NOTIFICATION OF INFECTIOUS DISEASE AND MISTAKES IN DIAGNOSIS.

THE practice of notification to the health authorities of all cases of infectious disease with their immediate isolation is obviously of such great value as a prophylactic that it is becoming almost universal. In England, the optional act, which only came into force less than a year ago, has been voluntarily adopted by authorities which have jurisdiction over about 12,000,000 of people. This, with the compulsory act applied to London, and with those fifty-six towns or localities which had previously obtained powers of compulsory notification by special local acts, makes compulsory notification now practiced with respect to about 20,000,000 of people. In Canada, we learn that the practice is generally very fairly carried out. A few fines for neglect, in certain places, have been imposed. With the tremendous gain to the public conferred by this practice, great responsibility is thrown upon medical practitioners, especially from possible mistakes in diagnosis. Some practitioners in the United States have encountered actions for heavy damages from mistakes in this way, and there has been some serious trouble of a like kind in this country. Such mistakes are liable to occur to almost any physician, especially without the utmost skill and care. According to Dr. Russell, medical officer of Glasgow, of 1,499 consecutive cases admitted to Belvidere Hospital as suffering from infectious disease, 114, or 7·6 per cent., did not suffer from the disease which they were supposed to have when they were sent in; and of that 114 no fewer than 85, or 5·7 per cent. of the total cases, had no infectious disease at all and ought not therefore to have been removed.

There are two principal remedies for the troubles to practitioners liable to arise from errors of this kind in the practice of notification. *First, physicians wherever the* practice is enforced or carried out, should insist on having provided, in connection with the isolation hospitals, observation wards for the reception of cases of doubtful diagnosis. Physicians have generally "taken kindly" to this practice of notification for the public good, and the least the public can do is to afford this protection, where possible; and it could usually be made possible. Such provision obviously provides also for the public safety, and it is little short of criminal neglect when such wards are not provided.

The other remedy we will but merely name: it is better facilities for the study, and closer study by students at the schools, and even by physicians at past-graduate schools, of clinical cases of infectious disease, in order that the greatest skill may be brought to bear on diagnosis. This is strongly urged by Dr. Russell.

CRIME AND THE PUBLIC HEALTH AGAIN.

OUR esteemed cotemporary, the British Whig (of Kingston, Ont.), which has long been one of the foremost Journals on the continent in the discussion of health subjects, although "in accord with many suggestions" of this Journal, thinks the suggestions relative to physical exercises in the public schools in the August issue "not practicable." It must be observed that we did not mean or suggest that just such physical training as employed by Dr. Wey in the Elmira (N.Y.) Reformatory should be practiced in the schools, but "*some such*" "*according to circumstances.*" The British Whig says, "Crime comes to some as a heritage, the legacy which dishonored and disreputable parents leave to the young, to whom their example has been all along degrading; to others it comes as a sort of disease, which is contracted from evil associations from which parents and guardians take no special pains to protect them." Exactly; or almost: we would omit the words, "to others." *Crime comes largely, chiefly* as a "heritage" of "disease." It is to