

Fourthly, when two deaths from small-pox, in the short space of a fortnight, take place in such a place as the Perth Infirmary, the Medical Officer of Health surely cannot be called a "panic-stricken" party when he draws attention to it.

Fifthly, as the Infirmary medical staff are revaccinating in one spot, your criticism on this point may not appear amiss.

If, therefore, you have received a "one-sided account," you may possibly be able to amend it from the above.—I am, etc.,

A. SRMPSON, M.A., M.D. Edin.,

Medical Officer of Health for the City of Perth.

November 8th, 1887.

#### THE VACCINATION OF HOSPITAL AND SANITARY OFFICIALS.

SIR,—I observe in the letter signed by the visiting staff of Perth Infirmary relative to your very natural censure of the directors "for permitting their staff to remain susceptible to small-pox," that these gentlemen reply: "What the directors could do that the staff should not remain susceptible to small-pox, we cannot see."

For the information of themselves and the directors, would you be so good as reprint the following from "By-laws for regulating the conduct and duties of the officers and servants of the City of Glasgow Fever and Small-pox Hospitals," namely:

"Special as to Vaccination.

"No person shall be employed in any capacity about the hospitals of the magistrates and Council until he or she has been examined as to vaccination by the medical officer of health or his deputy, and re-vaccinated, unless evidence is produced that he has been recently done. A certificate of this, signed by the medical officer of health or his deputy, must be produced to the Physician-Superintendent or Matron before engagement."

These by-laws are signed by the Lord Provost as Chairman, and by the clerk to the local authority. I may add that the same rule is enforced throughout the Sanitary Department, and that every person in our large staff has been revaccinated, from the message boys to the sanitary inspector, and your obedient servant,

JAS. E. RUSSELL, Medical Officer of Health.

1, Montrose Street, Glasgow.

#### A. C. E. MIXTURE.

SIR,—In reference to your remarks on the A. C. E. mixture, I beg to submit the results of my own experience of it. I have now employed it for many years, and believe it to be the very best anæsthetic for general use. I have never observed any ill effects from its use except occasionally, save excitement on coming to, which I attribute to the alcohol.

It is especially useful in midwifery, where you can entrust its administration to a careful nurse (under observation of course). I always use Skinner's inhaler and a drop bottle; Clover's apparatus is unnecessary and expensive. I always think lint most objectionable for anæsthetic purposes, as when wetted it is impervious to air. I find the mixture keeps well, when well corked, in a dark cupboard.

For young children and old persons, and for some special operations, chloroform will probably always retain its place. In its administration, A. C. E. requires to be given more freely and pushed more boldly than chloroform to produce complete anæsthesia. Trusting these remarks may be of use to inquirers,—I am, etc.,

Reigate, November 2nd.

J. WALTERS, M.B., ETC.

### NAVAL AND MILITARY MEDICAL SERVICES.

#### THE NAVY.

STAFF-SURGEON FREDERICK McCLEMMENT, M.D., is promoted to be Fleet-Surgeon. He was appointed Surgeon, May 10th, 1867; and Staff-Surgeon, December 20th, 1878. During the Egyptian war in 1882 he was Staff-Surgeon of the *Eclipse* (medal and Egyptian bronze star).

The following appointments have been made at the Admiralty: J. F. BATE, JOHN ANDREWS, and J. E. WEBB, Surgeons, to Plymouth Hospital, for temporary service; E. A. SPILLER and E. H. MEADEN, Surgeons, to Haslar Hospital, for temporary service; G. A. DREAPER, Surgeon, to the *Duncan*, additional; FREDERICK A. BRICE, Surgeon, to the *Swift*; C. L. NOLAN, Surgeon, to the *Firebrand*; and JOHN DOWSON, Surgeon, to the *Wanderer*, when recommissioned, and till then additional; G. E. KENNEDY, Surgeon, to the *Britannia*, additional; ALEXANDER G. ANDREWS, Surgeon, to the *Iron Duke*; A. M'KINLAY, Surgeon, to the *Duke of Wellington*; ANTHONY KIDD, Surgeon, to the *Ready*, additional, and for appointment when recommissioned; JOHN CASHIN, Surgeon, to the *Mistake*; W. R. M. YOUNG, Surgeon, to the *Lily*, additional, and for appointment when recommissioned; H. J. MCC. TODD, Surgeon, to the *Impregnable*; W. C. SPILLER, Surgeon, to the *Ganges*, temporarily; J. J. McNULTY, to be Surgeon and Agent at Derkmore.

#### MEDICAL STAFF.

SURGEON-MAJOR E. C. R. WARD, who retired on half-pay on account of ill-health in October of last year, is now granted retired pay.

Quartermaster and Honorary Captain W. A. MOSS is granted retired pay with the honorary rank of Major. He served as dispenser in the 92nd Foot from November 23rd, 1855, to December 8th, 1856; was made Lieutenant of Orderlies in the Army Hospital Corps, June 25th, 1873; Captain of Orderlies, July 1st, 1877; and Quartermaster Medical Staff, July 1st, 1881. He served in the Egyptian war in 1882, and has the medal and the Egyptian bronze star.

#### INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON J. RICHARDSON, M.D., is confirmed in the appointment of Sanitary Commissioner for the North-West Provinces and Oude, from August 4th, 1886.

Surgeon-Major A. STEPHEN, M.B., Bengal Establishment, Sanitary Commissioner of the Punjab, and Surgeon-Major D. WILKIE, M.B., Statistical Officer to the Government of India in the Sanitary and Medical Departments, are confirmed in their respective appointments, from November 14th, 1886.

Surgeon G. A. CONES, Bengal Establishment, Medical Officer to the 17th Native Infantry, has leave of absence for a year, on medical certificate; and Surgeon L. T. YOUNG, M.B., Bengal Establishment, Professor of Chemistry and Chemical Examiner at Lahore, has leave to Australia for one year.

Brigade-Surgeon H. PORTER, M.D., Bengal Establishment, Medical Officer to the 18th Native Infantry, is appointed Principal Medical Officer to the Cavalry Camp of Exercise, which is to assemble at Lawrencepoore on November 21st.

Surgeon J. BLOOM, Bengal Establishment, Second Class Civil Surgeon, is, on return from furlough, posted to the Civil Medical Charge of the Gorumpoore District.

Surgeon-Major WILLIAM PITT, Bengal Establishment Retired List, died in London on October 27th, aged 72.

#### THE VOLUNTEERS.

MR. C. R. C. LYSTER has been appointed Surgeon to the London Brigade of the Royal Naval Artillery Volunteers.

MR. DUNCAN STEWART is appointed Acting Surgeon to the 1st Volunteer Battalion Northumberland Fusiliers (late the 1st Northumberland Volunteers).

SURGEON J. A. WATSON, of the London Division of the Volunteer Medical Staff, is granted the honorary rank of Surgeon-Major.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

#### RAPE BY FRAUD.

THE Texas Court of Appeals has recently arrived at a most absurd decision. A prisoner was indicted and convicted of an attempt to commit a rape by force, when the facts showed that the attempt had been made by the use of chloroform. The Court of Appeals quashed the conviction, on the ground that the use of chloroform took away the element of force, and held that the indictment on a charge of attempting rape by fraud would have been correct. The *Philadelphia Medical Times* aptly observes that, by the same course of reasoning, if a midnight robber puts a handkerchief saturated with chloroform over the face of his victim, and abstracts his valuables, the crime is not burglary but—embezzlement!

#### RECOVERY OF DEBTS IN COUNTY COURTS.

R. L. asks: How long a time exists between the contraction of a debt for medical attendance by a patient and the period when it becomes irrecoverable in the County Court? Can a medical man recover equally well through a debt collecting office, without being put to the trouble and unpleasantness of appearing personally against the debtor?

\*\* The statute of limitation fixes six years as the period beyond which simple contract debts are irrecoverable. There is often great difficulty in proving a claim after the lapse of a considerably shorter period. A debt collecting office can only sue in the name and with the assistance of the original creditor. Debts are often recovered through such agencies without having recourse to the court, but if an action is necessary they are worse than useless. Most judges look on their representatives with suspicion.

#### ENFORCEMENT OF COVENANTS NOT TO PRACTISE.

A CORRESPONDENT relates the case of an M.B., M.Ch. of the Royal University of Ireland. On becoming assistant to one of the medical men of the town, he signed an agreement not to practise in the town or within a certain distance of it, under a penalty of £1,000. Immediately on leaving, he started in the town within a couple of hundred yards of his former principal. As a matter of course, his principal has suffered considerable damage in his practice, but is deterred from instituting proceedings for breach of contract by the great expense of a lawsuit.

\*\* Covenants not to practise in a certain district are personal, and no one but the person aggrieved can sue for their breach. If that person considers the injury he sustains to be not worth going to law about, no one else can complain. We agree that medical associations might very fairly assist their members in litigating questions of this kind, and it would be well for the injured principal to communicate with the officers of the Medical Defence Union, and see if they will take the case up. It is well to remember that if actions in cases of this kind are not commenced with reasonable promptitude after the breach of the covenant, the courts are apt to view the plaintiff's case with suspicion.