

temporary; for, however long the strife might be protracted, it cannot be doubted that, when the final struggle did take place, we should be victorious. Would it not, then, be wise to precipitate the crisis, instead of allowing the reputation of both hospital and school to be ruined by needless delay?

We cannot see that anyone would be seriously injured, if such a course were adopted. Certainly, if any harm came to the patients, the Treasurer alone would be responsible for it. The staff would have done all, and more than all, their duty in giving the notice we advocate. The school could not be permanently injured; individuals, no doubt, would suffer some slight inconvenience through giving up appointments for a time, but we apprehend they would be content to do so *pro bono publico*. The very fact that the hospital cannot be satisfactorily worked without the assistance of the school, would necessitate its speedy re-installation.

The plan we have proposed may not be either new or original, and it may not be the best that can be imagined; but we think it to be, at any rate, worth consideration; and we therefore respectfully ask for a small space in your valuable paper. If it evokes criticism, it will have served its purpose.—We are, sir, your obedient servants,

Guy's Hospital, November 23rd. TWO SENIOR STUDENTS.

ETHER v. CHLOROFORM.

SIR,—I am glad the JOURNAL has so persistently kept this question before the profession, and hope the "chloroformists" are only wedded to their drug from unacquaintance with the advantages of ether. Let them give ether, and I am sure they will give up chloroform; at least, this conversion has happened in every case I know. There are cases, of course, in which chloroform must be preferred—cases in which ether is not well taken; but the consideration of these is outside of the present controversy, which, I take it, is upon ether v. chloroform as the anæsthetic for common use.

Dr. Chavasse, in the JOURNAL of November 20th, quotes Lister as saying of chloroform, "Deaths are due to faulty administration". This was the opinion of his predecessor, Syme, who abominated all kinds of machinery, and preferred to give chloroform on a folded towel, blaming the fatal results upon any other mode of administration, but not comparatively with ether. Some years ago, I prepared some statistics from the deaths recorded in the journals, and found that all means of administration were about equally fatal—the open method least so; and that the fatal dose was nearly always small. Dr. Chavasse suggests the training of students in its use. But will training make chloroform a stimulant of the heart's action? I fear not.

Dr. Foulds proposes, and gives two successful cases of the use of, a mixed anæsthetic: I cannot imagine a more unscientific mixture than that of alcohol, ether, and chloroform, all of which differ in the temperatures at which their vapours are given off, and in the density of the vapour. Does the patient get any alcohol-vapour at all? and, if so, is it sufficiently stimulating? Has Dr. Foulds tried what amount of stimulation he can get from breathing alcohol-vapour? I had thought that compound anæsthetics had been banished from use, as dangerous and unscientific.

I have seen ether given by most methods, and personally prefer the use of Ormsby's inhaler, the advantages of which are, briefly, rapidity of action, economy of ether, avoidance of the saturation of the atmosphere with the drug, and freedom from the frequent cough of ether. The open frame inhaler, as described by Mr. Paul, is wasteful of the drug, objectionable from the smell in private practice, and dangerous by artificial light.

In midwifery practice, I constantly give chloroform, but only during the pains, allowing the patient to become conscious between, the only evil effect of which is to cause the patient to magnify the passage of time. Of course, when operative measures are necessary, complete narcosis is unavoidable, in which case I do not see in what way the patient's condition is more favourable than for any other operation, and hence feel a very strong sense of responsibility. I doubt not the profession in a short time will agree to some such statement as the following. "Ether should be used in all cases where an anæsthetic is required, except in normal midwifery; operations on the mouth or jaws, where the mouth must be kept open (and a sufficient dose of ether not possible); and some operations on the eyes." Especially, I would add, when there is shock from injury, or feeble heart-action, ether only must be used. I was much struck and amused, some years ago, by a remark made to me by a friend whom I had asked to give chloroform to a very dear relative upon whom I was going to operate. "No," he said; "I am going off for my holiday next week." "What has that to do with it?" I asked. "Simply that I don't want to be detained by a coroner's inquest," he answered; "but I'll give ether, if you like." If this

become the general feeling of the profession with regard to chloroform, we shall have greatly to thank the BRITISH MEDICAL JOURNAL.—I am, etc.,
W. MACFIE CAMPBELL, Surgeon Northern Hospital.
Liverpool, November 20th, 1880.

ARSENICAL WALL-PAPER.

SIR,—Will you allow me to call the attention of the profession to the fact that arsenic is now more largely used than ever in the manufacture of wall-papers; and to warn them to bear in mind the presence of the poison as a possible cause of disease, or of complications of diseases? A large number of cases of suffering from this cause have come under my notice of late, and I was at a loss to understand them until I tested the wall-papers, and found in them quantities of arsenic; and was unable to make any impression for good on the patients until the wall-papers were removed. Smarting in the eyes, though a fairly constant symptom, was not always present; and, when present, was not always a leading symptom. Deep general debility, a continued feverish state, chronic coryza, hæmoptysis, sickness and retching, cramps, spasms, diarrhoea, or constipation, I have observed in various cases.

It is not green papers alone that contain the poison. It is largely used in the manufacture of other pigments. I have found it in yellow, pink, blue, and drab; and no doubt it is to be found in many more. It would be well if every practitioner had one of the simpler tests for arsenic always ready for use. It would, I have no doubt, afford a solution for many trying cases, and save an immense amount of needless suffering.—I am, etc.,
JOHN H. CLARKE, M.D.

15, St. George's Terrace, Gloucester Road, S.W.,
November 19th, 1880.

OBITUARY.

ALFRED HUDSON, M.D.,

PHYSICIAN IN ORDINARY TO THE QUEEN IN IRELAND.

AN amiable physician, of high intellectual powers and of great practical skill, has just been lost to Dublin and to the profession in Ireland by the death of Dr. Hudson. Naturally a man of not very robust constitution, and of a nervous, retiring disposition, he suffered for some time past from vesical trouble. This was believed by himself to be of a malignant nature; but he was averse to any more exact diagnosis being made by a physical examination. Latterly, he had been obliged to relinquish gradually all his professional avocations. His sufferings, during the last six weeks of his life, we regret to say, were most acute, and continued with undiminished severity until within a short period before his death, which occurred at his country residence, near Dublin, on the 19th inst., at the age of seventy-two years.

Dr. Hudson was the eldest son of an Independent Minister, and was born at West Bromwich, Staffordshire, in 1808. He was educated at Bromwich, and commenced his medical career as an apprentice to Mr. Thomas Silvester, a surgeon of that town. After serving an apprenticeship of five years, Hudson pursued his medical education in Dublin, and was a clinical clerk of Graves and of Stokes at the Meath Hospital. He also studied for some time at Edinburgh, where he acted as assistant to Dr. Mackintosh, and subsequently at Paris. As a student, he was distinguished among his fellows, and gave early promise of that success which he eventually achieved. Pathology was the department of medicine to which, perhaps, he most devoted himself. His researches in this field, even at an early period of his professional life, show that he possessed large powers as an original investigator; and, doubtless, gave him that familiarity with the course and progress of disease which was so apparent in his treatment of it in after life.

Having obtained, in 1834, the degree of Bachelor of Medicine in the University of Dublin, and the Membership of the Royal College of Surgeons in England, Dr. Hudson practised for a few months in his native town. Subsequently, he came over to Ireland, and took up the practice of Dr. Gilroy, of Navan, in the County Meath, on that gentleman's retirement from active life. As Physician to the Navan Fever Hospital, to which he was shortly after appointed, Dr. Hudson cultivated those faculties of observation, reflection, and comparison, which were the most prominent characteristics of his methodical mind, and which are apparent in all his writings. Most of these, naturally enough, bear upon the subject of fever. In addition to his "truly philosophical" *Lectures on the Study of Fever*, the first edition of which was published in 1867, Dr. Hudson was the author of an able report on the Epidemic of Relapsing Fever of 1847-48. He also contributed several important articles to the *Dublin Journal of Medical Science*; notably "On Typhoid Pneumonia" (vol. vii, 1835): "On certain Remedies in

Typhus Fever" (vol. xi, 1837); "On the Use of Nitrate of Silver in affections of Mucous Membranes" (vol. xvii, 1840); "On the connection between Delirium and certain states of the Heart in Fever" (vol. xx, 1842); "On the Signs of Accumulation in Thoracic Diseases" (vol. xxii, 1856); and "On Cerebral Complications in Fever" (vol. xxiii, 1857). He also was the author of a valuable essay "On the Origin and Mode of Diffusion of the Fever-poison", in the *Medico-Chirurgical Review*.

While at Navan, Dr. Hudson had the best practice, such as it was, of the limited district; but mainly in consequence of being chagrined, as we have been reliably informed, at not obtaining a local medical appointment for which he was a candidate, he resigned the Fever Hospital, and removed to Dublin in 1854. Here he became a neighbour of his friend and former teacher, the late Dr. Stokes, and rapidly rose to a leading position in the Irish metropolis. He took the licence of the King and Queen's College of Physicians in the year of his coming to reside in Dublin, and was elected a Fellow of the College three years subsequently, having previously resigned the Fellowship of the Royal College of Surgeons in Ireland. In 1858, he became Physician to the Adelaide Hospital, where, however, he only remained three years, as he was elected Physician to the Meath Hospital on the death of Dr. Lees, in 1861. Thus, like Stokes and his former teacher Graves, Hudson, who was, as we have already stated, a clinical clerk to both these illustrious physicians, now became Stokes's colleague in the hospital which the triad have made universally known. The same year (1861), Dr. Hudson took his University degree of M.D. After holding the physicianship of the Meath Hospital for ten years, Dr. Hudson, whose practice had then become very large, resigned it. In the autumn of the same year (1871), he was elected President of the College of Physicians, which office he filled for two years. On the resignation by Dr. Stokes, in 1877, of his seat on the General Medical Council, as Crown representative for Ireland, Dr. Hudson was nominated in his stead; and, on Dr. Stokes's lamented death in 1878, he was appointed his successor, both as Physician in Ordinary to Her Majesty the Queen in Ireland, and as Regius Professor of Physic in the University of Dublin.

Amongst the other posts of honour, in which his eminent attainments and the high regard felt for him by the members of his profession placed him, was that of being elected the first President of the Dublin Branch of the Association. Dr. Hudson always evinced the greatest interest in the success of the Branch; and, at the conclusion of his year of office, gave an address—retrospective and suggestive—on the history and objects of the Association (BRITISH MEDICAL JOURNAL, February 9th, 1878, page 186), which, in its comprehensiveness and scope, is second only to his notable Address in Medicine, delivered at the annual meeting of the Association at Cork the following year. (JOURNAL, August 9th, 1879, page 204.)

It is not, however, our intention, in the present notice, to dwell further on Dr. Hudson's contributions to medical knowledge, and literature. We would only remind our readers that it was he who gave a rational explanation of the remarkable phenomenon of tympanic clearness, on percussion, over a solidified lung; that to him also, probably, was due the discovery of the value of vocal fremitus as a diagnostic sign; and that, by his teaching and writings, he did much to elucidate the facts which make the now generally recognised distinctions between typhus and typhoid fevers. We would prefer, in the limited space left at our disposal, to speak rather of his high qualities as a practitioner and as a consultant. In the latter capacity, he possessed the most perfect confidence, and esteem of all those who sought his advice. Few there are who have had the advantage of his assistance in consultation, who have not benefited, at some time or other, by his modestly advanced suggestions and freely given experience. He had much confidence in the action of remedies, and was an excellent therapist. Quiet and unassuming in manner, he had a bright, intelligent, and active eye; and an impressive earnestness and thoroughness in all he said and did. He was gifted with a remarkable power of rapid diagnosis, which, however, he never permitted, whatever might be the expenditure of time or trouble on his part, to assert itself without satisfying himself of the existence of sufficient grounds for its correctness. And many of the younger members of the profession in Dublin have reason to be thankful to Dr. Hudson for numerous acts of kindness to them; and he was always ready to aid, unobtrusively and generously, with his purse any deserving case of need, especially if occurring in the person or the family of medical men.

The death of Dr. Hudson, coming so soon after that of Dr. Stokes and Sir Dominic Corrigan, leaves a serious chasm in the ranks of Dublin physicians, and one which it will be difficult to fill up.

Dr. Hudson was twice married. His second wife survives him, but he leaves no family.

MILITARY AND NAVAL MEDICAL SERVICES.

SURGEON-MAJOR M. COGAN, A.M.D., has been selected to organise the Base Hospital, 2nd Division Field Force, Kandahar, under the command of Major-General Phayre, C.B.

By the regulations and instructions just promulgated to the army, by the direction of the Secretary of State for War, with reference to the Army Medical Department, it is provided (clause 245): "Medical officers of station hospitals will, on the written application of any established friendly society, furnish such society with a certificate as to the nature of the illness from which any soldier under their charge, who is a member thereof, may be suffering."

THE appointment as Honorary Physician to the Queen, vacant by the death of Dr. Edward Goodeve, has been conferred on Surgeon-General Frederick Freeman Allen, C.B., late of the Bengal Medical Department. Surgeon-General Allen entered the Indian Army as an assistant-surgeon on November 20th, 1848, and was promoted deputy surgeon-general in December 1876, retiring at the end of last year. He has seen a great amount of service in India. As an assistant-surgeon, he served throughout the whole of the siege operations before Delhi in 1857, was present at the assault and capture of the city, and afterwards accompanied Brigadier Showers's column in the Mewattee country, serving through the subsequent campaign in Oude, in medical charge of the Sirmoor Rifle Regiment (now 2nd Gorkhas), under Sir Charles Reid. With the 2nd Gorkhas he remained for a number of years, serving in the Hazara campaign on the Black Mountains in 1868, and in the Looshai expedition of 1871-72. For the latter service he received the Companionship of the Order of the Bath. As medical officer to Brigadier Campbell Ross's field-force, Mr. Allen served throughout the Jowaki-Afreedee expedition in 1877-78, and was mentioned in despatches as he had been on previous occasions. He also saw service in the first phase of the Afghan war as medical officer in charge of the Koorum Valley column; and, as an addition to the Indian mutiny medal and clasps, the frontier war medal with Hazara, Looshai, and Jowaki clasps, has to receive the new Afghan decoration.

A NEW ARMY MEDICAL WARRANT.

We are glad to be able to congratulate the medical officers of the Brigade of Guards on the forthcoming promulgation of their warrant, which has now passed the Treasury, and only awaits its final approval at Mr. Childers' hands. It will be satisfactory to them to be placed, in all particulars of pay and allowances, on a precisely equal footing with their brethren of the line; and most especially will the certainty of fulfilment be welcomed by three of their number, who have been left ungazetted (one for two years) in anticipation of the formal publication of the warrant. We understand that a principal medical officer of the Brigade, in the shape of a Deputy Surgeon-General, will be granted; and thus, that the regiments will not only have their invaliding and other official business conducted by themselves, but that at least one step of promotion will, in future, be a legitimate object of ambition. We may remind our readers that, in exchange for exemption from foreign service, the Guards' surgeons virtually abandon all expectation of elevation to the higher ranks; and that, at the same time, they have been deprived of the exclusive possession, which they formerly enjoyed, of the title of Surgeon-Major, with the higher emoluments formerly attached to the position. Their duties are much more laborious and varied than those of the line, and their changes of quarters unusually frequent and inconvenient—so that, agreeable as the service is, and greatly coveted as one of the prizes of the department, it has its drawbacks, which it is the object of this warrant partially to remove.

MILITARY AND NAVAL MEDICAL SERVICES.

Royal Warrant, amending previous Warrants, for Pay, Promotion, and non-effective Pay in the Army.—We have compared the Royal Warrant, recently issued by the War Department, altering in various particulars the pay, promotion, and non-effective pay of the officers and men of the army, with the previous warrants which it is stated to amend, and do not find any changes of importance; so far as the Army Medical Department is concerned. The rates of pay of the medical officers of the army on active service, and on retirement, as well as the regulations affecting promotion, remain the same as they were in the Warrant of November 1879. A few advantages in some minor particulars are conceded by the new warrant, which affect medical in common with other officers of the army. Thus, by former warrants, leave of absence, not exceeding sixty-one days in the aggregate, with pay, was granted to