

UNIVERSITY OF ABERDEEN.—The Winter Session will commence on Tuesday, October 16th.

UNIVERSITY OF ST. ANDREWS.—The Winter Session will open on Wednesday, October 10th.

UNIVERSITY OF GLASGOW.—The Winter Session will be opened on Thursday, October 18th. The Winter Session of Queen Margaret College Medical School for Women will begin on Thursday, October 18th.

ANDERSON'S COLLEGE MEDICAL SCHOOL.—The Winter Session will open on Thursday, October 18th.

ST. MUNGO'S COLLEGE, GLASGOW.—The Winter Session will open on Thursday, October, 18th, with an address to medical students by Sir Hector C. Cameron.

UNIVERSITY COLLEGE, DUNDEE.—The Winter Session will open on Thursday, October 10th.

IRELAND.

THE UNIVERSITY OF DUBLIN: THE SCHOOL OF PHYSICS.—The Winter Session will commence on Monday, October 1st.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND: SCHOOLS OF SURGERY.—The Winter Session will commence on Monday, October 1st.

QUEEN'S COLLEGE, BELFAST.—The Winter Session will begin on Tuesday, October 16th.

QUEEN'S COLLEGE, CORK.—The examinations for the eight medical scholarships will begin on Thursday, October 18th, and the lectures on Monday, October 22nd. Particulars can be obtained from the Registrar, Mr. Alexander Jack, M.A.

QUEEN'S COLLEGE, GALWAY.—The Winter Session will begin on Tuesday, October 16th. The matriculation examination will be held on October 19th, and examinations for junior scholarships on October 22nd, for second and third years and for senior scholarships on October 18th.

THE PUBLIC SERVICES.

THE ROYAL NAVY AND ARMY AND THE INDIAN MEDICAL SERVICES.

GENERAL REGULATIONS.

The following are the rules governing admission to these services:—

All candidates must submit to an examination by a medical Board into their physical fitness before being admitted to the entrance examination. Special attention is given to the candidate's power of vision. A moderate degree of myopia is not considered a disqualification, provided it does not necessitate the use of glasses during operations, and no organic disease of the eye exists.

Candidates for the Army and Indian Services may, before examination, elect to declare their intention to compete for one or other or both of these services; and their position will be determined according to the results of the examination.

As the prospect of a medical officer in one of these services attaining to the highest administrative grades depends to a large extent upon the regulations with regard to compulsory retirement at the age of 55, if below a certain grade at that age, there is a distinct advantage in entering the service at as early an age as possible.

THE ROYAL NAVY MEDICAL SERVICE.

A candidate for admission to the Royal Navy Medical Service must be between 21 and 28 years of age, age to be verified by a copy of birth registration, or by a declaration before a magistrate by parent or near relative. He must declare that he is of pure European descent, the son either of natural-born British subjects or of parents naturalised in the United Kingdom. His freedom from organic or other disease and physical fitness for sea service will be determined by a Board of medical officers.

The entrance examination consists of two parts; in Part I, *Compulsory*, the subjects are the same as in the Army Medical Staff, but the marks are: Medicine, 1,200; Surgery, 1,200; Anatomy and Physiology, 600; Chemistry and Materia Medica, 600. The examination in Medicine and Surgery will be in part clinical, and include the examination of pathological

specimens and Operative Surgery to which great importance is attached. Part II, *Voluntary*, consists of two divisions: (a) French and German (200 marks each); a knowledge of modern languages being considered of great importance, all candidates are urged to qualify in them; (b) Natural Sciences (Zoology, Botany, Physics, Geology, and Physical Geography) (300 marks each); the two latter subjects are combined for the 300 marks. Candidates will be examined in not more than two of these sciences. Candidates who qualify in the compulsory subjects by obtaining a minimum of one third of the maximum marks attainable will be allowed to count marks in those of the two *voluntary subjects* only in which they obtain one-third of the maximum marks for each.

Zoology.—The examination in Zoology will include the general principles of biology and a comparison of animals with plants; the distinctive character of the larger groups of animals—the protozoa, coelenterata, vermes, arthropoda, mollusca, echinodermata, and vertebrata—as illustrated by common types; the elements of embryology; animal parasites.

Botany.—The examination in Botany will comprise the general principles of the morphology and physiology of low forms of life, for example, torula, bacteria, spirogyra, moss, fern; the general morphology of flowering plants; diagnosis of the important British natural orders; medicinal plants.

Physics.—The examination in physics will be limited to the principles of mechanics, acoustics, optics, heat, magnetism, and electricity, such as: the properties of solids, liquids, and gases; conservation of energy, specific gravity, propagation and reflection of sound and light, thermometers, properties of mirrors and lenses, chromatic dispersion of light, forms of batteries, galvanic and frictional electricity, general properties of magnets.

Physical Geography.—The examination in geology and physical geography will be limited to general principles, such as the relations of the earth to the rest of the solar system, nature of the earth's crust, and the chief kinds of rocks, general configuration of land and water, mountains, plains, lakes, rivers, islands, glaciers, and icebergs, the ocean currents, tides, winds and storms, dew, rain, climate, volcanoes, earthquakes, distribution of animal and vegetable life.

The order of merit is determined by the total number of marks obtained in the compulsory and voluntary subjects. Should, however, it be considered expedient to grant additional commissions, the Board of Admiralty is empowered to admit annually one candidate proposed by the governing bodies of public schools of medicine in the United Kingdom or attached to such Colonial universities as they may think proper. Such candidates must be qualified according to the rules in force for entry of candidates, and must be approved by the Director-General of the Medical Department of the Navy. He will also be compelled to pass a physical and test examination, and must on arrival in England register under the Medical Act in force as qualified to practise Medicine and Surgery in Great Britain and Ireland.

Copies of the Regulations for entry of candidates for commissions in the Medical Department of the Royal Navy will be furnished on application to the Medical Director-General, Admiralty, London, W.C.

Successful candidates immediately after passing the examination will receive commissions as Surgeons in the Royal Navy, and will undergo a course of practical instruction in Naval Hygiene, etc., at Haslar Hospital. Three prizes of the approximate value of £10 each will be awarded at the close of each session at Haslar to the students who have shown the greatest proficiency, and their seniority in the service will depend on the marks obtained at the examination in London, and at the termination of their studies at Haslar. Surgeons entered without competition will take seniority next after the last surgeon entered by competition.

Surgeons are only required to provide themselves with a regulation case of pocket instruments, a stethoscope, and three clinical thermometers. All other instruments, except eye instruments, microscope, laryngoscope, ophthalmoscope, and endoscope, are provided at the public expense, but the provision of the latter specified by surgeons is not compulsory. *Promotion*.—(1) An inspector-general of hospitals and fleets will be selected from amongst deputy-inspectors-general who have in that rank three years' full-pay service, and have not declined foreign service unless with the sanction of the Admiralty. (2) A deputy-inspector-general of hospitals and fleets will be selected for ability and merit from among the fleet-surgeons. (3) The rank of fleet-surgeon will be granted to staff-surgeons on completion of 20 years' service (namely, 20 years after entry) if recommended for promotion. Special promotions to this rank will be made at the discretion of the Admiralty in cases of distinguished service or conspicuous professional

merit. Such promotions will be exceptional, and not exceed the rate of one in two years, or a total number of six at any one time of fleet-surgeons so promoted. (4) The rank of staff-surgeon will be granted to surgeons at the expiration of 12 years from the date of entry, subject to the recommendation of the Medical Director-General and the passing of a qualifying examination after the completion of eight years from date of entry. Special promotions will be made at the discretion of the Admiralty to the rank of staff-surgeon in cases of distinguished service or conspicuous professional merit; such promotions not to exceed one a year, or a total of eight at one time on the staff-surgeons list. These officers will attain the rank of fleet-surgeon after eight years full-pay service after their special promotion, if recommended for such promotion. Relative rank is accorded as laid down in the Queen's Regulations and Admiralty Instructions, and also in the official Quarterly Navy List. **Full Pay and Allowances.**—The rate of pay of surgeons is on entry £209 17s. 6d. a year; after four years' full pay service, £246 7s. 6d. a year; after eight years' full pay service, £282 17s. 6d. Staff-surgeons receive £383 5s. a year on promotion, special, or after 12 years in the service, after 4 years' full pay service in that rank £438. Fleet-surgeons on promotions, special, or after 20 years in the service, £492 15s. a year; after 4 years' full-pay service in that rank, £547 10s.; after 8 years full-pay service, £602 5s.; deputy inspector-general, £766 10s. a year; inspector-general, £1,003 15s. The senior medical officer—fleet or staff-surgeon—of the commander-in-chief's flag ship, on a foreign station, receives an allowance of 5s. a day; of the flag ship of the senior officer commanding the channel squadron, as also of the ship of a commodore or of a senior officer commanding a foreign station, 2s. 6d. a day. Medical officers conducting the course of instruction at Haslar Hospital will receive the following allowances:—The two senior officers employed upon this duty, £150 a year each; The junior officer assisting, £50 a year. Hospital allowances for naval medical officers at home and abroad, in lieu of provisions for themselves and servants, and for fuel and lights, granted to officers on board ship, or 1s. 6d. in lieu thereof, are as follows: Inspectors general of hospital, at home, £85; abroad, £130; deputy-inspectors-general, at home, £67; abroad, £112; fleet or staff surgeons, at home, £53; abroad, £112; surgeons, at home, £39; abroad, £108.

Retirement.—Compulsory retirement will be as follows:

Inspector and deputy-inspector-general of hospitals and fleets.	(At the age of 60, or if unemployed for five years. The Admiralty reserve the right to extend the age of retirement of an inspector-general of hospitals and fleets, in the interests of the public service, to 62 years.)	To be retired at any age if physically unfit for service.
Fleet-Surgeon, staff-surgeon, and surgeon.	(At the age of 55, or at any age, if he has not served for five years.)	

Gratuities and retired pay will be awarded on retirement and withdrawal on the undermentioned scale:—

Rank.	Gratuities.		Daily.		Yearly.	
	£	s. d.	£	s. d.	£	s. d.
Surgeon and Staff-Surgeon:						
After 8 years' full-pay service	1,000	0 0	—	—	—	—
" 12 " " "	1,500	0 0	—	—	—	—
" 16 " " "	2,250	0 0	—	—	—	—
Fleet-Surgeon:						
After 20 years' service ...	—	—	*1 0 0	—	365 0 0	—
After 24 " " "	—	—	*1 2 6	—	410 12 6	—
After 27 " " "	—	—	*1 5 0	—	456 5 0	—
After 30 " " "	—	—	*1 10 0	—	547 10 0	—
Deputy-Inspector-General...	—	—	1 15 0	—	638 15 0	—
Inspector-General ...	—	—	2 0 0	—	730 0 0	—

*To obtain this rate an officer must hold the Commission of Fleet-Surgeon.

†Or on compulsory retirement at the age of 55.

Voluntary retirement and withdrawal will be allowed as follows:

(a) Every officer will have the option, subject to their Lordships' approval, of retiring after twenty years' full pay service on the scale of retired pay, or with a gratuity, as laid down above.

(b) At the expiration of 8, 12, or 16 years' full pay service, every officer will be permitted, subject to their Lordships' approval, to withdraw from the Naval service, receiving a gratuity on the scale laid down below. The name of an officer so withdrawing will be removed from the lists of the Navy, with which all connection will then be severed.

(c) Voluntary retirement and withdrawal will be allowed, as a rule, only when an officer is unemployed or serving at home.

(d) Applications from officers, not entitled to retire or withdraw, to resign their commissions, will receive every consideration.

Half Pay.—Surgeons under 2 years' full pay service, 6s. per diem; after 2 years' full pay service, 7s. per diem; after 4 years, 8s.; after 6 years, 9s.; after 8 years, 10s.; after 10 years, 11s. Staff-surgeon on promotion, 12s.; after 2 years' full pay service in rank, 13s.; after 4 years, 14s.; after 6 years, 15s. Fleet-surgeon on promotion, 17s.; after 2 years, 18s.; after 6 years, 20s. Deputy-inspector-general on promotion, 25s.; after 2 years' full pay service in rank, 27s.; after 4 years, 29s. Inspector-general, 38s.

REGULATIONS FOR TEMPORARY SERVICE IN THE MEDICAL DEPARTMENT OF THE ROYAL NAVY.

Surgeons who may be temporarily employed in the Royal Navy to meet the requirements of the Service will be appointed under the following regulations:

Qualifications.—They must be registered under the Medical Act as qualified to practise medicine and surgery in Great Britain and Ireland, produce certificates of good character, be reported physically fit after medical examination, and their age must not exceed 40 years.

Pay and Allowances.—Full pay: 15s. 6d. a day; £282 17s. 6d. a year. Half pay: 10s. a day; £182 10s. a year. Note.—Half pay is for sickness and extra leave only. They will be granted 30 days' advance of pay on joining a ship after appointment, and receive the same allowances as are payable to permanent officers of their rank. Lodging money at the rate of £50 a year is usually allowed when employed on shore without quarters in the United Kingdom, and 1s. 6d. day in lieu of rations. If employed in certain posts on shore, the provision allowance will be £24 per annum instead of 1s. 6d. a day. If quarters are provided in a medical establishment, an allowance is granted in lieu of provisions, for self and servant, and for fuel and lights, at the rate of £39 a year in the United Kingdom and £108 a year abroad.

Uniform.—Each Surgeon must provide himself as follows: Frock coat, waistcoat, and trousers; undress coat; uniform cap; mess jacket and waistcoat; sword and undress belt. All as specified in the Uniform Regulations. To cover the above each officer accepted for service will receive an equipment allowance of £20.

Messing.—Surgeons will be allowed, when attached to ships in commission, the ordinary ship's rations; but will have to pay about 2s. a day towards the maintenance of their mess as Ward-room Officers.

Pensions for Wounds and to Widows, etc.—In the event of Surgeons engaged for temporary service being wounded in Her Majesty's service, gratuities or pensions, varying in amount according to the injuries sustained, will be granted, on the basis of the awards in similar cases of naval officers. Should temporary service Surgeons be killed in action, die within six months of wounds received in action, or meet their death by acts of the enemy, the following pensions and allowances will be granted to their widows, children, etc.:

Widows.	Children up to the Age of 18 for Boys and 21 for Girls.		Widowed Mothers dependent on their Sons, if the latter left no Widows or Children.	Orphan Sisters dependent on their Brothers, if the latter left no Mothers, Widows, or Children.
	Killed in Action	Drowned, etc., by Acts of the Enemy	Killed or Drowned, or suffered Violent Death by Acts of the Enemy.	Killed or Drowned, or suffered Violent Death by Acts of the Enemy.
Surgeon ...	£ 80	£ 65	£ 12 to 16	£ 10 to 14
			£ 50	£ 50

In addition to the foregoing pensions, the widows and children of officers killed in action will be granted the following gratuities: Widows—One year's pay of their husband's corresponding rank in the Royal Navy. Each unmarried child, under the age of 21, one-third of the gratuity paid to

1 Unmarried candidates will be preferred.

the widow. These pensions and gratuities can be given only in cases of injury or death caused by acts of the enemy, and not on account of injury, disability or death which may result from carrying on the ordinary duties of the Service.

Conditions of Service.—They must engage for six months certain; serve when and where required; be liable to immediate discharge for misconduct or incompetency; rank with, but subordinate to, Surgeons in the permanent service, and be under the general rules of the Service as regards discipline, etc. They will receive two calendar months' notice of services being no longer required, and be granted a gratuity of two calendar months' pay on discharge, if not discharged for misconduct or incompetency. It is to be distinctly understood that Surgeons engaged for temporary service will not be entitled to be placed on the permanent list or to promotion. Resignation of appointment will be allowed subject to the convenience of the Service, but the gratuity of two calendar months' pay on discharge will be thereby forfeited.

Copies of the form of declaration and of schedule of qualifications which will be required from candidates can be obtained at the Admiralty.

THE ROYAL ARMY MEDICAL CORPS.

A candidate for a commission in the corps must be over 21 and not over 28 years of age at the date of the commencement of the competitive examination. He must be of unmixed European birth, and registered under the Medical Act.¹ He must produce a certificate of moral character, and a certificate to the effect that he is of steady habits, and likely to prove creditable to the corps. Before admission to the examination his physical fitness will be determined by a Board of Medical Officers. These and some additional facts of minor importance must be embodied in a "declaration" upon a special form, which may be obtained upon application to the Director-General, Army Medical Service, War Office, London, S.W., who will also forward a memorandum on conditions of admission, pay, etc.

A competitive entrance examination is held twice a year, generally in February and August. Announcement of the date and of the number of vacancies is made in advance by advertisement in the medical and some other papers, and in the *Monthly Army List*.

ENTRANCE EXAMINATION.

The examination consists of two parts:

I. **Compulsory**, the subjects of which are (a) Anatomy and Physiology, (b) Surgery, (c) Medicine, including Therapeutics and the Diseases of Women and Children, (d) Chemistry and Pharmacy, and the Practical Knowledge of Drugs; Medicine 1,200 marks; Surgery, 1,200 marks; Anatomy and Physiology, 600 marks; Chemistry and Pharmacy, 600 marks. The examination in medicine and surgery is in part practical, and includes operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients, at the bedside. The examination in Chemistry is limited to the elements of the science, and to its application to medicine, pharmacy, and practical hygiene.

II. **Voluntary**.—A candidate may be examined in the following voluntary subjects: (a) French, German, and Hindustani (200 marks each), (b) Natural Sciences, two subjects (300 marks each). Competitors are urged to qualify in French and German, as a knowledge of modern languages is considered of much importance. The Natural Sciences include Physics, Zoology, Geology, and Physical Geography, and Botany. A number less than one-third of the marks obtainable will not be allowed to count. An entrance fee of £1 is payable.

The Secretary of State reserves the right to reject any

¹ He must have a diploma in Medicine and in Surgery, but the diploma of the Society of Apothecaries in London, obtained under the conditions of the Medical Act of 1886, is accepted as a double qualification. A candidate is required to produce also the following certificates: (1) Of having discharged the duties of a medical clinical clerk during six months, and of a surgical dresser during another period of six months, of which, in each case, not less than three months must have been spent in the wards of a hospital. (2) Of having attended a course of instruction during, not less than three months at an ophthalmic hospital, or the ophthalmic department of a general hospital, which course shall include instruction in the errors of refraction.

candidate who shows a deficiency in general education as evidenced by bad spelling or composition.

Successful candidates are arranged in order of merit, and are required to proceed to the Army Medical School at Netley on probation; they receive an allowance of 8s. a day.

FINAL EXAMINATION.

Candidates on probation at Netley attend courses in: (1) Hygiene; (2) Clinical and Military Medicine; (3) Clinical and Military Surgery; (4) Pathology of Diseases and Injuries incident to Military Service. At the conclusion of the Netley course a further examination in the subjects there taught is held, for which marks are awarded, and the final position of the candidate is determined by the number of the marks obtained at the Entrance and Final Examinations.

Pay.—On leaving Netley the candidate on probation receives a commission of Lieutenant, the pay of which rank is £200 a year. The next grade is Captain, and after five years' service the pay is £250 a year. A Captain may be promoted to the rank of Major after twelve years' full pay service; to qualify himself for this promotion he must at any time after his seventh year of service pass a special examination in Surgery, Medicine, Hygiene, the Duties of Medical Officers, Hospital Organisation, Military Law and the Administration of the Royal Army Medical Corps.

Retired Pay.—All officers under the rank of Colonel must retire on pension at the age of 55; above this rank at the age of 60, unless specially extended. An officer of ten years' service on full pay may be permitted to retire on a gratuity of £1,250; after fifteen years' service, £1,800; after eighteen years' service, £2,500. Officers retired on gratuity, or on retired pay, are liable to recall to service on great national emergency. Executive officers on the retired list are eligible for certain army appointments, with the consolidated salary of £150 a year in addition to their retired pay; and such appointment can be held up to the age of 65 years.

INDIAN MEDICAL SERVICE.

ALL natural-born subjects of Her Majesty between 21 and 28 years of age may be candidates; the conditions are otherwise the same as for the Royal Army Medical Corps (see above), but there is an additional voluntary subject (Hindustani), for which 150 marks are allowed.¹ All particulars regarding condition of admission and subjects of examination are contained in the "Regulations for the Examination of Candidates for Admission to Her Majesty's Indian Medical Service," issued by the India Office and obtainable by application to the Military Secretary. The following is the present scale of marks: Surgery and Medicine, each 1,200; Anatomy with Physiology, and Chemistry with Pharmacy, each 600; French, German, and Hindustani, each 200; Physics, Zoology, Geological and Physical Geography, and Botany, each 300. A certificate of three months' attendance at an Ophthalmic Hospital is required. Selected candidates are required to undergo a course of four months' instruction in the Army Medical School, Netley.

The final order of merit is determined, as in the case of the Royal Army Medical Corps, by the combined results of the Preliminary (London) and of the Final (Netley) Examinations, and, so far as the requirements of the Service will permit, candidates will have the choice of commands in India (that is, Bengal, Punjab, Madras, or Bombay), according to their position in that list. The examinations are held, as a rule, twice a year, in February and August.

Free passage to India is provided. The rate of pay at Netley is 8s. a day, and on leaving Netley until arrival in India 10s. a day. The minimum rate of pay in India is stated to be Rs. 350 a month. After seventeen years' service for pension, the rate of retired pension is £292 a year; after twenty, £365; after twenty-five, £500; after thirty years, £700. Extra pensions of £250 and £350 are given after five years' service in the administrative grades, with rank of Colonel and Surgeon-General. Further particulars as to rates of pay, promotion, pensions, and half-pay will be found in Military Department Form 124, which can be obtained on application to the Under-Secretary of State, India Office, London, S.W.

¹ Candidates presenting themselves for examination in Hindustani are recommended to study some recognised textbook, such as the annotated edition of the *Taubat-un-Nasuk*, which is the text used by candidates for the Indian Civil Service.

EXAMINATION PAPERS.

The following are the Papers set at the Exam'nation of Candidates for Her Majesty's Army and Indian Medical Services in August, 1900.

SURGERY.—SIR WILLIAM MACCORMAC, BART., K.C.V.O.

1. In a case of gunshot through the middle of the thigh an arterio-venous aneurysm has formed. Describe how this takes place, and give the diagnosis and treatment.

2. What are the causes of perineal abscess? Give the symptoms and treatment of a case.

3. What forms of malignant disease affect the anus and rectum? Give the diagnosis, symptoms, and treatment of a case of cancer of the rectum.

4. What are the varieties of umbilical hernia? Give the treatment of a case where strangulation has taken place.

ANATOMY AND PHYSIOLOGY.—MR. EDWARD H. TAYLOR, F.R.C.S.

1. Describe the blood vessels and nerves which lie in immediate relation to the lower jaw. The description is to be confined strictly to the region of the bone, and the value of the answer will be largely determined by the appreciation shown of the surgical bearings of the question.

2. Give the distribution of the musculo-spiral nerve, and indicate the effects which would follow division of that nerve in the musculo-spiral groove.

3. Describe the minute structure of the mucous membrane of the small intestine, and state the part which an intestinal villus plays in intestinal absorption.

4. Describe the appearance presented by a transverse section through the middle of the cervical swelling of the spinal cord when examined with a low power of the microscope.

CHEMISTRY AND MATERIA MEDICA.—DR. NORMAN MOORE.

1. How could you best make oxygen for therapeutic purposes? Mention the chief characteristics of this element.

2. What is the composition of coal gas, and how is it prepared?

3. Mention the chief diuretics and the chief anthelmintics of the *Pharmacopœia*, and give the full dose of each.

4. What are the official preparations of (1) sulphuric acid, (2) the salts of zinc, (3) opium, (4) colocyath, (5) cantharides? Give in each case the dose of those intended for internal use.

How are the following forms of preparation made: (1) Tinctures, (2) extracts, (3) confections.

MEDICINE AND PATHOLOGY.—PROFESSOR MCCALL ANDERSON.

1. A young man, aged 20, was admitted into hospital on June 1st, 1900. He was suffering from hemiplegia and anæsthesia of the right side, accompanied by aphasia, which set in suddenly without unconsciousness six months before admission. There was also evidence of descending sclerosis of the crossed pyramidal tract. (a) Give the probable diagnosis as to the seat and nature of the lesion, with the grounds for your opinion. (b) Give an outline of the kind of history probable in such a case. (c) What symptoms indicate descending sclerosis of the crossed pyramidal tract? (d) What anatomical lesions would you probably find in the event of a fatal issue?

2. Write down a list of the enlargements of the liver, dividing them into A uniform, and B irregular, enlargements. Underline those in which the enlargement may be very great, and put an asterisk opposite those which are likely to be tender.

3. (a) Describe the characters of urine containing pus. (b) What would lead you to conclude that it came from the pelvis of the kidney? How would you treat an attack of pyelitis?

4. Give, in tabular form, the diagnosis of amyloid disease from hypertrophic cirrhosis of the liver.

PRISON MEDICAL SERVICE.

The prison department consists of two branches—the convict service and the local prison service. These are now practically amalgamated, and the officers of each branch are freely interchangeable. In the case of the smaller prisons the medical officer is usually a local practitioner, but in the case of the larger prisons the medical officers are appointed by the Convict Prison Board or the Prison Commission, and form practically a special service. The Chairman of the Boards is Mr. Evelyn Ruggles-Brise. Application for employment may be made to the Board on a special form, which, we understand, can be obtained from the Secretary, Major E. G. Clayton, Prison Commission, Home Office, London, S.W.

The number of vacancies is not large, and the prospects of promotion are bad. This is due in part to the fact that the rate of pay of the higher appointments depends upon the number of prisoners in the particular prison, and that the total number of prisoners in the country is decreasing.¹

The following is the authorised staff with scales of pay laid down in the official estimates for 1900-1901.

Convict Service.—Five deputy medical officers at £250, rising to £300; four medical officers at incomes ranging from £300 to £550.

Local Prison Service.—Nine deputy medical officers at £250, rising to £300; eight medical officers at £200; two medical officers at £250; three medical officers at £300, rising to £390; six medical officers at £400, rising to £500. Quarters, or an allowance in lieu, are granted to those who give their whole time to the service.

MEDICAL APPOINTMENTS IN THE COLONIES.

1. Medical appointments are from time to time filled up by the Colonial Office in the following Colonies: British Guiana, Jamaica, Trinidad, Windward Islands, Leeward Islands, British Honduras, Fiji, Sierra Leone, Gambia, Gold Coast, Lagos, Niger Territories, Ceylon, Straits Settlements, Hong Kong, Cyprus, Gibraltar, St. Helena, and the Falkland Islands. In Ceylon and Jamaica vacancies are almost always filled locally by the appointment of qualified native candidates.

It is for the West Indies and the West African Colonies that medical officers are chiefly required.

2. The majority of the West Indian appointments involve medical charge of a district, including, as a rule, the care of a hospital, poor-house, asylum, or other institution, and free attendance on the aged and children.

In West Africa the medical officers are also required to take charge of any hospital, public dispensary, lunatic asylum, or other Government institution at their respective stations, to supervise the sanitation of the district, to perform vaccination, and to give gratuitous attendance to all Government officials, and, in most cases, the families of such officials also.

N.B.—Passage money on first appointment, and leave of absence on half-pay (in case of sickness, or after six years' service, if the medical officer has given satisfaction in the discharge of his duties), are granted to medical officers in the cases specified in the Colonial Regulations; and those serving in West Africa are allowed six months' leave with full pay and free passages home and out again, after every twelve or fifteen months of continuous residential service. With regard to pension, medical officers are usually on the same footing as other Government servants; but in cases where private practice is allowed, the rule is that they are not entitled to pension, except in West Africa.

3. The following is a short account of the appointments in the separate Colonies:

British Guiana.—Thirty-nine appointments. Candidates must have held for at least six months a resident medical appointment in some public institution. Officers are appointed on two years' probation as supernumeraries, and are paid a salary at the rate of £300 per annum with quarters, without the right to private practice. Supernumerary officers, married or single, who obtain leave to reside out of the quarters provided for them, will not be entitled to lodging allowance. After serving for two years, if appointed to the permanent staff, the officer will receive £400 per annum, rising by increments of £25 annually up to £700 per annum. A Government medical officer on being appointed to a district, and a supernumerary officer on being appointed to act in charge of a district, will receive a salary of £500 per annum, but will not receive any increments thereto until entitled to such increments by length of actual service. Every medical officer appointed to a district or to act in charge of a district will receive a travelling allowance at a rate varying from £100 to £150 per annum as the extent of the district may require. He is allowed private practice. No more than £30 is allowed for passage money on first appointment. There is a Widows' and Orphans' Fund in the Colony to which all Government servants are compelled to subscribe at the rate of 4 per cent. on their salaries.

Jamaica.—The appointments, 45 in number, are mainly district appointments with private practice allowed; the salary paid by Government varies from £150 to £250 per annum, and in most cases is £200. Newcomers are in some cases attached for a while to the public hospital in Kingston, and given an allowance at the rate of £200 per annum, but not permitted to undertake private practice. There is a Civil Service Widows' and Orphans' Fund established by law, to which all medical officers are obliged to subscribe at the rate of 4 per cent. on their salaries.

¹ Intending applicants would do well to consult a memorandum prepared for the use of the Parliamentary Bills Committee of the British Medical Association, and published in the BRITISH MEDICAL JOURNAL on April 23rd, 1892.