

ployed a medical man for the purpose of "codifying" the reports of the district officers. But a county wants something more than a medical précis writer. Not until the county authority have made good this deficiency will they be in a strong position to influence backward constituent health bodies for good.

SALARY OF POOR LAW MEDICAL OFFICER.

PUZZLED.—It would certainly seem that the amount paid by the Board is very inadequate; four guineas a year for the medical charge of a district with a population of between three and four hundred, mostly paupers, can scarcely be regarded as remuneration at all. It is sad to think that such a scale of payment is possible in the Poor Law Medical Service. Our correspondent should investigate the salaries paid to their medical officers by other unions throughout the county, and claim at least to be paid on the same scale as they are, and if unsuccessful in this, should appeal to the Local Government Board.

MEDICAL APPOINTMENT TO A PAUPER FEVER HOSPITAL.

A. ASKS whether he has committed any breach of professional etiquette in claiming to be appointed medical officer to a fever hospital under the following circumstances:

A. is a district medical officer, in whose district there is a town of 6,500 inhabitants. The sanitary authority of this town has erected a fever hospital in B.'s medical district, two miles from A.'s residence and three miles from B.'s. A. considers that, as at present arranged all the patients in the hospital will be from his district, he has the first claim for the appointment as medical officer of the hospital. B. also claims this on the ground that the hospital is in his district.

. We are of opinion that as long as the hospital is for patients from A.'s district only, he has the first claim for the appointment, but should any arrangements be made (and this appears likely) for other patients to be admitted, A.'s claim for attendance on such might not be equitable or reasonable.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE NEW ASYLUM FOR THE COUNTY OF LONDON.

The building of the new asylum for London at Bexley to house 2,000 patients is just about to be commenced. The main building is designed on the continuous principle combined with villas. The main building is to provide for 1,845 patients, and there are provided one villa for 35 farm workers on the male side, two villas each for 35 women, and a special hospital villa for 50 women, making a total of 1,100 women and 900 men. The patients' blocks are all two storeys high, and are divided into wards for the (1) infirm, (2) acute, (3) epileptic, and (4) chronics and working. An isolation hospital is also provided for, and a mortuary. The whole of the east, south, and west sides of the building are confined entirely to the patients. The building is to be completed with the least possible delay, as the asylum is urgently needed.

THE GREAT NORTHERN CENTRAL HOSPITAL.

ACCORDING to the *Islington Gazette*, a question was asked at the last meeting of the Islington Board of Guardians in reference to a circular letter sent out by Robert H. Bax, of 57, Finsbury Park Road, in which it was alleged that in the preparation of the balance sheet of the Great Northern Central Hospital a sum of £592 9s. 11d., described as for sundries, alterations, and repairs, included a sum of £319 6s. 9d. paid to the late secretary as commission in addition to his other salary, £375 having been deducted as commission from the legacy of the late Mr. R. A. Newbon. As to the facts we can give no opinion, but there need be no hesitation in saying that any hospital committee which entered into such a lax agreement with its secretary as to make such a payment possible was guilty of culpable want of foresight.

INDIA AND THE COLONIES.

INDIA.

SANITARY APPOINTMENTS IN BENGAL.—The *Indian Medical Gazette* writes: The reduction in the number of the deputy sanitary commissioners and the transference of vaccination duties to civil surgeons, who are overburdened already with State duties, have been distinctly retrogressive measures, and not conducive to the best interests of the inhabitants over which the Government rules; and now that these changes have been followed by the appointment of a surgeon-captain as sanitary commissioner, which is calculated to lower the status and curtail the powers of the sanitary commissioner, the retrogression has been accentuated. If this is the policy which the Bengal Government intends to carry out, it must have been decided on without a due consideration of the great health interests at stake; and it can only be characterised as extremely ill advised, and one which it will be the duty of all interested in preventive medicine to use their influence to reverse.

THE PROPOSED SANITARY REFORMS.—The proposal of the Government to abolish a considerable number of deputy sanitary commissioners in order to raise funds for the establishment of a bacteriological institute at Agras, says the *Times of India*, one which, if it has really been seriously entertained, is certain to come in for no small amount of severe criticism. Sanitation is still so backward in this country that even a bacteriological institute, valuable as it would undoubtedly be, would be too dearly bought at the price proposed. Even as it is the existing sanitary staff find it impossible to accomplish more than a tithe of the work which lies at their hands; and in some instances the removal of the deputy sanitary commissioner would mean the practical cessation of detailed sanitary work, and all the good which might be achieved by the

bacteriologists would be counteracted by the evil involved in depriving the country of the already sufficiently meagre protection it may derive from sanitary work.

HOSPITALS IN NATIVE STATES.—Sir Dennis Fitzpatrick, during a recent visit to the native State of Nabha, opened a hospital, which has been erected by the Rajah at a cost of Rs 80,000, to commemorate the visit of Lord Lansdowne to Nabha. The Nawab has already established eleven hospitals for out-patients, and this new hospital will be mainly for in-patients. In declaring the hospital open Sir Dennis Fitzpatrick said that he would inform Lord Lansdowne of the fine building that had been erected in his honour.

THE MOHAMMEDANS AND THE PILGRIM BILL.—The Viceroy of India, in replying to an address presented to him on November 22nd by a deputation of the Mohammedans of Mysore, expressing the thanks of that community for the Pilgrim Bill, said he hoped that all doubt had now been removed from the minds of the Mohammedans of India that they need expect anything from the Imperial Government but sympathy and honest endeavour to serve their best interests.

NEW SOUTH WALES.

LEPROSY.—The last report of the Board of Health for New South Wales states that all known cases of leprosy in the Colony are now segregated in the Lazaret. Five new patients were admitted to the Lazaret during last year—a smaller number than in any year since the Leprosy Act came into force. This fall in the number of admissions supports the view taken by the Board that the comparatively large increases during the years 1891 and 1892 were not an indication of the spread of the disease, but were due to the fact that the Act rendered the reporting of all cases compulsory. Altogether 55 lepers have been treated in the Lazaret since 1885; of this number, 29 were natives of China, 15 of New South Wales, 2 of India, and 1 of New Zealand, of Java, of New Caledonia, of Fiji, of the Solomon Islands, of the West Indies, of England, and of Germany respectively. Clinical notes of the five cases admitted in 1894 are given in a separate report drawn up by the Chief Medical Inspector, Dr. Ashburton Thompson. Two of the patients were born in Australia, one in Saxony (resided in Australia since 1856), one was a New Caledonian aboriginal (in the Colony about one year), and one a native of Lucknow, who had been in Australia since 1832. As to one of the cases in a native-born Australian Dr. Ashburton Thompson adduces evidence, collected with great industry, which renders it highly probable that the patient's elder brother suffered from leprosy, and some further facts which appear to bring the cases into some relation with another case, that of the son of a German immigrant, who died of the disease.

MEDICAL NEWS.

DR. HAFFKINE, who has been carrying out the preventive inoculations against cholera on an extensive scale in India, will arrive in London on December 10th, and will be the guest of Mr. Ernest Hart, 38, Wimpole Street, W., where communications may be addressed to him.

A MUNIFICENT OFFER.—At a meeting of the directors of the Newport Infirmary, held on Tuesday, November 26th, the question of enlarging the present building was discussed. Dr. Garrod Thomas, J.P., offered, on behalf of himself and his wife, to contribute £5,000 towards the erection of another building in a different part of the town, the present one being unsuitable on sanitary and other grounds. This offer, it is stated, is conditional upon £15,000 being provided by public subscriptions.

UNDERFED CHILDREN.—An appeal is being made on behalf of the funds of the National Food Supply Association, which lays itself out to provide wholesome food to poor children attending elementary schools. The Association has three large centres, where 12,000 meals a day can be turned out. The food—soup, pudding, and the like—conveyed in asbestos tin carriers, arrives hot at its destination, mostly schools and poor homes. A charge of one penny is made, except in the most desperate cases, and thus the independence of both parents and children is preserved.

"DRUNK AND INCAPABLE."—A farm servant, aged 60, died in the Peterhead Police-office on December 2nd. He had come in from a neighbouring village on November 30th or December 1st, and on the latter day he was seen going about. On December 2nd he fell, and struck his head heavily on the edge of the pavement. He was taken to the police-office and placed in a cell as incapable. Truly he was. The necropsy, however, revealed that he was incapable because his fall had caused fracture of the cranium and hæmorrhage in and about the membranes.

SUICIDE AT THE EDINBURGH ROYAL INFIRMARY.—A most unfortunate case of suicide occurred at the Edinburgh Royal Infirmary on November 20th. A young married woman, who had been confined three months before, was under treatment for myxœdema in a top flat ward. She was observed to be a