CONFERENCE OF MEDICAL OFFICERS OF HEALTH.

ADDRESS

By T. ORME DUDFIELD, M.D., M.R.C.S., L.R.C.P.

PRESIDENT OF THE CONFERENCE.

(FELLOW).

WHEN my connection with public health work in Kensington began (not in an official capacity) in 1865, London was practically destitute of public hospitals for the infectious sick; notification was non-existent. Now, the metropolis is well supplied with hospitals, and soon we shall have completed the tenth year of compulsory notification. I propose to tell how the notification powers were obtained, and how the hospital system was built up, from small beginnings, so as to be now nearly adequate for the requirements of a population exceeding four and a half millions. Should what follows seem to partake too much of the nature of a personal narrative, I would crave your indulgence for a course inevitable in the circumstances.

Notification.—Before the passing of the *Infectious Disease (Notification) Act*, in 1889, information of infectious disease seldom reached the Medical Officer of Health in time for effective preventive measures. My first efforts, in 1871, were directed to extend the sources of such information. For many years previously the Registrar-General had sent to medical officers the sub-district registrars' lists of deaths, on which the "Weekly Return of Births and Deaths in London" is based, but the information they contained, of great value in many ways, arrived too late to be of much service in aid of preventive work. I arranged, therefore, with the registrars, for a daily return of deaths registered from scarlet fever, diphtheria, "fever," and small-pox, an epidemic of which, unparalleled in modern times, was then raging. Information of infectious illness was solicited at general hospitals and dispensaries and from medical practitioners. In course of time the London School Board, the Police and the Postal authorities, successively, added their quota of information. But the greatest assistance was derived from the Board of Guardians through the relieving officers, who

held the keys of the hospitals; and until 1889, every case of infectious disease amongst the poor, whether sent to hospital or treated at home, was duly reported. In these several ways a considerable body of information was collected, but only with respect to a minority of total cases, if one may judge from the fact that the larger proportion of fatal cases (other than of small-pox), remained unknown until after registration of death.

Compulsory Notification.—Huddersfield enjoys the distinction of having first obtained compulsory powers, in a Local Act, in 1876. In immediately successive years, and before 1881, similar powers were conferred on Bolton, Burton-on-Trent, Nottingham, and the Sanitary Authorities of other towns, &c., to the number of about seventeen. Parliament readily granted notification powers to individual municipal corporations, &c., but no attempt was made to pass a general Act. The Sanitary Authorities in London were destitute of power to promote legislation. There was no central authority to help them, and, as we shall see, it took many years to persuade the Local Government Board to take action.

Conference of the Sanitary Authorities.—The first attempt to unite the Vestries and District Boards in a common effort, was initiated at the close of the year 1880. I had made an inquiry into the working of the system in the notification towns, the results of which were summarised in a special report. The Kensington Vestry forthwith resolved to convene a Conference of the Sanitary Authorities, with a view to joint action on this and cognate subjects. I was authorised to prepare a Memorandum setting out the advantages to be expected from notification, together with the draft resolutions intended for submission to the Conference. These documents were sent to each of the three thousand members of the Vestries, &c. The Conference, held at the Town Hall, 23rd March, 1881, was characterised by singular unanimity, each resolution after full debate being adopted without dissent. The notification resolution was as follows:—

“That in the interests of public health, and to enable Nuisance Authorities to discharge the duty of checking and preventing the spread of infectious diseases, such as small-pox, scarlet fever, &c., provision should be made by legislative enactment to secure the compulsory disclosure to the said Authorities of all cases of such diseases immediately after their occurrence.”

The other resolutions were in favour of free hospital treatment of infectious diseases; compulsory removal, when necessary; depauperisation of medical relief in the hospitals;

maintenance of the hospitals out of a Metropolitan Common Fund, &c.* It was the first occasion on which the combined Sanitary Authorities had accepted these principles in relation to the control of infectious disease.

In view of the Conference, the subject of notification, in particular, had been brought to the attention of the Society of Medical Officers of Health, the Parliamentary Bills Committee of the British Medical Association and the Councils of the Social Science Association and the National Health Society, all of which accorded their support to the movement. The Metropolitan Poor Law Guardians' Association also passed a resolution in favour of the principle, and the Asylums Board gave their adherence in a communication addressed to the Local Government Board. The Conference had resolved to ask the Board to receive a deputation for presentation of the resolutions, and to invite the co-operation of the several bodies above named, which was cordially given.

Deputation to the Local Government Board. The Deputation was received by the President 23rd April,† having been introduced by Mr. Hastings, M.P., and Dr. Farquharson, M.P. The resolutions were spoken to by Major-General Boileau, R.E., F.R.S. (Kensington Vestry), for the Sanitary Authorities, and by Dr. Alfred Carpenter, J.P., Dr. Bristowe, F.R.S., Mr. W. H. Michael, Q.C., and Mr. Ernest Hart, for the British Medical Association, the Society of Medical Officers of Health, the Social Science Association, and the National Health Society, respectively. The President promised consideration of the subjects brought to his attention, but the prospect of securing notification did not appear to have been brought much nearer as the result of the Conference. Good seed, however, had been sown: public attention had been roused, and notification was advocated in *The Times* in a powerful leading article.

Hope Deferred.—But eight years were to pass before, as the result of a further joint effort by the Sanitary Authorities, and other influences, notification powers should be secured. In the interval utterances of weight in support of the principle were not wanting. Dr. (afterwards Sir) George Buchanan, F.R.S., Medical Officer to the Local Government Board, in his annual report for 1881-2 expressed willingness to see the power given to any authority who, "having made adequate arrangements for securing isolation and disinfection, . . . was prepared to put it to effective use." In 1882 the British Medical Association,

* *Vide* the Resolutions, page 420, *foot note*.

† The proceedings at the Deputation were reported in the *British Medical Journal* 7th May, 1881.

at its Jubilee Meeting at Worcester, passed a resolution in favour of notification, and in the same year the Royal Commission, as the result of their inquiry respecting small-pox and fever hospitals, recommended its adoption.

Parliamentary Action.—No Session between 1881 and 1888 passed without legislation which added to the list of towns where, under local Acts, notification was brought into operation. All Bills of this sort were referred to the Select Committee on "Police and Sanitary Regulations." The Committee of 1882 reported that "the time had come when provisions of law upon this subject may be sanctioned, at least, in the more important Urban Sanitary Districts"—it did not seem to occur to anyone that London came within this definition—and they framed a Model Clause, which was adopted in subsequent Acts. At or about this time the Local Government Board ascertained by inquiry that the authorities of towns where notification was in force were uniformly satisfied of its usefulness, and that it had materially contributed to check the spread of infectious disease. In 1882, and again in 1883, Mr. Hastings and other Members introduced a General Bill—without success. In support of the 1883 Bill, a deputation promoted by the Social Science Association was received by the President of the Local Government Board, who, whilst admitting the value of notification, declined to adopt the Bill in "fear of going at all in advance of public opinion." A so-called Vigilance Association had previously gone to Whitehall in opposition to the Bill, on the ground of its interference with the liberty of the subject—as if it were not the fact that democratic peoples are the most resolute in such interference, when the exercise of the "liberty" of the individual threatens danger to the welfare of the community.

Results of Voluntary Notification.—In Kensington, as the years passed, more and more information of infectious disease was obtained by, as yet, unpaid voluntary notification. In 1883, desirous of ascertaining with what effect, I collated the statistics for twenty-four years, comparing two periods of twelve years; the first period, 1859-70, without notification of any kind, and (a necessary qualification!) without hospitals; the second period, 1871-82, with voluntary notification and hospitals. In the second period, after correction for increase of population, there had been a reduction in deaths from the seven principal diseases of the zymotic class to the number of 1441, or 120 per annum, the decrease in scarlet fever (878) and enteric fever (448) being especially notable. The only notifiable disease that showed an increase (135 deaths) was small-pox.

Renewed Action of the Sanitary Authorities.—In 1887 a fresh combined effort was made by the Sanitary Authorities. Suitable resolutions having been adopted (21st September), the Vestry requested the Local Government Board to bring in a Bill, general or local, *i.e.*, Metropolitan. The movement was again supported by the Vestries and District Boards generally, by the Society of Medical Officers of Health, and by the Asylums Board. Provincial opinion was elicited in support of the principle of notification at the annual meeting of the Association of Municipal Corporations, held at the Guildhall, London; a resolution having been passed asking the Local Government Board to introduce or give active support to a Bill. The Vestry's communication was simply acknowledged.

Voluntary Notification Perfected.—On 5th October, 1887, the Vestry, upon my advice, resolved to perfect, as far as practicable, the system of voluntary notification. Medical practitioners were invited to report to me cases of small-pox, scarlet fever, diphtheria, and "fever," on forms supplied for the purpose; a half-crown fee being paid for each notification. As at this time patients were being admitted to the hospitals of the Asylums Board on the application of registered practitioners, the Vestry, with a view to accelerate removal, decided to pay an additional half-crown fee for the medical certificate required for the ambulance nurse, as well as the cost of a telegram, in respect of every patient removed direct by the practitioner notifying the case. A considerable increase in the number of notifications naturally followed. The fee for the medical certificate, as well as the cost of the telegraphic application for removal, is still paid, the result being that about a moiety of our cases are already in hospital when the (now compulsory) notification certificate comes to hand. A delay of two days in removal and disinfection, is thus often averted, as when the practitioner sees and removes a case in the forenoon of Saturday. But to resume.

Action of the Local Government Board.—Towards the close of the year 1887 it became apparent that the effort made by the Sanitary Authorities, etc., had not been altogether without effect. The Local Government Board decided to institute a further inquiry into the working of the system in the notification towns—not far short of sixty, and having a population equal to that of the Metropolis. There could have been no doubt as to the character of the information that would be obtained. Early in 1888 the President had an object lesson at Sheffield, where small-pox was rampant; and having to make a speech there, he announced his intention to introduce a Notification Bill—but he did not during the then ensuing session; in which, however,

Mr. Hastings and other members brought in a Bill, *Public Health (Prevention of Infectious Disease, etc.)*, which shared the fate of previous measures.

Compulsory Notification Obtained.—In 1889 the long-wished-for measure was introduced by the President of the Local Government Board—under the title *Infectious Disease (Notification)*. It passed both Houses with practical unanimity, as probably it would had it been introduced in 1881, immediately after the Kensington Conference. Notification was made compulsory in London, the Act being adoptive for the rest of the country. Many members desired that it should be compulsory for England and Wales. The President was willing, but was deterred by the threat of opposition. As an adoptive measure the Act was made applicable to Ireland also, at the request of the Irish members. Its success was great and immediate. Year after year more and more Sanitary Authorities adopted it, till, in the recent session, when compulsory notification was made general by the *Infectious Disease (Notification) Extension Act*, a very small residuum of the Sanitary Authorities remained to be coerced.

Notification in London, 1889–99.—The subjoined table may be of interest as showing the amount of notification in the Metropolis since the Act came into force, 31st Oct., 1889.

YEAR.	Small-pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Other Continued Fevers.	Puerperal Fever.	Erysipelas.	Group.	Cholera.	Relapsing Fever.	TOTAL.
1889 (2 months)	8	3,292	975	689	16	57	43	795	156	1	—	6,032
1890.....	60	15,330	5,870	2,877	35	237	206	4,598	550	25	7	29,795
1891.....	114	11,398	5,907	3,372	27	152	221	4,764	505	23	39	26,522
1892.....	423	27,096	7,791	2,465	20	147	347	6,934	565	54	7	45,849
1893.....	2,813	36,901	13,026	3,663	22	205	397	9,700	668	86	4	67,485
1894.....	1,192	18,440	10,655	3,360	21	162	253	6,080	535	21	2	40,721
1895.....	978	19,757	10,772	3,506	14	105	236	5,660	451	29	3	41,511
1896.....	225	25,638	13,361	3,189	6	102	278	6,438	446	13	3	49,699
1897.....	105	22,876	12,811	3,113	4	65	264	5,801	388	38	1	45,466
1898.....	35	16,917	11,561	3,032	17	55	250	5,180	310	23	—	37,380
1899 (7 months)	16	8,723	6,268	1,296	8	32	165	2,669	189	—	—	19,366
	5,969	206,368	98,997	30,562	190	1,319	2,660	58,619	4,763	313	66	409,826

It only remains to add that, so far as I am aware, the Act has worked smoothly in London, and with singularly little sense of friction between medical officers and medical practitioners.

Hospital Accommodation.—*The Sanitary Act, 1866* (Section 37) gave power to the Sanitary Authority to provide hospitals for the “sick inhabitants” of their district. This power probably would have been exercised but that *The Metropolitan Poor Act, 1867*, and the consequent formation of the Metropolitan Asylums Board, superseded, by the establishment of hospitals for the whole Metropolis, the need for local hospitals. The Asylums Board, it is true, were nominally appointed to make provision for the pauper class only—the “sick poor,” persons “chargeable to unions and parishes”; but from the beginning they received “non-paupers” into the hospitals, the proportion of such cases, as stated long afterwards, being some 90 per cent. of the total admissions. They had, indeed, no option but to admit all who were sent by the Boards of Guardians, and these bodies, for the most part, exercised a wise discretion in granting orders of admission to all applicants. At the outset the Managers of the Asylums Board must have contemplated the provision of accommodation on a large scale, judging from the extensive sites acquired in different parts of the Metropolis—sites then adequate for hospitals for “persons of all classes whose isolation was necessary for preventing the spread of disease.” The first hospital, at Hampstead, was opened, in 1868, for relapsing fever: in December, 1870, it was utilised for small-pox. The second and third hospitals, at Stockwell and Homerton, were opened, in 1870, also for small-pox—the most fatal epidemic of modern times then raging. In fourteen months—December 1st, 1870, to January 31st, 1872—nearly 14,000 cases of this disease were admitted to the Board’s hospitals, and in the ensuing twelve months an additional 2,400. In 1871, eight thousand persons died from this cause in London. The deaths in the Managers’ hospitals in the fourteen months were 2,557, and in the following twelve months 467. Admittance was obtainable only on the order of a relieving officer, or the master of a workhouse, and on the certificate of a Poor-law medical officer. Given good relations between the Sanitary Authority and the relief authority, there was no difficulty in procuring orders for non-paupers to the full extent of available accommodation. Such relations happily existed in Kensington.

Deficiency of Hospital Accommodation.—In the early years of the Board’s operations, the hospitals did not find favour with the general public: people naturally shrank from going to the relieving officer for an “order,” to be followed, necessarily, by a visit from the parish doctor; and so the hospitals were not in request, save when small-pox was epidemic. Then the demand for accommodation usually exceeded the supply. Such

a crisis befel towards the end of 1876; and on 2nd January, 1877, the Local Government Board addressed a communication to the Vestries and District Boards, defining the classes for which the hospitals were intended, and asking what provision they had made, or proposed to make, for non-paupers under the 37th Section of The Sanitary Act, 1866?

It became my duty to report on the subject; and on the 10th January, 1877, and, subsequently, in a communication (by way of reply) to the Asylums Board, I expressed myself in favour of—

1. Unity in Hospital Administration for all classes of the community: a Central Board—the Asylums Board if it were dissociated from pauperism; otherwise, a new Board, formed on the model of the Metropolitan Board of Works and representing the Sanitary Authorities.
2. Free admission to the hospitals of all persons in need of isolation.
3. De-pauperisation of relief in hospital.
4. Maintenance of the hospitals out of a metropolitan rate or common fund.

I had already, in 1875, submitted to the Local Government Board, but without result—

- (a) That the Medical Officer of Health should be empowered to give the order for admittance of the patient to hospital; and
- (b) That the certificate of any registered practitioner should be accepted as evidence of the nature of the infectious disease.

In 1871, my contention, with regard to the maintenance of patients in hospital, was, that the precedent of vaccination legislation should be followed in regard to the disease which it was the object, and in the vast majority of cases the effect, of vaccination to prevent. People, I said, were vaccinated at the public expense, all charges being defrayed out of the poor-rate, in order to lessen the risk to the community of the spread of small-pox, justly regarded as a public danger. Was it reasonable, I asked, to pauperize the man who submitted to isolation in the Board's hospital as much for the public good as for his own benefit? Exaction of payment, on the other hand, would be fatal to any scheme which aimed at the isolation of all suitable cases. To provide isolation in local or district

hospitals, as recommended, would be to empty the Board's hospitals. Both sets of hospitals would be alike "rate-supported"; it was merely a question of taking the money out of one pocket or the other. The Managers had nearly met the requirements of the Metropolis: the only question was, should they continue to do the work, or should the task be taken up by the Sanitary Authorities? And my advice was, that the wisest course would be to ask the Managers to go on providing whatever accommodation might be required for all classes, as they had done to the extent of 2,000 beds in the epidemic of 1870-72, when they were able to say that they had not turned a sick case from their doors.

The Managers were willing to assume the rôle of Central Hospital Authority, and it would have been well had they at that time been clothed with the necessary powers. But practically nothing then came of the discussions to which the letter of the Local Government Board (2nd January, 1877) had given rise.

Conference of the Sanitary Authorities.—The Limehouse District Board of Works convened a Conference in 1878, for consideration of the hospital question. It became apparent at the first meeting that many of the delegates were not very well informed on the subject. The Vestry, therefore, reprinted my Report on "Hospital Accommodation for the Infectious Sick" (1877), which was sent to each delegate, together with a set of "Propositions" embodying the views they had themselves adopted, as follows:—

"1. That the provision of hospital accommodation for the large class of persons whose isolation in hospitals is necessary for preventing the spread of infectious disease, can be best made in a comprehensive and systematic manner by one Central Authority acting for the whole Metropolis.*

"2. That the Metropolitan Asylum District Board should be such Central Authority, the Managers already having, in the several hospitals erected under their auspices, nearly sufficient accommodation to meet the requirements of the sick of all classes—excepting those who may be able and willing to pay for hospital treatment, and for whom provision is already made, or could be made, at the London Fever Hospital, and the London Small-pox Hospital.

"3. That steps should be taken to obtain an Act of Parliament to alter the constitution of the Metropolitan

* The first "proposition" endorses the view expressed by a Committee of the Asylums Board, in a Report issued in 1877.

Asylum District Board, by severing its connection with pauperism, in so far as relates to the treatment of infectious disease; and by providing for the election of a certain proportion of the Managers by the several Vestries and District Boards of Works, the Sanitary Authorities within the Metropolis.

"4. That pending such legislative action, and seeing that the hospitals of the Managers have been established at the public cost and for the common good, no compulsory payment should be exacted from any persons whom the Sanitary Authorities may deem it necessary or expedient to remove to the hospitals for the sake of isolation, and all expenses incident to the maintenance of such persons in the hospitals should be defrayed out of the general rate.

"NOTE.—Under the proposed altered constitution of the Board the hospitals should be supported out of a Metropolitan rate, or power might be given to the Managers to issue precepts on the several Sanitary Authorities for their quota of the expenses.

"5. That admission into the hospitals of persons suffering from infectious disease should not involve the loss of any political or other rights by the said persons.*

"NOTE.—It is proposed to place the treatment of infectious disease on the same footing as Public Vaccination. In other words, admission into the hospitals should not be deemed to be parish or poor relief. It has been ascertained that on the 15th February, 1877, the proportion of patients in the several Asylums who acknowledged to having previously received parochial relief was under ten per cent.

"6. That in order to facilitate the 'stamping out' of infectious diseases, provision should be made for the disclosure to the Sanitary Authority of all cases of such diseases in such manner as to the wisdom of Parliament may appear most expedient."

These views were favourably received by the Conference, but the only formal resolution passed related to the hospital question, and was in favour of a "Single Authority acting for the whole Metropolis to provide accommodation for persons suffering from infectious disease, such Authority to be, as far as possible, representative."

Deputation to the Local Government Board.—The resolution

* A great stir arose in 1878, owing to an attempt made, in the Tower Hamlets division, to disfranchise a voter whose child had been sent to hospital suffering from small-pox. The attempt failed, but it had good effect, and ultimately led to the de-pauperisation of medical relief in the Board's Hospitals, by Section 7 of the *Diseases Prevention (Metropolis) Act, 1883*. My report on this case was sent to each of the delegates, and largely circulated, not without effect.

of the Conference was (in March, 1879) submitted to the President of the Local Government Board, who was requested, and consented, to introduce a Bill to enable the Sanitary Authorities to enter into contracts with the Asylums Board for the reception of non-pauper cases. Effect was given to this proposed arrangement in *The Poor Law Act*, 1879, section 15 of which enacted that "any person admitted to hospital, and not being chargeable, shall be deemed to be maintained by the local authority sending him; and the expenses incurred shall be due from him, or his representatives, at any time within six months after his discharge from hospital." It was a technical means of de-pauperising relief in hospital, a principle to which effect was finally given in *The Diseases Prevention (Metropolis) Act*, 1883 (Section 7).*

Opposition to the Contract System.—Believing that if the contract system were adopted, and payment exacted from patients, the results could not fail to be detrimental to the interests of public health, I opposed it in reports which were sent to the Sanitary Authorities, the Asylums Board, and the Medical Officers of Health. The hospitals were already free to us, the Board of Guardians having, at my request, instructed the relieving officers to abstain from making application for payment by or on behalf of patients, such application having more than once led to retention of "mild" cases of small-pox at home with disastrous results.

The opposition was successful: few Sanitary Authorities signified willingness to enter into contracts; the Asylums Board informed the Local Government Board of the fact, and the Act, as regarded this particular matter, happily proved abortive.

The Small Pox Epidemic of 1881.—With the decline of the small-pox epidemic of 1876-77-78, interest in the hospital question subsided for a time, only to suffer a rude awakening when the epidemic of 1881 plunged all parties into new and greater difficulties—happily the last of their kind. No fewer than 8,551 cases were admitted to the Board's hospitals during the year, of which 1,417 proved fatal; the largest totals since 1871.

The epidemic was at its height when the joint deputation, arising out of the Kensington Conference (March 23rd), waited upon the President of the Local Government Board (April

* The Poor Law Act, 1869, Sec. 3 (1), authorised the admission to the hospitals of non-paupers. The Public Health (London) Act, 1891, repealed and re-enacted the provisions of most of the Acts referred to, so far as they related to matters dealt with in this address.

23rd), to submit the resolutions adopted thereat.* The President, observing that the hospital question was underlying the whole of the subjects brought to his notice, asked what advice the Sanitary Authorities had to offer with a view to dealing with the then pressing emergency? The hospitals were full to overflowing, and hundreds of patients were detained at home for want of accommodation. I had felt for some time that the solution of the small-pox hospital question would be found in removal of suitable cases to sanatoria in the country, and had brought the subject to the attention of the Asylums Board and the Society of Medical Officers of Health. The Society endorsed my views and addressed a letter to the Board which the Managers forwarded to the Local Government Board. At the request of the deputation I replied to the President's inquiry, and recommended the provision of temporary hospitals, huts or tents, outside London, and the removal thereto of all suitable cases; predicting that if this course were adopted the difficulty in which the Managers found themselves would vanish. On 7th May, the Board recommended this course to the Managers, indicating the spare land adjacent to the Darenth Imbecile Schools and Asylum as a suitable site for a Camp Hospital. The proposal to use this site originated with Sir E. H. Currie, Chairman of the Schools Committee. On May 9th, the Managers met to consider the Local Government Board's recommendation, and a report of the Darenth Committee intimating that accommodation could be provided for at least 300 cases. The Managers authorised the Committee to erect

* The first resolution dealt with Notification (*vide* page 410); the others were as follows:—

"2. That the provisions of the 26th Section of the Sanitary Act, 1866 (Sec. 124 Public Health Act, 1875), are insufficient for the protection of the public health, and should be so amended as to empower any justice to direct the removal to a hospital within the district of the Nuisance Authority, of any person suffering from any dangerous infectious disorder, and being without proper lodging or accommodation, which would enable him to be properly isolated, so as to prevent the spread of disease to other inmates of the same house, or to be properly treated.

"3. That the admission into hospitals for the purpose of isolation of persons suffering from infectious disease, and being without proper lodging or accommodation, is eminently desirable in the interests of the public, and should be encouraged; that payment for the assistance given in hospitals to such persons, removed thereto for isolation by the Nuisance or Poor Law Authority, should not be enforced; that the giving of such assistance should not entail on the recipient the loss of any social or political status; and that the cost of hospital treatment of such infective sick person should be made a charge on the Metropolitan Common Poor Fund."

Objection to free treatment in hospital ceased when I showed, as the result of a special inquiry, that in a period of twelve months, the guardians of twenty unions had received less than £60 on account of the maintenance of seventy-nine patients out of 3,100, the total number admitted from the said unions.

tents and make other necessary arrangements. The sanction of the Local Government Board was given, and on 11th May the first batch of convalescents was dispatched. By 9th June 640 patients were under canvas or in wooden huts, and, in all, 2,400 cases were received during 1881. The success of the plan was instant and complete. The pressure on the town hospitals ceased. Accommodation was found for all applicants. The small-pox hospital difficulty was solved.

The Royal Commission.—Another event of importance marked the year 1881; the appointment of the Royal Commission to enquire respecting small-pox and fever hospitals—due largely to the disquiet caused by Mr. Power's Report on the Fulham Hospital, in which the fascinating (but possibly delusive) theory of aerial convection of small-pox material found its most eloquent exponent. The subjects referred to the Commission were practically identical with those with which, in many published reports, I had been dealing during the preceding five years. My evidence, based on a series of Memoranda previously submitted to the Commission, occupied the time of nearly two sittings. The conclusions come to by the Commission were set out in "practical recommendations" which endorsed the principles in relation to the management of infectious disease for which I had so long contended. Among them—Compulsory notification; Unity in hospital administration—one authority for London as a whole; Separation of hospital treatment from connection with pauperism—abolition of distinction between pauper and non-pauper; Hospitals, free to all and maintained out of a metropolitan rate or common fund; Additional hospitals to meet the requirements of all classes; Convalescent hospitals out of town for cases of small-pox and for fever convalescents; Transference of control of vaccination from the Poor Law guardians to the Sanitary or Hospital Authority.

Results of the Enquiry.—For compulsory notification London had to wait seven years. Unity in hospital administration has long been an accomplished fact, the Asylums Board being the hospital authority. De-pauperisation of relief was effected in 1883. Free hospital treatment was secured by the *Poor Law Act, 1889*, Sect. 3 (³), which in effect devolved the charge for maintenance of patients upon the Metropolitan Common Poor Fund. Additional hospitals have been provided, and to an extent far beyond the recommendation of the Commission,—which the Asylums Board thought to be excessive so late as 1886. A country hospital for small-pox was provided before the appointment of the Commission; a convalescent fever hospital subsequently to their report. The control of vaccination, unfortunately, is still in the hands of boards of guardians,

too many of which have been faithless to their trust. It is time, surely, that it were transferred to the Sanitary Authorities, and the Conference may think it well to express an opinion to this effect.

District Hospitals.—The report of the Commission finally settled the question of public *versus* local or district hospitals. A few Sanitary Authorities had, at one time or another, provided temporary hospitals, of a sort, only to have them closed by local opposition and injunction. Not one now exists. Against fever hospitals no valid complaint has ever been raised. In respect of small-pox the case was different. It is only necessary to recall the prolonged litigation in the Hampstead Hospital case. Fulham Hospital was also made the subject of litigation, terminated by a compromise limiting the number of patients. The powers of the law were invoked, happily in vain, sometime after the Darenth Camp Hospital had proved its usefulness. But the decision in the cause *Fleet v. The Managers* brought the troubles of the Asylums Board in this respect to an end.

Effect of Removal of Small-pox Patients—The plan inaugurated, May, 1881, of removing mild and convalescent cases out of town was gradually extended, and perfected in the latter half of 1885. Experience had proved that patients bore removal well,* and the Asylums Board determined to transfer all cases direct from their homes to the Hospital Ships and the Darenth Camp. This course was followed by rapid decline in the number of cases admitted; and since that date small-pox has ceased to be a terror to Metropolitan Medical Officers of Health. So far, indeed, it has since shown itself the most controllable of infectious diseases, and the least fatal. In 1871 it killed 8,000 people in London, the population being $3\frac{1}{2}$ millions. In 1898 there was but one death in a population of $4\frac{1}{2}$ millions: the actual cases were 5, or 1 per million. In 1881 the deaths were 2,400, and in the next four years, successively, 430, 136, 1,236, and 1,419. In 1886 (the first year in which all cases were sent to the country) the deaths fell to 24. Only in one year since (1893) has small-pox given any trouble. In that year the disease was repeatedly imported by tramps and others: 2,376 cases were admitted to the Managers' hospitals. The deaths were 206, of which 180 took place at the

* At the close of 1885 the River Ambulance Service had conveyed, in 23 months, 11,060 patients to the Hospital Ships and Camp (irrespective of 10,076 recovered persons who were brought back to the London Wharves): these persons, "of both sexes and all ages, for the most part in physical suffering, and many helpless from disease, were carried in all weathers and throughout all seasons of the year, and to a great extent through the hours of darkness, without detriment to the patients, and without accident or mishap to any person whatever."—*Report of the Ambulance Committee.*

hospitals. In the twelve years 1886-1897 the total deaths from this cause were 469, as compared with 18,336 in the twelve years 1871-82. Had the mortality in the second period been as high, relatively to population, as in the first period, not 469, but 21,780 persons would have died. And this reduction was concurrent with an ever-increasing neglect of vaccination.

Necessary Amount of Hospital Accommodation.—The Royal Commission, in 1882, recommended acquisition of sites sufficient for the accommodation of 2,700 small-pox cases. Sites adequate for this number have been acquired, and before long the Asylums Board will have 1,900 beds. I have hope that no such number will be required, and that the small-pox hospitals will, in the main, be used henceforth as convalescent fever hospitals. The Commission recommended provision of 3,000 beds for "fever"—half in London, and half, for convalescents, out of London. At the middle of 1887 the beds at fever hospitals were about 1,400—all the town hospitals having been appropriated for fever. Between 1882 and 1886 the cases in hospital at one time had never exceeded 800; and the Managers truly stated that experience subsequent to 1882 had not justified the recommendation of the Commission. The experience came in 1887, when scarlet fever was epidemic. All the hospitals had to be opened. Plaistow Hospital (erected by the Poplar District Board at a cost of £18,000, but never furnished) was hired, the Northern Convalescent Hospital was brought into use, and temporary huts were erected at three of the town hospitals. In all, 2,700 beds were provided, and 2,600 were occupied at one time. Of 6,500 patients admitted (nearly 4,000 in excess of any previous year) 5,900 were suffering from scarlet fever. This period marked an epoch in the history of the hospitals. They had become popular.

Mode of Admittance of Patients.—Patients were at this time admitted upon the application of any registered practitioner: since 1893 they have been admitted upon the application of any person whatsoever.* The certificate of any practitioner was accepted, an Order *legalising* this practice, recommended by me in 1875, having been issued by the Local Government Board, in 1887; years after the acceptance of such certificates had become the practice of the Asylums Board. Shortly after the Notification Act became law in 1889, I initiated the practice of using the notification certificate as a medical certificate for

* "In order to give to the poor every facility for making their application for the removal of patients, they are allowed to apply at the Board's offices, either personally or by letter, or by telegram or by telephone, or at any of the several Ambulance Stations, personally or otherwise, or through the Sanitary Officials of their districts, or Relieving Officers, or through any other channel."—*Memorandum by the Clerk to the Board, November, 1893.*

the ambulance nurse—thus saving much time in the removal of patients. In 1893 the Asylums Board (with the view of facilitating the prompt removal of patients) formally sanctioned the practice.

Increased Use of the Hospitals.—Relief in hospitals was now free from the taint of pauperism, and it was certain that the demands on the Managers would increase; with what rapidity remained to be seen. In 1891, the mortality from scarlet fever (589 deaths) was the lowest on record, and yet the admissions (5,262) were only 650 fewer than in the epidemic year 1887. In 1892, notification being in operation, the admissions exceeded 13,000, being 7,200 more than in 1887, and yet the deaths (1,174) were 269 fewer, and also below the decennial average. Such was the growing use of the hospitals, that in this year, 1892, I expressed the opinion that it would be necessary to provide “not less than 5,000 beds for scarlet fever, ‘fever,’ and diphtheria”—first admitted in 1888.* This number was deemed excessive. In 1893, however, a sub-committee of the Asylums Board thought 4,500 beds should be provided. At the present time the actual and contemplated accommodation for fever patients, irrespective of the 750 beds available at the Gore Farm Convalescent Small-pox Hospital, exceeds 6,000 beds, and is as follows:—

Hospital Accommodation; Fever.—

	NO. OF BEDS.	OPENED.
North-Western Hospital, Hampstead	460	1868
South-Western Hospital, Stockwell	366	1870
Eastern Hospital, Homerton	356	1870
Western Hospital, Fulham	454	1877
South-Eastern Hospital, Deptford	435	1877
Northern (Convalescent) Hospital, Winch- more Hill, N.	752	1887
North-Eastern Hospital, Tottenham	386	1892
Fountain Hospital, Tooting	402	1893
Brook Hospital, Shooter's Hill	488	1896
Park Hospital, Hither Green	548	1897

4647

* The Asylums Board were willing, in 1886, to undertake the treatment of diphtheria, but such cases were deemed inadmissible, as diphtheria did not come within the definition of “fever.” The Kensington Vestry invited the Local Government Board (5th October, 1888) to promote legislation to enable them to issue an Order legalising the admission of diphtheria. The Board promised to do this, and in *The Poor Law Act*, 1889, obtained the necessary powers. Meantime, on 17th October, 1888, the Board, in effect, authorised the Managers to admit cases of diphtheria, which they did forthwith.

4,647

Further accommodation will be provided at :—

Eastern Hospital	6	
Grove Hospital (nearly completed) Tooting	520	
Northern Hospital	12	
North-Eastern Hospital.....	128	
Southern Hospital (plans not yet approved), say	700	
	—	1,366
The Gore Farm Small-pox Convalescent Hospital, generally used as a convalescent fever hospital, can furnish beds to the number of		750
		—
Grand total		6,763

Hospital Accommodation ; Small-pox.—

	NO. OF BEDS.	OPENED.
Hospital Ships. “Atlas”	300	1881
“Endymion”		1881
“Castalia”		1884
Gore Farm Convalescent Hospital (at present used as a convalescent fever hospital)	1,192	1890
	—	
	1,492	
At Joyce Green, adjoining the ships, a hospital is about to be erected for	400	
	—	
Grand total	1,892	

Distribution of Accommodation.—During 1898, the beds allocated to scarlet fever were 3,810, to diphtheria 1,319, to enteric fever 317. Many cases of the latter disease were removed by the Managers' ambulances, under arrangement, to general hospitals. To show the extent to which the public now avail themselves of the hospitals, it will suffice to say that last year the proportion of admissions to the total number of legally admissible (notified) cases was 65·5 per cent., against 33·6 per cent. in 1890, the first complete year in which compulsory notification was in force. Of scarlet fever cases notified, 74·1 per cent. were admitted; of diphtheria, 62·4 per cent.; and of enteric fever, 41·3 per cent. All of the small-pox cases were admitted. The total admissions, since 1870 to the end of 1898, have been, to the small-pox hospitals 63,513; to the fever hospitals 197,458: grand total 260,971.

Ambulance Service.—A few words concerning the ambulance service and I have done. The ambulances until 1880 were provided in some districts by the guardians, in others by the Sanitary Authorities; sometimes by contract with cab proprietors, or undertakers! The arrangements were far from satisfactory. Those who are curious on the subject should read the excellent report of the late Dr. James Stevenson, Medical Officer of Health for Paddington, issued in 1877. This gentleman recommended (*inter alia*) "That the Managers of Hospitals for the reception of the infectious sick should supply the conveyances, with horses and drivers necessary for the removal of patients to such hospitals,"—primarily the Asylums Board, therefore. But the Managers were unwilling to take up the proposed task, nor did they when the *Poor-Law Act*, 1879, enabled them. The Royal Commission recommended, in 1882, "that the hospital authorities should have the entire control of the ambulances," and soon afterwards the Managers signified their willingness to assume the new function. The first ambulance station was established at London Fields, in 1883, but had to be abandoned as the result of legal proceedings. Subsequently, stations were erected in connection with three of the hospitals: a river service had already been provided for the conveyance of small-pox patients to the Hospital Ships and Darent Camp. Power to provide riverside wharves was conferred by the *Diseases Prevention (Metropolis) Act*, 1883.

In 1884, I proposed to the Board that they should undertake the removal of all cases of infectious disease in London: but it was not until 1888 that they signified to the Local Government Board their willingness to undertake this duty. Soon afterwards, the President of the Local Government Board, in the *Poor-Law Act* 1889, obtained for them the necessary power. By the *Public Health (London) Act* 1891, (Sec. 70) it was made penal in London to use any public vehicle for the conveyance of persons suffering from infectious disease.

At the present time the Managers possess six land stations, at or contiguous to hospitals, three steamers, and three wharves. Of late years the river service has had little occupation. The land service comprises accommodation for 138 men and 150 horses: the vehicles number 147. The maximum of removals was attained in 1896, when 43,637 patients were removed from homes to hospitals, or between one hospital and another, or from hospitals to homes. The removals in 1898 were 35,043; the journeys made, 23,120; the miles travelled, 214,677. In eighteen years, 1881-98, the removals of patients numbered 348,000, including 35,559 cases of small-pox.

Year by year the work of the Managers has grown, and increased in efficiency; for they have ever been ready to adopt useful suggestions. Legislation has followed consistently in the footsteps of their practice—legalising methods of approved value to which, tacitly or explicitly, their sanction had been given. People in London, I think, hardly realise what they owe to the labours of this Board. Foreigners, whose judgment is said to anticipate the verdict of posterity, are differently affected. So far back as 1886, a distinguished member of a deputation, civic and medical, sent from Paris to study the hospital system of the Managers, described it as “the realisation of a dream of perfection.”