sanatoriums. The majority of patients now admitted are drawn from the uninsured population. Those admitted with a governor's letter of recommendation pay 30s. a week, or 5 guineas without such a letter.

Arrangements have been made for members of the British Medical Association to visit the institution on Friday, July 27th, when they will be entertained at the hospital by the Chairman of the Board of Management.

THE SWEDISH LAWS RELATING TO VENEREAL DISEASE.*

By RICHARD J. CYRIAX, M.D. BRUX, M.R.C.S., L.R.C.P.

THE Swedish laws relating to venereal disease are three in number, according to the official circular issued to all medical officers of health and medical practitioners on December 16th, 1918. They are as follows: (i) Some paragraphs in the Criminal Law; (ii) a clause in the Marriage and Divorce Law (which clause does not, however, refer only to venereal disease); and (iii), most important of all, an Act entitled "A law concerning provisions for the prevention of the spread of venereal diseases." A summary of these enactments is appended.

Criminal Law.

Chap. 14, Sec. 21.—Any person, knowing or suspecting that he or she is suffering from venereal disease in a communicable stage, who exposes another person to the risk of infection, either by sexual intercourse or indecent behaviour, is liable to imprisonment, or, if there are obvious mitigating circumstances, to a fine of not less than fifty crowns (£2 15s.). If disease be actually communicated the penalty can be increased to a maximum of two years' hard labour. If a person, in any way other than that mentioned above, exposes another person to infection, either deliberately or through gross carelessness, he or she is liable to fine or imprisonment. If disease be actually communicated, the maximum penalty is two years' hard labour.

Chap. 14, Sec. 45.—If venereal disease be contracted in wedlock from husband or wife, legal proceedings cannot be taken by the public prosecutor except at the instance of the offended party.

Chap. 18, Sec. 11.—The maximum penalty for living on another person's immoral earnings, or for keeping a disorderly house, is four years' hard labour.

Marriage and Divorce Law.

Chap. 2, Sec. 6.—No person suffering from venereal disease in a communicable stage may marry without the consent of the King (that is, he must petition the Home Secretary for the necessary permission).

"A Law concerning Provisions for the Prevention of the Spread of Venereal Diseases."

This Act received the Royal approval on June 20th, 1918, and came into force on January 1st, 1919. It applies to syphilis, soft chancre, and gonorrhoea in a communicable stage, which is defined as follows:

"Venereal disease is to be regarded as being in a communicable stage so long as there are symptoms indicating danger of contagion, or there is reason to believe that these symptoms may arise."

Tertiary syphilis is not mentioned in the Act itself, and the penal clauses of the latter cannot, apparently, be enforced in a tertiary case. Syphilis in this stage was at one time made notifiable, mainly for statistical purposes, but notification is no longer required.

The Royal Medical Council is empowered to settle the working details of the Act. For the sake of convenience these details are considered, in what follows, with the provisions of the Act itself.

Diagnosis and treatment, including all necessary drugs and appliances, are provided free of charge. The responsibility of providing them is placed upon local authorities. The executive officers are the medical officers of health, but power is given under certain circumstances to appoint special venereal disease officers. Every town of more than twenty thousand inhabitants must have a venereal disease clinic, unless specially exempted. If there is reason to believe that venereal disease is becoming disseminated among the population of an area which is situated a long way from the residence of the medical officer of health (or venereal disease officer), arrangements can be made for sending a medical officer to the area.

Every person suffering from venereal disease (that is to say, venereal disease in a communicable stage, as defined above) must consult a medical practitioner and carry out the latter's instructions regarding both prevention and treatment.

Every medical practitioner who becomes aware that a patient whom he examines or treats is suffering from venereal disease in a communicable stage must inform the patient what the disease is, draw attention to its contagious nature, and indicate the prohibition attaching to marriage and the penalties relating to such behaviour as might communicate the disease to other persons. He must also instruct the patient regarding the means to be adopted for avoiding transmitting the infection, and the rules to be observed during treatment. For this purpose the Medical Council has issued

* A paper read before the Nuneaton and Tamworth Division of the British Medical Association.

printed forms for distribution by practitioners, with the proviso that the latter should give such additional directions as particular cases may require. The Council advises also that patients should be requested to sign acknowledgements that they have received the information which the law requires practitioners to give them, and has issued a printed form of acknowledgement for the purpose. The practitioner need not, however, inform the patient of the nature of the disease if, in the first place, either the patient's state of health or other circumstances so demand; or, secondly, if the patient is a child under 15 years of age, in which case the necessary information must be imparted to the parents or guardians.

The practitioner must ascertain the source of infection as stated by the patient, provided that the case has not been under the care of another practitioner. Patients who make false statements regarding the source of infection are liable to heavy penalties.

Every case of venereal disease in a communicable stage is compulsorily notifiable by the practitioner to the medical officer of health of the district in which the practitioner resides. It rests with the medical officer of health to forward the notification to the medical officer of health of the district in which the patient resides, provided that the patient and practitioner reside in different sanitary districts.

The following particulars are required to be given on the primary notification forms, printed copies of which are provided.

(i) The kind of disease—that is, acquired syphilis (primary or secondary), congenital syphilis, gonorrhoea, or soft chancre; (ii) the sex, (iii) date of birth, and (iv) address of the patient; (v) particulars of the locality and actual place in which the disease was acquired; (vi) the name, occupation, and address of the person from whom it was acquired; (vii) a space is provided for "remarks."

Notification must be made at latest on the day following that on which the patient was seen.

Reinfection with the same disease for which a patient has already been notified must be treated as a new case and be renotified, but a relapse is not to be regarded as constituting a new case, and need not be renotified. A separate notification form must be sent for each disease—that is to say, if a patient acquires more than one kind of venereal disease simultaneously, each kind must be notified separately and attention drawn to this under the heading of "remarks."

In cases of congenital syphilis the mother's address must be given as that of the place in which the disease was acquired. If the practitioner does not himself treat a case which he is notifying, but passes it on either to another practitioner or to a venereal disease clinic, this must be noted under "remarks."

Notifications must be transmitted to the medical officer of health in sealed envelopes. Envelopes on which the postage has been prepaid are provided for the purpose.

If the patient fails to carry out the directions given him by the practitioner, or ceases treatment without the latter's consent, and without satisfying the latter that he is being treated by another practitioner, the first practitioner must send written notice to this effect to the medical officer of health. The Medical Council suggests, however, that the practitioner should send the patient a notice warning him to resume treatment before reporting him as a defaulter to the medical officer of health, and has issued a printed form for the purpose. On the back of this form are printed the penal clauses of the Act relating to failure to continue treatment for as long as the practitioner requires.

If the patient fails to resume treatment in spite of this warning notice, the practitioner must notify the fact to the medical officer of health. In this case the patient's name must be given. Printed notification forms are provided for the purpose. In the event of wilful opposition on the part of the patient, the practitioner is required to give particulars of this on the form in the space provided for "remarks."

The matter is now in the hands of the medical officer of health. If he considers that extreme measures are not immediately necessary he gives the patient notice to resume treatment within a specified time and to forward a medical practitioner's certificate that he has actually done so, warning him that the matter will be placed in the hands of the health authority if he fails to comply. If the patient on receipt of this notice resumes treatment and sends a certificate to this effect no further action is apparently taken, but the medical officer of health must inform the practitioner who is now treating the case why a warning notice was sent to the patient. Report forms for this purpose, and printed forms of certificates referring to resumption of treatment, have been issued by the Medical Council.

If the patient fails to resume treatment the medical officer of health can bring the matter before his health authority, who, with or without the assistance of the magistrates and the police, can order the patient to submit to examination, and, if found necessary, to treatment, and can compel his removal to hospital if public interests so demand. The

medical officer of health has power to act on his own responsibility in an emergency, pending the decision of the health authority. The patient has the right of appeal if the latter decides against him.

A course of procedure which is very similar to that described above is followed with regard to the person who is stated by the patient to have been the source of infection. If the medical officer of health has reason to believe that the patient's statement on this point is correct, he notifies the accused person to submit to examination within a specified time and to send a medical certificate that he or she has done so. If venereal disease be found in a communicable stage, the person in question can be compelled to undergo treatment. Steps which are similar to those mentioned already are taken in the event of refusal. The medical officer of health, if the accused person resides outside his district, sends the requisite particulars to the medical officer of health of the district concerned.

Persons who are charged with certain offences (apparently such offences as are against public morals) can also be compelled to submit to examination and, if found necessary, to treatment.

If a patient suffering from venereal disease in a communicable stage proposes to marry without the consent of the King, the practitioner who is treating the case must forthwith send notice to this effect to the medical officer of health. The latter must then immediately communicate with the officiating clergyman of whose congregation the patient is a registered member. If a certificate of publication of banns has been or is about to be issued, the minister must at once notify the authorities who are charged with receiving notice of impediments to marriages.

Finally, either the Act itself or the regulations of the Medical Council stipulate the records which the medical officer must keep with regard to venereal diseases, and the kind of information required in annual Health Reports. The Act imposes secrecy upon all persons concerned in its working, but expressly absolves them if information is required under certain circumstances in the course of legal proceedings. It provides also for the transfer of notifications if, for instance, the patient changes his place of residence, enters or is liberated from gaol, or is discharged from the army.

Paris.

[FROM OUR CORRESPONDENT.]

If we follow the work that is being done simultaneously on the two sides of the Channel, we see that the same problems are being tackled at the same time, and we are tempted to dream of what an International Academy of Medicine might be and to curse the builder of the tower of Babel!

Acidosis.

The problem of acidosis, which is the order of the day at the National Institute for Medical Research, has recently been the object of impassioned discussions on Tuesday after Tuesday at the Academy of Medicine. According to MM. Desgrez, Bierry, and Rathery, the acidosis of fasting is identical with diabetic acidosis, but M. Labbé sees a radical difference between them. The two theses have been maintained with equal conviction and equal eloquence. The discussion might have gone on for ever had not M. Linossier, at the meeting on March 6th, been able to reconcile, if not the orators, at least the conflicting theses. The short speech with which he intervened I may fairly describe as a model of conciseness and clearness (qualities on which we pique ourselves, perhaps without sufficient grounds, as eminently French). He showed that both the acidosis of fasting and the acidosis of diabetes were to be traced to the same immediate cause, deficient glycolysis. The cause of this defect, however, is different; during a fast the glycolytic function remains intact, but there is too little sugar; in the diabetic the sugar is abundant, but the glycolytic function is impaired. The most learned assemblies sometimes need to be brought back to first principles, and M. Linossier's paper—short as it was—rendered the most signal service to the "docte compagne."

Prophylaxis of Whooping-cough.

At the meeting on March 13th Dr. Robert Debré reported the results of his inquiry into the preventive treatment of whooping-cough. He employed the method quite recently introduced by Nicolle and Conseil for the prevention of measles—the injection of the serum of a whooping-cough