

Council against the "body corporate" was gradually dying out. Moreover, there were undoubted signs that the Council were becoming more pliable in their dealings with the claims of the Fellows and Members. In the matter of minor reforms at the College, owing mainly to the excellent work done by the Association of Fellows, much progress has taken place within the past few years, and the time therefore seemed ripe for the Members to thrust forward their chief claim, to which it is certain that they are fully entitled—namely, that of being directly represented on the Council of their College. Doubtless many Fellows and Members are now asking themselves, Who is it at the College that is chiefly responsible for the maintenance of the policy which keeps the Council and the "body corporate" at continual variance? To many the answer to this question is well known.—I am, etc.,

March 17th.

F.R.C.S.

SIR,—I see that the Council of the Royal College of Surgeons at its last meeting resolved that

As the members of this Council represent the body corporate of this Royal College, and consequently its Members as well as its Fellows, it is the opinion of this Council that no further representation of the Members is desirable.

This ridiculous paradox cannot fail to be an encouragement to the Members in their demand for representation on the Council. If that august body is reduced to such logic as this the present oligarchic system must be as nearly played out as the former autocratic one was before 1843.

Surely to such a premiss the only proper conclusion is "that the Council should be elected by the Members as well as the Fellows." To adopt any other is to juggle with the word representation, and to mock the claim of the Members to their elementary rights. No further representation is perhaps desirable, but a very different one, a real instead of a nominal one, and that the Members will never desist till they obtain.—I am, etc.,

March 16th.

M.R.C.S.

#### BLUE BLOOD.

SIR,—In reference to the blue blood corpuscle mentioned at p. 612 of the BRITISH MEDICAL JOURNAL for March 7th, it may be interesting to some of your readers to inquire as to the origin of the term "blue blood" as a synonym for nobility or aristocratic lineage.

The use of the term "blue blood," or *sangre azul*, as indicating nobility is, I believe, of Spanish origin. The explanation I give may neither be correct nor new, but I have not seen it given elsewhere. It occurred to me one day while looking at a picture of the Madonna and Child by Murillo, in Seville. The painter had given to the Madonna the black hair and olive complexion common to Spanish women, and which he was also fond of painting in his pictures of street boys. But to the infant Christ the painter had given the flaxen hair and clear, pale complexion which is generally looked upon as characteristic of northern races.

In these fair-haired peoples the veins are usually distinctly seen under the skin, both in the hands and temples, and they appear of a blue colour, while in dark-haired races with olive complexions, the blood vessels do not show in the same way through the skin. It would be natural for ignorant people to think that in the fair-haired races the blood was actually blue, but even if no such belief was held, the expression "blue blood" might be employed simply to indicate that the blue veins were easily seen.

Previous to the invasion of Spain by the Moors, the kings and nobility were Goths, who had probably retained the fair hair and fair skins which their ancestors had before they left their native country for a southern climate. At that time, to say that a person had blue blood would simply mean that he had a fair complexion, and therefore belonged to the ruling race, from which both kings and nobles were derived.

If my recollection serves me right, Murillo's picture of the Madonna and Child in the Vatican depicts the infant Christ with dark hair, but in the picture in Seville, painted for Spaniards, Murillo has given the infant Christ the fair hair and fair complexion which would accompany blue blood or nobility.—I am, etc.,

Stratford Place, W., March 16th.

T. LAUDER BRUNTON.

#### MR. WATSON CHEYNE'S STATISTICS.

SIR,—I have read with great interest Mr. Watson Cheyne's recent lectures on operations for cancer, but I altogether fail to understand his statistics as published in the third lecture. He gives the following table:

	Mortality.	No Benefit.	Benefit.
	Per cent.	Per cent.	Per cent.
Group I ... ..	8.6	30	52
Group II ... ..	29.0	54	17
Group III ... ..	55.0	81	12

How are these figures obtained?

$$\begin{aligned} 8.6 + 30 + 52 &= 90.6 \\ 29.0 + 54 + 17 &= 100.0 \\ 55.0 + 81 + 12 &= 148.0 \end{aligned}$$

The numbers of Group II, of course, I can understand, but Groups I and III need further explanation.—I am, etc.,

March 12th.

INQUIRER.

#### PROFESSIONAL ADVERTISING.

SIR,—Will you allow me to ask "Contributor" to define the meaning of "extensive advertising medical works," as the term exists in the by-laws of the College of Physicians of London? Why should it be professionally heinous on the part of medical men to advertise their books in the lay press, any more than to advertise "special institutions," and to advertise so extensively in connection with general hospitals? Why is it reprehensible, in the matter of advertising medical books, for the humbler and younger men of the profession to do as "censors" of the London College of Physicians do continually? I lately recommended a new dietary preparation, which I considered worthy of commendation, in order to perform an act of just encouragement to an industrious and respectable man, and to help to stimulate a new industry which I believed would benefit many poor people in the outer Hebrides. I had not the faintest notion that I was performing an act "derogatory to the dignity of the profession," and I distinctly refuse to believe that I did either an ungentlemanly or an immoral act. It were well that many of those professional purists who are continually interfering with their neighbours paid more regard to the purity of the consulting room, and less to public protestations and professions of superiority.—I am, etc.,

Glasgow, March 14th.

D. CAMPBELL BLACK.

#### ENGINE DRIVERS OF FAST TRAINS.

SIR,—I feel that it would lead to good results if you were to request the medical officers of large railway companies to state their experience of the effects of constantly driving express trains. I have seen in consultation several sober, steady, good men suffering from advanced heart disease, anasarca, ascites, and kidney failure, with only the prospect of prolonging life by treatment, invalid feeding, and bed before them at about the age of 55 years.

Some ten years ago I ascertained from an engine driver who consulted me that he drove an express train to the North regularly, up one day and down the next, sleeping at either destination as the case might be. I told him that his heart was beginning to give way, owing to the strain, and that he ought to alternate express and slow-stopping train work. He replied that he only wished he could, but that he could not apply for such a favour. I wrote to Mr. Walton, saying that if this man went on as he was doing he would not drive much longer, and would die in the manner above stated. Mr. Walton answered that he knew the driver, and had a great respect for him; and, although he did not belong to his section of the line, he would do what he could for him according to my suggestion. Three months afterwards the patient told me that he felt quite well, and could do his work easily, and that now he was driving express and ordinary trains in turn, but how it had been brought about he did not know, but he felt the relief immensely. He is still in good health.

All medical men know the effects of temporary tension, and any who have ridden on an engine or have stood at a station at night and seen an express train emerge from darkness,

roar past us, and disappear into total darkness, can feel for these brave fellows to whom we in common with the rest of the community are more indebted than to any other class except the sailors.

I venture to hope that after opinions have been expressed in your columns by those of large experience in the matter, our Council will like to draw up an authoritative recommendation to send to the various railway companies, who I am sure would, on having it brought to their notice, see it in our light, and arrange accordingly for these trusty and valuable servants.—I am, etc.,

Clifton.

CHARLES STEELE.

## MIDWIVES BILLS OPPOSITION EXPENSES.

SIR,—I wish through the BRITISH MEDICAL JOURNAL to ask practitioners to subscribe to the above fund.

Since the first of the five so-called Midwives' Bills was introduced into Parliament in 1890, I have expended, up to October 25th, 1895, out of my private means, £321 15s. 9d. In 1891, when I had expended £180, Dr. H. Woods established a fund to repay my out-of-pocket expenses, and so refunded me £50. In 1893 Mr. C. Campbell started a similar fund, and so refunded me £30. In 1894 the committee of the Lancashire and Cheshire Branch refunded me £37 13s. 2d. opposite expenses incurred by me in connection with that committee. The vouchers for the £180 I submitted to Dr. Collins, Manchester; those for the £37 13s. 2d. to Dr. Chamberlayne, Stalybridge; while those for the remainder were submitted to Dr. O'Sullivan, Southport.

Thus, of the total expenditure, only £117 13s. 2d. was refunded up to October, 1895, leaving me then out of pocket and liable for £204 2s. 6d. Since that date £75 2s. 6d. has been repaid, leaving me now £130 out of pocket.

When the first Midwives Bill was introduced in 1890, the Midwives Institute obtained no less than £985 in subscriptions and guarantees, and since then the Midwives Registration Association has collected more. I think we also should have a guarantee fund. In 1895 there were 27,395 practitioners resident in the United Kingdom, and, if each of these gave a few pence, a large sum would soon be subscribed.

It is to be remembered that all the Midwives Bills proposed to establish an inferior order of singly qualified midwifery practitioners, who (as it is not proposed to make it an offence if any practised medicine, surgery, pharmacy, and vaccination) would be, if not *de jure*, *de facto* medical practitioners also, thus aiming at the repeal of the Medical Act 1836.

I shall be glad to acknowledge subscriptions, and as Mr. T. Skewes-Cox, M.P., intends to ask the House of Commons to read his new Midwives Bill on May 6th next, I shall be glad if those in sympathy with our opposition will help to wipe off the above debt.—I am, etc.

Liverpool, March 12th.

ROBERT R. RENTOUL.

## VACCINATION OFFICERS.

SIR,—The National Association of Poor-law Officers of England and Wales desire to draw public attention to the anomalous position in which vaccination officers are placed through the delay in the report of the Royal Commission on Vaccination.

This Commission was appointed on May 29th, 1889, and the warrant of appointment concludes as follows :

And our further will and pleasure is that you do, with as little delay as possible, report to us, under your hands and seals, or under the hands and seals of any five or more of you, your opinions upon the several matters herein submitted for your consideration.

In March, 1896, however, the report is not forthcoming, and vaccination officers, together with the general public, have to rest content with the assurance that the Commission will report in due course. Boards of Guardians are constantly calling attention to the inconvenience to which they are put by this long delay, but to the vaccination officers who are paid by results the delay assumes vital importance.

The guardians and the Local Government Board have been approached upon the subject of the vaccination officers' diminishing incomes, but have felt themselves precluded from dealing with the matter pending the report of the Royal Commission, and the vaccination officers feel that they

have no alternative than to seek the aid of the press to bring their grievances before the public.—I am, etc.,

SHIRLEY FUSSELL,  
Secretary to the National Poor Law  
Officers' Association.Surrey House, Victoria Embankment, W.C.,  
March 17th.

## TENURE OF OFFICE OF POOR-LAW MEDICAL OFFICERS IN SCOTLAND.

SIR,—Will you kindly permit me through the medium of the BRITISH MEDICAL JOURNAL to draw the attention of the members of our profession to Clause 51 of the Local Government (Scotland) Act, which says :

"Any rearrangement of the duties and remuneration of existing medical officers, holding office under the Poor-Law (Scotland) Act, 1845, shall be subject to the approval of the Board" (the Local Government Board).

This may be a small step, but it is in the right direction, as its effect is to take the power of interfering with the appointment of the medical officers from the parish council until they have the approval of the Local Government Board. The existence of this clause and its effect on our tenure of office should be made widely known.

I would further beg most respectfully to urge upon all who are interested in the improvement of the conditions of the Poor-law medical officer that they should become members of our Association, as it is only by united effort that we can hope to secure the measures of reform which are so much needed. The letter printed below has been sent to every M.P. for a Scottish constituency.—I am, etc.,

ALEX. M. MURDOCH, M.D.,

Secretary, Scottish Poor-Law Medical Officers' Association.  
Glasgow, March 15th.

## SCOTTISH POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

17, Broad Street, Mile End, Glasgow,  
March 12th, 1896.

## POOR-LAW OFFICERS' SUPERANNUATION BILL.

DEAR SIR,—At a meeting of the Executive of the Scottish Poor-Law Medical Officers' Association, it was agreed to specially call your attention to the above Bill, which comes on for its second reading on March 18th.

This Bill, as presently drawn, applies to England only. Our Committee would respectfully urge on you (as a Scottish Parliamentary representative) the necessity of using every means in your power to get Scotland included in the scope of the Bill.

The Bill is a very good and useful measure, and its passing would be welcomed by all the Poor-law officers in Scotland.

Trusting we may have your hearty support in this matter,

We are, yours most respectfully,  
W. L. MUIR, L.R.C.P., President.  
A. M. MURDOCH, M.D., Secretary.

## NAVAL AND MILITARY MEDICAL SERVICES.

## THE NAVY.

THE following appointments have been made at the Admiralty:—JOHN H. THOMAS, Staff Surgeon, to the *Dedalus*, temporary, February 26th; LAUNCELOT KILROY, Surgeon, to the *Redbreast*, additional, March 20th; MONTAGUE H. KNAPP, Surgeon, to the *Sphinx*, additional, March 20th; HORACE ELLIOTT and BEAUCHAMP F. PARISH, Surgeons, to the *Sappho*, March 20th; THOMAS GIBBONS, Surgeon, to the *Jason*, March 20th; JAMES MOWAT, Surgeon, to the *Hood*, March 17th.

## ARMY MEDICAL STAFF.

SURGEON-CAPTAIN H. W. DUNN, M.B., is seconded for service with the Egyptian army, January 22nd.

Surgeon-Captain ARTHUR DE C. SCANLAN is placed on temporary half-pay on account of ill-health, March 17th.

Surgeon-Captain ARTHUR L. H. DIXON, late of the Army Medical Staff, died in Finland on March 7th. He joined the department, August 1st, 1885, and retired with a gratuity, September 17th, 1895.

## \*ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT JAMES A. CLARK, M.D., the Queen's Rifle Volunteer Brigade, the Royal Scots, to be Surgeon-Lieutenant, March 14th.

## INDIAN MEDICAL SERVICE.

THE undermentioned Surgeon-Lieutenant-Colonels of the Madras Establishment, who entered the service as Assistant-Surgeons, March 30th, 1872, are promoted to be Brigade-Surgeon-Lieutenant-Colonels from the dates specified:—ARTHUR M. BRANFOOT, April 1st, 1895; WILLIAM E. JOHNSON, M.D., May 4th, 1895; GEORGE F. BEVAN, May 16th, 1895; and ANDREW F. DOBSON, July 21st, 1895.

Surgeon-Lieutenant-Colonel FREDERICK C. BARKER, M.D., of the Bombay Establishment, is also promoted to be Brigade-Surgeon-Lieutenant-