

spirits of juniper, 2 or 3 minims of hydrocyanic acid each dose, and many others that might be named?

Perhaps he will name some of his combinations, and the firms that manufacture them.—I am, etc.,

November 20th.

MEDICUS.

MEDICAL INSPECTION OF SHIPPING IN THE THAMES.

SIR,—I have read with much interest your article on medical inspection of shipping in the Thames, and feel that the thanks of the medical profession and the public generally are due to Dr. Collingridge for his outspoken protest against the system of medical inspection by a non-medical Custom House officer, a system at once futile, dangerous, and ridiculous, which was instituted in ignorance during the dark ages at the beginning of the present century, which is now rendered farcical by our extended knowledge, and which is well worthy to be consigned with other anachronisms to the well-merited limbo of oblivion.

Sometime since I was temporarily appointed by one of our largest port sanitary authorities to inspect ships arriving from cholera infected ports. My usual practice was to go on board after the Custom House officer had finished. I not infrequently arrived alongside the vessel simultaneously with the Custom House launch, and consequently had opportunity of observing the method of procedure. After giving details as to name of ship, port of registry, etc., the captain was asked whether there had been any cases of sickness or any deaths during the voyage.

The answer was truthful or otherwise, according to the captain's standard of ethics, for most of them know that except in dealing with plague and yellow fever, there is no legal obligation on their part to report anything amiss. In the event of the captain reporting anything, he is requested to say the nature of the disease; should he be unable to do so from ignorance or other cause, he is directed to anchor the ship until a medical man is fetched from the town. A vessel was rarely detained under these circumstances for obvious reasons, but should the Custom House officer still be in doubt, he has instructions to take the captain's statement on oath. This ceremony over, he is bound to allow the vessel to proceed.

During my period of service I, on more than one occasion, removed a case of cholera after the captain had answered to the satisfaction of the Custom House officer, and had received from him "free pratique," on other occasions I have ordered to be disinfected ships arriving which had traded from port to port along the Persian Gulf, and had carried cholera-infected Mecca pilgrims before starting for the homeward journey. In these cases the captain was able to truthfully report the absence of sickness or death during the last voyage. Among other diseases I remember passed in this way I may instance several cases of enterica "sworn" as "cold," "inflammation of lungs," and "overwork" respectively; two cases of small-pox—one showing the second day of rash "sworn" as "eczema," the other with symptoms of high temperature, persistent vomiting, and marked sacral pain, and in which the rash came out in hospital on the following day, "sworn" as "cold."—I am, etc.,

November 19th.

SICK BAY.

WOOLSORTERS' DISEASE.

SIR,—Under the above heading, your correspondent "Rauschbrand" draws attention to dangers which he implies may arise from the existence of the spores of the symptomatic form of anthrax not destroyed by the process to which wool is subjected in being made into fabric or garments. In these days, when a portion of the public is not indisposed to make capital out of any unfounded alarm credited to medicine and science, there would appear some necessity for caution in making statements concerning a matter so essential to human comfort as woollen fabrics. There can be no question that anthrax may be conveyed to the human subject, and induce serious and mortal disease, or that "Woolsorters' disease" is an example of anthrax conveyed from the lower animals to man. It is true that the name "charbon symptomatique" has been applied to a disease of cattle by the French. Happily, the literal translation,

"symptomatic anthrax" has not been generally adopted in this country or in Germany. We call the disease "Black Quarter," "Quarter Ill," "Black Leg," and other simple English names, many of which are very significant. The Germans know it as "Rauschbrand." It is, however, known very generally that "Rauschbrand" or "Black Quarter" is not anthrax in any form, but a disease as distinct as is small-pox from syphilis. Black Quarter depends for its existence on a micro-organism, by nature anaërobic, which is rarely found in the blood, but swarms in the affected tissues of its host. The disease exists very commonly throughout Great Britain, and has many victims, principally among young horned cattle, in which its symptoms are so remarkable and well defined as to make an error in diagnosis almost impossible. The disease has been the subject of much operative interference and experimental research. Carcasses of the affected are not usually regarded as dangerous to human beings, and in dealing with them there has been consequent carelessness. Up to this I have never observed any evidence nor seen any record of the disease being communicated to man. The local effect on animals known to be susceptible is so marked that similar changes in man could scarcely have been overlooked. I do not suggest that this is absolute proof of the immunity of man, but I think it important that there should be some evidence of the danger before an alarm is made, and that, should such evidence be forthcoming, the cause of that danger shall be known by its own name, and certainly not as any form of anthrax, to which it is in no way allied.—I am, etc.,

Royal Veterinary College, N.W., Nov. 20th.

JOHN PENBERTHY.

ST. JOHN AMBULANCE WORK.

SIR,—I have noticed some correspondence in your columns recently upon the gratuitous giving of lectures upon ambulance work for county councils under the technical education scheme. Such a practice is certainly not to be commended, and will in most cases be found to be quite unnecessary. The members of county councils and the members of their subordinate local boards are in most cases willing to deal with the medical lecturer upon ambulance work as fairly as with the instructors in the other sections of the technical education scheme, if he be firm enough to require a fair remuneration. In my own case—and I am just completing my second annual course—I agreed to give some ten or twelve lectures, and my request for £10 as remuneration was at once conceded.—I am, etc.,

Grea Crosby, Nov. 19th.

EDWARD BUXTON, F.R.C.S.E.

SIR,—In the BRITISH MEDICAL JOURNAL of November 17th Dr. Kelly of Desford, makes charges which many living in this neighbourhood will perceive refer to me, although my name is not mentioned. I did not reply to a former letter on this subject, because it had no name attached to it. Dr. Kelly accuses me of not supporting the doctors in their just demands for payment for their services, and for not treating a colleague in a courteous manner. Perhaps the value of Dr. Kelly's remarks will best be shown by the fact that he is at the present time giving similar ambulance lectures gratuitously at a neighbouring village. Lest, however, any other medical man thinks that I have acted discourteously, I beg that you will publish the following brief statement of the facts. I have been closely connected with this village for twenty-five years, and, indeed, lived there for eight years. I had professional relationships with this village for several years before the present doctor started practice there. My brother, who lives in the village, takes great interest in the local affairs. Two years ago he asked me to give some free lectures there, to which I gladly assented. When I was asked to give the ambulance lectures I thought it was in pursuance of this scheme, and did not think for one moment of recompense, nor did I know that anyone else had been spoken to in connection with the course of lectures. Had I been communicated with then, I should certainly have taken every care not to clash with the interests of any other medical man. The anonymous letter was the first intimation I had that anyone felt aggrieved. I at once made inquiries into the facts of the case, but I did not, and will not, alter my action for any anonymous attacks. The County