

previous epidemics. Of the 27,093 deaths in Bombay during the sixteen weeks since plague appeared, 5,018, or about one-fifth, are attributed to plague. Major Reade, who has been the chief plague authority in Poona since 1897, and who has done excellent work during that period, was the recipient of an address from those connected with plague work in Poona. At Nagpur the plague is increasing; 10 deaths occurred there on February 16th. Calcutta telegrams give an alarming account of the sudden increase of plague in that city. The latest printed records give the number of deaths on February 16th, 17th, 18th, 19th, 20th, and 21st as 24, 25, 26, 44, 34, and 40 respectively.

In the Patna district plague continues to make headway. At the public burning ghats on the Ganges bank, just below the town of Barh, some 35 plague corpses arrive daily from Barh and the surrounding villages. Since the beginning of the outbreak in the Barh district 3,500 deaths from plague have occurred. At Dinapur plague has existed for some time, but the fact has been concealed. In Madras, the Punjab, and the Jullunder district plague prevails also with more or less severity.

HONG KONG.

The efforts of the sanitary authorities to destroy the rats in the City of Victoria have not been successful. Although some 157 rat traps were issued, only 37 rats were brought in during a whole month.

JAPAN.

A few cases of plague continue to occur in several cities in Japan. The authorities have offered a small sum of money to persons bringing in dead rats.

AUSTRALIA.

On March 12th 2 fresh cases of plague were reported in the City of Sydney. Since the beginning of the outbreak 15 persons have been attacked, of whom 6 died, 8 are still suffering, and 1 has recovered. It would seem as if plague had really attained a foothold in Sydney.

MAURITIUS.

For the week ending March 8th 9 fresh cases of plague and 7 deaths from the disease are reported.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

The following analysis shows the distribution of medical officers in the Army List for March:

Distribution in the March Army List.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks: Seconded.
Surgeon-Generals ...	5	1	4	—	10	—
Colonels ...	7	8	12	—	27	2
Lieutenant-Colonels...	12	23	39	—	74	1
Majors ...	30	180	107	3	419	5
Captains ...	17	67	98	1	183	3
Lieutenants ...	4	101	36	—	141	5
Total ...	75	389	386	4	854	16

Compared with the February list, the total has decreased by 4, accounted for as follows in the obituary: 1 murdered on Burmah-Chinese frontier, 1 died of wounds, and 2 from disease in South Africa.

The number at home has sunk from 117 to 75, no doubt through the mobilisation of the Eighth Division; while the number in South Africa has correspondingly increased from 350 to 389. The number at other foreign stations is 386 against 385, while the unposted have declined from 6 to 4.

It must be noted that if the administrative and the executive officers holding staff appointments, and therefore not available for general duty, be deducted from the 75 at home, only about 50 full-pay executive medical officers are left for general duty. These are reinforced by about 84 retired-pay officers, called "acting" in the Estimates, and by 33 on the retired list "temporarily employed" (of whom 2 are in South Africa), and by a large contingent of civilian surgeons, of which there is no complete return.

The effective total strength of full pay army medical officers is nominally at present 854, not including the Director-General; but if 16 seconded officers be deducted the real strength is 838. This number is insufficient for ordinary peace duties, and, of course, quite unequal for the present strain. It provides no margin whatever for current casualties and periodical reliefs; it will be still more insufficient when the proposed addition of 27,600 men to permanent army establishments is effected. The present number of 838 officers must indeed be reinforced by at least 200 if the service is to be placed on an efficient footing.

THE NAVY ESTIMATES, 1900-1901.

II.

As is indicated, Vote 3, Medical Establishments and Services is an estimate of the sum that will be required in the year ending March 31st, 1901, to defray the expenses of medical services, including the cost of medical establishments at home and abroad, as well as of marine infirmaries, irrespective of that incurred for H.M. ships and naval depôts. It shows a net increase of £32,000.

We will endeavour to indicate the extra provision proposed for the year in question, necessitated by the increased *personnel*, and necessary increase of hospital accommodation.

Some considerable addition to this vote is due to the improved pay and prospects of the Sick Berth Staff referred to in our observations on the First Lord's statement explanatory of the Navy Estimates, 1900-1901, in the BRITISH MEDICAL JOURNAL of March 3rd.

In examining Vote 3, we find provision made for the following increase of medical officers, sisters of the nursing staff, dispensers, and sick berth staff.

Melville Hospital, Chatham.—1 sister, 1 warrant officer of the sick berth staff (a rank now for the first time established).

Haslar.—1 staff-surgeon (as instructor in the diseases of warm climates, etc.), 1 surgeon, 1 sister, 1 dispenser, 1 warrant officer, and 51 other ratings of the sick berth staff. The provision of a museum attendant (presumably an expert museum assistant) is a most noteworthy reform. For some years past this museum, rich in many valuable natural history and pathological preparations, and especially in its collection of crania, contributed by naval medical officers from all quarters of the globe, has been greatly neglected. The recent Admiralty Departmental Committee on naval medical questions recognised this neglect, and also made arrangements for future contributions from foreign stations of pathological and other specimens, in connection with the now established instruction in the diseases of warm climates. This museum, in great part the work of the late Sir Andrew Clark, who in his early career was pathologist at Haslar, will doubtless in the future prove a most valuable and important one, worthy of the noble institution where it was established.

Plymouth.—1 deputy-inspector-general, 1 sister, 1 dispenser, 1 warrant officer, and 38 other ratings of the sick berth staff.

Malta.—1 staff-surgeon, 1 head sister, 1 sister.

Portland.—3 sick berth staff ratings.

Foreign Hospitals.—26 sick berth staff ratings.

Under the head of "Hospital and Infirmary Provisions and Stores, Medicines, and Instruments," provision is made for an increased expenditure of £19,000. In the year 1899-1900 the increase under this head was £5,000; we conclude that supply of surgical instruments to ships and naval and marine barracks, a new provision announced in the First Lord's statement, is accountable for a considerable amount of this increase.

Under Vote A, provision is made for 390 medical officers under the rank of Deputy Inspector-General for all naval services.

Under Vote 12, provision is made for an additional fleet or staff surgeon for the Medical Department of the Admiralty, due doubtless to the great increase in the medical returns received in the office, consequent on the larger *personnel* and number of ships in commission, as well as other medical work, physical examinations of candidates for entry into the navy as naval cadets, clerks, etc.

There appears to be no increase in the clerical staff of this department, though the duties must greatly increase from year to year with the growth of our naval forces; a considerable decrease in their salaries is noted by the apparent retirement of a senior clerk and clerk, and their replacement by two staff clerks; it is further noted that the remaining senior clerk will ultimately be replaced by a staff clerk at a lower salary; they are all of the higher division of clerks, however. These economies are the result of the working of the Playfair scheme for the clerical branches of Government establishments.

LITERARY NOTES.

According to the *Clinical Review* of Chicago, it is estimated that up to 1898 over twenty-five hundred articles and monographs had been written on the subject of appendicitis. One-half of this total amount of literature was produced during the five years preceding 1898. It is not stated what proportion of this output is American, but doubtless it is very large.

The Board of Trustees of the University of Pennsylvania has, it is announced, secured entire control of the *University Medical Magazine*, and in future that periodical will be pub-