

		To
Surgeon R. J. C. Cottell .. .. .	.. .. .	Portsmouth.
" J. G. Deacon, M.D. .. .. .	.. .. .	Belfast.
" D. M. Greig, M.B. .. .. .	.. .. .	Edinburgh.
" J. R. Burrows, M.D. .. .. .	.. .. .	Cork.
" J. Keatly .. .. .	.. .. .	Curragh.
" D. Hennessy, M.D. .. .. .	.. .. .	Limerick.
" D. M. Saunders, M.D. .. .. .	.. .. .	Aldershot.
" W. Kiddle, M.B. .. .. .	.. .. .	Dublin.
" D. M. O'Callaghan .. .. .	.. .. .	Curragh.
" M. J. Whitty, M.D. .. .. .	.. .. .	Clonmel.
" H. A. Cummins, M.D. .. .. .	.. .. .	Clonmel.
" R. E. Kelly, M.D. .. .. .	.. .. .	Clonmel.
" J. F. Donegan .. .. .	.. .. .	Devonport.
" J. Donaldson .. .. .	.. .. .	Belfast.
" H. B. Mathias .. .. .	.. .. .	Devonport.
" G. Beut .. .. .	.. .. .	Chatham.
" G. H. Barefoot .. .. .	.. .. .	York.
" F. R. Newland, M.B. .. .. .	.. .. .	Dublin.
" R. J. Windle, M.B. .. .. .	.. .. .	Portsmouth.
" R. J. D. Hall .. .. .	.. .. .	Ashton-u-Lyne.
" E. S. Marder .. .. .	.. .. .	Portsmouth.
" C. W. Allport, M.D. .. .. .	.. .. .	Aldershot.
" J. J. Russell, M.B. .. .. .	.. .. .	Cork.
" A. J. J. S. Edye .. .. .	.. .. .	Colchester.
" G. Scott, M.B. .. .. .	.. .. .	Edinburgh.
" T. Browning .. .. .	.. .. .	Curragh.
" A. L. F. Bate .. .. .	.. .. .	Sligo.
" W. J. Trotter .. .. .	.. .. .	Curragh.
" A. Hosié, M.B. .. .. .	.. .. .	Edinburgh.
" G. F. H. Marks, M.D. .. .. .	.. .. .	York.
" R. Holyoake .. .. .	.. .. .	Colchester.
" R. N. Buist, M.B. .. .. .	.. .. .	Ashby-de-la-Zech
" J. J. C. Watson, M.D. .. .. .	.. .. .	Dublin.
" T. Whaite, M.B. .. .. .	.. .. .	Portsmouth.
" H. T. Knaggs .. .. .	.. .. .	Dublin.
" F. E. Quesne .. .. .	.. .. .	Cork.
" V. E. Travers-Smith, M.D. .. .. .	.. .. .	Colchester.
" N. Smyth, M.D. .. .. .	.. .. .	Colchester.
" C. S. Cronin .. .. .	.. .. .	Aldershot.
" W. Downman .. .. .	.. .. .	Aldershot.
" R. E. Foctt, M.D. .. .. .	.. .. .	Aldershot.

ACTING VOLUNTEER MEDICAL OFFICERS.

DR. WALTER PEARCE, Acting-Surgeon 20th Middlesex (Artists) R.V., sends the following replies to the questions asked in the BRITISH MEDICAL JOURNAL, October 16th, p. 747:—

1. An Acting Surgeon is required to obtain the certificate of proficiency, in order to earn the special capitulation allowance for his corps, vide Volunteer Regulations, 1884, Section viii, paragraph 837.
2. The application for an Examination Board is made by the commanding officer of a corps through the general officer commanding to the principal medical officer of the district, vide Volunteer Regulations, Section xxx, paragraph 990.
3. A course of instruction, for six weeks, can be taken at Aldershot, commencing in February and August. Applications to be made through the commanding officer, vide Volunteer Regulations, Section xxx, paragraph 990.
4. Pay and lodging allowances, which are received by officers of other branches of the volunteer service (Volunteer Regulations, Section viii, paragraphs 349 and 357), have not been extended to the volunteer medical officers.
5. Volunteer medical officers wear the uniform of their respective corps, with certain exceptions, as laid down in the Volunteer Regulations, Section xix, paragraph 761.
6. The rank of Acting Surgeon is that of lieutenant, vide Volunteer Regulations, Section iv, paragraph 58.
7. The Volunteer Regulations, 1884, are published, price 1s. 6d., to be had of all military booksellers.

DR. J. P. MASSINGHAM, Acting Surgeon 1st Shropshire and Staffordshire Artillery Volunteers, who has also been good enough to answer the questions, points out that the capitulation grant earned is £2 10s. per annum, and offers to give further particulars by private correspondence.

FOREIGN AND ACTIVE SERVICE: SURGEONS IN INDIA.

SIR,—As the medical officers who come to India this trooping season may not be aware that they are liable for active service in Burma or elsewhere, no matter to what Presidency they may be appointed, I think it right to inform them, through your columns, that, by a recent regulation of the Government of India, it has been decided that medical officers, immediately on arrival in India, are placed upon the top of the local rosters for active service, and for foreign service outside India, instead of at the bottom, as is done at home. Medical officers, especially those who are married and have families, should be careful to avoid involving themselves in any expense in the way of setting up house, buying furniture, carriage, etc., on first arrival in India, as they may find themselves ordered about from station to station at very short notice, and thus be obliged to sell off at a sacrifice. They should put up at a boarding house, or hotel, for twelve months. As for young surgeons, whose pay in India is absolutely less than at home, the best advice to give them is to avoid India, if they possibly can go to any other station, and this advice applies equally to the young medical officers of both services. Exchange is now so low, that a rupee is worth only 1s. 4½d.—Yours obediently,

KUBBER DHAR.

THE NAVY.

THE following appointments have been made at the Admiralty during the past week:—ALEXANDER FLOOD, Staff Surgeon to the *Scout*; J. T. W. S. KELLARD, Surgeon to the *Shannon*; J. J. WALSH, Surgeon to the *Bann*; A. H. MILLER, Surgeon, to Ascension Hospital; JOHN DAWSON, Surgeon, to the *Wye*; Deputy Inspector-General BELGRAVE NINIS, to Jamaica Hospital; Deputy Inspector-General DUNCAN HILSTON, to Chatham Hospital; A. W. McLEOD, Surgeon, to the *Seahorse*, additional; M. A. LYDON, to be Surgeon and Agent at Costello Bay and Spiddal; L. T. COLTHURST, Surgeon, to the *Royal Adelaide*.

MEDICAL STAFF.

SURGEONS B. W. WELLINGS, ROBERT SMITH, M.B., F. W. TREVOR, M.B., H. A. FOGARTY, M.D., HARVIE SCOTT, M.B., R. H. GARDNER, M.B., JAMES M'GANN, JAMES POWELL, S. H. CARTER, M.B., W. A. MAY, G. D. BOURKE, H. G. GARDNER, M.B., and JOHN HOYSTED, are appointed Surgeons-Major. All these gentlemen joined the service September 30th, 1874. Surgeon Hoysted served in the operations in the Malay Peninsula in 1875-76. Surgeons Wellings, Trevor, Carter, and Hoysted were engaged in the recent war in Afghanistan; Surgeons Smith, Scott and M'Gann in the Boer war of 1881; Surgeon Wellings in the campaign in Egypt in 1882, including the battle of Tel-el-Kebir; Surgeons Smith, Trevor, Powell and Bourke with the expedition up the Nile in 1884-85; Surgeon Wellings and Hoysted in the campaign in the Eastern Sudan in 1885; and Surgeons Powell and Bourke in the operations on the Egyptian frontier, under Sir Frederick Stephenson, in 1885-86.

Surgeon-Major J. WILLIAMSON, M.B., serving in the Bombay command, is transferred from the medical charge of the station hospital at Fattara, to the medical charge of the station hospital at Deolalee.

THE INDIAN MEDICAL SERVICE.

THE services of Surgeon-Major B. GUPTA, M.B., and of Surgeons B. DOYLE, T. H. SWENEY, L. A. WADDELL, M.B., T. R. MACDONALD, M.B., and F. S. PECK, all of the Bengal Establishment, are temporarily placed at the disposal of the military department.

Surgeon-Major W. NOLAN, M.A., M.D., of the Bombay Establishment, Superintendent of the Colaba Lunatic Asylum, who was appointed to officiate as meteorological reporter for Western India, having been granted one year's furlough by the Government of India, Surgeon J. PARKER, M.D., M.Ch. (Ireland), L.M. (Dublin), the officer appointed to act for him as Superintendent of the Colaba Lunatic Asylum, is also appointed to officiate as meteorological reporter of Western India during the absence on privilege leave of Mr. F. Chambers.

Brigade-Surgeon J. C. MORICE, Bengal Establishment, is appointed Deputy Surgeon-General, with temporary rank, during the absence of Deputy Surgeon-General Farrell, on field service.

Brigade-Surgeon C. P. COSTELLO, Bengal Establishment, is appointed administrative Medical Officer of the Quetta District, vice Brigade-Surgeon A. F. Bradshaw, proceeded to Egypt.

Brigade-Surgeon G. FARRELL, C.B., Bengal Establishment, who entered the service as Assistant-Surgeon, August 4th, 1856, is promoted to be Deputy Surgeon-General, vice Deputy Surgeon-General J. Brake, who has retired. Deputy Surgeon-General Farrell served in the recent war in Afghanistan, and was present at the forcing of the Sapri Pass, and at the action at Charasiah, on October 6th, 1879; on each occasion he was mentioned in dispatches for his services.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE DEVONSHIRE HOSPITAL AND BUXTON BATH CHARITY.

THE quarterly report of this institution, presented by Dr. Robertson, shows that 985 in-patients were admitted during the three months ending September 30th, being 108 less than in the corresponding quarter of the preceding year. It would not be right to assume, as is pointed out, that the smaller number of patients received was due to the occurrence of fewer cases of rheumatic character throughout the manufacturing, mining, or agricultural population; on the contrary, the severe weather in all parts of the country during those months added to the proportion of rheumatic sufferers. The cause is rather to be looked for in the straitened circumstances of the working classes, to many of whom the railway fares to and from Buxton make the charity almost, if not quite, unavailable. It is pointed out that it might be a valuable addition to the powers of the hospital if a railway-ticket could be provided for those who stood in need of such assistance. From a total number of 1,307 patients on the books during the three months, 1,034 were discharged improved, 13 no better, and the remainder from various causes; 113 out-patients were received during the quarter, and 128 were discharged improved. Of those concerning whom reports were received by post-card six weeks after leaving the hospital, 578 were improved, 260 no better, and 4 had died. Of the 985 cases under treatment, 119 are stated to have been cases of rheumatism attended by endocarditis, pericarditis, valvular disease, or some degree of heart-complication; 851 cases were grouped under the general head of cases of rheumatic or gouty character, and, therefore, likely to be benefited by the mineral water and elevated situation of Buxton. Two life-subscriptions were received during the quarter, and a legacy of £1,000 from Miss Nightingale. A large sum has been withdrawn from the investments of the hospital, to pay for the cost of extension, in addition to the grant from the governors of the Cotton Districts Convalescent Fund, and donations are much desired.