THE COMPULSORY NOTIFICATION OF MEASLES.*

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THE value of the compulsory notification of measles as a preventive measure can be estimated in terms of the results which epidemiological considerations would lead us to expect, or, with certain reservations, in terms of the experience of places where such measures have been given an extended trial.

In Edinburgh measles continued on the list of compulsorily notifiable diseases during a period of ten years from 1880 to 1890. In 1891 Dr. Harvey Littlejohn, the medical officer of health for Edinburgh, reported that notification had proved practically useless as a preventive measure, and measles was withdrawn from the list of notifiable diseases after a sum of £3,500 had been expended in notification fees. On *a priori* grounds the failure of the Edinburgh experiment might have been anticipated.

The compulsory notification of any infectious disease can only be properly advocated with the object of attaining three ends—namely, treatment, isolation and disinfection. In many cases of measles no medical treatment is required. When complications ensue, skilled nursing, appropriate diet, unbroken sleep, and fresh air without draught are essential if life is to be saved. These essentials cannot be obtained in the crowded homes of the poor, the solution being to make hospital provision for serious cases.

Isolation is equally impracticable in working-class tenements; but even in the best homes the fact that measles is intensely infectious for three days before the rash appears almost invariably leads to the spread of infection before the patient has been isolated.

Disinfection after measles is for several reasons a measure of doubtful utility. In 90 per cent. of cases the disease arises from direct personal contact between the healthy and the sick. The infection is said on good authority to be seldom retained long by fomites or utensils, and the "mere airing" of infected clothes has been held to be sufficient to render them harmless. It must also be remembered that in London older children, coming from homes where their brothers or sisters are lying ill with measles, are allowed to attend the elementary schools and do not spread infection.

Again, if disinfection is carried out it should be done with the definite object of protecting some particular child or class of children. From the absence of means of isolation, and still more from the development of infectivity before the disease

is recognizable, all the susceptible members of a family attacked by measles are certain to acquire the infection. When the disease has thus run through a family the advantages to be gained by disinfection are not apparent.

In theory a young child whose clothes have not received the "mere airing" which would suffice to disinfect them might convey measles in its garments to susceptible children in the infants' department on its return to school.

In practice the history of school epidemics affords conclusive proof that the infection spreads direct from the sick to the healthy. Infection derived in this manner accounts for the vast majority of all school cases, so that the magnitude of school epidemics could not be diminished by a measure such as disinfection, which does nothing to remove children who attend school in the initial stages of measles, and who are known to be the effective source of epidemic outbreaks.

CONCLUSIONS.

If the end in view be the provision of treatment and isolation for children suffering from measles, reasons have been given for the belief that this end will not be attained by the compulsory notification. If the end in view is disinfection, there are no grounds for the belief that disinfection after every case would bring about any reduction in the frequency or magnitude of measles epidemics; but there is every reason to assume that the fatality of measles would be materially reduced by the reception of serious cases in hospital. Hospital treatment is available for cases of whooping cough with pulmonary complications, but the child with pneumonia following on measles cannot obtain institutional treatment unless it be on the point of death.

On grounds both of humanity and public policy I should strongly recommend that the Metropolitan Asylums Board be approached through the Local Government Board and required to admit to their hospitals any child with measles who is certified to be unable to obtain adequate treatment at its home. The certificate to this effect should be signed by the medical practitioner in attendance and by the medical officer of health. Where there is no medical attendant the signature of the medical officer of health alone should be accepted.

In conjunction with the provision of hospital treatment on these lines, but not otherwise, I should be prepared to recommend the compulsory notification of measles.

DR. W. J. C. WARD has been presented with a silver bowl by the members of the Town Council of Harrogate, in recognition of thirty years' valuable services as Medical Officer of Health of the Borough.

* From a Special Report.