

Correspondence.

"Audi alteram partem."

"NOTIFICATION OF INFECTIOUS DISEASE."

To the Editors of THE LANCET.

SIRS,—As my name has been incidentally mentioned by Sir W. T. Gairdner in his letter on the above subject in THE LANCET of Oct. 19th, p. 1074, I trust that I may be permitted to record two instances that strongly support his argument for an amendment of the Notification Act. Five years ago I was called to a young woman, aged 18 years, with a generalised papular rash, a temperature of 103° F., and a history of severe illness for three days. The mother was certain that the patient had measles when a child, so the question of German measles was raised by her. At the time I had only been two years in general practice, so that my experience of infectious and other diseases was limited. I was unable to make a definite diagnosis of the case, so I prescribed for the urgent symptoms and said that I should call the following day. In the interval I went over again the literature of German measles and all skin eruptions with a temperature and concluded by forming a strong suspicion that this was a case of typhus fever. I had never to my knowledge, as a student or as a practitioner, seen a case of typhus fever, for, mainly owing to the brilliant work of Sir W. T. Gairdner while medical officer of health of the city, it has been in recent times a comparatively rare disease in Glasgow. On calling the next day I found the patient no better but still I could not definitely say that it was typhus fever. To call in a consultant was out of the question as the people were so poor that they could not pay for my second visit. Becoming alive to the fact that if it was a case of typhus fever then the sooner the patient was in hospital the better for herself and the community at large I sent to Dr. J. B. Russell, the then medical officer, a notification of typhus fever, with a note of interrogation after it to imply an indefinite diagnosis. He afterwards informed me that the case was typhus fever. The patient was promptly removed to the hospital while the other members of the household, two of whom, I believe, developed typhus fever, were removed to the reception house for contacts. There had not been a case of typhus fever in the city for months prior to it and there was no other case of typhus fever from the same locality for months after this. I was convinced at the time, and am still more convinced from what I have seen since, that if I had waited until I could have formed an exact diagnosis I should have had, not one, but several cases to notify, for the case occurred in a locality which has a density of something like 300 per acre.

The other instance became so famous that I confess to much diffidence in referring to it. It was the first to be recognised of the cases of bubonic plague in the outbreak here last year. These cases are fully reported in THE LANCET of Sept. 8th, 1900, p. 758, and the point I wish specially to emphasise, as bearing on the question under discussion, is that here again an indefinite and not a definite diagnosis was notified. When I examined these three cases in the same house, on my first and only visit, there was no difficulty in saying that whatever was the exact nature of the disease it was undoubtedly infectious. I determined to notify them at once as cases of enteric fever, with a query to indicate an incomplete diagnosis. I did so after calling on the medical man in attendance, who notified them at the same time in a similar manner. If we had delayed much longer for the purpose of forming an exact diagnosis what would have happened is obvious.

One word on the opposite side of the question. The other day I sent into the Ruchill Fever Hospital a baby of nine months notified as diphtheria (?). It was recovering from an attack of measles, when it suddenly developed that hoarseness and urgent suffocative breathing that so often indicate the beginning of laryngeal diphtheria. I was officially informed that the case was regarded as one of simple laryngitis, while the mother told me in angry tones that I had made a great mistake, for the child had no diphtheria but the "dregs" of measles, and was put among the patients convalescing from that disease where it is at present. Now, what harm was done in this case? If I could have isolated

the child for a day or two with any degree of safety to others I would never have sent it away. But isolation was impossible in a house full of children as well as a block full of children, and I knew from previous experience that while waiting for the development of conclusive symptoms, and if it had been a case of laryngeal diphtheria, I should have more than one case to notify. The only harm done—and it was slight—was to my professional reputation, and even this might have been avoided if the mother had been simply told whether the child was better or worse and no opinion expressed on the diagnosis. The only other point is the notification fee. Personally I do not care a straw whether I am allowed it in this and similar cases. I could, however, claim it for the general practitioner solely on economic grounds, inasmuch as the majority of his suspicions will be confirmed and by thus limiting the spread of the disease he will considerably diminish the number to be treated in hospital at the public expense.

I am, Sirs, yours faithfully,
Glasgow, Oct. 21st, 1901. THOMAS COLVIN.

ROYAL MASONIC INSTITUTION FOR BOYS: CASE OF REGINALD E. A. WEBSTER.

To the Editors of THE LANCET.

SIRS,—May I be allowed on behalf of all interested in Reginald E. A. Webster's election to the Royal Masonic Institution for Boys to thank you and the many medical Masons who so kindly helped us? By your aid he was placed first on the list of 20 successful candidates with 7137 votes.

I am, Sirs, yours faithfully,
Queen Anne-street, W., Oct. 15th, 1901. JOSEPH POLLARD.

THE TOXIC ACTION OF BELLADONNA PLASTER.

To the Editors of THE LANCET.

SIRS,—In confirmation of your remarks on the above in an annotation in your issue of Oct. 19th, p. 1061, may I refer you to the following extract of my "Rough Notes on Remedies" which appeared in THE LANCET several years ago:—

"I may here remark that special caution ought to be observed in ordering or applying a belladonna plaster of large size. Anything over six, or even five, inches square is almost sure to produce some systemic effects, such as slight giddiness and uncertainty of gait and vision; and later, when the plaster produces pustular irritation, a fresh absorption of belladonna sometimes takes place, with a more decided occurrence of the above symptoms, and so susceptible are some that the mere application of a small belladonna plaster will produce the above effects with great violence."—I am, Sirs, yours faithfully,

WM. MURRAY, M.D. Durh., F.R.C.P. Lond.
Swinburne Castle, Northumberland, Oct. 19th, 1901.

THE MORALS OF THE CONCIERGE.

To the Editors of THE LANCET.

SIRS,—I quite agree with what your Special Commissioner says about the *concierge*. I have considerable experience of him myself in Paris and he is a well-known character on the French stage. All the same I think the remarks hardly apply in this country where any system of espionage is not only unknown but abhorrent. I was very precise in defining the duties imposed on caretakers by the Workmen's Dwellings Company—viz., (1) to select tenants, satisfying themselves first, that they are of good character, and secondly, that the income of their household is low enough to justify their admission into the company's property; (2) to supervise the people generally, to prevent over-crowding and sub-letting, and to enforce order and quietness; (3) to prevent the improper use of the water-supply, water-closets, washing-houses, dust-shafts, &c.; (4) to enforce the cleansing of stairs, landings, balconies, courts, chimneys, &c.; (5) to report infectious disease to the authorities; and (6) to execute minor repairs.

I am satisfied that strict caretaking of all tenement houses on these lines would go a long way to get rid of the dirt and