

abortions, poisonings, &c., but not in cases of murder, manslaughter, rape, poisoning by another, burglary, &c.; and, I would add, it is not "a point of expediency" that they should. Such secrecy does not aid the protection of their fellow creatures which should be everyone's aim.

I am, Sirs, yours faithfully,

Canterbury, Jan. 28th, 1893.

PUGIN THORNTON.

## "THE MARKING OF INFECTED HOUSES."

To the Editors of THE LANCET.

SIRS,—Regarding the statements of Dr. George Woodward in THE LANCET of Jan. 29th respecting "placarding houses in which are contagious diseases" and that "such a custom would not be tolerated in England," together with your own observation to the effect that "the practice is, however, unknown in modern England," I beg to say that during an epidemic of small-pox in the Chesterfield Union in 1888 I had every infected house with this disease spotted above the front door with a placard printed in large red letters: "This house is infected with small-pox." On any fresh case coming to my knowledge I always took the bill-poster with me and under my own eyes every infected house was so marked and made conspicuous to the public and I am confident this warning was the means of keeping people away from the more immediate sources of danger and assisted considerably in abating the general outbreak at that time. I may add that I found no special objection to the practice either in the rural or urban districts, and it was continued until the epidemic disappeared from the union. So far as I know I was the first to adopt this practice in England if not in the United Kingdom.

I am, Sirs, yours faithfully,

ANGUS MACINTOSH, M.D. Glasg.,

Medical Officer of Health, Combined District,  
Chesterfield, Jan. 29, 1893. Chesterfield Union.

## THE LEGAL POSITION OF THE GENERAL MEDICAL COUNCIL AND THE MEDICAL DEFENCE UNION.

To the Editors of THE LANCET.

SIRS,—I am glad to find that Mr. Lawson Tait gives credit to the Medical Defence Union for continuing the policy initiated by the Council when he was President. In the suppression of unqualified practitioners wherever these may be found the Union has ever tried to do its duty; but that duty has been rendered harder and more difficult by the varied interpretations placed upon the Medical Acts by magistrates and even judges.

With regard to the question raised by Mr. Tait in reference to the "penal cases" brought by the Union before the General Medical Council the old fallacy of considering that august body as a legal tribunal is again brought to the front. The General Medical Council has a certain penal power granted to it by Act of Parliament and after "due inquiry" it has the right to erase "a name" from the Medical Register. This penal power does not make the Council a legal tribunal—it is merely a "domestic forum" sitting as a body of professional men to hear professional charges made against registered practitioners. It has no power to issue summonses for the attendance of witnesses, no authority to administer the oath, no right to "commit for contempt," and no jurisdiction over costs. It was considered by the Council of the Medical Defence Union some years back—Mr. Lawson Tait being president—that the charges of "covering" and unprofessional conduct could be presented before the General Medical Council better by a medical man than by a solicitor into a legal tribunal with all the attendant rights and privileges peculiar to a court of law. There it will be, of course, necessary to instruct either counsel or solicitors to appear in support of the charges incidental to these penal cases.

I am, Sirs, yours faithfully,

Devonshire-street, Portland-place, W.

A. G. BATEMAN.

## INTERNATIONAL LEPROSY LEGISLATION.

To the Editors of THE LANCET.

SIRS,—It has always been my opinion, and it is what I have been contending for several years, that an *international leper law* is absolutely necessary to solve the universal leper problem. Some authoritative international body must be

appointed to establish that law with the power of the Governments behind it. I proposed that there should be an international committee and that it should promulgate rules binding on every Government. This proposition of mine was rejected by the Berlin Lepra Conference as inopportune. In its place an international leprosy society was recommended. This is the society which had Professor Virchow, a non-contagionist, as its first president. It will be a society on the model of all other medical associations of the kind—for instance, the New York County Medical Society, on the authority of which useful body the lepers of New York were turned loose. My proposition was that the German Government should invite every civilised country to send a delegate with powers to act in matters of leprosy, these delegates forming the international committee.

In no other way can international legislation be enacted and enforced. The menace to this country from leprosy is from South America, West Indies, China, Japan, and Norway. We are interested, therefore, in having these countries settle their leper problem. To settle our own is comparatively a trifling matter. But if these countries are remiss—as they will be without international regulations—they will import the disease into this country and that in spite of all the precautions by which we may endeavour to defend ourselves. The infected bodies will come before the disease has broken out when it is still in a state of incubation. These men, thus unwittingly carrying into our country the hidden germs, would under the rule of a rational law have been kept aloof from contamination or if they had been exposed to it would have been kept under surveillance for a certain number of years by a board of health. Of course, a member of a leprosy family would always be under the suspicion—that is, unless he had passed in healthy circumstances the maximum of the period of incubation. No man from a leper country would be permitted to emigrate without a clean bill of health. It would be a penal offence for a steamship company to carry a passenger from a leper country without this certificate.

The West Indies offer one interesting instance. Beaven Rake found in his asylum in Trinidad of 216 patients 74 Hindu coolies and he asks the question—Where do they get the disease? "We are told," says he, "that there are 250,000 lepers in India and it is therefore hardly fair to suppose that all the Hindus who develop leprosy in Trinidad become infected here. It is far more likely that in some or many of them the disease is already incubative when they land here, though it may not be evident enough to ensure rejection after medical examination." This proves clearly that a purely national law would not suffice for our protection. That law would control lepers at home and prevent the introduction of visible, evident cases; but as long as, by international agreement, the departure of dangerous people for these shores is not made impossible the peril cannot be conjured.

The international method is in operation to-day in Hawaii against Japanese and Chinese importation and it has served to keep in Japan, in 28,000 emigrants, all but four lepers who were sent back. There are in Molokai at the present moment only two Japanese lepers. Yet not only has Japan 23,647 registered lepers, but three times that number who have not been registered. It would be well if we adopted this Hawaiian leper-law; it is better than the Norwegian, which the Congress of Berlin sanctioned, but which is not complete enough. This mixed law of Norway has served only to transfer the leprosy problem of Europe to America. 175,000 Norwegian emigrants, many or most of them of leprosy families, have come to our north-west and have constantly to be watched; 147 of them imported leprosy. Several things in the conclusions of the Berlin Congress, I may say in passing, were the result of compromise.

I am, Sirs, yours faithfully,

New York, Jan. 24th.

ALBERT S. ASHMEAD, M.D.

## THE SPREAD OF PUERPERAL FEVER: A SCHEME.

To the Editors of THE LANCET.

SIRS,—Excuse me troubling you for your opinion and advice on the following matter. In this borough we have a good many cases of puerperal fever. I do not say we are worse or better than other like places. I have long come to the conclusion that the midwives carry the disease about. There