

Acting Surgeon J. W. Ellis to be Surgeon (dated Aug. 27th, 1890).—3rd Volunteer Battalion, South Staffordshire Regiment: Acting Surgeon V. J. Magrane to be Surgeon (dated Aug. 27th, 1890); Acting Surgeon F. W. D. Fraser, M.D., resigns his appointment (dated Aug. 27th, 1890).—6th Fife-shire Volunteer Battalion, the Black Watch (Royal Highlanders): Acting Surgeon W. Stuart Palm, M.B., to be Surgeon (dated Aug. 27th, 1890).—2nd Volunteer Battalion, the Gloucestershire Regiment: Acting Surgeon A. A. Hogarth, M.B., to be Surgeon (dated Aug. 27th, 1890).—3rd Volunteer Battalion, the Northumberland Fusiliers: Acting Surgeon W. C. Beatley, M.D., to be Surgeon (dated Aug. 23rd, 1890).—2nd Volunteer Battalion, the Royal Welsh Fusiliers: Acting Surgeon T. E. Jones to be Surgeon (dated Aug. 23rd, 1890).—1st Volunteer Battalion, the Duke of Wellington's (West Riding Regiment): Acting Surgeon E. Ellis is appointed Second Lieutenant (dated Aug. 23rd, 1890).—2nd Volunteer Battalion, the Queen's Own (Royal West Kent Regiment): Edmund Frederick Bindloss, Gent., to be Acting Surgeon (dated Aug. 23rd, 1890); Surgeon C. C. Greig is granted the rank of Surgeon-Major, ranking as Major (dated Aug. 23rd, 1890).

VOLUNTEER MEDICAL STAFF CORPS. — The London Division: Surgeon P. H. Whiston resigns his commission (dated Aug. 23rd, 1890).

## Correspondence.

"Audi alteram partem."

### SMALL-POX AND COW-POX.

To the Editors of THE LANCET.

SIRS,—Absence from home has hitherto prevented my replying to the remarks you kindly made on a paper I read on "Variola in Man and Animals," which appeared in THE LANCET of the 2nd inst. (page 240), and in which you suggest that it would be well for me to supply the precise authority for the statement made as to the serious consequences resulting when medical men, desirous of obtaining lymph for vaccination purposes, have inoculated cows with small-pox matter, and from the spurious vesicles produced have vaccinated people, and thereby caused widespread outbreaks of variola. I much regret that I cannot at this moment lay my hands upon the notes I made as to such occurrences in India (I think there were two of these, one of a very alarming character); but possibly my friend, Surgeon-Major Pringle, who has had great experience in vaccination in India, will remember them. At any rate, should my notes be found I will ask you to allow me to return to the subject again. In the meantime I may refer to the *Medical Times and Gazette* of July 2nd, 1881, in which there is the following passage:—"The disastrous results of mediate variolation, instead of vaccination, in America and India, show the value of a knowledge of the diseases of domestic animals." So far as the United States of America are concerned, I may allude to the reference made in the *Boston Medical Journal* of 1860 to the unfortunate result which marked the attempt of Dr. Martin to obtain vaccine lymph by inoculating a cow with small-pox virus. He imagined he had produced cow-pox on the animal's udder, and collecting what he believed to be vaccine lymph from the vesicles, he vaccinated about fifty children with it. A grave outbreak of small-pox followed, during which several patients died. In the *Chicago Medical Journal and Examiner* of October, 1881, Dr. Wood relates how, during an epidemic of small-pox immediately after the war in 1866, being urgently in need of vaccine lymph, he tried to obtain it by inoculating cows with small-pox matter according to the descriptions given by Ceely, Thiele, and Sonderland, but, he says, "the failure was complete, in my opinion. It happened, though, that during the progress of the experiments an army medical inspector, whose name I forget, was making a tour of the hospitals, and hearing of my experiments visited my hospital. After examination he pronounced the small vesicles (on the cow) genuine cow-pox, and confirmed his faith in his opinion by making some inoculations on the arms of two children in an Irish family near by. The inoculation resulted in a genuine small-pox, which went through the family in various grades of intensity."

A similar result was reported by the French Commission on Vaccination, and Mr. Ceely himself records an instance of small-pox occurring in a person whom he had vaccinated with supposed vaccine lymph obtained by the variolation of a cow. A list of the published failures to produce vaccine lymph from small-pox matter would occupy too much of your valuable space, though it would amply support my contention that such transmutation is not possible. In 1866, when the cattle plague was raging in this country, and medical men imagined it was cow-pox, I tried inoculation with small-pox virus upon a number of cattle, and, though the experiments were carefully conducted, cow-pox could not be produced. When it is shown that cow-pox will occasion small-pox, then I will believe in the converse. At present I challenge proof, and the onus rests upon those who assert that cow-pox is only small-pox transferred to the cow. There need be no more reference to Badcock and Ceely; for if the two conditions are one and the same virus, the fact should be capable of demonstration in some way or other. I venture to assert that this demonstration cannot be given, and that it is high time we had done with the fiction, which is not only misleading and contrary to our present knowledge of pathological processes, but is, as I have indicated, fraught with mischief.

I observe that in an editorial article in THE LANCET of the 9th inst., on the report of the Vaccination Commission (page 285), it is mentioned that, in view of the ignorance prevailing amongst veterinarians and others "as to the diseases which are associated with eruptions on the teats and udders of cows and calves, and which go by the general name of 'cow-pox' &c. I am not aware that this charge of ignorance on the part of the veterinary profession can be substantiated. I think the eruptions on the mammary region of bovines, and which simulate cow-pox, are well known to us. At any rate, in my work on "Veterinary Sanitary Science and Police," published several years ago, in the section devoted to the variolous diseases of the domesticated animals I enumerated all these eruptions, and I am not aware that there is any ignorance or mystery pertaining to the subject, unless it may be in the minds of those unacquainted with veterinary medicine or its literature. The charge of ignorance is one that should not be lightly made against students of animal pathology nowadays by those who have only made the diseases of mankind their study. I am, Sirs, yours very obediently,

Aug. 25th.

GEORGE FLEMING.

### VOYAGING FOR HEALTH.

To the Editors of THE LANCET.

SIRS,—Like others of your readers, I have followed with no little interest the communications which have appeared in your columns during the past week or two on the subject of sea voyaging—a subject which, as it seems to me, deserves very much more attention than it has been wont to receive. Having spent the past four years at sea in the P. and O. Company's service, and having during that time had charge of several hundreds of invalids and health-seekers, I may perhaps be allowed to refer to one or two points which, it seems to me, have not been fully dealt with by your correspondents. First, as to the relative merits of sailing ships and steamships. This is hardly a question which can be discussed or settled in the abstract. Different ships and different routes will be suitable or unsuitable for different patients. A case of mental strain from overwork or worry, in an otherwise healthy subject, would doubtless be benefited by the protracted monotony of a voyage in a sailing ship; but to the large majority of patients a steamer of the modern type offers undoubted advantages, especially in the tropics. Not to speak of better attention, diet &c., let me refer to but three points—free supply of ice, electric lighting, and free ventilation, independent of wind and weather. To anyone who knows what a difference to health and comfort these make in tropical voyaging, the mere mention of them will be sufficient. Jarring motion and odour of oil need not be referred to, being things of the past. In any first-class steamship they are conspicuous by their absence.

Next, as to the patients likely to be benefited by ocean voyaging. I can cordially endorse all that has been said by your correspondents as to the incredible and culpable ignorance and carelessness displayed by many practitioners

whosend patients to sea. The ignorance referred to is not so much ignorance of the disease or of the patient, as it is ignorance of the conditions to which they are subjecting him—ignorance of ships, routes, and seasons. It is impossible to hope for accuracy in results so long as a “sea voyage” is spoken of and prescribed in a loose, indefinite way, as if one voyage were much the same as another, or as if it mattered little when or where the patient went. It would be about as reasonable to order a dose of medicine or a health resort without specifying what the patient was to take, or to what part of the world he was to go. I have seen not one, but many lives practically sacrificed by carelessness and ignorance of this kind, and I fancy that there are very few men who have spent any length of time at sea who could not say the same thing.

One other point which has not been referred to by your correspondents, but which seems to me to be of paramount importance. The comfort and often the life of the patient at sea depends upon the skill and care of the “ship’s doctor,” who, besides other important duties, is responsible alone for the health of crew and passengers—perhaps 500 or 1000 souls. The responsible and often difficult duties of the ship’s surgeon are rendered doubly difficult by a foolish prejudice, which still survives, against anyone whose lot it may be to practise at sea. In this, the last decade of the nineteenth century, it ought not to be necessary to state that the ship’s surgeon is now no longer of the Bob Sawyer type, and yet the prejudice to which I refer exists, not only in the mind of the public, but even, and largely, amongst the profession, who rarely treat him as they would do a *confrère* ashore. Instead of being handed over by his previous medical attendant by letter, or, better still, at a personal interview, with some account of the case and the course of treatment pursued, how often does it happen that the unfortunate health-seeker is sent on board with “directions for the voyage,” or even with medicine, the result being that at the end of a week or two he comes seeking advice, thoroughly disheartened and worse than when he left home, with medicine perhaps spoiled, and impossible instructions not carried out. I say nothing of the disregard of courtesy and neglect of medical ethics involved, but for the patient’s sake alone it is high time this sort of thing should cease. The question is really an important one. Apart from sailing ships, there are now more than a thousand large steamers under the British flag, carrying surgeons and plying to all parts of the world. The number of invalids and others seeking health at sea is very large, and is rapidly increasing year by year; and it is high time that the important duties and responsibilities of the doctors on these ships should be recognised both by the steamship companies and by the public, and that they themselves should be treated as responsible professional men. In this connexion it would be well if in all announcements of date of sailing &c. the surgeon’s name were given with that of the ship. To invalids or their advisers it is much more important to know who will be responsible for looking after their health on board than it is to know the name of the skipper of the ship. It would not be difficult to touch on many other important matters under so comprehensive a heading as “Voyaging for Health,” but I feel that I have already trespassed unwarrantably on your space.

I am, Sirs, yours truly,

RANKINE DAWSON, M.A., M.D.

St. George’s Club, Aug. 25th, 1890.

## MORTALITY OF NURSES IN INFECTIOUS DISEASES.

To the Editors of THE LANCET.

SIRS,—Recent disclosures render reforms in the nursing world inevitable. One direction which such reforms might profitably take I would indicate in this letter. The sickness and mortality rate which prevails amongst nurses employed in hospitals for infectious diseases is considerable—might even, if authoritatively stated, seem startling in amount; and what prompts me to emphasise this fact is the belief that the contributory causes of this undue rate are in part preventable, and in such measure should no longer be permitted to exist. Within the limits of my own experience as medical officer to fever hospitals, I have had signal proof that the method on which the nurses are too commonly dealt with in the matter of their engagement and dismissal by the

public bodies managing certain of these hospitals materially augments this rate of sickness and mortality. The year’s work in a fever hospital is unequal in the demands it makes upon the nursing staff, varying with the amount of prevalent infectious disease. To meet the heavier work of the busier months a full staff of nurses will be engaged, and later, when the work falls lighter, reductions are made in this staff, which again must be recruited in the early autumn months. A constant engagement and dismissal is thus kept up, with no attempt to secure and retain the services of a permanent body of nurses. In two main directions this thing is wrong: first, in exposing to the contagion of dangerous infectious disease an unnecessarily large proportion of nurses; secondly, in the exhibition of stolid indifference to the welfare of the nursing profession, shown by a system so ill organised as to permit of throwing suddenly and unprovisionally out of employment numbers of trained, capable, and efficient workers. Minor points of objection are too numerous to refer to here, but the standard level of excellence in nursing can never be maintained under such conditions. I will be acquitted of contending that nurses should be retained to do nothing in empty hospitals, or that infectious sickness and death can in our present knowledge be definitely banished from their ranks; but I do most emphatically maintain that they should not be dealt with on the lines I have endeavoured to indicate. It is perfectly practicable for the managers of fever hospitals to secure permanently the services of a staff of nurses sufficiently large to meet the fullest requirements of their busiest seasons and to find means of employing their energies in slack times. I trust, Sirs, I shall have conveyed to the medical profession, through the medium of your columns, a sense that reform in this direction is desirable.

I am, Sirs, yours faithfully,

C. KNOX BOND,

L.R.C.P., M.R.C.S., D.P.H., Lond. & Eng.,  
Resident Medical Officer, City of Liverpool Fever Hospital,  
late Assistant Medical Officer M. A. B. South-Western  
Hospital.

August 26th, 1890.

## ANÆSTHETICS AT FUTURE INTERNATIONAL CONGRESSES.

To the Editors of THE LANCET.

SIRS,—After the cordial welcome and profuse hospitalities extended to us at Berlin, it may appear ungracious to raise a complaint on a mere question of detail, but as I feel certain that the managers of future gatherings will be thankful for any hints which may assist them in their arduous undertaking, I may, perhaps, be permitted to draw attention to one point in which I think some improvement would be appreciated. I refer to the position of anæsthetics at these meetings. Those who are interested in this subject and attended the recent Congress at Berlin, will, I think, bear me out when I say that the arrangements made for the discussion of anæsthetic matters were totally inadequate and unsatisfactory. It appears to have been recognised from the first that the subject was likely to prove of interest, and hence it was announced that certain addresses and papers would be read, and demonstrations given. So far so good, but as these papers &c. were distributed among at least three different sections considerable confusion and trouble arose, and the concession was still further minimised by the apparent and natural desire of each section to devote itself exclusively to its special work, and place anæsthetic subjects in the background. Add to all this the general and, I suppose, inevitable uncertainty of the exact date, hour, and place of meeting of the several sections, and I think that it will be readily understood that the unfortunate anæsthetist feels that there is room for improvement in the future. On former occasions I have emphatically insisted in your columns upon the importance of the systematic study and teaching of anæsthetics as a separate branch of our art, and I am pleased to see that the interest taken in the subject is increasing—I may say daily. I may therefore, perhaps, be pardoned if I hazard the opinion that the time has arrived—or will, at any rate, have arrived by the date of the next Congress—when a separate section could be devoted to the consideration of anæsthetic subjects, with advantage to science generally and certainly with comfort to the anæsthetist.

I am, Sirs, yours obediently,

Chandos-street, W., Aug. 27th, 1890.

J. FREDK. W. SILK.