

night so lost? I may mention that the coroner wrote to me and asked if I would attend without a subpoena being served on me, and added, "Of course your expenses and the usual fee will be paid"; and to save him trouble I wired that I would attend. The jury at the inquest brought in a verdict of manslaughter, and I was bound over to appear at the assizes in the sum of £100 on November 11th, and I thus lost an appointment I had obtained on a passenger steamer starting on October 6th. Can I obtain any compensation in respect of this loss?

* * * As our correspondent attended the inquest not on a formal summons from the coroner under Section xxii of the Coroners' Act, 1887, but by virtue of a private agreement between the coroner and himself, which agreement distinctly states the terms of remuneration, he would appear to be entitled to be paid on those terms, that is, to receive the usual fee of £1 1s. and his actual reasonable out-of-pocket expenses. With regard to the second part of our correspondent's question, we are afraid that he cannot obtain any compensation for doing that which he is legally bound over to do, even though it incidentally involves him in loss.

RESPONSIBILITY FOR FEES.

W. M. M. was called to attend a boy, who had broken his leg, by the grandfather. After doing what was necessary, "W. M. M." suggested that, as the place was out of his district, the family should employ their own doctor. There was a difference of opinion between the grandfather, who objected to this proposal, and the father, who was disposed to accept it; the grandfather, however, carried the day. The boy was removed to his father's house, and "W. M. M." continued to attend the boy. Both the father and the grandfather now refuse to pay "W. M. M.'s" account.

* * * So far as can be gathered from our correspondent's statement, both grandfather and father would appear to be responsible for payment of the account—the former as having made and insisted upon the engagement and practically put himself *in loco parentis* as regards the injured boy, and the latter as having ratified the engagement by subsequently sanctioning continued attendance on the boy in his home.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

LEEDS WORKHOUSE INFIRMARY.

The Medical Officer of the Leeds Infirmary in his report, which was presented to the meeting of the guardians on October 4th, makes out a very strong case for the rebuilding of this infirmary. The ward space does not come up to the very low standard of the Local Government Board, and yet in times of pressure "additional beds are made up by using small rooms which are really wanted for ward offices." The offensive cases have only 600 cubic feet, "the ventilation, heating, and sanitary arrangements leave much to be desired." After further comment of a like nature, Dr. Allan remarks, "this is not a building that a city of the size and importance of Leeds should be content with as a hospital." Of course, this means a new infirmary, and we are sure that when the ratepayers of Leeds grasp the situation they will not shirk their responsibilities. Wakefield has done well by its sick poor, Bradford has laid out large sums on improving its infirmary, so that Leeds, now that the medical officer has spoken out, is not likely to lag behind its rivals. There were the usual objections on the part of certain of the Board, but we are convinced that having so discharged their conscience, they will see that in the face of the increasing population and wealth of Leeds, no other course is open to them.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,677 births and 4,104 deaths were registered during the week ending Saturday last, October 7th. The annual rate of mortality in these towns, which had decreased from 26.8 to 19.1 per 1,000 in the six preceding weeks, further declined to 18.8 last week. The rates in the several towns ranged from 12.1 in Swansea, 13.6 in Huddersfield, 13.8 in Oldham, and 13.9 in Halifax, to 24.0 in Manchester, 24.2 in Newcastle, 24.7 in Liverpool, and 25.3 in Salford. In the thirty-two provincial towns the mean death-rate was 19.3 per 1,000, and exceeded by 1.4 the rate recorded in London, which was 17.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.4 per 1,000; in London the death-rate was equal to 1.9 per 1,000, while it averaged 2.8 in the thirty-two provincial towns, among which the highest zymotic death-rates were 4.0 in Hull, 4.1 in Wolverhampton, 4.5 in Salford and in Sheffield, and 7.5 in Preston. Measles caused a death-rate of 1.1 in Nottingham; "fever" of 1.1 in Portsmouth and in Halifax, 1.2 in Sheffield, and 1.6 in Bolton; and diarrhoea of 2.0 in Hull and in Gateshead, 2.1 in Sunderland, 2.9 in Wolverhampton, and 5.8 in Preston. The mortality from scarlet fever and from whooping-cough showed no marked excess in any of the thirty-three large towns. The 113 deaths from diphtheria in the thirty-three towns included 55 in London, 10 in Leeds, 10 in Sheffield, 9 in Leicester, and 7 in Birmingham. No fatal case of small-pox was registered last week either in London or in any of the thirty-two provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals on Saturday last, October 7th. The number of scarlet fever patients in these hospitals, and in the London Fever Hospital, which had increased from 2,538 to 2,886 at the end of the five preceding weeks, had further risen to 3,003 on Saturday last; 461 new cases were admitted during the week, against 336, 364 and 409 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 7th, 992 births and 534 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had decreased from 22.6 to 18.4 per 1,000 in the four preceding weeks, further declined to 17.5 last week, and was 1.3 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.8 in Paisley, and 13.5 in Perth, to 18.6 in Edinburgh and in Aberdeen, and 18.8 in Dundee. The zymotic death-rate in these towns averaged 3.2 per 1,000, the highest rates being recorded in Glasgow and Dundee. The 248 deaths registered in Glasgow included 9 from measles, 5 from scarlet fever, 4 from diphtheria, 10 from "fever," and 27 from diarrhoea. Two fatal cases of scarlet fever, and 8 of diarrhoea were recorded in Edinburgh; 2 deaths from measles were registered in Leith, 2 from diphtheria in Aberdeen, and 11 from diarrhoea in Dundee.

DISTRICT MEDICAL AND VACCINATION APPOINTMENTS.

GENERAL PRACTITIONER writes to say that he has been a district medical officer and public vaccinator for 36 years, and his age is 63. He asks whether he can resign the district appointment and retain the position of public vaccinator. He says, "Of course, I should expect to be entitled to the pension of 36 years' service as district medical officer."

* * * Our correspondent can resign his district appointment without giving up the public vaccination, but if he were to do this the guardians would probably give him a month's notice to end his contract as their public vaccinator. We do not see on what grounds our correspondent can, at 63 years of age, claim a pension, as he does not appear to be incapacitated for further practice, as indicated by his desire to retain his vaccination appointment.

A "SUFFICIENT" WATER SUPPLY.

M.O.H. asks if he is justified in certifying that a new house has a sufficient water supply under the following circumstances: The new house replaces one burned down. The proposed water supply is, we gather, the same as that which proved "sufficient" before—namely, a rain water tank holding 1,000 gallons. The water passes through a gravel filter.

* * * Taking five persons to the house, and 12 gallons a head as their daily consumption, the family would have an insufficient supply if a fortnight passed without rain. Dirty people doubtless often make shift with less than 12 gallons a head (even as little as 4), but the experiment is not one to be recommended. Our correspondent must be, of course, to some extent guided by the possibilities of obtaining a proper and adequate supply. If the difficulty is merely in the reluctance of the owner to pay the district water-rate we should be inclined to let the house remain empty till his reason returns.

OBITUARY.

WILLIAM TALBOT CLINDENING, M.R.C.S. ENG.,
L.S.A. LOND.

DR. CLINDENING, of Adelaide, South Australia, one of the oldest and most respected members of the profession in that city, died on June 7th. He was born in Dublin in 1825, and educated at Trinity College. He emigrated to South Australia in 1853, and practised in country districts before settling in Adelaide, where he soon obtained the post of Honorary Surgeon to the Adelaide Hospital. Upon his retirement from active service he was elected Consulting Surgeon to the hospital. Since about 1884 he had been Medical Officer to the Asylum for the Destitute and to the State Children's Department of South Australia, and his kind and conscientious manner of performing the responsible duties of that office gained for him the esteem and affection of his many patients. He was one of the medical men who earliest joined the volunteer forces of the colony, and after serving in the various grades of the medical department, he for years held the post of Principal Medical Officer of the Defence Forces of South Australia, and retired with the rank of Deputy-Surgeon-General. He was one of the original members of the South Australian Branch of the British Medical Association, which was the first Branch in Australia. He was its third President, and was for years a most regular attendant at its monthly meetings. He was a typical Irishman—genial, courteous, and held in the highest respect by all classes of citizens with whom he came in contact. His funeral was attended by Ministers of the Crown, very many medical practitioners, and other friends and neighbours.

THE death is announced, at the age of 81, of Mr. THOMAS GREENISH, a past President of the Pharmaceutical Society of Great Britain. Few men did more to raise the standard of scientific education in pharmacy, or to improve the tone of the practitioners of that art. After an apprenticeship passed in

Brecon, he came to London, and in 1841, the year of the foundation of the Pharmaceutical Society, he became associated in business with the firm of Godfrey and Cooke. He early became a member of the Pharmaceutical Society, and from the first took great interest in its proceedings, and contributed numerous papers to its journal, his favourite subject being the application of the microscope to pharmaceutical research. He became a member of the Council of the Society in 1871, Treasurer in 1878, and President in 1880. After his election to the governing body of the Society Mr. Greenish distinguished himself as a strong advocate of improved education of pharmacists, insisting not only upon a better technical education, but also upon the necessity for a more liberal preliminary education.

INDIA AND THE COLONIES.

INDIA.

THE TEZPUR LUNATIC ASYLUM.—The Province of Assam has only one lunatic asylum at Tezpur, to which the insane of the Bramaputra Valley are sent, those of the Surma Valley being sent to Dacca. It contains about 220 inmates, of whom about one-third belong to the class of criminal lunatics. Females constitute a little less than one-fourth of the population. Part of the asylum was destroyed by fire in 1898, and was rebuilt on improved principles. The death-rate of the year was only 4.03 per cent., against a decennial rate of 11.24. Industries and amusements are employed for purposes of treatment, and it is evident that the institution is under careful and humane management.

MEDICAL NEWS.

THE opening lecture of the winter session of the Hospital for Consumption will be delivered by Dr. Green. The subject of the lecture will be Hæmoptysis. All students of the hospital and qualified medical practitioners are admitted free.

THE opening meeting of the Chelsea Clinical Society for the session will be held in the Holy Trinity Parish Hall, Pavilion Road, Sloane Square, S.W., on Tuesday next at 8.30 P.M. The President, Dr. J. Foster Palmer, will give an address on Variations in Nature and their Clinical Bearings.

THE lectures at the Post-Graduate College, West London Hospital, will be resumed on Monday next, when Dr. A. E. Saunders will give a lecture on The Clinical Examination of the Blood. Subsequent lectures will be given on Mondays and Thursdays until December 12th. The out-patient department of the hospital has been remodelled and enlarged, and will be opened next month.

THE specimens added to the pathological museum of St. George's Hospital will be on view in the museum during the month of October. Among the specimens exhibited are a series preserved in formalin solution so as to retain the natural colour. We understand that the curator, Dr. Lazarus-Barlow, who attends from 1 till 4 P.M. daily, will show the specimens to visitors interested in the process.

KING'S COLLEGE, LONDON.—The following Entrance Scholarships have been awarded: Medical Entrance Scholarship, 70 guineas, A. J. Wigmore. Two Sambrooke Medical Exhibitions, £60, E. L. Holland; and £40, T. H. Jones and J. James (equal). Two Clothworkers' Company Science Exhibitions, £30 for two years, P. C. Kingsbury; and £20 for two years, F. C. McCombie. Engineering Entrance Exhibitions, £15, W. J. Marlow; £10, A. H. Imber; £10, W. A. Sadgrove.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The autumn meeting of the S.E. Division will be held at Bethlem Hospital, London, S.E., on Monday next, October 16th, at 3 P.M. After the general business Dr. Hyslop will read a paper on Some Rare Forms of Skin Affections in the Insane; Dr. Craig a Note on the Value of Erythrol Tetrartrate in the Treatment of Certain Cases of Melancholia, and Dr. Stoddart a paper on Metabolism of the Nerve Cell. The members will dine together at the Café Monico, Piccadilly Circus, at 6.30 P.M.

RAILWAY ACCIDENTS.—It appears from the report of Mr. F. J. S. Hopwood, Assistant Secretary of the Railway Department of the Board of Trade, that during 1898, 128 passengers

were killed and 1,238 injured in this country, as compared with 115 killed and 1,315 injured in 1897. The exact proportion which these figures bear to the number of passengers carried cannot be ascertained as it is impossible to estimate the number of journeys made by season ticket holders who number over a million and a quarter, but excluding these it appears that one passenger was killed in about seven millions, and one injured in about half a million. During the same period 504 servants were killed and 4,149 injured. Of these casualties no fewer than 2,293 occurred during shunting operations. The report of the Royal Commission under the chairmanship of Lord James of Hereford, appointed to consider the means for preventing accidents to servants of railway companies, is awaited by the Board of Trade before promoting another Bill to deal with the matter.

A "WORLD CONGRESS" OF "ANTIVACKS."—A "world congress" for the consideration of the vaccination question was held in Berlin on September 24th and 25th. Some 240 "antivacks" assembled in council, the bulk of them being Germans, and the "world" being represented by a sprinkling of Austrians and Swiss. The "consideration" consisted of a repetition of the stock statistics and "facts" which are made to do duty at such gatherings as arguments against vaccination.

SANITARY INSPECTORS' ASSOCIATION.—The report presented to the sixteenth annual meeting of this Association which was held in London, on October 7th, stated that a Bill was to be presented next year to Parliament to give fixity of tenure to sanitary inspectors, who at present can be dismissed without the sanction of the Local Government Board being necessary. Reference was also made to the proposal to obtain a system of superannuation for sanitary inspectors. The report expressed regret that sanitary inspectors had not been able to secure representation of the new Sanitary Inspectors' Examination Board.

MILITARY AND CIVIL SANITATION.—The New York *Medical Record* notes that according to a report from Havana the number of deaths from yellow fever in that city last August was far less than during any August in the last ten years. In that month in every year from 1889 to 1898 the number of fatalities from yellow fever was from six to twenty-six times as many as in August 1897, when only ten deaths occurred. This improved condition is due to the better system of sanitation introduced by the United States authorities. Our contemporary complains that, on the other hand, there are thirty or more new cases of yellow fever reported in Key West, Florida, every day and the statement is made that nothing can be done and "the fever must take its course." In such a pest-hole as Havana was under Spanish rule the United States authorities can establish regulations and see that they are enforced, whilst in Key West the municipal authorities, the military authorities, and several other less defined authorities must consent before the orders of the Marine Hospital officers can be executed, that is to say, if they can be executed at all. If Key West, our contemporary adds, were attacked by a material foe, the supreme military authority would have to be obeyed. There ought to be an equal power granted to the national sanitary authority when the city is attacked by a microbic foe. These remarks apply to British as well as to American sanitation. In some of our dependencies the natives have the power to oppose officers of health, with results only too well known.

WORLD'S TEMPERANCE CONGRESS.—The World's Temperance Congress is to be held in London from June 9th to 18th, 1900. Among the organisations which have expressed approval of the Congress is the British Medical Temperance Association. The aim of the conveners of the Congress is that it may present the exact condition of the temperance movement throughout the world at the close of the century. Papers giving historical surveys and dealing with the condition of the movement at the close of the century will be given in the following and other suggested groups:—(1) Great Britain and Ireland; (2) the United States and South America; (3) British North America; (4) Australasia and the South Sea Islands; (5) India, Ceylon, and the Far East; (6) the Continent of Europe; (7) Africa (and the Native Races question).