

cations present; but symptoms of asphyxia can be at once anticipated when coming on, and, in all cases, with proper care, can be successfully treated and prevented. It is most erroneous to blame ether for the fatal result in a case of ovariectomy reported seventeen hours after the operation, when it is known that the patient was much exhausted before the operation, but took ether well. In this case, ether had, in my opinion, nothing whatever to do with the fatal result.

Fatal results may be, and are very frequently, due to the shock to the nervous system consequent on the anticipation and the performance of a surgical operation of any magnitude. A case proving this was related to me, some years ago, by the late Mr. Spence, of Edinburgh, when death occurred on the operating-table from simple shock. Chloroform was the anæsthetic intended to be used; but, before one drop of the agent had been inhaled, the patient died, who was about to undergo the operation of lithotomy. If the anæsthetic in question had been administered, the case would assuredly have been put down as "death from chloroform."

The administration of an anæsthetic like chloroform, which has been proved over and over again, by undeniable statistics, to be dangerous, is a very serious business, involving as it does the issue of life and death. The responsibility of placing a fellow-creature in the mysterious sleep of insensibility is, and ought to be, very great; and the seriousness of the matter is brought home to those who have seen one or more fatal cases, particularly when called to witness a human being lying dead before them who, but a few minutes before, was in the possession of all his faculties. So long as painful surgical operations have to be performed, so long will anæsthetics be used. In justice, therefore, to our patients and ourselves, we are bound to select the safest anæsthetic. I, therefore, feel it my duty to declare my continued confidence in favour of ether, as I can hardly conceive that anything further is required to prove its superiority over other agents.—I am, sir, yours, LAMBERT HEPENSTAL ORMSBY, M.D., F.R.C.S., Surgeon to the Meath Hospital and co. Dublin Infirmary.

4, Merrion Square West, Dublin.

arrival at the hospital or the day following. At the hospital ships no interval elapsed between the revaccination and exposure to small-pox infection. At the Western or Fulham Hospital the officers and servants were usually revaccinated on the day of their entering on their duties. There had, however, since May, 1884, been two instances in which the revaccination was not performed until some days after the assistants had commenced discharging their duties, and that was in consequence of an omission to report the cases to the medical superintendent.

Tuesday, May 12th.

Small-pox.—Mr. HORWOOD asked the President of the Local Government Board to inform the House on what authority his department stated the mortality from small-pox to have been 3,000 per 1,000,000 for England and Wales at the latter end of the last century; and whether the department possessed any return, record, or authority, showing the number of population in England and Wales, or the number of deaths from small-pox there, between the years 1770 and 1779.—Mr. G. RUSSELL replied that until the present century there was no census of the population of England and Wales, nor was the system of civil registration introduced, and consequently nothing more than an estimate could be given. As regarded London itself, the bills of mortality afforded material for a more precise calculation, and two tables as to the mortality from small-pox, which were compiled respectively by Dr. Greenhow and Dr. Farr, will be found in the Appendix to the Report of the Select Committee in 1871 on the Vaccination Acts. According to those tables, the small-pox death-rate in London was 3,044 per 1,000,000 in 1746-55; and 5,020 per 1,000,000 in 1771-80. In 1871-80 the mortality, according to the returns of the Registrar-General, was 460 per 1,000,000.

English Registration Bill.—In the consideration of this, Mr. H. DAVEY moved the following clause:—"Medical or surgical assistance, or the giving of medicine, shall not be deemed to constitute parochial relief within the meaning of the Representation of the People Acts."—After discussion, the House divided with a majority of 37 in favour of the clause.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, May 8th.

Inoculation for Cholera.—Dr. CAMERON asked the Under-Secretary of State for Foreign Affairs whether his attention had been called to the remarkable discovery reported to have been made by Dr. Jaime Ferran, of Valencia, in connection with inoculation for cholera; and whether he would instruct the British Minister at Madrid to forward, for submission to Parliament, translations of any papers of Dr. Ferran's, and reports of the Madrid Academy of Medicine on the subject.—Lord E. FITZMAURICE replied that Her Majesty's Minister at Madrid would be instructed to send home translations of them.

Medical Relief and the Redistribution Bill.—Mr. Alderman COTTON asked the Attorney-General, re Parliamentary Elections (Redistribution) Bill, whether a voter who was upon the register and received medical relief was to be disqualified for one year, for the remainder of the session of the then Parliament, or for life.—The ATTORNEY-GENERAL replied that the Redistribution Bill did not touch the question of medical relief at all, nor did any Bill of the Government touch the question. The last statute that dealt with it was passed in the year 1878, and, under it, if any person received medical relief within twelve months before July 15th, such person was incapable of being included in the register that would come in force in the next year.—Mr. Alderman COTTON: If he be actually upon the register, will he be prohibited from voting?—The ATTORNEY-GENERAL said the hon. gentleman had got hold of a moot point which had given the judges some trouble. It came within what was known as the Petersfield case. The Ballot Act said that the register should be conclusive; but the question was whether it was a disqualification or a prohibition to vote. There was great doubt upon the subject. His own opinion was that it was a disqualification merely, and that the person would be entitled to vote, but he did not give that opinion with any confidence.

Monday, May 11th.

Revaccination.—In answer to Sir L. PLAYFAIR, Mr. G. RUSSELL said, that in the cases of the North-Western, South-Eastern, and South-Western Hospitals an interval was allowed to elapse between the revaccination of the officers and servants and their entering on their duties. In the first mentioned hospital the interval was stated to be 48 or 72 hours. As regards the Eastern Hospital it had been the custom to revaccinate the officers and servants on the day of

MEDICO-LEGAL AND MEDICO-ETHICAL.

SURGICAL QUALIFICATIONS AND MEDICAL EVIDENCE.

SIR,—A Member of the College of Surgeons, having no legal qualification in medicine, nevertheless in practice as a general practitioner, attends a case purely medical; no complaint is made of incompetence, nor does any appear, but a collateral circumstance making an inquest necessary, this gentleman's evidence is required. Is he thereby entitled to the usual fee of a guinea, or only to the fee of an ordinary witness, for attendance and occupation of time? If the character of the qualification of a Member of the College of Surgeons gives legal authority to take charge of a purely medical case, unquestionably such a witness is entitled to the fee of a guinea. On the other hand, if no such authority be given by that qualification, can he, who to the extent referred to is breaking the law, be legally paid other than as a non-medical witness?—Your obedient servant,

PROBE.

* A Member of the College of Surgeons is legally entitled to be paid one guinea for his evidence in a coroner's court, whether it relates to a surgical or purely medical case. The Medical Witnesses Act of 1836 describes the medical witnesses who are to attend at coroners' inquests, and to be paid for their evidence, as "any legally qualified medical practitioner," and this description, and no other, is repeated over and over again throughout the Act. In addition to that, in the schedule to the Act, a form of summons is given, wherein it is stated that the summons is to be directed "To —, Surgeon (or M.D., as the case may be)." And the 34th section of the Medical Act of 1858 explains that when the words "legally qualified medical practitioner" are used in any Act of Parliament, they "shall be construed to mean a person registered under this Act." So that the Act of 1858 in no way interferes with the Medical Witnesses Act, but, on the contrary, it carries out the spirit of that Act by virtually declaring that simple registration of any single qualification shall constitute a person as a "legally qualified medical practitioner."

MEDICAL ETIQUETTE BETWEEN CONSULTANTS.

SIR,—Would you kindly give me your opinion as to what course of action should be followed by B. under the circumstances to be narrated below?

A. and B. are practitioners in neighbouring villages. A. asks B. to meet him in consultation, and subsequently to assist him in an operation. B. does both. In the district in which these men practise, it is the custom for the practitioner called in to receive his fee from the one who calls him in; who in turn receives it from the patient. A. does not hand over the fee, as is usual, on this occasion. Six months after the operation, B. writes to A., asking him whether he (B.) should send in a memorandum to the patient, or wait upon A.'s attending to the matter. B. receives no answer to this letter, nor was it returned through the Dead Letter Office.

Six months after this, again, B. writes to A., reminding him of the first letter, and again putting the same questions. Three months have passed without an answer to this second letter having reached B.

To sum up, B. has written two letters to A., and received no answer to either.

He feels that to write again would be *infra dig.* What must he do in the even of being again asked to meet A. professionally? How must he treat A. when he meets him socially?—I am, sir, yours truly,
B.

*. * "The custom for the practitioner called in to receive his fee from the one who calls him in, who in turn receives it from the patient," which B. represents as the conventional practice in his district, presents to our mind an erroneous view of the relative pecuniary obligation which should subsist between the consultant and the ordinary medical attendant; the simple duty of the latter being, according to our experience, to intimate, where necessary, to the patient or family the consultant's usual or expected fee, and, as far as possible, to see that it be paid at the time, unless, for financial or other valid reasons, deferred payment be deemed expedient. As far as our personal knowledge extends, there is no professional obligation on the family medical adviser to pay the fee out of his own pocket.

In reference to A.'s omission to reply to either of B.'s special notes of professional inquiry, we would hope that such a lack of courtesy is as exceptional as, according to this statement, it would appear inexcusable. Under the peculiar circumstances, we would recommend him to send a statement of his professional charges to the patient direct, with such explanatory note as he may deem necessary and judicious; and, "in the event of being again asked to meet A. professionally," we would, as regards the fee, advise him to act in accordance with the general rule above indicated rather than "the district custom;" and further, "when he meets him socially," to courteously acknowledge any recognition on the part of A., and, at the same time, without in any way officiously seeking an explanation of his discourteous epistolatory neglect, to afford him a fitting opportunity to offer one.

MEDICAL ETIQUETTE.

SIR,—I deny the accuracy of several of the statements by Dr. J. G., which appear in your issue of April 25th.—I am, etc.,
A. T.

MILITARY AND NAVAL MEDICAL SERVICES.

THE MEDICAL CARE OF OUR SOLDIERS.

WE learn that the large number of medical officers employed on active service has seriously taxed the resources of the Department in this respect; but we understand that it would still be possible to supply the medical staff for another Army Corps without difficulty. Should this become necessary, the home-stations would be denuded of officers on the active list; but their place could easily be supplied by officers on half-pay, who might, not improbably, receive some assistance from civil surgeons specially engaged for home-service. By this arrangement, the danger of causing a block in promotion in the future, by taking on a large number of surgeons, will be avoided; and there can be no doubt that a practically unlimited supply of competent civil surgeons can be obtained in this country, if fair remuneration be offered.

APPOINTMENTS IN THE ARMY MEDICAL SERVICE.

OUR attention has been called to an omission which occurred in the remarks on the new Schedule of Qualifications necessary for candidates desirous of obtaining commissions in the Army Medical Staff which appeared in the JOURNAL of the 2nd instant. The Schedule of Qualifications was printed *in extenso* at page 918 of the JOURNAL of that date, but the conditions of service, which are appended to the Schedule, were not reprinted, as they appeared on first perusal to be precisely the same as the Conditions of Service laid down in the last Royal Warrant of November, 1879. There is, however, an alteration in one of the paragraphs which has an important bearing, although it only consists in the addition of half a dozen words. In the Warrant of 1879 it is laid down that, "after passing through such course at the Army Medical School as our Secretary of State shall decide, the Surgeon on Probation, after passing a qualifying examination in the military medical subjects taught there and satisfying the Director-General that he is a person of proper skill, knowledge, and character for permanent appointment in the Army Medical Department, shall be commissioned as surgeon." These terms are repeated in the Conditions of Service attached to the Schedule, but while the Warrant goes on to state that the surgeons on probation appointed on competition shall take precedence "according to the last day of the competitive examination, and in the order of merit at such examination," the conditions of service issued with the new schedule lay down that those appointed by competition shall take precedence "according to the last day of the competitive examination, and in order of merit as determined by the combined results of the competitive and qualifying examinations." By the Conditions of Service in the Warrant of 1879, the order of

precedence in which the surgeons were commissioned was decided by the positions they took in the competitive examination for entry into the service alone, while it follows from the Conditions added to the new Schedule that in future the surgeons will receive commissions in accordance with the positions they gain in both the competitive examination, and in the qualifying examination at the Army Medical School, taken together. This is simply a restoration of the system by which the order of the appointments in the Army Medical Department was formerly determined. The system was only abrogated a few years ago, and at the time of its discontinuance we pointed out what an ill-advised measure the alteration seemed to be. Many comments on the subject to the effect referred to will be found in former pages of the JOURNAL, and these comments are now all the more weighty from possessing the confirmation of experience. We regard then the fresh departure which has just been made as beneficial from all points of view; not only as calculated to direct greater attention to the military medical subjects taught at the Army Medical School, since they will count for more in the position gained at first starting in the service, but also because it seems only a matter of plain justice to the probationers themselves that the qualifying examination, which they have to undergo at the end of this term of probation, should have its value accounted for in arranging the final order of their commissions in the army as surgeons, no less than the results of the examination by which their first entry as probationers was obtained.

CHANGES OF STATION.

THE following changes of station among the officers of the Medical Staff of the Army have been officially notified as having taken place during the past month:—

	From	To
Surgeon-General Sir A. D. Home, K.C.B.	—	Portsmouth.
Brigade-Surgeon N. Norris	Egypt	—
" H. C. Herbert, M.D.	Nova Scotia	—
" J. Davis	—	Dublin.
" J. H. Jeffercoat	Gibraltar	—
" St. J. Killery, M.D.	Nova Scotia	—
Surgeon-Major E. Hopkins	Egypt	—
" J. Kinahan, M.D.	Egypt	—
" T. Ramsay	Bengal	—
" C. W. Watling	Egypt	—
" E. H. Lloyd, M.B.	Egypt	—
" W. C. Robinson	West Indies	Barbadoes.
" J. Ferguson	Hilsea	Winchester.
" J. S. McAdam	West Indies	Demerara.
" T. W. Orwin	Nova Scotia	—
" T. M. Kirkwood	Newbridge	Curragh.
" W. S. Hedley, M.D.	Egypt	—
" J. W. Purefoy	Barbadoes	Trinidad.
" J. J. O'Reilly	Dover	Shorncliffe.
" H. T. Brown, M.D.	West Indies	Barbadoes.
" W. H. Steele, M.D.	Exeter	London.
" T. S. Cogan	Sheffield	Birmingham.
" T. J. P. Holmes, M.B.	Bombay	—
" F. Lyons, M.D.	Brighton	Canterbury.
" A. H. Stokes, M.B.	Suakin	—
" L. A. Irving	Gibraltar	Bombay.
" W. J. Charlton	—	Dublin.
" P. Conolly	Bengal	—
Surgeon C. H. Swayne	Dublin	Egypt.
" H. A. Fogarty, M.D.	Honduras	Aldershot.
" W. A. May	—	Honduras.
" P. B. Tuthill, M.D.	Gibraltar	Egypt.
" P. H. Johnston, M.D.	Cork	Queenstown.
" J. Armstrong	Belfast	Dundalk.
" J. Mulrenan, M.D.	Waterford	Cork.
" W. O. Feltham	West Indies	Barbadoes.
" J. G. Mac Nece	—	Belfast.
" H. J. Michael	Fort Staddon	Bermuda.
" J. L. Hall	Bengal	London.
" W. O. Wolseley	Salford	York.
" W. Dugdale	C. of Good Hope	—
" S. A. Crick, M.B.	Birmingham	Fleetwood.
" H. J. Barnes	Gravesend	Chatham.
" J. H. A. Rhodes	—	Newcastle.
" T. E. Noding	West Indies	Barbadoes.
" C. R. Thiele, M.B.	Bermuda	—
" F. W. Reid, M.B.	West Indies	Demerara.
" B. W. C. Deeble	Canada	Nova Scotia.
" D. V. O'Connell, M.D.	Templemore	Bombay.
" T. B. Winter	West Indies	Barbadoes.
" G. E. Moffet, M.B.	Devonport	Gibraltar.
" R. Crofts	York	Lichfield.
" M. Kelly, M.D.	Sierra Leone	Cape Coast Castle
" H. Saunders	—	Sierra Leone.
Quarter-Master S. Warren	—	Southern Dist.
" J. Hime	Shorncliffe	Woolwich Dist.
Captain of Orderlies W. A. Moss	South District	Portsmouth.

ARMY MEDICAL SERVICE.

SURGEON W. A. WILSON, M.D., of the 1st Renfrew and Dumbarton Artillery Volunteers, has been granted the honorary rank of Surgeon-Major. Acting-Surgeon