

Typhus Fever" (vol. xi, 1837); "On the Use of Nitrate of Silver in affections of Mucous Membranes" (vol. xvii, 1840); "On the connection between Delirium and certain states of the Heart in Fever" (vol. xx, 1842); "On the Signs of Accumulation in Thoracic Diseases" (vol. xxii, 1856); and "On Cerebral Complications in Fever" (vol. xxiii, 1857). He also was the author of a valuable essay "On the Origin and Mode of Diffusion of the Fever-poison", in the *Medico-Chirurgical Review*.

While at Navan, Dr. Hudson had the best practice, such as it was, of the limited district; but mainly in consequence of being chagrined, as we have been reliably informed, at not obtaining a local medical appointment for which he was a candidate, he resigned the Fever Hospital, and removed to Dublin in 1854. Here he became a neighbour of his friend and former teacher, the late Dr. Stokes, and rapidly rose to a leading position in the Irish metropolis. He took the licence of the King and Queen's College of Physicians in the year of his coming to reside in Dublin, and was elected a Fellow of the College three years subsequently, having previously resigned the Fellowship of the Royal College of Surgeons in Ireland. In 1858, he became Physician to the Adelaide Hospital, where, however, he only remained three years, as he was elected Physician to the Meath Hospital on the death of Dr. Lees, in 1861. Thus, like Stokes and his former teacher Graves, Hudson, who was, as we have already stated, a clinical clerk to both these illustrious physicians, now became Stokes's colleague in the hospital which the triad have made universally known. The same year (1861), Dr. Hudson took his University degree of M.D. After holding the physicianship of the Meath Hospital for ten years, Dr. Hudson, whose practice had then become very large, resigned it. In the autumn of the same year (1871), he was elected President of the College of Physicians, which office he filled for two years. On the resignation by Dr. Stokes, in 1877, of his seat on the General Medical Council, as Crown representative for Ireland, Dr. Hudson was nominated in his stead; and, on Dr. Stokes's lamented death in 1878, he was appointed his successor, both as Physician in Ordinary to Her Majesty the Queen in Ireland, and as Regius Professor of Physic in the University of Dublin.

Amongst the other posts of honour, in which his eminent attainments and the high regard felt for him by the members of his profession placed him, was that of being elected the first President of the Dublin Branch of the Association. Dr. Hudson always evinced the greatest interest in the success of the Branch; and, at the conclusion of his year of office, gave an address—retrospective and suggestive—on the history and objects of the Association (BRITISH MEDICAL JOURNAL, February 9th, 1878, page 186), which, in its comprehensiveness and scope, is second only to his notable Address in Medicine, delivered at the annual meeting of the Association at Cork the following year. (JOURNAL, August 9th, 1879, page 204.)

It is not, however, our intention, in the present notice, to dwell further on Dr. Hudson's contributions to medical knowledge, and literature. We would only remind our readers that it was he who gave a rational explanation of the remarkable phenomenon of tympanic clearness, on percussion, over a solidified lung; that to him also, probably, was due the discovery of the value of vocal fremitus as a diagnostic sign; and that, by his teaching and writings, he did much to elucidate the facts which make the now generally recognised distinctions between typhus and typhoid fevers. We would prefer, in the limited space left at our disposal, to speak rather of his high qualities as a practitioner and as a consultant. In the latter capacity, he possessed the most perfect confidence, and esteem of all those who sought his advice. Few there are who have had the advantage of his assistance in consultation, who have not benefited, at some time or other, by his modestly advanced suggestions and freely given experience. He had much confidence in the action of remedies, and was an excellent therapist. Quiet and unassuming in manner, he had a bright, intelligent, and active eye; and an impressive earnestness and thoroughness in all he said and did. He was gifted with a remarkable power of rapid diagnosis, which, however, he never permitted, whatever might be the expenditure of time or trouble on his part, to assert itself without satisfying himself of the existence of sufficient grounds for its correctness. And many of the younger members of the profession in Dublin have reason to be thankful to Dr. Hudson for numerous acts of kindness to them; and he was always ready to aid, unobtrusively and generously, with his purse any deserving case of need, especially if occurring in the person or the family of medical men.

The death of Dr. Hudson, coming so soon after that of Dr. Stokes and Sir Dominic Corrigan, leaves a serious chasm in the ranks of Dublin physicians, and one which it will be difficult to fill up.

Dr. Hudson was twice married. His second wife survives him, but he leaves no family.

MILITARY AND NAVAL MEDICAL SERVICES.

SURGEON-MAJOR M. COGAN, A.M.D., has been selected to organise the Base Hospital, 2nd Division Field Force, Kandahar, under the command of Major-General Phayre, C.B.

By the regulations and instructions just promulgated to the army, by the direction of the Secretary of State for War, with reference to the Army Medical Department, it is provided (clause 245): "Medical officers of station hospitals will, on the written application of any established friendly society, furnish such society with a certificate as to the nature of the illness from which any soldier under their charge, who is a member thereof, may be suffering."

THE appointment as Honorary Physician to the Queen, vacant by the death of Dr. Edward Goodeve, has been conferred on Surgeon-General Frederick Freeman Allen, C.B., late of the Bengal Medical Department. Surgeon-General Allen entered the Indian Army as an assistant-surgeon on November 20th, 1848, and was promoted deputy surgeon-general in December 1876, retiring at the end of last year. He has seen a great amount of service in India. As an assistant-surgeon, he served throughout the whole of the siege operations before Delhi in 1857, was present at the assault and capture of the city, and afterwards accompanied Brigadier Showers's column in the Mewattee country, serving through the subsequent campaign in Oude, in medical charge of the Sirmoor Rifle Regiment (now 2nd Gorkhas), under Sir Charles Reid. With the 2nd Gorkhas he remained for a number of years, serving in the Hazara campaign on the Black Mountains in 1868, and in the Looshai expedition of 1871-72. For the latter service he received the Companionship of the Order of the Bath. As medical officer to Brigadier Campbell Ross's field-force, Mr. Allen served throughout the Jowaki-Afreedee expedition in 1877-78, and was mentioned in despatches as he had been on previous occasions. He also saw service in the first phase of the Afghan war as medical officer in charge of the Koorum Valley column; and, as an addition to the Indian mutiny medal and clasps, the frontier war medal with Hazara, Looshai, and Jowaki clasps, has to receive the new Afghan decoration.

A NEW ARMY MEDICAL WARRANT.

We are glad to be able to congratulate the medical officers of the Brigade of Guards on the forthcoming promulgation of their warrant, which has now passed the Treasury, and only awaits its final approval at Mr. Childers' hands. It will be satisfactory to them to be placed, in all particulars of pay and allowances, on a precisely equal footing with their brethren of the line; and most especially will the certainty of fulfilment be welcomed by three of their number, who have been left ungazetted (one for two years) in anticipation of the formal publication of the warrant. We understand that a principal medical officer of the Brigade, in the shape of a Deputy Surgeon-General, will be granted; and thus, that the regiments will not only have their invaliding and other official business conducted by themselves, but that at least one step of promotion will, in future, be a legitimate object of ambition. We may remind our readers that, in exchange for exemption from foreign service, the Guards' surgeons virtually abandon all expectation of elevation to the higher ranks; and that, at the same time, they have been deprived of the exclusive possession, which they formerly enjoyed, of the title of Surgeon-Major, with the higher emoluments formerly attached to the position. Their duties are much more laborious and varied than those of the line, and their changes of quarters unusually frequent and inconvenient—so that, agreeable as the service is, and greatly coveted as one of the prizes of the department, it has its drawbacks, which it is the object of this warrant partially to remove.

MILITARY AND NAVAL MEDICAL SERVICES.

Royal Warrant, amending previous Warrants, for Pay, Promotion, and non-effective Pay in the Army.—We have compared the Royal Warrant, recently issued by the War Department, altering in various particulars the pay, promotion, and non-effective pay of the officers and men of the army, with the previous warrants which it is stated to amend, and do not find any changes of importance; so far as the Army Medical Department is concerned. The rates of pay of the medical officers of the army on active service, and on retirement, as well as the regulations affecting promotion, remain the same as they were in the Warrant of November 1879. A few advantages in some minor particulars are conceded by the new warrant, which affect medical in common with other officers of the army. Thus, by former warrants, leave of absence, not exceeding sixty-one days in the aggregate, with pay, was granted to

all officers during each year, provided the duties of their appointments could be performed without extra charge to the public; but, as regarded departmental officers, if they were kept away from their duties by sickness for any period, this period was counted as so much of the ordinary leave to which they were entitled. By the new warrant, however, should a departmental officer (and this includes medical officers) be sick at his station, his absence from duty, on account of this illness, is not to be included in the period of absence with pay allowed by the regulations, provided it does not exceed thirty days in duration. Beyond that period, it is to be treated as a portion of his ordinary leave of absence.

THE INDIAN MEDICAL SERVICE.

SIR,—My attention having been drawn to a letter entitled as above, and signed under the *nom de plume* "Swindled" (BRITISH MEDICAL JOURNAL, July 31st, 1880, p. 192), I beg you will be pleased to insert this brief one, by way of a rejoinder to some of the unjustifiable insinuations cast by that anonymous writer. I am, indeed, astonished both at the tone in which he couches his epistle, warning medical men against entering our service, and its subject matter, evidencing, to my mind, imperfect knowledge of the changes wrought about by the novel arrangement. Your correspondent boldly asserts, by way of advice: "Let me warn your readers against being misled by the *Lancet* in England and the *Pioneer* in India on this subject." He goes on to say that "A more unfair and unjust article than that in a recent *Lancet*, commenting on letters received from officers of the Indian Medical Service, while suppressing the letters, I have never seen in that paper; in fact, it is simply a caricature of the matter." Now, in my humble opinion, this is a very grave charge placed at the door of a journal which has done so much for the three services, and no doubt will always strive its best to do. The Indian Medical Service should be, and doubtless is, particularly grateful to the *Lancet* for the disinterested support it has invariably rendered, both to medical men belonging thereto, and to the State. That this portion of the letter, at least, under notice is objectionable to the highest degree, there can, I think, be little question.

Our feelings of loyalty, and much more so respect for our profession, should guide prudence on the ground that personal interests ought, in a measure, to give way to State considerations and advantages. The new changes, as far as I can judge, affect only a very few who had been and are high up on the different lists. The late Surgeon-General of Bengal (I.M.D.), and the late Surgeon-General of Bombay (I.M.D.), respectively, Drs. Beaton and Hunter—both men of great professional ability; men who, indeed, are pioneers in Indian medicine, pathology, and hygiene—probably were obliged to retire from the service at a disadvantage as compared with what they might have derived had the change not taken place; but then, it must be said, the Government did not fail in its duty to compensate this loss to as great an extent as it had lain in its power to make good.

The giving of appointments and making of promotions by seniority, as was in vogue until recent years, had its inevitable evils, as seniority and age did not and cannot always be read as synonymous with fitness, ability, and merit. The present plan of selection is by no means without its drawbacks; that is to say, that the selection always can be the best and *sans reproche* no one for a moment contends. Likes and dislikes, prejudices for and against, relationships, friendships, acquaintances, must always be expected to play in these matters a most prominent part on the minds of those in whose power and gift promotions and appointments are. This must be so, unless the world alters; we must take it as we find it.

With regard to the statement of "Swindled" that "our service is essentially a military one" (the italics are mine), it is open to exception; for I believe that our service is dual—military and civil—and that it "has been made subordinate to the Army Medical Department in every military particular", is, *ceteris paribus*, a very small matter, looking upon it from a professional, and not from an official, standpoint, as there must have been sound State *raison d'être* for this innovation; we are bound, as members of a noble art and as servants of the State, to nobly submit to such reforms as the advisers of the Sovereign may deem fit to introduce. The Surgeon-Generalship of the Indian Medical Service has not been abolished practically; there is, in each Presidency, an Indian Medical Department head, who presides over the welfare of our service, is the chief adviser to their respective Governments on matters medical, and has, moreover, the administration of the important civil work. Promotions, and the more important appointments, which certainly are in the civil department, are, I am inclined to think, made on his recommendation and representation of the claims and merits of the candidate he thinks right and fit for nomination and for the favourable consideration of the Government. That, in the conduct of this responsible and onerous task, it is the Surgeon-General's fate to err sometimes, I allow; still more: I would say that *gravis ira regum semper* is applicable in his case; and I freely admit that I have myself been a sufferer in this latter manner; but, for reasons above stated, I would not be justified in rushing to print, and parading my personal grievances to the public gaze; my policy has been to "grin and bear it", however painful and galling it may have been at the time.

The superior merits of Dr. De Renzy, the able Sanitary Commissioner of the Punjab, for whom I entertain profound respect on sanitary matters, I allow; but, at the same time, I am equally in duty bound to object and protest against the remarks made by "Swindled" against Dr. J. M. Cunningham, an authority for whom I have great respect, although there have been certain views of his, as published in his annual reports—which *per se* unquestionably have always formed valuable contributions to hygienic literature—from some of which I have been considerably at variance: for instance, those on cholera; but because we may happen to differ on scientific questions of theory and practice, it does not, *à priori*, follow that our scientific adversary, and perhaps opponent, should in our estimation of ability be lowered. Dr. Cunningham, in my humble opinion, and without dispute in the opinion of most of his critics, is a professional brother entitled to our respect and admiration; he is, indeed, one of the cleverest and wisest of those who honour our service. The authorities, therefore, were justified in their selection of him who had, for a long number of years, done such excellent and unsurpassable service to the State. So are the medical officers of the Madras establishment and the Government of that Presidency to be congratulated in the selection of Cornish by the latter to preside over the affairs of the former. The appointment of Dr. Beaton to the Surgeon-Generalship of Bombay can also scarcely be objected to. This gentleman had, for a number of years, been civil surgeon of the most important station in the Presidency, presumably acquired considerable experience, then been Deputy Surgeon-

General, Physician of the Maltese expedition, and being the most senior deputy at the time of the retirement of his predecessor, the Government could hardly be expected to pass him over. I unreservedly admit the excellent claims of Dr. Planck, whose valuable contributions on the subject of plague, etc., have enriched our literature on those matters and sanitary science in general.

Referring to the "remedies" "Swindled" proposes, I agree with him that it would perhaps be as well that "all appointments in the military administrative grades be made alternately from the British and Indian Medical Departments". But then, "Swindled" must remember that the secretaries to them should also be alternately from the two departments, else it would not be fair to the Army Medical Department officers who may desire these appointments, which carry good emoluments; but, of course, with the *sine quâ non* that a man be found fit for it, and, doubtless, there are always many so. I endorse, *in toto*, the second proposition, that "the rule should be made absolute, that no officer refusing promotion to Deputy Surgeon-General be eligible for that grade in future". I also agree in his third proposition. I cannot agree with the writer in his fourth. I pass over without notice his fifth, and am sorry that he ever penned it. Sixth. This a just grievance, and we all hope that the authorities will before long set to work to remove it. Seventh. This is also fair, and merits favourable consideration.

Having thus replied to the different points promulgated by "Swindled", I trust he will not think ill of me, as all that I have ventured to put forth has been in good faith, and with the longing hope and desire that our young married brethren will not be deterred from entering a service, several of the members of which have been the highest luminaries in our art. I have also to apologise for the length of this letter, as on first taking up the pen I scarcely thought it would cover so much space; and, craving your indulgence, I subscribe myself with name, and not under any anonymous cover.—I have the honour to be, sir, your most humble servant,
Afghanistan, August 1880. JOHN C. LUCAS.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

IN consequence of the spread of small-pox in the north-eastern suburbs of London, there being 50 cases of that disease in the Homerton Hospital belonging to the parish of Bethnal Green, the Guardians of that union have considered it necessary to prohibit the visitation of the inmates of their workhouse by their friends; and also to stop the holidays of the paupers under their charge, as a protection against the further extension of the complaint.

THE NOTIFICATION OF INFECTIOUS CASES.

SIR,—Could you kindly inform me as to where, and in what form, I could obtain the best information regarding the working of the powers, compelling the compulsory notification of infectious diseases? Also, in how many places these powers have been obtained.—I am, yours very truly,
L. A. MALCOMSON, M.D.

November 15th, 1880.

* * Our correspondent will probably find more information on this subject in these columns than anywhere else. Everything that has been published on the working of the local Acts requiring the notification of infectious cases has been reproduced in abstract in the JOURNAL. Reference may especially be made to the Reports of the Chairman of the Parliamentary Bills Committee of the Association, published in vol. ii for 1879, p. 830, and vol. i for this year, p. 259; as well as to the articles in vol. i, 1879, p. 906 and p. 980; vol. ii, 1879, p. 661 and p. 867; vol. i, 1880, p. 158, p. 172, p. 861; and pp. 482, 603, and 677 of the present volume. The towns that have compulsory notification of infectious cases now number seventeen, and are Huddersfield (1876 and 1880), Bolton (1877), Burton-on-Trent (1878), Nottingham (1878), Jarro (1878), Llandudno (1879), Warrington (1879), Blackburn (1879), Norwich (1879), Edinburgh (1879), Rotherham (1879), Blackpool (1879), Leicester (1879), Derby (1879), Lancaster (1880), Oldham (1880), and Preston (1880). Three other towns—Exeter, South Shields, and Birkenhead—have also inserted clauses in the local Acts to the same effect; but these were, for local reasons, not persevered with.

LIABILITY FOR INFECTION.

LAST week, Mr. Martineau gave his deferred judgment, in the case of Sampson v. Marshman, in the Brighton County Court, in favour of the defendant, and with costs, on a question of great interest to hospital managers, and to hotel and lodging-house keepers. Mrs. Sampson had been admitted into a convalescent home at Brighton on April 24th, a patient having been removed from the home to hospital with scarlet fever on April 17th. On May 14th, Mrs. Sampson got scarlet fever; and, after remaining in hospital for a month, brought an action against Mrs. Marshman, lady-superintendent, for negligence; and claimed £50 damages. She had not been put into the same bed, nor into the same room, as the previous patient: the three patients in that room at the time of the first case did not take the infection, nor did any other of