

has been followed by dismissal. For obvious reasons, the owners desire to hush up cases of infection. For equally obvious reasons ship surgeons humor this desire. Therefore at present the only protection against the introduction of diseases such as smallpox and cholera, lies in a stringent quarantine. But the period of incubation for smallpox is from seven to sixteen days, while that of cholera is not accurately determined, but is set down from a few hours to fourteen days. If it be true, as Surgeon-General Hamilton lately said that "every possible advantage is taken of the boarding officer" to conceal cases of infection, the time that the voyage has taken cannot be counted as equivalent to quarantine. That must begin when the vessel arrives, and then the requirements of health and the convenience of commerce come into conflict. A sixteen days' quarantine for every vessel arriving would be impossible. As a matter of fact, quarantine is exceedingly lax, many vessels with smallpox on board being granted pratique on the passengers being vaccinated. In the case of cholera there is an additional uncertainty on account of the difficulty of distinguishing it from cholera morbus. An experienced ship's surgeon might mistake the one for the other, and give a false report, however honest he might be; and although there are some first-class men in the service, it is well known in the profession that first-class men, as a rule, will not at present take the position of ship's surgeon and be creatures of the owners. I have myself been a ship's surgeon in two of the great transatlantic lines, and I thoroughly understand the situation. What is required is that the ship's surgeon shall be completely independent of the owners, and of the owner's paid servant, the captain. He should be responsible, as far as his medical service goes, (which means the retention of his position) only to the health authorities on either side, who are perfectly willing to pull together. To say that there would be then a conflict of authority no board ship in that case is nonsense, both theoretically and practically—theoretically because the captain's supreme authority on board ship under the law is that of a magistrate whose functions need not clash with those of a surgeon on board ship, if both were properly defined, any more than do the functions of magistrate and surgeon on land. It is in his quality of representative of the owner that the Captain does the mischief, for if the surgeon displeases him by too honestly

discharging his duty, the captain reports him and has him discharged, not as a magistrate but as the owner's agent. The danger of conflict of authority is practically disproved by the experience of the British Colonial Immigration Service, in which the ship's surgeon is appointed by the Board of Trade and cannot be dismissed by the owners. The position is one of dignity, and there is therefore no difficulty in getting excellent men to fill it. The positions of the surgeon and the captain in that service being clearly defined by law do not clash, and, as matter of fact, disputes of any kind are as rare between them, as between the Captain of a transport and the colonel of the regiment being transported. The effect of making the embarking, the voyage, and the disembarking all parts of one medical service is to make the whole efficient. The effect of the present lax medical supervision on board ship is to create carelessness on both sides of the ocean, for nothing disheartens a man so much as to know that, however conscientiously he may perform his duty, his work may be spoiled by the negligence or dishonesty of another.—

Dr. I. A. IRWIN, in N. Y. *Evening Telegram*.

Dec. 22nd, 1884.

## THE MEDICAL SERVICE OF ATLANTIC STEAMSHIPS.

MEMORIAL OF THE PARLIAMENTARY BILLS COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

To the Right Honorable Joseph Chamberlain, M.P., President of the Board of Trade :

This memorial respectfully sheweth that the medical and sanitary administration of ocean steamers, especially of those engaged in the North Atlantic emigrant trade, is often seriously defective, whereby many lives are annually sacrificed. The following reasons may be assigned :

1. The medical officers are appointed without due regard to age, health, professional qualification or character.
2. They seldom retain the position for any considerable period, and there is no organisation through which the results of their collective experience may be turned to practical account.
3. The sanitary arrangements of passenger-ships are, without exception, far from what they should be; they are very often grossly defective.
4. The medical officer is denied such independent authority in sanitary matters as is essential to his efficiency as a sanitary officer.