

Correspondence.

"Audi alteram partem."

NOTIFICATION OF INFECTIOUS DISEASE.

To the Editors of THE LANCET.

SIRS,—I thank you for your article on the duty of the Government as regards infectious disease; but you have misunderstood my antagonism. I am not opposed to notification. Indeed, I advocated its necessity long before medical officers of health existed in connexion with local authority as being the necessary sequence to their appointment. I advocated the right of the State to notification at meetings of the Social Science Association, and read the first paper which was ever read upon the subject in this country, at the rooms of the Association in the Adelphi, long before the Association came to grief. This event resulted to some extent from the determination of Mr. George Hastings to rule its affairs. His committee is now trying to force dual notification upon the medical profession, to compel them to accept clauses to which they are decidedly opposed, and which only the other day the Town Council of Kingston-on-Thames did not ask to be inserted in their Bill, but they were put in. If I were in the House of Commons I should certainly get an opportunity of objecting to this course as unconstitutional. You were good enough to republish my opinions upon this question on October 29th of last year. They are those of the Parliamentary Bills Committee of the British Medical Association, and were fully endorsed by the Association at Worcester in its jubilee year. Mr. Hastings was present, and knows the views of the private members of the medical profession.

I believe that voluntary notification will be more efficacious in repressing infectious disease than by making its omission to notify directly by the doctor a penal act; ninety-nine out of every hundred cases under medical treatment will come to the knowledge of the local authority by this means, and in a large number of instances measures will be taken in the hundredth case to prevent infection extending to other people. Should the householder or person in charge of the patient refuse to do his duty and mischief result from the refusal, the authority would be able to bring the offence home to the defaulter—a course which cannot now be done if both householder and doctor are placed in the same position; and both will even now refuse in spite of the penalty, if they have the mind to do so.

There are two or three points in the case which are worthy of serious consideration by sanitarians: 1. Dual notification is a misnomer; it is nowhere enforced; it is a nominal term only. 2. Its nominal enforcement is paraded as extremely efficient, because in certain towns in which Mr. Hastings' clauses are operative there is a reduction in the zymotic death-rate. 3. But in those great towns in which notification is voluntary the reduction of the zymotic death-rate is at least equal, and in some cases even greater than it has been in those having so-called dual notification. 4. In many of these towns there has been a decided rise in the zymotic death-rate when several years are calculated, and there is no approach whatever to that stamping out of infectious disease which was predicated by the supporters of medical notification. 5. This is especially the case with regard to scarlatina. 6. Until the people themselves become aware of their duty with regard to infectious diseases, and until local authorities are properly prepared to deal with such cases, it is a wrong principle to place any private medical practitioner under the chance of being criminally prosecuted by one of his own brethren for refusing to be a common informer.

A corresponding mischief is likely to be perpetrated similar to that which has arisen with regard to vaccination. The State refuses to take the right course in this matter, and, by repeated penal enactment, causes the backs of the people to be set up against vaccination. Renewed penalties only bring increased antagonism, and places like Leicester and Keighley endanger the lives of great numbers. I have a great objection to renewed penalties for the same offence. We shall never get rid of small-pox by that means, but if the same course were adopted towards the child as is done when the parent persistently refuses to send him to school we could effectually get rid of small-pox. The State takes the child and sends him

to a truant school and makes the parent pay for his maintenance. I would take the child and have him vaccinated and taken care of at the expense of the State until the effects of the vaccination had been removed. Small-pox could then be stamped out—a result which will never follow from the present plan of renewed penalties. If parents refuse to do for their children that duty which the State thinks they should do, I would place the State *in loco parentis* and have the duty done. As regards the penalties for non-notification, they would not be cumulative upon the householder. If the medical attendant were paid for his certificate and allowed to be the agent of the householder, such a condition of things as has recently arisen in Croydon would be impossible, and repression of disease much more certainly brought about. I had the opportunity at Liverpool last week of speaking to a great many sanitary inspectors upon this matter, and they told me that in most instances they had information of the presence of infectious disease some time before the doctor's certificate reached the medical officer of health, and sometimes they acted upon this information without waiting for the orders of the superior authority. It is a people's question, and it is very important that they should not be led to think that disinfection is only a municipal and not a private duty also. But if medical officers of health and inspectors of nuisances are to sit still in their chairs until they get written information of the existence of disease, I fear we shall never get that efficient supervision which can only come from the active and incessant overlooking of the repressing officials.

I am, Sirs, your obliged servant,

Croydon, May 23rd, 1888.

ALFRED CARPENTER.

To the Editors of THE LANCET.

SIRS,—Your Nottingham readers will be rather surprised to read in your issue of to-day that "the following protest has been forwarded to the Town Council of Nottingham, and has been signed by fifty-two of the medical practitioners in the town:—'We, the undersigned Physicians, Surgeons, and General Practitioners of Medicine and Surgery, resident in Nottingham and the neighbourhood, hereby record our protest against the enforcement by the Council of the clause in the recent Gas Bill referring to the compulsory notification of infectious diseases,'" &c.

All this is historically correct no doubt, but occurred several years ago at the time of the first introduction of compulsory notification, and not, as the words would imply, within the last few weeks or months. The "recent Gas Bill" was passed in 1878! Whatever merits this resuscitation of ancient history in modern guise may possess as a practical joke, it does not throw much light upon the subject of compulsory notification, except perhaps to show how strong was the original opposition of the medical profession to the introduction of a system which has now worked well and smoothly for years. The *suggestio falsi* has been freely used by the anti-vaccination party, but neither this unprofitable example nor the knowledge of impending defeat can justify the opponents of compulsory notification in adopting such tactics, which, I am sure, few of them would sanction.

I am, Sirs, yours faithfully.

Nottingham, May 26th, 1888.

ARTHUR WHITELEGGE.

* * * The document in question was sent to us last week from Nottingham for publication under circumstances which certainly did not convey the impression that it was presented so long ago as would appear from the statement in Dr. Whitelegge's letter.—ED. L.

To the Editors of THE LANCET.

SIRS,—The opinion of Dr. Shircliff anent the notification of infectious disease expressed in his letter published in your issue of May 26th is not shared by any member of his profession in Kingston or its immediate neighbourhood, the whole body of which (nineteen in number, four medical officers of health included) having recently, in a petition to Parliament, expressed their dissent from his views as to the value and necessity of the dual system of notification. They have stated their opinion that compulsory notification on the part of the medical attendant is wrong in principle, and would be derogatory in practice. They also consider that the rendering a medical man liable to criminal procedure in default of notifying infec-

tious disease would be arbitrary and unjust, and would be also taking an undue advantage of his professional position. Moreover, it would harass and disturb him in his professional duty to the sick, because in the numerous cases of pseudo-infectious disease which come under his notice, of which the nature is often a matter of opinion rather than of fact, his mind would be unduly exercised in forming a hasty and perhaps incorrect diagnosis under the fear of impending proceedings which an over-zealous official might think it his duty to take.

We are of opinion that the single or householder system of notification would be more effective in the repression of infectious disease than the dual one; for whereas, under the latter, the medical attendant would be called upon to perform a duty to which he strongly objects, and which he would as a consequence perform in an unwilling and probably perfunctory manner,—under the former (or single system) he would be relieved of this unpleasant duty, and this being so, he would feel bound to co-operate with the sanitary authority, and use his moral influence to induce the householder in every respect to comply with the provisions of the Act as it affects him.

We believe that the householder would not fail to notify when required, if he be properly directed. The experience of towns where the single system is in force—such as Bradford, Norwich, Nottingham, Greenock, and Huddersfield—proves this; and Dr. Shirtliff's opinion to the contrary is not warranted by any known facts or trustworthy evidence, and is simply a gratuitous assumption on his part, and an unmerited distrust of a large and creditable community. In conclusion, I would remark that the aim and object of the dual system of notification is to make of the profession a lever wherewith to work the duty which rightly belongs to the householder, and for all of whose possible shortcomings the profession is to be held answerable; and this, I contend, is to reduce the dual system to a farce by rendering the householder an irresponsible agent in the matter.

I am, Sirs, your obedient servant,

Kingston-on-Thames, May 29th, 1888.

T. CORBETT.

To the Editors of THE LANCET.

SIR,—I am glad to say that Dr. Shirtliff is the only medical officer of health, and I may say the only medical man in this district, who is in favour of the compulsory dual notification of infectious disease. He predicts all sorts of evils as likely to arise from the single system, but does not bring forward a tittle of evidence to support his contention. He laughs at statistics and makes an appeal to common sense, which he must know in many cases misleads one quite as much as figures. But the curious part of the business is he is quite ready to bring forward his percentage of deaths when it suits his purpose, and cite them as evidence of the general health of the district. By compelling the medical man to notify as well as the householder, I believe his responsibility as well as his interest in sanitary science would be greatly lessened and a retrograde policy thus inaugurated. If it be true that the householder would try to avoid notification altogether, supposing the duty were entrusted to him alone, then in the case of dual notification he would, in order to carry his point, decline to call in medical assistance, at any rate until compelled to do so.

I am, Sirs, your obedient servant,

Surbiton, May 31st, 1888.

F. P. ATKINSON.

BLOODLETTING IN PNEUMONIA.

To the Editors of THE LANCET.

SIRS,—Having had experience as to the treatment of pneumonia at the time when venesection was practised and considered the orthodox method, and having been an early advocate for the discontinuance of the lancet, I cannot see the proposal to reintroduce so fatal and backward a step without protest. I think that if the opinions of men acquainted with the practice of thirty-five or forty years ago could be gathered there would be very few willing to return to the old practice. I have no doubt that the experience of most, if not all, would go with mine, which is that the mortality at present is decidedly less, and that patients recover quicker and with shorter convalescence. I believe that when this is not the case it is from having gone from one extreme to another, and that the mistake has been the too liberal administration of alcohol. I am not sure that

alcohol is not entitled to count as many victims as the lancet. From my experience, I should say that it is seldom required till all acute symptoms have disappeared, and then, as a rule, very sparingly. Of over twenty recent cases, some complicated, which I have had under treatment there has not been one fatal, and all have made rapid recovery, although some were people advanced in years.

I should not trouble you with this, but the question becomes a vital one when advocated by prominent men, and in place of unreliable statistics it is well to have recorded the experience of men who have knowledge of both methods.

I am, Sirs, yours very truly,

Barnes, May 19th, 1888.

J. ADAMS, M.D.

To the Editors of THE LANCET.

SIRS,—I have read with much interest your interesting article of May 19th on Dr. Hartshorne's paper entitled "Pneumonia, its Mortality and Treatment." To whatever cause the increased mortality (if such be the case) is due—as, for instance, "change of type,"—it cannot be denied that cases of pneumonia were very successfully treated in the early days succeeding the "pre-scientific" era by the measures which Dr. Hartshorne advocates. Sir Thomas Watson in his lectures on the Principles and Practice of Physic highly commends the antiphlogistic treatment in opposition to the views of M. Louis and Dr. Hughes Bennett, especially in the early stage of the disease. He refers particularly to the successful treatment adopted and carried out by Dr. Thomas Davies at the London Hospital, with the use, after moderate venesection, of tartarised antimony given in rapidly increasing doses. He states "that under this plan of treatment the symptoms will often undergo a marked change for the better in three or four hours, and that the tartar emetic always acts best when it produces no effect except upon the inflammation itself—i.e., when it does not cause vomiting, purging, or general depression. This is an important practical point, as many persons have supposed that it subdues the disease only when it previously gives rise to these symptoms." Without under-rating for a moment the improved lines of modern treatment of this disease, we may, in company then with the former methods, still act on the terms of its old writer:

"Si quid novisti rectius istis,

Candidus imperti; si non, his utere mecum."

I am, Sirs, yours faithfully,

ARTHUR DAVIES, M.B., M.R.C.P.,

Physician to the Royal Hospital for Diseases of the Chest,
Finsbury-square, May 21st, 1888.

ARTIFICIAL GLYCOSURIA.

To the Editors of THE LANCET.

SIRS,—A point in connexion with the administration of salicylates has not, I think, received sufficient mention—viz., that patients deeply under their influence have a temporary glycosuria. That the urines of such patients reduce copper is mentioned in several text-books, and that this reduction is due to sugar is proved by the fact that with bismuth and soda the characteristic black precipitate is produced, that von Jaksch demonstrated its presence by treating such urine with phenyl-hydrazine and acetate of soda, and that in some cases the urine ferments with yeast, losing two or three degrees of specific gravity—those urines that do not ferment probably contain enough of the salicylic compound to be more or less antiseptic. This glycosuria is, however, only present when the patient shows the nervous toxic symptoms of salicylism, and before deafness, singing in the ears, &c., appear; though perchloride of iron shows the presence of salicylic acid in the urine, I have not found any sugar. One may surmise, therefore, that the drug acts on the diabetic centre, and that the benefit obtained by its administration in some cases of diabetes may be due to an opposite action of small and large doses, as we see in the case of other drugs.

By the kindness of Professor Latham (with whose assistance this observation has been made) and of Dr. Bradbury, I have been able to examine the urines of twelve consecutive patients deeply under the influence of salicylic acid, salicylate of soda, or salol, and have never failed to find sugar, though sometimes the amount is so small that a yellow precipitate only forms when the test tube has stood for some minutes, and the largest amount observed has been