

such a case home falls on the Indian Government, so that one is incapable of seeing the economy that accrues to India by cutting down the strength of the Medical Staff in that country to an inadequate number.

THE FRENCH ARMY.

In an article in the *Revue Scientifique* of January 5th M. Max de Nausonty deals with the meat ration of the French soldier. He mentions that the distribution of diseased meat under the form of bouilli has brought about grave and sometimes mortal illness, and alludes to butchers substituting horse flesh for beef. The regulation ration of the soldier has been from time immemorial 300 grammes on a peace footing. These figures are applied to raw meat, that is to meat properly so called, bone, and fat, without including the nerves and tendons unfit for consumption. This rate of 300 grammes has been calculated so that the soldier should receive each day the quantity of nitrogen and carbon necessary for his maintenance. He takes these elements in the 1,430 grammes of solid aliments (meat, bread, and vegetables) and in the 2,570 grammes of liquid aliment which he daily absorbs in the mean proportion of, say, about 20 grammes of nitrogen and 346 grammes of carbon.

The author proceeds to state that in a mathematical point of view these rations are sufficient; but, he adds, neither from a physical nor from a moral point of view can a man be treated as an equation. M. Max de Nausonty considers that there are times of the year when the ration is insufficient, for example during the first months of enlistment, when the recruit, disturbed by the change of life and subjected to fatigues before unknown to him, has need of being sustained by a more substantial nourishment; also during manœuvres a period of toilsome marching and nights of bivouacking, with the heavy load of his equipment.

MEAT INSPECTION IN THE FRENCH ARMY.

The French Minister of War, after consultation with various committees of experts, has issued stringent instructions as to the inspection of meat supplied to the army. All animals are to be inspected both before and after slaughter, and the meat must be marked by a veterinary or medical officer before it is served out.

THE SEWAGE SWAMP AT ALDERSHOT.

The *United Service Gazette* of to-day's date (19th) has an article on the sewage swamp. It turns up the reports furnished by Drs. Seaton and Denny to their respective councils, the one for Surrey County and the other for the Hartley Rural Sanitary District. When the former medical officer of health states that "it is a matter for astonishment that the War Office authorities could permit such a noxious state of things to exist close to their camp," and the latter that the sewage swamp, poisoning earth, air, and water, is "a disgrace to any civilised community," the time may be said to have arrived when the subject should be fully discussed in Parliament. Our views on this so-called sewage farm have been expressed repeatedly for years past—that is, ever since 1891.

RETRENCHMENT IN INDIA.

It is reported that the Principal Medical Officer in India has recently made some modifications in the scale of medicines for rest camps on grounds of economy. The Secretary to Government remarks very pertinently on these modifications by noting that they will result in a saving to the Government of some five annas for each rest camp hospital. This is economy with a vengeance.

SELECTION VERSUS SENIORITY.

SURGEON-MAJOR, in acknowledging the interest of our article, "Selection versus Seniority," says that although it would without doubt be fairer to inform a medical officer beforehand of the intention not to promote him, he hardly thinks it could be done in practice, because any such officer would "actually demand an inquiry, and strive by all means in his power to avert his impending fate, which would give trouble to Board of Selection."

It should be remembered that Article 416, Pay and Promotion, Royal Warrant, 1894, distinctly rules that the promotion of departmental officers shall "be solely by selection on the ground of ability and merit;" no officer, therefore, who may be warned of supersession can demand any inquiry. All that is needed on the part of the Selection Board is absolute firmness and decision in advancing the best man irrespective of the off chance of being troubled over the performance of its duty. Secondly, "Surgeon-Major" states that "the service at large would hardly agree that a superseded officer should be compelled to retire, and that it need not necessarily follow that because a man is not fit for higher promotion, he is unable to perform the duties of his existing rank." Compulsory retirement was suggested only for officers in surgeon-colonel's rank who are passed over. They are administrative officers, and if superseded it is clear that they are not considered to be up to the mark for administrative duties, for, after all, a surgeon-colonel's and surgeon-major-general's duties are much alike, although there is a distinction between the two ranks. Of course it is possible that an executive officer, for example, a brigade-surgeon, who is superseded for promotion, may be a man fitted for executive duties, while unfit to be trusted with the administrative functions.

The possible working in the future of Article 427, extending the age, is looked on with suspicion by the Medical Department, and it is feared that if great care and a thorough recognition of responsibility do not accompany the exercise of the power Article 427 gives, serious injury will be done to the Department.

The sole aim of the article was to facilitate the retirement of medical

officers in administrative rank who are unfit for advancement. This alone can bring about efficiency and contentment in the Medical Service.

MOTTO FOR MEDICAL STAFF.

A CORRESPONDENT suggests "Ubique," which is borne by the Artillery and Engineers, as an appropriate motto for the Medical Staff; or, "Non vi sed arte," as being suitable to their special calling.

. We would remind our correspondent that the essential antecedent to the conferring of a motto is that the department be constituted a Royal Medical Corps.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 7,072 births and 4,091 deaths were registered during the week ending Saturday, January 12th. The annual rate of mortality in these towns, which had been 18.0 and 18.9 per 1,000 in the preceding two weeks, further rose to 20.1 last week. The rates in the several towns ranged from 14.6 in Derby, 16.8 in Bradford and in Croydon, and 16.9 in Leicester to 24.1 in Blackburn, 25.7 in Huddersfield, and 28.9 in Liverpool. In the thirty-two provincial towns the mean death-rate was 20.8 per 1,000, and exceeded by 1.5 the rate recorded in London, which was 19.3 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.8 per 1,000; in London the rate was equal to 1.7, while it averaged 1.9 per 1,000 in the thirty-two provincial towns, and was highest in Portsmouth, Wolverhampton, and Gateshead. Measles caused a death-rate of 1.6 in Derby and in Gateshead, 1.7 in Halifax, 2.0 in Sheffield, and 2.4 in Portsmouth; scarlet fever of 1.8 in Wolverhampton; and whooping-cough of 1.1 in Sunderland and 1.6 in Huddersfield. The 66 deaths from diphtheria in the thirty-three towns included 34 in London, 6 in West Ham, and 3 each in Bristol, Wolverhampton, Birmingham, and Sheffield. Three fatal cases of small-pox were registered in Liverpool, but not one in London or in any other of the thirty-three large towns. There were 28 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, January 12th, against 15, 16, and 23 at the end of the preceding three weeks; 8 new cases were admitted during the week, against 1 and 8 in the preceding two weeks. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 1,331, 1,890, and 1,779 at the end of the preceding three weeks, had further declined to 1,713 on Saturday last; 130 new cases were admitted during the week, against 116 and 126 in the preceding two weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, January 12th, 948 births and 738 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 22.1 and 21.8 per 1,000 in the preceding two weeks, rose again to 25.5 during the week under notice, and was 5.4 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 10.3 in Perth to 31.1 in Aberdeen. The zymotic death-rate in these towns averaged 3.9 per 1,000, the highest rates being recorded in Glasgow and Aberdeen. The 384 deaths registered in Glasgow included 28 from measles, 15 from whooping-cough, 3 from scarlet fever, and 3 from diphtheria. Two fatal cases of small-pox and 1 of diphtheria were recorded in Edinburgh, and 19 deaths from measles occurred in Aberdeen.

ENGLISH URBAN MORTALITY IN THE FOURTH QUARTER OF 1894. The vital and mortal statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending December last 80,117 births were registered in these thirty-three towns, equal to an annual rate of 30.7 per 1,000 of their aggregate population, estimated at nearly ten and a-half millions of persons. In the corresponding periods of 1892 and 1893 the birth-rate in these towns was 31.0 and 30.7 per 1,000 respectively. In London the birth-rate last quarter was equal to 30.2 per 1,000, while it averaged 31.1 in the thirty-two provincial towns, among which it ranged from 20.8 in Huddersfield, 20.9 in Halifax, 25.6 in Croydon, and 25.9 in Bradford to 35.2 in Sunderland, 35.4 in West Ham, 35.6 in Gateshead, and 35.7 in Sheffield.

During the quarter under notice 46,269 deaths were registered in the thirty-three large English towns, corresponding to an annual rate of 17.7 per 1,000, against 19.4 and 22.6 in the third quarters of the preceding two years 1892-3. In London the rate of mortality was equal to 16.6 per 1,000, while it averaged 18.6 in the thirty-three provincial towns, among which the death-rates ranged from 12.7 in Croydon, 14.6 in Leicester, 14.8 in Birkenhead, 15.5 in West Ham, and 15.6 in Cardiff to 20.7 in Oldham, 21.0 in Burnley, 22.0 in Preston, 22.5 in Liverpool, and 23.4 in Sunderland. The 46,269 deaths registered in the thirty-three towns last quarter included 5,126 which were referred to the principal zymotic diseases, equal to an annual rate of 2.0 per 1,000; in London the zymotic death-rate was equal to 1.7 per 1,000, while it averaged 2.1 in the thirty-two provincial towns, and ranged from 0.6 in Leicester, 0.8 in Plymouth, 0.9 in Norwich, and 1.0 in Croydon and in Halifax to 2.7 in Burnley and in West Ham, 3.5 in Derby, 3.6 in Portsmouth, 3.7 in Leeds and in Sunderland, and 5.0 in Gateshead. The 5,126 deaths referred to the principal zymotic diseases included 1,403 which resulted from measles, 1,058 from diphtheria, 867 from diarrhoea, 664 from "fever" (principally enteric), 585 from whooping-cough, 492 from

scarlet fever, and 56 from small-pox. The fatal cases of measles, which had been 2,724 and 1,935 in the preceding two quarters, further declined to 1,403 during the three months under notice; in London the measles death-rate was only 0.28 per 1,000, while it averaged 0.72 in the thirty-two provincial towns, among which this disease showed the highest proportional prevalence in Portsmouth, Derby, Bradford, Leeds, Sheffield, Sunderland, and Gateshead. The deaths referred to diptheria, which had been 1,196, 904, and 914 in the preceding three quarters, further rose to 1,053 during the three months ending December last; in London the death-rate from this disease was equal to 0.50 per 1,000, while it averaged 0.27 in the thirty-two provincial towns, among which diptheria was proportionally most fatal in West Ham, Brighton, Cardiff, Wolverhampton, Birkenhead, and Oldham. The 867 fatal cases of diarrhoea were equal to an annual rate of 0.34 per 1,000, which was slightly below that recorded in the corresponding periods of recent years; in London the diarrhoea death-rate was only 0.23 per 1,000, while it averaged 0.41 in the thirty-two provincial towns, and was highest in Wolverhampton, Bolton, Burnley, Blackburn, and Preston. The deaths referred to different forms of "fever" (including typhus, enteric, and simple and ill-defined forms of fever), which had been 519, 382, and 432 in the preceding three quarters, further rose to 664 during the three months under notice; in London the "fever" death-rate was equal to 0.25 per 1,000, and almost corresponded with the mean rate in the thirty-two provincial towns, among which "fever" showed the highest proportional fatality in Wolverhampton, Derby, Liverpool, Bolton, and Sunderland. The fatal cases of whooping-cough, which had been 2,064, 1,543, and 838 in the preceding three quarters, further declined to 588 during the three months ending December last, and was below the rate recorded in the corresponding period of any recent year; in London the rate of mortality from this disease was equal to 0.19 per 1,000, while it averaged 0.25 in the thirty-two provincial towns, and was highest in Swansea, Oldham, Blackburn, Preston, Huddersfield, Sunderland, and Newcastle-on-Tyne. The deaths referred to scarlet fever, which had been 598, 588, and 501 in the first three quarters of 1894, further declined to 492 during the three months ending December last; in London the scarlet fever death-rate was equal to 0.16 per 1,000, while it averaged 0.21 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in Wolverhampton, Liverpool, Salford, Burnley, and Huddersfield. The fatal cases of small-pox in the thirty-three towns, which had been 166, 149, and 83 in the preceding three quarters, further declined to 56 during the three months ending December last, of which 31 were registered in Birmingham, 15 in Liverpool, 5 in London, 2 in Hull, and 1 each in Birkenhead, Manchester, and Halifax.

Infant mortality in the thirty-three towns, measured by the proportion of deaths under 1 year of age to registered births, was equal to 155 per 1,000, against 154 and 174 in the corresponding periods of the preceding two years. In London the rate of infant mortality was 139 per 1,000, while it averaged 166 in the thirty-two provincial towns, among which it ranged from 99 in Croydon, 134 in West Ham, 135 in Cardiff, and 137 in

Derby to 194 in Huddersfield, 199 in Halifax, 204 in Oldham, 207 in Swansea, 209 in Sunderland, and 226 in Preston. The causes of 812, or 1.8 per cent. of the 43,269 deaths in the thirty-three towns during the fourth quarter of last year were not certified, either by a registered medical practitioner or by a coroner. The proportion of uncertified deaths in London did not exceed 0.8 per cent., while it averaged 2.3 in the thirty-two provincial towns. The causes of all the deaths during the quarter in Croydon, in Derby, and in Birkenhead were duly certified; in the other towns the lowest proportions of uncertified deaths were registered in Wolverhampton, Bolton, and Oldham, and the highest in West Ham, Birmingham, Leicester, Blackburn, Preston, and Hull.

THE HEALTH OF EDINBURGH.
THE Edinburgh measles epidemic continues to increase, 230 fresh cases having been reported last week, and 5 deaths. No cases were reported from Leith. Small-pox shows an increase again, 10 cases last week and 2 deaths for Edinburgh; and 2 cases for Leith. Fifty-five cases of scarlatina were notified for the week. The death-rate was 24 per 1,000.

THE SANITARY ADMINISTRATION OF A WATERING PLACE.
THE *Walton Gazette* of January 9th contains a report of the first meeting of the urban district council for Walton-on-the-Naze, which, as everybody knows, is an Essex watering place of some note. The new council do not appear to have commenced their reign with any very exalted notions of the importance, or at all events of the money value, of the sanitary work which they expect their officers to perform. A medical officer of health was appointed at a salary of £20, after the rejection of an amendment in favour of a still smaller sum, which (perhaps owing to a printer's error) is said to have been supported by a medical member of the council! Next came, or should have come, the appointment of an inspector of nuisances, but after some discussion whether the salary should be £10 or £20, the former inspector declined to undertake the duties even at the higher figure, and it was decided to advertise. The odd question was asked whether the inspector would have to take samples of food and drugs and have them analysed at his own cost, and this elicited from the clerk the answer that the samples taken would be submitted to the council, who in turn would submit them to the county analyst. All this is scarcely worthy of a body which has the care of the interests and sanitary reputation of a health resort.

THE HEALTH OF SHEFFIELD.
DR. HARVEY LITTLEJOHN, the medical officer of health for Sheffield, has published some interesting statistics on the abnormally low death-rate in that city during the past year. The total number of deaths was 5,995, or 17.7 per 1,000 of the population. The next lowest year was 1886, when the death-rate was 20.1 per 1,000. In 1893 the rate was 22.2 per 1,000 and the number of deaths 7,419. In the week ending June 22nd last, there were

Analysis of the Vital and Mortal Statistics of Thirty-three of the Largest English Towns during the Fourth Quarter of 1894.

Towns.	Estimated Population middle of 1894.	Births.	Deaths.	Annual Rate per 1,000 Living.			Deaths from Principal Zymotic Diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Fever.	Diarrhoea.	Deaths of Children under one year of age to 1,000 Births.	Rate per cent. of Uncertified Deaths.	
				Births.	Deaths.	Principal Zymotic Diseases.											
33 Towns	10,458,442	80,117	46,269	30.7	17.7	2.0	5,126	56	1,403	492	1,058	586	664	867	155	1.8	
32 Provincial Towns	6,109,276	47,420	28,269	31.1	18.6	2.1	3,268	51	1,103	317	405	381	398	613	166	2.3	
London	4,349,166	32,697	18,000	30.2	16.6	1.7	1,858	5	300	175	653	205	266	254	139	0.8	
West Ham	238,184	2,102	918	35.4	15.5	2.7	159	—	14	4	87	10	14	25	134	4.0	
Croydon	111,921	714	354	25.6	12.7	1.0	27	—	11	1	6	4	2	3	99	1.3	
Brighton	118,715	792	528	26.8	17.7	1.7	51	—	21	1	11	6	8	7	153	0.8	
Portsmouth	170,973	1,169	752	27.4	17.6	3.6	153	—	121	9	5	9	9	9	145	1.3	
Plymouth	87,931	612	352	27.9	16.1	0.8	18	—	2	1	3	3	3	3	103	0.6	
Bristol	226,578	1,512	946	26.8	16.7	1.1	63	—	13	3	16	4	3	6	154	2.0	
Cardiff	148,890	1,257	579	33.9	15.6	1.2	46	—	4	1	14	4	1	20	135	1.0	
Swansea	95,399	779	456	32.8	19.2	1.7	41	—	1	5	5	18	5	7	207	0.9	
Wolverhampton	85,036	718	347	33.9	18.7	2.2	46	—	10	11	11	10	8	15	173	5.8	
Birmingham	492,301	3,954	2,140	32.2	17.4	1.7	210	31	3	27	24	21	32	72	164	5.8	
Norwich	105,645	784	459	29.8	17.4	0.9	25	—	—	3	5	3	3	8	161	2.0	
Leicester	189,136	1,554	687	33.0	14.6	0.6	26	—	—	2	7	3	4	10	153	4.7	
Nottingham	223,584	1,595	899	28.6	16.1	1.5	82	—	2	16	4	12	15	33	165	1.1	
Derby	98,796	714	417	29.0	16.9	3.5	85	—	55	5	1	5	3	12	9	137	1.1
Birkenhead	105,627	700	391	26.6	14.8	1.2	32	—	—	3	4	10	3	6	137	—	
Liverpool	507,230	4,333	2,840	34.3	22.5	2.4	298	15	35	60	34	32	31	41	171	3.0	
Bolton	118,303	921	592	31.2	20.1	2.4	72	—	20	1	7	7	10	31	122	0.5	
Manchester	520,211	4,001	2,616	30.8	20.2	1.9	249	1	50	31	43	31	35	58	163	1.3	
Salford	205,828	1,767	980	34.4	19.1	2.0	103	—	5	32	12	15	16	23	159	3.2	
Oldham	138,755	956	717	27.6	20.7	1.7	58	—	5	3	13	14	4	16	204	0.4	
Burnley	96,478	833	504	34.8	21.0	2.7	66	—	16	9	9	19	6	19	181	1.6	
Blackburn	125,797	939	612	29.9	19.5	2.0	62	—	—	2	9	19	6	26	193	4.2	
Preston	111,425	869	612	31.3	22.0	1.6	45	—	4	—	—	12	9	20	226	4.9	
Huddersfield	98,511	510	411	20.8	16.7	1.7	42	—	7	6	2	14	5	6	194	2.9	
Halifax	92,861	483	404	20.9	17.4	1.0	23	1	6	5	3	3	3	—	199	3.7	
Bradford	223,985	1,446	1,041	25.9	18.6	2.5	140	—	82	14	3	17	8	16	192	1.5	
Leeds	388,761	3,071	1,946	31.7	20.1	3.7	359	—	258	16	15	23	14	33	172	0.8	
Sheffield	338,316	3,012	1,509	35.7	17.9	2.1	178	—	110	11	13	11	14	19	144	3.6	
Hull	212,679	1,746	981	32.9	18.5	2.4	128	—	61	10	16	7	10	22	165	4.9	
Sunderland	136,101	1,193	793	35.2	23.4	3.7	124	—	51	6	2	15	31	19	209	1.4	
Gateshead	93,372	828	474	35.6	20.4	5.0	116	—	88	2	8	6	5	7	180	0.6	
Newcastle-on-Tyne	201,947	1,547	967	30.7	19.2	2.8	141	—	59	12	10	28	13	19	162	1.0	

only 83 deaths, and the rate only 12.8 per 1,000. This was the lowest death-rate in any week of the year. The highest was in January at 21.7. The birth-rate was 33.3 per 1,000. Of children under 1 year, there died 1,754, as compared with 2,238 in the previous year. This is a decrease of nearly 500, which is more considerable when it is remembered that the city is presumed to increase at the rate of 5,000 a year. In the deaths of people over 60, there was also a decided decrease. There was a marked decrease in deaths from respiratory diseases. He thought general weather conditions had much to do with the excellent health of the city, and that the activity that had been displayed for several years by the health authorities had also done much.

FEES FOR OPERATIONS IN WORKHOUSES.

W. V. M. asks if, as medical officer to a workhouse, is he entitled to the usual fee allowed by the Local Government Board for the operation of amputation of the leg performed on an inmate of the workhouse? If not, can he charge for expenses incurred, such as chloroform, lint, etc.?

* * A medical officer of a workhouse is not entitled to an extra fee for any operation performed on one of its inmates, nor do we think he can claim any allowance for chloroform, etc., but if the guardians should by special resolution award him a special fee, the Local Government Board will probably confirm the guardians' resolution.

GUARDIANS AND MEDICAL ORDERS.

INQUIRENS writes: Can a board of guardians adopt a proposal of one of its members empowering each guardian to issue medical orders for "urgent and critical cases?"

* * We believe that any such resolution, unless confirmed by the Local Government Board, would not empower guardians to issue medical orders.

UNIVERSITIES AND COLLEGES.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

THE following gentlemen passed the First Examination of the Board in the subjects indicated at the quarterly meeting of the Examiners, under the "Four" Years' Regulations:

PART I. Chemistry and Physics.—E. G. Battiscombe, London Hospital; T. Boulton, Owens College, Manchester; L. C. S. Broughton, Mason College, Birmingham; D. R. T. Griffiths, Guy's Hospital; C. W. Iliffe, Owens College, Manchester; S. D. Oldham, Owens College, Manchester; J. A. Rooth, St. George's Hospital; A. P. Watkins, Cambridge University and University College, London.

PART II. Materia Medica.—E. C. D. Bascombe, Middlesex Hospital; E. H. Betts, St. Bartholomew's Hospital; L. C. S. Broughton, Mason College, Birmingham; J. M. Chambers, St. Thomas's Hospital; J. W. Cheese, University College, London; C. L. Chevallier, St. Thomas's Hospital; J. H. Clements, Mason College, Birmingham; B. J. Collyer, St. Bartholomew's Hospital; E. H. Cooper, London Hospital; P. J. Curtis, Guy's Hospital; T. S. Davies, St. George's Hospital; E. J. Distin, King's College, London; J. D. Eastman, Owens College, Manchester; A. G. Eastment, Middlesex Hospital; H. G. Ellery, Queen's College, Cork, and Middlesex Hospital; A. Evans, St. Mungo's College, Glasgow; C. R. Evans, Guy's Hospital; L. A. W. French, University College, London; W. L. T. Goodridge, Guy's, Durham, and University College, London; A. Hair, University College, London; G. W. C. Hodges, St. George's Hospital; E. S. Johnson, St. Mary's Hospital; R. G. Knox, King's College, London; J. C. MacWalters, University College, Bristol; S. H. Mason, Mason College, Birmingham, and Guy's Hospital; J. S. Mellish, St. George's Hospital; H. R. C. Newman, University College, Bristol; J. G. Owen, Charing Cross Hospital; L. E. Owen, University College, London; F. Parlett, private study; W. C. Rivers, Charing Cross Hospital; R. J. Rogers, University College, Bristol; K. R. D. Shaw, Owens College, Manchester; J. H. Smith, St. Thomas's Hospital; M. Smith, Middlesex Hospital; W. B. Stevenson, St. Mary's Hospital; J. L. Sykes, London Hospital; R. S. Thorpe, Owens College, Manchester, and Guy's Hospital; A. K. D. Tomkins, Mason College, Birmingham; S. K. Vines, Mason College, Birmingham; S. H. Watton, Owens College, Manchester; E. C. Willis, University College, Bristol; W. J. Woodman, St. Mary's Hospital.

PART III. Elementary Anatomy and Elementary Physiology.—H. W. Allan, Cambridge University; L. P. Anderson, University College, Liverpool, and Owens College, Manchester; F. C. E. Atkinson, St. George's Hospital; E. A. Charlesworth, Middlesex Hospital; S. E. Denyer, Cambridge University; J. S. Duncan, Westminster Hospital; J. M. Garman, London Hospital; A. E. Gilmore, Cambridge University; J. Micklethwait, Firth College, Sheffield; J. J. D. Richardson, Guy's Hospital; C. G. Simms, Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology; W. N. Spencer, University College, Bristol; A. H. Whittingham, Cambridge University and St. Mary's Hospital.

The following gentlemen passed the Second Examination of the Board in the subjects indicated at a meeting of the examiners on Thursday, January 10th:

Passed in Anatomy and Physiology.—P. C. Douglas, St. Mary's Hospital; H. F. N. Hine, Middlesex Hospital; G. E. Cagliari, California University and University College, London; A. W. Wilkinson, St. Bartholomew's Hospital; C. H. S. Lincoln, Guy's Hospital; B. L. Whingre and T. P. L. Aal, Punjab University, Lahore; N. M. T.

Harris, Toronto University, Canada; F. G. Grapel, University College, London; R. C. Robertson, Charing Cross Hospital. **Passed in Anatomy only.**—L. H. Lewis, Guy's Hospital and University College, Cardiff; A. J. Pattison, C. E. Andrews, and J. H. R. Robinson, London Hospital; W. Miles, St. Mary's Hospital and University College, Cardiff; G. V. Miller, University College, London; W. K. Hay-Coghill, St. Mary's Hospital. **Passed in Physiology only.**—H. M. Waller and W. Amsden, St. Bartholomew's Hospital; A. R. Huchley, Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology; W. St. A. St. John, St. Mary's Hospital; G. W. Gibson, Guy's Hospital; E. J. Gruchy, London Hospital; G. M. Foster, University College, London. Fifteen gentlemen were referred in both subjects, 6 in Anatomy only, and 7 in Physiology only.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentleman, having previously passed the necessary examinations and having now attained the legal age of twenty-five years, was, at the quarterly meeting of the Council on Thursday, January 10th, admitted a Fellow of the College:
D. M. Beddoe L.R.C.P.Lond., Guy's Hospital (diploma of Member dated May 11th, 1893).

OBITUARY.

DR. CONRAD, first assistant in the Institute of Morbid Anatomy of the University of Erlangen, died on December 29th, 1894, of typhoid fever, contracted in the course of his duties. His untimely death cuts short a career of great promise.

DR. WILLIAM DETMOLD, one of the oldest and most distinguished surgeons in the United States, died on December 27th, 1894. He was the son of Dr. Henry G. Detmold, formerly Physician to the King of Hanover, and was born in Hanover in 1808. He took his doctor's degree in the University of Goettingen in 1830, and after serving for a time as an army surgeon in Germany he emigrated to the United States in 1837, and settled in New York. He is said by the *New York Medical Record* to have introduced orthopædic surgery into America. In 1862 he was appointed Professor of Military Surgery and Hygiene, and afterwards of Clinical Surgery, at the New York College of Physicians and Surgeons. Dr. Detmold took a prominent part in the organisation of the Medical Corps of the United States Army in the earlier part of the Civil War. He contributed largely to the medical journals of his adopted country, his first paper on orthopædic surgery having appeared in the *American Journal of Medical Sciences* in 1837.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Dismas Kuhn, President of the Salzburg Medical Council and Physician to the Grand Duke Ferdinand of Tuscany, aged 60; Dr. E. Bailly, sometime Professeur Agrégé in the Paris Medical Faculty; Dr. A. Haspel, formerly Chief Physician to the Military Hospital at Strassburg and author of various publications on diseases of the liver, etc., aged 84; Dr. Comon, Member of the General Council of the Department of Meurthe et-Moselle and a highly respected member of the profession; Dr. J. Lafargue, sometime President of the Society of Medicine of Bordeaux and an authority on medical jurisprudence, aged 77; Dr. A. Giraud, a prominent practitioner of Lyons and President of the Sanitary Committee of that city; Dr. H. Guillaud, also of Lyons, a botanist of considerable reputation, aged 68; and Dr. Vincenzo Lo Savio, of Fasano, author of an elaborate treatise on the diagnosis and treatment of intestinal obstruction, which saw the light only a few weeks before his death.

NEW YORK ACADEMY OF MEDICINE.—The treasurer's report for 1894 states that the estimated assets of the New York Academy of Medicine now amount to nearly half a million dollars (£100,000). The current expenses amount to about 17,000 dollars, not including amounts spent for special purposes such as the purchase of books. The number of Fellows is as follows: Resident, 77; non-resident, 40; corresponding, 7. During the year 40 new resident Fellows were elected, 8 were lost by death, and 15 by removal or suspension.