

Lewis found in India, China, America, etc. The distinctions between them include different periodicities. Whilst the ordinary filaria appears in the blood at night and disappears during the day, filaria sanguinis hominis major appears during the day, and disappears during the night, and the "minor" species observes no such periodicity.

To illustrate this, I may mention that when in Bathurst, on the river Gambia, north of Sierra Leone, last February, by the kindness of Dr. Finucane, the resident surgeon, an opportunity was afforded me of examining a case of "sleeping sickness" in the military hospital in the person of a demented native girl. Two or three slides of blood were drawn from her finger, and examined under the microscope at 3 P.M. In all filaria sanguinis hominis were found. About 5.30 P.M. at sunset I made a second examination of the girl's blood, but was unable to demonstrate a single filaria after repeated trials. I have no doubt that this was Dr. Manson's filaria sanguinis hominis major which appears during the day and disappears during the night. I regret that I was unable to pursue further investigations, as we left the place the next day. In conclusion, I beg to suggest that possibly filaria might have been found in Surgeon-Major Lamprey's case if the blood had been examined earlier in the day.—I am, etc.,
V. GUNSON THORPE, F.R.M.S.,
Surgeon, R.N.

SHIP SURGEONS AND INTERNATIONAL HYGIENE.

SIR,—If I read the recommendations of the Vienna Sanitary Conference aright, the success or failure of the system which is to replace quarantine in the Suez Canal will hinge upon the efficiency of the medical officers of passenger ships. Upon them will rest the duty of recognising cases of infectious disease, and of applying disinfecting measures, and upon their statements will depend the treatment to which the ships will be subjected.

Is not this an additional argument for creating an independent marine medical service? The duties of the medical officer of a passenger ship are often of the same nature, and may require quite as much independence for their efficient discharge as those of a medical officer of health, yet he is entirely at the mercy of the owners, and if he fail to make himself agreeable to them, or to the captain of his ship, his services are dispensed with at the conclusion of the voyage.

The medical officer of every passenger ship should possess a diploma in public health; he should report direct to the Board of Trade or the Port Sanitary Authority, and he should be irremovable except by the consent of the Board of Trade.—I am, etc.,

COSMOPOLITAN.

SIR,—Mr. Leet ends his extract from the excellent Bill of the United States "to regulate the carriage of passengers at sea" with the following sentence: "And ship surgeons will soon no longer be allowed to shut their eyes to insanitary conditions on shipboard of emigrant vessels bound for the U.S."

This charge of wilful negligence against ship surgeons is, I think, entirely unmerited.

Every emigrant ship leaving a British port is supposed to be thoroughly inspected by the medical officer of the Board of Trade, who is entirely independent of the ship-owners, previous to sailing, and he is the only one who has any authority in the matter. The surgeon of the ship, whose appointment rests with the owners, and is only sanctioned by the Board of Trade, is powerless to do anything but make suggestions, which would certainly not be well received by the companies which will be affected by the new Bill. He would, in fact, in all probability be promptly dismissed as troublesome. The ship surgeon, who is miserably paid and has frequently to work under great difficulties single-handed, has to make the best of things as he finds them, and it is absurd to saddle him with the responsibility of insanitary conditions which he is not given the power to remedy.—I am, etc.,
Margate.
A. E. THOMSON, M.D.

HONORARY DEGREES IN PUBLIC HEALTH.

SIR,—All medical officers of health in my position will

surely feel grateful to Dr. Bulstrode for his short but forcible letter to you on the subject of honorary degrees in public health. Dr. Armstrong's case needs neither explanation nor defence, for you will look in vain for years to come for his equal among the numerous young diplomates in public health. Others, however, including myself, who cannot boast of Dr. Armstrong's claims to recognition, but who are "old and tried workers in the field of public health," feel acutely the injustice done to them in not being given the diploma of Public Health at the time of its creation. Can you, Sir, tell us of any precedent of a like sort? I do not know of one.

However highly the diploma may be thought of, it is hardly sufficient to induce men, who have been for many years (as Dr. Bulstrode puts it) "in high and honourable positions, to submit themselves to the indignity of a technical examination." It is to be hoped that it is not too late even now for the powers that be to do justice to all the old pioneers in the sanitary service, who have worked hard and suffered much to bring sanitary science to its present enviable position, and who have borne the whole brunt and heat of the fray.—I am, etc.,

Derby.

W. ILIFFE.

DR. COLLIE.

SIR,—On January 29th our much esteemed colleague has quitted the scene of his twenty-one years' arduous and risky labours. He was not permitted to depart without a warm expression of affectionate regard from all who had the pleasure of serving under him at the Eastern Hospital. A meeting was held and a testimonial presented, which had been subscribed for by the staff of *employés* as a small recognition of the high esteem in which he was held, and their warm appreciation of his long and faithful services.

Dr. Collie (who was much affected) briefly returned thanks and the meeting separated. Now, Sir, it occurs to me that the present would be a suitable opportunity for the profession to testify, by a substantial testimonial, its sense of Dr. Collie's high personal worth and professional attainments. If the BRITISH MEDICAL JOURNAL would give its powerful influence to forward that object, I doubt not the response would be a warm one.—I am, etc.,

M.D., L.R.C.P.LOND.

** We do not feel at liberty to use any influence in this matter, but our sympathies are with the proposal, and our columns will be at the disposal of those who desire to further it.

MEDICAL TITLES.

SIR,—Dr. Moore, in his reply to "Physician," abstains from replying to the question "Is the opinion of the Attorney-General for Ireland, given in 1861, 'that the Fellows and Licentiates of the King and Queen's College of Physicians are entitled to the degree and title of doctors in medicine,' to go for nothing?" His silence on this point manifestly proves that the able lawyer above mentioned gave the opinion. Instead of replying, Dr. Moore proceeds to give the decision of the Master of the Rolls in 1864, "that the College of Physicians has not the power to grant the degree of M.D." I should imagine all the Fellows, Members, and Licentiates are quite willing to accept that decision as far as not using the letters M.D. is concerned; but the Master of the Rolls evidently did not decide that the Fellows, etc., could not use the title of "Doctor," otherwise, I presume, Dr. Moore would have mentioned it.

The qualification for Fellows in the seventeenth century must have been modified by 1867, as in that year the late (will Dr. Moore permit me to call him?) Dr. Hayden was elected a Fellow, although he did not possess the degree of M.D. from any university. I know for a fact that Dr. Hayden was always given his title by the M.D.'s of the College as well as by others.

I obtained my diploma as a Licentiate in 1875, and I certainly was addressed as Doctor in the envelope which was sent me containing my diploma. This was evidently the custom up to the year 1885 (when the custom began I do not know, but as Dr. Moore has apparently a fondness for antiquarian research perhaps he will kindly inform us), other-