

CONSUMPTIVE FELLOW-TRAVELLERS.

SIR,—I have read with great interest your very practical leader in the JOURNAL of January 19th, on the danger to which the healthy are exposed by travelling with consumptives in an advanced state of disease. It is one of the most important questions of the day, and ought to be freely discussed.

Your remarks raise many important points in the pathology of pulmonary consumption, but I shall confine myself to the one which forms the title of your remarks. The danger of contagion from travelling for weeks or months in a confined cabin at sea, badly or not at all ventilated, is a real danger. It must be acknowledged as such by all, whatever opinions they may hold as to the contagion of phthisis generally. I am myself far from accepting the modern doctrines as to the extreme and general contagion of phthisis, for my personal experience is against it. I am, however, firmly convinced that the danger exists when the healthy are made to live day and night in close contact, in an unventilated room or cabin, with persons suffering from phthisis in an advanced stage, pouring into the atmosphere twenty times or more a minute, twelve hundred times an hour, some fourteen thousand times in a night of twelve hours, masses of bacilli and torrents of foetid products of decomposition. My memory recalls several cases where consumption has appeared to have been thus conveyed from husband to wife, from wife to husband; from mother to child, and *vice versa*.

I recollect once attending at Mentone a typical case of the kind, a most instructive one, which made a deep and lasting impression on my mind. The patient was a tall, muscular, handsome young man of 27, a captain in Her Majesty's service, who had all his previous life been a model of health and strength. He was born and had been brought up in the Highlands of Scotland, and had scarcely known a day's previous illness. His family antecedents were perfect, no phthisis or other known taint existing. He had been serving in New Zealand, and came home with a young wife in an advanced stage of consumption, with large cavities in her lungs. They were four months at sea. She gradually got worse, and died three weeks before the ship arrived. They occupied conjointly a small cabin, the window of which was seldom or never open during her lifetime; thus he was constantly breathing the bacilli and the putrid exhalations from her diseased lungs.

This unfortunate young man was absolutely in the same condition as the dogs, into the kennels of which the putrid sputa of consumptive persons was injected daily for an hour, mixed with water, as a spray, for several weeks, by the late M. Thuon, of Nice. All the dogs were infected, and found to be labouring under pulmonary tuberculosis when they were subsequently killed.

My patient had clearly been infected by his wife, for a few weeks after his arrival in England he developed symptoms of phthisis, and was in an advanced stage of the disease when he came to me in the autumn. All I could do in the course of the winter was to prevent him getting worse; and I heard of his death a year or two later.

One case of this kind, well authenticated, ought to be sufficient to rouse the attention of the profession and of the public to so vital a question. A diseased person, in trying to save himself, has no right to infect the sound public. Advanced consumptives ought not to be allowed to travel by sea in the present state of science, unless they can be isolated in single well-ventilated cabins. I myself, a consumptive cured more than a quarter of a century ago, should now refuse to travel at sea in a cabin with a consumptive fellow-traveller in advanced disease, as I should refuse to inhabit the large hotels in the Engadine, where scores, nay hundreds, of consumptives, in all stages of disease, now congregate every winter, poisoning the air which they breathe, in a climate where free ventilation—ventilation as I understand it—appears to me an impossibility. A friend of mine, a scientific physician, Dr. Jacoby, of Nice, tells me that he found tuberculous bacilli in the atmosphere of one of these hotels in July.

At the same time, I am not a contagionist. Under reasonable, rational precautions I believe that contagion seldom takes place from the sick to the sound. If ventilation is carried out where consumptives live and breathe, as it is carried out in cases of typhus fever—that is, if free external air is constantly admitted into the inhabited room, and constantly allowed to escape day and night—I believe that there is then no more danger in one case than in the other. I cured myself by free ventilation in advanced disease twenty-nine years ago, principally; and I have cured shoals of others in the same way. The doctrines of free ventilation now

advocated by Dr. Brown-Séguard, and by the German doctors, have been all forestalled in my practice and works for more than a quarter of a century. I lived all that time in winter in a hotel surrounded by consumptive patients, and can scarcely recollect a case of apparent contagion whilst under my charge. But, then, if my patients would not ventilate freely, day and night, I threw up the attendance.—I am, etc.,

HENRY BENNET, M.D.

Torre di Grimaldi, Ventimiglia, Italy, February.

CERTIFYING FACTORY SURGEONS.

SIR,—I think it is quite time, seeing that employers of labour have had an interview with the Home Secretary, for the certifying surgeons to meet to consider their side of the question, and, if thought desirable, to present their opinions to the Home Secretary. I submit that there is as much need now as there ever was for the office of the certifying surgeon, for many reasons which are obvious, perhaps not so much for the purpose of filling up a certificate of age as for determining the fitness for work. I hope the surgeons holding these appointments will combine themselves into a society forthwith to discuss the whole bearings of the subject.—I am, etc.,

R. CLAYTON.

Accrington.

NAVAL AND MILITARY MEDICAL SERVICES.

MEMORANDUM ON RANK FOR ARMY MEDICAL OFFICERS.

In view of the promise of the Secretary of State for War to take up, early next session, the question of rank for the medical officers of the Army, the following are submitted for consideration in support of their claims to having rank conferred upon them:—

1. It has been found necessary in the interests of the service that medical officers should have command of their own men—the Medical Staff Corps and all military hospitals during peace as well as on active service. They are now in the anomalous position of having disciplinary powers and the command over men who have substantive rank, when they themselves have no rank whatever.

2. The medical is the only combatant, so to speak, of all the departments of the Army, as, from the nature of their military calling they are compelled to perform their professional duties under fire, side by side with the fighting line; nevertheless rank has been denied to the medical officers, who run all the risks of battle, and yet it has been conferred on the officers of departments whose duties seldom, if ever, require them to be at the front.

3. A portion of the officers of the Medical Staff, namely, quartermasters, have been recently granted honorary rank, while their immediate commanding officers have no rank. Surely this is an anomaly!

4. It has been put forward that if the rank were given to medical officers it would interfere with the proper performance of their professional duties; quite the contrary, a contented department cognisant of an assured position in the Army is more likely to carry out its duties satisfactorily than one continually unsettled by substantial grievances.

The military rank granted to the Royal Engineers has in no way interfered with the proper performance of their professional duties as engineers, nor is it anticipated that by granting rank to the Army Service Corps the Army will suffer in a commissariat point of view.

5. The great majority of the best professional men of the Army Medical Staff are unanimous in their opinion that rank should be conferred upon the officers of their department; having in view the multifarious military duties they have to perform, in addition to their professional work.

Medical officers do not aspire to command outside their own corps, but consider that the time has arrived for them to obtain a definite military position, especially as rank has been conferred upon the more purely civil departments of the Army.

It is, moreover, advisable that the officers of the Medical Staff and the non-commissioned officers and men of the Medical Staff Corps should be thoroughly and completely amalgamated into one corps, as has been recently done in the case of the Army Service Corps.

MEDICAL STAFF.

** We have received the above memorandum of this important subject, which we believe is being circulated in influential quarters; it fairly summarises much, if not the bulk, that has been written on the rank question.