Correspondence.

"Audi alteram partem."

THE SUBJUGATION OF SMALL-POX:
NOTIFICATION.

To the Editors of THE LANCET.

SIRS,—The small-pox question, as discussed by you in your leading article in THE LANCET of March 8th, p. 678, carries my mind a long way back in my own experience. In 1863, very shortly after my appointment to be medical officer of Glasgow, we were confronted with a rising epidemic of small-pox which had to be met by means largely extemporised and by a preventive staff—not to speak of a very inchoate state of the local and general sanitary acts—very inferior to those now in operation. Nevertheless, by diligent and specially organised house-to-house vaccination and revaccination (taking this, for the nonce, altogether out of the hands of the Poor-law authorities); by public disinfection (then freely carried out at the public expense for the first time); by segregation of the sick and careful watching (as far as was possible to us) of suspects; we had the satisfaction, not only of keeping down and ultimately extinguishing this particular epidemic, but of laying the foundations of a preventive organisation which, improved by experience, succeeded in keeping Glasgow for a good many years absolutely free from small-pox. It was apparent to us at that time, and was confirmed later by Dr. J. B. Russell, that the most dangerous cases from the sanitarian's point of view were not the severe but the mild cases, and particularly those in which the diagnosis was obscure and in which, after a brief premonitory fever and a few insignificant-looking spots, all the symptoms subsided, so that the patient was able to go about his ordinary occupation and perhaps never came to know what was the disease he had at all. I remember a case of this kind among what may be called the better ranks (socially speaking) which occurred after I had ceased to be medical officer of the city but which was carefully traced out in detail by my successor, Dr. Russell. A gentleman connected with one of the most flourishing shops in the most *shoppy* street in Glasgow (Buchanan-street) came home from Paris with what was supposed to be a feverish cold. He sent for his private medical adviser, who arrived, prescribed, and left him under the impression above-mentioned, and did not (as I was informed) visit him again. Next day a few insignificant acne-like spots had appeared on the face, but all discomfort was gone and the patient regarded himself as quite well, *taking no precautions whatever*. To this single case, moving in the best society, I was credibly informed that from 12 to 20 cases subsequently were actually traced in different quarters; and in all probability those so traced were only a fraction of the whole. Now it must be admitted that although "notification" was in those days unknown, or at all events not practised, it might very well have been that an isolated case like that of Mr. B might have escaped notification without much blame to anyone. But this, and other incidents which I have always had in mind since, have pressed home with me the conclusion that I have endeavoured (hitherto, I fear, unsuccessfully) to ventilate in your columns; that in "notification" it is a mistake to stipulate for the *name* of the disease as the essential fact to be notified, and that the mere suspicion or reasonable presumption of an infectious disease, however arising, ought to be accepted as a valid notification in law and should be invited, if not compelled, not only from the medical man in attendance but from all who are interested or implicated in the case, as a basis for fuller investigation. Suppose that the medical attendant of Mr. B had paid him just one more visit it is very probable that, if not well versed in small-pox, he might still have had a doubt as to the disease; but he could hardly have seen even the few traces of an exanthem without suspecting *something* infectious, and that something, I would say, he should be held bound to communicate *at once*, leaving the completion of the diagnosis. Perhaps it might have been chicken-pox? What then? Because

chicken-pox has not been enumerated (wrongly, in my opinion) in the Notification Act, is it expedient that all the ambiguous cases which occur should wait for complete verification before being notified as small-pox? I am glad to read in your leader that the authorities in London have come to a different conclusion upon this point, and I hope that before they are done they will see the expediency of bringing about some further reforms in the Notification Act in accordance with the views that I have submitted.

I am, Sirs, yours faithfully,
Edinburgh, March 8th, 1902. W. T. GAIRDNER.

THE HOUSING OF THE POOR.

To the Editors of THE LANCET.

SIRS,—The valuable work which has been done during the past 20 years by the Mansion House Council on the Dwellings of the Poor is not too well known. By voluntary effort it has successfully grappled with the most pressing need of our time—the housing of the poor. It has received the approval of the most earnest and practical of the men and women of the day, and it has won the confidence of the poor themselves. The numerous urgent letters constantly received by the Mansion House Council demonstrate the necessity of its continued existence.

I have to ask the public for funds in order that this useful work may be efficiently maintained. The help solicited is pressingly needed and I trust may be heartily and generously rendered. To those who have not hitherto contributed to the movement, it may be well to say that the health and well-being of the very poor and the increased comfort and improved sanitary condition of the dwellings of the wage-earning class are some of the many benefits which have resulted from the Council's labours.

Contributions may be sent to me here or to Messrs. Prescott, Dimsdale, and Co., the bankers of the society, 50, Cornhill, and will be duly acknowledged.

I am, Sirs, yours faithfully,
JOSEPH C. DIMSDALE,
Lord Mayor.

The Mansion House, London, E.C., March 10th, 1902.

P.S.—A report of the Council will be forwarded to anyone interested in the subject upon application to the honorary secretary (Mr. John Hamer, J.P.), 31, Imperial-buildings, Ludgate-circus, E.C.

THE PSYCHIATRIC CLINIC.

To the Editors of THE LANCET.

SIRS,—It is reassuring to note that the position assumed, in THE LANCET of March 1st, p. 622, by your Scottish correspondent in reference to the proposed psychiatric clinic in Edinburgh is not in accordance with your deliberate finding on this important question in THE LANCET of Feb. 1st, p. 318. The question clearly does not affect Edinburgh alone, but must sooner or later be discussed at the various general hospitals of the country where there is scope for the treatment and teaching of psychological medicine. It is impossible within the limits of a brief letter to place the facts before your readers with all relevant details. Broadly, this country is not abreast of continental practice; an important class of patients is not reached; a field of medical observation and research is untilled; a definite benefit is withheld from the country at large so long as these proposals are neglected. It is not a new question. When the Edinburgh Royal Infirmary was being built Sir Arthur Mitchell appealed for the institution of a special department for mental disorders; 30 years ago Sir John Sibbald urged that such a course was desirable; and from time to time others have not been unmindful to plead for the poorer class of mental patients on the lines indicated.

I traverse the observations and conclusions of your correspondent from first to last, and regret that at this time of day they should have found a place in the authoritative columns of THE LANCET. The meeting of the Medico-Chirurgical Society was widely representative, and the resolution of approval proposed by Sir John Batty Tuke was adopted *nem. con.* Indeed, there were no objections raised in discussion except on questions of finance, which, of course, must be dealt with after the principle is adopted. While financial considerations are of importance to the managers of the infirmary and to the promoters, and constitute difficulties to be surmounted, the purport of the medical