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HOW THE GOVERNMENT

MAY BENEFICIALLY INTERFERE

TO

LIMIT THE SPREAD

OF

INFECTIOUS DISEASES.



BY

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*A Paper read at the Bristol Congress of the National Association for
the Promotion of Social Science, September, 1869.*

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APPENDIX.

A FORM OF RETURN NOW USED FOR THE REGISTRATION OF DISEASES IN THE PARISH
OF PADDINGTON.

Cases of Diseases coming under Treatment at _____
from _____ *to* _____ 187_____

Return made by

Diseases.	No.	Remarks.*
Small Pox and Chicken Pox		
Measles		
Scarlet Fever		
Diphtheria		
Whooping Cough		
Croup and Quinsy		
Diarrhœa		
Dysentery		
Cholera		
Erysipelas, Pyæmia, Carbuncle Typhoid, Typhus, Puerperal and other Fevers		
Ague, Rheumatism		
Influenza and Catarrh		
Bronchitis		
Pleurisy and Pneumonia		
Phthisis		
Tubercular Diseases		
Heart Diseases		
Syphilis		
Accidents		
Casualties		
Intemperance		
Other Diseases		
Total		

* Please to note the address of houses in which Zymotic Diseases occur, or where defective sanitary conditions require attention.

HOW THE

GOVERNMENT MAY BENEFICIALLY INTERFERE

TO LIMIT THE

SPREAD OF INFECTIOUS DISEASES.*

THE present time is peculiarly favourable for the discussion of the question here proposed. A severe epidemic of scarlet fever prevails in most parts of the kingdom, and continues to increase in the numbers attacked, and in the violence of its character; while relapsing fever has again made its appearance in London, and seems to show signs of abiding with aggravated conditions amongst the poorer classes during the approaching winter. Under the circumstances a discussion of the means to be adopted for the repression and control of the high rate of mortality resulting from contagious maladies, and of the cognate but more comprehensive question, "How are we to remove the cause?" becomes a public duty and is well worth the careful consideration of this Association. This subject is within the range of legislative action, and one which, if undertaken by members competent to the task, would indubitably effect the deliberations of the Royal Sanitary Commission now sitting, and whose report in the forthcoming year is looked for with interest.

The ordinary treatment of epidemic diseases is notoriously unsatisfactory, and very little success has attended the efforts of medical practitioners to check their spread, either in densely populated towns or in rural districts. Equally unsatisfactory, although not altogether insignificant, have been the results of sanitary legislation, as proved by the high mortality from contagious diseases in all parts of the country.

General experience clearly testifies that nothing can more effectually prevent the invasion, or arrest the progress, of epidemic maladies than a systematic general action, which would bring within its scope districts adjacent to each other, and involve an amendment of sani-

* One of the Special Questions for discussion at the meeting of the Health Department of the Social Science Congress at Bristol, September 29th, 1869; J. A. Symonds, Esq., M.D., F.R.S.E., in the Chair.

tary law, as to make individuals legally responsible for the dangers arising from the spread of disease—a principle already recognised in the vaccination laws.

The science and art of Preventive medicine (of which Epidemiology is a part) is one of those departments in which the general body of the medical profession ought to be more familiar than they prove themselves at present. Till this, however, is made a feature in our public medical school-teaching, and of medical practice, we cannot expect a change for the better.

In contagious diseases more than any others, the maxim holds good, that "Prevention is better than cure." Once they have become established, they run a well-known course.

The time has come, I think, when curative skill, applied to this class of diseases, has reached its maximum success, for it is now generally acknowledged that little can be done beyond lessening the duration and severity of accompanying symptoms; frequently, the most important function, indeed, of a physician is simply to watch and direct nursing duties and the management of the sick-chamber.

The most useful and well-timed medical advice is often tendered when there is no disease actually present; and sometimes medical skill and judgment will be more esteemed, if directed to prevention, than any attempt to cure when disease has even become fixed.

To the general body of the medical profession, however, the public must ultimately look for sound doctrine with regard to Preventive medical service. I cannot see any difficulty in engrafting sanitary work upon the duties of ordinary medical practitioners, and of their having the benefit of payments both for curative and preventive measures.

As sub-officers in districts they would be entitled to fees or salaries for filling up certain requisite forms, or supplying information pointing out sanitary defects in houses or districts necessary to be investigated by the Health Officer, whose large area would perhaps not enable him to attend personally. This work would involve no more trouble than medical men often devote without any remuneration.*

It is now well established that personal intercourse and contact with clothing spread these diseases with great facility; but it cannot be expected that one district will be fairly protected, and have the security it ought to enjoy, unless some general laws operate throughout the whole country.

One difficulty that meets us at the present time is, that Officers of Health rarely obtain official information of epidemic disease, even in their own districts, until they see the death registered in the returns of the Registrar-General, when it is obviously too late to adopt measures for prevention.

The plan I propose is to have returns of all contagious diseases.

* The form in Appendix (p. 2) would be required to be filled up for registration and inspection,

This record would not only suffice for most practical sanitary purposes, but would render less urgent the need of a general registration of disease (which has for some time been looked upon as a necessity of sanitary organisation, and has very recently been advocated in connection with the poor law medical service). The legal registration of zymotic diseases, as the basis for an improved sanitary legislation, would, for many reasons, supply the place of a general registration of disease. One, it must be especially remembered, is that the zymotic diseases, in their various forms, constitute one-fourth of the deaths from all causes; and in dealing with these preventible diseases which demand special legislation, we can well afford to defer the consideration of a system of registration for all other diseases.

The diseases I would include among the list to be registered as contagious, pestilential, infectious or catching, are small-pox, scarlet fever, measles, typhus, typhoid and puerperal fever, whooping-cough, erysipelas, and cholera; perhaps, also, venereal diseases that occur in public hospital practice.

The machinery by which the spread of these diseases may be limited, would be certain amendments of our present sanitary laws, and of future enactments; changes which I propose might be made not only available for checking the ravages of preventible disease in general, but prepare the way to a sound and intelligible system of sanitary police for the purposes of State medicine.

Having expressed my belief that a Registration of contagious diseases appears to be the best means for effecting an improved sanitary organisation to mitigate or check these maladies, I will venture to indicate what I conceive to be its operation upon individuals and upon the community.

First. An Officer of Public Health, or a Medical Registration Officer, should be appointed in every town or district where at present no such officer exists. The present registration districts, one or more, according to circumstances, being combined, would form suitable areas for his administration, and would be preferable, for statistical reasons, to the parochial or municipal boundaries. These appointments should be no longer permissive, but compulsory, and the duties attached to the office so clearly defined, that uniformity of action might be obtained. The reports of such officers ought to be annually presented to the local board, and would include certain returns to be forwarded to a central authority—either the Privy Council Office, or that of the Registrar-General, or a Minister of Public Health. I need scarcely add that these appointments should not be subordinated to local influence. In the twenty-seventh Report of the Registrar-General some of the functions of a Registration Medical Officer are briefly enumerated (p. 184), and the advantages of employing such an officer in carrying out the plan I propose are obvious to any one who has considered this subject.

Secondly. It should be compulsory on this officer, or a responsible person in charge of hospitals, dispensaries, refuges, workhouses,

schools,* and tenant-houses, to prepare and keep a register open to inspection, containing the name and address of persons under their observation, or of cases under treatment for contagious diseases. These returns should be forwarded to the registrars of the district, or a competent sanitary authority at a central office, where this can be inspected or published weekly. I am fully persuaded, too, that the medical profession generally may in this matter render very essential service. They could, I think, without much difficulty be prevailed upon to keep a record of cases which occur in private families, cases which the Medical registration officer would be unable to procure. The result of the information thus secured will effectually dispose of any excuse that may be offered for delay in the application of remedial measures, or for ignorance of the existence of the diseases. Penalties would, of course, be enforced for refusing to give the information required, or for neglecting to make the returns.†

Thirdly. I would suggest that the Officer of Public Health should, through an Inspector of Nuisances, or the Police, cause inspections to be made, and if necessary report upon houses or premises where any infectious malady has been stated to exist; that he should issue notice to owners or occupiers of such premises effectually to cleanse, to disinfect blankets, bedding, bed-clothes, and wearing-apparel, or to destroy them at the expense of the owner, or if thought necessary, of the public authority; also that they should carry out sanitary orders, if possible, forthwith, or in the case of structural improvements, within a specified time; in default, to be subject to such penalties as are now in force under the Sanitary Act, 1866. The beneficial effect of such action upon the condition of the dwellings of the poor, and upon those who live under landlord cupidity, it is not difficult to foresee. At all events the plan will secure

* Your Vice-President, Dr. Lankester, justly remarks in his last report to the vestry of St. James, "Children absent from school from any contagion unforeseen should be reported. Ragged schools in particular are, in my experience, prolific of them. But is it the utter and entire carelessness of families with regard to the propagation of these diseases that causes them to exist and spread. Thus children are constantly sent to school with whooping cough. If they are not sent to school with measles or scarlet fever, children are sent from families where these diseases exist. Grown-up persons freely pass from diseased families to those who are free from them, and communicate the contagion. Clothes are carried from the families of tailors, milliners, dressmakers, washerwomen, and others, where infection exists, to families where previously there was no disease. The mind of the whole population needs to be impressed with the danger and fatal results of these practices before we can expect to control and eradicate zymotic diseases."

† A law has just passed the State legislature of Boston, Massachusetts, making it penal for the owners of tenanted houses let to more than one family to neglect to give notice to the sanitary authority, or one of its officers, of any person suffering from a contagious, infectious, or pestilential disease. In addition to this, the owner, occupier, or agent of such property or houses let to more than one family, is compelled to place his name and address on the entrance or door of such house or tenement, in order that the authorized officer may know to whom to apply or serve his notices.

in most cases the cleansing of premises, the removal of filth and offensive rubbish, and the providing of proper receptacles for the same; will furnish a knowledge of the evils of over-crowding, if not effect an abatement of it; will indicate the defects in water supply, drainage, and ventilation; and will, in many other ways, be the means of converting places, now the abode of squalor, into habitations fit for our labouring classes. Demolishing them by the application of Mr. Torrens' Artisans' Dwelling Act may even be advisable.

In conclusion, I would briefly mention a few other measures, in addition to a complete registration of zymotic diseases, by which legislation may limit the spread of contagious maladies.

(a.) Government might reasonably insist upon every municipal authority providing adequate means for personal ablution, and for the cleansing of personal apparel, by means of public baths and laundry or wash-houses. This has in principle been long acknowledged by the Act of Sir H. Dunkenfield, 9 and 10 Vict., c. 74, passed in 1846, but like so many other Acts which are permissive, has not to a great extent proved beneficial. All schools attended by children of the lower classes should have ample means provided for personal ablutions. The organisation of a public laundry would materially assist in giving employment to numbers of females in washing, ironing, and mangling, and would afford inestimable benefit to all families now unfortunately compelled to do their washing in the close atmosphere of a room where they live, eat, and sleep.

(b.) Attached to the public laundry ought also to be the disinfecting and cleansing apparatus for public use, in accordance with provisions in Sect. 23 of Sanitary Act, 1866, where at a fixed charge clothes, carpets, bedding, furniture, &c., could be disinfected, either under public expense or by payments from those who have means.

(c.) Sections 27 and 28 ought to be made compulsory in every large town, empowering the nuisance authority to provide a proper place for the reception of bodies of persons who have died from a contagious disease, and corpses awaiting interment or a *post mortem* examination. Public mortuaries would offer an inestimable benefit to the families of those who now live in crowded lodgings, and who have to eat, drink, and sleep in the same room with the dead body for several days previous to burial. I need scarcely here again say these Sections of Sanitary Laws are permissive, and consequently almost inoperative.

(d.) The general arrangement for scavenging and civic purification should be under the control of the Public Health Officer, subject to the approval of his Local Board or Sanitary Committee, and not as in general, under the surveyor of the district.

(e.) Hospital accommodation for patients suffering from contagious diseases, apart from the general and ordinary patients, has not been provided to the extent demanded. The Sanitary Act of 1866, Section 37, in some measure provides for this, and the Amendment of 1867, Section 10, gives power to pay for special medical services with consent of the Privy Council, but it has not been taken advan-

tage of. I cannot see the desirability of special hospitals, except in very large towns ; and even in most of these, the existing institutions and county infirmaries might easily be enlarged, and well adapted for the reception of any probable number that may require admission. Every local authority should always have at command special beds, or a ward for patients suffering from small pox, scarlet fever, typhus fever ; and the necessity of isolating persons suffering from such diseases, or persons nursing patients so suffering, ought to be legally insisted upon.

In most instances an arrangement with the hospital or infirmary of a county or town would be the most desirable plan. The cost should be borne by the authorities out of rates, including a share in the expenses of the general management and medical staff. The establishment of cottage or village hospitals is also to be highly recommended. By this means, we not only secure the best medical skill attainable for the sick which the neighbourhood can produce, but it withdraws the poor, at least for a time, from pauper influences, and tends to elevate them in their own estimation, and that of their fellows.

(*f.*) Venereal disease ought at the same time to be placed under special treatment, if cases come under the jurisdiction of sanitary police, as they will do when a more strict surveillance is given to prostitution by extending the Contagious Diseases' Act of 1867 to the civil population as well as to the military and naval garrisons.

These few remarks, the result of my experience as a Medical Officer of Health, I have much pleasure in offering to the Health Department of this Association. I must however express my regret at the imperfect manner in which they have been conveyed—a result due to the multiplicity of my engagements ; and trust that those who have done me the honour of listening will overlook all shortcomings.