

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

STAFF-SURGEON ROBERT F. YEO has been promoted to be Fleet Surgeon, September 20th. He was appointed Surgeon, March 31st, 1876, and Staff-Surgeon twelve years thereafter. Whilst Surgeon of Malta Hospital he received the expression of the satisfaction of the Lords of the Admiralty at receiving the report of his efficient performance of his duties during the operations in Egypt in 1882.

Surgeon HAROLD G. T. MAJOR has been appointed to the *Defiance* (lent), October 2nd.

ARMY MEDICAL STAFF.

BRIGADE SURGEON-LIEUTENANT-COLONEL A. H. ANTHONISZ, M.B., is appointed to officiate on the Administrative Medical Staff of the Bengal Army, with the temporary rank of Surgeon-Colonel, from August 21st.

The undermentioned officers, whose tour of foreign service will expire during trooping season of 1896-97, will proceed to England, and will be detailed for duty with troops on homeward voyages: Surgeon-Major E. North; Surgeon-Major B. T. McCreery; Surgeon-Major A. P. O'Connor (by exchange with Surgeon-Captain W. E. Berryman); Surgeon-Major G. H. Sylvester; Surgeon-Major A. S. Rose; Surgeon-Major R. E. E. Morse (by exchange with Surgeon-Major W. Dugdale); Surgeon-Captain H. A. Haines, M.D.; Surgeon-Captain S. N. Cardozo; Surgeon-Captain H. E. Cree; Surgeon-Captain W. H. Starr; Surgeon-Captain H. L. G. Chevers; Surgeon-Captain G. F. Alexander, M.B.; Surgeon-Captain W. B. Leishman, M.B.; Surgeon-Captain J. Thomson, M.B.; Surgeon-Captain C. W. Reilly; Surgeon-Captain H. S. Peeke; Surgeon-Captain T. Birt; Surgeon-Captain A. W. Bewley; Surgeon-Captain C. A. Stone, M.D.; Surgeon-Lieutenant-Colonel R. W. Mapleton, M.B. (by exchange with Brigade-Surgeon-Lieutenant-Colonel J. A. Clery); Surgeon-Lieutenant-Colonel J. C. Dorman, M.B.; Surgeon-Major C. Seymour, M.B.; Surgeon-Major J. G. Harwood (by exchange with Surgeon-Captain M. W. Russell, who exchanged with Surgeon-Captain W. S. Boles); Surgeon-Major H. L. E. White; Surgeon-Major A. H. Burlton; Surgeon-Major D. Wardrop, M.B.; Surgeon-Major J. M. Jones; Surgeon-Major R. L. Love, M.D.; Surgeon-Major R. Jennings, M.D.; Surgeon-Major J. Carmichael; Surgeon-Major S. F. Loughheed, M.D.; Surgeon-Captain R. H. Clement; Surgeon-Captain W. H. Horrocks, M.B.; Surgeon-Captain E. C. Freeman; Surgeon-Major M. F. Macnamara (by exchange with Surgeon-Major O. E. P. Lloyd, who exchanged with Surgeon-Major P. H. Fox); Surgeon-Captain J. Paterson, M.B.; Surgeon-Captain W. T. Mould; Surgeon-Captain S. G. Moores; Surgeon-Major R. P. Hetherington, M.B.; Surgeon-Major A. A. Pechell, M.B.; Surgeon-Major E. D. Farnar-Bringinghurst; Surgeon-Captain G. B. Russell, M.B.; Surgeon-Captain L. Way; Surgeon-Major K. S. Wallis; Surgeon-Major F. A. Harris; Surgeon-Major A. V. Lane (by exchange with Surgeon-Lieutenant-Colonel A. Lang-Browne); Surgeon-Captain A. A. Sutton; Surgeon-Captain V. H. W. Davoren; Surgeon-Captain R. J. Copeland, M.B.; Surgeon-Captain J. Girvin.

Surgeon-Captain WILLIAM F. BAILEY, M.D., retires from the service with a gratuity, October 7th. He was appointed Surgeon-Captain, July 28th, 1886, and served in the operations in Zululand in 1889.

ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT A. L. JONES, who was appointed to the Army Medical Reserve in the *Gazette* of September 8th, should have been described as of the 3rd Glamorgan Volunteer Rifle Corps, and not as therein stated.

THE VOLUNTEERS.

SURGEON-LIEUTENANT H. H. SNELL, M.D., 1st Essex Artillery (Eastern Division Royal Artillery), is promoted to be Surgeon-Captain, October 7th.

Surgeon-Lieutenant-Colonel G. P. BARTON, 1st Devonshire Artillery (Western Division Royal Artillery), has resigned his commission, with permission to retain his rank and uniform, October 7th.

Surgeon-Lieutenant T. L. K. DAVIES, M.B., 2nd Volunteer Battalion the Royal Welsh Fusiliers, is promoted to be Surgeon-Captain, October 7th.

CHARLES S. A. RIGBY, M.B., is appointed Surgeon-Lieutenant in the 1st Volunteer Battalion the Loyal North Lancashire Regiment, October 7th.

Surgeon-Captain J. M. ROBSON, M.B., 5th Volunteer Battalion the Durham Light Infantry, has resigned his commission, October 7th.

INSPECTION OF THE MEDICAL STAFF CORPS.

THE Depot Medical Staff Corps has been inspected by Major-General Bengough at stretcher drill and in marching order. The Major-General complimented the officer commanding the Depot and Training School, Medical Staff Corps on the efficiency of the men.

THE BARRACKS AT WOKING.

THE military prison at Woking was some time ago made available for the accommodation of troops. These barracks are to be visited by Surgeon-Major-General J. A. Marston, C.B. (retired), member of the Army Sanitary Committee, who is to be accompanied by Mr. J. J. Frederick, the Secretary. The 2nd Queen's have been quartered at Woking, having taken over the barracks a year or so ago.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

THE winter classes for training of regimental stretcher bearers commenced on Monday, October 5th, at the headquarters of the London Rifle Brigade, Bunhill Row, E.C., when two strong companies paraded for instruction under Surgeon-Major H. F. Stokes, Senior Medical Officer Instructor. Among the corps represented were the Honourable Artillery Company, the London Rifle Brigade, Artists, London Scottish, Middlesex Yeomanry Cavalry, 1st London Royal Engineers (Volunteers), 4th Volunteer Bat-

alion the Queen's West Surrey Regiment, and most of the metropolitan volunteer regiments.

Surgeon-Major Stokes announced that no more men will be taken in either class after the next lecture.

THE ARMY OF THE NETHERLANDS.

THE Intelligence Department's official handbook on the Dutch army gives the establishment of the Medical Department as, in peace, consisting of 336 medical officers, veterinary surgeons, and apothecaries, 140 medical officers being borne as a reserve. There are three bearer companies; a bearer company, in peace, consists of 1 medical officer and 231 men. The Dutch army is placed at infantry, 6,306; cavalry, 1,656; artillery, 1,508; engineers, 454. The permanent cadre of officers (not including militia officers) totals 2,201. The bearer companies are allotted one to each of the three divisions, with a detachment to the headquarter staff.

ALDERSHOT.

THE medical officers in charge of the three brigades at Aldershot are now available for duty in the military hospitals in addition to the work with their respective brigades. This is a new departure in the detail of duties. It was suggested years ago, but was not carried out, as it was considered that the medical officers of brigades had sufficient employment without treating patients in hospital.

SURGEON-CAPTAIN HAGA, of the Imperial Japanese Army, has been granted permission to visit the hospitals and examine the medical system generally at Aldershot.

DRUMMERS, NOT DOCTORS.

WE have received a number of communications on the misreading of "Dr." for doctor on the Old Steine monument. Our original correspondent confidently declared the abbreviation referred to "two medical officers." We regret such an error should have found currency.

REFORMS NEEDED IN THE ARMY MEDICAL SERVICE.

A CORRESPONDENT who claims to have had exceptional opportunities during the past ten years of learning the sentiments and wants of his contemporaries on the Medical Staff, writes as follows: The points to be aimed at in the forthcoming warrant seem to be:

1. *Rank* will right itself in time; the strong objection against titular rank to medical officers is getting less; it is a matter of custom and education, both for civil and military people.

2. *Corps*.—This would involve loss of many allowances, and hit many officers hard; besides, the 330 medical officers in India are not in touch with the men of the Medical Staff Corps. The present system works well at Aldershot.

3. *Social Status* cannot be dealt with in a Royal Warrant; very often it is just that which a medical officer chooses to make it; blackballing, etc., will die a natural death.

4. *Pay* in the junior ranks wants increasing in India, with augmentation of that of Brigade-Surgeon-Lieutenant-Colonel.

5. *Foreign Service* tours much too long; should be five and three years.

6. *Leave*.—This can only be met by increase of establishment; young officers are kept too long at home to begin with before being sent abroad.

7. *Pensions*.—It is a great drawback that these only begin at twenty years, when it is too late for medical men to start in civil life. Chaplains get £185 a year pension after fifteen years' service; combatants £120 after fifteen years, or twelve years in a West India regiment. Naval medical officers are better off. A pension of £150 after twelve years' service, with a bonus of a few hundreds, would induce many young medical men to enter the service. Pensions should begin at twelve years, with bonus, and be increased on a sliding scale up to twenty, and after that no bonus, but the existing pension of £365 a year. The bonus should increase from £500 to £1,000, and the pensions from £150 to £250.

To my mind, points 1, 2, and 3 are of less importance than 4, 5, 6, and 7.

. Our correspondent seems to think points 1, 2, and 3 would right themselves in time. We much doubt it, because it is not the medical but the combatant officers who insist that medical officers have no proper rank, and their titles are only pseudo-military. Time may soften asperities but cannot alter facts. The idea of pensions, plus a bonus, between twelve and twenty years' service is worth considering. Short service with a bonus only resulted in total failure when tried twenty years ago.

MEDICAL OFFICERS AND THE ARMY.

AN officer of distinction and wide experience writes: The medical profession as a body have never been accused of want of pride in their cloth. Why, therefore, should those who are honoured by Her Majesty's commission be so degenerate as to be ashamed of their profession? It is just the reverse; it is pride in their "noble profession," and not the want of it, that makes them resent their being accorded an inferior military position in the army. When medical officers were part and parcel of regiments there was little, if any, of the present ridiculous clamour against them as medical men, because their interests were identified with those of their corps. Old officers looking back on that would like to see the regimental connection re-established. But that is impossible, because "unification," among other things, was also a social revolution. It was this aspect of it that led the more numerous and privileged class of competent officers to decline the medical service outside of and apart from the army, and mere auxiliaries to the fighting force; and that in carrying on their civil functions for the benefit of combatants they must be content with what military recognition they

might get. This position the medical profession decline to accept. Medical men shun the army because they believe the army dislikes them. But the over-zealous guarding of combatant privileges is likely to defeat itself in the end, and bring about that social equality which depends upon equality of army rank. If the medical service were placed on this equality of status as the Army Service Corps has been, there can be no doubt the situation would be quickly accepted by those who now decry the medical officer's rank, title, and position in the army.

LEAVE IN INDIA.

A CORRESPONDENT writes; Intending candidates for the Medical Staff should know what awaits them in India. I have never ventilated grievances connected with rank or titles, but I do make public the following: During two years in the unhealthy plains I have never had an hour's leave, but lately I have suffered every few days from ague, and my health is giving way, so much that my senior officer spoke of sick certificate home; that meant to me ruin or starvation, as I had just sent my sick wife and child to the hills. The alternative was to apply for privilege leave; this was forwarded and recommended on the ground of my state of health, but was returned because it was not in a proper form, which I was directed to buy at a cost of 4 annas; and also to state whether I was prepared to pay the railway expenses, etc., of the officer sent to relieve me. As I could not afford that I was obliged to withdraw the application; there was nothing left but to live on, and pay extra premium for increased life insurance. The poorest labourer in England is not more miserable than I am to-day.

*** This is a pitiful tale. Of course the root of the evil is an undermanned Indian establishment, by which medical officers are often compelled to work till they drop. But setting aside the mere humanities such a system cannot ultimately pay the Indian Government. The officer will probably have ultimately to be invalidated home, when the expense attendant thereon will be immensely greater than the railway fare of one sent temporarily to relieve him. Besides Indian railways are in the hands of the Government, and can, no doubt, be utilised at a minimum cost for transport of Government officials.

MEDICAL OFFICERS' TITLES.

A CORRESPONDENT writes: I see the proposition that medical officers should be designated as in the United States army, thus: Captain —, Surgeon. I dislike that; it looks like a door-plate, as if some captain had set up as surgeon. I prefer Captain —, Royal Medical Staff, or Royal Surgeons.

*** The title "Royal" is one which no Secretary of State or other official can grant; it rests solely with Her Majesty's gracious pleasure; it is, therefore, not a demand which can be or should be formulated. Our correspondent also omits that Americans always put after the term "Surgeon, United States Army," the same as the British medical officers might put "Surgeon, Army Medical Corps."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

LECTURESHIP VACANT.—The Lectureship in Advanced Physiology is vacant by the resignation of Dr. A. S. Lea, F.R.S., on the ground of health. Candidates are required to send in their applications to the Vice-Chancellor by October 19th. The Lecturer will be required to lecture on chemical physiology.

APPOINTMENT.—Mr. W. T. N. Spivey, of Trinity College, has been appointed Jacksonian Demonstrator of Organic Chemistry, in the place of Dr. A. Scott.

THE LATE SIR GEORGE HUMPHRY.—The Vice-Chancellor, in his address to the Senate, on resuming office for a second year on October 1st, made the following reference to the late Professor of Surgery: "In a review of the events of the year which has just come to a close, the first notice is due to the great loss the University has recently sustained by the death of Sir George Murray Humphry. The great ability, energy, and enthusiasm with which he discharged the duties of the important professorships he held in succession so long, and the value of the personal influence he exerted over all with whom he came in contact, are well known to us all; and it would be difficult to over-estimate the value of the services which he rendered to the University. To his great reputation, enthusiasm, and personal influence is largely due the steady growth in numbers and the present high position of the Cambridge Medical School. It must not be forgotten that for the last thirteen years Sir George Humphry, with great generosity, served the University as Professor of Surgery without stipend."

PROFESSORSHIP OF SURGERY.—This Professorship is to be suspended until November 13th next, in order to give time for consideration as to the stipend and conditions of tenure of the next Professor. Meanwhile Dr. Joseph Griffiths, M.A., F.R.C.S., late Assistant to the Professor, has been appointed to fulfil the duties of the chair until it is filled up.

ROYAL GIFT.—The King of the Belgians has given to the Cambridge Museum of Zoology a fine cast of *Iguanodon bernissartensis*, a gigantic dinosaur of the Weald preserved in the Royal Museum at Brussels. It stands 15 feet 6 inches in height, and extends horizontally over 3 feet. The *Iguanodon* is of peculiar interest to comparative anatomists, inasmuch as it constitutes a link between the reptiles and the birds. As it stands erect in the lecture room of the museum it looks a monstrous, and indeed a terrible, "dragon of the prime."

ADDENBROOKE'S HOSPITAL.—At the quarterly Court, held on October 5th, Dr. Donald MacAlister was re-elected Physician to the hospital for a further period of twelve years; Dr. Laurence Humphry was re-elected Assistant-Physician for a like period; and Mr. R. W. Jameson, M.R.C.S., L.R.C.P., late of St. Bartholomew's Hospital, was appointed Assistant

House-Surgeon. Suitable resolutions expressing the regret of the Governors at the death of Sir G. M. Humphry, and recording their sympathy with his family, were unanimously passed.

THE ROYAL UNIVERSITY OF IRELAND.

FIRST EXAMINATION IN MEDICINE.—The following candidates have satisfied the examiners:

A. L. Black, Queen's College, Belfast; J. S. Cargin, Queen's College, Belfast; J. Carroll, University College, Dublin; K. H. Caughey, Queen's College, Belfast; R. Cogan, Queen's College, Cork; W. Donnan, Queen's College, Belfast; J. McC. Gibson, Queen's College, Belfast; J. J. Gillis, Queen's College, Belfast; J. T. Grehan, University College, Dublin; O. E. Jackson, Queen's College, Belfast; J. I. Jaffé, Queen's College, Cork; J. C. McCarrroll, Queen's College, Belfast; J. E. MacIlwaine, Queen's College, Belfast; A. Riddell, Queen's College, Belfast; H. Ross, Queen's College, Cork; H. E. Rutherford, Queen's College, Belfast; E. F. Scott, Queen's College, Galway; M. A. Shinkwin, Queen's College, Cork; J. Stewart, Queen's College, Belfast; W. A. Stoops, Queen's College, Belfast; W. J. Thompson, Queen's College, Belfast.

The following candidates may present themselves for the further Examination for honours in the subjects set opposite their names:

A. L. Black, Botany, Zoology, Experimental Physics; J. Carroll, Botany, Chemistry, Experimental Physics; R. H. Caughey, Chemistry and Experimental Physics; J. J. Gillis, Botany; O. E. Jackson, Chemistry; J. I. Jaffé, Botany; J. E. McCarrroll, Experimental Physics; J. E. MacIlwaine, Botany, Zoology, Chemistry, Experimental Physics; H. Ross, Botany; H. E. Rutherford, Botany and Zoology; M. A. Shinkwin, Botany; J. Stewart, Botany; W. A. Stoops, Zoology and Experimental Physics; W. J. Thompson, Botany, Zoology.

Note.—Candidates recommended in any two subjects will be allowed to present themselves at the further examination in all subjects.

SECOND EXAMINATION IN MEDICINE.—The following candidates have satisfied the examiners:

Upper Pass.—*J. E. Clements, Queen's College, Belfast; *D. J. Farnan, Catholic University School of Medicine; *P. Gavin, Catholic University School of Medicine; G. H. Grills, Queen's College, Belfast; *W. M. Hunter, Queen's College, Belfast; *W. M. F. Keogh, Queen's College, Galway; *W. Lapsley, Queen's College, Cork; *J. W. West, Queen's College, Belfast; R. Whyte, Queen's College, Belfast.

Candidates marked thus (*) may present themselves for the further examination for honours.

Pass.—F. J. Allen, Queen's College, Cork; W. Boyd, Queen's College, Belfast; J. W. Brown, B.A., Queen's College, Belfast; F. C. Bullen, Queen's College, Cork; Annie H. Crawford, Queen's College, Belfast; A. J. Frost, Catholic University School of Medicine; J. Good, Queen's College, Cork; J. P. Higgins, M.A., Queen's College, Cork; Alexandrina C. Huston, Queen's College, Belfast; A. F. Kennedy, Queen's College, Belfast; P. Kerley, Catholic University School of Medicine; D. Kernohan, Queen's College, Cork; Kathleen F. Lynn, Royal College of Surgeons; T. J. MacDonogh, B.A., Catholic University School of Medicine; J. McMahon, Queen's College, Belfast; E. W. S. Martin, Queen's College, Belfast; T. Nyhan, Queen's College, Cork; B. A. O'Flynn, Catholic University School of Medicine; T. F. O'Keefe, Queen's College, Cork, and Catholic University School of Medicine; J. J. O'Mahoney, B.A., Queen's College, Cork; E. W. Powell, Queen's College, Cork; W. Rice, Queen's College, Cork; W. A. Rice, B.A., Queen's College, Belfast; M. L. Rowan, B.A., Queen's College, Belfast; F. Ryan, Catholic University School of Medicine; J. Waddell, Queen's College, Belfast; J. J. Waters, Queen's College, Galway; R. J. Wood, Queen's College, Cork.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

ENTERIC FEVER AT WIDNES.

AT Widnes an epidemic of enteric fever broke out last July, the disease causing in that and the following month alone as many as 16 deaths. The attacks numbered in the same period upwards of 100. The disease sprang up so rapidly that the scarlet fever wards of the hospital were cleared and used for enteric fever patients, and even thus only some half of the cases could be admitted. The medical officer of health and his staff did all in their power to stay the spread of the epidemic, and in searching for a cause found that they had to abolve alike water and milk from having helped in its diffusion. The water, indeed, is from deep wells some distance from the town, and is so piped as to leave little chance of insuaction of foul matter into the mains. The sewerage, too, is of recent construction, and does not favour the idea of causation of disease by way of sewer emanations or the like. But the watercloset system is of very small dimensions in the place, the general method of excrement disposal being by faulty and evil-smelling midden privies, of imperfect construction, and such as permit of the escape of their contents to the surface of yards, even into adjacent yards, causing grave nuisance, especially in summer. Dr. Bruce Low reported to the Local Government Board in the early part of last year that the town has long been subject to fever prevalences, the deaths in the fourteen years to 1894 having numbered 106, of which as many as 105 took place in the last five years of that period. In these same five years the attacks from fever numbered 287, of which total 311 occurred in the months of August, September, and October. Dr. Low severely condemned the midden privy system, and says that the 3000 existing are situated from 6 to 30 feet from dwellings. After describing the local circumstances, he says that the air around the dwellings in Widnes is habitually fouled by emanations from collections of human and other filth stored close to the houses under very unfavourable conditions, and the tainted atmosphere that is there breathed cannot fail to have an injurious effect upon the inhabitants. The circumstances were such as