

microscopical drawings have never been surpassed. His beautiful figures of trichina spiralis (of which, though he did not solve the riddle of that mysterious organism, he gave a very good description) have been copied into a hundred textbooks. And there are other figures which, though the specimens were not prepared with all the modern apparatus of microtomes, double staining, etc., would be well worth looking up. There can be no doubt that Bristowe possessed powers of delineation which, had he preferred art to science, would have made him a very competent, if not a great, artist.

Another point which strikes me in relation to these pathological papers is that in a good many instances they anticipate later observations which have obtained much greater notoriety. It is a curious question why these observations did not attract more notice. It appears to have been partly because the descriptions are short, and not accompanied by explanations or deductions. A certain want of self-assertion, combined, perhaps, with a touch of scepticism, seems to have prevented Bristowe from pointing out the conclusions which followed from his observations, and hence these have not always obtained due recognition. His knowledge of morbid anatomy generally was wide as well as minute, and had he set himself to write a systematic textbook of that subject, it would certainly have been of equal, if not greater, value than his *Textbook of Medicine*.

Of the *Textbook of Medicine*, the work of Bristowe's later years, it is needless to say much, since it is so well known and successful; but it may be permissible to say that what especially commended it on its first appearance was that, beyond any previous textbook, it was based on a profound and practical knowledge of morbid anatomy in the widest sense. It was the pathological textbook, and this peculiarity gave it a stamp of actuality which so-called clinical manuals did not always display. Moreover, it is a mature work, bringing out the best fruit of the author's immense clinical experience. Though he made it a rule not to quote cases, this practical knowledge underlies all his statements.

In his clinical work and teaching Bristowe displayed much the same qualities as in his pathological work. His diagnosis was essentially physical diagnosis; there was never any doubt about what he meant; and his logical power, combined with great quickness of apprehension, made him an admirable, often a brilliant, diagnostician. As a clinical teacher his reputation displayed a steady rise, which those who were intimately associated with him were able to watch. Out of the pathologist expanded an admirable clinical physician. He was not of the dogmatic school; he had not that unhesitating confidence on which some teachers, and some very good ones, have founded their influence over students and their power of driving knowledge into the uninstructed brain. His tentative and rather sceptical method was sometimes a stumbling-block to the weaker brethren, but more intelligent students, and especially instructed hearers, soon came to value the candid way in which the teacher exhibited the workings of his own mind and the valuable lessons in reasoning and observation thus conveyed. His more direct teaching was very lucid and based on such manifold knowledge that it could not fail to be instructive.

Bristowe was, perhaps, not often thought of as a literary physician. Nevertheless, his interest in literature was considerable, and in early life he published a volume of poems. Possibly the non-appearance of a second volume showed that Nature meant Bristowe to be distinguished otherwise than as a poet; but, be this as it may, his prose writing had many merits. Its chief distinction was that it was eminently consecutive; every sentence seemed to follow naturally from that which went before; he saw the end from the beginning, and never lost his way, as even good writers will occasionally do, in a long exposition. There can be no doubt that the lucid and flowing style of his great textbook was an important element in its success.

Having undertaken, at the request of the Editor, to say a few words about the scientific position of my much respected and lamented friend, it is impossible to forbear some reference to his fine moral qualities. Bristowe was a man of remarkable independence. The mere opinion of others, apart from reasons, influenced him not at all. He never shrank from expressing any view or taking up any cause because

they were unpopular; whether it was the opinion of the public or that of the profession which he had to face—as, indeed, he showed on more than one occasion. In every relation of life he merited the epithet so often bestowed upon him of being “absolutely straight.” No shadow of insincerity or indirect motives ever dimmed the clearness of his character. Genial to all, he was especially helpful and sympathetic to the young and to his younger colleagues. All have lost much in him: we at St. Thomas's a loyal colleague and a devoted friend; science a mind always clear, always accessible to new ideas; the medical profession one of its most accomplished, many-sided, and brilliant representatives.

WE regret to announce the death of Mr. JOHN CORNWALL, of Glastonbury, a former President of the West Somerset Branch of the British Medical Association, and one of the oldest and most highly respected practitioners in the West of England. Mr. Cornwall was born in 1817, and was therefore 78 years of age. He studied his profession at St. Bartholomew's Hospital, passing the “College” in 1840, and the “Hall” in the following year. He settled at Ashcoll in 1844, and soon acquired a large practice, which extended over a wide district. He was a man entirely devoted to his profession, a “country doctor” of the best type, honoured by the rich and beloved by the poor. He was buried at Meare on August 16th, many prominent inhabitants of Glastonbury and a large concourse of people from Meare and the surrounding district following his remains to the grave.

THOMAS SPENCE LAWRY, M.B., C.M. Edin., M.R.C.S., of Auckland, New Zealand, died on June 22nd, aged 38 years. Returning to work after an attack of influenza in most inclement weather, and before convalescence was complete, he was seized with pneumonia, and never rallied. A native of New Zealand where his grandfather and father were members of the early Wesleyan mission to the Maoris, he received his early education in Auckland. He completed his medical education in the Edinburgh University in 1883. During the following year he was house-surgeon at Leeds Infirmary under Mr. Jessop. Returning home shortly after this, he settled in Auckland and soon acquired a considerable practice. At the time of his death he was one of the honorary visiting physicians to the Auckland Hospital, and had served as chairman of the medical staff. His death will come as a great shock to the many friends of his college days. At the time of his death he had been married only three years. He leaves a widow and one child, a daughter.

WE regret to announce the death of Mr. JOHN LLEWELLYN, J.P., of Caerphilly, who passed away on August 16th at the age of 87. Mr. Llewellyn was born in 1808, and in 1824 he was apprenticed to the late Dr. William Price, the famous Druid, at Nantgarw. On the completion of his apprenticeship he entered St. Bartholomew's Hospital. In 1829 he studied for a time in Paris, and in 1829 he was admitted a Member of the Royal College of Surgeons of England, passing the “Hall” in 1830. He then settled at Caerphilly, where he soon had one of the largest practices in South Wales. In 1880 he was named a Justice of the Peace for the county of Glamorgan, and some time afterwards he was appointed Chairman of the Petty Sessions for the Caerphilly division. Mr. Llewellyn took a very active interest in the formation and prosperity of various Lodges of Oddfellows at Caerphilly, Cardiff, and elsewhere, and he was also prominent as a politician. He was a brother-in-law of Zephaniah Williams, and had many interesting tales to tell of the Chartist movement. Mr. Llewellyn was beloved and respected by all who knew him well. He was a man of exemplary uprightness in every relation of life. His favourite hobby was agriculture, and he was a frequent prizewinner at shows. He was twice married, and leaves one son and three daughters. Mr. Llewellyn was a member of the South Wales Branch of the British Medical Association.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Pasquale Landi, Professor of Clinical Surgery successively in the Universities of Siena,

Bologna, and Pisa, aged 79; Dr. Texier, Professor of Internal Pathology in the Medical School of Algiers; Dr. Thomas McKennan, a prominent member of the profession in Western Pennsylvania, aged 71; and Dr. E. J. Whitney, a well known physician of Brooklyn, who served with distinction through the Civil War, and was medical director of the expedition which escorted the first Governor of Arizona to his duty during the troubles in that territory, aged 56.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE TITLES QUESTION.

SCRUPLES.—Under the exceptional circumstances described, we think our correspondent need have no scruple in using a title which *materialiter*, if not *formaliter*, denotes his real professional position.

PROFESSIONAL SERVICES TO DOCTORS AND WIVES.

A MEMBER.—The following is the more essential part of the rule relating to the gratuitous professional services to the faculty, which has a direct bearing on the case referred to: "All legitimate practitioners of medicine, their wives, and children while under the paternal care, are entitled (not as a matter of right, but) by professional courtesy, to the reasonable and gratuitous services—railway and like expenses excepted—of the faculty resident in their immediate or near neighbourhood, whose assistance may be desired."—*Code*, Chap. II, Sect. 2, Rule 1.

INQUESTS AND POST-MORTEMS.

I.R.C.P., L.R.C.S. (St. Pancras) was called to see a dying man, and on arrival found he was recently dead, and that a quantity of arterial blood, which had been sudden and profuse, had evidently come from the mouth, causing death by syncope. Our correspondent states that he had only seen the body after death, and therefore he was not in a position to certify or to state, when called as a witness at the inquest, whether the blood came from the lungs, or from a rupture of the arch of the aorta into the oesophagus or trachea, or from the abdominal aorta into the stomach—any of which might have occurred; and he further complains that no *post-mortem* examination was ordered by the coroner.

"*We learn that the inquest was held a fortnight since by the deputy coroner, and from the evidence given it appeared that the deceased, who was 47 years of age and a newsagent, was seen by our correspondent about two years ago, when the man was suffering from chronic bronchitis and some affection of the heart, and last seen by him a year previous to his death. Since then the deceased had not been well, and six months ago he was worse, began to lose flesh, and was admitted to the St. Pancras Infirmary on April 14th last, when he described his illness as of five months' duration. He was then suffering from a bad cough, night sweats, rapid emaciation, and extensive crepitation of the left lung, and the diagnosis was "acute phthisis." The deceased was "slated" at the infirmary, but although advised to remain he took his discharge on July 24th last, and died as described on August 6th. His widow stated that he had been very bad since he returned home, but had been walking about; that on the day of his death he kept his bed, and at 9.30 P.M. she went out to make a purchase, and on her return, very shortly after, she found the deceased insensible, lying on the floor by the side of the bed, with blood coming from the mouth in large quantities, and that he died a few minutes after. This evidence, confirmed by other witnesses and a written report from the medical officer of the infirmary, satisfied the coroner and jury that the death arose from natural causes. Even in the absence of a *post-mortem* examination there appears to be no reasonable doubt but that the deceased died from syncope following sudden and severe hæmorrhage when suffering from acute phthisis, and this was the verdict of the jury. Our correspondent considers that a more accurate verdict might have been obtained if a *post-mortem* examination had taken place; but although he could not certify to the cause of death, not having attended the deceased in his last illness, yet had he done so and diagnosed the disease, there is little doubt that he would have been prepared, as required by law, to certify in the usual way, which would doubtless have been in accord with the verdict returned by the coroner's jury, even without a *post-mortem* examination, which might have been objected to by the friends. We do not for a moment desire to underrate the value of *post-mortem* examinations, which of course in many cases are necessary; in the case under consideration, however, it appears that the deputy coroner in the exercise of his discretion, and with the medical history of the case before him, acted wisely in the course he thought proper to adopt. Our correspondent should not forget that if the jury are not satisfied with the evidence and testimony brought before them at the inquest, they have the power to adjourn and request the coroner to order a *post-mortem* examination or to call such further medical evidence as they may require.

WHAT IS A POST-MORTEM EXAMINATION?

TASMANIA writes: Here we are paid £2 2s. for making a *post-mortem* examination and £1 1s. for evidence as a medical witness, both being quite separate items specified by law and in the forms which are filled in for payment and signed by the coroner. I have lately been summoned by the coroner to make a *post-mortem* examination upon a man who committed suicide by blowing his brains out with a gunshot, removing half the skull. I made an examination externally, and made an examination of the skull and contents thereof, a policeman being present. I returned to the coroner and jury, with whom I then went back to view the body. I gave my evidence as to the injuries to the body and the cause of death upon the examination made, and I sent in my claim for £2 2s., which the authorities refuse to pay as they did not consider a *post-mortem* examination was made, adding that the £1 1s. will be paid me for medical evidence. They say that a *post-mortem* examination means by long usage an internal examination of a body, and that when a knife has not been used no *post-mortem* examination is made. The Act says here, "for any *post-mortem* examination." I said a *post-mortem* examination was according to the reading of the Act, and the definition in *Quain's Dictionary of Medicine*, an inspection or examination of the body after death, and that neither differentiated between an internal and external examination, nor did it specify that a knife should be used. Will you kindly state what is the least that must be done to constitute a *post-mortem* examination?

"*The question raised by "Tasmania" is, as far as we know, a novel one, but we do not think that his contention can be upheld, and we fear we cannot embark upon an elucidation of the meaning of Acts of Parliament in the Colonies. All medico-legal writers are agreed that a *post-mortem* examination or inspection of the body—for the words are used interchangeably—must be complete and thorough, and should include the naked-eye examination of brain, spinal cord, mouth, larynx and pharynx, and of the contents of the thorax and abdomen. In "Tasmania's" case such an examination might, by revealing some organic disease, have supplied an explanation of or motive for the suicide. In a very notable case of suicide in London a few years ago the proof that the man was at the time suffering from pneumonia supplied the jury with reasonable ground for surmising that the act might have been committed during the delirium so often present in that disease. The discovery of aortic valvular disease would be another instance of an organic disease known to be often followed by insanity. "Tasmania" will, on reconsideration, probably see that to press his claim further when he really has a weak case would be injudicious, and that he will adopt the wiser policy in withdrawing from a position which is likely to prove untenable.

CERTIFICATES OF DEATH.

M.B., M.A., would be glad to know of a small book dealing with the question of death certificates and coroners, and he asks several questions as to the granting and withholding of such certificates.

"*Medical practitioners who have attended a deceased person during the last illness are required by law to give, for the purposes of registration, a certificate stating to the best of their knowledge and belief the cause of death, and forms for this purpose are supplied by the local registrars. In cases where the death has either directly or indirectly arisen from violence or injury, it is well for the practitioner to send details of the same without delay to the coroner, and to withhold the certificate until his reply is received. If an inquest is held, which is usually the case, the certificate will not be required, and the coroner will register the death on the verdict of the jury. If, however, a certificate of death is given, which shows that the death did not arise from natural causes, it is the duty of the registrar to return it to the coroner before registration, which may cause a delay in the inquest, and annoyance to friends. There is no penalty for giving a certificate stating the cause of death, if the statements therein contained are true and correct; but under the registration Acts the giving of a false certificate is an indictable offence. We do not know of any small book bearing on these subjects only, but our correspondent will find in the first few pages of Dr. Luff's recently-published *Textbook on Forensic Medicine and Toxicology*, vol. 1, comments and suggestions which will assist him in the exercise of his discretion when called to certify in doubtful cases.

ANON.—Read reply to "M.B., M.A." above, in answer to your first question. To your second, the coroner is bound to advance and pay at the termination of the inquest the sum of one guinea to a medical witness summoned to attend the court.

PATENTS FOR SURGICAL APPLIANCES.

SURGEON-CAPTAIN.—In response to our correspondent's query, we may note that to hold a patent for a surgical appliance is deemed (and, in our opinion, rightly) derogatory to the faculty, and is so laid down in the *Medico-Ethical Code*, chap. ii, sect. 1, rule 4, to which, as corroborative of our views, we would refer him.

THE TITLE OF SURGEON.

M.D. writes: My son has passed the surgical final, and been told, as usual, by the President of the College of Surgeons that he is a member thereof, and that he is exempt from service on juries, etc. I have

taken a new residence three miles off. Do I offend against any law or by-law by putting his name upon the brass plate at either house with the designation "surgeon"? He has still his medical final to pass.

*. If the object of putting the designation of "surgeon" on the door-plate is to hold out the son as practising his profession as such for gain, we think that under the Medical Acts 1858-86 it will be very dangerous to do so.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post office order with the notice. The last post on Wednesday is the latest by which these announcements can be received.

A SENIOR SURGEON-CAPTAIN with 2½ years to do at home, would go to India for about two years, to complete a tour—in exchange.—Apply, Rex, care of Messrs. Holt and Co., 17, Whitehall Place, S.W.

A SURGEON-CAPTAIN, under orders for Barbadoes, who expects to embark about first week in December, wishes to exchange with an officer lately home.—Address, A. E. M., care of Holt and Co., 17, Whitehall Place, London, S.W.

THE NAVY.

SURGEONS EDWARD J. MORLEY, HUGH W. MACNAMARA, JOSEPH H. WHELAN, M.D., PERCY W. BASSETT-SMITH, JOHN P. J. COOLICAN, EDGAR R. DIMSEY, JOSEPH R. McDONNELL, M.D., HAMILTON MEIKLE, and HERBERT CANTON, having completed twelve years' full-pay service, are promoted to be Staff-Surgeons, August 21st.

The following appointments have been made at the Admiralty: GEORGE LEX, Surgeon, to Bermuda Hospital, August 22nd; HUGH S. BURNISTON, Surgeon, to the *Active*, August 22nd; JOHN H. THOMAS, Surgeon, to the *Pembroke*, August 22nd; GEORGE WELSH, Surgeon, to the *Tyne*, August 22nd; EVAN ST. M. NEPEAN, Surgeon, to the *Victory*, additional, August 22nd; JOSEPH H. WHELAN, Staff-Surgeon, to the *Voltage*, August 21st; EDWARD P. MOURILYAN, to the *Cormorant*, August 21st; WILLIAM J. MAILLARD, Surgeon, to the *Excellent*, August 21st; FRANK BRADSHAW, Surgeon, to the *Plassey*, August 21st; HORACE ELLIOTT, Surgeon, to the *Sphinx*, August 21st; THOMAS AUSTEN, Surgeon, to the *Wildfire*, August 21st; PERCY W. BASSETT-SMITH, Staff-Surgeon, to the *Magdala*, August 21st; ALEXANDER F. HARPER, Surgeon, to the Royal Marines, Plymouth, August 21st; HAROLD F. D. STEPHENS, Surgeon, to the *Vivid*, August 21st; JAMES M. SMITH, M.B., Surgeon, to the *Blonde*, undated; FREDERICK FEDARR, M.B., Surgeon, to Haslar Hospital, September 10th.

INDIAN MEDICAL SERVICE.

SURGEON-COLONEL ALEXANDER PORTER, M.D., Madras Establishment, has retired from the service, July 10th. He was appointed Assistant-Surgeon March 31st, 1865, and Surgeon-Colonel, July 26th, 1890. He has been on furlough, pending retirement, since March 1st, 1893.

The *London Gazette* of Tuesday last contains the announcement that Surgeon-Colonel L. D. SPENCER and Brigade-Surgeon-Lieutenant-Colonel G. MCB. DAVIS, both of the Bengal Establishment, have been nominated, the former to be a Companion of the Bath, the latter to the Distinguished Service Order, in recognition of their services during the recent operations in Waziristan. It will be remembered that Surgeon-Colonel Spencer was the Principal Medical Officer with the force, and Brigade-Surgeon-Lieutenant-Colonel Davis was Principal Medical Officer to the 1st Brigade.

The following is a list of surgeons on probation of the Indian Medical Service who were successful at both the London and Netley examinations on July 31st. The prizes are awarded for marks gained in the special subjects taught at the Army Medical School. The final positions of these gentlemen are determined by the marks gained in London added to those gained at Netley, and the combined numbers are accordingly shown in the list which follows:

Names.	Marks.	Names.	Marks.
*J. Stephenson (B.) ...	5,921	R. F. Standage (Bo.) ...	4,274
F. N. Windsor (B.) ...	5,127	A. A. Gibbs (Bo.) ...	4,066
†W. B. Turnbull (B.) ...	5,068	F. L. Blenkiosop (M.) ...	3,937
‡E. E. Waters (B.) ...	4,847	A. Moore (M.) ...	3,924
A. Leventon (B.) ...	4,600	H. A. F. Knapton (Bo.) ...	3,848
P. F. Chapman (B.) ...	4,481	E. M. Illington (M.) ...	3,829
A. Hooton (Bo.) ...	4,467	T. E. Watson (M.) ...	3,631
A. F. W. King (Bo.) ...	4,421	C. G. Webster (M.) ...	3,538

*Gained the Herbert Prize of £20, the Parkes Memorial Medal, the Martin Memorial Medal, and the prize in Pathology.

†Gained the 1st Montefiore Prize of 20 guineas and bronze medal.

‡Gained the Maclean Prize for Clinical and Ward work.

ARMY MEDICAL STAFF.

SURGEON-LIEUTENANT-COLONEL RODOLPHE HARMAN, M.B., is promoted to be Brigade-Surgeon-Lieutenant Colonel, *vice* J. Riddick, deceased, July 28th. Brigade-Surgeon-Lieutenant-Colonel Harman was appointed Assistant-Surgeon, April 1, 1871; Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1883; and Surgeon-Lieutenant-Colonel, April 1st, 1891. He has no war record in the Army Lists.

ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT PERCIVAL M. YEARSLEY, having vacated his Volunteer medical appointment, ceases to be an officer of the Army Medical Reserve, August 28th.

THE VOLUNTEERS.

SURGEON-LIEUTENANT P. J. L. MORRIS, 1st Volunteer Battalion the Suffolk Regiment, has resigned his commission, August 28th.

Mr. SAMUEL JOHN JAMES KIRBY, M.D., is appointed Surgeon-Lieutenant to the 2nd Volunteer Battalion the Suffolk Regiment, August 28th.

Surgeon-Lieutenant S. BRAITHWAITE, 1st (Cumberland) Volunteer Battalion the Border Regiment, has resigned his commission, August 28th.

Surgeon-Lieutenant G. M. EDMOND, M.D., 1st Volunteer Battalion the Gordon Highlanders, is promoted to be Surgeon-Captain, August 28th.

UNIVERSITIES AND COLLEGES.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, August, 1895. The following candidates passed in

Surgery.—A. F. Blake, London Hospital; G. W. Brown, St. Thomas's Hospital; J. A. Clough, Leeds; K. G. Jones, London Hospital; W. J. Lubbeck, Madras; A. R. McCullagh, Charing Cross Hospital; H. S. Maw, Bristol and St. Bartholomew's Hospital.

Medicine, Forensic Medicine, and Midwifery.—F. H. Blatchford, St. Mary's Hospital; J. A. Clough, Leeds; A. D. P. Dudley, University College; R. E. T. Ingram, Guy's Hospital; H. S. Maw, Bristol and St. Bartholomew's Hospital; U. W. N. Miles, King's College; D. Pettigrew, Glasgow and Sheffield; S. J. Wareham, Charing Cross Hospital.

Medicine and Forensic Medicine.—J. G. Owen, Charing Cross Hospital; A. H. Wade, St. Bartholomew's Hospital; R. P. H. Whitmarsh, St. Thomas's Hospital.

Medicine.—G. Lowsley, St. Bartholomew's Hospital.

Forensic Medicine and Midwifery.—D. D. Stewart, Liverpool; T. W. Wakem, Charing Cross Hospital.

Forensic Medicine.—R. G. Jones, London Hospital; S. E. H. Martin, Royal Free Hospital; M. White, St. Thomas's Hospital.

Midwifery.—O. W. Gange, University College; D. C. Kemp, University College; J. Watts, Manchester.

To Messrs. Blake, Blatchford, Brown, Clough, Dudley, Ingram, Jones, Lowsley, McCullagh, Maw, and White was granted the diploma of the Society.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

Sanitary Condition of Labourers' Cottages.—Mr. CHAPLIN (Sleaford, Lincolnshire), in reply to Mr. YERBURGH (Chester), said that the practice of the Local Government Board had been to refer to the reports of the Assistant Commissioners in connection with the examination of the annual reports of medical officers of health, and where the reports of the Assistant Commissioners had contained statements respecting cottage accommodation the Board had communicated with the local authority on the subject when it had appeared to them that advantage would be likely to result from such communication. Apart, however, from the reports of the Assistant Commissioners, the Board were accustomed upon the materials furnished by the annual reports of the medical officers of health to draw the attention of local authorities to matters of sanitary importance in connection with the housing of the working classes. It would entail a good amount of labour to go through the files with respect to all the sanitary districts in the country for the purpose of preparing a list of the cases in which action had been taken in the matter.

Dr. Herz.—Mr. GRIFFITH BOSCAWEN (Tunbridge, Kent) asked the Home Secretary whether he would lay upon the table of the house a copy of the correspondence which had passed between the Home Office and the French Government with reference to the case of Dr. Herz; and also a copy of the report of Sir Russell Reynolds on the prisoner's state of health in 1893, and his subsequent report.—Sir M. WHITE RIDLEY (Blackpool) said he could not see that any good purpose would be served by laying upon the table of the House the correspondence referred to. Speaking generally, that correspondence had been limited to a representation as to the serious condition of Herz's health, and the impossibility of removing him to London, and an inquiry whether the French Government persisted in their requisition for his surrender, to which a reply in the affirmative was returned. Sir Russell Reynolds had three times visited Herz, and reported on his health; his reports were confidential in their details, and it would be contrary to practice to publish such documents. Her Majesty's Government were now in communication with the French Government with a view to fresh convention being come to which would enable the Act of last session to be put in force.

Increase of Lunacy.—Mr. G. BALFOUR, in answer to Dr. KENNY (College Green, Dublin), said the increase in the number of admissions of lunatic patients into institutions was attributed by the Lunacy Commissioners in great measure to causes other than an increase of the disease of insanity in its more serious forms; and in their last report they pointed to the continuously-increasing proportion of old-age admissions as confirming this view. At present he had no well-digested information with respect to foreign countries, and was not satisfied that anything would be gained by an international commission. He would, however, consider the matter during the recess.

Salvation Army Shelters.—In answer to Mr. TALBOT (Oxford University), Mr. CHAPLIN (Sleaford, Lincolnshire) said his attention had been called to a report in the *Times* of August 15th as to proceedings instituted by the Vestry of St. George the Martyr, Southwark, with regard to alleged overcrowding of the Salvation Army shelter in Blackfriars Road. He understood that the case had been adjourned, and no decision had been given by the magistrate in the matter, and he thought, therefore, that he could not properly make any observations with reference to the evidence referred to. The Local Government Board were aware that a considerable number of cases of small-pox had occurred amongst persons who

had been relieved in the Salvation Army shelters. In the early part of last year the Board directed an inquiry as to the arrangements in connection with these shelters, especially as regards dealing with cases of infectious disease, and at the beginning of the present month he had requested that further inquiries should be made by one of the medical inspectors of the Board as to the precautionary measures taken at the shelters with a view to the detection of cases of small-pox among the persons admitted. The general result of the inquiry appeared to be that the Salvation Army authorities realised their responsibility in the matter of small-pox, and were anxious to do all in their power to prevent the spread of that disease by means of the shelters. The Local Government Board were not empowered to enforce a medical inspection. Any powers for this purpose, apart from those which might be exercised by the medical officer of health, could only be obtained by legislation. The subject had been receiving his attention, and the question as to an alteration of the law with regard to these and other similar institutions would be considered by him.

Provincial Workhouse Infirmaries.—Mr. TALBOT called the attention of the President of the Local Government Board to the treatment of the poor in workhouse infirmaries, and asked that the report of the Committee on Pauper Schools might not be longer delayed.—Mr. CHAPLIN, in a general answer to the questions which had been addressed to him by preceding speakers, admitted that the regrettable cases which had occurred in workhouses of patients suffering from illness owing to inefficient and inferior nursing ought to receive his careful attention. He had already made inquiries on the subject, and he understood that at the present time there was in existence a Workhouse Nursing Association, by means of which nurses were trained and also recommended. He understood, moreover, that many boards of guardians subscribed to the association. The Local Government Board attached great importance to the work of the association, and also to the nursing duties in workhouses by trained nurses. It was also the policy of the Board to discourage as far as possible the nursing of patients by pauper nurses. This had been the general policy of the Department, and it was one which he hoped to continue to carry out in the future, realising how important it was that the nursing establishment connected with workhouses should be thoroughly reformed. As to the position of district schools in the metropolis, he had made some inquiries of the chairman of the committee now sitting in connection with this subject. He understood that the report might be presented not later than November next. When the report had been presented and the Department was in possession of the views of the committee, it would be his duty to give his best attention to the subject.—Mr. T. P. O'CONNOR said that he had received the most alarming and shocking communications with regard to the treatment of the pauper sick, and the right hon. gentleman might do much good by making searching inquiry into the subject.—Sir W. FORSTER said that the subject of the nursing of the sick poor had received much attention on the part of the local authorities of late years, but, of course, the Local Government Board were bound to proceed cautiously in regard to the matter. He was glad to say that trained nurses were now employed in workhouse infirmaries in place of pauper nurses. He entirely approved of what had fallen from the right hon. gentleman as to placing casual paupers on the land so as to enable them to recover their self-respect. An endeavour should be made to group unions in order to enable the inmates of the workhouses to be classified.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,224 births and 4,045 deaths were registered during the week ending Saturday, August 24th. The annual rate of mortality in these towns, which had been 20.8 and 19.1 per 1,000 in the two preceding weeks, rose again to 19.9 last week. The rates in the several towns ranged from 11.8 in Croydon, 12.4 in Swansea, and 12.9 in Plymouth to 30.4 in Manchester, 33.2 in Hull, and 35.6 in Blackburn. In the thirty-two provincial towns the mean death-rate was 22.0 per 1,000, and exceeded by 5.0 the rate recorded in London, which was 17.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 4.8 per 1,000; in London the rate was equal to 3.0 per 1,000, while it averaged 6.1 in the thirty-two provincial towns, and was highest in Salford, Hull, and Blackburn. Measles caused a death-rate of 1.5 in West Ham, 1.8 in Salford, and 9.4 in Blackburn; whooping-cough of 1.2 in Blackburn and 1.5 in Birkenhead; and diarrhoea of 7.5 in Sheffield, 7.9 in Wolverhampton and in Preston, 8.8 in Salford, 9.6 in Bolton, and 13.0 in Hull. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 47 deaths from diphtheria in the thirty-three towns included 24 in London and 3 in Liverpool. Six fatal cases of small-pox were registered in London and 2 in Oldham, but not one in any other of the thirty-three large provincial towns. There were 357 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, August 24th, against 237, 273, and 336 at the end of the three preceding weeks; 65 new cases were admitted during the week, against 60, 54, and 79 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 2,423, 2,511, and 2,529 at the end of the three preceding weeks, declined again to 2,507 on Saturday last, August 24th; 307 new cases were admitted during the week, against 247, 278, and 357 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, August 24th, 877 births and 478 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 18.3 to 16.6 per 1,000 in the four preceding weeks, was again 16.6 last week, and was 3.3 per 1,000 below the mean rate during the same period in the

thirty-three large English towns. Among these Scotch towns the death rates ranged from 12.1 in Leith to 21.4 in Aberdeen. The zymotic death-rate in these towns averaged 2.9 per 1,000, the highest rates being recorded in Greenock and in Dundee. The 201 deaths registered in Glasgow included 17 from diarrhoea, 6 from scarlet fever, 6 from whooping-cough, 4 from "fever," and 1 from measles.

THE LAW AS TO DISINFECTION.

B. B. writes: The Public Health Act, Section 126, states that any person who gives, lends, sells, transmits, or exposes without previous disinfection any bedding, clothing, rags, or other things which have been exposed to infection shall be liable to a penalty. Does this render a person liable whose clothing has been exposed to infection by visiting a patient who is suffering from an infectious disease—for example, small-pox—provided he does not disinfect them before leaving the house? If not, is there any law by which people can be prohibited from visiting a case of small-pox in a cottage (we have no isolation hospital), and then going straight into public thoroughfares, shops, etc.?

*Strictly speaking, a fully proved case of the kind would come within the terms of the Section, but it is not usual to prosecute in such cases. It is proper to prohibit, in the sense of warning, but there might probably be difficulty in inducing magistrates to convict, especially as the District Council have failed to provide means of proper isolation.

POSTAGE FOR NOTIFICATION RETURNS.

R. W. JONES, M.B.—The Act says nothing as to cost of postage, but holds the medical attendant responsible for sending the certificate to the medical officer of health. It seems reasonable that the former, if he uses the post for the purpose, should pay the trifling cost of postage. There has not, as far as we know, been any legal decision on the point, but it is more than doubtful if he could compel the district council to refund it, although the Local Government Board would raise no difficulty if they were to do so.

GRANTS TO PUBLIC VACCINATORS.

WE sympathise with Dr. Ducat, and such of his colleagues as are in a like position in respect to their non-award of a grant for efficient vaccination, by reason of their use of stored calf lymph. But we still fail to see the "change of front" which is attributed to the Local Government Board in the matter. We have before us now a handbook containing the official "Instructions to Vaccinators under Contract," dated 1871, and a copy of the amended instructions of seventeen years later, but the difference in the two in nowise affects the subject now in question, namely, the withholding of awards on account of use of calf lymph in a stored state; rather the older instructions of twenty-four years ago expressly inveigh against any use of stored lymph where this can be avoided, emergent circumstances alone calling for its use. Seeing that the grants to public vaccinators are given on the basis of these instructions, we can hardly expect that disregard of a clause which Dr. Ducat himself looks upon as incalculating a method of vaccination "the most efficient and the most preferable" should be met with approval and reward. Doubtless the day is not far distant when calf lymph, always of absolutely fresh character like that now used at Lamb's Conduit Street Station, will be almost universally made use of; but we trust that the day of general use of stored lymph is never to come. If the Local Government Board has the power to do away with the use of such lymph, we are ignorant of the fact; but they show in unmistakable fashion their disapproval of it, and for the rest we must be content to await with what patience we can the report of the Vaccination Commission before we can reasonably look for any "change of front" on the part of the Government in the manner of administration of the Vaccination Acts. And meantime, we have still to learn that vaccination with lymph calf-to-arm has been unrewarded in the matter of the official grant.

LONGFORD (IRELAND) BOARD AND THE LOCAL GOVERNMENT BOARD.

THE Longford Board of Guardians has had a disagreement with its medical officer about the nursing in the fever hospital, Dr. Cochrane being strongly of opinion that the staff at night was insufficient, so much so that whilst the question was still unsettled by the Board, he paid an assistant nurse himself. This matter with some others has been laid before the Local Government Board, with the result that the decision was in favour of retaining the nurse in the fever hospital. The Local Government Board sent a peremptory letter to the Longford Board to the effect that if it did not follow the counsel of its medical officer in the treatment of the sick, the central authority might feel justified in suspending the Board. The Board persists in its contumacy, and we are sorry that the Local Government Board has not maintained a firm attitude, but instead thereof has sent a weak letter to the clerk in which it practically throws up the sponge. A grand opportunity has been lost of setting an object lesson to the guardians all over the country—an opportunity of teaching them the true relation of the medical officer to the Board of the Union.

MEDICAL NEWS.

WE learn with pleasure that a Civil List pension of £200 a year has been granted to Mrs. Huxley.

At the recent elections to the Councils General in France more than 150 members of the medical profession were returned.

THE King of Siam has, following the example of the Emperor of Japan and the Shah of Persia, given his adhesion to the Geneva Convention.

THERE are now 343 small-pox patients in the hospitals of the Metropolitan Asylums Board. The western, northern, and central districts still remain free from the disease.

THE American Association of Obstetricians and Gynaecologists will hold its eighth annual meeting at Chicago on September 24th and two following days under the presidency of Dr. J. Henry Carstens.

PRESENTATION.—On August 23rd at the Wansbeck Home for Females, Newcastle, Dr. William Teasdale was presented with a handsome and inscribed silver salver in recognition of his fourteen years' voluntary service in connection with that institution.

THE New York City Board of Health has appointed three ladies—Miss Mitchell, Miss Deane, and Miss Weiss, all holding the degree of Doctor of Medicine—to be medical inspectors under the board. The salary is 100 dollars (£20) a month.

FATAL ACCIDENT TO A MEDICAL MAN.—Dr. Frank Marsh Wright, of Bottesford, met his death through attempting to enter a train in motion on August 23rd. Dr. Wright, who was in practice at Bottesford with his father, was 32 years of age, and was formerly a student at Guy's Hospital.

DR. EMMA JOHNSTON LUCAS has been appointed Health Commissioner Peoria, Ill., U.S.A. She is the first woman who has held any public office in that city. Her candidature was strongly supported by the medical men, as well as the Women's Club, of Peoria.

THE Intercolonial Medical Congress of Australia will be opened on February 3rd, 1896, instead of the 17th as previously arranged. Diseases of the Eye, Ear, and Throat will be considered in a subsection of the Section of Surgery at the forthcoming Congress. Drs. J. H. Scott and L. E. Barnett, of the University, Dunedin, N.Z., are the General Secretaries.

MEDICAL VACANCIES.

The following vacancies are announced:

BRIGHTON, HOVE, AND PRESTON DISPENSARY, Queen's Road, Brighton.—Medical Officer for the No. 6 District. Applications to the Secretary by September 9th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician. Board and residence and allowance for washing provided. Appointment for six months. Also Assistant Physician; must be M. or F.R.C.P.Lond. Applications to the Secretary for the former post by September 12th, and for the latter by September 14th.

DERBYSHIRE ROYAL INFIRMARY, Derby.—Clinical Assistant; must be qualified and registered under the Medical Acts of Students of Medicine, who have only their Final Examination to pass. Appointment for six months. An honorarium of £10 after six months' satisfactory service will be given, and board, residence, and washing. Applications and testimonials to Walter G. Carnt, Secretary, before September 13th.

GENERAL HOSPITAL, Nottingham.—House-Physician. Appointment for two years, but eligible for re-election. Salary, £100 per annum, rising £10 a year to £120. Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing in hospital; no salary. Applications to the Secretary for the former post by September 11th, and for the latter by September 7th.

GLASGOW MATERNITY HOSPITAL.—Obstetric Physician and Assistant Obstetric Physician. Applications to Arthur Forbes, Secretary, 146, Buchanan Street, Glasgow, by November 8th.

GREAT YARMOUTH HOSPITAL.—House-Surgeon. Must be doubly qualified and able when required to give lectures for probationer nurses. Salary, £90 per annum, with board and lodging. Applications and testimonials to R. F. E. Ferrier, Honorary Secretary, before September 14th.

LANCASTER INFIRMARY AND DISPENSARY.—House-Surgeon; unmarried. Must be doubly qualified and registered. Salary, £80, with residence, board, attendance, and washing. Applications to Allan Sewart, Honorary Secretary, before September 12th.

MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN, Park Place, Cheetham Hill Road, Manchester.—House-Surgeon. Salary, £80 per annum, with apartments and board. Applications to Mr. Hubert Teague, Secretary, 38, Barton Arcade, Manchester, by September 3rd.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—House-Physician, House-Surgeon, Assistant House-Physician, and Assistant House-Surgeon. Appointments tenable for six months. The House-Physician and House-Surgeon will each receive a salary at the rate of £80 a year. Must possess a registered English medical and surgical qualification. Applications and testimonials to Charles H. Byers, Secretary, before September 6th.

NORFOLK AND NORWICH HOSPITAL.—Assistant House-Surgeon; doubly qualified. Appointment for six months. Board, lodging, and washing provided. Applications to the House-Surgeon by September 2nd.

PLYMOUTH PUBLIC DISPENSARY.—Second Medical Officer of the Provident Department. Appointed for one year, but eligible for re-election; doubly qualified. Remuneration will be the net profits (after deduction of the expenses mentioned in the Scheme). Applications to the Honorary Secretary, W. H. Prance, 7, Athenæum Terrace, Plymouth, by September 11th.

ROYAL UNITED HOSPITAL, Bath.—House-Surgeon. Candidates must be M.R.C.S.Eng., and registered. Appointment for one year. Salary, £80, with board, lodging, and washing. Applications and testimonials to W. Stockwell, Secretary-Superintendent, before September 11th.

ST. BARTHOLOMEW'S HOSPITAL.—Assistant Physician. Candidates must be Fellows or Members of the Royal College of Physicians, London. Applicants must attend the Court of Governors to be held on Thursday, September 26th. Applications and testimonials to W. Henry Cross, Clerk, by September 9th.

MEDICAL APPOINTMENTS.

BERESFORD, Robert de la Poer, M.D.Glasg., L.R.C.P., L.R.C.S.Edin., re-appointed Medical Officer of Health to the Oswestry Town Council.

BLOUNT, G. B. C., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Skin Department of St. Thomas's Hospital.

BYERS, Professor, M.A., M.D., reappointed Physician for Diseases of Women to the Royal Hospital, Belfast.

CLENDINNEN, W. M., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer of Health, Covey Urban District, *vice* J. G. Clendinnen, deceased.

CORNWALL, J. W., M.A., M.B., B.C.Cantab., appointed Clinical Assistant in the Throat Department of St. Thomas's Hospital.

CONFORD, G. J., B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

CANDLER, G., Senior, B.A.Cantab., L.R.C.P., M.R.C.S., appointed Obstetric House-Physician to St. Thomas's Hospital.

CROUCH, H. C., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

DAWNAY, A. H. P., Junior, L.R.C.P., M.R.C.S., appointed Ophthalmic House-Surgeon to St. Thomas's Hospital.

DAVIS, H. J., M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

DANIEL, E. G. C., B.A.Cantab., L.R.C.P., M.R.C.S.(extension), appointed Resident House-Physician to St. Thomas's Hospital.

DIXON, W. E., B.Sc.Lond., L.R.C.P., M.R.C.S.(extension), appointed Clinical Assistant in the Electrical Department of St. Thomas's Hospital.

GENGE, G. G., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Skin Department of St. Thomas's Hospital.

SAUNDERS, E. A., Junior, M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.

SECCOMBE, P. J. A., M.A.Cantab., L.R.C.P., M.R.C.S., appointed non-resident House-Physician to St. Thomas's Hospital.

STONE, W. G., M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

TEMPLEMAN, Charles, M.D.Edin., appointed Medical Officer of Health for Dundee, *vice* Dr. Anderson, resigned.

THOMAS, Dr. J., appointed Medical Officer of Health to the Lowestoft Town Council.

TEURSTON, E. O., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

WALKER, Dr., reappointed Medical Officer of Health for the Stoke Rural District.

WALLACE, L. A. R., B.A., M.B., B.Sc.Oxon., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

WATKINS, J. W., M.D.Edin., M.R.C.S.Eng., reappointed Medical Officer of Health for the Newton Urban District.

WINN, John, L.R.C.P., L.R.C.S.I., appointed Medical Officer of Health for Clayton-le-Fylde.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

MARRIAGES.

CAMPBELL—**GRIBBON**.—On August 1st, at St. Matthew's Church, Bayswater, by the Rev. J. A. Chapman, B.A., E. Kenneth Campbell, M.B., F.R.C.S., son of Hugh Campbell, of Wimpole Street, W., and late of Eweland Hall, Essex, to Rose Maude, daughter of the late Brigadier-Surgeon G. C. Gribbon (K. O. Scottish Borderers), and granddaughter of the late Sir Hugh Allan, of Montreal, Canada.

GIFFORD—**ELLIS**.—At Brierley Hill, Staffordshire, on August 27th, George Keith Gifford, M.B., C.M.Aberd., to Gertrude Mary, only daughter of H. D'Arcy Ellis, M.R.C.S., L.R.C.P., etc., West Plains, Stourbridge.

HELLIER—**HARRISON**.—On August 22nd, at the Wesleyan Church, Rooden Lane, Manchester, by the Rev. Dr. Moulton, of Cambridge, John Benjamin Hellier, M.D., of Leeds, to Lily, younger daughter of the late Henry Bowers Harrison, J.P., of Prestwich.

SHAW-MACKENZIE—**YULE**.—On the 24th inst., at St. James Paddington, by the Rev. E. A. Midwinter, John A. Shaw-Mackenzie, M.B.Lond., M.R.C.S., of 24, Savile Row, W., to Fanny, daughter of the late Robert Yule, of Gravesend.