

Dr. O'Connor, most of which will have to be adopted, attention may next be directed to Clause XVI which provides for the appointment of "assistant examiners." At the present time the General Medical Council possess the power of inspection of all examinations and it would appear that the additional power here sought is a needless irritant to the corporations who are not likely to favour the Bill and who should be spared any unnecessary reforms.

In Clause XXVIII, subsection 3, the net has been widely cast, but for some reason, probably inadvertence, no mention is made of life insurance which should certainly be included.

We now arrive at Clause XXXIV, which is most objectionable and the weak points of which have already been pointed out by Dr. O'Connor. These points cannot be too strongly emphasized, as the effect of the clause will be to harass and annoy the legitimate practitioner who requires a brief holiday and will utterly fail to touch the people whom it is intended to reach. This clause as it stands must be deleted, and I trust that the force of opinion will convince the drafters of the Bill of its unworkable character. Surely also any clause which takes the place of Clause XXXIV should apply to the dental profession as well as to the medical.

The definition in Clause XXXVI (b) is not yet wide enough, and should be so added to as to prohibit the administration of anaesthetics by any unqualified persons or by dentists not registered.

Finally, the clause which proposes that those whose names are erased should lose their degrees and diplomas is deplorably weak (Clause XXV, 2), and should be so drafted as to make the deprivation follow *ipso facto* upon erasure.

Accept my apology for so long a letter, which I trust may suggest some further ideas to the Divisions.—I am, etc.,

West Bromwich, Oct. 5th.

HERBERT MANLEY.

#### THE DIVISIONS.

SIR,—The replies of the various Divisions respecting the proposed Medical Acts Amendment Bill, etc., submitted to them are now being awaited by the Council of our Association. May I be permitted to suggest that, in connexion with such replies, the proportion of members of the respective Divisions taking part in the meeting or meetings at which the business referred to had been discussed should be added? It appears to me only reasonable and right that this information should be before the Council when what purports to be the opinions of the Divisions come to be considered by that body. Upon general grounds, also, such a record might, it occurs to me, be useful and instructive to ourselves.—I am, etc.,

October 6th.

A CHAIRMAN OF DIVISION.

#### THOMSEN'S DISEASE.

SIR,—Concerning the case which I reported in the BRITISH MEDICAL JOURNAL of October 3rd, p. 836, under the title of "Thomsen's Disease," my friend, Dr. Parkes Weber, kindly writes to me:

I think it is worth while questioning whether it could be possibly an instance of the curious condition known in German as *schnellenden Finger*. I have seen two samples of this rare condition, and it seems to me to fit in with your description.

The disorder referred to by Dr. Weber has been named also "trigger" or "snap" finger, and I have always supposed it to be a disease of tendon or sheath, of traumatic origin, and curable by surgical means. I could find no sign in my patient of any such lesion, and the disorder had existed from early childhood. His finger, after flexor action is slowly established and the extension has reached a certain point, certainly completes extension with a flick; but this must be the case in any such instance when resistance is overcome rather suddenly. In the only case of Thomsen's disease I have seen—one in which the forearm only was affected—the extension of the elbow was completed in this sudden fashion as the critical angle of flexion was passed. The "trigger" phenomenon then may not be specific, but may appear in all or many such reluctant extensions, and under "trigger finger" more than one pathological condition may be included. I admit that in my patient the area of the affection is narrowly limited, but the area of Thomsen's disease is very variable. Your readers may be interested to hear further comments on cases of this kind from Dr. Parkes Weber. Certainly I should be, as my experience of them amounts practically to nothing.—I am, etc.,

Cambridge, Oct. 3rd.

T. CLIFFORD ALLBUTT.

#### ISOLATION HOSPITALS.

SIR,—Most medical officers of health will, I am sure, agree with the greater number of your remarks in the issue of October 3rd, p. 84, on isolation hospitals. But to one paragraph—the last—of your leading article some exception may be taken. Rate-supported isolation hospitals truly enough find the reason for their existence, not in any desire of getting sick people well, but in a hope of preventing others from becoming sick. And so far as a person, removed to an isolation hospital at the instance of a medical officer of health, surrenders his liberty for a time in the interests of the public, so far is he morally entitled to the gratuitous exhibition of every solicitude on the part of the sanitary authority.

No doubt it is an excellent thing that at certain isolation hospitals "special paying wards" should be available for the reception of persons who may or may not be local ratepayers, and who are willing to pay for indulgences from the sanitary authority to which they may feel no legitimate claim. But the provision, by a small borough or district council, of an isolation hospital equipped with "special paying wards" for cases of enteric fever, scarlet fever, and diphtheria is financially a serious matter. I doubt very much whether, having regard to the financial conditions by which local authorities are bound in purchasing land and erecting buildings, a sum less than 3 or 4 guineas a week would clear, as you say any sum charged should clear, the "whole cost of maintenance and nursing" in the "special paying wards" of such an isolation hospital as the average district council can provide. I am certain that such a sum would be inadequate to prevent a charge on the rates in the event of the special paying wards being only occasionally occupied.

Now there are many persons to whom a weekly charge of 4 guineas a week is prohibitive, and who are perfectly well able nevertheless to isolate their children at home with safety to themselves and to the public.

Many such persons seek admission for themselves or their children to rate-supported isolation hospitals, not because of any sense of public duty or any regard for the public health, but from purely selfish motives. They do not want "special paying wards" and so forth; but they shrink from the annoyance of having little Tommy at home in the top bedroom for six weeks; they wish to avoid the social inconvenience involved by the performance of maternal duties towards a child sick with "the fever," or "perhaps the servant will give notice," and "the spare room is wanted for other purposes."

If we clear our minds of cant we find that very seldom is the removal of a patient to an isolation hospital urged by the patient's relatives in the public interest, and that the percentage of cases removed, which are removed because in the opinion of the medical officer of health isolation *cannot* be properly carried out at home, is in many places far less than may be thought.

It is obviously unfair that the whole cost of the maintenance and nursing of persons who are unable to pay such charges as you suggest for special paying wards, and yet have none but selfish reasons for admission to rate-supported isolation hospitals, should be borne by the rates. Such a proposal would be the application of the crudest socialism in the interests of a few selfish individuals. No; persons whose removal is ordered or advised for the proper reasons by the proper responsible official—the medical officer of health—should be maintained and nursed without direct charge. Ratepayers or their children, on the other hand, who are admitted for reasons other than those of the public health, should be charged at a weekly charge based on the rateable value of the ratepayer's dwelling-house.

For persons who are neither local ratepayers nor under the guardianship of local ratepayers, and who are admitted in interests other than those of the public, a fair weekly charge should be made, based on the average cost of maintenance and nursing in the wards to which they may be admitted—special or ordinary.

As a matter of fact, revealed only too clearly by the recent "regrettable incidents" at Hereford, Folkestone, and elsewhere, the conditions under which small isolation hospitals are provided and maintained are by many persons imperfectly understood. Private practitioners who have had, since their student days in charity-supported general hospitals, no experience of institutional life or administration, are sometimes unjust in their judgements of the actions of colleagues who are the responsible servants of local authorities. They forget, moreover, the disciplinary relations which must necessarily exist between the responsible head and the sub-

ordinate staff of a rate-supported hospital. The consequence is that miserable misunderstandings, such as appear to have arisen at Hereford and Folkestone, do frequently arise, and the responsible officer has his position weakened rather than strengthened by the action of those professional brethren from whose opinion he would wish to derive support when advocating before our local rulers sanitary and administrative reforms.—I am, etc.,

Barnes, S.W., Oct. 3rd.

F. GRAHAM CROOKSHANK.

SIR,—In your leader dealing with this subject you speak of the "unpleasant results which may accrue to authorities from neglect to give adequate thought to the three main points that constitute the elements of a successful hospital, namely, site, structure, and arrangements for administration."

Are we then to infer that, in your opinion, the occurrence of "return cases" is referable to the neglect to provide "up-to-date" hospital accommodation and administration? Surely not; for this would be a wholesale condemnation of the sanitary authorities of nearly all the large towns and cities in the United Kingdom, not one of which is provided with "a successful hospital." The aggregation of the infective sick in large permanent hospitals never has been, and never can be, successful. The utmost that can be claimed for the system is that it has ministered to the convenience of a section of the public.

I have for a long time been convinced that the blame cannot be put on administration, and I have always tried to make this clear for two reasons: in the first place such a suggestion would be cruelly unjust to those having charge of these institutions who would be put constantly on their defence (as in the Hereford case) and in the second attention would be diverted from the real causes of the failure of these pest houses miscalled isolation hospitals. The failure is universally acknowledged, the cause of that failure awaits Government inquiry. Instead of facilitating inquiry what has been the attitude of the Public Health profession? Almost to a man they have sought to bolster this bad system up with pseudo-scientific arguments such as the nonsense about "epidemic wave periodicity"—an argument that carries with it a confession of failure.

In this city where we have an "isolation" hospital in every sense "up-to-date and thoroughly equipped"—where administration has been carried out with nervous energy—where money has been lavishly spent in a desperate effort to make "isolation" appear to be some sort of success—what do we find after thirty years of compulsory notification? The sanitary authority is disheartened, the impossibility of avoiding "return cases" openly confessed, medical men on the Health Committee pouring ridicule on the system, a consensus of opinion amongst medical men that nothing but harm has accrued, and the fact that now few cases of scarlet fever are admitted.

For some reason, not far to seek amongst the findings of bacteriology, hospital-discharged patients remain not only in a highly infective but in a protracted infective condition. So far as the former is concerned, we know that the Ditcham inquiry revealed the fact that the very contacts of a hospital-discharged case of mild scarlet fever are capable of spreading both this disease and diphtheria over a wide area and in a deadly form! As to the latter, the case mentioned by Mr. Shirley Murphy, which, we are told, on being discharged from one of the hospitals of the Metropolitan Asylums Board, went about for six or seven months establishing new centres of diphtherial infection, may be instanced. We know that such things are unknown amongst the home-treated, and we are aware that they are not the happenings of the unexpected.

Surely it is the very irony of fate that after thirty years of finings, imprisonments, and persecutions the public should now be found turning against sanitary officials their own weapons. That the Hereford example will be followed elsewhere is beyond question. Equally certain is it that sanitary authorities will be driven to repudiate responsibility for the unavoidable. Then the attention of those who have charge of the public health will at last be compelled.—I am, etc.,

Nottingham, Oct. 5th.

EDWARD DEAN MARRIOTT.

SIR,—Under the above heading in your issue of September 26th, taking as your authority a letter signed by Dr. T. M. Watt, of Goxhill, which appeared in the *Hull Times* of September 19th, apparently without any endeavour to ascertain the correctness or otherwise of the statements it contained, you proceed to criticize the conduct of the Glandford Brigg

Rural District Council. As their responsible Medical Officer of Health, will you kindly allow me space for reply?

Dr. Watt commences his letter by stating "On March 22nd I found a family of six children down with scarlet fever and advised their removal to the isolation hospital."

The facts are as follow: Immediately on receipt of the notification I visited and found five of the children running about freely desquamating. The only remaining child was being nursed on the mother's knee. The house is a farmhouse situated about three-quarters of a mile from the village of Goxhill. It is separated from the public road by a high wall and gate. In front there is a large yard and behind are the fields belonging to the farm. There was ample accommodation in the house. They were some 200 yards distant from their nearest neighbours. Taking all these circumstances into consideration, I did not advise their removal to the isolation hospital. I gave directions as to disinfection and isolation, and left printed instructions. I called several times afterwards to see that my orders were obeyed. The inspector also made frequent visits, and supplied disinfectants. That the fever should have broken out thirty-five days after in a house 200 yards away only illustrates that the most elaborate precautions may sometimes fail. Dr. Watt complains of the inconvenience caused to the incoming occupier. This man applied to the Council for compensation, which they have granted subject to the approval of the Local Government Board. The recent cases mentioned by Dr. Watt, as he himself says in his letter, occurred during the absence from home of the medical officer of health. At the time I was on a visit to the South of Ireland, Dr. F. Goodman, by permission of the Council, acting as my deputy. On September 4th Dr. Watt telegraphed to the Local Government Board as follows: "Will you order open to-day infectious hospital here? Scarlet fever epidemic for month. I have urged authorities in vain. Three cases in one tavern. Isolation impossible.—Dr. Watt." On September 6th I received a telegram from Dr. F. Goodman stating that the Local Government Board required a report in reply. I started for home by the first train, and travelling without breaking my journey, reached Brigg on Tuesday, September 8th. On the 9th I visited Goxhill, and also New Holland, where an epidemic of diphtheria had just broken out. On September 10th I sent in my report to the Local Government Board. I visited the house where Dr. Watt states typhoid fever prevailed, and arranged for the children who were not ill to be boarded out at the expense of the Council.

In conclusion, I may mention that our district is a large one—area, 124,157 acres, with a scattered population of 23,823—and that the whole time of the medical officer of health is not given up to the duties of that office.—I am, etc.,

GODFREY GOODMAN, M.O.H.

Rural District Council of Glandford Brigg, Department of the Medical Officer of Health.

October 6th.

SIR,—Referring to your annotation of last week under this heading will you allow me to state that I had it personally from a district councillor that the Council declined to open our hospital because of the expense, and that they were waiting at the time in hopes that the epidemic would die out? Moreover, the mother of the typhoid family reported to me that the medical officer of health, in reply to her own and her sick husband's wish that the stricken ones should be removed, told her that the Council were willing to board out the healthy children, but they would not open the hospital because it would cost £10 a week. The unfortunate woman had imposed upon her, in addition to all her load of other work, the task of canvassing the village personally to seek lodgings for these healthy ones, but her efforts were in vain. For this service to the Council she received no remuneration. Since I wrote my letter I have notified six fresh cases of scarlet fever. I append the only notice I have seen of my narrative of facts. It appeared in the *Hull Times*, and is a sample of what we may expect if we bestir ourselves in behalf of the welfare of our fellow-citizens.

Sir,—Mr. T. M. Watt's fiery verbiage in the *Daily Mail* of Thursday would be somewhat startling did not residents in the district know all the circumstances. As matters now are, the Rural District Council have, no doubt, a complete answer to the allegations of Mr. Watt, but knowing that gentleman they might not think it worth while to reply. Perhaps it might be advisable to knock 95 per cent. off Mr. Watt's assumptions and off his self-blown trumpeting about his being "a zealous private medical officer of health."—I am, Sir, etc.,

September 19th, 1903.

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—I am, etc.,

Goxhill, Sept. 30th,

THOS. M. WATT.