

not attend the hospitals. The death-rate among officers was 17.69, among women 19.03, and among children 48.59. The statistics of native troops show an admission-rate of 1.092, a constantly sick rate of 37, and a death-rate of 18.67; 54 cases and 16 deaths (0.4 and 0.13 per 1,000) from enteric fever were recorded. Among prisoners the admission-rate was 1.186, the constantly sick-rate 41 and the death-rate 36.83. Ague, dysentery, abscess, diarrhoea, and influenza were the chief components of the sick-rate, and dysentery, pneumonia, and cholera of the death-rate. A comparison of the statistics of the three bodies brings out the greater preponderance and fatality of fever among European troops, of respiratory diseases among native troops and prisoners, and of bowel complaints among the latter. Two interesting subjects are specially discussed in this report, namely, the sanitation of lairs and the relation between anchylostomiasis and beri-beri. The conclusions drawn from reports on the latter subject are that the presence of the anchylostoma duodenale does not necessarily give rise to serious symptoms, and that the parasite is not the cause either of *keela azar* or beri-beri. Rs.90,88,203 were spent on military sanitary works of a useful description greatly benefiting the comfort and health of troops, and many important projects connected with drainage and water supply were in progress in the civil department in addition to large expenditure on scavenging and other necessary sanitary business.

From this cursory sketch of Surgeon-Major-General Rice's most able and valuable report it will be gathered that it teems with interesting and important facts relating to the health of Indian communities during the year under report.

SECONDING OF BRIGADE-SURGEONS.

SURGEON-LIEUT. COLONEL, as an anxious inquirer, asks: Could you inform a number of interested officers why the Professors at the Army Medical School, Netley, who are extra-regimental officers under Art. 551 of the Royal Warrant, have not appeared as such in the *Gazette*, as is the custom with all other medical officers? The filling-up of these vacancies by seconding would give two steps to senior officers.

. We cannot say; but if these officers should be seconded under the article quoted it is a clear injustice withholding the steps. Promotion in the brigade rank is slow enough in all conscience, without being unnecessarily retarded.

SUBSTANTIVE RANK AND SALUTES.

A CORRESPONDENT points out that in the recent issue of the Queen's Regulations, Section III, para. 34, the following important revise occurs: "All guards and sentries will pay compliments to the commissioned officers of the departments of the army according to their ranks or corresponding ranks, as the case may be." This is a great advance, and surgeon-major-generals can now insist on the same salutes as other major-generals.

. We thank our correspondent for pointing out the above revise of regulations; it will be the fault of medical, ranking as general officers, if they do not receive the customary salutes.

MEDICAL OFFICERS IN THE CRIMEA.

ARMY MEDICAL STAFF writes: The Royal Engineers are to erect a handsome monument at Cathcart's Hill, near Sebastopol, to those of their number—officers and men—who died during the siege. Should not a similar monument be erected by the Medical Department to those of their order who perished in the Crimea?

. It is highly honourable to the Royal Engineers to erect a monument to their predecessors—for very few can now claim them—as comrades—who are buried in the Crimea. We fear it would be very difficult, at this date, to get the Medical Department to move in a similar manner.

INDIAN APOTHECARIES.

THE LAST STRAW writes: The Indian Government has ordered that the apothecaries of the subordinate medical service are in future to be styled "assistant-surgeons." The senior apothecaries, who have hitherto been honorary lieutenants and honorary captains in rank, but not in designation, are now to be called honorary surgeon-lieutenants and honorary surgeon-captains. Moreover, it is ordered that the prefix honorary is to be used only in certain official correspondence, and for the rest they are to be dubbed surgeon-lieutenant or captain pure and simple. Now, however estimable, these gentlemen are absolutely devoid of any medical qualification or licence to practice. Is it not, therefore, illegal and *ultra vires* for the Indian Government to bestow such titles, and are they not bringing themselves in conflict with the corporations who alone have the right to bestow them? This is a sad cheapening and depreciation of our titles.

. The matter has, no doubt, a legal aspect; probably the Government think they have some lien on the term "surgeon," forgetting that it is a purely civil and not a military title at all.

EXAMINATION OF SURGEON-CAPTAINS FOR PROMOTION.

G.—The following books should be studied for the examination for promotion of surgeon-captains: In Military Law the following—all published by authority of the War Office: *Manual of Military Law*, *Abbreviated Manual of Military Law*. For Medical Staff Corps administration: The Queen's Regulations, and Regulations for Medical Services, together with the *Manual for the Medical Staff Corps*. All recent Warrants or General Orders regarding the Army Medical Staff and Medical Staff Corps should also be mastered. Riordan's book is not up to date, and would be insufficient. It was published many years ago, and no recent edition, that we are aware of, has appeared.

WEARING SWORDS IN HOSPITALS.

ALPHA writes: Swords are always worn at parades and inspections, and medical officers must appear with them; it rests with the general at hospital inspections to dispense with them—his own first. But I fail to see any inconvenience in wearing them in walking through a hospital. The sword is a symbol of discipline, which has to be maintained in hospital as elsewhere.

. We presume the object of dispensing with swords at hospital inspection is to lessen noise and clanking; that, however, can be avoided by carrying the sword or hooking it up.

THE MILITARY SCANDAL AT BIRR.

UT PROSIM asks: May not this grave scandal be in part ascribed to the fact that many combatant officers appear to have persuaded themselves that the rank of medical officers can be ignored with impunity? The rioters broke into a surgeon-major's quarters. Would they have done the same to one of their own field officers?

. We hardly think this disreputable frolic would have been attempted with any but a medical officer. Imagine the roysterers to have been surgeon-lieutenants, and the quarters a field officer's of the privileged caste!

UNIVERSITIES AND COLLEGES.

ROYAL UNIVERSITY OF IRELAND.

FACULTY OF MEDICINE: SUMMER, 1894.—The following candidates have been adjudged to have passed the First Examination in Medicine:

J. F. Begley, University College, Dublin; N. J. Blaney, University College, Dublin; D. Brown, Queen's College, Belfast; J. W. Brown, Queen's College, Belfast; F. C. Bullen, Queen's College, Cork; P. J. Burke, University College, Dublin; P. Canning, B.A., University College, Dublin; J. J. S. Carbery, University College, Dublin; W. V. Coppinger, School of Physic, Trinity College, Dublin; J. J. Crowley, B.A., Queen's College, Cork; J. Daly, Queen's College, Cork; R. A. L. Graham, Queen's College, Belfast; A. J. Hewitt, Queen's College, Galway; G. Jefferson, Queen's College, Belfast; R. Kerr, Queen's College, Belfast; A. E. Knight, Queen's College, Belfast; M. J. M'Donough, University College, Dublin; K. M'Gahey, Queen's College, Belfast; A. B. M'Master, Queen's College, Belfast; J. W. D. Megaw, Queen's College, Belfast; D. Murphy, Queen's College, Cork; W. O'S. Murphy, Queen's College, Cork; J. Murray, University College, Dublin; E. O'Callaghan, University College, Dublin; W. Paisley, Queen's College, Galway; O. M. Praeger, Queen's College, Belfast; F. S. Scott, Queen's College, Galway; A. M. Staunton, Queen's College, Galway; R. Steen, Queen's College, Belfast; Isabel A. Tate, Queen's College, Belfast; J. Walsh, Queen's College, Cork; S. H. E. Walshe, Queen's College, Belfast; K. H. White, Queen's College, Cork; and R. Whyte, Queen's College, Belfast.

HONOURS.

Botany.—First Class: P. Canning, B.A., University College, Dublin; J. Murray, University College, Dublin; and J. F. Begley, University College, Dublin. Second Class: N. J. Blaney, University College, Dublin; and W. V. Coppinger, School of Physic, Trinity College, Dublin.

Zoology.—First Class: N. J. Blaney, University College, Dublin; and P. Canning, B.A., University College, Dublin. Second Class: J. F. Begley, University College, Dublin; and J. Murray, University College, Dublin.

Chemistry.—First Class: P. Canning, B.A., University College, Dublin; and N. J. Blaney, University College, Dublin. Second Class: J. F. Begley, University College, Dublin; J. W. Brown, Queen's College, Belfast; P. J. Burke, University College, Dublin; and J. Murray, University College, Dublin.

Experimental Physics.—First Class: N. J. Blaney, University College, Dublin; J. W. D. Megaw, Queen's College, Belfast; P. Canning, B.A., University College, Dublin; J. W. Brown, Queen's College, Belfast; and J. F. Begley, University College, Dublin. Second Class: W. V. Coppinger, School of Physic, Trinity College, Dublin; and J. Murray, University College, Dublin.

Exhibitions (Candidates who upon their answering were qualified for exhibitions, the names of those disqualified by standing or otherwise are printed in italics).—First Class, £20: P. Canning, B.A., University College, Dublin; and N. J. Blaney, University College, Dublin. Second Class, £10 each: J. F. Begley, University College, Dublin.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

THE following gentlemen passed the First Examination of the Board at the quarterly meeting of the Examiners in the subjects indicated, under the Five Years Regulations:

Part III. *Elementary Physiology*.—H. T. D. Acland, St. Thomas's Hospital; W. T. Allen, London Hospital; G. W. Alltree, King's College, London; H. P. W. Barrow, Guy's Hospital; C. E. Blackstone, Middlesex Hospital; F. J. G. Blake, Yorkshire College, Leeds; W. N. Blatchford, University College, Bristol; T. T. Blythe, St. Thomas's, Guy's, and London Hospitals; E. A. Bullmore, University College, London; H. H. R. Clarke, St. Thomas's Hospital; F. A. Coates, University College, Bristol; F. Cox, University College, Bristol; W. C. C. Davies, St. Mary's Hospital; Q. B. De Freitas, King's College, London; E. B. Dowsett, Guy's Hospital; A. C. V. Düben, St. Thomas's Hospital; G. M. Eastment, Middlesex Hospital; A. R. Evans, University College of South Wales, Cardiff; T. A. E. Fawcett, Yorkshire College, Leeds; F. R. Featherstone, Guy's Hospital; H. W. Fisher, London Hospital; E. J. Fleming, Westminster Hospital; J. Forbes, St. George's Hospital; W. E. Fowke,

Guy's Hospital; J. R. Frost, Merchant Venturers' Schools, Bristol; L. O. Fuller, University College, London; P. Gardiner, Middlesex Hospital; C. A. H. Gee, Merchant Venturers' Schools, Bristol; J. O. Harvey, Mason College, Birmingham; R. J. Hogan, London Hospital; W. G. Hopkins, St. Mary's Hospital; H. N. Horton, Middlesex Hospital; J. E. Howroyd, Yorkshire College, Leeds; N. A. A. Hughes, Yorkshire College, Leeds; P. D. Hunter, Guy's Hospital; G. H. Irvine, University College, Bristol; D. Jeaffreson, Epsom College; A. Johnson, University College, Liverpool; W. Johnson, Guy's Hospital; W. E. Jones, Owens College, Manchester; D. F. Kennard, St. Mary's Hospital; T. H. W. Landon, Guy's Hospital; A. C. Lewis, Guy's Hospital; W. Lister, Yorkshire College, Leeds; J. H. Longbotham, Yorkshire College, Leeds; D. V. Lowndes, London Hospital; E. M. McQueen, University College, Bristol; T. Mansell, St. Thomas's Hospital; E. Merry, London Hospital; E. R. Millar, University College, London; A. S. Morley, St. George's Hospital; R. E. Mounsey, St. George's Hospital; J. H. Mules, Guy's Hospital; H. B. G. Newham, St. Thomas's Hospital; C. H. Newton, St. Thomas's Hospital; C. D. Outred, Guy's Hospital; V. S. Partridge, Charing Cross Hospital; R. W. Pearson, Owens College, Manchester; S. G. Penny, St. George's Hospital; A. Perks, Guy's Hospital; J. Phillips, University College, Bristol; N. E. Phillips, London Hospital; J. E. Powell, Guy's Hospital; R. J. Pritchard, Guy's Hospital; S. C. Pritchard, King's College, London; G. W. M. Pritchett, University College, London; A. Read, Guy's Hospital; J. R. Rickard, Middlesex Hospital; J. H. Sanders, London Hospital; J. Sherrin, London Hospital; H. Smith, Mason College, Birmingham; J. N. Smith, Guy's Hospital; J. E. Soderburg, Westminster Hospital; P. R. Tarbet, University College, London; D. J. Thomas, London Hospital; H. M. Thomas, St. Thomas's Hospital; C. G. Ward, Guy's Hospital; W. J. Waters, St. Thomas's Hospital; C. G. Watson, St. Bartholomew's Hospital; R. N. Watson, Westminster Hospital; S. J. Willcox, Merchant Venturers' School, Bristol; N. Williams, Guy's Hospital; A. E. Wilson, Mason College, Birmingham; C. H. Wood, University College, London; H. C. Woodyatt, Owens College, Manchester; E. A. Wraith, Yorkshire College, Leeds; E. Young, London Hospital; G. A. Yvanovich, St. Thomas's Hospital.

Part IV. Elementary Anatomy.—A. T. Abadgian, London Hospital; W. H. Agar, University College, London; W. Andrus, London Hospital; H. T. Baron, Westminster Hospital; H. H. Bignold, Guy's Hospital; C. E. Blackstone, Middlesex Hospital; W. N. Blatchford, University College, Bristol; F. F. Bond, Westminster Hospital; A. H. Brewer, St. Bartholomew's Hospital; V. E. J. Bristowe, St. Thomas's Hospital; F. J. Cammidge, St. Bartholomew's Hospital; W. R. Cazenove, Guy's Hospital; G. E. F. Churchill, Guy's Hospital; A. E. Clarke, Guy's Hospital; E. C. Clements, Middlesex Hospital; A. E. Coates, University College, Bristol; F. W. Cotton, University College, Bristol; E. J. Crew, Guy's Hospital; D. Davies, University College, London; T. S. Davies, University College, Bristol; W. E. C. Davies, St. Mary's Hospital; J. T. De Couteau, Guy's Hospital; C. B. De Freitas, King's College, London; A. M. Dodd, University College, Liverpool; C. S. S. Dunlop, University College, London; C. M. Ekins, University College, London; A. G. Eldred, London Hospital; H. H. Elworthy, Westminster Hospital; E. J. Fleming, Westminster Hospital; J. K. S. Fleming, St. Bartholomew's Hospital; F. A. French, St. Mary's Hospital; P. Gardiner, Middlesex Hospital; S. Gaster, London Hospital; J. H. Harrison, Firth College, Sheffield; W. W. Harrison, Guy's Hospital; J. H. Hart, St. Thomas's Hospital; R. Hatfield, St. Bartholomew's Hospital; A. G. Higgins, St. Bartholomew's Hospital; L. V. Hill, Firth College, Sheffield; H. Hipwell, Middlesex Hospital; P. S. Hope, St. Thomas's Hospital; A. A. Hughes, Yorkshire College, Leeds; L. Humphrey, Guy's Hospital; A. W. D. Hunt, Middlesex Hospital; J. W. W. Hunter, Otago University and London Hospital; P. D. Hunter, Guy's Hospital; G. H. Irvine, University College, Bristol; D. F. Kennard, St. Mary's Hospital; J. A. Kilpatrick, University College of South Wales, Cardiff; T. H. W. Landon, Guy's Hospital; R. M. McQueen, University College, Bristol; W. E. G. Maltby, St. Bartholomew's Hospital; F. Noakes, Charing Cross Hospital; J. W. Nunn, St. Bartholomew's Hospital; W. Orme, London Hospital; G. Pairs-Mall, London Hospital; E. E. Parrett, Guy's Hospital; V. S. Partridge, Charing Cross Hospital; S. G. Penny, St. George's Hospital; B. G. Pritchard, Guy's Hospital; F. G. Richards, St. Bartholomew's Hospital; C. R. Rickard, Middlesex Hospital; J. H. Roberts, Guy's Hospital; H. H. Robinson, Owens College, Manchester; W. B. Silas, Westminster Hospital; C. W. B. Smith, St. Bartholomew's Hospital; S. S. Smith, Mason College, Birmingham; A. R. Spencer, University College, London; C. S. Stolterfoth, University College, Liverpool; P. R. Tarbet, University College, London; H. J. Taylor, Owens College, Manchester; W. A. Thompson, Owens College, Manchester; H. S. Turner, Guy's Hospital; C. F. Watson, Guy's Hospital; G. H. R. Welsh, London Hospital; J. F. West, Mason College, Birmingham; L. E. Whitaker, St. Bartholomew's Hospital; N. Williams, Guy's Hospital; C. H. Wood, University College, London; and H. C. Woodyatt, Owens College, Manchester.

THE *London Gazette* of August 3rd announces that the Queen has been pleased to give directions for the appointment of David Palmer Ross, Esq., M.D., C.M.G. (Colonial Surgeon, Sierra Leone), to be Surgeon-General of the Colony of British Guiana.

FIRST CREMATION OF A EUROPEAN IN INDIA.—The first cremation of a European in Calcutta was (according to the *Indian Medical Record*) performed recently by the Bengali Bramo Somaj on the body of Mr. Karl Hammergren, a Swede, who was a member of their communion.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE ILKESTON HEALTH OFFICERSHIP.

THE absurd method by which health officers are appointed for terms varying from twelve to five years has rarely had such a flagrantly scandalous exemplification as in the case of Ilkeston, where quite recently the Town Council have by the bare majority of one vote thrown over their health officer of ten years' standing. Only one fault can be found with him, and that is he has had more regard for the public health than for the pockets of property holders. He seems to be suffering from the operation of the law of vested interests. Dr. Carroll, the officer in question, has, during these ten years of duty well done, been remunerated during seven of them by the nominal salary of £30 per annum, and for a part of the time by £50, and for a few months by £75 per annum. He has brought the district through the trying period of last year's cholera invasion, and has, in only too many ways for his own interest, tried to gain the assent of his council to the carrying out of those remedial measures which are still needed in the district, even though, so far as we can learn, members of his authority are concerned in property to the condition of which Dr. Carroll has had to take exception in his official capacity. Now, when the district is disposed to spend £100 a year on the salary of its sanitary medical adviser, a certain section of the Town Council proceed to discard the faithful servant who has served them so well in less happy circumstances, and have elected to appoint as Dr. Carroll's successor one who seems to have been a member of this very council up to the moment of his candidature for the post. We sincerely hope he will see his way to refuse, even at this eleventh hour, the post thus offered him. So far as we can find, the Central Board have but little power in the matter, if only the qualifications of the person who is to fill the office are of a requisite nature. The more the pity. Power should long ago have been vested in some central controlling board, be it a county council or a department of State, for placing cases of this sort on a proper basis of equity. To throw over a man because he has had the common honesty to declare that such and such things, bad in themselves, should not be allowed to persist, is to put a heavy premium on sanitary progress; and the matter therefore at once assumes a national importance. As for this Ilkeston job—for it is nothing else—we most sincerely trust that if it do not right itself by the refusal of the new officer to accept office, the Town Council will have the good grace to discuss the matter in full meeting in order that the sense of the authority may be taken after a free and full consideration of the whole business. It is not long since a Yorkshire local board acted in a like shabby manner towards a good servant, but they repented of their ingratitude, and reappointed him. We may charitably believe that Ilkeston will do likewise. There are those features in the town which are such as the council would not care to contemplate if cholera again appeared in their midst; and seeing that the months which have elapsed since that disease was in the district have seen but little activity in the way of remedy for the very causes of cholera spread, we shall feel no surprise if one morning news arrive not only of reappearance of the disease, but of its having fastened on the town. In such unhappy circumstances the Town Council will doubtless mournfully turn to Dr. Carroll's unheeded recommendations, and will do under the influence of panic that which would have been far better and far more economically done in the absence of sickness. For the rest, Dr. Carroll will not have suffered in vain if his case serve to draw public attention to the ever-growing evil of these limited periods of appointment, and if it serve to lead to demand for abandonment of the vicious principle in favour of life appointments.

ENGLISH URBAN MORTALITY IN THE SECOND QUARTER OF 1894.

THE vital and mortal statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending June last 79,288 births were registered in these thirty-three towns, equal to an annual rate of 30.4 per 1,000 of their aggregate population, estimated at nearly ten and a-half millions of persons in the middle of this year. In the corresponding periods of 1892 and 1893 the birth-rate in these towns was 32.9 and 32.2 per 1,000 respectively. In London the birth-rate last quarter was equal to 29.5 per 1,000, while it averaged 31.0 in the thirty-two provincial towns, among which it ranged from 18.1 in Huddersfield, 23.7 in Croydon, 25.5 in Portsmouth, and 25.8 in Oldham, to 34.4 in Salford, 34.5 in Hull, 35.3 in Wolverhampton, and 35.7 in Liverpool and in Sunderland.

During the quarter under notice 45,401 deaths were registered in the thirty-three large English towns, corresponding to an annual rate of 17.4 per 1,000, against 19.5 and 19.8 in the second quarters of the preceding two years 1892-3. In London the rate of mortality was equal to 17.4 per 1,000, and was slightly below the average rate in the thirty-two provincial towns, among which the death-rates ranged from 11.5 in Croydon, 12.3 in Portsmouth, 12.9 in Derby, and 13.2 in Leicester, to 19.4 in Birmingham, 19.6 in Manchester, 22.2 in Wolverhampton, and 22.8 in Liverpool. The 45,401 deaths registered in the thirty-three towns last quarter included 6,735 which were referred to the principal zymotic diseases, equal to an annual rate of 2.6 per 1,000; in London the zymotic death-rate was equal to 3.3 per 1,000, while it averaged 2.1 in the thirty-two provincial towns, among which it ranged from 0.4 in Derby, 0.6 in Brighton, and 0.8 in Plymouth, to 3.1 in Liverpool, 3.4 in Wolverhampton, 3.7 in Birmingham and in Salford, and 3.8 in West Ham. The 6,735 deaths referred to the principal zymotic diseases included 2,722 which resulted from measles, 1,542 from whooping-cough, 904 from diphtheria, 588 from scarlet fever, 448 from diarrhoea, 352 from "fever" (principally enteric), and 149 from small-pox. The fatal cases of measles, which had been 773 and 1,392 in the preceding two quarters, further rose to 2,722 during the three months ending June last; in London the rate of mortality from this disease was equal to 1.61 per

SMALL-POX IN DUBLIN.

THERE has been a decided increase in the number of cases of small-pox in Dublin. Recently a child was admitted from a tenement house, and on investigation it was discovered that a whole family of nine was suffering from the disease. The child, which had not been vaccinated, died, and it was also found that the other members had not been vaccinated. Two hospitals are now devoted to the reception of small-pox patients—the Hardwicke and Cork Street. There are about seventy under treatment. About thirty have been admitted within the past few days. In 1870-72 there were 20,000 cases, and in 1880 2,480, of whom 244 died. In the vaccinated cases the death-rate has been so far *nil*, but two or three of the non-vaccinated have died.

PORT OF LONDON SANITARY AUTHORITY.

THE Corporation of London, as the port sanitary authority, have issued to masters and officers a compulsory notification ordering, by virtue of the power vested in them by section 56 of the Public Health (London) Act, 1891, that, as from the 4th instant "the provisions of the said Act with respect to infectious diseases shall apply in the district of the said port sanitary authority to the disease known as diarrhoea, in addition to the diseases specifically mentioned in section 55 of the said Act or any order extending or amending the same, and that such order shall remain in force until September 30th next." Every case of diarrhoea occurring on board any vessel within the limit of the port of London must be forthwith reported to the medical officer of health, Port Sanitary Offices, Greenwich, and a penalty will be enforced in case of non-compliance with the order.

THE SANITARY CONDITION OF ILFRACOMBE.

IN view of certain statements which have been made relative to the sanitary condition of Ilfracombe, we are asked to give publicity to the fact that, as proved by a certificate from the Chairman of the Urban Sanitary Authority and Dr. Slade-King, the medical officer of health, the town is at present entirely free from infectious disease of any kind. The Infectious Diseases Notification Act has been rigidly enforced for some months.

THE NOTIFICATION OF INFECTIOUS DISEASE.

J. W. B. writes: A doctor is called into consultation in a house where two children are ill with scarlet fever. The cases are then reported to the medical officer of health by the family physician. Is the other doctor (consultant) obliged to notify also, and can he claim payment of notification fee if he does so?

. The words of the Act are "every medical practitioner attending on or called in to visit the patient shall forthwith, on becoming aware that the patient is suffering from an infectious disease.....send to the medical officer of health a certificate," etc. The consultant is therefore bound to send it as well as the regular attendant. The local authority must pay the fee of half-a-crown to each practitioner for every certificate which he sends in regular course.

INFECTIOUSNESS OF SMALL-POX.

E. C.—Any case of small-pox may cause infection.

POOR-LAW ANNUAL EXPENDITURE.

E. P. P.—Perhaps the best record of such expenditure so far as England and Wales are concerned will be found in the annual reports of the Local Government Board, the pages of their last issued, that for 1892-93, devoted to the matter being lxi-lxxvii, and 293-335 of the Appendix, especially the table on p. 327. We assume that the Irish and Scotch Boards will have like statistics in their volumes.

OBITUARY.

JOSEPH BANCROFT, M.D.,
Brisbane.

WE regret to announce the death of Dr. Joseph Bancroft, of Brisbane, who died recently somewhat suddenly of heart disease at the age of 58. He was born in Manchester in 1836, and in 1859 became a member of the Royal College of Surgeons, and took the degree of Doctor of Medicine at St. Andrews. He started in practice at Nottingham, where he remained till 1864. Finding the English climate too trying for his health he emigrated to Queensland and settled in Brisbane. Since 1864 his name has been familiar to all classes in that town, and he had an extensive practice. He also found time to make original researches on filarial disease, leprosy, and other subjects, and he discovered the medicinal properties of *Duboisia myoporoides*. At the time of his death he was a member of a subcommittee appointed by the Medical Society of Queensland to assist in the revision of the *British Pharmacopœia* by the recommendation of indigenous substances which have been found useful in Australia. Nor were his intellectual interests limited to the field of medicine. His contributions to the scientific knowledge of Australian

plants and animals gained for him the reputation of a leading authority on the subject. He took the keenest interest in economic botany. He made numerous experiments with a view to getting a rust-proof wheat, and at one time he had numerous varieties growing in his experimental garden. Viticulture he also took a special interest in, and he raised many hybrids in the endeavour to get a grape suitable to the climate. Oyster culture was another subject which he studied both scientifically and practically, and his oyster beds at Deception Bay are regarded as an excellent object lesson on the subject.

Among Dr. Bancroft's contributions to industrial progress was the invention and preparation of Australian pemmican or desiccated beef. Latterly he had spent some time in experimenting on the artificial production of pearls, and his method is said to have yielded very promising results.

Dr. Bancroft had been President of the Queensland Medical Board since 1882, and of the Board of Health since 1884. He was the first President of the present Medical Society of Queensland, and was an active member of the old Philosophical Society (the first scientific society in Queensland), and past President of the Royal Society, which succeeded it. He was Vice-President of the Section of Hygiene and Public Health in the Association for the Advancement of Science. He was for many years Visiting Physician to the Lady Bowen Hospital, and Visiting Surgeon and latterly Consulting Surgeon to the Brisbane General Hospital.

Dr. Bancroft's funeral was attended by all the medical men of Brisbane, who feel that in him they have lost a kind and thoughtful friend and the example of a devoted seeker after scientific work.

IN Dr. MICHELE LESSONA, who died recently at the age of 71, the medical profession in Italy has lost one of its most distinguished members, and biological science one of its foremost representatives. He was Professor of Comparative Anatomy and Zoology in the University of Turin, where his teaching had the greatest influence for good, in the moral as well as in the intellectual sphere, over the pupils who had the good fortune to attend his lectures. He published a large number of papers on medical and scientific subjects, and his researches in comparative anatomy and physiology won for him a position of recognised authority. He was one of the earliest and most ardent disciples of Darwin in Italy. To the public he was equally well known as the author of a most successful book, somewhat on the lines of Mr. Samuel Smiles's writings, entitled *Volere e Potere*, which has gone through innumerable editions and has had a marked influence on the social and industrial regeneration of Italy. Professor Lessona was a member of most of the leading scientific societies, Italian and foreign. Some years ago the dignity of Senator of the Realm was conferred on him.

ON July 28th, Dr. CHARLES PETRE LOVELL, B.M.Oxon., M.R.C.P., D.P.H., of 43, Porchester Square, was drowned at Cookham while boating on the Thames. This sad accident has, at the early age of 32, cut short the life of one who gave every promise of reaching a high position in his profession. He was originally educated at the Merchant Taylors' School, and after gaining a foundation scholarship entered St. John's College, Oxford. After taking his degree in the National Science Schools he obtained an Entrance Scholarship at St. Thomas's Hospital. There he had a brilliant career, gaining several prizes and medals, and eventually holding the appointment of house-physician. A few years ago he settled in practice at Wimbledon, but still continued to work in the special departments for diseases of the skin at St. Thomas's and University College Hospitals. Dr. Lovell moved from Wimbledon to London about a year ago, and was rapidly obtaining a good practice. The sad accident, which has come as a shock to all who knew him, has suddenly destroyed a life full of ability and industry.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. William G. Austin, of New

Orleans, formerly superintendent of the Charity Hospital of that city, where he was in charge during the terrible outbreaks of yellow fever in 1867 and 1868, aged 80; Dr. Phelippeau, Mayor of Maillezais, in La Vendée; Dr. Solomon van Etten, one of the oldest and best known physicians in Orange County, U.S.A., aged 65; Dr. Jean Anten, President of the Medical Committee of Province of Liège, and member of the Municipal Council of Liège; Dr. H. J. Schoenfeld, of Brussels, President of the Belgian Medical Pension Fund, and well known by his labours for the improvement of the condition of the working classes, and other philanthropic projects; Dr. J. D. Level, formerly medical inspector of the schools of Paris and a member of its Municipal Council, Sub-Prefect of the National Defence at Valognes in 1870-71, and a pioneer of the cremation movement in France, aged 82; Dr. F. C. Maillot, the oldest military surgeon in France, and a distinguished hygienist, author of numerous papers on paludism, and of *A Treatise on Intermittent Fevers*, published in 1836, and formerly President of the Army Sanitary Council, aged 91; Dr. Charles Moinet, Member of the French Senate, formerly a surgeon in the French navy, aged 58; Dr. H. E. de Rasquinet, a leading dental surgeon of Liège, aged 75; Dr. J. L. Morel, Professor of Physiology in the Medical Faculty of Rheims, and physician to the Hôtel Dieu of that city; and Dr. A. Molina, Professor of Medicine in the University of Guatemala.

HOSPITAL AND DISPENSARY MANAGEMENT.

OPENING OF A NEW EYE INFIRMARY AT GREENOCK.

A COTTAGE hospital for the treatment of diseases and injuries of the eye has been opened at Greenock. A special department for ophthalmic work was opened in Greenock Infirmary some fourteen years ago, and an oculist—Dr. N. G. Cluckie—appointed, under the terms of a bequest of £6,000, the Ferguson Eye Bequest. The interest of that bequest was only sufficient to pay the expenses of the department. But the need of such a department in the years that have since elapsed, during which some 35,000 patients have been treated, has been so abundantly shown that it became clear that either an addition to the infirmary or a special building for eye cases was needful, and Mr. Anderson Rodger, a Clyde ship builder, has generously taken upon himself the whole cost of the latter. The hospital is built of patent terra-cotta glazed brick, with a red tiled roof. A waiting-room, capable of accommodating 100 persons, leads to the dispensary for out-door cases. On the main floor there are two wards, one for males and one for females, each with six beds, with separate dining and sitting rooms adjoining, and also with separate bathroom and lavatory accommodation. On this floor there are also the ophthalmoscopic room and business rooms. Upstairs are two private wards and sitting-room. Full accommodation is also provided for matron and servants. Apart from the main building are a washhouse and laundry. The total cost of the building has been £2,000. The opening of the hospital was made the occasion of a public demonstration, in which the people testified to their appreciation not only of the value of the institution but of the generosity of the donor.

CORBETT HOSPITAL, STOURBRIDGE.

At the annual meeting of the Corbett Hospital at Stourbridge, founded by Mr. John Corbett, it was stated that Mr. Corbett was willing to give £1,000 towards a children's ward at the hospital, if other support was given to the scheme.

THE CARMARTHEN ASYLUM.

DR. FREDERIC P. HEARDER (West Riding Asylum, Wakefield) writes: It was with much regret that I read a letter in the issue of the BRITISH MEDICAL JOURNAL of July 21st, complaining of the appointment of medical superintendent made by the committee of the above asylum over twelve weeks ago. The arguments put forward by your correspondent against the appointment are fallacious. The vacancy was thrown open to competition, and of course the speaking of Welsh was taken into consideration in the making of the appointment. That a man should be made a superintendent because he could speak Welsh is absurd. I may inform your readers that my father, the late Dr. D. J. Hearder, medical superintendent of Carmarthen Asylum for twenty-seven years, was an Englishman who did not speak Welsh. On his appointment he began the study of the Welsh language, but found that, although advantageous to know it, it was not by any means a necessity. Having personally worked in that asylum, I found on asking questions in Welsh that the reply would frequently be made in English. Your correspondent shows ignorance of the district about which he writes, as he says no monoglot Englishman would settle in practice in the district which sends patients to the Carmarthen Asylum with any hope of success. So far is this from being the case that within the last five years a monoglot Englishman has settled in general practice in Carmarthen, and with considerable success.

The *Archiv der biologischen Wissenschaften* of St. Petersburg, which has hitherto been published with a Russian and a French text in parallel columns, will henceforth appear in two separate editions, Russian and French.

LITERARY NOTES.

We announced some time ago that a memoir of the late Sir Andrew Clark is in preparation. The book cannot fail to be exceptionally interesting, as material relating to his private friendship with the eminent physician will be supplied by Mr. Gladstone, who will also write on certain aspects of Sir Andrew's character. The professional part of the memoir will, it is understood, be in the hands of Dr. W. H. Allchin.

Dr. Poore has reprinted with some additions (London, Stanford, ls.) an article which he contributed to the *Builder* last year on Dry Methods of Sanitation. The pamphlet is illustrated by a series of sectional drawings, showing various methods of fixing dry closets. We are quite disposed to believe that Dr. Poore is doing a good service by hammering away at our present craze for sewerage villages and little country towns. The cry at present, he writes, is "*Tout à l'égout*, a cry which is bred of ignorance, moral cowardice, and despair." This is, perhaps, rather strong language, but we are yet very far from acting up to the old sanitary adage—rain to the river, sewage to the soil.

The first volume for 1894 of Braithwaite's *Retrospect of Medicine* has been issued, dealing with the literature of the first half of the current year. The serial is so well known, and has so well established its claim to public favour by reaching the 109th volume, that it will not be necessary for us to do more than to mention the appearance of this new volume.

We have received a copy of the "London Season Special Appeal Number" of the *Philanthropist*, which is described on its title page as "the first representative journal of all philanthropic movements and institutions." The letter-press is bright and readable, the illustrations are good, and reliable information is given to the charitably disposed as to the needs and merits of the various charitable institutions in the kingdom. An account, with coloured illustrations, is given of the opening of a new balcony at the National Hospital for the Paralysed and Epileptic.

Trusses for rupture are referred to in general terms by Celsus, Galen, and other ancient medical writers, and, according to a writer in the *Revue Médicale*, M. Alfred Danicourt recently showed a specimen of an ancient truss found in the course of some excavations in the Gallo-Roman cemetery at Marchélepot in Picardy. The truss, which was complete, was made of iron covered with leather, and was fitted with a spring adapted for the left side. The truss was found on a skeleton. A piece of the pad was found still adherent to the spring. Other ancient trusses have, it is stated, at various times been found. Dr. Colson, of Noyon, found one in a tomb, dating from the Gallo-Roman period. M. Daryl, of Amiens, found two in the Merovingian cemetery of Fluy, in the department of Somme, but M. Danicourt appears to be the first discoverer in whom the archaeological sense has been sufficiently developed to lead him to attach any importance to these relics of antiquity.

The following is the translation of a letter addressed by the celebrated German poet Heine to a homœopathic physician of his acquaintance:

Monsieur le Docteur.—Your investigations have established as a scientific truth that millionth parts produce the most serious effects. Accept, then herewith enclosed the millionth part of a Lyons sausage, which our friend Ernst has asked me to hand to you. If homœopathy is a truth, this small portion will produce on you the same effect as the whole sausage.—HEINRICH HEINE.

From the opening words of this letter we may perhaps hazard the conjecture that the letter was addressed to no less a person than Hahnemann himself, who, like other prophets, finding himself unappreciated in his own country, spent the last year of his life in Paris, where he died in 1843.

On June 24th, the centenary of the birth of Francesco Puccinotti was celebrated at Urbino. Puccinotti was professor in the Medical Faculty of Florence, and author of many works of great merit, among which his *Storia della Medicina* is the best known. A memorial tablet was uncovered bearing the following inscription: "A Francesco Puccinotti per Fede, per Scienza, per Umanità Emulo dei più Grandi Italiani la Patria MDCCCXCIV." The Italians have evidently not lost the tradition of noble simplicity in their lapidary inscriptions which they inherit from their "antique Roman" forbears.

MEDICAL NEWS.

VACCINATION IN AUSTRIA.—According to an official report recently published the number of vaccinations in Austria is increasing steadily, though not in proportion to the growth of the population. In 1891 the ratio was 1 vaccination to 31 inhabitants, in 1892 it was 1 in 29, in 1893 1 in 32 for the whole of Austria. Taking separate divisions of the country we find that in 1893 the proportion of vaccinations to population in Lower Austria was 1 in 41; in Upper Austria 1 in 45; in Vorarlberg 1 in 77. The animal lymph was almost without exception procured from the Imperial-Royal Vaccine Institute at the expense of the State. In 1891 the proportion of successful vaccinations was 83.7 per cent., in 1892 85.1, and in 1893 90.3.

A MEDICAL STUDENT CHARGED WITH ANARCHISM.—A Russian student of medicine, named Margoulis, was arrested at Montpellier as being a member of a society of malefactors and an apologist of murder. Experts in handwriting gave it as their opinion that a placard expressing exultation at the murder of President Carnot, which had been posted up in a public place, was in the prisoner's handwriting. Margoulis was on the eve of passing his final examination for the degree of Doctor of Medicine, and lived very quietly with a small colony of fellow students of his own nationality. The charge of posting the Anarchist placard broke down, but the Montpellier police warned Margoulis that he must leave the district within five days. He has appealed to the prefect of the department.

THE MEDICAL PROFESSION IN BULGARIA.—Statistics recently published by Dr. G. Malochades, of Sophia, in the sanitary service of Bulgaria, show that during the last fifteen years the number of medical men established in that principality has progressively increased year by year. In 1879 the total number of medical practitioners was 95; at the end of 1893 it was 283. Of this number only sixty-three were private practitioners in the strict sense of the term. All the others were in the direct service of the State, either as municipal medical officers or military surgeons. Of the seventy-five districts into which Bulgaria is divided thirteen, representing a population of 400,000 souls, are without a doctor of any kind. In case any enterprising young Britons should feel inclined to go to the rescue of these poor people, it may be well to state that before anyone is allowed to practise the healing art in Bulgaria he must pass an examination before a medical commission.

THE OPIUM VICE IN AUSTRALIA.—The abolition of the dens where opium is smoked not only by the Chinese but by many young Australian women is, we learn from the Melbourne *Argus*, one of the objects which the Victorian Premier hopes to accomplish by means of his Opium Bill, which has been read a first time in the Legislative Assembly. It differs from the Bill which was under consideration last session in one important point—it does not propose to stop the growth of poppies, nor even the manufacture of opium in the colony. Sir James Patterson states that the Victorian opium has the reputation of being the finest in the world, and he proposes that its production shall not be interfered with so long as the opium is used only for medicinal purposes. The Bill provides that Victorian opium must not be exported. If the Bill becomes law, it will be penal for anyone in the colony to smoke, swallow, drink, or take internally opium, except when made up or compounded by a pharmaceutical chemist or a qualified medical practitioner.

SCULPTURE AS A HANDMAID OF MEDICINE.—The medical staff of the Salpêtrière have conceived the happy idea of enlisting sculpture in the service of medical science, and particularly neurology. A series of busts and heads, illustrating the principal types of pathological deformities, has been executed by Dr. Paul Richer, chief of the laboratory attached to the clinic of nervous diseases, whose artistic skill is well known. The last number of the *Salpêtrière Iconographie* contains a photograph of one of these busts, representing a patient the subject of progressive primary myopathy. The case was often shown by M. Charcot as a perfect type of the

"myopathic countenance," as shown by MM. Landouzy and Déjerine. The advantages in clinical teaching of such works of plastic art, in which the sculptor's chisel is directed by the scientific knowledge of the pathologist need not be dwelt upon. Reproductions of the figures can be obtained from M. Bataille, publisher of the *Nouvelle Iconographie de la Salpêtrière*, 23, Place de l'Ecole de Médecine, Paris.

AMERICAN JOTTINGS.—The number of medical colleges in the United States is estimated at 100, and the number of medical students at 19,000.—The graduating class of the Harvard Medical School this year consisted of 127 men, and was the largest class ever graduated.—In a recent suit against a certain "catarrh cure" for non-payment of the reward offered in case of failure to cure, the defence was that it was a mere wager; but the Supreme Court of Tennessee held that the contract was valid.—The Brooklyn "high school" girls recently refused to submit to vaccination inspection by male practitioners, as they were mostly vaccinated on the leg, and lady doctors have in consequence been appointed inspectors for public school girls.—The New York *Medical Record* states that a man in San Francisco has brought an action for damages for 25,000 dollars for the loss of some strips of skin removed from his thigh and grafted upon the head of another patient. He alleges that the grafts were taken without his knowledge or consent while he was under the influence of an anæsthetic, given, as he was led to believe, to save him from the pain of a surgical examination.—At a meeting of the New York County Medical Association, on June 18th, Dr. J. Marshall Hawkes presented a young man whom he had trephined for persistent localised headache. From early boyhood he had suffered from intolerable frontal headache, and every treatment had been tried without avail. Thinking that the trouble might possibly be due to eye strain, Dr. Hawkes first sent him to an ophthalmic surgeon, who, however, found that there was no difficulty of the kind. On examining the head the only abnormality that could be detected was a slight indentation of the bone in the right frontal region. As a last resource Dr. Hawkes determined to trephine at this spot, and a button of bone about two-thirds of an inch in diameter was removed with antiseptic precautions. It was found that in the situation mentioned there was a depression of the inner table of the skull pressing on the brain. The operation, which was performed on June 30th, 1892, gave complete relief, and there had been no recurrence of the headache. Dr. Hawkes quotes Starr as stating in his recent work on brain surgery that this operation had been performed only twice for headache, once in London, and once in New York by Dr. Robert F. Weir. Dr. Starr, we presume, does not take into account the operations done in the prescientific days of the seventeenth and eighteenth centuries, when surgeons seem to have trephined patients on the slightest pretext, and sometimes in mere lightness of heart for "ventilation of the brain," etc.—At a recent examination for the position of *interne* at the Indianapolis City Hospital, a negro won the appointment over the heads of a large number of white candidates. He is 21 years of age, a graduate in arts of the State University of Missouri, and an M.D. of the Medical College of Indiana. The appointment of a negro, though fairly won by merit, has caused much ill-feeling and scandalous abuse, both of the young man himself and of all concerned in his appointment. In the surgical wards, where his services began, the pay patients left, and the charity patients complained bitterly of what they called the indignity of being ministered to by a black man. The violence of the prejudice against a man solely on the ground of a difference of a colour of the skin is disgraceful to people claiming to be civilised, and distressing to all lovers of humanity. It is remarkable that in this country, where we are not accustomed, as the citizens of the great and enlightened republic of the West are, to be shaved, and bathed, and nursed by "coloured persons," there is not such an amount of prejudice, even among the poorer classes, against medical practitioners with an extra amount of pigment in their skin. We have known not only "black men" in the wider sense of the term which Lord Salisbury seems to attach to it, but true "niggers" of the full-blown type serve their term as dressers, clinical clerks, and obstetric assistants without the least demur on the part of the patient.

MEDICAL VACANCIES.

The following vacancies are announced:

- ABERDEEN CITY HOSPITAL.**—Resident Physician at the City (Infectious Diseases) Hospital. Salary, £50 per annum, with board and lodgings at the Hospital. Applications to W. Gordon, Town Clerk, Town House, Aberdeen, by August 27th.
- ABERDEEN ROYAL INFIRMARY.**—Ophthalmic Surgeon. Applications by August 31st.
- BURGH OF LEITH.**—Medical Officer of Health. Salary to commence at £350. Applications and testimonials to T. B. Laing, Town Clerk's Office, Leith, by September 1st.
- CAMBRIDGE UNIVERSITY.**—John Lucas Walker Studentship. Applications to Professor Roy, New Museums, Cambridge, by September 30th.
- COUNTY ASYLUM, Prestwich, Manchester.**—Pathologist. Salary, £200 per annum, with board, residence, and washing. Applications and testimonials to the Superintendent.
- CUMBERLAND INFIRMARY, Carlisle.**—House-Surgeon. Salary, £70 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary before August 29th.
- GENERAL HOSPITAL, Birmingham.**—Assistant-Surgeon. Appointment for three years, with eligibility for re-election. Honorarium, £100 per annum. Applications to Howard J. Collins, House-Governor, by September 1st.
- GENERAL HOSPITAL, Nottingham.**—Senior Resident Medical Officer doubly qualified. Salary, £120 for the first year, with an addition of £10 a year up to £150, with board, residence, and washing. Applications to the Secretary by September 1st.
- HANTS COUNTY ASYLUM.**—Third Assistant Medical Officer. Salary, £100 per annum, with furnished apartments, board, washing, and attendance. Applications and testimonials, endorsed "Application for Appointment of Medical Officer, before August 23rd to Committee of Visitors, Knowle, Fareham.
- LIVERPOOL INFIRMARY FOR CHILDREN.**—Assistant House-Surgeon. Board and lodging, but no salary. Applications and testimonials to C. W. Carver, Hon. Secretary, by August 18th.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—Assistant Resident Medical Officer, doubly qualified. Appointment for six months. No salary, but board, washing, and residence in the Hospital provided. Applications to E. Wilson Taylor, Secretary, by August 24th.
- LYTHAM URBAN SANITARY DISTRICT.**—Medical Officer of Health. Salary at the rate of £55 per annum. Applications endorsed "Medical Officer" to Charles A. Myers, Clerk, Commissioners' Office, Lytham, by August 20th.
- MACCLESFIELD GENERAL INFIRMARY.**—Senior House-Surgeon, doubly qualified. Salary, £100 for the first year, with increase of £10 the second, with board and residence. Applications to the Chairman of the House Committee by August 22nd.
- MEMORIAL HOSPITAL, Jarrow-on-Tyne.**—House-Surgeon, age not under 25, and to reside and board free in the hospital. To come under a three years' engagement at a progressive salary of £130, £150, and £170 respectively. Applications and testimonials to J. Campbell, Secretary, by September 4th.
- METROPOLITAN ASYLUMS BOARD.**—Dispenser at the Northern Fever Hospital. Salary, 35s. per week, with dinner daily; must not be more than 40 years of age, and qualified under the Pharmacy Act. Applications (on printed forms to be obtained at the office) to the Secretary Metropolitan Asylums Board, Norfolk House, Norfolk Street, Strand, W.C., by August 23rd.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—Physician; must be Fellow or Member of the Royal College of Physicians of London, or Graduate in Medicine of a University recognised by the General Medical Council. Applications and testimonials to be sent not later than August 20th.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.**—Junior Resident Medical Officer, qualified. Salary, £30 per annum, with board, attendance, and washing; tenable for six months, with prospect of re-election as Senior. Salary, £60 per annum. Applications and testimonials to Major-General G. R. Roberts, Honorary Secretary, by August 31st.
- NORTH DISPENSARY, Liverpool.**—Head Surgeon. Salary, £200 per annum, with apartments, board, and attendance. Applications and testimonials to R. R. Greene, Secretary, Leith Offices, Moorfields, Liverpool, by August 27th.
- PARISH OF LOCHGOLHEAD AND KELMORLECH.**—Medical Officer to attend the poor of the parish. Salary, £60 per annum; in addition, £40 per annum (exclusive of practice) will be guaranteed by the residents. Applications to the Chairman of Parochial Board, Inverary, Douglas Pier, Lochgoll, by August 24th.
- ROYAL ORTHOPÆDIC HOSPITAL, 297, Oxford Street.**—Resident House-Surgeon. Candidates must be M.R.C.S.Eng. and L.R.C.P., unmarried. Salary, £100 per annum, with residence and partial board. Applications and testimonials to the Secretary by August 28th.
- RUBERY HILL ASYLUM, Bromsgrove, Worcestershire.**—Clinical Assistant. Applications to the Medical Superintendent.
- ST. BARTHOLOMEW'S HOSPITAL.**—Ophthalmic Surgeon, must be F.R.C.S.Eng. Applications and testimonials to W. Cross, Clerk, by September 10th.
- ST. LUKE'S HOSPITAL, E.C.**—Clinical Assistant, must be qualified. Appointment for six months, with board and residence. Applications to Percy De Bathe, M.A., Secretary.

- ST. PETER'S HOSPITAL, Henrietta Street, Covent Garden, W.C.**—House-Surgeon for six months. Salary at the rate of 50 guineas a year, with board, lodging, and washing, and an allowance for wine, etc. Applications and testimonials to Irwin H. Beattie, Secretary, before September 1st.
- SOUTH DISPENSARY, Liverpool.**—Head Surgeon. Salary, £200 per annum, with apartments, board, and attendance. Applications and testimonials to R. R. Greene, Secretary, Leith Offices, Moorfields, Liverpool, by August 27th.
- SOUTH DISPENSARY, Liverpool.**—Assistant Surgeon. Salary, £30 the first year, and £90 per annum afterwards, with apartments, board, and attendance. Applications and testimonials to R. R. Greene, Secretary, Leith Offices, Moorfields, Liverpool, by August 27th.
- STAFFORDSHIRE COUNTY ASYLUM, Stafford.**—Medical Officer to act as *Locum Tenens* for two or three months. Salary, 2 guineas per week, with board, etc. Applications to the Medical Superintendent.
- TOWNSHIP OF TONTEH PARK, Liverpool.**—Resident Medical Officer of the Workhouse and Infirmary. Salary, £100 per annum, with board, washing, and apartments. Applications and testimonials, marked "Assistant Medical Officer," to J. Moulding, Clerk to the Guardians, 15, High Park Street, Liverpool, by August 23rd.
- WEST RIDING ASYLUM, Wakefield.**—Fourth Assistant Medical Officer. Salary, £100 per annum, rising £10 annually to a maximum of £150, with furnished apartments, board, washing, and attendance. Applications to the Medical Director by August 18th.

MEDICAL APPOINTMENTS.

- ALLARDICE, Wm. C., M.B., C.M.Glasg.**, appointed House-Physician to the North Staffordshire Infirmary and Eye Hospital, Stoke-upon-Trent.
- COWAN, J. J., M.B.Edin.**, appointed Medical Officer for the No. 3 District of the Bromyard Union.
- DOWNES, Harold, L.R.C.P.E., L.R.C.S.E., L.F.P.S.Glasg.**, appointed Assistant House-Surgeon to Branch Hospital, Seamen's Hospital Society, Victoria and Albert Docks.
- HODGSON, V. J., L.R.C.P.Lond., M.R.C.S.Eng., D.P.H.Cantab.**, reappointed Assistant Medical Officer of Health to the Port of London.
- LISTON, Prosper, L.R.C.P., L.R.C.S.I.**, appointed Medical Officer of Balrothery Workhouse, Lusk, co. Dublin; and also Consulting Medical Officer of Health for Balrothery Union, *vice* Dr. Fullam, resigned.
- MACLURE, Herbert W., M.B., B.S., B.A.Cantab., M.R.C.S.Eng., L.R.C.P.Lond.**, appointed Medical Officer to the Metropolitan Fire Brigade, District No. 6, by the London County Council.
- MOLLOY, L. G. S., M.D.Dublin**, appointed Surgeon (for one year) to Blackpool Hospital.
- O'DRISCOLL, Michael, L.M.I.**, appointed Medical Officer for the Union Hall Dispensary District, *vice* Dr. Kearney, deceased.
- PALM, Theobald Adrian, M.D.Edin.**, reappointed Medical Officer of Health to the Wigton Local Board.
- ROYDEN, William, L.R.C.P.Lond., M.R.C.S.Eng.**, appointed Medical Officer of Health to the Rural Sanitary District of the East and West Incorporation.
- TAYLOR, Arthur S., B.A., B.C., M.D.Cantab., F.R.C.S.Eng.**, appointed Honorary Medical Officer to the Surbiton Cottage Hospital.
- WHITE, John A. T., L.R.C.P.Lond., M.R.C.S.Eng.**, appointed Medical Officer for the Hatfield District of the Dunmow Union, *vice* R. Croly, L.R.C.S.I., resigned.
- WILLETT, George G. D., M.R.C.S.Eng.**, reappointed Medical Officer for the Bitton and Marksbury District of the Keynsham Union.
- YOUNG, Meredith, M.B., C.M.Edin.**, Medical Officer of Health to the Halifax Rural Sanitary Authority, appointed Medical Officer of Health to the Corporation of Brighouse, Yorks.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTH.

- POWELL.**—On August 10th, at Glenarm House, Upper Clapton, the wife of Herbert E. Powell, M.R.C.S., L.S.A., of a daughter.

MARRIAGES.

- DOVE-CLARKE.**—At St. John's, High Fell, Gateshead-on-Tyne, on July 5th, by the Rev. J. W. Hooper, R. Atkinson Dove, M.B., C.M., L.R.C.S. Edin., Brigg, Lincolnshire, youngest son of George Dove, J.P., Stancoix, Carlisle, to Lila, third daughter of the late William Clarke, J.P., and Mrs. Clarke, The Hermitage, Gateshead-on-Tyne.
- WAKEHAM-LOGAN.**—At St. Mary Redcliffe Church, Bristol, on Saturday, July 28th, by the Rev. Canon Cornish, Charles Henry Wakeham, M.R.C.S., L.R.C.P., of London, to Augusta Sibthorpe Logan, younger daughter of the late James Logan, M.D., of Redcliffe, Bristol.
- YOUNG-REID.**—On Wednesday, August 8th, at the Parish Church, Shipley, Yorks, by the Rev. E. M. Young and the Rev. H. T. Young, brothers of the bridegroom, Meredith Young, M.B., C.M., Medical Officer of Health Brighouse Corporation, and son of the late Rev. James Young, to Emily, youngest daughter of William Reid, of London.

DEATH.

- BEATON.**—On August 8th, at Ryde, Daniel Beaton, M.D., aged 89 years