### SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

A SCOTTISH POOR-LAW MEDICAL OFFICER writes: I suppose most Poor-law medical officers in Scotland are under the impression that the Bill for this purpose at present before Parliament is applicable to Scotland as well as to England. This impression would naturally follow from reading the form of petition in the BRITISH MEDICAL JOURNAL of March 9th, p. 557, which states that "the petitioners are an association representing the Poor-law medical officers of Great Britain." I was, therefore, rather surprised to hear from the member of Parliament for our district that the Bill does not apply to Scotland. Now, Sir, I think this is rather unfair, for I am sure the position of the Scottish Poor-law medical officers is not superior in any way to that of their English brethren. For one thing their tenure of office is in this anomalous state—that they can be dismissed both by the Local Government Board and by the parochial boards or parish councils, whereas I believe the English medical officers, and even the Scottish inspectors of poor, can only be dismissed by the Local Government Board. I hope the Scots, who have never been behind when any fighting was going on, will not sleep any longer under these indignities, and that you, Sir, will advocate that justice be done all round.

### THE DUTIES OF M.O.H. IN INFECTIOUS CASES.

M.O.H. (who has forgotten to enclose his card) has been called upon by his rural district council to visit every case of infectious disease notified to him. He asks if this is usual, and if there is anything in the Public Health Act which implies it.

*** It is not usual, and is not required by the Public Health Act. The order of the Local Government Board requires the M.O.H. to visit without delay the spot on which an outbreak of dangerous infectious disease is reported, but this has not usually been taken to mean an immediate personal visit to every infected household. In many instances it would be proper to accept the report of the inspector; and indeed, unless the M.O.H. has a small district and little else to do, he might often find it difficult to carry out personal inquiries in all cases notified.

MR. WM. C.—The medical officer of health was right in taking immediate action to satisfy himself that proper precautions were being observed in such an important centre as a post-office, especially if the intimation of the existence of a dangerous infectious case reaches him unofficially, with no guarantee of proper medical supervision being exercised. The delay in notification was therefore unfortunate. But he would not be acting with discretion in examining patients whom he knew to be under the charge of a medical man, without communicating with the latter. Much turns upon this point of knowledge, which our correspondent does not make quite clear.

### NOTIFICATION FEES.

S. T. B.—The Local Government Board have repeatedly expressed officially the opinion which has on many occasions been given in the BRITISH MEDICAL JOURNAL—namely, that every practitioner called in to see a notifiable case must notify, and is entitled to the usual fee for doing so. A prior notification by another practitioner, even if known to a medical man called in later, does not relieve him of his legal responsibility to notify, nor the authority of their liability for the fee.

# OBITUARY.

## JAMES HENRY COVENEY, M.R.C.S.

WE have to announce with much regret the death, on March 26th, of Mr. James Henry Coveney, at Hawkhurst, Kent, to which place he had retired a few years ago, after some thirty-five years' active practice in Prestwich, Lancashire. Mr. Coveney received his professional education at St. Bartholomew's Hospital, and, after obtaining the diplomas of the Royal College of Surgeons and the Society of Apothecaries, migrated to Manchester, where, in the first instance, he held an appointment in connection with the Manchester Royal Infirmary. Later he held the Lectureship on Surgery at the Manchester Royal School of Medicine. While at Prestwich he was engaged in a large practice, and also held the appointments of Medical Officer of Health and District Medical Officer of the Prestwich Union. His work in Prestwich brought him into relation with both rich and poor, by whom he was much beloved, and who testified their affectionate esteem for him by presenting him on his retirement in 1886 with a handsome testimonial. At Hawkhurst, although relieved from the cares of practice, he found ample opportunities of rendering services to those among whom he lived, and his death, which occurred suddenly, has deprived many of a friend who could be ill spared.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Augey, Mayor of Biarritz, and a prominent member of the Republican party; Dr. Victor Parisot, Professor of Clinical Medicine in the old medical faculty of Nancy, aged 85; Dr. E. F. Farge, honorary professor and formerly director of the medical school of Angers, and chief physician to the Hôtel-Dieu of that town; Dr. Ermete Coliva, a well-known practitioner of Florence, and inventor of an automatic bed for artificial respiration, aged 61; Dr. Milton N. Taylor, formerly City Physician, and afterwards a Commissioner of Health, of Baltimore; Dr. C. W. Breyfogle, a leading practitioner of Louisville, aged 54; Dr. Dufay, of Gisors (Eure), one of the oldest members of the profession in France, for more than seventy years the busiest practitioner in his district, aged 96; Dr. Jamin Strong, one of the best-known alienists of America, for many years Medical Superintendent of the Cleveland Hospital for the Insane; Dr. Zénon Pupier, formerly of Vichy, where he practised for forty years; and Dr. Pohl-Pincus, of Berlin, a well-known specialist in diseases of the skin.

# INDIA AND THE COLONIES.

## INDIA.

VACCINATION IN BENGAL.—The *Annual Statistical Returns and Short Notes on Vaccination in Bengal for the Year 1893-4*, by Surgeon-Lieutenant-Colonel W. H. Gregg, M.B., M.R.C.P.Lond., Sanitary Commissioner for Bengal, contains serried ranks of figures which well exhibit the wonderful organisation which now exists in India. In all the districts of the Bengal Province during the year 1893-4 the deaths from small-pox numbered 12,499, and the ratio of small-pox deaths per 1,000 of population was 0.17; the ratio per million of population was thus 170. The population is 70½ millions, and 1¾ millions were vaccinated during the year, including 3,782 successful revaccinations. The ignorance and religious scruples, but especially the apathy, of the native population are great obstacles to vaccination, and, under the circumstances, the report which Dr. Gregg has presented to his Government is gratifying.

THE IMPERIAL BACTERIOLOGIST.—The Government of India have sanctioned a revised establishment for Professor Lingard, M.B., the Imperial bacteriologist, with effect from April 1st next, when his establishment will be moved from Poona to the new premises in the hills. The establishment is not to cost more than Rs.4,500.

## CANADA.

MEDICAL LEGISLATORS.—The Hon. Dr. Montague has been named a member of the Canadian Cabinet and a Privy Councillor. The roll of Canada's public men now includes, besides a large number of medical members of the Senate, Commons, and Legislatures, the names of the Hon. Drs. W. W. Baldwin and Widmer, Legislative Councillors; the Hon. Dr. Rolph, well known for his devoted work in the promotion of medical teaching in Ontario; the Hon. Dr. Blanchet, Speaker of the Commons; Sir Charles Tupper, M.D., High Commissioner to England; and Sir Etienne Taché, M.D., Prime Minister of the Canadas in two Administrations.

## CAPE COLONY.

SANITARY ADMINISTRATION.—Dr. Gregory's interesting address to the second South African Medical Congress, which has been republished,[1] reveals a wider gap than is generally recognised between the mother country and some at least of the Colonies in the matter of health legislation. Registration of deaths is attempted only in some few towns in Cape Colony, and even there imperfectly, so that accurate statement of death-rates is impossible. The system of sanitary government seems to be equally chaotic, notwithstanding much patchwork legislation. There is little effective central control. Many urban centres have no local authority at all, and there the inhabitants—like the "village Boards" which represent sanitary administration elsewhere—are able to do pretty much as they please. Dr. Gregory evidently writes with intimate knowledge of the needs of the Colony, and the measures which he advocates are clearly and thoughtfully stated.

## HONG KONG.

THE *Annual Report on the Medical Department (Hong Kong) for the Year 1893* (Hong Kong: Noronha and Co., Government Printers, 1894, fcap. folio, pp. 56), recently issued, contains much interesting information on the sanitary condition of the town of Victoria prior to the outbreak of plague last year. To this we have already adverted in connection with Drs. Ayres's and Lowson's paper at the Buda-Pesth Congress. In addition to this, and to the usual information on the medical establishments of the Colony, the present report embodies the views and experience of Dr. Ayres and his colleagues on the opium question. They are distinctly pro-opiumists. The statement which Dr. Ayres makes to the effect that opium smoked does not produce contraction of the pupil is interesting if of universal application. Experience associates contraction of the pupil with the physiological action of opium. Opium either produces or does not produce a physiological effect when smoked. If non-contraction of the pupil is evidence that it does not produce a physiological effect we wonder why it is smoked. Dr. Ayres should give his observations on so interesting a point in greater detail. His allegation, if true, may embody a therapeutic principle worth following up.

[1] *Health Legislation in Relation to the Requirements of the Cape Colony.* By A. J. Gregory, M.D., B.S., D.P.H., etc. Cape Town: J. C. Juta and Co. 1 94. (Roy. 8vo, pp. 24. 3s.)