

ways—viz., by keeping the patient warm in bed in an airy apartment, administering saline diaphoretics with chlorate of potash, aided by nutritious and unstimulating diet—e.g., pure milk, beef-tea, barley-water, and cocoatina. This is all that is necessary for two or three days, especially while febrile symptoms are present. Tonics and stimulants in the early stages should not be given.

Under the above treatment the system will very soon manifest reaction by ridding itself of the *materies morbi* under which it is so distressed. Doubtless there are cases which will require a course of ferruginous tonics for some little time, as it is well known these animalcules lessen the red corpuscles of the blood. In the administration of the liquor hyd. perchloridi, we must bear in mind we have a special microbicide. According to Cornil and Babes 1 in 20,000 will kill the spores in ten minutes. For a more detailed report of diphtheria, *vide* THE LANCET, Aug. 20th, 1887.

I believe in those cases where the urine is albuminous, it is owing to the retention within the body of the kidneys of a multitudinous host of the microbes, which those organs are endeavouring to eliminate, as we find upon the cessation of the albuminuria the patient's alarming symptoms are ameliorated. After death the blood has been found loaded with micrococci as well as the internal organs, particularly the kidneys, where they were found in numerous thrombi or in balls.

Upon inquiry at two of our largest hospitals a short time since upon their general treatment of diphtheria, I was sorry to learn that it was upon the stimulating and tonic plan *ab initio*, with poor results, and not upon the antiseptic and eliminative.

Hanwell, August, 1889.

EMANUEL MAY, M.D.

P.S.—I feel that I ought to mention that during an active practice of thirty-five years I only lost two patients with diphtheria, and each of these had been ill two or three days when I was called in to see them, and found that in each case the disease had travelled into the windpipe.

## THE NOTIFICATION OF INFECTIOUS DISEASES BILL.

To the Editors of THE LANCET.

SIRS,—Permit me to ask, through the medium of your columns, has the profession fully considered this Bill, which is being pushed through Parliament with breathless speed at the fag end of the session? The sanction of the public would appear to be taken for granted in such a matter, though I am not aware of a single public meeting having been held to promote the Bill, and petitions in its favour have not required more than a single person to carry them. Has the great body of general practitioners considered the powers and the responsibilities which it is sought to confer? That it has the cordial approval of enthusiastic officials who are prepared to banish every ill and secure immortality for mankind, if the Legislature would only invest them with plenary powers, I have no doubt; but what about the rank and file upon whom the *onus*, or, as some say, the *stigma*, of carrying out the notification will fall? That a person labouring under an infectious disease may by exposure or inadequate isolation at home become a public nuisance is self-evident; that he is in most cases a nuisance in spite of himself, involuntarily, is equally true; how, then, shall he be dealt with? *Salus populi suprema lex* is a maxim at once as obvious and as useless as maxims are apt to be. Medicine, as a recent judicial utterance reminds us, is far from being an exact science, and so far does not lend itself readily to legislation. The Bill I understand is designed to deal with cholera, diphtheria, croup, small-pox, erysipelas, scarlet fever, typhus, typhoid, relapsing, and puerperal fevers. On the outbreak of any one of these the nearest relative or the occupier of the house is to acquaint the medical officer of health of the fact, and the medical attendant is also to send a certificate to the medical officer stating the infectious disease from which the patient is suffering. By section 124 of the Public Health Act, 1875, when the accommodation of the patient is not deemed satisfactory he may be compulsorily removed to any "hospital or place" which is deemed "suitable for the reception of the sick." The notification is to be compulsory for London; optional—at any rate at first—elsewhere.

Now it would be affectation to pretend that diagnosis in the case of many of the enumerated diseases is by any means invariably easy—nay, it is not always possible.

Mistakes have occurred, and history may repeat itself, and every mistake means an unpleasant experience for the patient. Then, again, Dr. John Harley, in April this year, warned the College of Physicians that in the case of scarlet fever he had "been endeavouring all his medical life to obtain proof of its contagiousness, yet had failed to find it, but he had acquired some evidence to the contrary." Who knows but that such an utterance within such precincts may not have largely influenced medical opinion in the country, and what is then to become of the notification of that disease which other authorities hold to be the most infectious of all? Again, suppose under the new Bill and the old Act the following very possible sequence of events: Compulsory notification of, say, typhoid; the surroundings are deemed unsatisfactory and to hospital the patient goes. To obviate escape compulsory detention follows as a matter of course, and grim comfort is to be found in the reflection that

"Stone walls do not a prison make,  
Nor iron bars a cage";

for in future its place will be supplied by a "hospital or place suitable for the reception of the sick." Compulsory treatment goes without saying—that is to say, the segregated patient has no longer the choice of his medical attendant, and there is hardly any line of treatment in typhoid which would not be vigorously assailed as useless and dangerous by some medical authority or other. This by no means exhausts the difficulties which will be certain to arise. Some may ask whether the adoption of the system in various places has been followed by uniformly good results, and the answer must be in the negative. Others will doubtless inquire whether it is not the sound that should make way for the sufferer rather than the risks of the sick be increased to save the whole. Questions of humanity will arise, and men will want to know the reason why a child with croup is to be robbed of parental care, and the puerperal woman torn from her natural protector, in the hour of sickness. To these a sneer of sentimentality will be an inadequate and ill-conceived retort. It has been well said "a sick body is better than a hard heart," and there are still higher motives to action in human nature than a funk of infection.

Lastly, medical men are justly fearful lest the notifying certificate required of them will operate detrimentally upon the relations between them and their patients, which they regard more highly than the sop which is offered them in the shape of a fee for such betrayal—viz., thirty pieces of-copper!

These, Sirs, are some of the difficulties I have heard raised. There are doubtless others, and there is much to be said on the other side no doubt; but if so, why this haste for ill-considered legislation upon an inadequately discussed and thorny topic?

I am, Sirs, yours truly,

W. J. COLLINS, M.S., M.D., B.Sc. Lond.

Regent's-park, Aug. 11th, 1889.

To the Editors of THE LANCET.

SIRS,—In your last issue Mr. Biddle refers to Bradford in connexion with the single system of notification of infectious disease. In the great majority of cases the notification is sent by the medical practitioner in a stamped envelope provided for the purpose, and addressed to the medical officer of health. From the readiness with which the medical men of Bradford take this duty upon themselves, I infer that they would find no hardship in the dual system of notification.

I am, Sirs, yours faithfully,

Bradford, Aug. 12th, 1889.

JAS. MCINTOCK.

## MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

*The Corporation and Typhoid Fever, &c.*

It would appear that there is certainly a real desire on the part of our local parliament to do something to wipe away the disgrace of being the city with the highest mortality in the kingdom. The Unhealthy Dwellings Committee have a herculean task before them in their attempts to abolish the worst of the wretched tenements in which so many of the poor are huddled. At the last meeting of the Council it was stated that our new officer of health has been authorised to visit those large towns where similar