

Tinnevely, to do duty under the orders of the Deputy Surgeon-General of Her Majesty's Forces, Eastern District.

The services of Surgeon-Major J. W. U. Macnamara, Bengal Establishment, have been placed at the disposal of the Chief Commissioner of Assam.

The services of Surgeon-Major R. Pringle, M.D., Bengal Establishment, Deputy Sanitary Commissioner of the North West Provinces and Oude, are placed at the disposal of the Government of India, Home Department.

The services of Surgeon-Major W. E. Allen, Medical Officer of the Bhopaul Battalion and of the Bhopaul Political Agency, are, on his return to duty from furlough, replaced at the disposal of the Military Department.

Surgeon A. H. C. Dang, M.D., Bombay Establishment, who has been officiating as Medical Officer of the Bhopaul Battalion, and of the Bhopaul Political Agency, is confirmed in that appointment, *vice* Surgeon-Major Allen.

Surgeon C. B. Hunter, of the Bengal Establishment, has been appointed to the officiating medical charge of the 11th Bengal Lancers, at Umballa, in the place of Surgeon R. H. Charles, M.D.

Surgeon J. Smyth, M.D., of the Madras Establishment, is ordered to do duty under the orders of the Deputy Surgeon-General, Her Majesty's Forces, Eastern District.

Surgeon M. J. Kelawala, of the Madras Establishment, doing duty, Bangalore Division and Ceded District, is ordered to do duty in the British Burmah Division, Mr. Kelawala will accompany the 28th N. I. from Madras to Rangoon.

Surgeon J. Scott, of the Madras Establishment, doing duty, British Burmah Division, is ordered to do duty with the Hyderabad Subsidiary Force. Mr. Scott will accompany the 28th N. I. from Rangoon to Madras.

The undermentioned gentlemen have been allowed furlough for the periods specified:—Surgeon-Major G. Henderson, M.D., Bengal Establishment, sick leave for one year and 121 days from 14th August, 1833; Surgeon W. Conry, Bengal Establishment, officiating with the 13th Bengal Lancers at Allahabad, for one year, on private affairs; Surgeon J. Hoey, Madras Establishment, officiating in medical charge of the 1st Madras Native Infantry, at Camp Kuch, Beloochistan, for 90 days from the 30th September; to Quetta and Kurrachee, on medical certificate.

Surgeon-General John Wilson, late of the Madras Establishment, died at Newton Abbot, suddenly, on the 13th instant, at the age of 56. Mr. Wilson entered the service on March 9th, 1850, attained the rank of Deputy Surgeon-General on May 12th, 1876, and retired with a step of honorary rank on March 28th, 1881.

Mr. L. A. Sakes, an Honorary Assistant-Surgeon on the Bengal Establishment, died at Lower Calaba on the 24th ultimo, at the age of 60. He entered the service on July 25th, 1859, and retired on a pension on November 24th, 1870.

## OBITUARY.

### ABRAHAM ALCOCK, M.D.

On the 30th ultimo, at Dunmore East, Co. Waterford, there occurred the death of a venerable member of the profession in Ireland. Dr. Alcock served from 1823 to 1834 as surgeon of the *Lady Melville*, one of the armed fleet of the Honourable East India Company, a branch of their service which was done away with in the latter year. For forty years from this date, he practised in New Ross, and he will be well remembered by many of our military readers between the years 1874 and 1877, when, for private reasons, he lived in Aldershot, giving his aid and experience in all difficult cases which occurred in the Female Hospital, South Camp, and among the members of the then Divisional Staff. In 1878, he left Aldershot for Dunmore East. His death, in the 78th year of age, was caused by a sudden attack of syncope.

### WILLIAM CARROLL, M.D., M.R.C.S., L.A.H.

By the death of Dr. William Carroll, of Waterford, the profession in the South of Ireland has lost one of its most distinguished and respected members. Dr. Carroll, who entered the profession in 1825, had attained the patriarchal age of 81, and during a long and honourable career had held several important appointments; he was for some time physician to the City and County of Waterford Fever Hospital, and in 1849 published in the *Dublin Quarterly Journal of Medical Science* a "Report on the Epidemic Fever of 1846-8, as it appeared

in the Waterford Fever Hospital." He had also held the appointment of surgeon to the County and City Gaol, and had been surgeon to the Waterford Artillery Militia. Dr. Carroll was widely known and honoured for his many admirable qualities of head and heart, and his death is deeply lamented by a large circle of friends and patients.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### CROYDON WORKHOUSE INFIRMARY AND THE CORONER FOR EAST SURREY.

AN inquest was held recently at the Croydon Union Infirmary, by Dr W. C. Morison, Coroner for East Surrey, at which the medical officers attended, and gave evidence, the coroner having ordered a *post mortem* examination. At the conclusion of the case, the coroner, addressing the medical officers, said "that he was reluctantly obliged to refuse paying the usual fees, for *post mortem* examination and evidence, as the Union Infirmary was a place excepted, by the statute of 6 and 7 William IV., chapter 89, section 5." On the medical officer remonstrating with the coroner, and pointing out that he had always been paid under similar circumstances before, the coroner referred him to the Home Secretary for his opinion on the subject.

We have repeatedly pointed out that the medical officer of a workhouse is entitled to these fees. In this opinion we are supported by Mr. Lumley, who is, or was, the legal adviser of the Local Government Board, and by the practice of the late Mr. Wakley, who, when coroner, always paid the customary fees to the medical officer of a workhouse or workhouse infirmary. Now, we consider that Mr. Wakley was the best authority on the subject, seeing that to him the profession was indebted for the Coroner's Witnesses Act. Mr. Wakley, himself, told us the history of the clause on which this coroner relies. It was introduced when the Bill was in committee, and the argument in the speech of the member who proposed it, and of those who followed and supported him, was the expression of a fear lest heavy expense would be incurred if hospital surgeons and physicians were to be paid for their *post mortems* and evidence. Mr. Wakley further stated that, being anxious to get the Bill passed, he very reluctantly assented to the introduction of the clause rather than jeopardise the success of this measure. At that date, 1836-7, no district workhouse infirmaries existed anywhere; they were the outcome of the modern system of sending large numbers of sick poor people into workhouses for medical treatment, and this practice was not extensively acted on, until some time after the Act had been passed.

We farther assert, that the distinct reading of the clause admits of no other construction than this, that voluntary hospitals are alone excluded from its benefits, and that it was not intended to apply, nor does it apply, to rate-supported institutions.

We advise the medical officer of the Croydon Infirmary to summons the coroner, in the County Court, for his fees. That would be a better way of settling the question than his applying to the Home Secretary for his opinion, seeing that he has no jurisdiction in the matter.

**HEALTH OF ENGLISH TOWNS.**—During the week ending the 15th instant, 5,350 births and 3,505 deaths were registered in the twenty-eight large English towns, including London, dealt with in the Registrar-General's weekly returns, which have an estimated population of 3,762,354 persons. The annual rate of mortality per 1,000 persons living in these towns, which had been 20.6 and 21.3 in the two preceding weeks, declined to 20.9 last week. The rates in the several towns, ranged in order from the lowest, were as follow: Huddersfield, 14.0; Brighton, 14.8; Derby, 17.9; Bradford, 18.4; Portsmouth, 18.4; Norwich, 18.5; Bristol, 18.6; London, 19.6; Leeds, 19.8; Sheffield, 20.0; Birmingham, 20.1; Blackburn, 20.3; Leicester, 20.4; Birkenhead, 21.2; Oldham, 21.7; Plymouth, 22.1; Salford, 22.2; Nottingham, 22.9; Halifax, 23.2; Sunderland, 23.3; Hull, 23.9; Liverpool, 24.1; Cardiff, 24.6; Manchester, 26.7; Bolton, 27.8; Preston, 27.8; Newcastle-upon-Tyne, 28.6; and Wolverhampton, 30.0. The average death-rate last week in the twenty-seven provincial towns averaged 22.0 per 1,000, and was 2.4 above the rate recorded in London. The 3,505 deaths registered last week in the twenty-eight towns included 362 which were referred to the principal zymotic diseases, against 379 and 392 in the two preceding weeks.

Of these, 73 resulted from scarlet-fever, 63 from measles, 57 from "fever" (principally enteric), 56 from diarrhoea, 52 from whooping-cough, 39 from small-pox, and 29 from diphtheria. These 569 deaths were equal to an annual rate of 2.2 per 1,000. The zymotic rate in London was 2.7 per 1,000; while in the twenty-seven provincial towns it averaged 2.2, and ranged from 0.0 in Brighton, Plymouth, and Wolverhampton, to 3.7 in Preston, 4.8 in Bolton, and 9.5 in Cardiff. The deaths referred to scarlet fever, which had been 66 and 82 in the two previous weeks, declined last week to 73, and showed the highest rates of mortality in Sheffield and Newcastle-upon-Tyne. The fatal cases of measles, which had steadily increased in the six previous weeks from 37 to 79, declined to 63; this disease showed excessive prevalence in Cardiff. The 57 deaths from "fever" showed a further decline from recent weekly numbers, and showed the largest proportional fatality in Portsmouth and Derby. The 52 fatal cases of whooping-cough slightly exceeded the number in the preceding week, and caused the highest rates in Oldham and Sunderland. The 29 deaths from diphtheria in the twenty-eight towns included 17 in London, 4 in Liverpool, 2 in Norwich, and 2 in Newcastle-upon-Tyne. Of the 39 deaths from small-pox, 35 occurred in London (exclusive of 14 deaths of London residents, which were registered in the Metropolitan Asylum Hospitals situated outside Registration London), 2 in Birkenhead, and 2 in Sunderland. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 580 and 689 on the two preceding Saturdays, further rose to 749 at the end of last week; the new cases admitted, which had been 173, 101, and 233 in the three previous weeks, declined last week to 199. The death-rate from diseases of the respiratory organs in London was equal to 4.8 per 1,000, and was considerably below the average. The causes of 79, or 2.3 per cent. of the 3,505 deaths registered last week in the twenty-eight towns were not certified, either by medical practitioners or by coroners.

**HEALTH OF SCOTCH TOWNS.**—In the eight principal Scotch towns, having an estimated population of 1,254,607 persons, 808 births and 546 deaths were registered during the week ending the 8th instant. The annual rate of mortality, which had risen in the three preceding weeks from 21.3 to 22.5 per 1,000, further increased to 22.6 last week, and exceeded by 1.3 per 1,000 the average rate for the same period in the twenty-eight large English towns. Among these Scotch towns, the rate was equal to 13.4 in Perth, 14.1 in Leith, 17.5 in Edinburgh, 20.0 in Greenock, 23.2 in Dundee, 24.1 in Paisley, 25.5 in Glasgow, and 28.5 in Aberdeen. The 546 deaths registered last week in these towns included 93 which were referred to the principal zymotic diseases, against 110 and 116 in the two preceding weeks; of these, 21 resulted from diarrhoeal diseases, 19 from measles, 18 from scarlet fever, 18 from diphtheria, 11 from whooping-cough, 6 from "fever" (principally enteric), and not one from small-pox. These 93 deaths were equal to an annual rate of 3.8 per 1,000, which exceeded by 1.5 the average zymotic death-rate in the large English towns. The zymotic rates in the Scotch towns ranged from 0.0 and 1.5 in Perth and Edinburgh, to 4.7 and 5.5 in Aberdeen and Glasgow. The 21 fatal cases of diarrhoea exceeded the number in the corresponding week of last year. The 19 deaths from measles showed an increase of 5 upon the number in the preceding week, and included 12 in Glasgow and 5 in Aberdeen. The fatal cases of scarlet fever, which had risen from 12 to 25 in the four previous weeks, declined to 18 last week, of which 15 occurred in Glasgow. The 18 deaths referred to diphtheria were 2 less than the number in the preceding week; 6 were returned in Glasgow, 4 in Dundee, and 3 in Aberdeen. The 22 fatal cases of whooping-cough showed a considerable decline from recent weekly numbers, and included 7 in Glasgow. The deaths referred to "fever," which had been 15 and 12 in the two preceding weeks, further fell to 6 last week, of which 5 were returned in Glasgow. The mortality from diseases of the respiratory organs in these Scotch towns was equal to 4.9 per 1,000, against 4.6 in London. As many as 60, or 11.0 per cent. of the 546 deaths registered last week in these Scotch towns, were uncertified.

**HEALTH OF IRISH TOWNS.**—During the week ending Saturday, November 8th, the number of deaths registered in the sixteen principal town-districts of Ireland was 415. The average annual death-rate represented by the deaths registered was 25.1 per 1,000 of the population, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest:—Sligo, 0.0; Drogheda, 8.5; Armagh, 10.3; Newry, 10.5; Londonderry, 16.0; Galway, 16.8; Wexford, 17.1; Dundalk, 21.8; Cork,

24.0; Lisburn, 24.2; Dublin, 24.9; Kilkenny, 25.4; Limerick, 25.6; Lurgan, 25.7; Belfast, 31.0; Waterford, 37.0. The deaths from the principal zymotic diseases in the sixteen districts were equal to an annual rate of 3.0 per 1,000, the rates varying from 0.0 in Limerick, Newry, Kilkenny, Drogheda, Wexford, Dundalk, and Sligo, to 10.3 in Lurgan; the 5 deaths from all causes registered in the last-named district comprising 2 from whooping-cough. The 129 deaths from all causes registered in Belfast comprised 5 from scarlatina, 6 from whooping-cough, 3 from diphtheria, and 6 from diarrhoea and among the 9 deaths in Londonderry were 2 from scarlatina. One death from measles was registered in Galway, and 1 from the same disease in Armagh. In the Dublin Registration District, the deaths registered during the week amounted to 170. Twenty-three deaths from zymotic diseases were registered in Dublin, being 4 under the average for the corresponding week of the last ten years, and 3 under the number for the week ending the 1st instant; they included 8 from scarlet fever. Thirty-four deaths from diseases of the respiratory system were registered, being 10 over the low number for the preceding week, but 2 under the average for the forty-fifth week of the last ten years; they comprised 25 from bronchitis, and 7 from pneumonia. The deaths of 6 infants under one year old were ascribed to convulsions. Three deaths were caused by apoplexy, 8 by other diseases of the brain and nervous system (exclusive of convulsions), and 9 by diseases of the circulatory system. Phthisis of pulmonary consumption caused 23 deaths, mesenteric disease 7, and cancer 4. Four accidental deaths were registered. In 3 instances the cause of death was "uncertified," and in 17 other cases there was "no medical attendant."

**HEALTH OF FOREIGN CITIES.**—It appears from statistics published in the Registrar-General's return for the week ending the 8th inst. that the death-rate recently averaged 37.0 per 1,000 in the three principal Indian cities; it was equal to 24.0 in Calcutta, 29.6 in Bombay, and 63.3 in Madras. Cholera caused 170 deaths in Madras, 8 in Calcutta, and 5 in Bombay; the largest mortality from "fever" occurred in Bombay. According to the most recently received weekly returns, the average annual death-rate in twenty-three of the largest European cities was 23.7 per 1,000, and was 2.4 above the mean rate in the twenty-eight large English towns. The death-rate in Petersburg was only 21.8, showing a further decline from the rate in recent weeks; the 387 deaths included, however, 9 from diphtheria, and 4 from typhoid fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged 24.1, and ranged from 17.2 in Christiania to 26.2 in Stockholm. Scarlet fever caused 6 deaths in Stockholm, and measles 11 in Copenhagen. The death-rate in Paris was equal to 23.4, and the deaths included 34 from diphtheria and croup, and 20 from typhoid fever. The Paris return for last week notifies that two fatal cases of cholera were reported on Thursday evening, after the weekly return was closed. In Brussels, the rate last week did not exceed 20.1, although 11 of the 162 deaths resulted from diphtheria and croup. The 20 deaths in Geneva, including one fatal case of small-pox, gave a rate of 20.6. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 23.0, the highest rate being 25.4 in Rotterdam; scarlet fever caused 15 deaths in Amsterdam and 5 in Rotterdam. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 23.8, and ranged from 20.0 and 21.6 in Vienna and Dresden, to 25.5 in Prague, and 26.9 in Hamburg. Small-pox caused 6 deaths in Prague, and diphtheria showed the largest proportional fatality in Dresden and Hamburg. In three of the largest Italian cities, the mean rate was 23.7, the rate ranging from 22.1 in Rome, to 25.4 in Turin; small-pox caused 3 deaths both in Rome and Turin, and 6 in Venice; and typhoid fever 6 in Turin. The rate was 29.2 in Madrid, and 29.5 in Lisbon; diphtheria and croup caused 15 deaths in Madrid; and, in Lisbon, 4 deaths from small-pox, and 2 from typhoid fever were returned. The recorded rate in the four large American cities averaged 22.1, ranging from 18.4 in Baltimore to 24.0 in New York. Diarrhoeal diseases were still fatally prevalent in New York and Brooklyn, and diphtheria showed more or less fatal prevalence in each of the four American cities.

**HEALTH OF IRELAND: QUARTERLY REPORT.**—The births registered during the quarter ended 30th September last amounted to 29,246, or 23 per 1,000 of the population; and the deaths to 18,248, or 14.7 per 1,000, the latter being 0.4 under the average rate for the corresponding quarter of the five years 1879-83. During the quarter, the general death-rate was below the usually low rate for the September quarter;

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there was also a marked subsidence in the mortality from whooping-cough; the deaths from the several forms of continued fever were below the average; and the zymotic death-rate, it is satisfactory to note, was the lowest quarterly rate recorded during the last two years. Zymotic diseases caused 1,720 deaths, being 188 under the number for the preceding three months, and 269 under the number for the third quarter of 1883. Measles caused 47 deaths, or a decrease of 116 as contrasted with the preceding return; scarlet fever, 296; diphtheria, 72; and diarrhoea, 599. There were 149 deaths from typhus, against 112; 141 from enteric fever, against 131; and 85 from simple continued fever. A marked decline was shown in the deaths from whooping-cough; they numbered 318, being 190 under the number for the preceding three months, and 152 under the quarterly average during last year. One death from hydrophobia was returned; but no death was recorded from small-pox during the quarter. According to the returns of vaccination received during the September quarter, there were 29,006 persons successfully vaccinated; in 2,526 cases the operation was postponed, and 81 children were reported as insusceptible of the operation.

#### REPORTS OF MEDICAL OFFICERS OF HEALTH.

**BRISTOL.**—In brief, but well written reports, Mr. Davies takes cognisance of the principal events of the year from a sanitary point of view, and comments on the circumstances attending outbreaks of infectious disease. During the summer of 1882, a small group of cases of scarlet fever appeared in different families, and in one case in a public institution. All were totally unconnected with one another, and the only common bond between them was the milk-supply, which was believed to be the cause of the outbreak. In the same year, there was a peculiar outbreak of diphtheria in one family, which could not be traced to any local cause, and there was not another case in the neighbourhood. It was noted, however, that the same family had, some years ago, lost two children from the same disease at prolonged intervals in two different counties. Two children were attacked this time, one aged 7 years and the other 3; the younger died and the elder recovered. Similar instances of this remarkable family predisposition to diphtheria have been noted elsewhere. Under the heading of "fever," 38 deaths were recorded in 1882, but the wording of the returns was so peculiar as to render it impossible to tell what specific diseases were meant. Typhus fever was unusually fatal, causing no fewer than 10 deaths, 8 of which occurred in paupers. These last cases arose from a pauper patient suffering from the disease being allowed to pass through all its stages in the centre of the city. Prompt measures were adopted for isolation and disinfection, and the disease was effectually stamped out. From all causes, the death-rate represented 19.1 per 1,000 and 17.8 per 1,000, a notable decline in the fatality amongst children being observed in 1883.

**BRANDON AND BYSHOTTLES.**—Whilst finding ground for congratulation in a lessened rate of mortality, Mr. Blackett deplors the fact that no fewer than 41 deaths, out of a total of 209 registered in the district last year, should have been returned as "uncertified." Impressed with this sad state of things, Mr. Blackett communicated with the Registrar-General, without, however, securing any improvement. More than one health-officer, in the county of Durham, has complained of the lax system of death-registration, which has been described as "an indisputable sham and delusion;" and, without discussing the question at length, it is quite obvious that the need for improvement is real. Irrespective of this, the mortality-statistics present few features of interest. Speaking of typhoid fever, the death-rate from which was high, Mr. Blackett has found that the fatal consequences occur very frequently on the twenty-first day after the commencement of the disease. In the majority of instances the cause of the disease could not be ascertained, though in two cases, both fatal, the health-officer is of opinion that it was the result of blood-poisoning, brought about by the exhalation of noxious vapours given off from wet clothing, which had been saturated with guano and rain. There was a high birth-rate registered during the year (40.81 per 1,000), whilst the death-rate was as low as 16.31.

**CARLISLE.**—To read a report on Carlisle which is not from the prolific pen of the late Dr. Elliot is a new experience. Mr. Brown, the present health-officer, discusses, in a practical and well-written report, the lessons to be learnt from the experience of 1883, in regard to the causation and spread of zymotic disease, and sets out the best method in which this may be applied. When the country was threatened with an invasion of Asiatic cholera, a systematic inspection of the whole

town was made, and a series of recommendations proposed for its improvement, which, for the most part, were carried out. A special inquiry into the condition of the water-supply revealed the possibility of its being contaminated by sewage. The subject is properly described as one of paramount importance, and the authority should lose no time in placing the purity of the water beyond doubt. The disgraceful condition of the slaughter-houses also calls for immediate improvement, which could best be effected by the erection of a public abattoir. As at present situated and administered, the slaughter-houses are a constant menace to the health of the town. The occurrence of four cases of typhus recalled the fatal outbreak of this disease in the town about ten years ago, and every effort was made to prevent the spread of infection—fortunately, with success. The largest zymotic mortality was recorded from scarlatina, which accounted for 23 deaths, as compared with 69 in 1882. With but few exceptions, all the cases were traced either directly or indirectly to a school, and all probably resulted from some obscure case of fever which had been inadvertently received into the school before recovery was complete. Both the general death-rate (21.0 per 1,000), and the zymotic rate (1.8 per 1,000), was much below the average registered during the past nine years.

**CHESTER.**—It is to be deplored that but one sanitary authority, of the ten districts for which Dr. Kenyon is health-officer, thinks it expedient to print his annual report. The combined area supervised by Dr. Kenyon covers about 130,000 acres, with a population numbering nearly 75,000 inhabitants; and an account of the sanitary circumstances of this district could not fail to contain much of interest and value. Probably the question of cost has had an undue influence; but now that it has been made clear that the printing of health-reports is a legal charge upon the rates, it is to be hoped that Dr. Kenyon may be able to persuade his various authorities to agree to the publication of a combined report. As compared with the previous year, the mortality statistics registered in Chester, during 1883, show a slight reduction in the deaths of persons above sixty years of age, and a remarkable diminution—namely, 92—in the number of deaths under five. Much of this saving of infant life was due to the freedom which the town enjoyed from outbreaks of zymotic disease. There were 33 cases of typhoid fever and 14 deaths, as compared with 46 cases and 11 deaths in 1882. In referring to this subject, Dr. Kenyon points out that, since the ventilation of the sewers was completed in 1878, the mortality from this disorder has diminished by one-half. Two distinct outbreaks of small-pox occurred, but, by prompt removal to hospital, disinfection, and revaccination, the spread of the infection was quickly arrested. The general death-rate is returned at 18.43 per 1,000, which was considerably below the average of the twenty large towns. The zymotic rate is not given.

**PROPOSED REDUCTION OF SALARY.**—The proposition to reduce the salaries of the medical officers to the extent of £20 each, so as to enable the Board of Guardians of the Skibbereen Union to raise a sum whereby they can superannuate one of them who has broken down in their service, is extremely irregular. As regards its legality, that will depend upon whether the Local Government Board for Ireland gives, or refuses to give, its assent to the same. We consider that unless sufficient cause be shown, that the department will hesitate before giving its sanction to such a novel procedure, and we are the more confident in our belief, as the department has, at all times, exhibited a very creditable desire to support their dispensary and workhouse medical officers, in any attempts of their respective boards of guardians to oppress them. We can scarcely imagine that, if the Guardians be foiled, as they assuredly will be in their reduction scheme, they will be tempted to console themselves by refusing any superannuation allowance whatever to their permanently invalidated officer.

#### WATER ANALYSIS BY MEDICAL OFFICERS OF HEALTH.

**SIR.**—The letters relating to the above subject, and recently published in your JOURNAL, have interested me much, as they show me that for some time past I have been doing extra work without remuneration. Samples of water are duly taken, and brought to me by the inspector of nuisances of our urban district, and I make a complete qualitative analysis, physical examination, chemical and microscopic examinations, and conclude with remarks as to the fitness of the water for domestic purposes. As each analysis involves a considerable amount of time and trouble, I think the £15 per annum salary inadequate to meet it. My report is duly made to the Local Board, but no mention is ever made about extra fees for the same. The number of analyses which I have had to make have been more numerous lately, owing to an outbreak of typhoid fever in our urban district. I do not profess to make a quantitative analysis, but send in a complete qualitative examination; and as I am not quite clear as to what extra fee I can claim, I am writing to ask you what should be the amount for each

analysis, and also in the hope that other medical officers of health reading my letter may make some suggestions as to this matter, which I think an important one.—I enclose my card, and remain, your's truly,

Test. Yours,

\*. \* Probably a good deal more to the purpose as to the wholesomeness of a particular sample of water could be learnt from an examination of the physical surroundings of the source of supply, than from analysis of the sample as ordinarily conducted. The health-officer's salary should be fixed at such a rate as to include remuneration for such reasonable examinations of water as may be required. The charging of an extra fee for each analysis made, especially if the analyses are so numerous as our correspondent's letter appears to imply, would involve the authority in a very considerable expense, for which it would obtain no adequate return. But we shall be glad to hear what other health-officers have to say on the subject.

## MEDICAL NEWS.

UNIVERSITY OF LONDON.—The following is a list of the candidates who have passed the recent M.B. Examination.

### First Division.

Anderson, G. E. C., Guy's Hospital.  
Bennett, F. W., Owens College and Manchester Royal Infirmary.  
Bowes, W. H., Guy's Hospital.  
Cockey, E. P., St. Mary's Hospital.  
Crookshank, E. M., King's College.  
Day, J. R., University College.  
Dent, H. L. R., King's College.  
Glover, J. P., St. Thomas's Hospital.  
Gosling, W. A. (B.Sc.), University College.  
Green, C. D., St. Thomas's Hospital.  
Gross, C., Guy's Hospital.  
Irwin, F. D., University College.  
Jones, F. W. C., St. Bartholomew's Hospital.  
Jones, J. H., Owens College and Manchester Royal Infirmary.  
Lewers, A. H. N., University College.  
Mumby, L. P., Westminster Hospital.  
Penrose, F. G., University College.  
Powell, J. J., University College.  
Prideaux, F. H., London School of Medicine for Women and Royal Free Hospital.  
Purslow, C. E., Birmingham School of Medicine.  
Reynolds, E. S., Owens College and Manchester Royal Infirmary.  
Rouse, R. E., St. Thomas's Hospital.  
Rushworth, F., St. Bartholomew's Hospital.  
Spencer, H. R., University College.  
Thorburn, W. (B.Sc.), Owens College and Manchester Royal Infirmary.  
Turner, A. J., University College.  
Vince, J. F., Queen's College and Hospital, Birmingham.  
Womack, F. (B.Sc.), St. Bartholomew's Hospital.  
Woolbert, H. R., University College.

### Second Division.

Adle, J. R., University College.  
Anderson, D. E. (B.A., B.Sc.), University College.  
Bevor, H. R., King's College.  
Bernard, L. C., London School of Medicine for Women and Royal Free Hospital.  
Bigger, S. F., University College.  
Brown, J. G., Liverpool Royal Infirmary.  
Cooper, G. F., St. Thomas's Hospital.  
Dobson, J., Leeds School of Medicine.  
Evans, W. A., Owens College and Manchester Royal Infirmary.  
Floyer, W. W., Guy's Hospital.  
Lynam, R. G., King's College.  
Marriner, W. H. L., St. Thomas's Hospital.  
Parkinson, C. J., Owens College and Manchester Royal Infirmary.  
Thomas, J. R., St. Bartholomew's Hospital.  
Thomson, T., Universities of Aberdeen and Edinburgh.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, November 13th, 1884.

Darlington, Alfred Naylor, Queen's College, Birmingham.  
Davis, David, King's College.  
Dickinson, Joseph Jewitt, Cambridge and London Hospital.  
Edginton, Alfred Dudley, St. Bartholomew's Hospital.  
Foster, Albert Ernest, Leeds School of Medicine.  
Humphry, Ernest, St. Bartholomew's Hospital.

## MEDICAL VACANCIES.

The following vacancies are announced.

ADDENBROOKE'S HOSPITAL, Cambridge.—Resident House-Physician. Salary, £65 per annum. Applications by December 9th.  
ATLEY UNION.—Medical Officer, Fontstown Dispensary. Salary £185 per annum and fees. Applications to E. Bagot, Honorary Secretary, Fontstown Glebe, Kildare.  
BASFORD UNION RURAL SANITARY AUTHORITY.—Medical Officer of Health. Salary, £400 per annum. Applications by November 26th.  
BECKETT HOSPITAL AND DISPENSARY, Barnsley.—House-Surgeon. Salary, £130. Applications to Charles Newman, Honorary Secretary, before December 1st.

BRENTFORD UNION.—Medical Officer and Public Vaccinator. Salary, £60 per annum. Applications to the Board of Guardians, and sent to the office of the Clerk at Isleworth, marked, "Applications for Medical Officer," by November 25th.

BRISTOL ROYAL INFIRMARY.—Assistant Resident Officer and Pathologist. Salary, £80 per annum. Applications by November 24th.

DARLINGTON HOSPITAL AND DISPENSARY.—House-Surgeon. Salary, £100. Applications to H. F. Pease, Esq., on or before December 3rd.

DENTAL HOSPITAL OF LONDON, AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.—Demonstrator of Non-Cohesive Fillings. Salary, £50 per annum. Applications by December 8th.

GATSBHEAD DISPENSARY.—Resident House-Surgeon. Salary, £210 per annum. Applications to Mr. Joseph Jordan, 2, Side, Newcastle-on-Tyne.

GREAT NORTHERN CENTRAL HOSPITAL, Caledonian Road, N.—House-Surgeon. Salary, 60 guineas per annum. Applications to the Secretary on or before November 25th.

HOLLOWAY AND NORTH ISLINGTON DISPENSARY.—Resident Medical Officer. Salary, £120 per annum. Applications to Honorary Secretary before November 29th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square.—Resident Medical Officer. Salary, £50 per annum. Applications by November 24th.

LIVERPOOL EYE AND EAR INFIRMARY.—House-Surgeon. Salary, £80 per annum. Applications by November 24th.

LONDON HOSPITAL, Whitechapel, E.—Honorary Assistant Surgeon. Applications by November 24th.

NORFOLK AND NORWICH HOSPITAL.—House-Surgeon. Salary, £100 per annum. Applications by November 28th.

NORFOLK COUNTY ASYLUM.—Junior Assistant Medical Officer. Salary, £100 per annum. Applications to Dr. Hills, Thorpe, Norwich.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, E. House-Surgeon. Applications by November 25th.

QUEEN'S HOSPITAL, Birmingham.—Two Honorary Obstetric Officers. Applications to Secretary by December 6th.

ROYAL CORNWALL INFIRMARY. House-Surgeon. Salary, £120 per annum. Applications by November 27th.

ROYAL FREE HOSPITAL, Gray's Inn Road.—Senior Resident Medical Officer. Salary, £104. Applications to Secretary on or before December 3rd.

ST. BARTHOLOMEW'S HOSPITAL.—Dental Surgeon and two Assistant Dental Surgeons. Applications by December 5th.

SUSSEX COUNTY HOSPITAL, Brighton.—Dispenser. Salary £100 per annum. Applications by December 3rd.

UNIVERSITY COLLEGE, London.—Curator of Anatomy. Salary, £150 per annum. Applications by November 24th.

UNIVERSITY OF ADELAIDE, South Australia.—Elder Professor of Anatomy. Salary, £400 per annum. Applications to Sir Arthur Blyth, K.C.M.G., Agent-General for South Australia, 3, Victoria Chambers, Westminster, S.W., by December 15th.

WEST LONDON HOSPITAL, Hammersmith, W.—Assistant Ophthalmic Surgeon. Applications by November 27th.

## MEDICAL APPOINTMENTS.

BLAKE, Henry, M.B.Lond., etc., appointed Honorary Medical Officer to the Great Yarmouth Hospital.

BLUETT, George Mallack, M.R.C.S., appointed Assistant House-Surgeon to the London Temperance Hospital, Hampstead Road, N.W.

EAST, C. H., L.S.A., appointed Assistant House-Physician to King's College Hospital.

GIBB, William, M.B., appointed House-Surgeon to Barnhill Hospital, Glasgow, vice Thomas Dunn, M.B., resigned.

GRINSDALE, T. B., B.A., M.B., M.R.C.S., appointed Assistant-Medical Officer to the Children's Infirmary, Liverpool.

HASELL, E. S., L.S.A., appointed Physician Accoucheur's Assistant to King's College Hospital.

HEWITT, Frederic W., M.B.Cantab., M.R.C.S., appointed Administrator of Anesthetics to Charing Cross Hospital.

HILL, M., M.D., appointed Honorary Physician to the Bootle Borough Hospital, vice G. C. Walker, M.D., resigned.

HODGSON, L. L., M.R.C.S., L.S.A., appointed Physician's Assistant to King's College Hospital.

HUGHES, Edgar A., M.R.C.S., L.S.A., appointed Assistant House-Accoucheur to King's College Hospital.

HUTCHINSON, S. J., M.R.C.S., L.D.S., appointed Lecturer on Dental Surgery and Pathology in the London School of Dental Surgery, vice Alfred Coleman, F.R.C.S., L.R.C.P., L.D.S., resigned.

JACOMB-HOOD, C., M.R.C.S., L.S.A., appointed House-Surgeon to King's College Hospital.

JONES, R. Nelson, L.R.C.P.Lond., M.R.C.S.Eng., appointed House-Surgeon to the Swansea Hospital, vice W. Carr Humphreys, M.R.C.S.Eng., etc., resigned.

MCGEAGH, James Paul, M.D., M.Ch., Q.U.I., appointed Resident Medical Superintendent to the West Derby Union Infirmary, Everton, Liverpool.

NEWSHOLME, Arthur, M.D.Lond., appointed Medical Officer of Health for Clapham.

PARRY, FRANCIS, M.R.C.S., L.S.A., appointed House-Surgeon to King's College Hospital.

ROBINSON, Hugh Shepper, M.B.C.S.Eng., L.R.C.P.Edin., appointed Honorary Surgeon to the Monkwearmouth Dispensary and Accident Home.