

attacked by small-pox had been vaccinated.—Mr. DARBY described the origin of the epidemic in the neighbourhood of Bray, county Wicklow. That place had almost escaped and there was no spread of the disease from contagion.—Dr. W. MOORE read a letter from Dr. Boxwell, of Wexford, which proved in a most remarkable way the importation of the epidemic into that town, and its subsequent spread by contagion.—Dr. CHARLES F. MOORE quoted from official documents an account of the carrying of small-pox to Maynooth from the Swedish sailor in the Hardwicke Hospital. He also enumerated other instances of a similar kind, and illustrated his remarks by an allusion to accidental vaccinia.—Dr. AQUILLA SMITH showed a picture in an old Italian work on medicine, by Bartolini, bearing date 1656, which demonstrated very clearly the views respecting contagion held at that time. The print represented a medical man of the period dressed in an anti-contagion costume. Even supposing the Swedish sailor was a fortnight at sea, this did not preclude the possibility of his having contracted small-pox on shore before sailing, for he was some days ill at the time he landed in Dublin. In morbilliform eruptions, during variola, the great chronicity of the rash was very noticeable.—Mr. HENRY WILSON said that the causes of blindness in small-pox were, firstly, ulcerated keratitis during convalescence; and, secondly, iritis. The corneal inflammation was not due to the presence of pustulation, and treatment was of the greatest moment.—Dr. LYONS expressed his regret that during the discussion no notice had been taken of the first table given in his paper, from which it was shown that small-pox had never totally disappeared from Dublin of late years. It was, therefore, illogical to conclude that of late the disease had spread by contagion. He was not an anti-contagionist in the extreme sense, but he believed too much importance was attached to one factor in questions relating to epidemical disease. The official statement alluded to by Dr. Charles Moore had afterwards been found inaccurate.

## CORRESPONDENCE.

### BRANCH ORGANISATION.

SIR,—As an old member of the Association, I endorse most heartily the opinion of my friend, our active and zealous associate, Dr. Morris, that the Association should be cosmopolitan to the fullest possible extent. Centralisation within proper bounds is essential to good management; but there is a natural and irresistible tendency in all such bodies to gravitate to the centre, which calls for unremitting vigilance to counteract. The absence for some time of Dr. Morris from the General Council is probably an example of the detrimental effects of a remissness in this respect in the Midland Branch. I have in past times witnessed much evil from the same cause in this large Branch (Lancashire and Cheshire), and have always fought against it. Happily there is now a strong and decided feeling in the opposite direction. We are breaking new ground yearly; our meetings take in several large towns in different districts; and we select our Council, office-bearers, and representative members, on a thoroughly representative principle. In reference to more frequent meetings, ten years ago I proposed and succeeded in carrying a resolution to hold quarterly scientific meetings of this Branch, but a short experience proved it to be a failure. The difficulties arose from local circumstances, which need not discourage other Branches.

You ask for suggestions as to the methods best adapted to carry out the desired objects. The success of the Association, generally and locally, and the counterpoise to over-centralisation, depend mainly upon the zeal and interest of the members of the Branches. They must first secure a local secretary, whose heart is in his work, and who has the tact, energy, and discretion required for the efficient discharge of his important duties; and then they must not refuse the sacrifice of time and trouble to attend meetings of Council and Branches regularly and in sufficient numbers to support and assist him in carrying out his suggestions. Above all, personal considerations must be sternly and rigidly set aside whenever they oppose themselves to the true interests and prosperity of the Society.

To show what can be done by judicious management, let me remind you that this Branch has increased its numbers in two years by one-fourth; we have no arrears, and we expect to go on increasing. All this we owe to our late indefatigable local secretary, supported by a Council who appreciated his value and gave him their full co-operation and support. Let the Midland members rally round their active and zealous associate, Dr. Morris, and that Branch will soon be "to the fore" as a numerous and flourishing section of this great Association.

I am, etc.,

A. B. STEELE.

Liverpool, June 29th, 1872.

### THE VOLUNTEER MEDICAL OFFICERS.

SIR,—Permit me to mention for the information of Volunteer medical officers, that Mr. Secretary Cardwell has requested me to draw up a written statement of the questions which they desire to bring before his notice.

I am, etc.,

July 4th, 1872.

JOHN MURRAY, M.D.,  
Assistant-Surgeon London Scottish Rifle Volunteers, Honorary  
Secretary Volunteer Medical Association.

### PUBLIC HEALTH BILL: MEDICAL OFFICERS.

SIR,—The alternative offered to Poor-law medical officers by Dr. Rumsey's letter is quite a gratuitous one: I mean that no such alternative is offered by the Bill itself. His first proposition expresses, in a tone of disparagement, what the Bill really offers to Poor-law medical officers; his second proposition expresses, in a tone of elevated confidence, what he himself would like the Bill to have offered. Dr. Rumsey would counsel Poor-law medical officers to withhold all support to the first proposition, and to adopt the policy enunciated by his second proposition; or, in other words, to take up a policy, not of support and gratitude for what is really offered, but a policy of agitation for something that is not offered, but which Dr. Rumsey thinks ought to have been offered, by the Bill.

As to "being constituted in town and country alike, deputy officers of health," the eleventh clause sufficiently shows that there was no such intention on the part of the authors of the Bill; but, on the contrary, that they expressly avoided, for the present, the crushing opposition to the Bill which would have followed its extension to towns. Agitation, then, for what has been expressly and avowedly left out of the Bill, would appear to most minds a fruitless waste of time. In the thirteenth clause we have the importance of the Poor-law Medical Service in sanitary work honourably recognised; and we have a real improvement in the status of all rural medical officers. Here, then, the Bill emphatically claims a policy, not of blind agitation, but of gratitude and support on the part of our Association. Lastly, I would merely remark, that my experience of Poor-law medical officers would lead me to expect that all duties arising from their appointment as sole medical officers of health in their respective districts, would be discharged in a fearless, upright, and honourable manner, and that they would stand in no need of the purifying influences of Dr. Rumsey's "principal officer of health," who, he most condescendingly tells us, "would be ready at all times (to support you and to relieve you from the disagreeable duty of initiating proceedings against nuisances created by your private patients.)"

I am, etc.,

J. WICKHAM BARNES.

### THE PUBLIC HEALTH BILL.

SIR,—The undersigned, feeling convinced that the provisions in the Public Health Bill now before Parliament, whereby it is proposed to permit the appointment of Union Medical Officers as Officers for Health for districts co-extensive with the Poor-law Unions, cannot but ensure the failure of the measure, beg your attention to the following reasons which have led them to this conviction.

1. The Union Medical Officer is in almost all cases engaged in professional practice, and lives by his practice. His private practice must claim the principal share of his attention, inasmuch as it produces the largest part of his income. Second only to this will always be the claim of his immediate duty as Union Medical Officer, in consequence of the necessarily urgent character of much of that duty. It can, therefore, be but the remnants of his time and energies which a man thus occupied will be able to devote to the duties of an Officer of Health.

2. While he is, from the nature of the case, dependent for his private practice upon the degree to which he can conciliate the goodwill of the ratepayers individually, his principal duty as Officer of Health must be to suppress unsanitary local conditions, which are, for the most part, maintained by individual ratepayers for their own profit. To make a person so situated an Officer of Health is, therefore, in fact, to pay him to become an informer against his own patients, and it will be manifestly his interest to do as little sanitary work as possible.

3. The undersigned, having had various opportunities of consulting Union Medical Officers on this subject, have found them very generally so sensible of the reality of the disqualifying circumstances just mentioned, that many of them express great distrust of the successful working of this portion of the Bill, and great personal unwillingness to undertake the office referred to. Hence it appears only too probable that the ablest and most efficient persons among the Union Medical Officers will very

generally decline to accept these appointments, and that they will consequently fall into the hands of the least capable and energetic among them, and that even these persons will find their professional interests best served by a judicious neglect of their official duties.

The undersigned desire to express their entire conviction that no sanitary superintendence will ever be efficient unless the Officers of Health be persons entirely independent of mere local interests. This can only be the case if the sanitary districts are made sufficiently large to supply a salary for the Officer of Health sufficient to render him independent of private professional practice. They, therefore, wish to urge upon you that the clause in the Public Health Bill (Sec. 6) which provides for the extent of the sanitary districts, should be altered in such a sense as to carry out these views; and further that words should be introduced into Sections 11 and 13, providing that the Officers of Health shall not be permitted to engage in professional practice. They wish further to submit that the saving effected by the diminution in the number of sanitary officers which these propositions involve, would nearly or quite suffice to cover the higher salaries of such efficient officers as they suggest should be appointed. They would also, in conclusion, express their strong conviction, founded upon special study and experience of sanitary administration, that the Bill, if carried as it stands, in regard to the clauses herein referred to, will inevitably entail a large expenditure of public money, and entirely fail of producing any considerable improvement in the sanitary condition of the country.

(Signed) Alfred Aspland, F.R.C.S., J.P. for Counties of Chester and Lancaster, etc.; W. Budd, M.D., F.R.S.; Robert Ceely, F.R.C.S.E., L.S.A., Surgeon to the Bucks Infirmary and Aylesbury Union; Gilbert W. Child, M.D. Oxon., F.R.C.P.; Thomas Evans, M.D., F.R.C.P.; St. Clair Ford, J.P. for Gloucestershire; Henry Letheby, M.B., Medical Officer of Health to the City of London; James E. McConnell, J.P. for Bucks; Arthur Ransome, M.D., M.A. Cantab.; H. W. Rumsey, M.D. (Hon.), T.C.D., F.R.C.S. (Exam.) Eng., late Member (Crown) of General Medical Council; A. P. Stewart, M.D., F.R.C.P.; William Strange, M.D., M.R.C.P., Senior Physician to the Worcester Infirmary; W. M. Tarrt, J.P. for Gloucestershire (excepting par. 3); Disney Thorp, M.D. Cantab.; Buchanan Washbourn, M.D., F.R.C.P.; Edward T. Wilson, M.B. Oxon., F.R.C.P.; Lockhart Robertson, M.D. Cantab., F.R.C.P.

## OBITUARY.

ROBERT ELLIOTT, F.R.C.S. Eng., Chichester.

THIS distinguished provincial surgeon died on June 20th, in his sixty-ninth year, at his residence in Chichester, where he had practised for upwards of forty years. Mr. Elliott received his professional education at Guy's Hospital, and was an especial favourite of Sir Astley Cooper, to whose museum he subsequently contributed many valuable preparations, especially of calculi, some of which are now in the fine collection of the College of Surgeons, to which institution he was also a contributor. He became in a 1829 Licentiate of the Society of Apothecaries, and a Member of the Royal College of Surgeons in 1840. In 1857, he was elected a Fellow of the College.

Mr. Elliott was for upwards of thirty years Surgeon to the Chichester Infirmary, where and in private practice he performed many important operations: in lithotomy especially he was a successful operator. He published in the BRITISH MEDICAL JOURNAL the result of two successful cases on the same patient, the third on the same subject being unsuccessful. Another case of second operation for stone on the same subject was successful; this was also published, with other cases, in this JOURNAL. The deceased gentleman held the appointment of Poor-law Medical Officer for thirty-five years, and about two years since obtained his well-deserved pension from the Board. Although engaged in an extensive practice, he found time to contribute several interesting papers to professional and other journals; and was a member of the British Archaeological Society.

Mr. Elliott brought up his three sons to the profession; his eldest and youngest receiving their professional education at Guy's. The eldest is now an officer in her Majesty's Indian Army; the second, Mr. George H. Elliott, succeeds his father in practice; and the youngest is practising in Australia. He also leaves four daughters. The inhabitants of Chichester have to mourn the loss of an excellent citizen, of whom it may be truly said—

“Multis ille bonis flebilis occidit.”

## MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, June 28th.

THE PUBLIC HEALTH BILL.—In answer to Mr. Rylands, Mr. Stansfeld said it certainly was the intention of the Government to proceed with the Bill. He had committed the Bill *pro forma*, with the view of moving certain amendments and omitting certain clauses. However unwillingly, he had been obliged to come to the conclusion, considering the advanced period of the Session and the pressure of public business, that it had become necessary, in the interest of the Bill itself, to do what was sometimes called “throwing part of the cargo overboard.” The Bill might be divided into three parts—the first part organising local sanitary authorities; the second, which was the body of the Bill, giving new powers to those authorities, and imposing new duties upon them; and the third part containing a number of miscellaneous clauses, some important, some merely conferring facilities for procedure upon the local authorities. The best course to take appeared to be, to rest satisfied for the present with the consolidation and concentration of the local authorities, and to withdraw the clauses with reference to nuisances, hospitals, rivers, and other matters, thus making it a Bill for constituting the new sanitary authorities and giving them some facilities.

DEARTH OF WATER IN BERMONDSEY.—Mr. Kay-Shuttleworth asked the President of the Board of Trade what information he had obtained as to the dearth of water in a large district of London—Bermondsey and Rotherhithe—supplied by one of the Metropolitan Water Companies, and what steps were being taken by the Board of Trade and by the Water Company to avert the dangers to health which would result from a continued deficiency in the water supply.—Mr. Chichester Fortescue that morning received a report from the Board of Trade Inspector, and it came to this, that the complaints of a deficiency in the water supply of the districts of Bermondsey and Rotherhithe were well founded, and that for several days there had been a serious want of water. The immediate cause of the deficiency was the choking up of the filtering beds by weeds, but the real cause was that there was not a sufficient storage of water in the company's works. Another cause which had contributed to the evil was the very defective state of the fittings of the houses in the district. The Water Company had stated that they were taking the best means of providing against the recurrence of the evil by executing, at a large cost, some very important works, and by constructing a large reservoir at Nunhead.

## MEDICAL NEWS.

THE NEW VOLUNTEER MEDICAL REGULATIONS.

MEETING OF THE LIVERPOOL VOLUNTEER MEDICAL ASSOCIATION.

A MEETING of the Volunteer medical officers was held in Liverpool on Monday, July 1st, when the following resolutions were passed.

1. Moved by Dr. PARSONS, seconded by Dr. STEPHENS—“That we, as the Volunteer medical officers of Liverpool and the neighbourhood, hereby protest against the principle of payment as instituted by the recent War-Office regulations. We feel that the acceptance of payment for attendance on the staff renders our position no longer that of Volunteers.”

2. Moved by Dr. SLACK, seconded by Dr. HILL—“That a letter be addressed to the Volunteer Medical Association of London, enclosing a copy of the above, and expressing our cordial sympathy with their opinions, and our wish to co-operate with them in any measures that they may point out.”

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 27th, 1872.

Bull, William, Nenagh, Ireland  
Dustan, Henry, Oaklands, Jersey  
Eastes, Thomas, Folkestone, Kent  
Joynes, Francis James, Chipping Norton, Oxfordshire

The following gentleman also on the same day passed his primary professional examination.

Mason, Richard, St. Thomas's Hospital

As Assistants in compounding and dispensing medicines.

Plummer, Arthur, Newbury, Berkshire  
Goldsmith, John Jackson, Abingdon, Berkshire