

examination, and the date of such examination be affixed before the foods are put upon the market.

Obviously one important point of inquiry for the Council of the Institute would be the limit of time after which certain foods should be condemned, as canned fish will deteriorate more quickly than canned milk, meats, fruit, jams, etc.—I am, etc.,

London, S.E., Sept. 25th.

E. J. BIDEN.

HOSPITAL ABUSE.

SIR,—The letter of "Clinical Assistant" in the BRITISH MEDICAL JOURNAL of September 18th demands a reply. He asks:

1. Why so many small operations—for example, adenoids and circumcisions—are sent to hospital out-patient rooms?

2. Why the general practitioner does not perform the operation for a smaller fee than a guinea, supposing that the friends cannot afford that fee.

3. Why the practitioner (if unwilling to take a smaller fee) does not send the case to a less flourishing brother?

The answers to these questions are the following:

1. Very rarely does a general practitioner send such cases to the hospital without an introductory letter, stating the fitness of the case. He has recommended the operation, and the friends, whatever their means, intend to get it done gratis at a hospital.

2. It does not pay, nor is it right, to perform any operation like a circumcision, requiring an anæsthetic, for a smaller fee than a guinea. For it necessitates the services of an anæsthetist, the use of a certain amount of anæsthetic, dressings, lotions, and, last but not least, the risk. The risk is twofold: (a) To the patients during the operation, however skillfully the anæsthetic may be administered; (b) to the wound subsequently, either from negligence on the part of the friends or from insanitary surroundings, which are not under the practitioner's control, but for which he gets the blame.

3. The third alternative would imply to the friends either that the practitioner was incapable, or afraid of performing the operation. And unfortunately, so keen is competition nowadays, our brother would very probably make capital out of our kindness. We are grateful to any hospital surgeon who has the courage to make any inquiry as to the means of patients attending at the hospital; for he is not personally under any obligation to make such inquiry. That duty should be performed by secretaries, committees, and subscribers, and is by them neglected.

These answers are given from a general practitioner's point of view. Like "Clinical Assistant," I was unable to understand these things when I was house-surgeon to a London hospital, but *experientia docet*.—I am, etc.,

September 29th.

RUSTICUS.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

A SURGEON-CAPTAIN, serving in the Cork District, is desirous of exchanging stations with an officer serving in England; Aldershot, Thames, Home, or Woolwich Command preferred. Apply, No. 2955, care of BRITISH MEDICAL JOURNAL Office.

A SURGEON-MAJOR, who arrived from India early this year, would exchange to India this trooping season. Address, "A," care of Sir C. McGrigor, Bart., and Co., 25, St. James's Street, S.W.

A SURGEON-MAJOR, A.M.S., expecting to go abroad about February next, wishes to exchange with an officer recently home. Address, "Geneva Cross," care of Messrs. Holt and Co., 17, Whitehall Place, London.

THE NAVY.

The following appointments have been made at the Admiralty: WILLIAM R. M. YOUNG, Staff-Surgeon, to the *Briton*, September 29th; PERCY E. MAITLAND, Staff-Surgeon, to the *Volage*, September 29th; ERNEST A. SHAW, M.B., Surgeon, to the *Trafalgar*, undated; HUGH P. TURNBULL, Surgeon, to the *Victory*, September 23rd; WALTER B. MAURICE and WALTER H. O. GARDE, Surgeons, to the *Victory*, October 16th; CHARLES R. SHEWARD, EUSTACE ARKWRIGHT, EDWARD D. J. O'MALLEY, and WALTER K. HOPKINS, Surgeons, to the *Victory*, for disposal, October 16th; FREDERICK C. STERN and HENRY HUNT, Surgeons, to the *Pembroke*, October 16th;

SIDNEY ROACH, ALGERNON C. BEAN, and ROBERT H. MORNEMENT, Surgeons, to the *Wildfire*, October 16th; MOYLE BRETTON, RICHARD F. CLARK, HAROLD E. FRYER, SAMUEL CONNER, and EDWIN FOLLIOTT, Surgeons, to the *Vivid*, October 16th; ERNEST S. REID, M.B., Surgeon, to the *Sunflower*, lent, September 25th.

ARMY MEDICAL STAFF.

THE promotion to be Brigade-Surgeon-Lieutenant-Colonel of Surgeon-Lieutenant-Colonel SWAYNE is antedated to July 24th, 1897, *vice* R. Harman, M.B., deceased.

Surgeon-Captain WILLIAM J. SMYTH, M.D., has resigned his commission, September 29th. He entered the service as Surgeon-Lieutenant, July 29th, 1892, becoming Surgeon-Captain three years later. He was appointed to the Grenadier Guards, October 17th, 1892, and served with that corps until his resignation.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN ROBERT E. BEVERIDGE, M.B., 3rd Volunteer Battalion the Durham Light Infantry, to be Surgeon-Captain, September 29th.

THE VOLUNTEERS.

MR. GEORGE H. S. DANIELL, M.B., is appointed Surgeon-Lieutenant in the Dorset (Queen's Own) Yeomanry, September 29th.

Surgeon-Major J. SHERBURN, M.B., 2nd East Riding of Yorkshire Artillery (Western Division Royal Artillery) is promoted to be Surgeon-Lieutenant-Colonel, September 29th.

Surgeon-Captain S. B. MASON, 4th Volunteer Battalion the South Wales Borderers, is promoted to be Surgeon-Major, September 29th.

Brigade-Surgeon-Lieutenant-Colonel C. F. LEWIS is retired under the Volunteer Regulations of 1896, retaining his rank and uniform, and vacating at the same time his appointment in the Sussex Volunteer Infantry Brigade, September 29th.

Surgeon-Captains J. W. BLANDFORD and G. MIDDLEMISS, M.D., 1st Volunteer Battalion the Durham Light Infantry, are promoted to be Surgeon-Majors, September 29th.

Surgeon-Major E. JONES, 3rd Volunteer Battalion the Welsh Regiment, retires, September 29th; he retains his rank and uniform.

INDIAN MEDICAL SERVICE.

SURGEON-COLONEL D. E. HUGHES, Bombay Establishment, is permitted to retire from the service from September 15th. He was appointed Assistant-Surgeon, March 31st, 1866, and became Surgeon-Colonel, September 15th, 1892.

Brigade-Surgeon-Lieutenant-Colonel G. M'B. DAVIS, M.D., D.S.O., Bengal Establishment, is granted the temporary rank of Surgeon-Colonel, from August 21st, while officiating as Principal Medical Officer, Lahore District.

MEDICAL BOARDS IN INDIA.

It has been decided that an officer recommended for leave by a Medical Board may in all cases proceed on leave as soon as the Board's proceedings are approved by the Principal Medical Officer of the district, and without waiting for further sanction. Hitherto this special sanction by the Commander-in-Chief had to be applied for by letter or wire if the case of a sick officer was of special urgency. The new ruling has come not a day too soon. It saves additional correspondence.

DIFFICULTIES OF MOBILISATION IN INDIA.

THE *Times of India* says that Nos. 62 and 63 Native Field Hospitals formed in Bombay were unable to proceed owing to a lack of hospital assistants, a large number having been lent to the Government for plague and famine duty. It is reported that only four assistants were available for the two field hospitals. Subsequently No. 24 British and 63 Native Field Hospitals were, after a delay of some days owing to the hospital assistant difficulty, despatched. These hospitals moved forward to Kawul Pindi.

MEDICO-LEGAL.

ASSISTANTS AND THEIR SALARIES.

A CORRESPONDENT submits the following case: I answered an advertisement in the BRITISH MEDICAL JOURNAL from a gentleman advertising for an indoor assistant at a salary of £80 per annum. The advertiser asked me to come to him for a month on a certain date whilst we made arrangements as to the future. I replied saying that I would come on the date mentioned, but as it was the height of the *locum* season would he, under the circumstances, pay me for the month at the ordinary rate of *locum* fees. He did not reply to this letter, so I wired asking if I was to come, and he wired in reply "Yes." I came to him, and decided after a couple of days that the place would not suit me, and I told him I should leave at the end of the week. He said I must stay the month or he would refuse to pay me. I left at the end of the week, he still refusing to pay me. Cannot I make him pay me my week's salary, as I signed no agreement or entered into any contract to stay the month, neither did I by word or letter agree to do so; and, besides, after my asking him for the increased salary during the month he still wired me to come; surely that was an agreement to my terms, but this he denies?

. It is impossible to say whether there was or was not a contract without seeing the letters and telegrams in which it would be contained. Probably the telegram amounted to an acceptance of the proposal for a month certain at *locum* fees. If so, that contract has not been carried out, and payment has not been earned. The best course will be to show the correspondence to a solicitor practising in the county court where the action, if any, to enforce payment, would have to be brought. He

can advise whether the claim would be likely to succeed in that court. Different judges take different views.

LOCUM TENENTES AND INQUEST FEES.

MERCURY desires to know to whom the fee paid for giving evidence at a coroner's court belongs, whether to the *locum tenens* or to the principal. (a) legally, (b) ethically. Would the fact of the *locum tenens* giving the evidence after his engagement had terminated make any difference?

. In the absence of an agreement to the contrary all fees paid to a *locum tenens* while in the service of his principal, and on the latter's account, belong to the principal, and can be legally recovered by him. It is different, however, if the evidence is given after the termination of the *locum tenens*'s engagement; in this case the principal could not recover the fee at law, but he is ethically entitled to it. The *locum tenens* must, however, be reimbursed for the extra time that has been expended in the principal's service. It is customary, under such circumstances, for the principal to share the fee with the *locum tenens*.

M.O.H.—There is no legislative enactment to prevent the use of "a mixture containing opium labelled 'anodyne syrup,'" or to prevent its sale by a registered chemist and druggist for the purpose mentioned. The Pharmacy Act requires that in the sale of such a preparation it shall, at least, be distinctly labelled with the name of the article and the word "Poison," and with the name and address of the seller. If the preparation contains one of the poisons in the first part of the schedule to the Act, other precautions must be taken in its sale. Failure to conform with these regulations constitutes an offence under the Act, entailing liability to a penalty of £5.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DURHAM.

THIRD EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.—The following candidates have satisfied the Examiners:

Honours: Second Class.—Claudia Anita Prout Rowse, London School of Medicine for Women; F. Pope, Mason College, Birmingham. Pass List.—F. W. Burn, College of Medicine, Newcastle-upon-Tyne; H. C. Coxon, College of Medicine, Newcastle-upon-Tyne; L. S. Davison, College of Medicine, Newcastle-upon-Tyne; Selina Fitz-Herbert Fox, London School of Medicine for Women; E. Goffon, College of Medicine, Newcastle-upon-Tyne; W. J. Harrison, College of Medicine, Newcastle-upon-Tyne; J. A. Hartigan, College of Medicine, Newcastle-upon-Tyne; L. F. Hemmans, College of Medicine, Newcastle-upon-Tyne; H. G. Harris, St. Bartholomew's Hospital; J. T. Johnson, College of Medicine, Newcastle-upon-Tyne; Margaret Joyce, London School of Medicine for Women; R. A. R. Lankester, University College, London; R. F. Moorshead, University College, Bristol; R. A. Moorland, College of Medicine, Newcastle-upon-Tyne; G. B. Pitcon, College of Medicine, Newcastle-upon-Tyne; N. Roberts, College of Medicine, Newcastle-upon-Tyne; H. R. D. Spitta, St. George's Hospital; C. W. Von Bergen, College of Medicine, Newcastle-upon-Tyne.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,176 births and 3,600 deaths were registered during the week ending Saturday last, September 25th. The annual rate of mortality in these towns, which had declined from 29.5 to 18.5 per 1,000 in the six preceding weeks, further fell to 17.1 last week. The rates in the several towns ranged from 10.3 in Birkenhead, 10.4 in Swansea, 11.2 in Plymouth, and 13.7 in Brighton to 21.3 in Sunderland, 22.3 in Manchester, 22.4 in Sheffield, and 22.5 in Liverpool. In the thirty-two provincial towns the mean death-rate was 18.0 per 1,000, and exceeded by 2.3 the rate recorded in London, which was 15.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.9 per 1,000; in London the rate was equal to 2.1 per 1,000, while it averaged 3.4 in the thirty-two provincial towns, among which the highest zymotic death-rates were 6.6 in Wolverhampton, 6.7 in Hull, 6.9 in Burnley, and 8.2 in Preston. Measles caused a death-rate of 2.3 in Portsmouth and 2.9 in Burnley; scarlet fever of 1.0 in Leicester and in Gateshead; "fever" of 1.2 in Hull, and 1.3 in Bolton; and diarrhoea of 4.6 in Hull, 4.8 in Wolverhampton, and 5.0 in Preston. The mortality from whooping-cough showed no marked excess in any of the large towns. The 75 deaths from diphtheria in the thirty-three towns included 45 in London, 4 in Birmingham, 3 in West Ham, and 3 in Leicester. No fatal case of small-pox was registered last week, either in London or in any of the thirty-two large provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,380 to 3,652 at the end of the nineteen preceding weeks, had further risen to 3,697 on Saturday last, September 25th; 358 new cases were admitted during the week, against 376 in each of the two preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 25th, 914 births and 532 deaths were registered in eight of the principal Scotch towns. The

annual rate of mortality in these towns, which had increased from 18.1 to 19.4 per 1,000 in the three preceding weeks, declined to 17.8 last week, but was 0.7 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 14.0 in Paisley and 15.1 in Aberdeen to 18.7 in Edinburgh and 22.0 in Greenock. The zymotic death-rate in these towns averaged 2.6 per 1,000, the highest rates being recorded in Dundee and Greenock. The 255 deaths registered in Glasgow included 13 from whooping-cough, 11 from diarrhoea, 5 from "fever," and 2 from measles. Five fatal cases of scarlet fever, 2 of diphtheria, and 2 of "fever" were recorded in Edinburgh.

POORHOUSE MEDICAL CERTIFICATES.

MR. FALCONER STEWART, Secretary to the Local Government Board for Scotland, has issued a circular relating to the form of medical certificate required in cases of persons to whom relief in the poorhouse has been offered. "It appears to the Board," the circular states, "that the word 'pauper' does not always correctly describe the person in connection with whom the certificate is to be granted, and that the word 'applicant' might sometimes with propriety be substituted." To the circular is appended a new form of certificate to meet the above suggestion.

INSANITARY INTER-RELATIONS.

THE urban districts of Hayle and Phillack, in Cornwall, have been made the subjects of inspection and report by Dr. St. George Mivart, on behalf of the Local Government Board. In an exhaustive report, dealing in detail with matters of local self-government as well as with actual conditions prevailing, Dr. Mivart relates how Hayle has to depend for its water on the gathering grounds located in the adjoining district of Phillack, and how the sources of supply are subject to dangerous forms of pollution—as, for instance, by privies and the like. Phillack itself has a series of wells, public and private, open also to serious pollution, whilst constant efforts on the part of the Board at Whitehall to move the council in the direction of providing an adequate and proper service have proved futile. That such service can be had is obvious, and this, too, at reasonable cost. Hayle is itself at present apparently without the amount of water needed to supply its neighbour; but we have here the anomaly of a district dependent on wells liable to pollution whilst water from its own area is taken by the adjoining area as a means of public supply, Hayle, however, having some doubt as to its power to remedy the dangers to which its water is open within the limit of jurisdiction of the Phillack Council. Surely the farce ought to cease. In the face of conditions such as these we feel how much stronger would be the position of the Cornwall County Council if they had at their command the services of a competent county medical officer of health.

DUAL NOTIFICATION FEES.

"A COLCHESTER DOCTOR" has written to some of the daily papers of East Anglia commenting on the action of the town council of his borough with reference to the compulsory notification of infectious disease. So far as we can learn, the Devonport town council have asked other boroughs to join them in a petition to the Local Government Board asking that the Act of 1882 may be amended in so far as it renders necessary the notification of the same case of disease by each and every medical man called in to see the patient. One of the councillors of Colchester, in seconding a resolution in favour of the petition, is reported to have said that each member of a firm of doctors might, if he wished, notify the same case and receive the fee. It is this implication that has apparently nettled "A Colchester Doctor," and we do not wonder at it. But, apart from this unfortunate remark, our sympathies are with the Council, who have in mind only the unnecessary expenditure of public money now entailed by statute. It is not the "might notify" that is in question, but the "must notify" that compels every medical man to certify to a case of notifiable disease with which he in anywise comes into professional contact.

It may be that members of a firm are, for the purposes of the Act, one individual, and we take it that the dual charges made by such members are only a very small proportion of the total of such charges sent in under our present complex notification system. In any case the amendment sought has its origin not in the fancied abuse of the Act by medical men practising in partnership, but in the fact, known by experience, that different medical practitioners, consultants, physicians, and the like, having professional cognisance of a notifiable case of disease are unable, without violating the law, to withhold what they know in many instances to be an unnecessary certificate which entails a charge upon the rates. The necessity for amendment lies in the drafting of the Act, not in the action under statute of medical men.

THE BRUSSELS M.D. AND PUBLIC HEALTH APPOINTMENTS.

PUBLIC HEALTH, who holds the diplomas M.R.C.S. and L.R.C.P., and is a diplomate in Public Health of an English university, wishes to know if the M.D. Brux. would be likely to be of any service to him in getting a public health appointment, as circumstances do not permit of his getting an English M.D. degree.

. Every evidence of professional knowledge must assist in getting a public appointment. As many practitioners seek to obtain the M.D. Brux., it is to be presumed that they expect to derive some benefit therefrom. We cannot suggest any other degree in addition to those named by our correspondent.

MEDICAL NEWS.

REUTER'S agent in Bombay, telegraphing on September 22nd, states that the plague is increasing in the Bombay Presidency, and several Europeans at Poona have been attacked by the epidemic.