

## CORRESPONDENCE.

## THE FORTHCOMING EXTRAORDINARY GENERAL MEETING.

✚ SIR.—When I signed the requisition to the Council asking them to convene an extraordinary general meeting to discuss the Medical Bill, etc., it did not occur to me that they would select a provincial town for such meeting. In the exercise of their privileges and discretion, they have selected Birmingham. As far as I am concerned, they might as well have arranged to hold the meeting in the Shetland Islands. Although desirous of promoting in every possible way the interests, not only of the members of the Association, but of the profession at large, I do not feel called upon to make a pilgrimage to Birmingham to discuss questions of such importance to the members of the Association, as those referred to in the requisition, at a meeting which it is probable will be anything but representative.

As my name heads the list of those who left the requisition at the offices of the Association, my absence from the meeting may give rise to comment, unless you oblige me by complying with the request that you publish this letter in next Saturday's JOURNAL.—I remain, sir, yours faithfully,

GEORGE BROWN.

6, Gibson Square, N., May 17th, 1884.

✚ \* \* \* In reference to Mr. Brown's observations, we are officially informed that in summoning this meeting at Birmingham—a most centrally situated provincial city—the precedents of former occasions have been followed, and the ordinary rule and custom of the Association has in no way been departed from. Although, in Mr. Brown's view, Birmingham and Shetland may be roughly convertible terms, so far as their accessibility is concerned, that view is hardly likely to be very general in the Association; and it is by no means likely to be generally conceded that a small body of gentlemen, resident in London, should at pleasure be able to summon the whole mass of members specially to meet them to discuss there, as being most convenient to themselves, their grievances, real or imaginary. The central situation of Birmingham, and its convenience to the great body of members of the Association, have always recommended it for meetings of this kind; and it is not clear why our correspondent should expect the great body of members to come to London to hear repetition of grievances of himself and his friends, when he, although he thinks them so urgent as to take a prominent part in summoning a special meeting for the purpose, is unwilling to accept for himself the inconveniences of a journey which he desires to impose upon so many others. It is a special feature of the course which the requisitionists have taken, in summoning such a meeting, that it necessarily imposes a considerable expenditure, both of time and money, upon the general body of members, who otherwise incur the risk of seeing the general affairs of the Association disposed of summarily, out of the regular course, by the conveners of such a meeting. The annual general meetings afford the normal and regular opportunity of discussing the proceedings of the Council and the Medical Reform Committee, who make their reports to that meeting, and offer themselves at that meeting for praise or blame, for re-election or non-election. The Medical Reform Committee submitted their policy fully to the last general meeting, and were then unanimously reappointed, with instructions to continue their labours on the same lines. The Bill is practically the same Bill. Little sympathy, we apprehend, will be felt with those who take the unusual course adopted in this instance, and then complain that a portion of the inconvenience which they inflict on others is found to fall upon themselves.

## AN APPEAL.

SIR.—Will you be so good as to open the columns of the JOURNAL to an appeal for assistance on behalf of Mr. D. Kent Jones, of Deri, South Wales. For eighteen years, Mr. Kent Jones was the Honorary Secretary of the North Wales Branch, and, under his active administration, the Branch flourished in numbers, work, and influence. The following pathetic statement of his case—especially as closing a notable career in life—will, it is hoped, meet with a sympathetic response amongst associates.

"I held the appointment of district-surgeon at Fochrihw in South Wales under the Dowlais Iron Company, of which P. R. Cresswell, Esq., is the chief surgeon, from October 1st, 1874. On the morning of January 24th, 1883, I had occasion to go to Dowlais to see Mr. Cresswell; and, on returning to Cwmbargoed Station, I proceeded to walk home, a distance of about a mile, and, in doing so, I was obliged to cross the branch mineral railway belonging to the Rhymney Railway Company. I was at that moment knocked down, without

the slightest warning, by a train of empty coal-trucks, which passed over my right leg, smashing it to pieces. Amputation was performed through the knee-joint by Mr. Cresswell of Dowlais. My recovery was slow and tedious, the wound did not dry up until the end of last November, and there is still a scab over it. I left Fochrihw last July, as I was unable to resume work there, for this little colliery-village of Deri, where I had, about a year and a half before the accident, established a small private branch-practice. Here I am assisted by my son, who has not finished his course. We do not earn more than £100 a year, out of which we have to pay rent, coals, etc., leaving very little for providing drugs, and the maintenance of myself, wife, son, and daughter. My younger son, aged 21, is an assistant, also unqualified, with a surgeon in Lincolnshire. Owing to great pressure, I was obliged, the latter end of last January, to seek pecuniary assistance from the British Medical Benevolent Fund, and obtained a grant of £18, to be paid in monthly instalments of thirty shillings.

"Before my accident, I was in receipt of between £350 and £400 per annum from all sources. I feel my present altered circumstances very keenly, more particularly as I am not in a position to institute proceedings against the Rhymney Railway Company for compensation. I am in my sixty-sixth year of age."

Donations entrusted to me will be duly acknowledged.—I am, sir, your obedient servant,

J. LLOYD-ROBERTS,

Vale Street, Denbigh.

Hon. Sec. N. Wales Branch.

Donations have been promised from the following: Dr. Eytton-Jones (Wrexham), a former President and Secretary; Dr. Edward Williams (Wrexham), a former President and Secretary; Dr. A. E. Turnour (Denbigh), a former President, £2; A Friend, per Dr. A. E. Turnour, £2; Dr. J. R. Hughes (Denbigh), a former President; Mr. Lloyd-Roberts (Denbigh), Honorary Secretary.

## HOW TO PREPARE A 1 IN 1,000 SOLUTION OF CORROSIVE SUBLIMATE.

SIR.—In your issue of February 23rd, at page 365, Sir Joseph Lister is made to say that a solution of the above strength may be made by adding one drachm of a solution of corrosive sublimate (1 in 1½ by weight) to one and a half pints of water. But one drachm of the glycerine-solution would contain 40 grains of the sublimate, while one and a half pints of water will weigh 13,125 grains; therefore the proportion will be, not 1 in 1,000, but 1 in 328.1. Is he correctly reported?—I am, sir, yours faithfully,

ENQUIRER.

SIR.—I gladly avail myself of the opportunity afforded by your correspondent's letter for correcting the error to which he refers. One drachm by weight of a solution of one part corrosive sublimate in one and a half part glycerine contains, of course, two-fifths of its weight, or 24 grains, of the sublimate. This multiplied by 1,000 (the proportion of water required) gives 24,000 grains, which is very nearly three pints; not one pint and a half, as erroneously stated in my remarks as reported. It is, however, much more convenient to use fluid measure than weight; and, as is pointed out by Martindale in the third edition of his *Extra-Pharmacopœia*, a fluid drachm of the glycerine-solution referred to requires four pints of water to produce the 1 to 1,000 solution.—I am, sir, yours, etc.,

JOSEPH LISTER.

May 21st, 1884.

## INFECTIOUS DISEASES AND THE UNITED STATES.

SIR.—Infectious disease is the only foreign enemy which threatens, and may one day invade and decimate, the United States.

The danger is not visionary. Small-pox, and other zymotic fevers, are practically endemic in many of the larger European cities, but, being usually confined within narrow bounds, seldom excite public attention; yet there are times, and London seems in danger at this moment, when the pestilence stalks forth from the slums to scatter disfiguration and death among the wealthiest and the highest.

Why may it not do so here? New York sanitation is notoriously defective. Lesser outbreaks are of frequent occurrence throughout the country; and since the conditions, atmospheric or otherwise, which occasionally break down all limitations of infection, are more or less undetermined, who can question the possibility of our finding ourselves face to face with the national disaster of an uncontrollable epidemic?

This much is certain: the present defective sanitary administration on ocean steamships offers an easy ingress to infection, which existing quarantine arrangements are powerless to oppose.

When, as not unfrequently occurs, zymotic fevers appear on ship-board during the transatlantic passage, it is evident that many of the persons in such necessarily close proximity to the sufferer are likely

to contract the disease, unless efficient isolation and disinfection are immediately enforced. It is equally certain that, when the period of incubation is unfulfilled at the time of disembarkation, neither will these persons have been any inconvenience to the ship officials while on board, nor can the most careful examination at quarantine distinguish them from the healthy. They are, therefore, permitted to proceed to their various destinations, there to become centres of possibly indefinite dissemination.

That this actually happens, and frequently, is proved by the fact that almost every appearance of zymotic fever, in any part of the United States, is—as the present outbreak of small-pox at Easton, Pennsylvania—directly traceable to the recent advent of immigrants.

The reasons are not far to seek. The medical officers of steamers are appointed by the owners, without due regard to their fitness for the post, and are dependent for the tenure of their office upon persons whose first, if not only care, is to make the voyage with as little expense and inconvenience as possible; they are not allowed a particle of independent administrative authority in even the most purely sanitary matters, nor are they furnished with the means of combatting disease; and, lastly, many of the vessels employed are so constructed that the isolation of infected persons is absolutely impossible.

A recent example is, from many points of view, interesting. A steamer, belonging to one of the reputedly safest transatlantic lines, arrived at this port some months ago, having on board a saloon-passenger suffering from small-pox; and, shortly after arrival, another case was discovered among the steerage passengers. The vessel was granted *pratique*, discharged her passengers, returned to England, and in due course arrived here again, with another consignment of passengers, and another case of small-pox; this time a steward who had served on the ship during the previous voyage, but who only developed symptoms of the disease thirty-two days after the removal of the former cases. There are persons, and in authority, satisfied with the assumption that cases of infectious disease following thus closely one upon another are unfortunate coincidences, for which no one may be held responsible. In the public interest, more careful inquiry would seem to be desirable. The interval of time precludes the possibility of this steward having been directly infected by either of the previous cases, or during his former stay in this city. It seems improbable that he contracted the disease from an independent source at Liverpool, since small-pox was not prevalent there. Remaining, is the choice of two equally unpalatable solutions; either the steamer was inefficiently disinfected after the removal of the first cases, and variolar germs surviving not less than sixteen days after the supposed disinfection (?) infected this man during the latter days of the eastward passage; or there were a succession of small-pox cases on board this vessel which were not recognised, or were intentionally concealed from the health-officer of this port and from the public.

A visit to the ship strongly confirmed the last supposition. The hospitals for infectious disease were situated, not upon the upper deck, but between the decks, in the forward part of the vessel, opening off, and ventilated exclusively into a covered-in passage, running through the first-class saloon the entire length of the vessel. In fact, if the builders had set themselves the task of constructing and locating these hospitals so as to disseminate throughout the inhabited parts of the steamer every germ of infection coming from within, such an end could scarce have been more skilfully attained. And this is not an isolated instance of the total disregard of sanitary law upon ocean steamships.

Within five months, dating from January 11th, 1882, no fewer than twenty vessels infected with small-pox entered the port of New York. Upon four only was even partial quarantine enforced. The remaining sixteen were granted *pratique* as soon as the passengers and crews had been vaccinated. No doubt it was better to vaccinate than do nothing; but, under the circumstances, vaccination cannot be regarded as affording protection, since it is admitted that it does not even modify small-pox previously contracted, unless it has been so timed that the maturation of the vaccine-vesicles shall precede the period of variolous invasion.

The order by which the surgeons of transatlantic steamers are required to vaccinate the steerage-passengers within twenty-four hours after starting is practically ignored, seldom complied with during the period specified, and, when attempted, with what results may be judged from the report of the health-officer. One surgeon reported 200 vaccinations, of which not one proved to be successful, another 250 with but two successes, and so on. But even if this order was carried out to the letter, it would be at best but a choice of evils, and I think the wrong one. That the medical officer of a crowded steamship should neglect other more pressing duties to vaccinate steerage-passengers during the first day, or even days, of the voyage, would be manifestly inexpedient for the general welfare. On other grounds, it would be

both cruel and unscientific—cruel, as disturbing unnecessarily persons already miserable, many of whom would be in the throes of sea-sickness, and might claim at least to be let alone; unscientific, and calculated to discredit this most valuable of prophylactics, as challenging an epidemic of erysipelas under conditions combining to favour its development and spread.

This is quarantine administered in the United States, and thus is the country sown broadcast with infection which will assuredly one day take root and prosper.

Is it wise to wait until the panic of that day shall call forth extreme precaution in measures repressive of convenient travel and healthful immigration? Surely it were better, since the Board of Trade neglects its manifest duty, that Congress should now, by moderate legislation, guard the country against pestilence, and insure the protection of intending citizens during the ocean transit.

These ends will be attained by (1) requiring all persons coming to the United States to show evidence of having been vaccinated not less than fourteen days previous to embarkation; (2) by insisting that ocean steamships shall provide proper hospital accommodation, and necessary assistance for the care of the sick; (3) by establishing a competent service of marine medical officers who, being independent of interested influences, and responsible to Government alone for the discharge of their duties, and intelligent co-operation with the quarantine authorities, will be a guarantee that the laws should be observed throughout the voyage.—I am, sir, your obedient servant,

J. A. IRWIN, M. A. Cantab., M. D. Dub., etc., late Hon. Physician to the Manchester Southern Hospital for Women and Children.

363, Fifth Avenue, New York.

#### THE COUNCIL OF THE COLLEGE OF SURGEONS AND REFORM.

SIR,—It is quite impossible that the controversy between the Council and the great body of the Fellows of the Royal College of Surgeons can remain where it is. As the mover of the resolutions which were carried at the late meeting, and which have since been so ignominiously ignored by the Council, I feel bound to take further action. I propose, therefore, at once to place myself in communication with the Fellows, in order that some united action may be decided upon.—Yours faithfully,  
PAUL SWAIN, F.R.C.S.  
17, The Crescent, Plymouth, May 17th, 1884.

## INDIA AND THE COLONIES.

### WEST AFRICA.

THE WEST AFRICAN COLONIAL SERVICE.—Is this service a sufficiently attractive one in point of present emolument and future pension to attract medical men whose fortunes are not desperate? Are the prospects such as in any adequate degree to counterbalance the notoriously execrable and fatal climate of the West Coast of Africa? What are the inducements offered? The highest rate of pay to which a colonial surgeon, in the worst climate in the world, can hope to attain, is £500 *per annum*; and, before this salary is reached, six years of dreary service must be spent in the dismal region known as the "white man's grave." This is a rate of remuneration below that of all officials in other departments, even of the junior officers in the administrative ranks of the colonial service. As regards pension regulations, all branches of the West African colonial service seem to be on much the same footing. We have often had occasion to comment unfavourably on the deceptive wording of the official memorandum placed in the hands of candidates for Her Majesty's Indian Medical Service, and we take some credit to this JOURNAL for having shamed the authorities of the India Office into withdrawing that document, which deceived so many, and substituting another which does not speak with a double meaning. A trap, similarly baited, seems set for candidates for colonial employment, and many have been caught in it. The announcement of which complaint is made appears to be to the following effect (we quote from a well informed correspondent of the *Globe*, himself a sufferer). 1. Officers serving on the West Coast of Africa will be eligible for pensions after a minimum period of service of seven years instead of ten years, inclusive of leave. 2. At the age of 55, officers can claim pensions, or can be compulsorily retired. This notification, it appears, has had the effect of tempting men to risk health and life in that deadly climate. It is not stated that a pension at the end of seven years is only given when the applicant's health is so shattered that he is incapable of service there, or elsewhere; but, in practice,