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ON THE CLAUSES
IN THE
DRAFT GLASGOW POLICE BILL
WHICH HAVE REFERENCE TO THE
PREVENTION AND MITIGATION OF DISEASE.

BY EBEN. DUNCAN,
M.D., F.F.P.S.G.,

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Read before the SOCIETY, 6th December, 1882.

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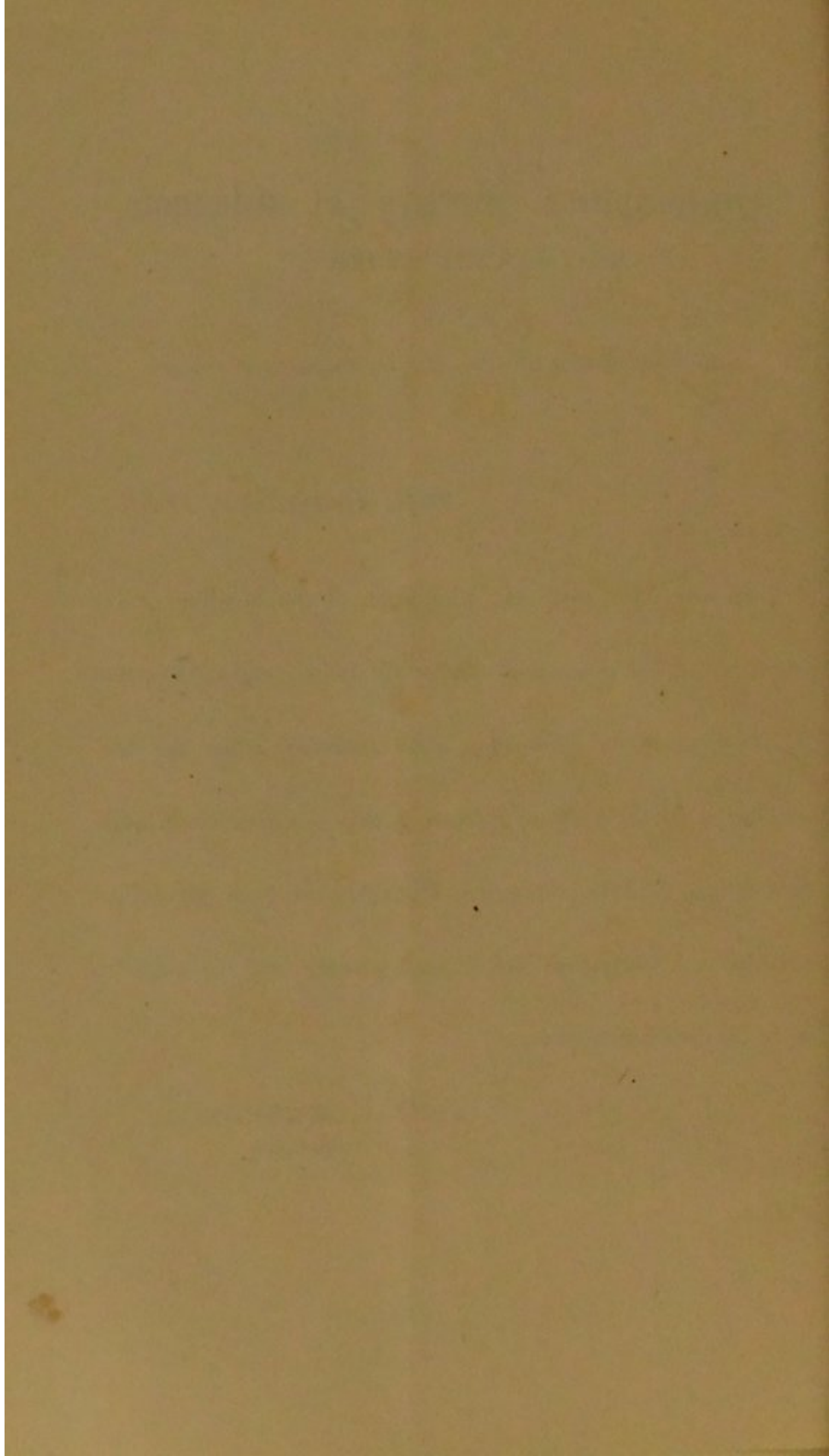
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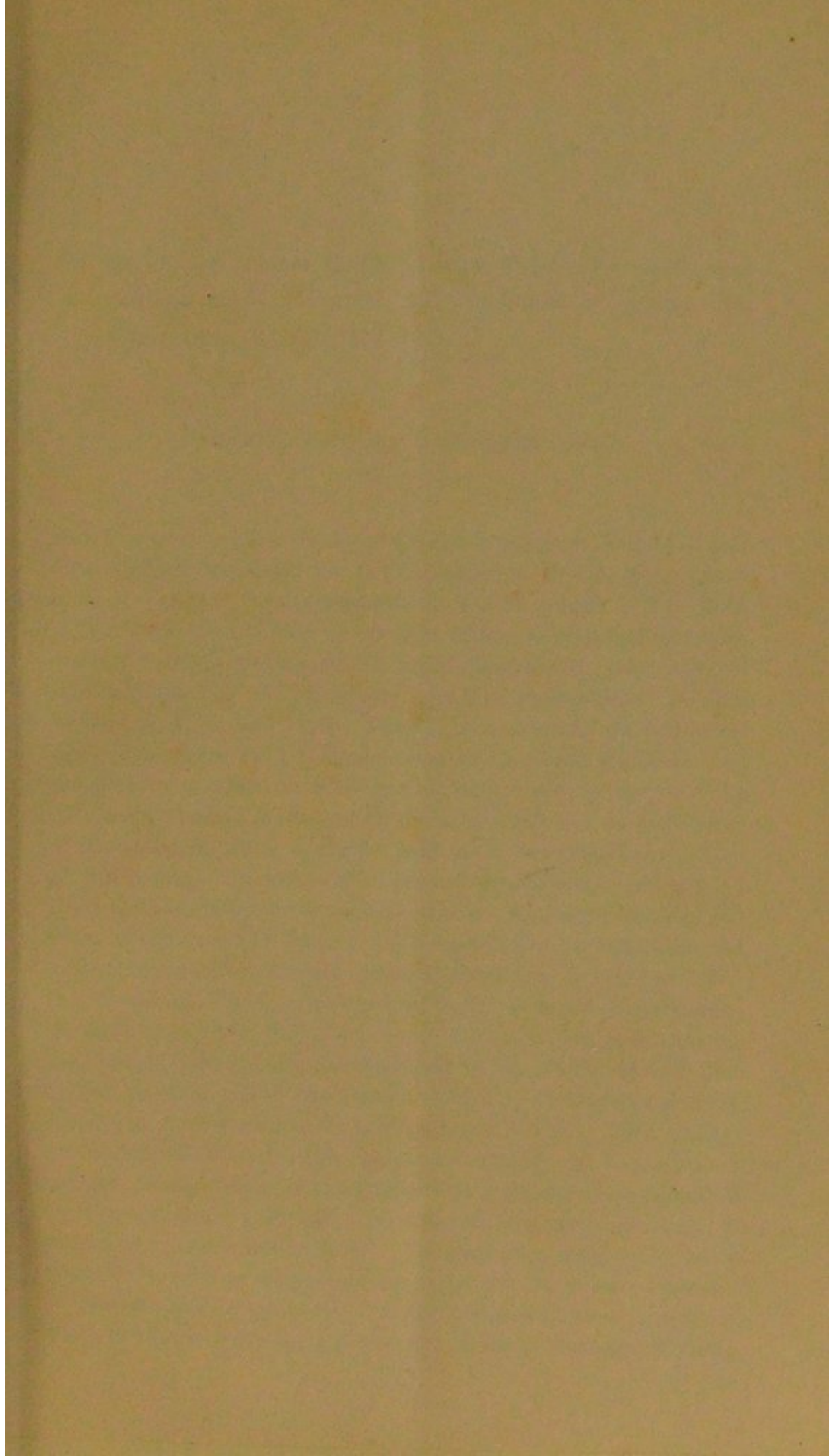
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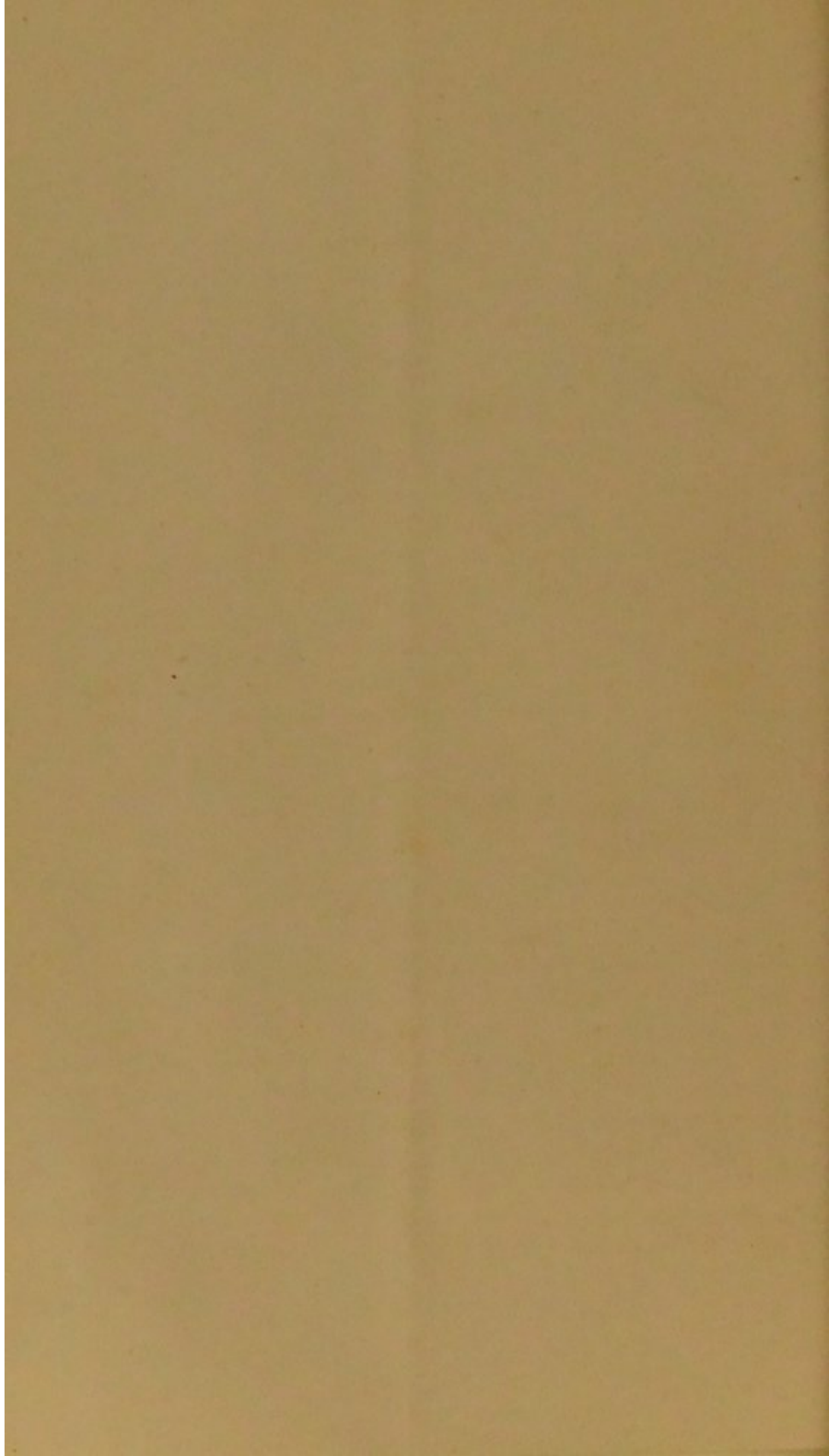
In accordance with the Resolution of the Meeting of the SOCIETY, on 6th December, there will be a SPECIAL MEETING of the SOCIETY on *Wednesday, 20th December*, when the Discussion on Dr. E. DUNCAN'S Paper (a copy of which accompanies this notice) will be resumed. With the view of giving the Discussion a permanent value, arrangements will be made to have the speeches reported.

JOHN G. M'KENDRICK,

Secretary.







*On the Clauses in the Draft Glasgow Police Bill which have
reference to the Prevention and Mitigation of Disease. By
EBEN. DUNCAN, M.D., F.F.P.S.G.*

[Read before the Society, 6th December, 1882.]

THE first twenty-five sections of the Draft Glasgow Police Bill deal with Police regulations for the government of the city, which have no bearing upon sanitation or public health. The 26th section is the only section of the Act which deals exclusively with matters relating to the public health and to the prevention of epidemic diseases. It is divided into five sub-sections. In sub-sections 1, 2, 4, and 5, the alterations and additions which are made upon the Public Health Act of Scotland are, with one exception—to which I shall subsequently refer—comparatively unimportant, and the amount of disease which can be prevented or mitigated by their operation will be a very small percentage of the average amount under present conditions. Sub-section No. 1 contains four clauses which define the sanitary powers of the Police Board and of its officers. These powers are substantially the same as those given to every Local Authority by the Act of 1867. In sub-section No. 2, which relates to the removal of nuisances, the only important difference which I note is that such cases as the smoke nuisance, which, according to the Public Health Act should be tried before the Sheriff, according to the provisions of the Police Act are decided in a Magistrates' Court. This change in the administration of the clause is certainly not in the public interest, because many of the magistrates are themselves offenders in these matters, and will, consequently, be very unlikely to administer the law impartially. The case of a magistrate being tried by a brother magistrate for a smoke nuisance is not an unheard-of case in Glasgow. As the polluted state of the air of this city is one of the most important causes of disease and death

in the community, I hope that in the next Public Health Act for Scotland Glasgow will not be excepted from the common law of the land in this matter. I think, further, that the workman who neglects his duty, in the matter of careful and regular feeding of his furnace fire, should be placed under penalty for any proven act of carelessness, as well as the employer, who is at present solely responsible for the workman's negligence. The clauses of the Public Health Act which deal with the removal of nuisances are quite as comprehensive as those of the Police Bill, and in the Public Act, as in the Local Act, it is enacted that the owner of a house may be made liable and mulcted in a penalty for nuisances which have been originated by his tenant. Sub-section 4, which deals with the regulation of lodging-houses, differs in only one important particular from the section of the Public Health Act which deals with such places. It is enacted by the Local Act that not only must the lodging-house keeper notify every case of infectious disease to the Sanitary Authority, but also every illness which causes a lodger to be confined to bed for 24 hours. Sub-section 5 refers to unwholesome and adulterated food, and differs from the general Act in three important particulars—1st. It provides for the inspection of all dead meat brought into the city for consumption. 2nd. It enacts that not only the person in whose premises the unsound meat is found may be prosecuted, but also the original consigner or seller of the food, if it was unsound at the time of the sale. 3rd. It is enacted that a person who has knowingly concealed from the Sanitary Inspector unsound food, for the purpose of selling it, is liable to imprisonment for 60 days. We now come back upon sub-section 3, which deals specially with the prevention and mitigation of infectious disease, to which I wish to devote your special attention to-night.

Since the year 1867, in which the Public Health Act of Scotland became law, sanitary science has been advancing rapidly, and every fresh discovery as to the causation of disease has had an outcome in sanitary legislation. We find, therefore, on looking over the more recent Health Acts of England and Ireland that in these measures considerable additions have been made to the provisions of our Scotch Act of 1867. Some of the more important of these additions have a place in this Draft Bill. There are two directions, however, in which the promoters of this Bill seek to make fresh advances upon the latest Public Health Act—that of Ireland, which was passed by the legislature in 1878. It would be impossible to discuss

in one evening all the amendments on the Public Health Act of Scotland which are embodied in this sub-section of the Bill. I therefore desire to confine the discussion to-night to these two fresh departures in sanitary legislation. I refer to the clauses which deal with compulsory notification of infectious disease, and the clauses which are directed against the propagation of infectious diseases by milk.

The infectious diseases mentioned in the Act may be divided into two classes—(1st) those which are generally associated with well-known sanitary defects, and (2nd) those which are not so associated.

CLASS I.

Insanitary Causes.

A	{	Typhus Fever. Relapsing Fever.	{	1. Insufficient Food. 2. Overcrowding. 3. Dirty and badly ventilated houses.
B	{	Cholera. Typhoid Fever.	{	1. Defects of drainage, and of other methods of disposal of human excreta, leading to tainted water or milk. 2. Dust of dried alvine discharges from previous cases disseminated through the air.

CLASS II.

Smallpox. Scarlet Fever. Measles. Hooping-cough.	}	Diseases which are propagated through air, food, or clothing, exposed to contamination by the exhalations from the patient's lungs or skin.
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It is necessary to keep in view the various ways in which these diseases arise and propagate themselves, in order to understand the probable effects of the measures of isolation and disinfection which are intended to be employed by the sanitary authority. Let us take them up individually, and consider in each case what additional help may be got from compulsory notification. Past experience has shown us that outbreaks of typhus fever and relapsing fever are preventable if the sanitary authority does its duty—(1st) in rooting out the overcrowded fever dens which the ignorance and negligence of a former generation permitted to spread like cankers in the heart of the community, and (2nd) in providing the displaced population with healthy houses and aiding them in times of poverty and distress.

My personal experience of typhus fever goes back for twenty years. I remember well the days before the City Improvement Trust did its great work of renovation, and how typhus decimated the crowded wynds and closes of old Glasgow. I can count up ten of my old fellow-students in the Glasgow University who died of typhus either in their student days or in the early years of their practice. At the present time so successful have been the combined efforts of the Improvement Trust and the Sanitary Department, that very few of the young doctors who graduated during the past eight or nine years have ever seen a case of typhus fever in their student days, and medical men may now practice for years in this city without seeing a single case of the disease. It was by the labours of such men as the late Dr. Allison, of Edinburgh, and Dr. Perry, of Glasgow—who pointed out the distinctive characters of the disease and so led to the discovery of its true causation—and by the intelligent action of the city authorities founded upon the knowledge so obtained, that typhus fever was so successfully dealt with. At the present time, when typhus fever breaks out in any part of the city, it is found to originate, as in the past, in some overcrowded, badly ventilated place, and it has now become a danger signal, drawing the attention of the authorities to overcrowded and filthy dwellings.

This table shows the percentage of deaths from typhus fever in Glasgow as contrasted with the towns in which notification of infectious diseases by the medical man or householder has been enforced since 1879:—

TYPHUS FEVER.

(Calculating the percentage on the total death-rate.)

	Glasgow.	Edinburgh.	Dundee.	Greenock.
1878	0·36	0·49	0·70	0·86
1879	0·47	0·64	0·60	1·08
1880	0·33	0·22	0·47	0·69
1881	0·39	0·46	0·37	0·74

You see from this table that Glasgow, which has hitherto trusted to general hygienic measures, and has got its knowledge of this disease principally from the house to house visitations of sanitary inspectors, compares very favourably with the towns in which notification has been enforced. The evidence of its continuance in these towns, in larger amount than in Glasgow, shows that we cannot expect compulsory notification to help us much in

stamping it out. We must look to the removal of the fever dens which still remain, and which were so graphically described a few months ago in a pamphlet issued by the Ruskin Club for the final extinction of typhus as an endemic disease in Glasgow. I have no doubt, however, that, if by compulsory notification, or any other means, the sanitary authorities could get earlier information of such sporadic cases as that described by Dr. Russell in his report to the Town Council on Tuesday, some good would be done, and some disease would be prevented. It was stated in the Council that, had the clause compelling the medical attendant to report such cases been in force in Glasgow, the small outbreak which originated from that case would have been averted. But I would point out that the medical man who was called in did not seem at all sure that the case was one of typhus. He merely told the people that it would probably turn out to be so, and under the present clauses he could not have certified. I have no doubt, however, that such cases may occasionally arise, and that if we could have compulsory notification enforced upon both medical men and householder, without producing worse evils, some good might be done, and some disease prevented.

Relapsing fever arises in the same circumstances of poverty, insufficient food, and overcrowding. It is now a rare disease. Years pass without a single death being recorded from this disease in Glasgow. All that I have said with regard to typhus and the means which are likely to "stamp it out," is equally applicable to the case of relapsing fever—I need not, therefore, occupy your time any longer with it.

We now come to cholera and typhoid fever. The past history of these diseases proves that they most commonly arise in epidemic form when the water supply of a community becomes tainted with the alvine discharges of an imported case. When cholera prevailed in this country we had no knowledge as to the propagation of such diseases by tainted milk, otherwise I think we would have discovered milk epidemics of cholera as we have discovered milk epidemics of typhoid. In every respect the laws governing the spread of these diseases are alike. Cholera does not long continue in this country, because the climatic conditions are not favourable to the vitality of the cholera germ. We cannot give the sanitary measures which were adopted in consequence of its invasion the credit of stamping it out, although we may fairly give them the credit of limiting its spread. The fact that typhoid

fever is so prevalent among us shows that cholera may readily occur again; but owing to the improvements in the general hygienic arrangements of the country, and specially to the care which is now bestowed upon the water supply, we may confidently predict that it will never prove so deadly in the future as it has done in the past.

Numerous epidemics of typhoid fever have been traced to milk contaminated either by water from a well impregnated with typhoid excreta, or by exposure to the dust of typhoid excreta in the vicinity of a fever patient. It will clear the way for a consideration of the probable effects of compulsory notification in typhoid fever if we now take up the question—To what extent will the clauses in the Police Bill which deal with infected milk be likely to diminish milk epidemics of this fever? The clauses referred to are three in number. Clause 288 enacts that when, in the opinion of the officer of health or of a medical practitioner, the spread of infectious disease is attributable to milk supplied from a dairy, the keeper of that dairy must furnish to the sanitary authority the names and addresses of all his customers. The next clause (289) enacts that he must also furnish the names of the milk dealers and farmers from whom he receives his milk. Knowing the frailty of human nature, the framers of this clause have strengthened it by compelling the dairyman to prove his verbal statements by an appeal to his books and invoices. When, by means of the information so obtained, the outbreak can be shown to have been limited to this man's customers, and to have come from one of the farms from which his milk had been obtained, and when it is further shown that an inmate of this farm is actually suffering from the malady in question, the remedy proposed in clause 280 is the very selfish one that the sale of that milk is to be prohibited within the burgh of Glasgow until the patient who has given rise to all this mischief has been removed or has recovered, and the farm premises have been disinfected to the satisfaction of the medical officer of health. As far as the Glasgow authorities are concerned, the milk may go anywhere else. Let us test the value of these clauses in the case of typhoid fever. In the first place, typhoid fever has commonly a period of incubation of three weeks; and, in the second place, after the symptoms do declare themselves, eight days elapse before the physician can certainly say that the disease is typhoid; so that, from the time

that a given milk supply begins to be contaminated, four weeks must elapse before the sanitary authorities of Glasgow can get any certain knowledge that an extensive poisoning with typhoid germs has been going on. Another week may be occupied in investigating the epidemic and tracing it to its source, so that during five weeks disease and death are being dealt out to the community before the remedy which the wisdom of the sanitary authorities has devised can be applied. And what is the remedy? To stop the farmer from sending that milk to Glasgow until, in the opinion of the medical officer, the disease has ceased in that farm. Surely, gentlemen, this looks very like locking the stable door when the steed is stolen.

Let us take the evidence of the tables of mortality :—

TYPHOID FEVER.

(Calculating the percentage on the total death-rate.)

	Glasgow.	Edinburgh.	Dundee.	Greenock.
1878,	1·41	1·68	1·30	0·92
1879,	1·09	1·20	0·60	0·70
1880,	2·13	1·10	0·76	0·69
1881,	1·37	1·28	0·68	0·47

The opinion to which these figures point is that, if we are to place any faith in diminution of the death-rate, the towns in which notification by the householder alone has been enforced, show the best results. In Edinburgh, in which notification by the medical attendant has been enforced, the amount of disease of this kind is as great as in Glasgow, and the mortality has not diminished since the Act came in force. I do not, however, place any importance on a temporary diminution of the death-rate from this disease, as showing any beneficial effect from this new factor in Greenock and Dundee.

The epidemics of typhoid which have occurred in Glasgow during the past eight years, and have been of sufficient extent and importance to make an exhaustive inquiry into their causation possible, have all been traced to milk contaminated with the excreta of a typhoid fever patient in some neighbouring dairy farm. I read a paper to this Society two years ago, in which I pointed out that a careful inquiry into these epidemics failed to show that in any case was there any extension of the disease so produced through the agency of the drains and sewers. Taking as our premises the two facts which I endeavoured to prove in that paper—viz., 1st,

That during the prevalence of the extensive milk epidemics which have occurred in the past eight years, although there was an unusually large amount of the typhoid poison circulating in the drains and sewers of Glasgow, there was no extension of the fever along the lines of drainage or into the neighbouring houses; 2nd, That in many instances the house-drains and soil-pipes in these neighbouring houses were very defective, and freely permitted of the flow of sewage gases from these soil-pipes and house-drains, containing the typhoid poison, into these houses—the obvious conclusion is that (in Glasgow) epidemics of typhoid fever do not now arise from the inhalation of sewer gases. I do not deny that dust particles of typhoid excreta may be carried back from our sewers, but on the bases of these facts I do assert that the cases of typhoid which are so produced must be comparatively few. Therefore, 1st, Because four or five weeks must usually elapse, after the poisoning of the community begins, before the Sanitary Authority can become acquainted with its cause. 2nd, Because the statistics of other towns in which the clauses proposed in the Glasgow Police Bill are enforced do not on the whole give any evidence of progressive improvement in the death-rate from this disease. 3rd, Because the poisonous particles which give origin to the bulk of the cases of typhoid are not propagated within the jurisdiction of the City Authorities, but come from without. And lastly, because typhoid fever is not an infectious disease in the popular sense, and may safely be treated at home without the slightest fear of its spreading, if the discharges from the bowels of the patient are properly disinfected. On these four grounds I hold that neither compulsory notification, nor the milk clauses in question, will materially diminish the prevalence of typhoid fever in Glasgow.

What will diminish it? Although that question need not be answered in connection with this argument, it has some bearing upon it.

Two years ago I was asked by a milk agent to visit with him some dairy farms from which he thought of taking the dairy produce to supply his customers in Glasgow, and in the suburb in which I live. He wished me to give him my opinion as to their sanitary condition. I visited five farms. They differed very much in their size, appearance, and surroundings, but they all agreed in this, that the kitchen opened directly into the byre, and the byre opened directly into the milk-house. The result of

this arrangement was—(1st) that a large proportion of the foul and heated air of the crowded byre was carried into the apartments occupied by the farmer's family, and (2nd) that the milk standing in the milk-house was also exposed to the foul vapours which emanated from the byre. I was informed that this is the usual arrangement in the West of Scotland. I also found that in these five farms the farmer's wife not only attended to domestic duties and nursed her children through the various ailments of early years, but also attended to the dairy. When her children were recovering from these illnesses they, no doubt, ran about the byre and milk-house attending on all the dairy operations. In one farm-house which I subsequently visited in a delightful situation on the top of a hill, open on all sides to a pure, bracing atmosphere, I found that the farmer was himself the sole survivor of a large family born in that house. One by one they had died of consumption of the lungs. The bedrooms in that house were very small, and it received, through the kitchen, the emanations of 30 cows. The water supply was got from a well sunk immediately under the wall of the byre in a porous soil which had become saturated with decomposing animal matter. Year after year they slept in a poisonous atmosphere, and daily they drank from a tainted well. The inevitable result was death except to the strongest organism. In a second dairy farm the well was sunk in the middle of the courtyard and surrounded by the byre, the stable, the dungstead, and the privy. Four feet of the surface was made up of road metal, through which the animal impurities could gain easy access to the well. In a third there was no privy of any kind for the use of the inmates, and the surrounding ground was littered with every kind of dirt and filth. The water was got from a tile drain which opened on the hill side behind the house, and the receptacle for receiving the water was exposed to contamination by the children who ran about all over the place. There had been fever in that farm a month before my visit, and it is easy to see the dangers which the recipients of the milk from that farm-house ran at such a time. Well, it is from these insanitary farm-houses that the typhoid epidemics of Glasgow spring. But how does the fever get there? I pointed out, in the paper to which I have already referred, one of the great sources of sporadic cases of typhoid fever. It is to be found in the huge accumulations of manure collected from the poorest and most diseased districts of Glasgow, which are deposited in various parts of the city, and part

of which is thereafter conveyed to the very dairy district of which I have been speaking. I have no doubt that in many of the milk epidemics from which this community has suffered, Glasgow has only reaped what it has sown. The authorities in this matter are without excuse, because a remedy has been found in the great towns of the midland counties of England. As these towns have no outlet for their excreta in a tidal river, necessity has again been the mother of invention, and, by the valuable and ingenious appliances of Messrs. Fryer, of Nottingham, they have found a means of reducing this foul and dangerous material into valuable, useful, and harmless products. I can quite see that the Glasgow authorities cannot come forward with clean hands to advocate a reform in the health administration of the rural districts until they can say—We have swept away the nuisances at our own door and those which we formerly dealt out to you. To any effort on the part of Glasgow to attack the causes of our typhoid epidemics at their fountain-head in the rural districts of Scotland, the rural authorities at the present moment would have good reason to reply—"First cast out the beam out of thine own eye, and then shalt thou see clearly to cast out the mote out of thy brother's eye." It is painful to visit the manure depots of Glasgow, and to find the authorities still engaged in the separation of old boots, broken glass, and scraps of iron, and then mixing up the foul mass with ashes, and transporting it to the farmers to poison the country districts. I don't say that in this respect Glasgow is in any way worse than other towns of Scotland; but, in the light of the deputations which it has sent to other towns, and the years of discussion which it has devoted to this question, I do say that Glasgow ought ere this time to have taken a lead in this important reform.

Up to this point the diseases in my list are most efficiently prevented by removing the bad sanitary conditions with which they are associated.

I now come to the last class of diseases—the spread of which is not necessarily associated with any well-understood insanitary conditions. These diseases spread by infection, in the popular sense of the word. It is to this class, if to any, that measures of compulsory removal to hospital, isolation, and disinfection are most specially applicable. Excepting the case of small-pox, it is only by such means, in the present state of medical science, that we can hope to diminish them at all.

The past history of mankind teaches us that success has not hitherto attended efforts to stamp out by quarantine and disinfection such highly contagious maladies as scarlet fever, measles, and hooping-cough. The reason of this failure will be apparent if we consider the means which veterinary surgeons have been compelled to adopt to prevent the spread of similar diseases among the lower animals. I quote from a book entitled *The Four Bovine Scourges*, recently published by Mr. Walley, the Professor of Veterinary Medicine and Surgery in Edinburgh. He says—"No temporising measures are of avail in suppressing cattle plague, and it can only be annihilated by the absolute destruction of every living animal which is the subject of the disease, or which may have been in contact with affected cattle; and not only so, but by the destruction, when practicable, of everything which is contaminated, or may be supposed to be contaminated, with the virus of the disease." Again, in speaking of pleuro-pneumonia, he says—"In its suppression slaughter, isolation, and external and internal disinfection can alone be relied on, with arrest of all movements to and from infected districts."

Now, gentlemen, scarlet fever and measles are quite as contagious as cattle plague and pleuro-pneumonia. Even if measures of slaughter were not necessary to success in an attempt to stamp out such diseases, and if we could succeed by the rigorous isolation and disinfection of every case, and by placing an infected district in quarantine, I don't think that society is yet prepared to allow the Town Council of Glasgow to apply such drastic remedies. If we are to take any lesson from the past history of mankind, the only measures which will succeed in stamping out these diseases will either take the direction of the discovery of a vaccine, as in the case of small-pox, or in the discovery of some medicine which will so alter the state of the blood of the patient that it no longer forms a suitable food for the disease germs. For such discoveries we must look not to administrative health officers, who never can be expected to do much in this direction, but to the unselfish labours of the medical practitioner. When the disease is dying out the thorough and universal adoption of such measures as isolation and disinfection, when thoroughly carried out, will hasten the process of final extinction, but must always bear a very subordinate part. In the case of small-pox—you see from this table how successful vaccination is in Glasgow—there have only been six deaths registered in four years, and five of these persons were

unvaccinated. The obvious conclusion is that thorough vaccination and revaccination in adult life are the proper remedies for stamping out this most loathsome disease. Neglect these remedies and, in spite of every measure of isolation and disinfection you can devise, you will have epidemics of small-pox reappear with their old virulence and malignancy. I believe the outbreaks of small-pox in London are largely the outcome of the agitation kept up by the stupid and ignorant Anti-Vaccination League.

Although I argue that the diseases in class II. will never be *stamped out* by any attempt at isolation and disinfection, however thoroughly carried into effect, I am quite agreed with the promoters of this Bill that these measures, if judiciously carried into effect, will do much good, and prevent the spread of much disease. We cannot wait till a vaccine has been discovered. That day may never come; although the discoveries of M. Pasteur in splenic fever and fowl cholera lead us to look in that direction for a solution of the difficulty. Let us, therefore, now consider the evidence furnished by the Registrar-General's mortality tables in those towns which have adopted this system of compulsory notification.

Let us take the next disease in the list—scarlet fever. Here is a table of the mortality from scarlet fever in the towns I have already referred to, and also in two English towns, one of which—Leicester—has adopted similar clauses to those in this Glasgow Bill. The other—Norwich—has adopted notification by the householder, who is aided by a certificate written by his medical attendant, and handed to him to transmit:—

SCARLET FEVER.

(Calculating the percentage on the total death-rate.)

	Glasgow.	Edinburgh.	Dundee.	Greenock.	Leicester.	Norwich.
1878, ...	1·37	0·86	2·16	0·20	0·31	0·52
1879, ...	2·02	2·00	0·89	0·25	3·19	1·61
1880, ...	3·52	7·09	0·99	0·82	3·08	8·89
1881, ...	2·00	5·51	1·70	2·48	5·67	3·74

You see from this table that in every town in which notification has been enforced scarlet fever has increased in severity since 1879. I was somewhat surprised when I first saw these figures, because scarlet fever is a well-defined disease. The characteristic rash and sore throat are seen on the second day of the disease, before it has had time to do much mischief. This

disease spreads, apart altogether from insanitary conditions, either by contagion through the medium of the air in close vicinity of the patient's body, or through some article of clothing or food which has been exposed to contamination in the immediate vicinity of the patient. When we find from the mortality tables, which cannot be mistaken, that in such instances such results follow either as the combined effect of the methods proposed in the Glasgow Police Bill, or in spite of them. When Edinburgh and Leicester in one fashion, and Greenock, Dundee, and Norwich in another fashion, attempt compulsory notification, isolation, and disinfection, and fail so completely, we should surely profit by their example, and look out for new and better methods in Glasgow. In order to do so we must find out what reasons can be given for the increased mortality. Why should such measures, which at first sight look so plausible and reasonable, lead to such a result? In the first place, I answer, notwithstanding the assertions of the town-clerks and the handful of health officers, on whose mere opinion, unsupported by any proof, the Select Committee of the House of Commons decided to support these clauses, this effort to coerce has led to the concealment of such diseases. The statements made by these men, that such cases of concealment do not exist, are as untrue as the statement that the Act in question has been an unqualified success. That such diseases are concealed in considerable numbers, on account of the fear which compulsory removal to contagious hospitals engenders in the minds of the lower classes, is proven by the universal testimony of the medical practitioners who work among these people. The injudicious manner in which some of these health officers administer these clauses has in some places greatly aggravated this feeling. I have no doubt that these men act with the best motives and in the strength of their great zeal for the public interest, but still they sometimes act regardless of the feelings of the people and without sufficient regard for the interests of the unfortunate patients. Disputes with the medical attendant about such matters as the ability of the family to isolate the patient, and whether the patient is in a fit state for removal, have frequently occurred, and in many places the Act has been working "with great friction." I must honestly say that, after considering this point very carefully, I don't think the people are altogether without justification in objecting to go to the kind of epidemic hospitals which are offered to them. 1stly, The removal of a child

suffering from a severe attack of fever to the Belvidere Hospital of Glasgow—say from Cowcaddens, Anderston, or Tradeston—is not a proceeding which is likely to conduce to the child's recovery, nor is it conducive to the peace of mind of the parents—the distance making frequent visits to inquire after the dear one impossible. 2ndly, The whole principle involved in accumulating all the contagious diseases of the community in a great conglomeration of buildings on one spot of ground is utterly repugnant to every principle of wise sanitation. There can be no doubt that, under such circumstances, cases of a mutual exchange of diseases will happen in spite of the greatest care and vigilance on the part of the officials. I have the highest respect and esteem for the men who direct the affairs of these hospitals, and I know that whatever can be done to prevent the evils of which I have spoken, and to ameliorate the hard fate of the unfortunate inmates of these institutions and of their anxious relatives, will be done—and done well; but, nevertheless, the system is a bad one, and, in my opinion, should be altered. In speaking on this subject I wish it to be understood that I don't refer to Glasgow alone, but to the practice of most of the other large cities in the kingdom. I have not the slightest hesitation in saying that, by the system contemplated, of removal to hospital in all cases where the public interest is endangered, the mortality among the persons who suffer from these diseases will increase, unless some new kind of hospital accommodation is provided in the neighbourhood of the dwellings of the poor in which the more serious cases can be treated. I think that, as it is in the public interest that these patients should be removed from their homes, the public should see to it that the interests of the unfortunate sufferers are protected in the best way that can be devised.

I need not weary you with any further objections to the methods suggested by this bill. I have not, however, by any means exhausted the subject, but I think all that I could say further has already been said in letters to the newspapers and otherwise. It only remains for me now to suggest the remedies which I consider best fitted to combat the spread of the diseases in question.

In Glasgow, I believe, the authorities will obtain the best obtainable results—1st. By increased vigilance in hygienic measures, and particularly in rooting out the closely crowded back tenements and rookeries which still exist scattered here and there throughout the city. 2nd. By erecting in the various parts of the city from

which these fever dens have been rooted out, model tenements of houses for the working-classes, the topmost flats of these houses to be isolated from the dwelling-houses below, and converted into wards for the treatment of such diseases as scarlet fever, which, in the experience of medical men, can be treated in such places with perfect safety to the community, the roofs of the houses being utilized as airing and play-grounds for the children, where in good weather they may disport themselves in the open air. I would take scarlet fever as a test case, because, as I have already said, it is a well-defined disease, which is easily recognised at an early period, and because it is the most deadly and dangerous zymotic of childhood. Having selected that disease on these grounds, I would push every measure of isolation and disinfection, and, in order to reconcile the parents of the child to these measures, I would not only permit them to see their children under proper precautions to prevent contagion, but I would allow the parent to choose his own medical attendant if he wished to do so. By such means the authorities could fairly test the powers of such measures as those proposed to be exercised in this bill. I would exclude measles and hooping-cough from the operations of this Act—1st. Because a large percentage of the cases of measles and hooping-cough are so mild in character that they are not recognised as such, and no medical man is sent for by the parents. 2nd. Because, even in well-marked cases, even a medical man cannot tell for some days that he is dealing with an infectious case, and yet during that period the disease is infectious. For these reasons, I believe that any attempt to deal successfully with measles and hooping-cough by the measures above advocated would end in failure, particularly when we consider, in the case of hooping-cough, the very long period which the disease takes to run its course, and during which it is infectious.

My last suggestion is that the householder should be educated to do his own duty in respect of notification of infectious disease, which I am satisfied will not be done if the responsibility is thrown upon the medical man, and that the money which the Town Council of Glasgow intended to spend in the remuneration of medical men for their certificates, amounting—calculating it on the basis of what is paid in Edinburgh—to at least £3,000 annually, should be expended in maintaining a staff of female visitors. A certain number of these female visitors might act in times of epidemic disease as matrons to the small detached

hospitals which I advocate. The duties of these female visitors, and their value, may be gathered from the following excerpt, which I take from Mr. Macleod's last report on the operations of the sanitary department, p. 14:—

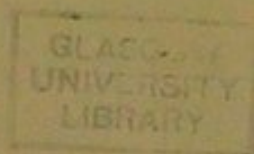
“The female visitor—appointed soon after the extension of
 “the staff in 1870, and placed amongst the lowest classes in every
 “district to instruct them as to cleanliness of person, children,
 “beds, and houses, and to point out how they and their children
 “in these respects may imitate and acquire the habits of the
 “better class, and the advantages to be derived by due observance
 “thereof—when she found slovenly housekeepers, giving them
 “practical lessons in sewing, and, where required, in bed-making,
 “clothes-mending, and other domestic duties, pointing out the
 “propriety of making their little homes as comfortable as possible
 “for their husbands and families, inculcating the benefit to be
 “derived by regularly carrying out their turn of cleaning and
 “washing lobbies and stairs leading to their houses, noting down
 “the locality, number of inmates in each house; in obstinate
 “cases returning again and again, and, by kind persuasion,
 “persevering in her instruction until her aim of securing cleanli-
 “ness was obtained.

“She further noted in her report book any defect or want of
 “convenience, or any case of sickness she observed, and reported
 “the same to the district inspector, making herself generally
 “useful and valuable in her share of the work of the department.

“But unfortunately these officials, getting better appointments,
 “gradually resigned, and candidates for the vacancies with the
 “proper qualifications not having presented themselves, this
 “branch is now closed.”

Here is a noble occupation for those philanthropic women whose hearts bleed for the miseries of poor humanity. What an incalculable amount of good could be done by a staff of educated women devoting their lives in this manner to the elevation of the masses in our crowded manufacturing centres. In times of epidemic disease what comfort it would bring to many a poor mother's heart to know that her child would be cared for by the friend who had been her constant adviser in her domestic troubles, and whose kindly presence had cheered and encouraged her in many a dark and despondent hour. In the life of such a female visitor the highest and purest form of practical Christianity would be exemplified.

In conclusion, in order to effect any permanent good in the direction of stamping out, or even of greatly limiting the spread of, zymotic disease, or of any preventable disease, large communities like Glasgow will find it to be their interest to agitate for a national system of sanitary reform. In the matter of sanitation, the needs of town and country are alike. The most urgent reforms are needed in our methods of local sanitary administration. The local sanitary authorities, urban and rural alike, must not only be differently organised, but must be subjected to the supervision and control of an active and educated central board—not a mere collection of poor law officials like the Board of Supervision. The members of the central sanitary authority ought to be men who, from their special knowledge of sanitary science, are able to direct and guide the local authorities. They should not only have the knowledge and experience necessary to advise them wisely, but also the power to compel them to act on the advice given. The people of Scotland have suffered too long from the lethargy and incompetence of their present sanitary administrators.



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