Outbreak of Smallpox in London

A serious outbreak of smallpox has occurred in London. It began, October 27, at St. Andrew's Hospital, Bromley-by-Bow (in the east end). The dates of onset indicated that the five patients had been infected from one source, about October 13 to 15. Inquiry disclosed that a person who had fallen ill about that date had the rash of smallpox. Where the disease was contracted was not known. Other cases followed; and altogether thirty-eight cases occurred, with eleven deaths, including four outside the institution in persons connected with it.

The outbreak, which threatened to be extensive, now appears to be over, thanks to the alertness of the medical staff. All over London, vaccinations are being performed. In view of the neglect of vaccination, they are very necessary. Curiously, persons who at ordinary times regard vaccination as useless alter their view when confronted with the danger of smallpox. The ministry of health has issued memoranda enjoining vaccination. The prompt vaccination of children between the ages of 6 months and 14 years is recommended; also of children under 6 months, in infected localities. In ordinary circumstances it is held that no infant should be vaccinated under the age of 2 months, but it is recommended that younger infants be vaccinated if exposed to infection. Health officers are asked to examine the weekly statistical returns, so that the liability of any district to the disease shall be recognized early. Compulsory notification of chickenpox is advised if an extensive outbreak of smallpox appears probable. Every person suffering from smallpox should be removed to the smallpox hospital. Removal may be ordered by a justice, if required.

An Ex-Lord Chancellor on Professional Secrecy

The ex-lord chancellor, Lord Birkenhead, has published two volumes of essays entitled “Points of View,” in which among other subjects, he discusses the question, “Should a doctor tell?” He states that the whole tendency of our law for many years has been in the direction of opening the mouths of those who can assist the course of justice, and not in the direction of closing them; in reducing those classes whose testimony, for whatever reason, cannot be accepted in a court of law, rather than in increasing them; and, in this, as in other matters, breaking down barriers of privilege. The obligation of silence with regard to professional communications to lawyers has, on the other hand, become more extensive; but it has grown under the hand of the judiciary, who can be trusted to curb any abuse of it. The obligation is not such as is claimed for physicians. To establish a class which, at its will, assists or obstructs the judges in their work would be a retrograde step. “Is the physician's first duty,” he asks, “to the patient or to the state?” He declares that no case can be made out for privilege when privilege may come in conflict with law. The physician must tell all he knows about his patient, no matter what pain the telling may cause innocent people. No general statutory prohibition against disclosure by the physician in the witness box is consistent with the administration of justice.

Lord Birkenhead condemns even the tactful way in which, in a well known case, a physician voiced his suspicions that his patient was being poisoned, although no one prepared or administered the food except the patient's wife. Looking her steadily in the face, he said: “Were it not that I know that you prepared his food, I should have said that he was dying of poisoning.” The consequences were that the patient began to mend, and that his wife eloped with another man. Lord Birkenhead thinks that the physician should have denounced the wife to the police. He overlooks the fact that the physician only suspected poisoning, and that if he had denounced the wife and his opinion had proved wrong, the consequences for him would have been serious. He also loses sight of the importance of the confidential relation between physician and patient. To abolish this would not serve the ends of justice. It would only prevent the physician's being allowed to treat disease in cases in which disclosure would be feared. The consequence would be injury to the community, whose interests Lord Birkenhead professes to have at heart.

A Physician's Retort to the Parson

At a meeting of the Wigton (Cumberland) Rural District Council, the Rev. J. Ewbank remarked that, despite medical science, infectious cases continually cropped up. The health officer, Dr. Briggs, replied, amid much laughter: “I may remind the speaker that the profession to which he belongs has been trying to put down sin for 2,000 years, but has not succeeded yet.”

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Editor's Note: JAMA Revisited is transcribed verbatim from articles published previously, unless otherwise noted.

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