appeal attempted. Consequently, according to Judge Jones's decision, unless the local authorities arrange otherwise, and thus save double postage, medical men can send the notices in unstamped envelopes, and the medical officer of health is bound to receive them. Should the local authority attempt to deduct the postage from the bill, as they are ill-advised by the Local Government Board to do, they can be sued at the court for the fee in full; but if the notices be foolishly sent prepaid, the stamps cannot be sued for, unless, as I have just said, the local authority agreed beforehand to pay. Should the medical officer of health, or such officer as the notice be addressed to refuse to receive the letter, as was done in my case, it is returned to the sender, who should receive it and pay whatever postage is charged, as it will be evidence, should the case come to trial, that he has done the work for which he claims his fee, and, in this instance, the out-of-pocket stamp value for the returned notice.

I am advised that, should any person be so inclined, any local authority refusing to accept delivery of a notice under the Infectious Diseases (Notification) Act, 1890, whether prepaid or not, is liable to an action-at-law for ignoring the notice, and thus endangering the health and lives of the community. It is evident, therefore, that for the present, and until the Act is altered, the local authorities are on the horns of a dilemma, and medical men are idiotic who put their hands into their own pockets for stamps, to save the rates, when by law they are exempted.—I am, etc.,

KENNETH MACKENZIE CHISHOLM, M.D.

Radcliffe, near Manchester.

## SHIP SURGEONS.

SIR,—I would like to make a few remarks on this subject. As has been observed, the usual state of affairs is such that it is quite impossible for a surgeon who has any intention of remaining in the service of a particular company to do his duty under certain circumstances.

I would point out that there is at least one service—and, no doubt, others of a similar nature—in which the surgeon and the captain are on an equal footing, and in which the captain is, of the two, perhaps the more liable to dismissal.

The Government of Natal annually drafts a large number of Indians into the colony. The Government charters a certain number of vessels, with officers and crews, and then appoints its own medical officers, who step on board as servants of the Government, are not on the ship's articles, and who do not care a straw for the captain or anybody on board.

The senior medical officer or surgeon-superintendent has to keep a log from day to day, in which he records everthing. If the captain or officers venture to interfere with the surgeon's work, down it goes in the surgeon's logbook. Each, in fact, is a complete check on the other, but each is completely independent in his own department. Of course the master is supreme at sea, and can forcibly prevent the surgeon doing his duty; but his triumph will be short, for the moment the ship reaches port the surgeon reports to the Government, and the case is thoroughly investigated, the assistant surgeon being witness in the surgeon's favour. The master must have a very strong case to support his conduct, whether of interference with the medical officer or with those under his charge; for the Government fights for its medical officers, and when the master is proved to have unwarrantably interfered with the medical officer, the authorities simply insist on his removal from the coolie trade.

It appears to me that if it is found impossible to have the surgeons of passenger ships appointed in this way by Government, the next best plan is to lay a restriction on shipowners, namely, that having appointed a medical officer, such medical officer may not be dismissed under one year, unless proved guilty of misconduct; or, alternately, paid the balance of his salary to the end of the year of agreement.

Some such restriction on the powers of owners would vastly improve the status of the ship surgeon.—I am, etc.,

W. ERNEST F. THOMSON, M.B.,
Late Surgeon-Superintendent Natal Government Emigration Service.

Glasgow.

SIR JAMES RISDON BENNETT, M.D., F.R.S., has left a personal estate of £17,046 17s. 9d., and Mr. John Morgan, F.R.C.S., of Sussex Place, a personal estate of £157,000.

## ON THE USE OF THE CONSTANT ELECTRIC CURRENT IN THE TREATMENT OF INTESTINAL OCCLUSION.

SIR,—The note on the above subject by Professor Semmola deserves more than a passing notice, and it appears to me to be probable that his treatment might be found of service in the condition of paresis of the intestines following abdominal operations, so well described by Mr. Malcolm some time ago. It is well known that electricity has been occasionally tried in a more or less haphazard way, and with no very satisfactory results, in cases of abdominal distension; but Professor Semmola's case will confirm me in the intention to try the continuous current where there is intestinal paresis following operation. The improvement in the condition of the intestine, which I have often found to accompany the passage of an electrical current through the abdomen in the course of Apostoli's treatment of uterine fibroid tumours, makes me hopeful of a satisfactory result.—I am, etc.,

Charles Street, W. SKENE KEITH.

## IRISH DISPENSARY DOCTORS' GRIEVANCES.

SIR,—Referring to the resolution passed at the Dublin meeting as to mileage charged on red tickets, I fear it will not work.

Is mileage to be charged always from the doctor's house to to that of the patient; or, as usually happens, when several calls are made on a round, is the mileage to be calculated from one patient's house to the next? Again, how will mileage effect those whose districts are wholly or in great part town?

To keep this mileage account properly will involve an amount of book-keeping which, I think, few busy dispensary doctors will be able for.

I would suggest as a much simpler course, and one more in accordance with the usages of other services, that, salaries being left as they are, every dispensary doctor should have allowances for horse and house—say £30 per year for horse, and £20 for house. In large or populous districts an extra allowance for second horse—say £20—might be made. Where guardians wish to avail themselves of the Dispensary Houses Act, the house money would not be allowed.—I am, etc.,

Gorey, co. Wexford. W. JEPHSON WELDON, M.B.

## COUNTY GALWAY INFIRMARY.

SIR,—As I am one of the "two professors" held up to reprobation by my colleague, Professor Anderson, in the BRITISH MEDICAL JOURNAL of February 20th, I suppose I must say something in reply. May I be allowed to spare your readers a discussion on any point but that referring to my opposition to the infirmary presentment? That does really demand explanation, not in Galway, but in the pages of an English journal. On the morning of the election nine governors, qualified by the payment of £21 each a few minutes previously, presented themselves and elected Dr. Colahan to the office of surgeon, I had acted as surgeon for sixteen years, and, as far as I knew, none of these persons had ever taken the slightest interest in the affairs of the hospital.

Their action was illegal, as the Infirmary Acts provide that a subscription must be paid twelve months prior to vacancy to entitle the donor to vote at election. But they elected their candidate, and they have kept him in office since.

It is provided by the Infirmary Acts that the grand jury shall hold a sworn inquiry after an election as to corrupt practices and bribery. Heavy penalties attach to a conviction. I asked for this inquiry, giving *primâ facie* reasons for holding it. A few minutes in the witness-box would have disposed of the matter. But counsel was instructed to raise the ingenious point, that as the validity of the election was disputed the inquiry could not proceed, as the grand jury could only act after an election.

Before the next assize the surgeon was removed by warrant of the Queen's Bench, but was immediately reappointed "surgeon-in-charge." At the ensuing assize I again pressed for an investigation, and was now told that the provisions of the Act did not apply to a surgeon-in-charge. It looked as if the inquiry were further off than ever. I pointed out to the judge that the new governors had no more right to elect a surgeon for a day than they had to elect a permanent surgeon.

The Court took this view, and declared that so long as the signature of an illegally elected surgeon appeared at the foot