

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

are perhaps three dozen in the town and only two to my knowledge have had any instruction. I have proposed at different times to some of my *confrères* that we should bring the midwives together, instruct them in the use of antiseptics, giving each a certificate and extending our help and support to them. To those who refused (if any) we would simply say that they were acting at their peril and had not our cognizance and moral support.

Some of my *confrères* think the plan feasible, others fear it would not receive sufficient support all round. I feel confident I can get all to join in giving me their help, though probably some would refuse to take or, rather, neglect to take any active part. Fearing a failure from the above cause I have thought that could we get the initiative to come from outside the profession our position would be much strengthened, and I have little doubt but that we could soon get a strong party of ladies of influence and intelligence to make a move. I do not wish to trouble you with detail and I have also a feeling that you will say this is a subject which requires treatment by higher powers, &c. In reply to such a suggestion I would say that it is a severe trial to attend at the bedside of strong young women in the prime of life feeling that you are comparatively helpless and knowing that the complaint which is killing them is one that might have been prevented. I say it is a severe trial to wait with patience till the powers that be come to your aid, and it is much harder still if there is any chance of success by one's own efforts. If you will kindly let me know what you think of the scheme I will be very grateful. Hoping I have made it sufficiently clear,

Heywood, Lanes, Jan. 29th, 1898.

THOMAS LAIRD.

\* \* So far from advising practitioners to wait for the action of higher powers we are always urging them to deal with such matters for themselves as promptly as possible. We think that such a meeting of the medical men of the locality would be a most sensible proceeding and do not see how anything but good could come of it. It seems to us that proper nursing with antiseptic precautions by fit people under the ægis of the medical profession would follow, and we do not think a better sequence could be desired. The success of the scheme depends on the unanimity of the profession in the neighbourhood.—ED. L.

## "THE OPERATIVE TREATMENT OF CLEFT PALATE."

*To the Editors of THE LANCET.*

SIRS,—I read with much interest Mr. Edmund Owen's clinical lecture under the above title in THE LANCET of Jan. 29th and was pleased to learn that he practises in favourable cases closure of the palate during infancy. The chief object, I take it, in closing a cleft palate is to render the powers of speech more perfect than they otherwise would be and if the operation is postponed (as usually recommended in surgical text-books) until the third year of life or later the child by that time has probably learnt to talk and necessarily to talk badly, a habit once acquired very difficult to overcome completely.

At a recent meeting of the Liverpool Medical Institution I brought forward several children whose palates I had closed some three or four years ago. Their ages at the date of operation varied from eight months to eighteen months and the clefts involved the soft and part of the hard palate. These children now talk in a perfectly natural manner, it being quite impossible to detect from their speech that they ever had cleft palates. Mr. Owen and other surgeons have doubtless had a similar experience.

I am, Sirs, yours faithfully,

R. W. MURRAY, F.R.C.S. Eng.,

Surgeon to the Liverpool Infirmary for Children.  
Liverpool, Jan. 31st, 1898.

## THE NOTIFICATION OF INFLUENZA.

*To the Editors of THE LANCET.*

SIRS,—May I ask you why no means are taken to check the spread of the most contagious, widely-spread, and formidable epidemic—viz., influenza? One cannot take up

a paper or consult any friend without seeing or hearing of someone being either ill or dead or permanently affected by that dreadful disease. It is quite a common case to hear invalids say, "Never the same since the influenza." From 50 to 100 deaths weekly in London are directly due to influenza, besides those who recover, very many of them being permanently invalidated, is no small matter. Those recovering from influenza (which is most undoubtedly highly contagious and often contracted severely by almost momentary contact with very slight cases) are allowed to go travelling about, to concerts, theatres, churches, and elsewhere; while those recovering from scarlet fever, measles, and suchlike complaints would be heavily fined (which has had a very desirable effect). Why cannot this fearful scourge be included in the Notification of Infectious Diseases Act and treated accordingly? I expect that will be the only way of checking the vast amount of misery and loss of life this disease causes and the sooner it is adopted the better.

I am, Sirs, yours faithfully,

Worcester, Jan. 31st, 1898. W. WOODWARD, M.D. St. And.

## AN APPEAL FOR ASSISTANCE.

*To the Editors of THE LANCET.*

SIRS,—I venture to appeal through the columns of THE LANCET to the charitable of our profession for financial aid in a most deserving case. Mrs. Tickler, of Cavendish-road, Harringay, is both aged and infirm; she is the widow of a Lincolnshire surgeon, who died about ten years ago, leaving her but poorly off, so that she has practically great difficulty in making ends meet. Her two daughters give her such aid as they can, but their occupation is not very constant or remunerative.

I shall be pleased to start the list by a donation of two guineas and also to act as Treasurer, should you wish it, due acknowledgment being made through your columns.

I am, Sirs, yours faithfully,

JOHN HUTTON.

2A, Harringay-gardens, Green Lanes, Feb. 1st, 1898.

## "TREATMENT OF PNEUMONIA BY INHALATIONS OF OXYGEN GAS."

*To the Editors of THE LANCET.*

SIRS,—The case reported by Dr. Alex. M. Erskine in THE LANCET of Jan. 29th is not without interest as showing what can and what cannot be done by the inhalation of oxygen, but I think that the result might have been predicted without making the experiment. If the patient had been promptly and sufficiently bled—say, 15 or 20 oz., repeated if necessary—instead I am confident that much better results would have been attained and more easily. The woman's serious condition would have been speedily relieved and in all probability she would have recovered, being "a strong, healthy woman." I could cite several instances in corroboration of what I say and I believe that nothing is so efficacious as venesection.—I am, Sirs, yours faithfully,

F. LUCAS BENHAM, M.D., M.R.C.P. Lond.

Elizabeth-street, S.W., Jan. 29th, 1898.

## "A CASE OF JEALOUSY."

*To the Editors of THE LANCET.*

SIRS,—The case of morbid jealousy so graphically described in THE LANCET of Jan. 22nd by Dr. William O'Neill opens up many points of sociological, psychological, and medical interest. Jealousy, it should be noted, does not arise out of physical love alone, being common in children and in grown-ups unsusceptible of this form of love. In the unmarried it seems to be about equally developed in either sex, but after marriage it is much more pronounced among the women, and this not because they have a greater disposition to it but because the provocation is greater in their case. As I have pointed out in my "Differences in the Nervous Organisation of Man and Woman," man is descended from polygamous ancestors and to pretend that he does not still