

Newspaper cuttings scrapbooks on the subject of the rank of Army Medical Officers. Compiled by Lieutenant Colonel Sir John G. Rogers

Publication/Creation

1887-1891

Persistent URL

<https://wellcomecollection.org/works/pbq2f2x4>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

172

News Cuttings

H.4
172

172
4. 20. 26.



Newspaper Cuttings
relating to the
Army Medical Service
arranged by

Lieut. Colonel Sir John G. Rogers
K.C.M.G., D.S.O., M.B.
retired, Army Medical Staff.

RANK OF ARMY MEDICAL OFFICERS.

WORACED AND INSULTED. writes: In the *JOURNAL* of May 25th, in an article headed "Relative Rank," you state: "The Director-General explained the sense in which authorities understand the term 'substantive military rank,' to be that it belonged exclusively to those who have administered discipline and military law. Medical officers are engaged solely for health purposes; they are not responsible for duties which claim to all that is understood by military command." If such is the case, I should like the following questions answered. What is the Medical Staff? By whom is it officered? Who is responsible for the internal administration of the corps? By whom are its prisoners told off? Whose duty is it to the men? Who is responsible for the correctness of the corps defaulter etc., account books, etc.? From what branch of the service are the officers of the Medical Staff derived? If the medical officers perform none of these duties, seems a pity that they should be compulsorily made to waste their money in purchasing of numerous books on drill and military law, and their time at exercise, and subsequently, in reading up subjects, and in the performance of tasks which it is stated in no way concern them. If on the other hand the

officers of the Medical Staff do perform these duties, why are they alone debarred from holding any rank? By Sir Thomas Crawford's own showing medical officers should at least hold substantive rank in their own corps. Again, "titular designations," he says, "belong and always have belonged to the purely fighting branch of the army," in which I presume he includes paymasters who remain at the depot whilst their regiments take the field, and Commissariat officers who are only under most extraordinary circumstances exposed to the enemy's fire. The Director-General talks about redress being at once accorded by the military authorities. We entered the service with the distinct understanding that we were to hold relative rank.

We now find that the only rank we ever held has been ruthlessly taken from us. Where then is our redress? As to saying that the position of army medical officers remains the same, anyone understanding anything about military matters must at once see that such a thing is impossible, in spite of italics or anything else which may appear in the *Army List*; for the fact still remains that we now have no rank, and anyone living in a mess, and being in daily and intimate association with officers of his own standing, will very soon see that that is at least the interpretation which combatant officers put on the present state of things.

As the service now stands, if we are to be military surgeons we must have military rank; if not, let us by all means cast off all things military, and become pure civilians. Until this question is definitely settled I would strongly advise all intending candidates not to join the Medical Staff, as the medical service of the army has once again become no place for a gentleman.

SURGEON-MAJOR, M.S. writes: I have been very much surprised that no one seems to have taken up the challenge (if I may so call it) of the Secretary of State for War, who, in reply to a question in the House, is reported to have said that he had no reason to suppose that military surgeons were desirous of being called by military titles; which, however, he most gratuitously added, were dissociated from the duties of their honourable profession. Now, I am under the impression that the majority of the department are desirous that their position in the service should be generally recognisable by their titles; indeed, I imagine it is only a few of the faddist type who would object. If our present chief (though he personally may not be very enthusiastic in the matter) only knew our wishes, he would doubtless be more energetic in pressing the question for the consideration of the authorities, and as the change seems to lie in our own hands, it seems to me most important that the necessary steps to ascertain our views should be at once taken. As for the apparently implied sneer of military titles dissociating us from our medical duties, does anyone suppose that it would have more effect than our present custom of wearing military trappings, uniform, badges, medals, swords, etc.; and of exercising and being subordinate to military command, which have not apparently involved any slight on our honourable profession? Is it because we have the advantage over other departments, that on our entering the military service we already belong to an honourable profession? We therefore should expect no advancement in the service we have entered, and though deprived of the chances of distinction in civil life, we should not look for the advantages of our military service, though of course we are quietly to accept all its disadvantages. As an argument to me, at all events, it sounds odd to be told that because I am what I was twenty years ago, a surgeon, I must not expect to have any military recognition in my title, of my twenty years' service, mostly in unhealthy climates, to say nothing of the dangers, privations, and health-destroying hardships of three or four campaigns, and epidemics necessitated by my military position. However, if the Secretary of State for War is correct, there is no more to be said until experience will have enlightened us; but the question is surely of sufficient importance to be decided at the earliest opportunity, and if not done officially, still as I think it ought to be done, if you, Sir, would only give a hint as to the most appropriate method, you would confer a further favour on hundreds who would on their part be only too glad to supply the needful if required.

L.D. ENKIN and WAR MEDALLIST writes: The Horse Guards' tendency to nullify the military standing of military surgeons is a grave evil, and injurious to the popularity and efficiency of the service. Successive Royal Medical Warrants came out improving, adding to, and sometimes unfavourably modifying the rank and status of army medical officers, and for some years past a considerable army rank had been accorded.

But now, forsooth, all is to be altered, and the position of army surgeons improved off the face of Her Majesty's *Army List* by the withdrawal of their army rank. They are told—but they do not and cannot see or believe it—that their "relative rank" is no rank; and the powers that be seem anxious to proceed on the lines of taking away from him that hath not that which he hath! If the rank referred to is deficient, the duty of the authorities is to confer on all medical officers of the army due honorary army rank, and to no longer entertain hostile propositions against officers without whose aid no army can exist. No wise government, no true friend of the soldier, should willingly curtail the very moderate advantages and attractions the army offers our profession, while seeking our best services and best years.

While the attractions to medicine and surgery lead many men to choose the Eeculapian art, an added predilection for the field and martial life guide a varying proportion of qualified men to take post as military surgeons. These men are—shall we say—"doctors first, soldiers second," and altogether army surgeons. While they live and hold to their special calling, they participate and willingly share in the pomp and circumstances of military life, whether in peace or war. This partially should be encouraged rather than discouraged, and the military spirit in our schools of medicine fostered (in this very military age, and with every division of Europe, as at present, apparently only awaiting the match of actual warfare) and not quenched. The personal comfort and the respect and standing of every individual in the army, high and low, is affected by the military status or rank held; and it is sheer folly, and worse, for any person acquainted with military life and duty to assert that army rank is a matter of indifference to army medical officers, for the reverse is undoubtedly the case.

MAX (Gairo) writes: The Director-General, in his interview with Mr. Hart, has expressed his belief that it is only the small minority of the officers of the Medical Staff who wish for honorary rank. He cannot know the heartfelt hopes and fears of those officers above whom his present position and the nature of his duties so far remove him.

No officer would have the temerity to write an individual complaint of the action taken by the "authorities" in any matter, but to do so on this question

would lead to a result far from difficult to prophesy. But if you, Sir, through your columns, will invite every officer of the Medical Staff to send you his card with merely the words "I do," or "I do not," wish for military rank, written and signed on the back, the views of the majority of us can easily be arrived at, and submitted for the information of the Director-General. I venture to predict that such a course would elicit a further fact that the "good surgeons" are the very men who wish for recognised and recognisable rank and status.

The Director-General says that rank and title belong "exclusively to those who have to administer discipline and military law," then I submit that the following, taken from the Regulations now in force establish incontrovertibly our claim to military rank and title:

"The officers of the Medical Staff shall be the officers of, and shall command the Medical Staff Corps, as well as all patients in military hospitals, and such officers, non-commissioned officers and men as may be attached for duty to the Medical Staff Corps."—Article 307A, Royal Warrant, Clause 182, Army Circulars 1884.

"The principal medical officer, subject to the general officer commanding the district or command, has supreme authority in matters of discipline affecting the Medical Staff Corps in his District."—Regulations for the Medical Department of Her Majesty's Army, 1885.

Can the captains, majors, etc., of the Pay Department show equal claim to the titles given to them and withheld from us?

"Spades" we are, and "spades" we should be called, instead of being "shovelled" out of our proper titles.

MEDICAL STAFF (Bermuda) writes: I cannot let the opportunity pass without thanking you for the gallant manner in which you are fighting the battle of justice for the Army Medical Department. Whatever be the actual results of this campaign, one thing is certain—we shall ever owe you our deep and lasting gratitude.

From the principal medical officer down to the junior army surgeon, in these islands, the effect of the late Warrant was to cause a feeling of despondency and dismay, and in my own case regret, that I had ever allowed myself to be gulled into the service with the idea that one would be treated as a gentleman. But to be a mere camp-follower, subject to the orders and tyranny of a yesterday's schoolboy who now calls himself a combatant officer, without any compensating advantages whatever, cannot well be regarded as an honourable and gentlemanly position to hold. It is absolute nonsense for Mr. Stanhope to say our position is unaltered. Certainly not an officer here shared this opinion, and I was told by a number of officers that we were reduced to the position of civilians attached to the army, to be forced to endure all the hardships and inconveniences of military life, but to be carefully denied the few advantages the service can offer. It was also openly stated by several senior men that in all probability we should have to remove the badges of rank from our shoulder-straps, thus reducing us forthwith to warrant grade; and I must say this would have been a logical sequence.

This subject is one that so vitally affects our comfort and best interests in the army, it is difficult to resist the temptation of dilating upon it. But you seem to have entirely grasped the matter in your masterly leaders in the *JOURNAL*, so it is unnecessary for me to say more than that one and all of us in these islands are in favour of honorary rank. The longer one remains in the service in these days of the departmental system, the more one is convinced of the absolute necessity of definite and real rank in the army. But, with all respect, allow me to give you one word of caution before it is too late. We must have honorary rank in the same way that the other departments have it. To be called Surgeon-Captain or Surgeon-Major, as the case may be, will not remove the difficulty, and after a time the authorities will again refuse gradually to recognise these as more than mere names. The greater part of us are fond of our profession, and for that reason, if for no other, are determined that it shall not be easily slighted. The term Surgeon-Major is in use now, as you know, but the Horse Guards refuse to recognise such a title as equal to that of plain "major." And you must remember the farrier-major, drum-major, etc., are non-commissioned officers. Officially it should be stated then, if we are to have the peculiar compound titles such as Surgeon-Captain: Smith, J., Surgeon-Captain, with the honorary rank of captain. Ranking with captain, or subalterns of this nature, must not be accorded; they are nothing more than frauds. I again thank you for the trouble you have taken in our behalf.

A RETIRED SURGEON-GENERAL writes: Allow me to make a few remarks on Sir Thomas Crawford's views on this subject as given in the *JOURNAL* of May 25th.

"It was found that relative rank, as the term is understood in the combatant ranks of the army, was the cause of much inconvenience, and acted frequently to the injustice of senior officers, who were by its operation often placed in positions of inferiority to their juniors in the service; and the Director-General was emphatic in his assurance that it was to be done away with this anomalous state of things that relative rank was abolished, not with the least intention of affecting the Medical Staff or lowering their position by a side wind."

I have read this sentence over carefully several times, and I am not sure I quite understand it. I have never found "relative rank" was misunderstood by combatant officers, but I have often known them resent it, and attempt to set it aside. Relative rank is adjusted according to dates of commission, and as these are always given in the *Army List*, aides-de-camp and staff-officers, who have to assign officers their position according to rank, rarely if ever make any mistake about it, "was the cause of much inconvenience, and acted frequently to the injustice of senior officers, who were by its operation often placed in positions of inferiority to their juniors in the service."

Much inconvenience to whom; and which senior officers were often placed in positions of inferiority to their juniors, military combatant or medical officers. The sentence does not set this forth very clearly, I think; military men, or I will use the words "combatant officers," for we are all, or consider ourselves so, military men, think it a hardship even to be placed in a position of inferiority to medical officers. The most junior lieutenant that walks would consider he only had his proper position if he were assigned a place, say at table or in quarters, superior to a surgeon-general. In all *Army Lists*, drawn up, remember, in the adjutant-general's office, the surgeon or even surgeon-major in a regiment is always placed in the lowest position, after quartermaster, adjutant, paymaster, etc., and these are ranked strictly according to date of commission. Why is this? Simply because it is ingrained in the military mind that the doctor comes last, is something apart, a thing to be borne with, tolerated, but no

H. 4
172

Vol. 4
2596-



Newspaper Cuttings
relating to the
Army Medical Service
arranged by

Lieut. Colonel Sir John G. Rogers
K.C.M.G., D.S.O., M.B.
retired, Army Medical Staff.

RANK OF ARMY MEDICAL OFFICERS.

"DISGRACED AND INSULTED" writes: In the JOURNAL of May 28th, in an article headed "Relative Rank," you state: "The Director-General explained the sense in which authorities understood the term 'substantive military rank,' to be that it belonged exclusively to those who have to administer discipline and military law. Medical officers are engaged solely for health purposes; they are not responsible for duties which pertain to all that is understood by military command." If such is the case, I should like the following questions answered. What is the Medical Staff Corps? By whom is it offered? Who is responsible for the internal administration of the corps? By whom are its prisoners held off? Whose duty is it to pay the men? Who is responsible for the correctness of the corps defaulter sheets, account books, etc.? From what branch of the service are the officers of bearer columns derived? If the medical officers perform none of these duties, it seems a pity that they should be compulsorily made to waste their money in the purchasing of numerous books on drill and military law, and their time at Aldershot, and subsequently, in reading up subjects, and in the performance of the duties which it is stated in no way concern them. If on the other hand the

SH MI

officers of the Medical Staff do perform these duties, why are they alone debased from holding any rank? By Sir Thomas Crawford's own showing medical officers should at least hold substantive rank in their own corps. Again, "titular designations," he says, "belong and always have belonged to the purely fighting branch of the army," in which I presume he includes paymasters who remain at the depot when their regiments take the field, and Commissariat officers who are only under most extraordinary circumstances exposed to the enemy's fire. The Director-General talks about redress being at once accorded by the military authorities. We entered the service with the distinct understanding that we were to hold relative rank.

We now find that the only rank we ever held has been ruthlessly taken from us. Where then is our redress? As to saying that the position of army medical officers remains the same, anyone understanding anything about military matters must at once see that such a thing is impossible, in spite of italics or anything else which may appear in the *Army List*; for the fact still remains that we now have no rank, and anyone living in a mess, and being in daily and intimate association with officers of his own standing, will very soon see that that is at least the interpretation which combatant officers put on the present state of things.

As the service now stands, if we are to be military surgeons we must have military rank; if not, let us by all means cast off all things military, and become pure civilians. Until this question is definitely settled, I would strongly advise all intending candidates not to join the Medical Staff, as the medical service of the army has once again become no place for a gentleman.

SURGEON-MAJOR, M.S., writes: I have been very much surprised that no one seems to have taken up the challenge (if I may so call it) of the Secretary of State for War, who in reply to a question in the House, is reported to have said that he had no reason to suppose that military surgeons were desirous of being called by military titles; which, however, he most generously added, were dissociated from the duties of their honourable profession. Now, I am under the impression that the majority of the department are desirous that their position in the service should be generally recognisable by their titles; indeed, I imagine it is only a few of the faintest type who would object. If our present chief (though he personally may not be very enthusiastic in the matter) only knew our wishes, he would doubtless be more energetic in pressing the question for the consideration of the authorities, and as the change seems to lie in our own hands, it seems to me most important that the necessary steps to ascertain our views should be at once taken. As for the apparently implied sneer of military titles dissociating us from our medical duties, does anyone suppose that it would have more effect than our present custom of wearing military trappings, uniform, badges, medals, swords, etc.; and of exercising and being subordinate to military command, which have not apparently involved any slight on our honourable profession? Is it because we have the advantage over other departments, that on our entering the military service we already belong to an honourable profession? We therefore should expect no advancement in the service we have entered, and though deprived of the chances of distinction in civil life, we should not look for the advantages of our military service, though of course we are quietly to accept all its disadvantages. As an argument to me, at all events, it sounds odd to be told that because I am what I was twenty years ago, a surgeon, I must not expect to have any military recognition in my title, of my twenty years' service, mostly in unhealthy climates, to say nothing of the dangers, privations, and health-destroying hardships of three or four campaigns, and epidemics necessitated by my military position. However, if the Secretary of State for War is correct, there is no more to be said until experience will have enlightened us; but the question is surely of sufficient importance to be decided at the earliest opportunity, and if not done officially, still as I think it ought to be done, if you, Sir, would only give a hint as to the most appropriate method, you would confer a further favour on hundreds who would on their part be only too glad to supply the needful if required.

M.D. EDIN. and WAR MEDALLIST writes: The Horse Guards' tendency to nullify the military standing of military surgeons is a grave evil, and injurious to the popularity and efficiency of the service. Successive Royal Medical Warrants came out improving, adding to, and sometimes unfavourably modifying the rank and status of army medical officers, and for some years past a considerable army rank had been accorded.

But now, forsooth, all is to be altered, and the position of army surgeons improved off the face of Her Majesty's *Army List* by the withdrawal of their rank. They are told—but they do not and cannot see or believe it—that their "relative rank" is no rank; and the powers that be seem anxious to proceed on the lines of taking away from him that hath not that which he hath! If the rank referred to is definit, the duty of the authorities is to confer on all medical officers of the army due honorary army rank, and to no longer entertain hostile propositions against officers without whose aid no army can exist. No wise government, no true friend of the soldier, should willingly curtail the very moderate advantages and attractions the army offers our profession, while seeking our best services and best years.

While the attractions to medicine and surgery lead many men to choose the Eccelesian art, an added predilection for the field and martial life guide a varying proportion of qualified men to take post as military surgeons. These men are—shall we say—"doctors first, soldiers second," and altogether army surgeons. While they love and hold to their special calling, they participate and willingly share in the pomp and circumstances of military life, whether in peace or war. This partiality should be encouraged rather than discontinued, and the military spirit in our schools of medicine fostered (in this very military age, and with every division of Europe, as at present, apparently only awaiting the match of actual warfare) and not quenched. The personal comfort and the respect and standing of every individual in the army, high and low, is affected by the military status or rank held; and it is sheer folly, and worse, for any person acquainted with military life and duty to assert that army rank is a matter of indifference to army medical officers, for the reverse is undoubtedly the case.

TENAX (Cairo) writes: The Director-General, in his interview with Mr. Hart, has expressed his belief that it is only the small minority of the officers of the Medical Staff who wish for honorary rank. He cannot know the heartfelt hopes and fears of those officers above whom his present position and the nature of his duties so far remove him.

No officer would have the temerity to write an individual complaint of the action taken by the "authorities" in any matter, but to do so on this question

would lead to a result far from difficult to prophesy. But if you, Sir, through your columns, will invite every officer of the Medical Staff to send you his card with merely the words "I do," or "I do not," wish for military rank, written and signed on the back, the views of the majority of us can easily be arrived at, and submitted for the information of the Director-General. I venture to predict that such a course would elicit a further fact that the "good surgeons" are the very men who wish for recognised and recognisable rank and status.

The Director-General says that rank and title belong "exclusively to those who have to administer discipline and military law," then I submit that the following, taken from the Regulations now in force establish incontrovertibly our claim to military rank and title:

"The officers of the Medical Staff shall be the officers of, and shall command the Medical Staff Corps, as well as all patients in military hospitals, and such officers, non-commissioned officers and men as may be attached for duty to the Medical Staff Corps."—Article 307A, Royal Warrant, Clause 182, Army Circulars 1884.

"The principal medical officer, subject to the general officer commanding the district or command, has supreme authority in matters of discipline affecting the Medical Staff Corps in his District."—Regulations for the Medical Department of Her Majesty's Army, 1885.

Can the captains, majors, etc., of the Pay Department show equal claim to the titles given to them and withheld from us?

"Spades" we are, and "spades" we should be called, instead of being "shovelled" out of our proper titles.

MEDICAL STAFF (Bermuda) writes: I cannot let the opportunity pass without thanking you for the gallant manner in which you are fighting the battle of justice for the Army Medical Department. Whatever be the actual results of this campaign, one thing is certain—we shall ever owe you our deep and lasting gratitude.

From the principal medical officer down to the junior army surgeon, in these islands, the effect of the late Warrant was to cause a feeling of despondency and dismay, and in my own case regret, that I had ever allowed myself to be gulled into the service with the idea that one would be treated as a gentleman. But to be a mere camp-follower, subject to the orders and tyranny of a yesterday's schoolboy who now calls himself a combatant officer, without any compensating advantages whatever, cannot well be regarded as an honourable and gentlemanly position to hold. It is absolute nonsense for Mr. Stanhope to say our position is unaltered. Certainly not an officer here shared this opinion, and I was told by a number of officers that we were reduced to the position of civilians attached to the army, to be forced to endure all the hardships and inconveniences of military life, but to be carefully denied the few advantages the service can offer. It was also openly stated by several senior men that in all probability we should have to remove the badges of rank from our shoulder-straps, thus reducing us forthwith to warrant grade; and I must say this would have been a logical sequence.

This subject is one that so vitally affects our comfort and best interests in the army, it is difficult to resist the temptation of dilating upon it. But you seem to have entirely grasped the matter in your masterly leaders in the JOURNAL, so it is unnecessary for me to say more than that one and all of us in these islands are in favour of honorary rank. The longer one remains in the service in these days of the departmental system, the more one is convinced of the absolute necessity of definite and real rank in the army. But, with all respect, allow me to give you one word of caution before it is too late. We must have honorary rank in the same way that the other departments have it. To be called Surgeon-Captain or Surgeon-Major, as the case may be, will not remove the difficulty, and after a time the authorities will again refuse gradually to recognise these as more than mere names. The greater part of us are fond of our profession, and for that reason, if for no other, are determined that it shall not be easily slighted. The term Surgeon-Major is in use now, as you know, but the Horse Guards refuse to recognise such a title as equal to that of plain "major." And you must remember the farrier-major, drum-major, etc., are non-commissioned officers. Officially it should be stated thus, if we are to have the peculiar compound titles such as Surgeon-Captain: Smith, J., Surgeon-Captain, with the honorary rank of captain. Ranking with captain, or subalterns of this nature, must not be accepted; they are nothing more than frauds. I again thank you for the trouble you have taken in our behalf.

A RETIRED SURGEON-GENERAL writes: Allow me to make a few remarks on Sir Thomas Crawford's views on this subject as given in the JOURNAL of May 28th.

"It was found that relative rank, as the term is understood in the combatant ranks of the army, was the cause of much inconvenience, and acted frequently to the injustice of senior officers, who were by its operation often placed in positions of inferiority to their juniors in the service; and the Director-General was emphatic in his assurance that it was to do away with this anomalous state of things that relative rank was abolished, not with the least intention of affecting the Medical Staff or lowering their position by a side wind."

I have read this sentence over carefully several times, and I am not sure I quite understand it. I have never found "relative rank" was misunderstood by combatant officers, but I have often known them resent it, and attempt to set it aside. Relative rank is adjusted according to dates of commission, and as these are always given in the *Army List*, aides-de-camp and staff-officers, who have to assign officers their position according to rank, rarely if ever make any mistake about it, "was the cause of much inconvenience, and acted frequently to the injustice of senior officers, who were by its operation often placed in positions of inferiority to their juniors in the service."

Much inconvenience to whom; and which senior officers were often placed in positions of inferiority to their juniors, military combatant or medical officers? The sentence does not set this forth very clearly, I think; military men, or I will use the words "combatant officers," for we are all, or consider ourselves so, military men, think it a hardship even to be placed in a position of inferiority to had his proper position if he were assigned a place, say at table or in quarters, superior to a surgeon-general. In all *Army Lists*, drawn up, remember, in the adjutant-general's office, the surgeon or even surgeon-major in a regiment is always placed in the lowest position, after quartermaster, adjutant, paymaster, etc., and these are ranked strictly according to date of commission. Why is this? Simply because it is ingrained in the military mind that the doctor comes last, is something apart, a thing to be borne with, tolerated, but no

treated on anything like equal terms. At least that is my firm conviction after some thirty-two years' experience, and I think the matter, now the question has been raised, should be settled once for all.

The Director-General goes on to say, "the authorities understand the term substantive military rank" to be that it "belonged exclusively to those who have to administer discipline and military law."

Sir Thomas has served in India, and must be perfectly well aware that in the Pay and Commissariat Departments, not to mention numberless others, there are captains, majors, colonels who spend their whole time at the desk, and have nothing whatever to do with discipline and military law; and as regards being "combatant," never by any means join in campaigns. Medical men are, out and away, more entitled to the term "combatant" than these officers.

The fact of the matter is, and all military medical officers feel it, our present titles are a snare and a delusion, and I am afraid are meant to be so by the Horse Guards, who have some extraordinary prejudice against the Medical Department. In India the feeling does not exist with the Government. Medical officers are treated with great respect, and their place hitherto has been always maintained, but one sees the difference directly one returns to Europe. I could give you one or two very striking examples of this, but I forbear.

Sir Thomas Crawford is a K.C.B., and very worthily so, and of course now his rank is amongst K.C.B.'s, and he can afford to let the purely medical rank slide; but I would ask him would he appreciate his rank as much as he does now if it were announced as only a "relative K.C.B.," liable to be manipulated occasionally, as it pleased Sir Albert Woods, on state occasions. A Surgeon-General may soon find out the simple truth that his "relative rank" is such as the authorities choose to take it.

Allow me to make a remark about "good doctors." In former times, when a man was attached to a regiment, often for all his service, to be a "good doctor" was everything; a man's position altogether depended upon his personal character; his relative rank was low, and unless he ingratiated himself with the colonel and officers, his position became untenable. I thought one of the objects of the recent changes in the department was to do away with this purely personal position. A "Colonel" is a "Colonel," whether he is a "good Colonel" or not. I have known some uncommonly disagreeable "Major-Generals," but it in no way affected their rank or standing. Why should it be left to the medical profession alone to have to depend upon their personal characteristics for their rank and position? A medical officer in the performance of his duty towards Government may have occasionally to run counter to Colonels and even Generals commanding a division, but it surely is unfair that he should suffer in consequence.

The Director-General expresses his astonishment that "no complaint has reached him or the military authorities on the subject." The change, if change there be, is so recent that there has been no time for any complaint perhaps, whilst if remonstrance—respectful remonstrance such as has found its way into your columns—were delayed, it might presently be said, "Oh, it is now too late; you should have spoken at the time." The grievance, it may be said, is, after all, purely a sentimental one. Who cares for rank? Cannot you perform the duties of your "noble" profession just as well whether you are assigned rank or not? Half the grievances of this world are purely sentimental, that is affect our minds more than our physical well-being. And as to our "noble" profession not caring about such a trumpery thing as rank, when the military, clerical, and legal professions are willing to forego it, then it will be time enough to ask us to forego it likewise. If the greater number, or any great number, of the medical service, are dissatisfied with the present nomenclature, we may depend upon it there is amply sufficient reason for it, for medical officers are not as a rule wanting either in common-sense or discernment.

I make the above remarks with all due reference to the Director-General, for whom I have the greatest possible respect; but if he fancies the present titles and rank are fully satisfactory to the service, it might easily be ascertained by a circular calling upon senior officers for their opinions.

NAVAL SURGEONS.

SURGEON M.S. (Cairo) writes: In the JOURNAL of May 14th, under the above heading, I think you are mistaken, if you will allow me to say so.

Surgeon-Major Low, who has, I believe, lately retired, after having served, I think, three years in the navy, joined the army, and his naval service was allowed to count for everything.

* The writer of this note has been misinformed. Surgeon-Major Low (Edw. Litton, M.B.), entered the Army Medical Service on December 14th, 1858, and in the regular course of service in the Army Medical Department, after twenty years, was promoted to be surgeon-major, with the relative rank of lieutenant-colonel. Surgeon-Major Low retired on October 11th, 1882, with the honorary rank of brigade-surgeon, but remains eligible for temporary employment. His war services included the China war of 1860-61, the Ashantee war of 1873-74, and the Afghan war of 1878-80.

DATES OF COMMISSIONS OF ARMY SURGEONS.

A.M.D. writes: Can you give me any idea whether anything is being done towards the repair of the injustice which army surgeons suffer, in that their commissions are dated after leaving Netley, whereas surgeons in the Indian army, and also in the navy, have their commissions dated—the Indian surgeons the day of joining at Netley, and the naval surgeons when joining at Haslar; which gives both Indian and naval surgeons an advantage of four months' seniority over the army surgeons who passed the same competitive examination at Burlington House with them? I know this injustice has often been alluded to in your columns, but it has remained standing now for over ten years without remedy, probably because the officers affected by it were comparatively small in number and junior in the army, therefore weak-voiced and easily ignored. Now the numbers have grown (and the boys have grown older too). The number of surgeons in the army, whom this invidious and unfair distinction affects, amounts to over 500, and it is time the tongues of this large body were loosened. Dr. Tanner, M.P., on February 1st, very kindly gave notice in the House of Commons of his intention to ask why the distinction should be drawn between the services to the detriment of the army surgeons, but though I have carefully scanned all Parliamentary reports since, I have not seen that this question, so important to such a large number, has been asked or how it has been disposed of. As I see you have been asked on several occasions, lately, by intending candidates, as to the relative advantages of the army, Indian, and naval medical

services, it might be well for them to bear in mind, in making their selection, that in the army they are handicapped by being placed junior in position to their contemporaries in the Indian and naval services, although they may obtain higher marks at the competitive examination, and also since relative rank was abolished by the last Royal Warrant, any army medical officer's rank, status, or position, is a matter of considerable doubt and uncertainty.

* No official notice, as far as we are aware, has been taken of the representations which have been made public on this subject. We cannot understand why such an extraordinary and seemingly unjust distinction between the medical officers commissioned for duty in the three public services of the army, the navy, and India, should be allowed to continue, in whatever way the distinction may have originated. It seems desirable to continue calling the attention of the Government to the matter, as opportunities occur, in the House of Commons until it is satisfactorily arranged.

REMARKS UPON THE PAY AND ALLOWANCES OF JUNIOR OFFICERS OF THE ARMY MEDICAL STAFF SERVING IN INDIA.

The home pay of a surgeon under five years' service is £200 a year, plus fixed allowances amounting to £88; or in the aggregate £288 a year.

A surgeon at home also receives 10s. a day when travelling on duty in addition to all his travelling expenses by train, etc., and to the free conveyance of 12 cwt. of baggage; and if serving with cavalry, a horse is provided for him at the public expense.

In India, a surgeon's pay is Rs.317 8s. a month, (or Rs.3,810 a year), which sum includes house rent and all Indian allowances, except a free pass for himself and 5 maunds of baggage, (less than 4 cwt.), when sent by train on duty.

A surgeon in India has to purchase a tent, (the first cost of which is no trifle), to keep it equipped for service; and when on the march or on service, to provide transport for his tent, his baggage, and himself.

He is now a regimental officer with his duties limited to his regiment. He has to discharge all the duties for which he may be detailed, at, or within five miles of his station, and he has to accompany troops of every branch of the Service, when sent beyond the five-mile limit for district manoeuvres, without horse being provided for him, or an allowance given to him for one, even though he may be attached to cavalry, so that practically a medical officer has to keep a horse at his own cost for the Public Service, as he could not possibly in tropical climate discharge his duties on foot.

It is, therefore, evident that expenses largely in excess of those that have to be incurred at home are thrown upon medical officers in India; and as their emoluments all told do not equal the equivalent of their home pay and allowances, the hardship of their case can hardly be disputed.

The rate of exchange last year ranged from 1s. 6d. to 1s. 4d. per rupee. At the former rate, the equivalent in rupees of £288 is Rs.3,840, or Rs.30 more than the amount, Rs.3,810, received in India by junior surgeons.

At 1s. 4d. per rupee, the value in rupees of £288 is Rs.4,320, or Rs.480 more than a junior surgeon's pay in India.

When converted into English money, the above calculations show that a junior surgeon receives annually, when the exchange is at 1s. 6d., £2 5s.; and when the exchange is at 1s. 4d., £34 less than the equivalent of his English pay and fixed allowances, without taking into calculation the value of the travelling and baggage allowances, and the use of a horse, which are given to him at home.

The conditions under which junior, or as they were formerly called assistant, surgeons served under the East India Company may here be referred to, as showing how far more liberal they were in those cheap and remote times than they now are with the position of medical officers raised and their expenses and duties largely increased.

Under the East India Company medical officers in India received the pay accorded to combatant officers of the rank they held. Surgeons then ranked as captains, and received captains' pay. Assistant surgeons ranked as lieutenants, and received lieutenants' pay, plus Rs. 30 a month, as palkee or conveyance allowance.

Medical officers also received for regimental and other charges monthly staff salaries of Rs.300 for a surgeon, and Rs.165 for an assistant surgeon, together with head money, and further allowances for any extra charges they might hold in addition to that of a regiment.

Under these rules, under the most unfavourable circumstances, an assistant surgeon always received Rs.256 pay, plus Rs. 30 conveyance allowance, or Rs.286 a month.

In 1864 the Secretary of State applied to India Her Majesty's Warrant of 1858. He at the same time abolished all allowances, and sanctioned for medical officers consolidated salaries, and, to compensate somewhat for the special expenses their duties entailed, sanctioned salaries for each grade higher in amount than the pay of their army rank.

From the date of the Secretary of State's letter of 1864, an assistant surgeon in India under five years' service ranking with a lieutenant, received Rs.317 18s. a month, and an assistant surgeon of over five years' service, who still ranked as a lieutenant, received Rs.335 12s. a month. In the former case he received Rs.50 14s., in the latter Rs. 79 2s. more than the pay of a lieutenant.

An assistant surgeon, after six years' service, obtained the rank of a captain, and was at once given the pay of his grade in the Service, Rs. 433 10s., or Rs.18 10s. more than the pay of a captain (Rs.415 6s.).

This system of payment was always carried out, and is still carried out through the higher grades of the Service, (brigade surgeons alone excepted), and shows conclusively that rank as a claim to pay has always been recognised in the Service in India.

No exception was ever made to this rule until after the publication of Her Majesty's Warrant of 1879, under which medical officers entered the Service with the rank of captain and at once received the pay and all the allowances and advantages that that rank carried with it when serving at home or in the Colonies.

In India alone, and there in the junior grades alone, this Warrant has not been recognised, and surgeons with the rank of captain are now given the rate of pay that was fixed on more than 22 years ago for assistant surgeons holding the rank of lieutenant, and for six years of their service this injustice is continued, as they are not allowed in India the pay of their rank until they have served six years—the period the cancelled Warrant of 1858 required them to serve to entitle them to the rank and pay of captain.

In fact, junior medical officers with the rank of captain now receive only

RANK OF ARMY MEDICAL OFFICERS.

"DISGRACED AND INSULTED" writes: In the JOURNAL of May 28th, in an article headed "Relative Rank," you state: "The Director-General explained the sense in which authorities understand the term 'substantive military rank,' to be that it belonged exclusively to those who have to administer discipline and military law. Medical officers are engaged solely for health purposes; they are not responsible for duties which pertain to all that is understood by military command." If such is the case, I should like the following questions answered. What is the Medical Staff Corps? By whom is it officered? Who is responsible for the internal administration of the corps? By whom are its prisoners told off? Whose duty is it to pay the men? Who is responsible for the correctness of the corps defaulters sheets, account books, etc? From what branch of the service are the officers of bearer columns derived? If the medical officers perform none of these duties, it seems a pity that they should be compulsorily made to waste their money in the purchasing of numerous books on drill and military law, and their time at Aldershot, and subsequently, in reading up subjects, and in the performance of duties which it is stated in no way concern them. If on the other hand the

SH MI

that answer is that medical officers in that army have no rank at all, excepting what belongs to their academical titles. Up to the date of the issue of this new Warrant, and the statement by authority in the House of Commons, every medical officer in the British and Indian armies had recognised rank, which was never called in question. It was called 'relative,' but it was definite, known, and recognised throughout the service as a distinct rank, carrying with it social and official privileges, quite apart from any concurrent advantages of pension, etc., and during my long service I not only never heard its reality questioned, much less that it was a mere 'term' having no meaning. I have not seen in India any official document declaring that medical officers having been deprived of their relative rank have no rank at all; but I have eyes to see and ears to hear, and I declare, without fear of successful contradiction, that not within living memory has the medical department in India been placed in such a position of inferiority as it has occupied since the publication of this Warrant." The writer concludes by saying that as a merely personal question he need concern himself little about it. His friendships are formed, his position is secure, and the end of his official life is at hand; but with his juniors the case is different, and he has had occasion to see and note the fact, and not unnaturally he asks his friend to awaken the university authorities to such action as they can take in behalf of a class of officers with whom faith has been broken, and who, finding themselves without sympathy or support in the quarter from whence they looked for both, turn to their *alma mater*.

We have a word to say on this matter for ourselves. We cannot pretend ignorance of the fact that in official quarters this agitation is regarded as one of Press origin. Nothing of the kind. The Press has no conceivable object in originating or fostering discontent in any branch of the military service; quite the reverse. The subject is most distasteful to us. We can ill afford the space it occupies in our columns, which we would rather see given up to the advancement of professional knowledge, pure and simple. We affirm that so far from the JOURNAL having taken the initiative in this painful agitation, not a line appeared in our leading articles until the editor's table groaned with letters from all parts of the world, not two per cent. of which have ever seen the light. But having taken up this cause we are resolved not lightly to abandon it. This JOURNAL has a duty to discharge, not only to the officers who suffer under the undeserved contumely of those in power, but to the great body of the profession to which those officers belong, and this duty we are resolved to do. Unlike the combatant ranks, we have no "colonels" who care to speak for their medical brother officers in the House, but we can reach the public ear through other channels not less honourable, and perhaps in the long run more effective.

UNQUALIFIED PRACTITIONERS.

WITHIN the last few years several cases have come before the courts in which the rights of qualified as against unqualified practitioners have been in question, and we are glad to say that the courts have always been disposed to uphold and support those who are duly qualified. The last case in point, *Howarth v. Brearley*, was heard the other day before Lord Coleridge and Mr. Justice Denman, on appeal from the local court at Salford. The action was brought to recover a sum claimed as due for medical attendances and medicines supplied to the defendant; but it appeared that the attendances had been given and the medicines prescribed by an unqualified assistant, Mr. Fitz-

H.4
172

172
4 2026

New

Arm

Lieut.

10

treated on anything like equal terms. At least that is my firm conviction after some thirty-two years' experience, and I think the matter, now the question has been raised, should be settled once for all.

The Director-General goes on to say, "the authorities understand the term substantive military rank" to be that it "belonged exclusively to those who have to administer discipline and military law."

Sir Thomas has served in India, and must be perfectly well aware that in the Pay and Commissariat Departments, not to mention numberless others, there are captains, majors, colonels who spend their whole time at the desk, and have nothing whatever to do with discipline and military law; and as regards being "combatant," never by any means join in campaigns. Medical men are, out and away, more entitled to the term "combatant" than these officers.

The fact of the matter is, and all military medical officers feel it, our present titles are a shame and a detestation, and I am afraid are meant to be so by the Horse Guards, who have some extraordinary prejudice against the Medical Department. In India the feeling does not exist with the Government. Medical officers are treated with great respect, and their place hitherto has been always maintained, but one sees the difference directly one returns to Europe. I could give you one or two very striking examples of this, but I forbear.

Sir Thomas Crawford is a K.C.B., and very worthily so, and of course now his rank is amongst K.C.B.'s, and he can afford to let the purely medical rank slide; but I would ask him would he appreciate his rank as much as he does now if it were announced as only a "relative K.C.B.," liable to be manipulated occasionally, as it pleased Sir Albert Woods, on state occasions. A Surgeon-General may soon find out the simple truth that his "relative rank" is such as the authorities choose to take it.

Allow me to make a remark about "good doctors." In former times, when a man was attached to a regiment, often for all his service, to be a "good doctor" was everything; a man's position altogether depended upon his personal character; his relative rank was low, and unless he ingratiated himself with the colonel and officers, his position became untenable. I thought one of the objects of the recent changes in the department was to do away with this purely personal position. A "Colonel" is a "Colonel," whether he is a "good General" or not. I have known some uncomprehendingly disagreeable "Major-Generals," but it in no way affected their rank or standing. Why should it be left to the medical profession alone to have to depend upon their personal characteristics for their rank and position? A medical officer in the performance of his duty towards Government may have occasionally to run counter to Colonels and even Generals commanding a division, but it surely is unfair that he should suffer in consequence.

The Director-General expresses his astonishment that "no complaint has reached him or the military authorities on the subject." The change, if change there be, is so recent that there has been no time for any complaint perhaps, whilst if remonstrance—respectful remonstrance such as has found its way into your columns—were delayed, it might presently be said, "Oh, it is now too late; you should have spoken at the time." The grievance, it may be said, is, after all, purely a sentimental one. Who cares for rank? Cannot you perform the duties of your "noble" profession just as well whether you are assigned rank or not? Half the grievances of this world are purely sentimental, that is affect our minds more than our physical well-being. And as to our "noble" profession not caring about such a trumpery thing as rank, when the military, clerical, and legal professions are willing to forego it, then it will be time enough to ask us to forego it likewise. If the greater number, or any great number, of the medical service, are dissatisfied with the present nomenclature, we may depend upon it there is simply sufficient reason for it, for medical officers are not as a rule wanting either in common-sense or discernment.

I make the above remarks with all due reference to the Director-General, for whom I have the greatest possible respect; but if he fancied the present titles and rank are fully satisfactory to the service, it might easily be ascertained by a circular calling upon senior officers for their opinions.

NAVAL SURGEONS.

SURGEON M.S. (Cairo) writes: In the JOURNAL of May 14th, under the above heading, I think you are mistaken, if you will allow me to say so.

Surgeon-Major Low, who has, I believe, lately retired, after having served, I think, three years in the navy, joined the army, and his naval service was allowed to count for everything.

"The writer of this note has been misinformed. Surgeon-Major Low (Edw. Linton, M.B.), entered the Army Medical Service on December 14th, 1858, and in the regular course of service in the Army Medical Department, after twenty years, was promoted to be surgeon-major, with the relative rank of lieutenant-colonel. Surgeon-Major Low retired on October 11th, 1882, with the honorary rank of brigade-surgeon, but remains eligible for temporary employment. His war services included the China war of 1860-61, the Ashantee war of 1873-74, and the Afghan war of 1878-80.

DATES OF COMMISSIONS OF ARMY SURGEONS.

A.M.D. writes: Can you give me any idea whether anything is being done towards the repair of the injustice which army surgeons suffer, in that their commissions are dated after leaving Netley, whereas surgeons in the Indian army, and also in the navy, have their commissions dated—the Indian surgeons the day of joining at Netley, and the naval surgeons when joining at Haslar; which gives both Indian and naval surgeons an advantage of four months' seniority over the army surgeons who passed the same competitive examination at Burlington House with them? I know this injustice has often been alluded to in your columns, but it has remained standing now for over ten years without remedy, probably because the officers affected by it were comparatively small in number and junior in the army, therefore weak-voiced and easily ignored. Now the numbers have grown (and the boys have grown older too). The number of surgeons in the army, whom this invidious and unfair distinction affects, amounts to over 500, and it is time the tongues of this large body were loosened. Dr. Tanner, M.P., on February 1st, very kindly gave notice in the House of Commons of his intention to ask why the distinction should be drawn between the services to the detriment of the army surgeons, but though I have carefully examined all Parliamentary reports since, I have not seen that this question, so important to such a large number, has been asked or how it has been disposed of. As I see you have been asked on several occasions, lately, by intending candidates, as to the relative advantages of the army, Indian, and naval medical

services, it might be well for them to bear in mind, in making their selection, that in the army they are handicapped by being placed junior in position to their contemporaries in the Indian and naval services, although they may obtain higher marks at the competitive examination, and also since relative rank was abolished by the last Royal Warrant, any army medical officer's rank, status, or position, is a matter of considerable doubt and uncertainty.

No official notice, as far as we are aware, has been taken of the representations which have been made public on this subject. We cannot understand why such an extraordinary and seemingly unjust distinction between the medical officers commissioned for duty in the three public services of the army, the navy, and India, should be allowed to continue, in whatever way the distinction may have originated. It seems desirable to continue calling the attention of the Government to the matter, as opportunities occur, in the House of Commons until it is satisfactorily arranged.

REMARKS UPON THE PAY AND ALLOWANCES OF JUNIOR OFFICERS OF THE ARMY MEDICAL STAFF SERVING IN INDIA.

The home pay of a surgeon under five years' service is £200 a year, plus fixed allowances amounting to £88; or in the aggregate £288 a year.

A surgeon at home also receives 10s. a day when travelling on duty in addition to all his travelling expenses by train, etc., and to the free conveyance of 12 cwt. of baggage; and if serving with cavalry, a horse is provided for him at the public expense.

In India, a surgeon's pay is Rs.317 8s. a month, (or Rs.3,810 a year), which sum includes house rent and all Indian allowances, except a free pass for himself and 5 mounds of baggage, (less than 4 cwt.), when sent by train on duty.

A surgeon in India has to purchase a tent, (the first cost of which is no trifle), to keep it equipped for service, and when on the march or on service, to provide transport for his tent, his baggage, and himself.

He is now a regimental officer with his duties limited to his regiment. He has to discharge all the duties for which he may be detailed, at, or within five miles of his station, and he has to accompany troops of every branch of the Service, when sent beyond the five-mile limit for district manoeuvres, without home being provided for him, or an allowance given to him for one, even though he may be attached to cavalry, so that practically a medical officer has to keep a horse at his own cost for the Public Service, as he could not possibly in tropical climate discharge his duties on foot.

It is, therefore, evident that expenses largely in excess of those that have to be incurred at home are thrown upon medical officers in India; and as their emoluments all told do not equal the equivalent of their home pay and allowances, the hardship of their case can hardly be dispensed.

The rate of exchange last year ranged from 1s. 6d. to 1s. 4d. per rupee. At the former rate, the equivalent in rupees of £288 is Rs.3,840, or Rs.30 more than the amount, Rs.3,810, received in India by junior surgeons.

At 1s. 4d. per rupee, the value in rupees of £288 is Rs.4,220, or Rs.410 more than a junior surgeon's pay in India.

When converted into English money, the above calculations show that a junior surgeon receives annually, while the exchange is at 1s. 6d., £2 10s.; and when the exchange is at 1s. 4d., £34 less than the equivalent of his English pay and fixed allowances, without taking into calculation the value of the travelling and baggage allowances, and the use of a horse, which are given to him at home.

The conditions under which junior, or as they were formerly called assistant, surgeons served under the East India Company may here be referred to, as showing how far more liberal they were in those cheap and remote times than they now are with the position of medical officers raised and their expenses and duties largely increased.

Under the East India Company medical officers in India received the pay accorded to combatant officers of the rank they held. Surgeons then ranked as captains, and received captains' pay. Assistant surgeons ranked as lieutenants, and received lieutenants' pay, plus Rs. 30 a month, as palkee or conveyance allowance.

Medical officers also received for regimental and other charges monthly salaries of Rs. 300 for a surgeon, and Rs. 165 for an assistant surgeon, together with head money, and further allowances for any extra charges they might hold in addition to that of a regiment.

Under these rules, under the most unfavourable circumstances, an assistant surgeon always received Rs. 256 pay, plus Rs. 30 conveyance allowance, or Rs. 286 a month.

In 1864 the Secretary of State applied to India Her Majesty's Warrant of 1863. He at the same time abolished all allowances, and sanctioned for medical officers consolidated salaries, and to compensate somewhat for the special expenses their duties entailed, sanctioned salaries for each grade higher in amount than the pay of their army rank.

From the date of the Secretary of State's letter of 1864, an assistant surgeon in India under five years' service ranking with a lieutenant, received Rs. 317 18s. a month, and an assistant surgeon of over five years' service, who still ranked as a lieutenant, received Rs. 335 12s. a month. In the former case he received Rs. 50 14s., in the latter Rs. 79 2s. more than the pay of a lieutenant.

An assistant surgeon, after six years' service, obtained the rank of a captain, and was at once given the pay of his grade in the Service, Rs. 433 10s., or Rs. 136 10s. more than the pay of a captain (Rs. 297 10s.).

This system of payment was always carried out, and is still carried out through the higher grades of the Service, (brigade surgeons alone excepted), and shows conclusively that rank as a claim to pay has always been recognised in the Service in India.

No exception was ever made to this rule until after the publication of Her Majesty's Warrant of 1879, under which medical officers entered the Service with the rank of captain and at once received the pay and all the allowances and advantages that that rank carried with it when serving at home or in the Colonies.

In India alone, and there in the junior grades alone, this Warrant has not been recognised, and surgeons with the rank of captain are now given the rate of pay that was fixed on more than 22 years ago for assistant surgeons holding the rank of lieutenant, and for six years of their service this injustice is continued, as they are not allowed in India the pay of their rank until they have served 44 years—the period the cancelled Warrant of 1858 required them to serve to entitle them to the rank and pay of captain.

In fact, junior medical officers with the rank of captain now receive only

"Droste article plained military to adm solely f pertain case, f Corps? tration c pay the sheets, a bearer co it seems the purc Aldersb duties w

RANK OF ARMY MEDICAL OFFICERS.

"DISGRACED AND INSULTED" writes: In the JOURNAL of May 28th, in an article headed "Relative Rank," you state: "The Director-General explained the sense in which authorities understand the term 'substantive military rank,' to be that it belonged exclusively to those who have to administer discipline and military law. Medical officers are engaged solely for health purposes; they are not responsible for duties which pertain to all that is understood by military command." If such is the case, I should like the following questions answered. What is the Medical Staff Corps? By whom is it officered? Who is responsible for the internal administration of the corps? By whom are its prisoners told off? Whose duty is it to pay the men? Who is responsible for the correctness of the corps defaulter sheets, account books, etc.? From what branch of the service are the officers of bearer columns derived? If the medical officers perform none of these duties, it seems a pity that they should be compulsorily made to waste their money in the purchasing of numerous books on drill and military law, and their time at Aldershot, and subsequently, in reading up subjects, and in the performance of duties which it is stated in no way concern them. If on the other hand the

making their selection, and junior in position to though they may obtain a relative rank was an officer's rank, status, duty.

taken of the representa- We cannot understand distinction between the services of the army, whatever way the distinction calling the attention in the House of Com-

JUNIOR OFFICERS IN INDIA.

On a year, plus fixed allowance. On duty in addition the free conveyance of is provided for him at Rs. 610 a year), which sum free pass for himself and ain on duty.

most of which is no trifle), or on service, to provide to his regiment. He failed, at, or within div of every branch of t manoeuvres, without him for one, even though ical officer has to kee could not possibly in

s of those that have to in India; and as their home pay and allow-

Rs. 45, per rupee. At Rs. 10, or Rs. 30 more than

Rs. 4,320, or Rs. 480 more

calculations show that a is at Rs. 61, 42 1/2; and value of his English pay e value of the travelling which are given to him at

formerly called assistant, here be referred to, as and remote times than and their expenses and

lia received the pay ac-

surgeons then ranked as

as ranked as lieutenants,

as palkee or conveyance

er charges monthly staff

assistant surgeon, together

charges they might hold

umstances, an assistant

ance allowance, or Rs. 295

ajesty's Warrant of 1898,

tioned for medical officers

the special expenses their

r in amount than the pay

64, an assistant surgeon

ant, received Rs. 317 18s.

vice, who still ranked as

former case he received

of a lieutenant.

ed the rank of a captain,

Service, Rs. 433 10s., or

and is still carried out

eons alone excepted), and

ways been recognised in

or the publication of Her

ers entered the Service

ed all the allowances and

ring at home or in the

this Warrant has not been

now given the rate of pay

surgeons holding the rank,

injustice is continued, as

until they have served six

ed them to serve to en-

captain now receive only

SH MI

nfected
e night
ring the
ociety of
hibited),
e year the
e London

this paper.

f blood as

on and a

ulation

near the

be close

produce

blood.

ans, for

a blood

several

igation

a is the

relates

i to the

drawn

he were

a prick

slide.

g much

er, had

day.

found

appear-

s as to

during

l in the

at the

during

is con-

which

d selec-

y enter

suita-

l when

ostile to

amount

ee oxy-

periments

sence of

) exclu-

carbonic

(c) the

d when

Conse-

nyon is

ination

in quantity conducive to death. It is also to this larger proportion of oxygen in the blood exciting the vitality of the filaræ that Dr. Myers attributes their presence in the peripheral circulation during the night.

Dr. Manson, it will be remembered, threw out the ingenious hypothesis that elephantiasis is induced by the obstruction of the lymphatic glands by immature ova, caused by the parent worm aborting; the immature ova having the size and form fitted to cause such obstruction. Dr. Myers suggests some difficulties in the way of accepting unconditionally this hypothesis of Dr. Manson's that elephantiasis is primarily caused by obstruction in the lymphatic glands by immature filaræ confined in the unstretched chorion. Five times larger than the lymph cells, these premature filaræ are supposed gradually to plug the efferent vessels obstructing the lymph flow, and thus leading to hypertrophy.

Dr. Myers considers that this theory does not make sufficient allowance for the anastomosing vessels, which would aid the passage of lymph and even carry away the embolic ova as well as the lymph. He also points out that the affection is not generally distributed over the whole of the parts on the distal side of the glands. Believing in the solvent effect of lymph, or liquor sanguinis on a debilitated embryo, Dr. Myers suggests that, presuming the ovum even temporarily arrested in the capillary, the surrounding fluid aided by the back pressure and the motion of the contained embryo, if it did not disintegrate, would modify and soften the embryo so as to allow its passage and lead to its subsequent solution in the glands. He also offers the hypothesis that temporary inability of the parent to discharge young with the vitality necessary for withstanding glandular influences may also account for the occasional absence of embryos in the blood, their reappearance being due to the recovery of the worm or to the arrival of a new and healthy parent.

Dr. Myers's own suggestion is that the parasite, after originating the morbid process (elephantiasis), ceases to take any direct part in the action; and that the consequent disease is due to the perpetuation of a condition of mal-nutrition.

HOW THE ABOLITION OF RELATIVE RANK IS REGARDED IN INDIA.

WE have had an opportunity of perusing a letter from a medical officer now serving in India in the highest grade of his profession. This letter was addressed to a friend filling an important office in one of our universities. The writer is not an "agitator" (the term in use, we understand, to describe those who do not accept the optimistic view of that clever bit of official legerdemain, the abolition of relative rank); his letter was not intended for publication, and it does not contain a sensational statement from beginning to end. We are told by Sir Ralph Thompson, by his official superior the Secretary for War, and—with regret we add—Sir Thomas Crawford, the Director-General of the Army Medical Staff, that this abolition has made no difference in the official and social position of the medical officers of the army. The letter before us tells a different story. "My object in writing to you," says the writer to his correspondent, "is to show you the injury done to the medical services of both armies in India, first by the abolition of relative rank, and, secondly, by the official reply given by the Under-Secretary of State for India to a question put in the House of Commons on the rank of the medical staff of the army of India. The only possible construction that can be put on

2
172

The Parliamentary Bills Committee has had the Lunacy Acts Amendment Bill under constant consideration during its progress through Parliament, and has suggested modifications in many of the clauses which seemed likely to affect the patient's best interests injuriously, or which appeared unfair or offensive to medical men. The Committee has also been largely occupied with the question of the abolition of relative rank and its consequences to army medical officers. There can be no doubt that whatever may have been the intention of the War Office in issuing that order, its actual effect—not only on the just susceptibilities of the medical officers, but on their position in the service—has been most injurious. Nor has the evil been undone by the subsequent action of the authorities. When, in compliance with the urgent representations of a deputation of the Parliamentary Bills Committee, Mr. Secretary Stanhope consented to restore relative rank to the army medical officers, this concession was accompanied by a declaration which deprived it not only of all grace but of all significance. The War Office said in effect that as the term "relative rank" was practically a meaningless expression, it might be allowed to continue to be used to describe the position of army medical officers. Your Council feel that this was adding insult to the injury which had been attempted, and that nothing can now place the Army Medical Department on its proper footing of equality with the other branches of the service, but the recognition of the right of its officers to definite military rank of a kind intelligible to and unquestionable by either superiors or subordinates. The Parliamentary Bills Committee has, therefore, determined to use its best endeavours to obtain such a distinct acknowledgment of their rank as shall be satisfactory to army medical officers. It is a source of special gratification to your Council that the organisation of this great Association and the powerful influence of its JOURNAL enable it to help the legitimate interests of a very important section of the medical profession, to which, by the rules of the service, the right of pleading its own cause is denied. The Committee has also had under consideration the grievances of brigade-surgeons serving in India, and the Pharmacy Amendment Bill in so far as it seemed to concern the interests of the medical profession and the public. Full information on all these subjects will be submitted to you by the Committee in its report.

RANK FOR ARMY MEDICAL OFFICERS.

MR. G. writes: I have read several of the more recent letters which have appeared in the pages of the JOURNAL on the subject of army rank for army-surgeons.

As a member of the profession engaged in private practice, I have not had so to take up my pen and address you on this highly important matter. I do now, feeling that in advocating the claims put forward by the army-doctors, I am gaining for the profession a recognition by the State of a true social position for the science of medicine.

I congratulate you on the way in which you have entered into this contest with the War Office; and I am sure that every member of the British Medical Association agrees with you that the claims put forward by the army-surgeons are founded upon a true basis.

When Tommy Atkins, late army pay clerk, has given to him a true military standing, and the "good doctor" is left to find his own level as best he can, it is failing that he is looked down upon by every officer holding true military rank as "an outsider," as "an inferior," it is time for him now to appeal to his profession at large for their support, since those in high places refuse him hearing.

It has been stated that promotion to the higher grades in the Medical Staff of the army is excessively slow, in consequence of the block in the way at the head.

Now the total abolition of the office of a military director-general, and the appointment of a prominent civilian surgeon for a period of two years at a time, would clear the way for promotion, and leave the science of medicine independent of any War Office red tapeism, and free from dread. The majority of the surgeons of the higher grades are in favour of a two- or three-year directorship, as they consider five years too long a service for ordinary men. It is an exception to find a director-general capable or independent enough in mind to hold his own against those with whom he is likely to come into official communication, since, to save trouble and hold office, he is frequently compelled to act differently, even against the dictates of common sense and conscience.

MEDICAL STAFF writes: The evidence of the Accountant-General to the War Office on the cost of the Medical Department of the Army would almost imply that medical officers were compulsorily retired at 45 years of age. It should be distinctly understood that there is no such provision. Retirement is voluntary, after twenty years' service, on £1 a day—not £1 1s., as stated by Mr. Knox.

If a large number of medical officers elect to retire at this period of their service, it is because they have no inducement to remain. Make the service popular, and men will not willingly throw it up. This can only be done by granting the reasonable demands of the medical officers of the army—that they be given the military status due to them as the most scientific corps of the army, in no respects inferior to the Royal Engineers. In this way economy and efficiency will alike be attained.

LEAVING THE SERVICE.

Nones writes: I would feel obliged by information relative to Government appointments, such as Poor-law Inspector, Inspector of Prisons, etc.; or is there any guide published about them? I am at present serving in the Medical Staff, but, under present circumstances, should like to retire as soon as I can.

"An eminent officer, who was training two sons for the Army Medical Department, writes to us: Is there any chance of something being done to allay the present source of grievance? Under existing circumstances, I shall withdraw my sons, both of whom had taken high collegiate honours, and whom I intended for the Army Medical Department.

absence of the Chairman from town, Dr. Carpenter, Mr. Macnamara, and Mr. Fowke appeared as representing the Association, together with Surgeon-General Maclean (by whom the case was very ably stated), Sir Guyer Hunter, M.P., and several other members of Parliament introduced the deputation, and supported its views. The result has been seen in the published report (JOURNAL, page 689). The Secretary of State for War refuses to acknowledge that the Army Medical Service have lost anything more substantial than a mere term. A further communication addressed to Mr. Stanhope by the Chairman on April 29th expressed the hope that, before finally settling the draft, he would reconsider the question from certain points of view, and adding that it would appear to be necessary in order to make plain to all branches of the service the effect of the present modification, there should in all future editions of the *Army List* appear some indications of the rank and privileges as conferred by the late alterations, as analogous to that which used to appear in the *Army List* when the date of attaining relative rank was published, as well as the date of attaining the particular grade in the department to which the officer belonged. It was again pointed out, as it had been by Surgeon-General Maclean at the deputation, that after having discredited relative rank as a mere name, its restoration could not be expected to satisfy them, and that honorary rank was now become necessary, such as is given to the Commissariat and Pay officers. A considerable mass of correspondence continues to be received from army medical officers of all ranks, from the most senior to the most junior, and telegrams from representative medical officers at various foreign stations, all of which endorse with expressions of warm and grateful thanks the representations thus made on their behalf and a their instance to the Secretary of State. They earnestly urge a continuance of these efforts until a satisfactory conclusion has been arrived at.

The Director-General of the Army Medical Department (Sir Thomas Crawford) was understood to hold certain opinions on the subject of relative and honorary rank, which it was desirable should be made fully known to the officers of his department, and as a convenient method of eliciting those opinions, Mr. Hart, together with Sir Thomas Longmore, had an interview with Sir Thomas Crawford, and an opportunity was subsequently taken of stating the views of the Director-General in the JOURNAL.

The feeling on the subject in the department, however, continues unabated, and appears to grow in extent and in intensity. As the medical officers of the army are precluded by the rules of the service from making any collective statement on their own behalf, and as it appears extremely desirable that the actual wishes of the officers of the service should be ascertained, the Chairman of the Parliamentary Bills Committee, in accordance with requests numerous and influentially urged, is arranging to issue a form of queries to every medical officer of the department, which will enable each to state his views individually, and the principal reasons in support of them, and will admit subsequently of an analysis, which will afford full information on the subject. Meantime, it is satisfactory to know that the action thus far taken has much endeared the Association to the Army Medical Department, and that the officers of that department not already members of the Association have recently joined it in great numbers.

Brigade-Surgeons of India.—The grievances under which the brigade-surgeons of India suffer, especially in respect to inadequate remuneration in view of the more responsible duties they are called upon to perform, have been very fully and effectively stated on several occasions in the JOURNAL, in addition to which they have been circulated in pamphlet form, and it was rather with the view of lending assistance to Major Hallett, M.P., who agreed to champion their cause in the Commons, that the matter formed the subject of discussion at a meeting of the Committee. It was on that occasion decided to invite the Branches of the Association to afford Major Hallett any assistance in their power. The objection held by the Government of India appears to be that they at present have no power to regulate the number sent there, and it is recommended that such power should be given, and that the brigade-surgeons should then receive a recognition from the Indian Government of their extra and responsible duties.

The Pharmacy Bill.—Objection was taken by the Committee to certain clauses of this Bill, especially to the clause which provided teaching under the general head of "materia medica" such as might have been made to include also therapeutics; while, on the other hand, the restricting clause in the old Pharmacy Act requiring the Society to abstain from teaching or examining in medical subjects, was not continued. For many reasons it appeared desirable to prevent any appearance of the extension of medical education or examination of chemists, many of whom already encroach on medical practice by pre-

vice, and strenuous efforts were made by medical officers to obtain redress of grievances by perfectly legitimate and, so to speak, constitutional means, by petition, by statements of fact in the press, and by the influence of Parliamentary friends, who used their position to obtain justice for a body of officers in their judgment not properly rewarded for their services to the State; in one word, by the identical means resorted to by the combatant ranks when they have, or think they have, grievances. It is an abuse of language to apply the term "strike" to the use of such means. Had the medical officers refused to do their duty until their grievances were redressed; that, indeed, would have been a "strike." If the civil members of the Parliamentary Committee were ignorant of the fact, Colonel Nolan at least knew better, and should have pointed out that if any such attempt had been made by even one member of the service, he would at once have come under the sharp provisions of the Mutiny Act and Articles of War. Then as regards the civil profession, the term is, if possible, still less applicable. The question with the young men issuing from the schools was one of demand and supply. The State required the services of young medical men, who, looking at the terms offered, did not like them, and refused the offer. When they did so, they were not the servants of the State, but free men, at perfect liberty to take or decline the terms offered.

The next point is one of real importance. The Committee are struck by the large amount of the non-effective charge for medical officers—by the closeness in the amount to that for effective service. In this matter Mr. Knox—no doubt without intention—misled them. In giving the charge for effectives he omitted the fact that the pay of 300 effective officers is charged to the Government of India. Had he explained that this body of officers contribute largely to the non-effective charge, although they do not appear as effectives in his (Mr. Knox's) statement, the charge for non-effectives would not appear so out of proportion to that for effectives as it now does. It is very important to keep another factor in mind—namely, ill-health, which drives so many men into early retirement after twenty years' service. The case was so put to the Committee as to lead them to believe that the non-effective list after twenty years' service is made up of men not only in the prime of life, but in health and vigour, retiring on a pound a day, and entering into private practice. Now what are the facts? The mortality among combatant officers, as nearly as we can make out, is 15 per 1,000; that of medical officers is 30 per 1,000, taking one year with another. Anyone with the most elementary knowledge of vital statistics knows that this implies a much larger amount of ill-health, particularly on active service, among the Medical Staff of the army, than in the combatant rank; and so it is. Medical officers go through the same amount of fatigue and exposure in war as their combatant brother-officers, plus those peculiar to their calling. We refer our readers once more to the unbiased evidence of Colonel Sir Charles Wilson on this point, lately published in these pages. The effect of this extra fatigue and exposure on health in a large number of army-surgeons is to drive them out of the service. We speak on this point with knowledge when we say that a large proportion of men on the non-effective strength after twenty years' service are broken down, and feel themselves incapable of another tour of foreign service. The supposition so calmly entertained by the Committee that the bulk of officers on the non-effective list are engaged in private practice is a mere delusion. Not 3 per cent. of them attempt anything of the kind. We venture to assure Lord Randolph Churchill and his colleagues that "entering on private practice" means something more than "putting up" a brass plate on the door. Nine out of ten of the surgeons-major who retire after twenty years' service, although their average age may not exceed 45 or 46, are at least 50 years old in constitution, and have neither the health nor the inclination to face the inevitable drudgery of "making a practice." No medical men, any more than lawyers, find clients waiting for them when wanted. A medical man has to make his way into the confidence of patients, not by "leaps and bounds," but by years of hard work and, as we have said, drudgery, for which twenty years in the army is the worst possible training. On this point we have consulted retired medical officers of rank with an extensive knowledge of the subject, and have only been able to hear of three retired surgeons-major now in private practice!

One other point remains to be noticed to-day, and that is the necessity of keeping the cost of the Army Medical Staff Corps apart from that of the "Doctors," and to remember that, if for the sake of a supposed saving, the House votes for the suppression of this useful body of men, who constitute the hospital orderlies and attendants on the sick and wounded, and who form the *personnel* of the bearer companies of the ambulance service, trained by the Medical Staff with so much pains, an equal number of men for the above

duties must be taken from the fighting part of the army, men indispensable for their own duties, but worse than useless for medical orderlies and ambulance service.

We cannot conclude without reference to a question (No. 833) as to the increase of efficiency in the medical service consequent on its increased cost. The Accountant-General very properly declined to answer the question, referring the Committee to the Director-General. We venture to offer the following as our contribution towards an answer to this question.

The medical officers of the present day are a carefully-selected body. They not only possess the double qualification in surgery and medicine required by the Regulations, but they have to compete for their nominations for entrance to the Army Medical School, a competition which cannot fail to bring out the "fittest." At the last competition, the first man for the British army obtained 3,390 marks, the lowest on the list 2,630; the first man for Her Majesty's Indian army obtained 3,435 marks, the lowest 2,720—marks indicative of a high standard of professional education. At Netley they receive instruction in the specialities of military hygiene, medicine, surgery, and pathology, subjects not taught in any civil school in this kingdom, and much besides that it is important for them to know. Before obtaining their commissions they have to pass a stringent examination, and promotion to the higher grades is obtained by examination and selection.

The House of Commons may, if it pleases, destroy the whole of this carefully thought out system, if it only confines its attention to the money side of the question, at the bidding of financial reformers, who can only look at the £ s. d. side of all questions. Nothing is more easy than to destroy; but if this is the way the Medical Staff of the army is to be dealt with, we say that the House, the country, and the army must take the consequences—the inevitable consequences—and, when a break-down follows, they will have no right to blame the inferior men of their own choice, who alone will serve on their terms.

country where no such rules are in force.

commensurable as the circumstances of two countries under such site conditions seem to be, we yet hear of such a question being asked: "If it costs half a million to doctor 150,000 Englishmen, will it cost to doctor a million and a half of Germans?" Many instances would have to be taken into account before a full estimation of these different amounts of remuneration could be made. Even in comparing the rates of money remuneration of officers serving in different parts of the same army, very collateral matters have to be taken into consideration before a just estimate can be formed of the relative fairness of their rates.

the outlay in time and education, the nature of the service and its liabilities, the number of other advantages afforded, the prizes to attainment, must in each instance be all taken into account. Now from the fact of its occurrence that two brothers may start an army career, one, after a more expensive education, as a medical officer, the other as a combatant officer, and that the combatant officer has the opportunity of acquiring all kinds of distinctions and honours, of enjoying all the prestige and gratifications of Court life, and attaining the dignity of a peerage, while, after a corresponding lapse of time, his medical brother, with no less onerous work and no less personal risks, has to be satisfied with the position of a Deputy Surgeon-General. It would surely be unreasonable to expect that, with such opportunities and advantages open to one branch of the service, and such an absence of them in the other, there should not be a difference in the rates of money remuneration given to the officers respectively holding appointments in

er all, as we said before, rate of pay is a matter of supply and demand. The rate of pay, combined with the other advantages,

of Aberdeen; Dr. J. Dunsmure, of Edinburgh; and last but not least, Dr. R. E. Carrington, of Guy's Hospital.

B. WALTER FOSTER, *President of the Council.*

July 13th, 1887.

THE REPORT OF THE PARLIAMENTARY BILLS COMMITTEE.

THE Committee have to report that though the calls upon their assistance in respect to private Bill legislation have been less during the past year than in some previous years, they have been enabled to render effective aid in respect to other matters of great professional as well as of immediate public interest.

Among the questions which have engaged the attention of the Committee, in addition to private sanitary legislation, on which a report was presented by the Chairman, and published in the JOURNAL of December 18th of last year, are the Lunacy Acts Amendment Bill, Relative Rank in the Army Medical Service, the grievances of the brigade-surgeons of India, and the Pharmacy Bill.

Lunacy Acts Amendment Bill.—The Parliamentary Bills Committee having considered the "Lunacy Acts Amendment Bill, 1887," decided to confirm the suggestions made by the Committee in relation to the Bill of the preceding year, so far as those applied to the provisions of the new Bill; for many of their previous recommendations submitted to the Lord Chancellor having been accepted in principle, had ceased to apply to the Bill of the present year. Several of the suggestions made this year have also virtually been incorporated since in the new Bill.

The chief suggestions confirmed were:

1. That the same protection as is given to the medical men who sign certificates of insanity, should be extended to those who receive and detain the same patients.
2. That workhouse medical officers should be remunerated for certificates, and the punitive provisions with regard to them be modified.
3. That the periodical "special report" under Section 24, should be protected, as are the original certificates.
4. That the applicant, under Section 32, should give security for the expenses incurred; and that there should be the same provisions with regard to the medical men who sign certificates under this section, as are made in Section 8.
5. That the sections relating to letters of lunatics should be omitted or modified.
6. That it is desirable not to discontinue the existing requirement that the justice who signs the order in a pauper case should personally see and examine the alleged lunatic.
7. With regard to fresh provisions of the Bill, the Committee has suggested that (in place of the complicated provisions of Section 5, and subsections 9 and 10 of Section 3), in private cases, the justice should see the alleged lunatic before signing an order of admission.
8. Also, that the service of medical officers in two or more county asylums should count accumulatively towards pension, etc., as if all such service had been in one asylum.
9. Also, that the provisions of the Bill (Sections 49-59) be so altered as not to subject the registered lunatic hospitals to special restrictions and disabilities.

The Bill as passed through the House of Lords was much modified in favour of the just rights of the medical profession, under the influence of the Parliamentary Bills Committee, and measures are in progress to secure further attention in the House of Commons to the suggestions not yet adopted.

Relative Rank of Army Medical Officers.—The serious subject of the abolition of relative rank in the army, brought before the Committee on February 25th by the Chairman (Mr. Ernest Hart), was one to which additional prominence had been given by a statement made in the House by Mr. Stanhope, the Secretary of State for War, who was asked as to a clause in the recent Army Medical Warrant, his reply being that relative rank had been abolished in all departments, but medical officers retained all privileges theretofore attaching to it. This reply caused considerable consternation and a feeling of great dissatisfaction in the Army Medical Service, to the extent of which the voluminous correspondence received by Mr. Hart amply testifies; and it was with the view of throwing a little light on what to many distinguished medical officers proved to be a very unintelligible reply, that Mr. Hart requested Sir Guyer Hunter to put a further question in the House, and that, with the approval of the Committee, he addressed a detailed letter to Mr. Secretary Stanhope on the matter. The replies to both, as will have been seen, were equally unsatisfactory. A deputation was then received by Mr. Stanhope, at which, in the

vice, and strenuous efforts were made by medical officers to obtain redress of grievances by perfectly legitimate and, so to speak, constitutional means, by petition, by statements of fact in the press, and by the influence of Parliamentary friends, who used their position to obtain justice for a body of officers in their judgment not properly rewarded for their services to the State; in one word, by the identical means resorted to by the combatant ranks when they have, or think they have, grievances. It is an abuse of language to apply the term "strike" to the use of such means. Had the medical officers refused to do their duty until their grievances were redressed; that, indeed, would have been a "strike." If the civil members of the Parliamentary Committee were ignorant of the fact, Colonel Nolan at least knew better, and should have pointed out that if any such attempt had been made by even one member of the service, he would at once have come under the sharp provisions of the Mutiny Act and Articles of War. Then as regards the civil profession, the term is, if possible, still less applicable. The question with the young men issuing from the schools was one of demand and supply. The State required the services of young medical men, who, looking at the terms offered, did not like them, and refused the offer. When they did so, they were not the servants of the State, but free men, at perfect liberty to take or decline the terms offered.

The next point is one of real importance. The Committee are struck by the large amount of the non-effective charge for medical officers—by the closeness in the amount to that for effective service. In this matter Mr. Knox—no doubt without intention—misled them. In giving the charge for effectives he omitted the fact that the pay of 300 effective officers is charged to the Government of India. Had he explained that this body of officers contribute largely to the non-effective charge, although they do not appear as effectives in his (Mr. Knox's) statement, the charge for non-effectives would not appear so out of proportion to that for effectives as it now does. It is very important to keep another factor in mind—namely, ill-health, which drives so many men into early retirement after twenty years' service. The case was so put to the Committee as to lead them to believe that the non-effective list after twenty years' service is made up of men not only in the prime of life, but in health and vigour, retiring on a pound a day, and entering into private practice. Now what are the facts? The mortality among combatant officers, as nearly as we can make out, is 15 per 1,000; that of medical officers is 30 per 1,000, taking one year with another. Anyone with the most elementary knowledge of vital statistics knows that this implies a much larger amount of ill-health, particularly on active service, among the Medical Staff of the army, than in the combatant rank; and so it is. Medical officers go through the same amount of fatigue and exposure in war as their combatant brother-officers, plus those peculiar to their calling. We refer our readers once more to the unbiased evidence of Colonel Sir Charles Wilson on this point, lately published in these pages. The effect of this extra fatigue and exposure on health in a large number of army-surgeons is to drive them out of the service. We speak on this point with knowledge when we say that a large proportion of men on the non-effective strength after twenty years' service are broken down, and feel themselves incapable of another tour of foreign service. The supposition so calmly entertained by the Committee that the bulk of officers on the non-effective list are engaged in private practice is a mere delusion. Not 3 per cent. of them attempt anything of the kind. We venture to assure Lord Randolph Churchill and his colleagues that "entering on private practice" means something more than "putting up" a brass plate on the door. Nine out of ten of the surgeons-major who retire after twenty years' service, although their average age may not exceed 45 or 46, are at least 50 years old in constitution, and have neither the health nor the inclination to face the inevitable drudgery of "making a practice." No medical men, any more than lawyers, find clients waiting for them when wanted. A medical man has to make his way into the confidence of patients, not by "leaps and bounds," but by years of hard work and, as we have said, drudgery, for which twenty years in the army is the worst possible training. On this point we have consulted retired medical officers of rank with an extensive knowledge of the subject, and have only been able to hear of three retired surgeons-major now in private practice!

One other point remains to be noticed to-day, and that is the necessity of keeping the cost of the Army Medical Staff Corps apart from that of the "Doctors," and to remember that, if for the sake of a supposed saving, the House votes for the suppression of this useful body of men, who constitute the hospital orderlies and attendants on the sick and wounded, and who form the *personnel* of the bearer companies of the ambulance service, trained by the Medical Staff with so much pains, an equal number of men for the above

duties must be taken from the fighting part of the army, men indispensable for their own duties, but worse than useless for medical orderlies and ambulance service.

We cannot conclude without reference to a question (No. 833) as to the increase of efficiency in the medical service consequent on its increased cost. The Accountant-General very properly declined to answer the question, referring the Committee to the Director-General. We venture to offer the following as our contribution towards an answer to this question.

The medical officers of the present day are a carefully-selected body. They not only possess the double qualification in surgery and medicine required by the Regulations, but they have to compete for their nominations for entrance to the Army Medical School, a competition which cannot fail to bring out the "fittest." At the last competition, the first man for the British army obtained 3,390 marks, the lowest on the list 2,630; the first man for Her Majesty's Indian army obtained 3,435 marks, the lowest 2,720—marks indicative of a high standard of professional education. At Netley they receive instruction in the specialities of military hygiene, medicine, surgery, and pathology, subjects not taught in any civil school in this kingdom, and much besides that it is important for them to know. Before obtaining their commissions they have to pass a stringent examination, and promotion to the higher grades is obtained by examination and selection.

The House of Commons may, if it pleases, destroy the whole of this carefully thought out system, if it only confines its attention to the money side of the question, at the bidding of financial reformers, who can only look at the £ s. d. side of all questions. Nothing is more easy than to destroy; but if this is the way the Medical Staff of the army is to be dealt with, we say that the House, the country, and the army must take the consequences—the inevitable consequences—and, when a break-down follows, they will have no right to blame the inferior men of their own choice, who alone will serve on their terms.

country where no such rules are in force.

commensurable as the circumstances of two countries under such site conditions seem to be, we yet hear of such a question being asked: "If it costs half a million to doctor 150,000 Englishmen, will it cost to doctor a million and a half of Germans?" Many instances would have to be taken into account before a full extension of these different amounts of remuneration could be made. Even in comparing the rates of money remuneration of officers serving in different parts of the same army, very collateral matters have to be taken into consideration—a just estimate can be formed of the relative fairness of their

outlay in time and education, the nature of the service and its possibilities, the number of other advantages afforded, the prizes to attainment, must in each instance be all taken into account. Now from the fact of its occurrence that two brothers may start an army career, one, after a more expensive education, as a medical officer, the other as a combatant officer, and that the combatant officer has the opportunity of acquiring all kinds of distinctions and honours, of enjoying all the prestige and gratifications of Court life, and attaining the dignity of a peerage, while, after a corresponding lapse of time, his medical brother, with no less onerous work and no less personal risks, has to be satisfied with the position of a Deputy Surgeon-General. It would surely be unreasonable to expect that, with such opportunities and advantages open to one branch of the service, and such an absence of them in the other, there should not be a difference in the rates of money remuneration given to the officers respectively holding appointments in

all, as we said before, rate of pay is a matter of supply and demand. The rate of pay, combined with the other advantages,

or body shall signify to the General Council the name of the member so struck off; and the General Council may, if they see fit, direct the Registrar to erase forthwith from the *Register* the qualification derived from such College or body in respect of which such member was registered." It is obvious that they are to exercise a discretion in the matter, or the above passage has no meaning. And if my memory serves me rightly, the Council did on one occasion refuse to remove a qualification from the *Register* unless they were informed why the holder of it had been struck off the roll of his College. Supposing the Council did not see fit to remove a qualification which a man no longer held, the hypothetical difficulty as to the accuracy of the *Register* would easily be met by a line in brackets after the qualification, giving the date when it was cancelled.

Now that it is necessary that a man should be qualified to practise in medicine, surgery, and midwifery before he can be registered, it appears to me that the registration of individual qualifications is superfluous; that his name is on the *Register* will in future be a proof that he is fully qualified in all branches, and would ensure to him all the legal privileges of registration. The insertion of the qualifications in future will be merely a means of putting some paltry fees into the coffers of the Council.

I must not trespass further on your space to reply to Mr. Spokes, but I would merely say that the calling of a dentist is not necessarily synonymous with the profession of dental surgery.—I am, etc.,

A JUNIOR CONSULTANT.

THE DUBLIN MEETING.

SIR,—At a meeting of the Library Committee of this College, held on July 12th, it was unanimously resolved "That all the members of the British Medical Association be granted permission to use the library and Fellows' reading-room of the College during the week of the meeting of the Association in Dublin." It may be of interest to members of the Association coming to Ireland to know that the best work on Irish medicine and surgery is Sir Charles Cameron's *History*

THE IRISH MEDICAL ASSOCIATION.

SIR,—Dr. Chapman's letter requires notice from me, and I must ask you to afford me space in your next issue for such notice; your readers will then be able to judge as to whether my criticisms were absurd, or as to whether I was offensively incorrect in accusing a metropolitan knot of stifling the discussion of grievances which it is their interest to encourage and make flourish.

I wrote in a business-like way to the Council in the person of its well-known factotum, and sufficiently early, having regard to the tremendous report they had to draw up, to secure notice for the important questions raised by me. In my card I also asked for information as to the rules of his Association regulating amendments to the annual reports. That pertinent query Dr. Chapman takes care to make no mention of in his letter to you, for it would have been inconvenient to do so having regard to the fact that he never answered my letter until the meeting was over. Then I received a communication from him informing me that he had been too busy to do so. It is quite clear from the words at the very end of Dr. Chapman's letter that I was doubly correct in addressing him, for he admits that it was he who did draw up the report.

Let me now briefly enumerate [the questions ventilated by me during the year.

1. I wrote on the necessity, in the interest of the public, the pupil, and the practitioner, of re-instituting apprenticeship in a modified form.

2. I assailed the Dublin vaccination monopoly.

3. I exposed the wholesale robbery of the provincial profession by the admission of rich patients into Dublin hospitals.

4. I criticised the action of the Royal University in declining to receive pharmacy certificates from practitioners entitled by law to grant them, and who were provided with abundant opportunities for teaching the subject.

5. I urged the right of union and other hospitals now left out in the cold to take part in clinical teaching.

Many of those subjects have attained to the position of burning questions, and for the Secretary of an Association which affects to have for its *raison d'être* the defence of provincial interests, to tell the public, as he has in his letter told them, that he has not even heard of them, is, as it seems to me, to impose too great a tax on their credulity. Why, I myself appealed to his Council months ago through the columns of its *de facto* journal, the *Medical Press*, to take some of them up, and yet this Secretary tells us that he never even heard of them. The same *Medical Press*, in a foot-note to a letter of mine on the subject of the shocking plunder of the profession by certain Dublin hospitals, declared that this plunder had reached the dimensions of a public scandal. And yet Dr. Chapman never heard of these either. More astounding than all is his statement that he is not aware that anyone else shares my views with regard to the recognition of union hospitals. He has apparently never heard of the memorial in favour of such recognition signed by over eighty of the leading union hospital men of Ireland.

I think I have said enough to convince those provincials who are sufficiently wide awake to know their own interests, and sufficiently intelligent and energetic to take proper steps to defend them, that, however excellent this Irish Association may be, where *rus* and *urbis* do not come into conflict, yet that where they do it is not a safe advocate, and that we must found a Branch of the English General Practitioners' Association next month in Dublin if we are to properly defend our interests.—Yours truly,

THOMAS LAFFAN.

Cashel, July 11th.

* * We publish this letter with reluctance. It is very much to be desired that matters of public interest should be discussed without unnecessary warmth of language or the intrusion of personalities.

NAVAL AND MILITARY MEDICAL SERVICES.

COMMITTEE ON THE ARMY AND NAVY ESTIMATES.

THERE are some points in the evidence of Mr. Knox, before this important committee, which we commend to the serious attention of medical members of Parliament.

First, the Accountant-General, referring to the agitation in the medical services and in the schools, which led to the issue of the Warrant of 1879, not 1875, as Mr. Knox, on more occasions than one, erroneously put it. The Accountant-General called it a "strike"; the members of the Committee at once took up the word, and invariably refer to this agitation under that misleading term. At the time in question, no doubt great dissatisfaction prevailed in the ser-

YES OR NO?

THE following question on a matter of some importance to the Medical Staff in India, which Sir Walter Foster has twice asked in the House of Commons, still remains unanswered, namely: "Whether it was the case that an executive officer of the Medical Staff in India, who officiated for less than one month as Deputy Surgeon-General, in the absence of the Deputy Surgeon-General on sick leave or furlough, received no allowances for the period, although he performed the duties in addition to his other duties? Whether, in such an instance, the 'half-staff' of the appointment reverted to the State? Whether the acting officer would be held pecuniarily liable in the event of loss of stores or other mistakes? Whether officers officiating on the military (combatant) staff in a similar way would draw the 'half-staff' for broken periods; and why the difference was made in the case of the medical officers?" It is to be regretted that official answers to questions admitting of easy reply should be so inconveniently and unnecessarily delayed.

SATURDAY, JULY 16th, 1887.

THE COMMITTEE ON THE ARMY AND NAVY
ESTIMATES.

THE Select Committee on the Army and Navy Estimates, in their praiseworthy endeavours to reduce the cost of the army at large, seem to have directed their attention very particularly to the costliness of the medical service. Without considering the various questions that have been put forward by the chairman and members of the Committee on the manner in which the different items of expenditure are distributed in the army estimates, the rates of pay of the medical officers, the subordinates of the Medical Staff Corps, and of the outlays in hospital establishments, all of which can be better dealt with elsewhere, there are one or two notable points to which we think attention may be called with advantage. One is the frequent reference to the vote which includes the pay of the medical officers having been increased as the effect of a "strike."

The question put to the Accountant General was, "When the Secretary of State succumbed to the strike, did he do so by a new Warrant?" The reply of the Accountant General was in the affirmative, so that the occurrence of a "strike" seems to have been admitted without any demur. Another query put to the Accountant General was, "What would the Secretary of State and the Commander-in-Chief have done if the captains or majors of the Queen's service had demanded an increase of pay, how would the Secretary of State have dealt with that demand?" Surely such questions as these indicate a grave misapprehension on the part of all concerned. What is commonly understood by a "strike," is a body of men quitting their occupation or employment, and refusing to resume it unless their employers yield to the demands made by them, whether it be a matter of increase of pay, or whether the demands refer to the removal of some alleged grievance connected with their occupation. It is needless to say that nothing of the kind has ever occurred, or could occur, in the public service. What actually did occur some years ago was that the terms offered by the Government were not such as to induce members of the medical profession to seek employment in the army, nor were they regarded by the leaders of the profession as sufficiently advantageous to warrant them in recommending the better class of medical students to accept them as a recompense for the risks and restrictions of a career in the military service; and the Government accordingly raised their terms. It was a simple case of supply and demand, and in no way partook of the nature of what is commonly understood by the term or condition of a "strike." It was nothing

MEDICAL JOURNAL.

133

more than what is taking place every day in occupations and pursuits of all sorts, and that must continue to take place in all branches of the army so long as voluntary service holds its ground. It matters not what branch of the public service is regarded, if the terms offered by the Government are not such as to attract men of the qualifications and calibre that are required, the Government must either improve their terms or go without the men they have invited altogether, or must be content to accept men of a lower stamp and inferior qualifications. It seems strange that any other ideas on this head could be entertained in a country which makes the boast of being a free country. Even in the combatant ranks, if the terms and advantages, present and prospective, offered were not sufficiently advantageous, or were not regarded so by those who seek for commissions, the number of competitors for such appointments would of course speedily diminish, and before long, if persevered in, the competitors would disappear altogether, as they nearly did some years ago among the candidates for medical commissions.

Another point in the inquiry which cannot fail to attract remark is the tendency to compare things with one another which are really not comparable. It seems obvious that the condition of things in a country where forced conscription is the rule, where every medical practitioner is compelled to serve for three years in the army; or, if volunteering to pay the expenses of uniform and other matters, then to serve for one year, and where a certain number of surgeons have the whole cost of their medical education defrayed by the State, cannot be logically contrasted with the corresponding conditions of things in a country where no such rules are in force.

Incommensurable as the circumstances of two countries under such opposite conditions seem to be, we yet hear of such a question being asked as: "If it costs half a million to doctor 150,000 Englishmen, what will it cost to doctor a million and a half of Germans?" Many circumstances would have to be taken into account before a full explanation of these different amounts of remuneration could be arrived at. Even in comparing the rates of money remuneration of officers serving in different parts of the same army, very many collateral matters have to be taken into consideration before a just estimate can be formed of the relative fairness of their amounts.

The outlay in time and education, the nature of the service and its responsibilities, the number of other advantages afforded, the prizes open to attainment, must in each instance be all taken into account. We know from the fact of its occurrence that two brothers may start in an army career, one, after a more expensive education, as a medical officer, the other as a combatant officer, and that the combatant officer may have the opportunity of acquiring all kinds of distinctions and honours, of enjoying all the prestige and gratifications of Court favour, and attaining the dignity of a peerage, while, after a corresponding lapse of time, his medical brother, with no less onerous daily work and no less personal risks, has to be satisfied with the position of a Deputy Surgeon-General. It would surely be unreasonable to expect that, with such opportunities and advantages open in the one branch of the service, and such an absence of them in the other branch, there should not be a difference in the rates of money remuneration given to the officers respectively holding appointments in them.

After all, as we said before, rate of pay is a matter of supply and demand. The rate of pay, combined with the other advantages,

The Parliamentary Bills Committee has had the Lunacy Acts Amendment Bill under constant consideration during its progress through Parliament, and has suggested modifications in many of the clauses which seemed likely to affect the patient's best interests injuriously, or which appeared unfair or offensive to medical men. The Committee has also been largely occupied with the question of the abolition of relative rank and its consequences to army medical officers. There can be no doubt that whatever may have been the intention of the War Office in issuing that order, its actual effect—not only on the just susceptibilities of the medical officers, but on their position in the service—has been most injurious. Nor has the evil been undone by the subsequent action of the authorities. When, in compliance with the urgent representations of a deputation of the Parliamentary Bills Committee, Mr. Secretary Stanhope consented to restore relative rank to the army medical officers, this concession was accompanied by a declaration which deprived it not only of all grace but of all significance. The War Office said in effect that as the term "relative rank" was practically a meaningless expression, it might be allowed to continue to be used to describe the position of army medical officers. Your Council feel that this was adding insult to the injury which had been attempted, and that nothing can now place the Army Medical Department on its proper footing of equality with the other branches of the service, but the recognition of the right of its officers to definite military rank of a kind intelligible to and unquestionable by either superiors or subordinates. The Parliamentary Bills Committee has, therefore, determined to use its best endeavours to obtain such a distinct acknowledgment of their rank as shall be satisfactory to army medical officers. It is a source of special gratification to your Council that the organisation of this great Association and the powerful influence of its JOURNAL enable it to help the legitimate interests of a very important section of the medical profession, to which, by the rules of the service, the right of pleading its own cause is denied. The Committee has also had under consideration the grievances of brigade-surgeons serving in India, and the Pharmacy Amendment Bill in so far as it seemed to concern the interests of the medical profession and the public. Full information on all these subjects will be submitted to you by the Committee in its report.

RANK FOR ARMY MEDICAL OFFICERS.

R. B. G. writes: I have read several of the more recent letters which have appeared in the pages of the JOURNAL on the subject of army rank for army-surgeons.

As a member of the profession engaged in private practice, I have not had to take up my pen and address you on this highly important matter. I do now, feeling that in advocating the claims put forward by the army-doctors, I am gaining for the profession a recognition by the State of a true social position for the science of medicine.

I congratulate you on the way in which you have entered into this contest with the War Office; and I am sure that every member of the British Medical Association agrees with you that the claims put forward by the army-surgeons are founded upon a true basis.

When Tommy Atkins, late army pay clerk, has given to him a true military standing, and the "good doctor" is left to find his own level as best he can, or falling that he is looked down upon by every officer holding true military rank as "an outsider," as "an inferior," it is time for him now to appeal to the profession at large for their support, since those in high places refuse him hearing.

It has been stated that promotion to the higher grades in the Medical Staff of the army is excessively slow, in consequence of the block in the way at the head.

Now the total abolition of the office of a military director-general, and the appointment of a prominent civilian surgeon for a period of two years at a time, would clear the way for promotion, and leave the science of medicine independent of any War Office red tapeism, and free from dread. The majority of the surgeons of the higher grades are in favour of a two- or three-year directorship, as they consider five years too long a service for ordinary men. It is an exception to find a director-general capable or independent enough in mind to hold his own against those with whom he is likely to come into official communication, since, to save trouble and hold office, he is frequently compelled to act differently, even against the dictates of common sense and conscience.

MEDICAL STAFF writes: The evidence of the Accountant-General to the War Office on the cost of the Medical Department of the Army would almost imply that medical officers were compulsorily retired at 45 years of age. It should be distinctly understood that there is no such provision. Retirement is voluntary, after twenty years' service, on £1 a day—not £1 1s., as stated by Mr. Knox.

If a large number of medical officers elect to retire at this period of their service, it is because they have no inducement to remain. Make the service popular, and men will not willingly throw it up. This can only be done by granting the reasonable demands of the medical officers of the army—that they be given the military status due to them as the most scientific corps of the army, in no respects inferior to the Royal Engineers. In this way economy and efficiency will alike be attained.

LEAVING THE SERVICE.

Ness writes: I would feel obliged by information relative to Government appointments, such as Poor-law Inspector, Inspector of Prisons, etc.; or is there any guide published about them? I am at present serving in the Medical Staff, but, under present circumstances, should like to retire as soon as I can.

"An eminent officer, who was training two sons for the Army Medical Department, writes to us: Is there any chance of something being done to allay the present source of grievance? Under existing circumstances, I shall withdraw my sons, both of whom had taken high collegiate honours, and whom I intended for the Army Medical Department.

absence of the Chairman from town, Dr. Carpenter, Mr. Macnamara, and Mr. Fowke appeared as representing the Association, together with Surgeon-General Maclean (by whom the case was very ably stated), Sir Guyer Hunter, M.P., and several other members of Parliament introduced the deputation, and supported its views. The result has been seen in the published report (JOURNAL, page 689). The Secretary of State for War refuses to acknowledge that the Army Medical Service have lost anything more substantial than a mere term. A further communication addressed to Mr. Stanhope by the Chairman on April 29th expressed the hope that, before finally settling the draft, he would reconsider the question from certain points of view, and adding that it would appear to be necessary in order to make plain to all branches of the service the effect of the present modification, there should in all future editions of the Army List appear some indications of the rank and privileges as conferred by the late alterations, as analogous to that which used to appear in the Army List when the date of attaining relative rank was published, as well as the date of attaining the particular grade in the department to which the officer belonged. It was again pointed out, as it had been by Surgeon-General Maclean at the deputation, that after having discredited relative rank as a mere name, its restoration could not be expected to satisfy them, and that honorary rank was now become necessary, such as is given to the Commissariat and Pay officers. A considerable mass of correspondence continues to be received from army medical officers of all ranks, from the most senior to the most junior, and telegrams from representative medical officers at various foreign stations, all of which endorse with expressions of warm and grateful thanks the representations thus made on their behalf and a their instance to the Secretary of State. They earnestly urge a continuance of these efforts until a satisfactory conclusion has been arrived at.

The Director-General of the Army Medical Department (Sir Thomas Crawford) was understood to hold certain opinions on the subject of relative and honorary rank, which it was desirable should be made fully known to the officers of his department, and as a convenient method of eliciting those opinions, Mr. Hart, together with Sir Thomas Longmore, had an interview with Sir Thomas Crawford, and an opportunity was subsequently taken of stating the views of the Director-General in the JOURNAL.

The feeling on the subject in the department, however, continues unabated, and appears to grow in extent and in intensity. As the medical officers of the army are precluded by the rules of the service from making any collective statement on their own behalf, and as it appears extremely desirable that the actual wishes of the officers of the service should be ascertained, the Chairman of the Parliamentary Bills Committee, in accordance with requests numerous and influentially urged, is arranging to issue a form of queries to every medical officer of the department, which will enable each to state his views individually, and the principal reasons in support of them, and will admit subsequently of an analysis, which will afford full information on the subject. Meantime, it is satisfactory to know that the action thus far taken has much endeared the Association to the Army Medical Department, and that the officers of that department not already members of the Association have recently joined it in great numbers.

Brigade-Surgeons of India.—The grievances under which the brigade-surgeons of India suffer, especially in respect to inadequate remuneration in view of the more responsible duties they are called upon to perform, have been very fully and effectively stated on several occasions in the JOURNAL, in addition to which they have been circulated in pamphlet form, and it was rather with the view of lending assistance to Major Hallett, M.P., who agreed to champion their cause in the Commons, that the matter formed the subject of discussion at a meeting of the Committee. It was on that occasion decided to invite the Branches of the Association to afford Major Hallett any assistance in their power. The objection held by the Government of India appears to be that they at present have no power to regulate the number sent there, and it is recommended that such power should be given, and that the brigade-surgeons should then receive a recognition from the Indian Government of their extra and responsible duties.

The Pharmacy Bill.—Objection was taken by the Committee to certain clauses of this Bill, especially to the clause which provided teaching under the general head of "materna medica" such as might have been made to include also therapeutics; while, on the other hand, the restricting clause in the old Pharmacy Act requiring the Society to abstain from teaching or examining in medical subjects, was not continued. For many reasons it appeared desirable to prevent any appearance of the extension of medical education or examination of chemists, many of whom already encroach on medical practice by pre-

vice, and strenuous efforts were made by medical officers to obtain redress of grievances by perfectly legitimate and, so to speak, constitutional means, by petition, by statements of fact in the press, and by the influence of Parliamentary friends, who used their position to obtain justice for a body of officers in their judgment not properly rewarded for their services to the State; in one word, by the identical means resorted to by the combatant ranks when they have, or think they have, grievances. It is an abuse of language to apply the term "strike" to the use of such means. Had the medical officers refused to do their duty until their grievances were redressed; that, indeed, would have been a "strike." If the civil members of the Parliamentary Committee were ignorant of the fact, Colonel Nolan at least knew better, and should have pointed out that if any such attempt had been made by even one member of the service, he would at once have come under the sharp provisions of the Mutiny Act and Articles of War. Then as regards the civil profession, the term is, if possible, still less applicable. The question with the young men issuing from the schools was one of demand and supply. The State required the services of young medical men, who, looking at the terms offered, did not like them, and refused the offer. When they did so, they were not the servants of the State, but free men, at perfect liberty to take or decline the terms offered.

The next point is one of real importance. The Committee are struck by the large amount of the non-effective charge for medical officers—by the closeness in the amount to that for effective service. In this matter Mr. Knox—no doubt without intention—misled them. In giving the charge for effectives he omitted the fact that the pay of 300 effective officers is charged to the Government of India. Had he explained that this body of officers contribute largely to the non-effective charge, although they do not appear as effectives in his (Mr. Knox's) statement, the charge for non-effectives would not appear so out of proportion to that for effectives as it now does. It is very important to keep another factor in mind—namely, ill-health, which drives so many men into early retirement after twenty years' service. The case was so put to the Committee as to lead them to believe that the non-effective list after twenty years' service is made up of men not only in the prime of life, but in health and vigour, retiring on a pound a day, and entering into private practice. Now what are the facts? The mortality among combatant officers, as nearly as we can make out, is 15 per 1,000; that of medical officers is 30 per 1,000, taking one year with another. Anyone with the most elementary knowledge of vital statistics knows that this implies a much larger amount of ill-health, particularly on active service, among the Medical Staff of the army, than in the combatant rank; and so it is. Medical officers go through the same amount of fatigue and exposure in war as their combatant brother-officers, plus those peculiar to their calling. We refer our readers once more to the unbiased evidence of Colonel Sir Charles Wilson on this point, lately published in these pages. The effect of this extra fatigue and exposure on health in a large number of army-surgeons is to drive them out of the service. We speak on this point with knowledge when we say that a large proportion of men on the non-effective strength after twenty years' service are broken down, and feel themselves incapable of another tour of foreign service. The supposition so calmly entertained by the Committee that the bulk of officers on the non-effective list are engaged in private practice is a mere delusion. Not 3 per cent. of them attempt anything of the kind. We venture to assure Lord Randolph Churchill and his colleagues that "entering on private practice" means something more than "putting up" a brass plate on the door. Nine out of ten of the surgeons-major who retire after twenty years' service, although their average age may not exceed 45 or 46, are at least 50 years old in constitution, and have neither the health nor the inclination to face the inevitable drudgery of "making a practice." No medical men, any more than lawyers, find clients waiting for them when wanted. A medical man has to make his way into the confidence of patients, not by "leaps and bounds," but by years of hard work and, as we have said, drudgery, for which twenty years in the army is the worst possible training. On this point we have consulted retired medical officers of rank with an extensive knowledge of the subject, and have only been able to hear of three retired surgeons-major now in private practice!

One other point remains to be noticed to-day, and that is the necessity of keeping the cost of the Army Medical Staff Corps apart from that of the "Doctors," and to remember that, if for the sake of a supposed saving, the House votes for the suppression of this useful body of men, who constitute the hospital orderlies and attendants on the sick and wounded, and who form the *personnel* of the bearer companies of the ambulance service, trained by the Medical Staff with so much pains, an equal number of men for the above

duties must be taken from the fighting part of the army, men indispensable for their own duties, but worse than useless for medical orderlies and ambulance service.

We cannot conclude without reference to a question (No. 833) as to the increase of efficiency in the medical service consequent on its increased cost. The Accountant-General very properly declined to answer the question, referring the Committee to the Director-General. We venture to offer the following as our contribution towards an answer to this question.

The medical officers of the present day are a carefully-selected body. They not only possess the double qualification in surgery and medicine required by the Regulations, but they have to compete for their nominations for entrance to the Army Medical School, a competition which cannot fail to bring out the "fittest." At the last competition, the first man for the British army obtained 3,390 marks, the lowest on the list 2,630; the first man for Her Majesty's Indian army obtained 3,435 marks, the lowest 2,720—marks indicative of a high standard of professional education. At Netley they receive instruction in the specialities of military hygiene, medicine, surgery, and pathology, subjects not taught in any civil school in this kingdom, and much besides that it is important for them to know. Before obtaining their commissions they have to pass a stringent examination, and promotion to the higher grades is obtained by examination and selection.

The House of Commons may, if it pleases, destroy the whole of this carefully thought out system, if it only confines its attention to the money side of the question, at the bidding of financial reformers, who can only look at the £ s. d. side of all questions. Nothing is more easy than to destroy; but if this is the way the Medical Staff of the army is to be dealt with, we say that the House, the country, and the army must take the consequences—the inevitable consequences—and, when a break-down follows, they will have no right to blame the inferior men of their own choice, who alone will serve on their terms.

The Par
Amendments
through P
clauses w
injuriously
The Comm
the abolit
officers. T
intention
not only o
their posit
evil been
in compl
the Parlian
to restore
was accus
but of all
"relative
allowed to
officers.
which had
Medical D
branches
to definite
either sup
has, ther
distinct ad
medical off
that the or
of its Jour
important
the service
Committee
surgeons se
far as it se
the public
to you by t

E. B. G. writes
fared in the pa
gina.

As a member of the profession engaged in private practice, I have not had
me to take up my pen and address you on this highly important matter. I do
now, feeling that in advocating the claims put forward by the army-doctors,
I am gaining for the profession a recognition by the State of a true social
situation for the science of medicine.

I congratulate you on the way in which you have entered into this contest
with the War Office; and I am sure that every member of the British Medical
Association agrees with you that the claims put forward by the army-surgeons
are founded upon a true basis.

When Tommy Atkins, late army pay clerk, has given to him a true military
audience, and the "good doctor" is left to find his own level as best he can,
it is falling that he is looked down upon by every officer holding true military
rank as "an outsider," as "an inferior," it is time for him now to appeal to
the profession at large for their support, since those in high places refuse him
hearing.

It has been stated that promotion to the higher grades in the Medical Staff of
the army is excessively slow, in consequence of the block in the way at the

head. Now the total abolition of the office of a military director-general, and
the appointment of a prominent civilian surgeon for a period of two years at a
time, would clear the way for promotion, and leave the science of medicine in-
dependent of any War Office red tapeism, and free from dread. The majority of
the surgeons of the higher grades are in favour of a two- or three-year director-
ship, as they consider five years too long a service for ordinary men. It is an ex-
ception to find a director-general capable or independent enough in mind to hold
his own against those with whom he is likely to come into official communica-
tion, since, to save trouble and hold office, he is frequently compelled to act
differently, even against the dictates of common sense and conscience.

MEDICAL STAFF writes: The evidence of the Accountant-General to the War
Office on the cost of the Medical Department of the Army would almost imply
that medical officers were compulsorily retired at 45 years of age. It should be
distinctly understood that there is no such provision. Retirement is voluntary,
after twenty years' service, on £1 a day—not £1 1s., as stated by
Mr. Knox.

If a large number of medical officers elect to retire at this period of their
service, it is because they have no inducement to remain. Make the
service popular, and men will not willingly throw it up. This can only be
done by granting the reasonable demands of the medical officers of the army—
that they be given the military status due to them as the most scientific corps
of the army, in no respects inferior to the Royal Engineers. In this way
economy and efficiency will alike be attained.

LEAVING THE SERVICE.

Knox writes: I would feel obliged by information relative to Government ap-
pointments, such as Poor-law Inspector, Inspector of Prisons, etc.; or is there
any guide published about them? I am at present serving in the Medical Staff,
but, under present circumstances, should like to retire as soon as I can.

"An eminent officer, who was training two sons for the Army Medical
Department, writes to us: Is there any chance of something being done to
allay the present source of grievance? Under existing circumstances, I shall
withdraw my sons, both of whom had taken high collegiate honours, and whom
I intended for the Army Medical Department.

or body shall signify to the General Council the name of the member
so struck off; and the General Council may, if they see fit, direct the
Registrar to erase forthwith from the Register the qualification derived
from such College or body in respect of which such member was regis-
tered." It is obvious that they are to exercise a discretion in the
matter, or the above passage has no meaning. And if my memory
serves me rightly, the Council did on one occasion refuse to remove a
qualification from the Register unless they were informed why the
holder of it had been struck off the roll of his College. Supposing
the Council did not see fit to remove a qualification which a man no
longer held, the hypothetical difficulty as to the accuracy of the
Register would easily be met by a line in brackets after the qualifica-
tion, giving the date when it was cancelled.

Now that it is necessary that a man should be qualified to practise
in medicine, surgery, and midwifery before he can be registered, it
appears to me that the registration of individual qualifications is
superfluous; that his name is on the Register will in future be a proof
that he is fully qualified in all branches, and would ensure to him all
the legal privileges of registration. The insertion of the qualifications
in future will be merely a means of putting some paltry fees into the
coffers of the Council.

I must not trespass further on your space to reply to Mr. Spokes,
but I would merely say that the calling of a dentist is not necessarily
synonymous with the profession of dental surgery.—I am, etc.,
A JUNIOR CONSULTANT.

THE DUBLIN MEETING.

SIR.—At a meeting of the Library Committee of this College, held
on July 12th, it was unanimously resolved "That all the members of
the British Medical Association be granted permission to use the
library and Fellows' reading-room of the College during the week of
the meeting of the Association in Dublin." It may be of interest to
members of the Association coming to Ireland to know that the best
work on Irish medicine and surgery is Sir Charles Cameron's *History*

THE IRISH MEDICAL ASSOCIATION.

SIR.—Dr. Chapman's letter requires notice from me, and I must
ask you to afford me space in your next issue for such notice; your
readers will then be able to judge as to whether my criticisms were
abundant, or as to whether I was offensively incorrect in accusing a
metropolitan knot of stifling the discussion of grievances which it is
their interest to encourage and make flourish.

I wrote in a business-like way to the Council in the person of its
well-known factotum, and sufficiently early, having regard to the tre-
mendous report they had to draw up, to secure notice for the import-
ant questions raised by me. In my card I also asked for information
as to the rules of his Association regulating amendments to the annual
reports. That pertinent query Dr. Chapman takes care to make
no mention of in his letter to you, for it would have been inconvenient
to do so having regard to the fact that he never answered my letter
until the meeting was over. Then I received a communication from
him informing me that he had been too busy to do so. It is quite
clear from the words at the very end of Dr. Chapman's letter that I
was doubly correct in addressing him, for he admits that it was he
who did draw up the report.

Let me now briefly enumerate the questions ventilated by me
during the year.

1. I wrote on the necessity, in the interest of the public, the pupil,
and the practitioner, of re-instituting apprenticeship in a modified
form.

2. I assailed the Dublin vaccination monopoly.

3. I exposed the wholesale robbery of the provincial profession by
the admission of rich patients into Dublin hospitals.

4. I criticised the action of the Royal University in declining to re-
ceive pharmacy certificates from practitioners entitled by law to grant
them, and who were provided with abundant opportunities for
teaching the subject.

5. I urged the right of union and other hospitals now left out in
the cold to take part in clinical teaching.

Many of those subjects have attained to the position of burning
questions, and for the Secretary of an Association which affects to have
for its *raison d'être* the defence of provincial interests, to tell the
public, as he has in his letter told them, that he has not even heard
of them, is, as it seems to me, to impose too great a tax on their
credulity. Why, I myself appealed to his Council months ago through
the columns of its *de facto* journal, the *Medical Press*, to take some of
them up, and yet this Secretary tells me that he never even heard of
them. The same *Medical Press*, in a foot-note to a letter of mine on
the subject of the shocking plunder of the profession by certain Dub-
lin hospitals, declared that this plunder had reached the dimensions of
a public scandal. And yet Dr. Chapman never heard of these either.
More astounding than all is his statement that he is not aware that
anyone else shares my views with regard to the recognition of union
hospitals. He has apparently never heard of the memorial in favour
of such recognition signed by over eighty of the leading union hospital
men of Ireland.

I think I have said enough to convince those provincials who are
sufficiently wide awake to know their own interests, and sufficiently
intelligent and energetic to take proper steps to defend them, that,
however excellent this Irish Association may be, where *rus* and *uris*
do not come into conflict, yet that where they do it is not a safe
advocate, and that we must found a Branch of the English General
Practitioners' Association next month in Dublin if we are to properly
defend our interests.—Yours truly,
Cashed, July 11th.

Thomas Laffan.
We publish this letter with reluctance. It is very much to
be desired that matters of public interest should be discussed without
unnecessary warmth of language or the intrusion of personalities.

NAVAL AND MILITARY MEDICAL SERVICES.

COMMITTEE ON THE ARMY AND NAVY ESTIMATES.

THERE are some points in the evidence of Mr. Knox, before this im-
portant committee, which we commend to the serious attention of
medical members of Parliament.

First, the Accountant-General, referring to the agitation in the
medical services and in the schools, which led to the issue of the
Warrant of 1879, not 1875, as Mr. Knox, on more occasions than one,
erroneously put it. The Accountant-General called it a "strike";
the members of the Committee at once took up the word, and in-
variably refer to this agitation under that misleading term. At the
time in question, no doubt great dissatisfaction prevailed in the ser-

SATURDAY, JULY 16th, 1887.

THE COMMITTEE ON THE ARMY AND NAVY ESTIMATES.

THE Select Committee on the Army and Navy Estimates, in their praiseworthy endeavours to reduce the cost of the army at large, seem to have directed their attention very particularly to the costliness of the medical service. Without considering the various questions that have been put forward by the chairman and members of the Committee on the manner in which the different items of expenditure are distributed in the army estimates, the rates of pay of the medical officers, the subordinates of the Medical Staff Corps, and of the outlays in hospital establishments, all of which can be better dealt with elsewhere, there are one or two notable points to which we think attention may be called with advantage. One is the frequent reference to the vote which includes the pay of the medical officers having been increased as the effect of a "strike."

The question put to the Accountant General was, "When the Secretary of State succumbed to the strike, did he do so by a new Warrant?" The reply of the Accountant General was in the affirmative, so that the occurrence of a "strike" seems to have been admitted without any demur. Another query put to the Accountant General was, "What would the Secretary of State and the Commander-in-Chief have done if the captains or majors of the Queen's service had demanded an increase of pay, how would the Secretary of State have dealt with that demand?" Surely such questions as these indicate a grave misapprehension on the part of all concerned. What is commonly understood by a "strike," is a body of men quitting their occupation or employment, and refusing to resume it unless their employers yield to the demands made by them, whether it be a matter of increase of pay, or whether the demands refer to the removal of some alleged grievance connected with their occupation. It is needless to say that nothing of the kind has ever occurred, or could occur, in the public service. What actually did occur some years ago was that the terms offered by the Government were not such as to induce members of the medical profession to seek employment in the army, nor were they regarded by the leaders of the profession as sufficiently advantageous to warrant them in recommending the better class of medical students to accept them as a recompense for the risks and restrictions of a career in the military service; and the Government accordingly raised their terms. It was a simple case of supply and demand, and in no way partook of the nature of what is commonly understood by the term or condition of a "strike." It was nothing

more than what is taking place every day in occupations and pursuits of all sorts, and that must continue to take place in all branches of the army so long as voluntary service holds its ground. It matters not what branch of the public service is regarded, if the terms offered by the Government are not such as to attract men of the qualifications and calibre that are required, the Government must either improve their terms or go without the men they have invited altogether, or must be content to accept men of a lower stamp and inferior qualifications. It seems strange that any other ideas on this head could be entertained in a country which makes the boast of being a free country. Even in the combatant ranks, if the terms and advantages, present and prospective, offered were not sufficiently advantageous, or were not regarded so by those who seek for commissions, the number of competitors for such appointments would of course speedily diminish, and before long, if persevered in, the competitors would disappear altogether, as they nearly did some years ago among the candidates for medical commissions.

Another point in the inquiry which cannot fail to attract remark is the tendency to compare things with one another which are really not comparable. It seems obvious that the condition of things in a country where forced conscription is the rule, where every medical practitioner is compelled to serve for three years in the army; or, if volunteering to pay the expenses of uniform and other matters, then to serve for one year, and where a certain number of surgeons have the whole cost of their medical education defrayed by the State, cannot be logically contrasted with the corresponding conditions of things in a country where no such rules are in force.

Incommensurable as the circumstances of two countries under such opposite conditions seem to be, we yet hear of such a question being asked as: "If it costs half a million to doctor 150,000 Englishmen, what will it cost to doctor a million and a half of Germans?" Many circumstances would have to be taken into account before a full explanation of these different amounts of remuneration could be arrived at. Even in comparing the rates of money remuneration of officers serving in different parts of the same army, very many collateral matters have to be taken into consideration before a just estimate can be formed of the relative fairness of their amounts.

The outlay in time and education, the nature of the service and its responsibilities, the number of other advantages afforded, the prizes open to attainment, must in each instance be all taken into account. We know from the fact of its occurrence that two brothers may start in an army career, one, after a more expensive education, as a medical officer, the other as a combatant officer, and that the combatant officer may have the opportunity of acquiring all kinds of distinctions and honours, of enjoying all the prestige and gratifications of Court favour, and attaining the dignity of a peerage, while, after a corresponding lapse of time, his medical brother, with no less onerous daily work and no less personal risks, has to be satisfied with the position of a Deputy Surgeon-General. It would surely be unreasonable to expect that, with such opportunities and advantages open in the one branch of the service, and such an absence of them in the other branch, there should not be a difference in the rates of money remuneration given to the officers respectively holding appointments in them.

After all, as we said before, rate of pay is a matter of supply and demand. The rate of pay, combined with the other advantages,

offered for service in the combatant ranks has always ensured a more than sufficient supply of candidates for the service, and there has been no need for the terms to be altered; the rate of pay offered for medical service did not in former years entice a sufficient number of applicants; but, having been improved, it now induces such a number to seek medical commissions in the army as gives the authorities an opportunity of making a selection among them. It will probably be found to be the wiser course not to disturb this arrangement. Whatever conclusions the Committee may come to, however, on this point—whether it sees fit to recommend a reduction in the medical establishment of the army, or in the terms offered to future candidates for appointments in the medical services, as some seem to think may be done without harm ensuing, or whether the Committee limits its recommendations to a readjustment of the medical votes put forward in the estimates—we trust it will be borne in mind that in medical practice the quality of the practitioner is a vital point for consideration.

THE ELECTRIC TREATMENT OF FIBROID TUMOURS OF THE UTERUS.

THERE can be little doubt that the communications published in this JOURNAL concerning Dr. Apostoli have created what is familiarly known as a "sensation" in the profession. This expression is not used disparagingly. Many great discoveries have been evolved almost insensibly, but others have been distinctly sensational. The application of steam-locomotion to railways caused a political and social "sensation," although it was a logical sequence to the paddle-steamer, which, though rapidly utilised, had hardly been a surprise to civilisation. Turning to medical science, we find many instances of sensational discoveries, including the introduction of vaccination and anaesthetics.

Is the electric treatment of fibroid uterine growths the starting point of a system which will supplant all other methods of surgical treatment of solid tumours? Is it, on the other hand, an ephemeral fashion, practised in good faith, but soon to be extinguished by the mere fact of bad results? Neither of these questions can be answered in the affirmative. The first includes all that the electric treatment cannot be expected to do, and involves a most important matter, the possible misrepresentation of Dr. Apostoli's system. A solid tumour cannot be conjured away. Its atoms are indestructible. The disintegration of a fibroid tumour, as such, can be effected by force, just as all other bodies can be destroyed by force. The surgeon, however, must limit and control force in a hundred different ways. Force exerted on parts out of sight is apt to cause injury to neighbouring structures. In the present case, those structures are the peritoneum and intestines, so intolerant of injury. Besides, how can the power of the electric current be limited to the morbid tissues? The practical surgeon, misinterpreting Dr. Apostoli, and believing that the sudden and complete disintegration of the fibroid is intended, may rightly distrust the new practice, and prefer to open the peritoneum and remove the tumour, securing the stump by means of a Koberlé's clamp, an operation not attended with high mortality in experienced hands. With regard to the opinion that the practice may prove ephemeral, it may be answered that the effects of electricity on the endometrium are, at least, beneficial, the most serious symptom, menorrhagia, being checked, not to speak of the partial reduction in the bulk of the tumour, as proved by experience.

The surgeon or obstetrician will certainly misunderstand Dr. Apostoli

should the uterine cavity be inaccessible, a puncture must be made in the hypertrophied body of the uterus, followed by negative galvanocaustic action, so as to form an artificial channel. The positive pole, which possesses coagulating and hardening properties, is applied to the interior of the uterus when there is much metrorrhagia or leucorrhoea; the negative pole, which acts as a solvent on the tissues, is used when dysmenorrhoea is the chief symptom. The surface of the cutaneous pole at the lower part of the abdomen must be extended to diminish the intensity of the current; this is effected by a layer of wet potter's clay about half an inch thick. A small plate of metal attached to the rheophore or conducting cord is pressed on to the clay. Without this appliance there would be great pain, and the skin would be burnt. A very strong current is applied for a few minutes about twice a week. "The operation," says the report, "is virtually a uterine cauterisation, in which the highest possible degree of electro-chemical action is used. This intra-uterine galvanocaustic procedure brings about a rapid elimination of fibroid tumours, but not their total destruction. Haemorrhages are arrested, the woman's powers are often restored, and health is assured."

Thus, Dr. Apostoli's practice is not the conjuring away of a solid mass. As Dr. Webb states in the JOURNAL of June 18th, page 1330, the coagulating effect of the positive pole transforms the hæmorrhagic area of the interior of the uterus into a surface that will not allow of sanguineous exudation or excessive secretion, and causes contraction of the fibro-muscular mass, a lessening of its blood-supply, and a lowering of its nutrition, with a consequent partial atrophy. The platinum sound, which is passed into the uterus, is guarded so that the bare metal is brought well into contact with the walls of the uterine cavity, but with nothing else. Each sitting lasts from eight to ten minutes, and from three or four to over thirty applications of electricity are needed. At the first sitting the current may be raised from 20 to 70 or 100 milliampères; later on it may be augmented to 150, 200, or even 250 milliampères. The safe utilisation of these high currents is one of the most important features in the system.

Dr. Playfair, in a letter which recently appeared in the JOURNAL, expressed his belief in the future of Dr. Apostoli's system. He rightly dreaded, however, its indiscriminate application. Dr. Woodham Webb admits that the introduction of the sound and the adjustment of the bare metal to the uterine cavity "demand the greatest care and ability." Electrical apparatus requires great attention; not only may parts be cauterised unintentionally, but certain conditions may suddenly interrupt the current, and cause a severe and dangerous shock. In short, every application of electricity must be looked upon as a major operation.

The experiences of Apostoli, Elder, and others (as well as the recent

YES OR NO?

THE following question on a matter of some importance to the Medical Staff in India, which Sir Walter Foster has twice asked in the House of Commons, still remains unanswered, namely: "Whether it was the case that an executive officer of the Medical Staff in India, who officiated for less than one month as Deputy Surgeon-General, in the absence of the Deputy Surgeon-General on sick leave or furlough, received no allowances for the period, although he performed the duties in addition to his other duties? Whether, in such an instance, the 'half-staff' of the appointment reverted to the State? Whether the acting officer would be held pecuniarily liable in the event of loss of stores or other mistakes? Whether officers officiating on the military (combatant) staff in a similar way would draw the 'half-staff' for broken periods; and why the difference was made in the case of the medical officers?" It is to be regretted that official answers to questions admitting of easy reply should be so inconveniently and unnecessarily delayed.

be made in
re galvano-
sitive pole,
plied to the
ucorrhoea
used when
cutaneous
d to dimi-
a layer of
e of metal
on to the
p, and the
for a few
report, "is
ble degree
no-caustic
mours, but
e woman's

of a solid
page 1330,
morrhagic
allow of
contraction
ly, and a
hy. The
d so that
ulls of the
rom eight
cations of
be raised
mented to
these high

JOURNAL,
com. He
Dr. Wood-
ne adjust-
e greatest
tion; not
conditions
and dan-
must be

the recent

THE ARMY MEDICAL SCHOOL AND MR. KNOX.

MR. KNOX, the Accountant-General to the War Office, has for some time past, as we have already reported, been undergoing the unpleasant process known in Scotland as "heckling" at the hands of Lord Randolph Churchill's Committee. It appears that the administration of the army costs £268,000 for the present year, showing an increase of £50,000 in the course of it. It is a notable fact that the Accountant-General had not a hint to offer as to the possibility of retrenchment of any, the smallest, item, in this enormous sum. Whenever a question arises in the War Office involving the possibility of retrenchment of expenditure, it is instantly turned to the small vote for educational purposes that War Office reformers turn. True to an invariable instinct, Mr. Knox, when dealing with the educational votes, calmly suggested, first, the abolition of the Royal Military College at Sandhurst; secondly, the saving of the salaries of army schoolmasters engaged in giving some elementary instruction to soldiers; and, thirdly, the abolition of the Army Medical School, a little "ewe lamb" invariably appointed for slaughter whenever an opportunity offers. Hitherto this "lamb" has escaped the butcher's knife, often threatened, and we hope the medical members of Parliament will know the reason why this sacrifice is to be made at the suggestion of Mr. Knox, who probably has never given himself the trouble to inquire why this school was called into existence or what it has done for the health of the army in peace and war, at a cost to the State so infinitesimal, as we shall presently show, that anyone well acquainted with the facts would probably be ashamed, in the face of the enormous sums unblushingly defended, to mention it before a committee of intelligent men.

How far it is wise and prudent to abolish the Military College at Sandhurst is not a question for discussion in this JOURNAL. The Army Medical School is a different matter. The cost of this school is as follows: four professors at £850 a year, £3,400; secretary, £300 a year; contingent allowance for apparatus, laboratory expenses and teaching plant, £500; contribution to library, £50; total, £4,250. We must not fail to note that the professors for the first five years of office receive, not as stated above £850, but only the modest sum of £700 a year, exactly the amount paid to the official in the Royal Military Academy at Woolwich for the not very difficult duty of "receiving the fees of the cadets." It will be seen that we have not charged the pay of the surgeons on probation going through the course of instruction, for the obvious reason that their pay would be chargeable to the State whether they were in the school or otherwise employed; in fact, while under probation they receive some shillings a day less than they do when commissioned. In addition to this, they do a large part of the executive duty of attending on the sick. We request our readers also to note this important

fact, that as the medical officers of Her Majesty's Indian army also pass through the school, the Government of India pays a large share of the modest expenses given above. We are quite aware of the fact that if this school is useless, there is no reason why it should exist, however small may be its cost to the State. On this point we join issue with Mr. Knox. For what purpose, then, does this school exist? What is its *raison d'être*? The Army Medical School is the outcome of the inquiry into the health of the British army, conducted by a Royal Commission, composed, as Professor Maclean has expressed it, "of men the most competent of their day, and presided over by a far-seeing statesman and man of affairs," who, more than any man in public life, had deeply studied army administration from a health standpoint.

We commend to the attention of the medical members of Parliament Lord Herbert's article in the *Westminster Review* (1859), as a set-off to the authority of Mr. Knox. We venture to ask this gentleman of figures what he thinks of the duties of medical officers in the present day. They are expected to be ready at a moment's notice to go to every quarter of the globe where the army serves. They are supposed to know—and are, in fact, held responsible for knowing all that is known of—the climatic conditions and diseases of all countries and climates, and of advising military commanders on all health questions arising at sea and on land. They have to know intimately all the requirements of armies in the field, as regards food, clothing, water-supply, encampments, battle-field arrangements, dressing stations, field and base hospitals, the movement of sick and wounded to the base of operations, the diseases of armies, the treatment of battle injuries by the terrible engines of modern war, and a hundred other requirements of a like kind. Will Mr. Knox have the goodness to inform the Committee he takes it upon himself to advise where the above subjects are to be acquired when he has abolished the only school in the kingdom where they are taught? Again, the regimental system no longer exists; to a great extent the Army Medical School has hitherto supplied what was lacking. Young medical officers are taught at Netley much which it intimately concerns them to know—discipline, obedience to authority, regularity, knowledge of service regulations, correspondence, and much besides—and young men going direct into the army without such instruction would often find themselves in positions of great difficulty.

There is one other point. When the expenses of the medical service of the army are under discussion, the cost of the Army Hospital Corps is constantly mixed up with that of the Army Medical Staff. Under the modern organisation of armies, this body of men is indispensable. They are the trained male attendants on the sick and wounded, they form the rank and file of the bearer companies who carry the wounded off the field, and perform many other such duties. It has taken many years to bring this body of men to the pitch of usefulness to which they have attained, and sad the condition of the sick and wounded would be without them. But, from the standpoint of the Accountant-General, no doubt they could be "abolished," and a "saving," that would look well on paper, would be effected. That this "saving" would be effected at the cost of withdrawing an equal number of untrained men from the fighting ranks in peace and war would probably not suggest itself as an objection to the mind of Mr. Knox.

In conclusion, we commend this subject to the careful consideration of the medical members of Parliament should a serious attempt be

made to do

MEDICAL OFFICERS AND THE V.C.

OUR attention has been called to an article in the *Broad Arrow* of October 29th, 1887, in which it is stated that four officers and men of

555

Return March of the Troops from Afghanistan to India through the Khyber Pass, June, 1879.

GENERAL ORDERS

BY

His Excellency the Commander-in-Chief General Sir Frederick Haines, G. C. B., &c.

Head Quarters, Simla, 14th October, 1879.

The Commander-in-Chief has had before him a report from the Surgeon-General of British troops, of the medical arrangements and events connected with the return to India from Afghanistan, through the Khyber Pass, in June last, of the 1st and 2nd Divisions of the Peshawar Valley Field Force.

2. With cholera on the line of march, excessive heat, entire absence of shade, and a scarcity of water, the return march of the advanced columns must be considered one of the most trying operations of the war; and His Excellency is gratified to learn that the troops met the hardships, to which they were inevitably exposed, with cheerfulness, and that throughout an excellent and self-denying spirit animated all ranks.

3. Sir Frederick Haines desires, however, to place more especially on record his appreciation of the valuable services rendered to the army on the occasion referred to by the Medical Staff of both Services, during the march itself and subsequently in the severe outbreak of cholera, to which the garrisons in the Khyber and at Peshawar were subjected.

4. That the Medical Staff did not spare themselves in meeting the anxious and arduous responsibilities that devolved upon them, is too sadly proved by the lamentable death within a few weeks of four of their number (Surgeon-Majors Kelsall, Wright, Gray and Wallace), and the large amount of sickness amongst the remainder.

5. While grateful to all for the zeal and devotion displayed in the discharge of most trying duties, the Commander-in-Chief is more specially so to Surgeon-Majors J. H. Porter and J. A. Hanbury, of the British Medical Service, for their able and efficient arrangements; and to Surgeon-Major C. J. McKenna,

I am not in the least proud of this title, which was my appellation, whereas I am only a doctor—that I never am served with except by a few well bred people, however, to have been styled Colonel So-and-So, Surgeon-Major Medical, I should cheerfully have accepted the position, because it would have given a status which implied a definite form of power understood of all daily as a commanding officer.

substantive rank should not be conceded is hard to understand. We possibly clash with the purely military man, whose sole object in life is action; our object is construction, and mending what he has destroyed. It is a far higher science than the feat of a monkey. Yet all men fall and worship their destructive positions, whilst with niggard and envious the blessings of health and comfort, so ungrudgingly dispensed at the life, ease, and oftentimes considerable pecuniary loss, are barely acknowledged; in fact, I am not sure that the military medical man does not also receive less reward for his disinterested work than his civil brother. I have it piled thick on them, whether they deserve it or not; others have no reward that they did their duty. Most certainly, then, are we deserving of recognition such that our footing shall be on equal terms with the man of action, and really for the furtherance of his objects.

SIME writes:

"A Doctor lately was a Captain made; It is a change of title, not of trade." is a very appropriate distich. The present Director-General's tenure of office will be signalled by his ignoring the value of the relative position he occupied during the whole of his service, if not indifference to the claim for sentimental (they may be) of those who naturally look upon him as a protector. It is the outcrop, however, of unification, and was very dwelt upon by those of the old school, who were pretty roundly abused for antiquated notions and regimental sympathies. At page 1224 of the *JOURNAL*, you write: "the supersession of the rank granted by the Warrant of 1855 was the beginning of the subsequent troubles." I quite agree with you, and go further, perhaps, if that it was a grievous error, and productive of great jealousy, giving the rank of Captain to the Surgeon on first appointment. Departmentalization is efficient nor economical, and in an army constituted as is ours, on its applicability.

MAJOR M.D. (Madras) writes: I have for nearly twenty years protested against the anomalous position of army medical officers as regards rank and pay. We should either have substantive rank or we should be civilians, one or the other. It is a galling thing that we are obliged to provide ourselves with uniforms, subscribe to mess-fund, band-fund, etc., submit to military discipline in every detail, and yet have no rank recognised in the army and no title save that of Doctor. And, as one of your correspondents correctly remarked, this title of Doctor is somewhat impaired by being indiscriminately to all graduates and licentiates in medicine in the country.

rather a farce saying that no representations have reached head-quarter medical officers complaining of their position as regards rank, seeing that the war of sending up collective representations has been withdrawn. A man now complains on his own unsupported signature, and with the certainty that his complaint will be looked upon as little better than an act of insubordination. The service is first muzzled, then twitted for being dumb!

writes: Relative rank having been abolished, would you kindly ask the Director-General of the Army Medical Department how we are to read the following, which appears in the 71st Section of the Army Act, page 419, *Mensural Law*?

"The provision applies only to rank in relation to military command, and does not prevent an officer from having military command over an officer with higher rank, but no military command."

writes: If honorary or other rank is to be conceded to the Medical Staff, it will also be made applicable to officers of the sister service in India. The rank which ought to be accorded to medical officers of the army, the following are the most appropriate, the advantages of which would be: would confer actual instead of honorary rank, and would at the same time only applicable to army medical officers. I refer to the "rank" which is in the army to the other commissioned officers of the Army Hospital other than medical officers, namely, lieutenant of orderlies, captain of orderlies, major of orderlies, etc. No other branch of the service could be so of this innovation. After all, the words lieutenant, captain, etc., are so confounded with "titles," and simply denote "rank," and are as applicable to one body of men as to another, who carry on duties in which definite must be assigned to certain people to successfully carry through these

R.N. writes: Your leading the cause of the Army Medical Department day on the point of abolition of relative rank was mainly, but I don't demand of "fighting designations" for doctors, as that must be a sham officers are really men of the quill or lance.

ARMY-SURGEONS AS COMBATANT OFFICERS.

D. WAR MEDALLANT writes: While the important subject of the rank of medical officers is attracting attention, I would remark that it has long ago become a matter of the darker ages, and a fore-front in the offences of which we complain the injustice under which we have long suffered. To be brief, as long as the term "non-combatant" continues affixed to army medical officers, or a misleading and damaging misnomer exists. And I hold and assert and in a manner consistent with their office and duties—all medical officers should forthwith be classed "combatants." My rank being removed from army doctors and the uniform left them, the I submit, becomes a meaningless thing, a shabby livery.

THE ARMY MEDICAL SCHOOL AND MR. KNOX.

MR. KNOX, the Accountant-General to the War Office, has for some time past, as we have already reported, been undergoing the unpleasant process known in Scotland as "heckling" at the hands of Lord Randolph Churchill's Committee. It appears that the administration of the army costs £258,000 for the present year, showing an increase of £50,000 in the course of it. It is a notable fact that the Accountant-General had not a hint to offer as to the possibility of retrenchment of any, the smallest, item, in this enormous sum. Whenever a question arises in the War Office involving the possibility of retrenchment of expenditure, it is instantly to the small vote for educational purposes that War Office reformers turn. True to an invariable instinct, Mr. Knox, when dealing with the educational votes, calmly suggested, first, the abolition of the Royal Military College at Sandhurst; secondly, the saving of the salaries of army schoolmasters engaged in giving some elementary instruction to soldiers; and, thirdly, the abolition of the Army Medical School, a little "ewe lamb" invariably appointed for slaughter whenever an opportunity offers. Hitherto this "lamb" has escaped the butcher's knife, often threatened, and we hope the medical members of Parliament will know the reason why this sacrifice is to be made at the suggestion of Mr. Knox, who probably has never given himself the trouble to inquire why this school was called into existence or what it has done for the health of the army in peace and war, at a cost to the State so infinitesimal, as we shall presently show, that anyone well acquainted with the facts would probably be ashamed, in the face of the enormous sums unblushingly defended, to mention it before a committee of intelligent men.

How far it is wise and prudent to abolish the Military College at Sandhurst is not a question for discussion in this JOURNAL. The Army Medical School is a different matter. The cost of this school is as follows: four professors at £850 a year, £3,400; secretary, £300 a year; contingent allowance for apparatus, laboratory expenses and teaching plant, £500; contribution to library, £50; total, £4,250. We must not fail to note that the professors for the first five years of office receive, not as stated above £850, but only the modest sum of £700 a year, exactly the amount paid to the official in the Royal Military Academy at Woolwich for the not very difficult duty of "receiving the fees of the cadets." It will be seen that we have not charged the pay of the surgeons on probation going through the course of instruction, for the obvious reason that their pay would be chargeable to the State whether they were in the school or otherwise employed; in fact, while under probation they receive some shillings a day less than they do when commissioned. In addition to this, they do a large part of the executive duty of attending on the sick. We request our readers also to note this important

fact, that as the medical officers of Her Majesty's Indian army also pass through the school, the Government of India pays a large share of the modest expenses given above. We are quite aware of the fact that if this school is useless, there is no reason why it should exist, however small may be its cost to the State. On this point we join issue with Mr. Knox. For what purpose, then, does this school exist? What is its *raison d'être*? The Army Medical School is the outcome of the inquiry into the health of the British army, conducted by a Royal Commission, composed, as Professor Maclean has expressed it, "of men the most competent of their day, and presided over by a far-seeing statesman and man of affairs," who, more than any man in public life, had deeply studied army administration from a health standpoint.

We commend to the attention of the medical members of Parliament Lord Herbert's article in the *Westminster Review* (1859), as a set-off to the authority of Mr. Knox. We venture to ask this gentleman of figures what he thinks of the duties of medical officers in the present day. They are expected to be ready at a moment's notice to go to every quarter of the globe where the army serves. They are supposed to know—and are, in fact, held responsible for knowing all that is known of—the climatic conditions and diseases of all countries and climates, and of advising military commanders on all health questions arising at sea and on land. They have to know intimately all the requirements of armies in the field, as regards food, clothing, water-supply, encampments, battle-field arrangements, dressing stations, field and base hospitals, the movement of sick and wounded to the base of operations, the diseases of armies, the treatment of battle injuries by the terrible engines of modern war, and a hundred other requirements of a like kind. Will Mr. Knox have the goodness to inform the Committee he takes it upon himself to advise where the above subjects are to be acquired when he has abolished the only school in the kingdom where they are taught? Again, the regimental system no longer exists; to a great extent the Army Medical School has hitherto supplied what was lacking. Young medical officers are taught at Netley much which it intimately concerns them to know—discipline, obedience to authority, regularity, knowledge of service regulations, correspondence, and much besides—and young men going direct into the army without such instruction would often find themselves in positions of great difficulty.

There is one other point. When the expenses of the medical service of the army are under discussion, the cost of the Army Hospital Corps is constantly mixed up with that of the Army Medical Staff. Under the modern organisation of armies, this body of men is indispensable. They are the trained male attendants on the sick and wounded, they form the rank and file of the bearer companies who carry the wounded off the field, and perform many other such duties. It has taken many years to bring this body of men to the pitch of usefulness to which they have attained, and sad the condition of the sick and wounded would be without them. But, from the standpoint of the Accountant-General, no doubt they could be "abolished," and a "saving," that would look well on paper, would be effected. That this "saving" would be effected at the cost of withdrawing an equal number of untrained men from the fighting ranks in peace and war would probably not suggest itself as an objection to the mind of Mr. Knox.

In conclusion, we commend this subject to the careful consideration of the medical members of Parliament should a serious attempt be

made to do

*Return March of the Troops from Afghanistan to
India through the Khyber Pass, June, 1879.*

GENERAL ORDERS

BY

His Excellency the Commander-in-Chief General Sir
Frederick Haines, G. C. B., &c.

Head Quarters, Simla, 14th October, 1879.

The Commander-in-Chief has had before him a report from the Surgeon-General of British troops, of the medical arrangements and events connected with the return to India from Afghanistan, through the Khyber Pass, in June last, of the 1st and 2nd Divisions of the Peshawar Valley Field Force.

2. With cholera on the line of march, excessive heat, entire absence of shade, and a scarcity of water, the return march of the advanced columns must be considered one of the most trying operations of the war; and His Excellency is gratified to learn that the troops met the hardships, to which they were inevitably exposed, with cheerfulness, and that throughout an excellent and self-denying spirit animated all ranks.

3. Sir Frederick Haines desires, however, to place more especially on record his appreciation of the valuable services rendered to the army on the occasion referred to by the Medical Staff of both Services, during the march itself and subsequently in the severe outbreak of cholera, to which the garrisons in the Khyber and at Peshawar were subjected.

4. That the Medical Staff did not spare themselves in meeting the anxious and arduous responsibilities that devolved upon them, is too sadly proved by the lamentable death within a few weeks of four of their number (Surgeon-Majors Kelsall, Wright, Gray and Wallace), and the large amount of sickness amongst the remainder.

5. While grateful to all for the zeal and devotion displayed in the discharge of most trying duties, the Commander-in-Chief is more specially so to Surgeon-Majors J. H. Porter and J. A. Hanbury, of the British Medical Service, for their able and efficient arrangements; and to Surgeon-Major C. J. McKenna,

and Surgeons S. H. Browne and W. H. Cadge, of the Indian Medical Department, and Surgeon-Majors Melville Jones, G. J. H. Evatt and H. Cornish, and Surgeons C. P. Turner and W. J. LeGrand, of the British Medical Service, for their praiseworthy exertions.

6. Sir Frederick Haines is authorised to state that His Excellency the Viceroy and Governor-General in Council entertains the highest opinion of the efficient and meritorious services performed by the Medical Officers in the late campaign, and on the return march to India; and while deploring the loss of so many valuable officers, His Excellency has requested the Commander-in-Chief to communicate the thanks of the Government of India to the members of the two Services generally, and specially to those named in the preceding paragraph; and to the undermentioned officers who have also been brought to notice for their good services during the campaign :—

1st Division, Peshawar Valley Field Force.

Deputy Surgeon-General J. Gibbons, British Medical Service, Principal Medical Officer.

Surgeon-Major G. S. Davie, British Medical Service, in charge Divisional Field Hospital.

Surgeon-Major F. W. Moore, British Medical Service, in charge Base Hospital, Peshawar.

Surgeon-Major R. F. Hutchinson, Indian Medical Service.

„	„	S. C. Amesbury,	„	„
„	„	G. C. Chesnaye,	„	„
„	„	A. P. Holmes,	„	„
„	„	H. Cookson,	„	„
Surgeon H. Mallins,			„	„

2nd Division, Peshawar Valley Field Force.

Surgeon-Major A. M. Tippetts, British Medical Service, temporary Principal Medical Officer.

Surgeon-Major N. Ffolliott, British Medical Service, Base Hospital.

Kuram Force.

Deputy Surgeon-General F. F. Allen, C. B., Indian Medical Service, Principal Medical Officer.

Deputy Surgeon-General S. C. Townsend, Indian Medical Service.

Surgeon-Major J. Meane, British Medical Service, Senior Medical Officer.

Surgeon-Major Curtiss Martin, British Medical Service, in charge Base Hospital, Kohat, and subsequently of Field Hospital.

Surgeon-Major W. Nash, British Medical Service, Field Hospital, Ali Kheyl.

Surgeon-Major G. J. Gibson, British Medical Service, Field Hospital, Peiwar.

Kandahar Force.

Deputy Surgeon-General A. Smith, British Medical Service, Principal Medical Officer, under General Stewart.

Deputy Surgeon-General J. Hendley, British Medical Service, Principal Medical Officer, Quetta Force.

Surgeon-Major W. S. Whylock, British Medical Service, Field Hospital, Kandahar.

Surgeon-Major J. B. C. Reade, British Medical Service, Field Hospital, Kandahar Force.

Surgeon-Major W. G. N. Manley, *V. C.*, British Medical Service, Field Hospital, Quetta Field Force.

Surgeon-Major J. J. McCarthy, British Medical Service, Divisional Base Hospital, Quetta.

Surgeon M. Knox, British Medical Service, served with Field Divisional Hospital.

Warrant Medical Officers.

Apothecary E. Vvall.

„ J. Hogan.

„ H. C. Hodgkins.

„ C. Cordell.

„ J. Barker.

„ H. I. Finnamore.

„ J. Forsyth.

„ P. Barrett.

In sub-medical charge of the several Field and Base Hospitals attached to all the columns.

7. His Excellency in Council also desires his warmest acknowledgments to be conveyed to Surgeon-General J. H. Ker Innes, *C. B.*, for the very valuable aid he has rendered the Government. Sir Frederick Haines would add his own sincere thanks for the ready and able assistance he has at all times received from Surgeon-General Innes, who has added to a remarkable list of previous campaigns the distinction of having most successfully administered the Medical Department in the field throughout the late Afghan War.

The Surgeon-General prominently notes the valuable services rendered to him by his Secretary, Surgeon-Major J. A. Marston, *M. D.*, Army Medical Department.

By order of His Excellency the Commander-in-Chief in India,

P. S. LUMSDEN, *Major-General,*
Adjutant-General in India.

MEDICAL OFFICERS AND THE V.C.

OUR attention has been called to an article in the *Broad Arrow* of October 29th, 1887, in which it is stated that four officers and men of the Army Hospital Corps have received the Victoria Cross. Our correspondent points out that in the *Army List* will be found the following names of medical officers, and also that of Lance-Corporal Farmer, who are recorded as surviving. There are doubtless others who have gone over to the majority. He gives their names, with their present rank.

Surgeon-Major T. E. Hale, M.D., V.C. (half-pay).
 Assistant-Surgeon H. T. Sylvester, M.D., V.C. (half-pay).
 Surgeon-General J. Monat, C.B., V.C. (half-pay).
 Surgeon-General A. D. Home, K.C.B., V.C.
 Surgeon-Major J. Jee, C.B., V.C. (half-pay).
 Deputy Surgeon-General H. T. Reade, V.C.
 Surgeon-General W. G. N. Manly, V.C. (retired pay).
 Brigade-Surgeon W. Temple, M.B., V.C.
 Hon. Brigade-Surgeon C. M. Douglas, V.C. (retired pay).
 Surgeon-Major J. H. Reynolds, M.B., V.C.
 Lance-Corporal Farmer, A.H.C., V.C.
 Surgeon-McCran, V.C., Cape Mounted Yeomanry.
 Surgeon-Major Hartley, V.C., Cape Mounted Riflemen.

EFFICIENCY IN THE MEDICAL SERVICE OF THE ARMY.

A QUESTION was put to the Accountant-General by the House of Commons Committee on the Army and Navy Estimates, as to the efficiency of the medical service of the army. The best answer that can be given to this pertinent question is contained in the following extract from the farewell address delivered by Professor Surgeon-General Maclean on his retirement from the chair of military medicine in the Army Medical School.

"The price paid by this country in human life for its greatest possession, has been, in the language of commerce, a 'long' one. As you have often been told on the authority of the Royal Commissioners, who reported on the health of the army in India in 1859-60, the mortality of the European portion of it oscillated round the enormous figure of 79 per 1,000. How stands the case now?"

"In 1882, the death-rate for all India was only 13.07 per 1,000 from all causes.

"In Bengal for the same year it was 12.07.

"In Bombay it was only 10.57; and in Madras for the year 1883 (a cholera year) it was only 10 per 1,000. In what I have often here called the 'pre-sanitary age' I have known one disease, tropical dysentery, kill 1 in 5 of those attacked. I have known a regiment with an average strength of 1,098 have 2,497 admissions into hospital in one year, with 104 deaths, mostly from two diseases, dysentery and its common sequel tropical abscess of the liver; being nearly 10 per cent. of strength. In the same part of India in the year 1883, out of a force of 13,000 men, with over 500 cases of dysentery only 3 proved fatal, and malarial fevers, once so destructive, in the same body of men caused only 2 deaths.

"To bring about such an enormous saving of life many factors have contributed. They have all been much insisted on, not only by me, but also by my colleagues, the Professor of Hygiene, whose province is to deal with general health questions. I do not undervalue them, far from it, no one can be more impressed with their immense importance than I am. I am all the more entitled to say so because long before I became connected with this school, I take leave to say, there are few of the ameliorations in the life and surroundings of the British soldier in India, embraced in the comprehensive term 'sanitary reform,' that were not urged by me on the attention of the authorities in that country through every channel open to me, and this at a time when advocacy of this kind was not always pleasing to those in power, or calculated to lead to personal advancement. After the largest possible allowance has been made for the beneficent operation of the means referred to, a share in the splendid results may reasonably be claimed for the successful treatment of disease. Notwithstanding the great sanitary improvements that have taken place, a vast amount of disease of the gravest kind remained to be dealt with by the medical officers of the army, for the most part trained at this school. Unless treatment had to a large extent kept pace with sanitation, the results we contemplate with so much satisfaction could not have been obtained. If this is so, and the fact appears to me undeniable, we may claim for this school that the money spent on it has

not been spent in vain, and the wisdom of those who founded it has been justified."

Now, I am not in the least proud of this title, and do not care for it any more than being mis-called Doctor, which was my appellation, whereas I am only plain Mister—that I never am served with except by a few well-bred people. Were I, however, to have been styled Colonel So-and-So, Surgeon-Major Medical Department, I should cheerfully have accepted the position, because it would have given a status which implied a definite form of power understood of all particularly as a commanding officer.

Why substantive rank should not be conceded is hard to understand. We cannot possibly clash with the purely military man, whose sole object in life is destruction; our object is construction, and mending what he has destroyed. Surely it is a far higher science than the feat of a monkey. Yet all men fall down and worship their destructive positions, whilst with niggard and envious feeling the blessings of health and comfort, so ungrudgingly dispensed at the risk of life, ease, and oftentimes considerable pecuniary loss, are barely acknowledged; in fact, I am not sure that the military medical man does not also luteously receive less reward for his disinterested work than his civil brother. Some have it piled thick on them, whether they deserve it or not; others have the knowledge that they did their duty. Most certainly, then, are we deserving of recognition such that our footing shall be on equal terms with the man of destruction, and really for the furtherance of his objects.

OLD RÉGIME writes:

"A Doctor lately was a Captain made;

It is a change of title, not of trade."

This is a very appropriate distich. The present Director-General's tenure of power will be signalled by his ignoring the value of the relative position he has occupied during the whole of his service, if not indifference to the claim (however sentimental they may be) of those who naturally look upon him as their protector. It is the outcrop, however, of unification, and was, very strongly dwelt upon by those of the old school, who were pretty roundly abused for their antiquated notions and regimental sympathies.

Now, at page 1224 of the *JOURNAL*, you write: "the supersession of the privileges granted by the Warrant of 1858 was the beginning of the subsequent and present troubles." I quite agree with you, and go further, perhaps, saying that it was a grievous error, and productive of great jealousy, giving the rank of Captain to the Surgeon on first appointment. Departmentalization is neither efficient nor economical, and, in an army constituted as is ours, question its applicability.

SURGEON-MAJOR M.D. (Madras) writes: I have for nearly twenty years protested against the anomalous position of army medical officers as regards rank and title. We should either have substantive rank or we should be civilians, one or the other. It is a galling thing that we are obliged to provide ourselves with expensive uniforms, subscribe to mess-fund, band-fund, etc., submit to military red-tape and discipline in every detail, and yet have no rank recognised in the army, and no title save that of Doctor. And, as one of your correspondents very correctly remarked, this title of Doctor is somewhat impaired by being given indiscriminately to all graduates and licentiates in medicine in the service.

It is rather a farce saying that no representations have reached head-quarter from medical officers complaining of their position as regards rank, seeing that the power of sending up collective representations has been withdrawn. A man must now complain on his own unsupported signature, and with the certainty that his complaint will be looked upon as little better than an act of insubordination. The service is first muzzled, then twitted for being dumb!

UNBRA writes: Relative rank having been abolished, would you kindly ask the Director-General of the Army Medical Department how we are to read the following, which appears in the 71st Section of the Army Act, page 419, *Manual of Military Law*?

"The proviso applies only to rank in relation to military command, and does not prevent an officer from having military command over an officer with higher relative rank, but no military command."

F. S. A. writes: If honorary or other rank is to be conceded to the Medical Staff, hope it will also be made applicable to officers of the sister service in India. As to the rank which ought to be accorded to medical officers of the army, I think the following are the most appropriate, the advantages of which would be that it would confer actual instead of honorary rank, and would at the same time be only applicable to army medical officers. I refer to the "rank" which is given in the army to the other commissioned officers of the Army Hospital Corps other than medical officers, namely, Lieutenant of orderlies, captain of orderlies, major of orderlies, etc. No other branch of the service could be jealous of this innovation. After all, the words Lieutenant, captain, etc., are not to be confounded with "titles," and simply denote "rank," and are as applicable to one body of men as to another, who carry on duties in which definite rank must be assigned to certain people to successfully carry through these duties.

K.C.B., R.N., writes: Your leading the cause of the Army Medical Department the other day on the point of abolition of relative rank was mainly, but I don't like the demand of "fighting designations" for doctors, as that must be a shan where officers are really men of the quill or lance.

ARMY-SURGEONS AS COMBATANT OFFICERS.

M.D. AND WAR MEDALLIST writes: While the important subject of the rank of medical officers is attracting attention, I would remark that it has long appeared to me that the terming of medical officers of the army "non-combatants" is a relic of the darker ages, and a fore-front in the offences of which we complain and the injustice under which we have long suffered. To be brief, as long as ever the term "non-combatant" continues affixed to army medical officers, consider a mislead and damaging misnomer exists. And I hold and aver that—and in a manner consistent with their office and duties—all medical officers should forthwith be classed "combatants."

If army rank be removed from army doctors and the uniform left them, the latter, I submit, becomes a meaningless thing, a shabby livery.

RELATIVE RANK.

SOFTIE writes: I have been most interested from week to week in reading the pages of your JOURNAL devoted to our cause, and I felt it was in far better hands than mine, and meant to leave it to our able men to carry on the fight which means so much to our service.

When, however, I read in the JOURNAL for July 9th the letter of "Quo Fas et Gloria Ducunt," who is the "grandson, son, brother, nephew, and cousin of combatant officers of the army and navy, and hopes to be an army-surgeon," I felt it was time for the "small fry" in the Medical Staff to speak. I should like to know what this individual knows of the feelings of officers in the Medical Staff, seeing he is not yet one of us, and all opinions expressed by us [vide JOURNAL] have been contrary to his "experience." His knowledge of how relative rank worked is derived from his combatant relatives, and I hardly think they are worthy judges of the Medical Staff, past, present, and future.

Does "Quo Fas et Gloria Ducunt" think that if we are called Colonel, Major, Captain, Lieutenant, etc., we must consider our "pleasure and duty" destructive, and not curative? I agree with him that it is a medical officer's own fault in most cases if he does not get on with his combatant brother officers, but how are these to know him when he is what the new Warrant makes him, "a wolf in sheep's clothing," "an officer without rank," "a civilian in uniform," in fact a curiosity!

What we must have is rank, honorary or substantive, and that rank shown to all men by titles, as recommended by "Hybrid" (JOURNAL, July 9th), which will associate us with the service to which we belong and also with the profession of which we are proud.

UNIQUE writes: I should like to say a word in reply to "Quo Fas et Gloria Ducunt."

I, like him, when I first entered the service, sneered at the idea of medical men being called by military titles; but how my ideas have changed after six years' service! He says he has always found that medical officers are regarded as part of the army. Well, that is a concession, that we as a corps (who have traditions second to none in the service, even the Royal regiment whose motto your youthful correspondent takes as his *nom de plume*), should be considered as belonging to the army. Fancy the expression of face of an engineer officer who was told that, in spite of doing work outside what may be called strictly soldiering, he might yet look on himself, and the branch he belonged to, as part of the army. "Quo Fas et Gloria Ducunt's" ideas will change when he enters the service and finds out what discipline is, and by what means it is upheld. Discipline can only be maintained when the one in authority is endowed with some species of rank, which must make him independent of his merits as an individual.

Suppose majors and colonels in regiments had to rely only on their individual merits for respect and obedience from their subordinates, how could it be exacted in cases (not uncommon) where the one in authority has no merit to back him? The military fabric would fall in pieces.

Why should we be the only branch in the army unsupported by the prestige and *éclat* of military rank, now that we are called upon to perform military duties and endowed with military command over quartermasters, non-commissioned officers, and men who are called by military titles?

BURMA writes from Rangoon: On behalf of a large number of officers of the Medical Staff, I have to thank you for the able assistance afforded us in our efforts to secure due recognition for our profession in the army. For were we accorded the precedence, etc., which loosely-worded Warrants seem to bestow, very little would be heard of the demand for honorary rank which is now so universal. It is our opinion that the profession is degraded by the subordinate position accorded to it in the army. Every officer, from the commissioned schoolmaster upwards, tastes the sweets of military rank, but a surgeon-general is but Dr. or Mr., according to the lights of the person addressing him, as he was on entering the service forty years before. At a general's official dinner recently, a surgeon-major of seven years' standing was accorded a place below a captain, and in many other ways the nominal precedence of the War Office is tacitly ignored in practice. Had we honorary rank, this injustice would be impossible. Hence the cry for honorary rank, "so that he who runs may read." That our claim is good, even from a military point of view, has been proved over and over again; I would merely point out that, of the fifteen subjects in which surgeons-major are examined for promotion, only three are purely professional, two are semi-military or technical, while ten are purely military, and for the most part only recently added to the Medical Department.

The high rank of Doctor of Medicine to which many of our members are entitled is, of course, withheld in military life. Hence we confidently ask our civil brethren to aid in securing to us, beyond doubt or question, the rank which we are virtually entitled to by regulation. The letter of "Pilgrim," in the JOURNAL of May 21st, is emphatically endorsed by nineteen out of twenty medical officers with whom I have spoken on the subject. They agree that to restore contentment to the services, honorary rank pure and simple must be conferred.

DEPUTY SURGEON-GENERAL writes: In the reply received by you at the hands of the Director-General, your correspondents must not forget that the official and not the man spoke; he could not give any other reply in his capacity, however different his views may be. Now, however, that he is aware of the general feeling throughout the service, he will doubtless endeavour to persuade the War Office authorities of the desirability for change. Till then, I must assist you in agitation for substantive rank. It is a duty to myself and a duty to others, more especially yourself.

I am a doctor pure and simple—devoted to my profession, but retired because I came of age; yet I work as hard, if not harder, than I ever had the opportunity of doing in the service. Rank never was sought by me, but it is most essential in the service, from the private to the Colonel; all understand rank. The petty professional names, like our degrees, are ill-understood, and do not betoken power; they do not command the soldier's confidence nor yet his respect, a very important matter in these days of short service, yet entirely overlooked by the authorities. In the service, I was looked upon as a Colonel, written to and called so. The same follows me; I am now dubbed General,

RELATIVE RANK.

SORTIE writes: I have been most interested from week to week in reading the pages of your JOURNAL devoted to our cause, and I felt it was in far better hands than mine, and meant to leave it to our able men to carry on the fight which means so much to our service.

When, however, I read in the JOURNAL for July 9th the letter of "Quo Fas et Gloria Ducunt," who is the "grandson, son, brother, nephew, and cousin of combatant officers of the army and navy, and hopes to be an army-surgeon," I felt it was time for the "small fry" in the Medical Staff to speak. I should like to know what this individual knows of the feelings of officers in the Medical Staff, seeing he is not yet one of us, and all opinions expressed by us [vide JOURNAL] have been contrary to his "experience." His knowledge of how relative rank worked is derived from his combatant relatives, and I hardly think they are worthy judges of the Medical Staff, past, present, and future.

Does "Quo Fas et Gloria Ducunt" think that if we are called Colonel, Major, Captain, Lieutenant, etc., we must consider our "pleasure and duty" destructive, and not curative? I agree with him that it is a medical officer's own fault in most cases if he does not get on with his combatant brother officers, but how are these to know him when he is what the new Warrant makes him, "a wolf in sheep's clothing," "an officer without rank," "a civilian in uniform," in fact a curiosity!

What we must have is rank, honorary or substantive, and that rank shown to all men by titles, as recommended by "Hybrid" (JOURNAL, July 9th), which will associate us with the service to which we belong and also with the profession of which we are proud.

UNIQUE writes: I should like to say a word in reply to "Quo Fas et Gloria Ducunt."

I, like him, when I first entered the service, sneered at the idea of medical men being called by military titles; but how my ideas have changed after six years' service! He says he has always found that medical officers are regarded as part of the army. Well, that is a concession, that we as a corps (who have traditions second to none in the service, even the Royal regiment whose motto your youthful correspondent takes as his *nom de plume*), should be considered as belonging to the army. Fancy the expression of face of an engineer officer who was told that, in spite of doing work outside what may be called strictly soldiering, he might yet look on himself, and the branch he belonged to, as part of the army. "Quo Fas et Gloria Ducunt's" ideas will change when he enters the service and finds out what discipline is, and by what means it is upheld. Discipline can only be maintained when the one in authority is endowed with some species of rank, which must make him independent of his merits as an individual.

Suppose majors and colonels in regiments had to rely only on their individual merits for respect and obedience from their subordinates, how could it be exacted in cases (not uncommon) where the one in authority has no merit to back him? The military fabric would fall in pieces.

Why should we be the only branch in the army unsupported by the prestige and éclat of military rank, now that we are called upon to perform military duties and endowed with military command over quartermasters, non-commissioned officers, and men who are called by military titles?

BURMA writes from Rangoon: On behalf of a large number of officers of the Medical Staff, I have to thank you for the able assistance afforded us in our efforts to secure due recognition for our profession in the army. For were we accorded the precedence, etc., which loosely-worded Warrants seem to bestow, very little would be heard of the demand for honorary rank which is now so universal. It is our opinion that the profession is degraded by the subordinate position accorded to it in the army. Every officer, from the commissioned schoolmaster upwards, tastes the sweets of military rank, but a surgeon-general is but Dr. or Mr., according to the lights of the person addressing him, as he was on entering the service forty years before. At a general's official dinner recently, a surgeon-major of seven years' standing was accorded a place below a captain, and in many other ways the nominal precedence of the War Office is tacitly ignored in practice. Had we honorary rank, this injustice would be impossible. Hence the cry for honorary rank, "so that he who runs may read." That our claim is good, even from a military point of view, has been proved over and over again; I would merely point out that, of the fifteen subjects in which surgeons-major are examined for promotion, only three are purely professional, two are semi-military or technical, while ten are purely military, and for the most part only recently added to the Medical Department.

The high rank of Doctor of Medicine to which many of our members are entitled is, of course, withheld in military life. Hence we confidently ask our civil brethren to aid in securing to us, beyond doubt or question, the rank which we are virtually entitled to by regulation. The letter of "Pilgrim," in the JOURNAL of May 21st, is emphatically endorsed by nineteen out of twenty medical officers with whom I have spoken on the subject. They agree that to restore contentment to the services, honorary rank pure and simple must be conferred.

DEPUTY SURGEON-GENERAL writes: In the reply received by you at the hands of the Director-General, your correspondents must not forget that the official and not the man spoke; he could not give any other reply in his capacity, however different his views may be. Now, however, that he is aware of the general feeling throughout the service, he will doubtless endeavour to persuade the War Office authorities of the desirability for change. Till then, I must assist you in agitation for substantive rank. It is a duty to myself and a duty to others, more especially yourself.

I am a doctor pure and simple—devoted to my profession, but retired because I came of age; yet I work as hard, if not harder, than I ever had the opportunity of doing in the service. Rank never was sought by me, but it is most essential in the service, from the private to the Colonel; all understand rank. The petty professional names, like our degrees, are ill-understood, and do not betoken power; they do not command the soldier's confidence nor yet his respect, a very important matter in these days of short service, yet entirely overlooked by the authorities. In the service, I was looked upon as a Colonel, written to and called so. The same follows me; I am now dubbed General,

GRIEVANCES OF THE MEDICAL STAFF.

SIR,—Might I ask you to find space for the accompanying tables in the JOURNAL because they may, in the first place, interest the British taxpayer; and, in the second place, serve to further open the eyes of those who may intend entering the Army Medical Staff!

ANALYSIS OF NUMBER OF SURGEONS SERVING AT HOME AND IN INDIA.

TABLE I.—Surgeons over Six Years' Service.

Date of Commission.	At Home.	In India.
February, 1877	15	3
August,	3	6
February, 1878	4	6
August,	7	3
March, 1880	46	6
July,	18	2
February, 1881	29	10
Total	122	36

TABLE II.—Surgeons under Six Years' Service.

Date of Commission.	At Home.	In India.
July, 1881	11	14
February, 1882	5	10
August,	3	11
February, 1883	2	7
August,	2	9
February, 1884	2	8
August,	6	4
January, 1885	12	3
May,	Nil	42 (entire batch)
August,	8	25
January, 1886	1	30
July,	53*	3
February, 1887	39	Nil
Total	144	166

* Likely to go abroad next trooping season.

The British taxpayer will see that he supports 122, or over 50 per cent. of the senior surgeons, that is, those on higher rates of pay, and the Indian taxpayer only 36. The latter, too, gets the benefit of 166 of the junior surgeons, who are paid without reference to any of the War Office Warrants that were issued to attract medical men into

the service, and, as a matter of fact, get such a pittance as to ensure for themselves the honour and glory of being the poorest medical practitioners under British rule. These 166 are, in plain words, cheated out of their just income to save the pockets of the Indian taxpayer (that is, the nation more or less), and this is not a pleasant reflection for those whose purses, tempers, and lives are being damaged by service in India.

Medical men intending to enter the army will note the meaning of the fact that 166, or very nearly 50 per cent. of the surgeons under six years' service, have to serve in India; and they may well pause to consider whether it is worth while carrying out their intention when there is such a risk of their serving for the first five or six years in India, where they not only get none of the advantages set forth in the schedule supplied them concerning the conditions of service, pay, etc., but are also deprived of all the advantages of extra charge pay, horse allowances, and appointments possible under the old regimental system in India. At present a surgeon in India has only the remotest chance of getting a single pice (English farthing) over and above the bare 317 rupees 8 annas a month of consolidated pay, out of which he has to pay every expense, public or private, travelling or otherwise, that he may have to incur. This means far less actual pay than at home, and the allowances not of his own, but of lieutenant's rank.

One may ask why surgeons do not resign when they find out these facts. They would if they could; only, as the Indian government thus completely prevents their either saving money or even keeping out of debt in India, they are forced to struggle through these years of exile from inability to afford the cost of passage home, and of starting life afresh. The abolition of relative rank and the substitution of grade rank instead has added great strength to the action of the Indian government in paying only what it considers proper for a surgeon in the Medical Staff, whose services have been obtained for it under what is nothing more nor less than false pretences. Vox POPULI.

¹ In calculating percentages, of course surgeons serving in the colonies, as well as those at home and in India, are included.

NAVAL AND MILITARY MEDICAL SERVICES.

NETLEY—MEDICAL STAFF COLLEGE.

I. V. R. C. writes: The evidence of Mr. Knox before Lord Randolph Churchill's Committee on army expenditure, wherein he proposes to abolish Netley as an army medical school, induces me to write to you to say that a far better title for the Army Medical School would be "Medical Staff College."

To place Netley on the same footing as the Royal Military Academy at Woolwich, or the Royal Military College at Sandhurst, would be an error. These schools are for young men, who go to there to learn the very elements of their profession. Netley, on the contrary, is a true Staff College for specially training already qualified men.

Even the Times thinks that Netley is a "school," like any metropolitan medical school, and this is very misleading. Call it, then, a "Medical Staff College," and let the young candidates, on passing in London, go first to Aldershot, and see the army as it is; then let them go to Netley to hear of an ideal army, and to learn technical work not taught in the civil schools of medicine.

I feel confident if the country knows what Netley is supposed to teach, it will never allow it to be abolished as a Medical Staff College.

HONORARY RANK & PRECEDENCE: ROYAL WARRANT, JANUARY 1st, 1887.

B.S. (Medical Staff) writes: According to Article 125 of this Warrant, honorary rank, in addition to conferring military titles, is ordered to "carry precedence and other advantages attaching to corresponding military rank;" while officers not holding honorary rank are to rank for purposes of precedence, and the only other military advantages enumerated are pensions for wounds, pensions to widows, and compassionate allowances to children, but not a word is said of the following other important military advantages which holders of honorary rank are entitled to, and which Clause 17 of the Royal Warrant of 1885 and later Warrants confirmed to medical officers, namely, choice of quarters, rates of lodging money, servants, forage, stabling, fuel and light or allowances in their stead.

detention and prize money, field allowances at home and abroad, right of wearing uniform and badges of rank, and earning military orders; while holders of honorary rank are entitled to designations for each grade at once understood, and as the merest tyro in military affairs knows, materially assists in maintaining discipline, ensuring respect, and confers much social prestige. Precedence or priority alone confers none of these, and under the present Warrant it is quite open to refuse any of them. Few of us can understand why our claims not to be placed in an inferior position to gentlemen, who in order to obtain higher rank and better pay resigned their combatant commissions, are opposed.

Army Medical Service.—Dr. CLARK asked the Secretary of State for War whether, with reference to Sir Thomas Crawford's statement to the Select Committee on the Army and Navy Estimates, the command of the Army Staff Corps, Military Hospitals and patients is now held by military surgeons, and they have commissioned and non-commissioned officers serving under their command. Whether in the American, Italian, Swiss, Egyptian, and other armies, surgeons have real or substantive rank, and that this system has resulted in great advantage to the armies, the American Surgeon-General having lately reported:—"No difficulty whatever, either in theory or in practice, has arisen from the fact that medical officers have real rank. It is an undoubted fact that the law giving medical officers the same military status as other officers has done much to enhance esprit de corps, and to increase the efficiency of the Army Medical Service;" and whether, considering the present condition of the Army Medical Service, he will appoint a Departmental Committee to consider the question of the rank of military surgeons during the recess.—Mr. E. STANHOPE replied as follows: Medical officers do exercise command, as stated in the question. They do so, and always have done so, in virtue of their commissions as medical officers, which expressly confer command. The relative rank formerly held by them conferred no power of command whatever. In some foreign armies, medical officers do hold titular combatant rank. But, as I said on the 12th of May last, I cannot consider that the titles peculiar to their honourable profession would be enhanced in dignity or value by the addition or substitution of combatant denominations. I do not think any useful purpose would be served by the appointment of a committee.—Dr. CLARK said that the question on the notice paper was not the question which he sent into the clerk, and the statement made was not with regard to rank but to the cause which prevented the medical service from being recruited under the same circumstances as now. The question did not ask for the information which he wanted, and therefore the answer did not satisfy him.

W. L. G. writes: The lasting gratitude of all medical officers is due to you for the generous manner in which you have opened the columns of the JOURNAL to ventilate the gross injustice done to them by the abolition of relative rank, and by your able advocacy of their cause.

It seems almost unnecessary for me to indicate that the present humiliating and anomalous position of army medical officers is felt at least as strongly and as keenly by officers of the Indian service as it is by their brethren of the British service—indeed, I may say, in some cases, it is more so; for, although

many of us are holding civil appointments, and therefore, during such tenure, are not directly so much affected, yet the military portion of us constitute a distinctly regimental medical service; we are gazetted to the medical charge of regiments, and come directly under the orders of the officer commanding, who can now make us feel our degraded position in a way he could not have done before, as can also the youngest subaltern—and my experience of ten years is that they will do so.

I myself am in civil employ, and likely to remain so, therefore it will not affect me personally so much, except as an officer of a service whose rank has been depreciated; but I can well imagine what is in store for the Indian regimental surgeon deprived of distinctive military rank. Here I may remark en passant that in a native regiment all the officers have a right to walk into the regimental hospital when they please.

Now, the officers of the British medical service, belonging as they do to the medical department of the army, or Medical Staff, an entity of itself, are paramount in their own station hospitals, and cannot be exposed in anything like the same degree to the slights that it is now in the power of the combatant branch to offer us Indian regimental surgeons, who have all the disadvantages of being regimental officers—forced to pay donations and subscriptions to the band and mess, and ordered by the commissioned officer to attend mess, parade, orderly room, etc.—without having any of the corresponding advantages, now that our rank (which was quite understood) has been taken from us.

An Indian regimental medical officer always took his place at mess, and at meetings of the mess, in accordance with his relative rank; but now that that has been abolished, he has absolutely no rank, and hence, though he remains an actual member of the mess—not an honorary member, mind you—he must, having no military rank of any kind, take a place below every other officer in the regiment, no matter how junior—and no matter how senior he himself may be, or how many years in the regiment. Is not that scandalous?

I therefore reiterate that the injustice will be felt—no doubt is being felt—more keenly by the Indian service than by the British, though a gross injustice to both. I feel confident that a return to relative rank would now be quite useless, although that rank answered the purpose very well before it was discredited. It is now like the paper of a broken bank, which is worthless, though as good as its normal value before the bank stopped payment. Nothing can now meet the case but honorary rank, pure and simple, which leaves no room for doubt as to the holder's status.

After what I have stated, I trust that, when the time comes for distributing the confidential voting cards alluded to in the letter of "Hybrid," at page 98 of the JOURNAL of July 9th, you will also circulate them to the officers of the Indian Medical Service.

INSTRUCTION TO VOLUNTEER MEDICAL OFFICERS.

A COURSE of six lectures on the subjects required in the proficiency examination for volunteer medical officers will be given by Dr. Walter Pearce, Acting Surgeon, Artists' R.V., in the headquarters of the Volunteer Medical Staff Corps (by kind permission of Surgeon-Major Norton), and in the Parkes Museum, commencing on Friday, October 17th, at 8 P.M. Any further particulars can be obtained by writing to Acting-Surgeon Pearce, M.D., Artists' R.V., 36, Fitzroy Square, W.

THE MANUAL FOR THE MEDICAL STAFF CORPS.

DR. ARTHUR W. COOKEWELL, Assistant-Surgeon, 3rd Halifax Rifles, writes: We are about organising a hospital corps in connection with our battalion. I have been informed that there is a regular book printed for the use of hospital corps in the regular army, containing instructions as to duties, drill, etc., but not available to outsiders. Could you kindly inform me whether or not such a book exists, and, if so, how I could obtain one?

*. The book referred to is the *Manual for the Medical Staff Corps*. War Office, 1885 (by Authority). It is sold at the price of 2s. by W. Clowes and Son, Limited, 18, Charing Cross; Harrison and Sons, 59, Pall Mall; and all military booksellers.

WHY THERE IS NO BAND AT NETLEY.

MEDICAL STAFF (Burnah) writes: The Artillery at Woolwich, the Engineers at Chatham, and the Cadets at Sandhurst have all got military bands; but the Medical Staff at Netley have none. Some time ago the medical department applied for permission to organise a band from the men of their corps; but the War Office authorities, I am informed, replied that the men were too valuable as nursing orderlies, and their pay too high, to be used as handsmen—the resort courtesans.

The officers of the Medical Staff then subscribed sufficient funds to get up a band without drawing on the strength of the corps; but the subscriptions had to be returned, for the authorities would not then hear of a band at all. *Tondene animis crepidibus* frus. It is one instance in many of how we are snubbed. And what could be nicer for the patients at Netley than a band playing, say twice a week, in the picturesque grounds, or down at the pier? And, surely, a great training college, where there are often as many as 60 officers and 200 men of the medical department, as well as 500 to 1,000 soldier patients, would seem to be entitled to a band. At the present time it is well to bring these petty jealousies forward. This is my excuse for trespassing on your space.

THE ADVANTAGES OF THE NAVAL MEDICAL SERVICE.

REYMOUTH AND PLYMOUTH writes: In reference to the evidence given by Sir T. Crawford before the Commission now sitting, and published in the JOURNAL of July 23rd, there are a few points calling for special notice. First, Sir Thomas Crawford says the naval surgeon is higher paid than his brother officer in the army. So he is, the immense sum of 6d. a day on entry; on promotion after twelve years both get the same, namely, 21s. a day, the surgeon-major getting, moreover, field officer's allowance. Secondly, he repeatedly shows that the army flier cannot get half-pay until he has completed his twenty years, so that he is able to retire twenty years to the day after he enters, which, as the naval officer

gets half-pay at any period, certainly gives the army officer more pay in a similar period, and enables him to reach the desired haven of retirement sooner, and with certainty.

He also says that "no doubt the work of the two surgeons-general" at Netley and Portsmouth might be done by officers lower in rank, that is, less expensive to the country. No doubt the Director-General's work might be done by a surgeon-major on £11s. a day, and the same might be said of any class of officer or civilian, though probably Lord R. Churchill would not think that a Chancellor of the Exchequer's work could be done by anybody for one-third pay. It is altogether a most puerile argument to advance or suggest at all. Lastly, a proposal of the Naval Medical Service, a curious anomaly exists. Only eight candidates are advertised for every half year, but at the last six examinations 130 have been admitted instead of the nominal forty-eight asked for. And what does this mean? It is simply concealing the fact that this large number is required, and keeping up the appearance of competition which does not exist, by advertising for two-fifths of those actually admitted, but taking in all who present themselves, a fair way of blinding the "competing" embryo medical officer and the profession at large.

NOTE ON PRESENT CONDITION OF THE BENGAL MEDICAL SERVICE.

LAST two promotions (June and September, 1886):
Dr. Thornton, C.B., after 30 years' 5 months' service.
Dr. Farrel, C.B., " 30 " " 1 "
(Both selected over several of their seniors.)
Next expected vacancies, October and November, 1887.
Waiting for promotion (12 over 50 years):

4 Brigade-Surgeons over 32 years' service.	
1 " " " 31 " "	
7 " " " 30 " "	
4 " " " 29 " "	
5 " " " 28 " "	
2 Surgeons-Major " 28 " "	
10 " " " 27 " "	
1 " " " 27 " "	

Total .. 34 members of the old service.

It will be seen from this what a small remnant of the old service now remains, and how cruelly all hopes of attaining administrative rank have been disappointed.

Administrative rank carries with it not only increased pay and dignity, but also an extra pension of £250 or £350 per annum, from which nearly all these men are now debarred.

Financially, each of these Brigade-Surgeons and Surgeons-Major receives consolidated pay at the rate of Rs. 1,000 per annum, while only discharging duties which should fall to the lot of junior officers on from Rs. 450 to Rs. 600. The waste, both in energy and expenditure, is therefore very obvious.

The offer of a moderate bonus, with pension, calculated according to length of service, would not only be an act of tardy justice to these men, debarred from promotion and the higher rates of pension by the abolition of administrative appointments guaranteed by the Government of India Act, but would also result in a substantial saving to the Indian Treasury.

EXAMINATION FOR RANK OF BRIGADE-SURGEON.

AN ADMIRER OF JUSTICE writes: I am glad to find you consider the grievances stated by "Medical Staff," in the JOURNAL of August 6th, deserving attention of authorities. After having served twenty-five years, successfully passed the professional examination for promotion to surgeon-major, and been favourably reported on during my entire service, mostly spent abroad, the sudden institution of an unprofessional test examination took me by surprise, and, at such short notice, found me unprepared to reply favourably to questions embracing newly made regulations, organisation of the newly formed Medical Staff Corps, and military law. I almost decided not to submit myself to the test till I should return to England and "make up" new regulations, etc., but, unfortunately, I was dissuaded from adopting that course from the fear of being passed over when my turn came round for promotion, and by the kindly meant advice of my immediate chief abroad, who, like me, had no idea that the test was to be limited to a single examination, and no second trial permitted, a thing never previously known in any branch of the army.

I never learned the result of my examination until arrival in England the following year, when I was shocked to learn that I had not passed, should not be allowed another trial, and would be debarred from promotion. In vain did I appeal to the head of my department to kindly reconsider my individual case, though it was some slight consolation to learn that no unfavourable report had ever been made of me, and I was only debarred from promotion by having failed to satisfy the requirements of some unknown examiners in one single test trial.

It is difficult to understand how our present chief, always so deservedly respected and esteemed, could have introduced so radical and apparently unjust a measure; and I find it hard to entertain the idea so generally held, that it was done to remove the "block" in promotion at the expense of so many good and zealous workers, who have been passed over, or swell the non-effective list. The test, if at all required, to allow a chief to form an opinion of those serving under him, with a view to "selection," might more justly have been applied to medical officers under twenty years' service, but, under no circumstances, should it have been limited to a single examination. This autocratic measure, and some more recent changes, have caused an unprecedented discontent in all ranks of the department.

NAVAL MEDICAL OFFICERS.

UNITY IS STRENGTH writes: You have, within the last few months, put forth your strength on behalf of the Army Medical Staff, and I feel sure you are ready to lend a helping hand to the naval service. I would, therefore, ask you whether there is any valid reason for the following differences between the services, which are not in any way connected with their internal working.

1. Why is it that instruments are provided for the army surgeon, and the naval officer has to purchase his own?
2. Why is the army medical officer, given command and complete charge of his own men, whilst in the navy, even in the large hospitals, the officers have no means of dealing with them or control over them? Are the naval medical officers supposed to be in any way inferior to their brethren in the army?

GRIEVANCES OF THE MEDICAL STAFF.

SIR,—Might I ask you to find space for the accompanying tables in the JOURNAL, because they may, in the first place, interest the British taxpayer; and, in the second place, serve to further open the eyes of those who may intend entering the Army Medical Staff!

ANALYSIS OF NUMBER OF SURGEONS SERVING AT HOME AND IN INDIA.

TABLE I.—Surgeons over Six Years' Service.

Date of Commission.	At Home.	In India.
February, 1877	15	3
August,	3	6
February, 1878	4	6
August,	7	3
March, 1880	46	6
July,	18	2
February, 1881	29	10
Total	122	36

TABLE II.—Surgeons under Six Years' Service.

Date of Commission.	At Home.	In India.
July, 1881	11	14
February, 1882	5	10
August,	3	11
February, 1883	2	7
August,	2	9
February, 1884	2	8
August,	6	4
January, 1885	12	3
May,	Nil	42 (entire batch)
August,	8	23
January, 1886	1	30
July,	53*	3
February, 1887	39	Nil
Total	144	166

* Likely to go abroad next trooping season.

The British taxpayer will see that he supports 122, or over 50 per cent. of the senior surgeons, that is, those on higher rates of pay, and the Indian taxpayer only 36. The latter, too, gets the benefit of 166 of the junior surgeons, who are paid without reference to any of the War Office Warrants that were issued to attract medical men into

the service, and, as a matter of fact, get such a pittance as to ensure for themselves the honour and glory of being the poorest medical practitioners under British rule. These 166 are, in plain words, cheated out of their just income to save the pockets of the Indian taxpayer (that is, the nation more or less), and this is not a pleasant reflection for those whose purses, tempers, and lives are being damaged by service in India.

Medical men intending to enter the army will note the meaning of the fact that 166, or very nearly 50 per cent. of the surgeons under six years' service, have to serve in India; and they may well pause to consider whether it is worth while carrying out their intention when there is such a risk of their serving for the first five or six years in India, where they not only get none of the advantages set forth in the schedule supplied them concerning the conditions of service, pay, etc., but are also deprived of all the advantages of extra charge pay, horse allowances, and appointments possible under the old regimental system in India. At present a surgeon in India has only the remotest chance of getting a single pice (English farthing) over and above the bare 317 rupees 8 annas a month of consolidated pay, out of which he has to pay every expense, public or private, travelling or otherwise, that he may have to incur. This means far less actual pay than at home, and the allowances not of his own, but of lieutenant's rank.

One may ask why surgeons do not resign when they find out these facts. They would if they could; only, as the Indian government thus completely prevents their either saving money or even keeping out of debt in India, they are forced to struggle through these years of exile from inability to afford the cost of passage home, and of starting life afresh. The abolition of relative rank and the substitution of grade rank instead has added great strength to the action of the Indian government in paying only what it considers proper for a surgeon in the Medical Staff, whose services have been obtained for it under what is nothing more nor less than false pretences. Vox POPULI.

¹ In calculating percentages, of course surgeons serving in the colonies, as well as those at home and in India, are included.

NAVAL AND MILITARY MEDICAL SERVICES.

NETLEY—MEDICAL STAFF COLLEGE.

I. V. R. C. writes: The evidence of Mr. Knox before Lord Randolph Churchill's Committee on army expenditure, wherein he proposes to abolish Netley as an army medical school, induces me to write to you to say that a far better title for the Army Medical School would be "Medical Staff College."

To place Netley on the same footing as the Royal Military Academy at Woolwich, or the Royal Military College at Sandhurst, would be an error. These schools are for young men, who go to there to learn the very elements of their profession. Netley, on the contrary, is a true Staff College for specially training already qualified men.

Even the Times thinks that Netley is a "school," like any metropolitan medical school, and this is very misleading. Call it, then, a "Medical Staff College," and let the young candidates, on passing in London, go first to Aldershot, and see the army as it is; then let them go to Netley to hear of an ideal army, and to learn technical work not taught in the civil schools of medicine.

I feel confident if the country knows what Netley is supposed to teach, it will never allow it to be abolished as a Medical Staff College.

HONORARY RANK & PRECEDENCE: ROYAL WARRANT, JANUARY 1st, 1887.

B.S. (Medical Staff) writes: According to Article 125 of this Warrant, honorary rank, in addition to conferring military titles, is ordered to "carry precedence and other advantages attaching to corresponding military rank," while officers not holding honorary rank are to rank for purposes of precedence, and the only other military advantages enumerated are pensions for wounds, pensions to widows, and compassionate allowances to children, but not a word is said of the following other important military advantages which holders of honorary rank are entitled to, and which Clause 17 of the Royal Warrant of 1858 and later Warrants confirmed to medical officers, namely, choice of quarters, rates of lodging money, servants, forage, stabling, fuel and light or allowances in their stead.

detention and prize money, field allowances at home and abroad, right of wearing uniform and badges of rank, and earning military orders; while holders of honorary rank are entitled to designations for each grade at once understood, and as the merest tyro in military affairs knows materially assists in maintaining discipline, ensuring respect, and confers much social prestige. Precedence or priority alone confers none of these, and under the present Warrant it is quite open to refuse any of them. Few of us can understand why our claims not to be placed in an inferior position to gentlemen, who in order to obtain higher rank and better pay resigned their combatant commissions, are opposed.

Army Medical Service.—Dr. CLARK asked the Secretary of State for War whether, with reference to Sir Thomas Crawford's statement to the Select Committee on the Army and Navy Estimates, the command of the Army Staff Corps, Military Hospitals and patients is now held by military surgeons, and they have commissioned and non-commissioned officers serving under their command. Whether in the American, Italian, Swiss, Egyptian, and other armies, surgeons have real or substantive rank, and that this system has resulted in great advantage to the armies, the American Surgeon-General having lately reported:—"No difficulty whatever, either in theory or in practice, has arisen from the fact that medical officers have real rank. It is an undoubted fact that the law giving medical officers the same military status as other officers has done much to enhance esprit de corps, and to increase the efficiency of the Army Medical Service;" and whether, considering the present condition of the Army Medical Service, he will appoint a Departmental Committee to consider the question of the rank of military surgeons during the recess.—Mr. E. STANHOPE replied as follows: Medical officers do exercise command, as stated in the question. They do so, and always have done so, in virtue of their commissions as medical officers, which expressly confer command. The relative rank formerly held by them conferred no power of command whatever. In some foreign armies, medical officers do hold titular combatant rank. But, as I said on the 12th of May last, I cannot consider that the titles peculiar to their honorable profession would be enhanced in dignity or value by the addition or substitution of combatant denominations. I do not think any useful purpose would be served by the appointment of a committee.—Dr. CLARK said that the question on the notice paper was not the question which he sent into the clerk, and the statement made was not with regard to rank but to the cause which prevented the medical service from being recruited under the same circumstances as now. The question did not ask for the information which he wanted, and therefore the answer did not satisfy him.

W. L. G. writes: The lasting gratitude of all medical officers is due to you for the generous manner in which you have opened the columns of the JOURNAL to ventilate the gross injustice done to them by the abolition of relative rank, and by your able advocacy of their cause.

It seems almost unnecessary for me to indicate that the present humiliating and anomalous position of army medical officers is felt at least as strongly and as keenly by officers of the Indian service as it is by their brethren of the British service—indeed, I may say, in some cases, it is more so; for, although

many of us are holding civil appointments, and, therefore, during such tenure, are not directly so much affected, yet the military portion of us constitute a distinctly regimental medical service; we are gazetted to the medical charge of regiments, and come directly under the orders of the officer commanding, who can now make us feel our degraded position in a way he could not have done before, as can also the youngest subaltern—and my experience of ten years is that they will do so.

I myself am in civil employ, and likely to remain so, therefore it will not affect me personally so much, except as an officer of a service whose rank has been depreciated; but I can well imagine what is in store for the Indian regimental surgeon deprived of distinctive military rank. Here I may remark en passant that in a native regiment all the officers have a right to walk into the regimental hospital when they please.

Now, the officers of the British medical service, belonging as they do to the medical department of the army, or Medical Staff, an entity of itself, are paramount in their own station hospitals, and cannot be exposed in anything like the same degree to the slights that it is now in the power of the combatant branch to offer us Indian regimental surgeons, who have all the disadvantages of being regimental officers—forced to pay donations and subscriptions to the band and mess, and ordered by the commissioned officer to attend mess, parade, orderly-room, etc.—without having any of the corresponding advantages, now that our rank (which was quite understood) has been taken from us.

An Indian regimental medical officer always took his place at mess, and at meetings of the mess, in accordance with his relative rank; but now that that has been abolished, he has absolutely no rank, and hence, though he remains an actual member of the mess—not an honorary member, mind you—he must, having no military rank of any kind, take a place below every other officer in the regiment, no matter how junior, and no matter how senior he himself may be, or how many years in the regiment. Is not that scandalous?

I therefore reiterate that the injustice will be felt—no doubt is being felt—more keenly by the Indian service than by the British, though a gross injustice to both. I feel confident that a return to relative rank would now be quite useless, although that rank answered the purpose very well before it was discredited. It is now like the paper of a broken bank, which is worthless, though as good as its nominal value before the bank stopped payment. Nothing can now meet the case but honorary rank, pure and simple, which leaves no room for doubt as to the holder's status.

After what I have stated, I trust that, when the time comes for distributing the confidential voting cards alluded to in the letter of "Hybrid," at page 98 of the JOURNAL of July 9th, you will also circulate them to the officers of the Indian Medical Service.

INSTRUCTION TO VOLUNTEER MEDICAL OFFICERS.

A COURSE of six lectures on the subjects required in the proficiency examination for volunteer medical officers will be given by Dr. Walter Pearce, Acting Surgeon, Artists' R.V., in the head quarters of the Volunteer Medical Staff Corps (by kind permission of Surgeon-Major Norton), and in the Parkes Museum, commencing on Friday, October 7th, at 8 p.m. Any further particulars can be obtained by writing to Acting-Surgeon Pearce, M.D., Artists' R.V., 36, Fitzroy Square, W.

THE MANUAL FOR THE MEDICAL STAFF CORPS.

DR. ARTHUR W. COWSWELL, Assistant-Surgeon, 3rd Halifax Rifles, writes: We are about organising a hospital corps in connection with our battalion. I have been informed that there is a regular book printed for the use of hospital corps in the regular army, containing instructions as to duties, drill, etc., but not available to outsiders. Could you kindly inform me whether or not such a book exists, and, if so, how I could obtain one?

*—The book referred to is the *Manual for the Medical Staff Corps*. War Office, 1885 (by Authority). It is sold at the price of 2s. by W. Clowes and Son, Limited, 13, Charing Cross; Harrison and Sons, 59, Pall Mall; and all military booksellers.

WHY THERE IS NO BAND AT NETLEY.

MEDICAL STAFF (Bournemouth) writes: The Artillery at Woolwich, the Engineers at Chatham, and the Cadets at Sandhurst have all got military bands; but the Medical Staff at Netley have none. Some time ago the medical department applied for permission to organise a band from the men of their corps; but the War Office authorities, I am informed, replied that the men were too valuable as nursing orderlies, and their pay too high, to be used as handmen—the retort courteous.

The officers of the Medical Staff then subscribed sufficient funds to get up a band without drawing on the strength of the corps; but the subscriptions had to be returned, for the authorities would not then hear of a band at all. *Turbo animis coelestibus iux.* It is one instance in many of how we are snubbed. And what could be nicer for the patients at Netley than a band playing, say twice a week, in the picturesque grounds, or down at the pier? And, surely, a great training college, where there are often as many as 60 officers and 200 men of the medical department, as well as 500 to 1,000 soldier-patients, would seem to be entitled to a band. At the present time it is well to bring these petty jealousies forward. This is my excuse for trespassing on your space.

THE ADVANTAGES OF THE NAVAL MEDICAL SERVICE.

PORTSMOUTH AND PLYMOUTH write: In reference to the evidence given by Sir T. Crawford before the Commission now sitting, and published in the JOURNAL of July 23rd, there are a few points calling for special notice. First, Sir Thomas Crawford says the naval surgeon is higher paid than his brother officer in the army. So he is, the immense sum of 6d. a day on entry; on promotion after twelve years both get the same, namely, £1 1s. a day, the surgeon-major getting, moreover, field officer's allowance. Secondly, he repeatedly shows that the army officer cannot get half-pay until he has completed his twenty years, so that he is able to retire twenty years to the day after he enters, which, as the naval officer

gets half-pay at any period, certainly gives the army officer more pay in a similar period, and enables him to reach the desired haven of retirement sooner, and with certainty.

He also says that "no doubt the work of the two surgeons-general" at Netley and Portsmouth might be done by officers lower in rank, that is, less expensive to the country. No doubt the Director-General's work might be done by a surgeon-major on £1 1s. a day, and the same might be said of any class of officer or civilian, though probably Lord R. Churchill would not think that a Chancellor of the Exchequer's work could be done by anybody for one-third pay. It is altogether a most puerile argument to advance or suggest at all. Lastly, a propos of the Naval Medical Service, a curious anomaly exists. Only eight candidates are advertised for every half year, but at the last six examinations 130 have been admitted instead of the nominal forty-eight asked for. And what does this mean? It is simply concealing the fact that this large number is required, and keeping up the appearance of competition which does not exist, by advertising for two-fifths of those actually admitted, but taking in all who present themselves, a fair way of blinding the "competing" embryo medical officer and the profession at large.

NOTE ON PRESENT CONDITION OF THE BENGAL MEDICAL SERVICE.

LAST two promotions (June and September, 1886):
Dr. Thornton, C.B., after 30 years' 5 months' service.
Dr. Farrel, C.B., " 30 " 1 " "

(Both selected over several of their seniors.)

Next expected vacancies, October and November, 1887.

Waiting for promotion (12 over 30 years):

4 Brigade-Surgeons over 32 years' service.

1 " " " 31 " "

7 " " " 30 " "

4 " " " 29 " "

5 " " " 28 " "

2 Surgeons-Major " 27 " "

10 " " " 26 " "

1 " " " 25 " "

Total ... 34 members of the old service.

It will be seen from this what a small remnant of the old service now remains, and how cruelly all hopes of attaining administrative rank have been disappointed.

Administrative rank carries with it not only increased pay and dignity, but also an extra pension of £250 or £350 per annum, from which nearly all these men are now debarred.

Financially, each of these Brigade-Surgeons and Surgeons-Major receives consolidated pay at the rate of Rs. 1,000 per annum, while only discharging duties which should fall to the lot of junior officers on from Rs. 450 to Rs. 600. The waste, both in energy and expenditure, is therefore very obvious.

The offer of a moderate bonus, with pension, calculated according to length of service, would not only be an act of tardy justice to these men, debarred from promotion and the higher rates of pension by the abolition of administrative appointments guaranteed by the Government of India Act, but would also result in a substantial saving to the Indian Treasury.

EXAMINATION FOR RANK OF BRIGADE-SURGEON.

AN ADMIRER OF JUSTICE writes: I am glad to find you consider the grievances stated by "Medical Staff," in the JOURNAL of August 6th, deserving attention of authorities. After having served twenty-five years, successfully passed the professional examination for promotion to surgeon-major, and been favourably reported on during my entire service, mostly spent abroad, the sudden institution of an unprofessional test examination took me by surprise, and, at such short notice, found me unprepared to reply favourably to questions embracing newly made regulations, organisation of the newly formed Medical Staff Corps, and military law. I almost decided not to submit myself to the test till I should return to England and "make up" new regulations, etc., but, unfortunately, I was dissuaded from adopting that course from the fear of being passed over when my turn came round for promotion, and by the kindly meant advice of my immediate chief abroad, who, like me, had no idea that the test was to be limited to a single examination, and no second trial permitted, a thing never previously known in any branch of the army.

I never learned the result of my examination until arrival in England the following year, when I was shocked to learn that I had not passed, should not be allowed another trial, and would be debarred from promotion. In vain did I appeal to the head of my department to kindly reconsider my individual case, though it was some slight consolation to learn that no unfavourable report had ever been made of me, and I was only debarred from promotion by having failed to satisfy the requirements of some unknown examiners in one single test trial.

It is difficult to understand how our present chief, always so deservedly respected and esteemed, could have introduced so radical and apparently unjust a measure; and I find it hard to entertain the idea so generally held, that it was done to remove the "block" in promotion at the expense of so many good and zealous workers, who have been passed over, or swell the non-effective list. The test, if at all required, to allow a chief to form an opinion of those serving under him, with a view to "selection," might more justly have been applied to medical officers under twenty years' service, but, under no circumstances, should it have been limited to a single examination. This autocratic measure, and some more recent changes, have caused an unprecedented discontent in all ranks of the department.

NAVAL MEDICAL OFFICERS.

UNITY IS STRENGTH writes: You have, within the last few months, put forth your strength on behalf of the Army Medical Staff, and I feel sure you are ready to lend a helping hand to the sister service. I would, therefore, ask you whether there is any valid reason for the following differences between the services, which are not in any way connected with their internal working.

1. Why is it that instruments are provided for the army surgeon, and the naval officer has to purchase his own?

2. Why is the army medical officer given command and complete charge of his own men, whilst in the navy, even in the large hospitals, the officers have no means of dealing with them or control over them? Are the naval medical officers supposed to be in any way inferior to their brethren in the army?

3. For the same reason, why can army medical officers sit on courts-martial, whilst in the navy it is against the rules to allow any such thing, even in a technical question.

4. Why does the army medical officer "march past" with his stretcher party at reviews, etc., and this is forbidden to the naval officer?

5. Why, since the introduction of gold lace distinguishing marks, is the hideous single-breasted coat adhered to, so hideous a garment that few care to be seen in it?

PAY OF ARMY MEDICAL OFFICERS.

FAIR PLAY WRITES: At a time when the burning question of relative rank is absorbing the attention of the officers of the Medical Staff to the exclusion of other subjects of equal importance to themselves, I trust you will allow me a short space in your JOURNAL, which has so often espoused our cause, to attempt to draw their attention, and, if possible, that of our civilian brethren, to a statement made by Dr. Clark in the House of Commons on August 5th last. He says, referring to the question of relative rank: "It is not a war for money. If it were, I would not support the medical profession; I would rather vote against the continual increase in the Estimates, the feeling concerning which is growing so much in the country, and I trust something may be done by which medical men may be retained longer in the service, and that we shall not require to spend so much money on men who are retired."

It is not the first time by any means that this subject has been touched upon, and always in a manner unfavourable to the interests of the Medical Staff. There is no doubt that, as far as our pecuniary position is concerned, we are far more favourably placed than our combatant brethren; and at first sight this seems to be a gross injustice to the latter, but, on examining the question, it becomes apparent that by the ordinary rules of justice we are entitled to a higher rate of pay and a better retiring allowance than they are, for the following excellent reasons.

It takes, on an average, from the time a young man leaves school, at least six years' steady work, with an outlay of £700, before he can obtain a commission in the medical branch. How long will it take a boy to enter any combatant branch of the service, from the time he leaves school, and what will be his outlay? Supposing, as I have done in the former case, that he works hard and lives economically. If the two cases be examined without prejudice, the fairness of giving the doctor the higher rate of pay will be at once apparent. He spends more time and more money on the attainment of his object, and, I may add, in all fairness, has to present himself for more and far harder examinations. He has, in fact, at the lowest computation, at least six of the latter to pass before he can obtain a commission.

The doctor's profession is his capital; nowadays he has to work hard and spend much money to obtain it, and it seems only just that it should in turn render him a fair interest.

It is an undoubted fact that the civil doctor is, in the great majority of cases, in a better pecuniary position than his military confrère; and it is a distinct loss for the young medical man to enter the army, a loss which is, however, compensated for by an easy life, an assured rate of pay (?), the society of pleasant companions, the power of seeing the world, with a pension of £1 a day after twenty years' service. A medical officer gets far more foreign than home service; and the consequence is that after twenty years he is but too often shattered in health, glad to retire into civil life, and unfit for further service. Men are now induced to enter the army with a prospect of a pension after twenty years, and should that prospect be withdrawn, the Medical Staff will be as completely boycotted as it was eight years ago.

THE NAVY.

THE undermentioned qualified candidates have been appointed to be Surgeons in Her Majesty's Fleet:—JAMES BRADLEY, M.D.; GEORGE HEWLETT, M.B.; GEORGE A. WATERS, M.D.; WILLIAM G. STOTT, M.B.; CHARLES S. WOODWRIGHT; MICHAEL O'BRIEN, M.D.; JONATHAN SHAND, M.B.; and WILLIAM A. WHITELEGGE, B.A., M.D., all of whom have been appointed to the Duke of Wellington for Haslar Hospital.

Staff-Surgeon J. B. NICOLSON, M.D., died recently at Edinburgh, aged 68. He entered the Royal Navy as Surgeon December 27th, 1841, and became Staff-Surgeon April 14th, 1853.

The following appointments have been made at the Admiralty during the past week:—J. J. WALSH, Surgeon, to the *Volage*; J. S. WRAY, Surgeon, to the *Hibernia*; R. W. BIDDULPH, Staff-Surgeon, to the *Edinburgh*; A. J. PICKTHORN, Surgeon, to the *Edinburgh*; G. F. DEAN, Surgeon, to the *Polyphemus*; ROBERT HICKSON, Surgeon, to the *Dolphin*; E. G. SWAN, Surgeon, to the *Imogene*, recommissioned.

MEDICAL STAFF.

SURGEON-MAJOR JAMES O'REILLY, M.B., has gone on retired pay with the honorary rank of Brigade-Surgeon. He entered the service as Assistant-Surgeon April 1st, 1867; became Surgeon March 1st, 1873; and Surgeon-Major April 1st, 1879. He served in the Zulu war in 1879, was in the engagement at Kambula, was mentioned in despatches and received the medal with clasp.

Surgeon-Major J. W. MORGAN, whose commissions are contemporaneous with those of Surgeon-Major O'Reilly, has also retired with a similar step of honorary rank. In 1868 he was engaged in the Hazara campaign on the north-west frontier of India, and was in the operations on the Black Mountain (medal and clasp). He also served with the expedition to the Soudan, under Sir Gerald Graham, in 1884 (medal and Egyptian bronze star).

The undermentioned Surgeons on probation are gazetted Surgeons:—HENRY E. H. SMITH; WILLIAM P. G. GRAHAM, M.B.; GEORGE F. ALEXANDER, M.B.; CHARLES S. SPONG; WILLIAM B. LEISHMAN, M.B.; EDMUND MCN. WOODS, M.B.; JAMES THOMSON, M.B.; GERALD RAWNSLEY; CHARLES W. REILLY; ERNEST C. FREEMAN; JOHN E. TRASK; WILLIAM J. CROFTON, M.B.; NORMAN H. FORBES; ALFRED P. BLENKINSOP; JOHN PATTERSON, M.B.; VESLEY H. W. DAYOREN; ALFRED WRIGHT; ROBERT J. COPELAND, M.B.; JOHN GIVIN; ANTHONY J. LUTHER; HAROLD S. PREEKE; ALFRED L. BORRADAILE, M.B.; RICHARD H. SMYTH, M.B.; THOMAS BIRT; and WILLIAM HALLAHAN, M.B.

The appointment of Dr. WILLIAM AITKEN, Professor of Pathology at the Army Medical School, Netley, to a knighthood, is gazetted.

Surgeon-Major R. N. MALLY, serving in Bengal, is appointed to the civil medical charge of Ranikhet, vice Surgeon-Major J. Good, transferred to Allahabad.

INDIAN MEDICAL SERVICE.

SURGEON P. D. PANK, Bengal Establishment, Officiating Agency Surgeon, at Ulwar, will hold charge of the current duties of the Political Agent's Office, during the absence of Colonel H. P. Peacock, on privilege leave.

The extension of leave granted to Surgeon-Major H. B. PURVES, of the Bengal Establishment, is for three months, not four.

Surgeon-Major W. A. C. ROE, Bengal Establishment, officiating Civil Surgeon, 1st class, is confirmed in that appointment from June 3rd, vice Brigade-Surgeon J. C. Penny, retired.

Brigade-Surgeon D. W. TRIMMELL, Madras Establishment, has retired from the service on the ordinary pension of £700 a year, plus the extra pension of £100. He entered the service as Assistant-Surgeon, February 20th, 1856, and rose to be Brigade-Surgeon, August 16th, 1883. He served in the Indian Mutiny campaign in 1857-58, and was at the battle of Banda.

Surgeon-Major F. JONES, Bombay Establishment, has also retired from the service, which he entered April 1st, 1870, attaining the rank of Surgeon-Major twelve years therefrom. He served in the Afghan war in 1880, in medical charge of the 10th Bombay Native Infantry, and took part in the march from Quetta to the relief of Candahar (medal).

Brigade-Surgeon E. SEXTON, M.D., Bombay Establishment, in medical charge of the 21st Native Infantry, is appointed to act as Port Surgeon at Aden, during the absence of Surgeon-Major G. W. R. Hay, M.D.

Surgeon J. MACGREGOR, M.D., Bombay Establishment, having returned from field service, Burma, to officiate in medical charge of the 8th Native Infantry, during the absence of Surgeon-Major J. S. Wilkins, on field service, Burma.

Surgeon J. P. Barry, M.B., Bombay Establishment, on return from sick leave, to officiate in medical charge of the 17th Native Infantry, vice Surgeon-Major C. T. Peters, M.B., appointed to officiate in medical charge of the 21st Bombay Infantry.

Surgeon-Major C. T. PETERS, M.B., Bengal Establishment, officiating in medical charge of the 17th Native Infantry, to officiate in medical charge of the 21st Native Infantry, during such time as Brigade-Surgeon E. Sexton, M.D., may be employed in the Civil Department.

Surgeon-Major J. A. COOPER, M.D., late Civil Surgeon of Hissar, died at Mussoorie, on July 24th. He belonged to the Subordinate Medical Department, his commission being dated November 1st, 1879. His rank was local and honorary.

The undermentioned gentlemen have leave of absence for the periods specified: Surgeon-Major W. E. JOHNSON, Madras Establishment, Secretary to the Surgeon General Her Majesty's Forces, privilege leave for sixty days; Surgeon A. S. FAULKNER, Bombay Establishment, in medical charge of the 19th Native Infantry for one year on urgent private affairs; Surgeon-Major J. LUCAS, M.D., Bomba Establishment, for three months on medical certificate.

THE VOLUNTEERS.

MR. H. A. HODSON is appointed Acting Surgeon to the 1st Volunteer (Sussex) Brigade, Cinque Ports Division Royal Artillery (formerly the 1st Sussex Artillery). Honorary Assistant-Surgeon A. EMSON, of the 1st Dorsetshire Rifles, has resigned his commission, which bore date February 25th, 1870.

Acting-Surgeon J. MURRAY, M.B., of the 1st Volunteer Battalion of the King's Own Royal Lancaster Regiment (late the 10th Lancashire), is promoted to Surgeon in the same corps.

The transfer of Surgeon and Honorary Surgeon-Major D. H. MONCKTON, to the Maidstone Division of the Volunteer Medical Staff, is to bear date April 1st last and not as previously stated.

INDIA AND THE COLONIES.

SOUTH AFRICA.

THE *South African Medical Journal* states that the new tariff licences, just carried in the Assembly, reduces the apothecaries' licence to £3. It is further provided that apothecaries shall be allowed to import goods used *bona fide* in their own business without paying the import duty.

SANITATION IN SOUTH AFRICA.—Owing to the prevalence of diphtheria, the Grigoland West Medical Association (Kimberley) recently passed a resolution urging the Town Councils of Kimberley and Beaconsfield to appoint a sanitary officer to whom heads of households should be requested, on the information of their medical attendant, to report the outbreak of diphtheria in their houses, and that the duty of this sanitary officer should be to see that, in cases of such families, proper sanitary precautions were adopted, such as keeping children away from school to prevent the spread of disease. Further, on the subsidence of the disease the sanitary officer would have seen that the premises were thoroughly disinfected, the necessary disinfectants being supplied *gratis* by the Town Councils. The *South African Medical Journal* reports, however, that the Beaconsfield Town Council refused to do anything.

AMBULANCE CLASSES.—Surgeon R. W. BARNES, M.S., has been presented by the ladies of Sandown who have attended his ambulance classes and nursing lectures with a handsome case of silver spoons, and by the members of the ladies' class at Ventnor with a case of surgical instruments, in acknowledgment of his services.

EARTHQUAKE INJURIES.—The report of the district officer of Abinsk, Russia, states that 363 persons injured by the earthquake of Viernoe had been attended to in the hospitals and lazarettos. Of these, 22 were suffering from fractures, 15 from sprains, 92 from wounds, and the remainder from bruises.

W. L. G. writes: The lasting gratitude of all medical officers is due to you for the generous manner in which you have opened the columns of the JOURNAL to ventilate the gross injustice done to them by the abolition of relative rank, and by your able advocacy of their cause.

It seems almost unnecessary for me to indicate that the present humiliating and anomalous position of army medical officers is felt at least as strongly and as keenly by officers of the Indian service as it is by their brethren of the British service—indeed, I may say, in some cases, it is more so; for, although

on, at
Office,

General

urgeon.
peon J.

m the

£100.

to be

paigu

se ser-

twelve

of the

to the

charge

during

from

antry

leave

for C

ombay

edica

e 21s

ay b

Mus-

st, his

vary.

ified

urgeon

A. S

antry

omba

usses

illery

as re

King

to b

to th

t has

triff

icenc

ved t

g th

ce

erley

berle

nous

al a

t, an

ses

keep

iseas

woul

essar

Sous

Tow

bec

ulan

s, an

urgic

Abm

ake

fro

RELATIVE RANK.

SURGEON-MAJOR writes: I have read over most carefully the letter of Surgeon-Major R. Vacy Ash, M.B., on the above subject, published in the JOURNAL of August 27th, and to my, perhaps, obtuse intellect it is somewhat obscure, and certainly alarming. What is this "terrible crisis" through which we all, unknown to ourselves, are passing, this "crisis" which will surely clip our wings in spite of the brave fight that is being made for us by those in authority? We are told that the "blow aimed is a deadlier one than many of us suppose—a blow aimed at our very existence as a system." What system? This blow which Dr. Vacy Ash dreads for us, and which he fears will make us "pure civilians, or, in other and plainer words, camp followers," has, I am afraid, already fallen on us. I would like to ask Dr. Vacy Ash what rank, if any, he at present holds in the army? This is the very question which is exercising the minds of the great majority of medical officers at the present moment, and to which up to the present no answer can be got; so if Dr. Vacy Ash can give us this information, we shall be vastly indebted to him. We would also be glad to learn from him in what manner "the very existence of the department" is threatened, for which, as he informs us, the "Director-General is now fighting." So far as can be judged from the Director-General's own statements on this subject, he is of opinion that we have lost nothing, and that our position is exactly what it always was. For what, then, is he fighting?

Now as for "the warning," to which it appears we are indebted for this letter. Your correspondent is of opinion that civilian surgeons should bind themselves to undertake military duty whenever called on at "contract rates," or, in other words, for whatever remuneration the Government chose to give them; in fact, sacrifice themselves for the good of their country; their reward for all this to be that their names should be put in the *Army List* as an "Army Medical Reserve." If this be what the Government desire to bring about, I question if the bait is sufficiently attractive.

Now, in conclusion, will you allow me to point out to your correspondent, and to others who may be of his opinion, that military titles are unsuitable to medical men, and that they would be thereby placed in awkward positions—as, for instance, as your correspondent puts it, to be obliged to explain that you are only a doctor after being announced as a colonel—that if he is commissioned as a "surgeon and honorary colonel," "surgeon and honorary major," etc., he can on all private occasions have himself announced as Surgeon or Doctor So-and-so, and thus avoid the awkward position he so dreads? In this way the army rank is defined beyond dispute, and his professional title, about which he is so anxious, secured to him. How this arrangement could cause jealousy among the combatant officers I fail to see.

RELATIVE RANK.

R. VACY ASH, M.B., Surgeon-Major, Medical Staff, writes: Under the above heading in the JOURNAL of September 17th, "Surgeon-Major" replies to a previous letter of mine published by you a few weeks back.

"Surgeon-Major" asks me "What rank, if any, I at present hold in the army." My answer is that I hold the rank of surgeon-major, now for the first time in the history of the Medical Department recognised as a definite rank in the army as much as the rank of Quartermaster-General (and similar titles) is recognised.

Now, sir, I challenge "Surgeon-Major" to quit me the paragraph which abolishes relative rank of medical officers in the army; but I can quote the paragraph that gives him the definite rank of surgeon-major. Next I challenge him to produce an authenticated case, giving names and facts, of insult or slight offered to an officer of the Medical Staff under present regulations; and until he can produce such cases I fail to see what "Surgeon-Major" is agitating for, if not for the empty and, I maintain, to a medical man, the absurd titles of honorary rank.

Your correspondent lays himself open to severe criticism, but I will only add one thing more in conclusion. If "Surgeon-Major" has the courage of his opinions and seriously believes in the agitation for honorary rank, let him boldly sign his name to his opinions as I have done, for I decline to notice any more anonymous communications.

OLD STYLE writes: Will you allow me to draw attention to the evidence of Sir Thomas Crawford, at page 189, before the Select Committee on the Army and Navy Estimates. "I think that all the medical men who are in the front with the advanced depot in the field, should be military officers; there are a certain number with the bearer companies, and a certain number with the flying columns, and these, I think, should be entirely military officers. With regard to the rest, I think a considerable proportion might be civilians." [The italics are mine.]

It is thus pretty clear that the Director-General considers the majority of army medical officers should have military titles in addition to their medical qualifications. But, surely, if he admits so much, why not "go the whole hog"? What is the use of a reform done badly? Irritating. Why not complete "the rest," and let the act become graceful? Not according to form; if perfection is attained, nothing to tinker in future. Sir Thomas has been coldly looked upon by the officers of his department ever since he listened to insidious counsels, whether from within or from without. "If they were put into a corps which would be a reduction of 25 per cent. throughout the various ranks," and, "as far as he knew, the authorities had no objection to" make the medical service into a corps. (See JOURNAL, p. 310.) It was, therefore, in his power to have created a new department, and given effect to his views expressed before the Select Committee, and found a corps of Royal Surgeons. Why was it not carried out? Because the *esprit de corps* was wanting; and gold is heavy. So poverty of imagination fell back on an old waistbelt to conjure up a new name "Medical Staff." *His life lackym.*

Does Sir Thomas for one moment suppose that men in pursuit of honour and glory by means of a noble and self-sacrificing profession are so sordid as to risk position for 25 per cent? Such should show a walk in life commensurate with grovelling views. Chivalry demands that military service, in any form, should not be weighed by gold but untarnished honour, unsullied fame. Nevertheless, the labourer is worthy of his hire. The Engineers are well paid, and, on detached duty, contrive to get good allowances one way or other; how, then, can the doctor be worse off with his profession to help him? The gist of this is, create a corps of royal surgeons, give military titles, and let the pay take care of itself. The private practitioner hunts for his pay, the military one is assured of his under any circumstances, and is an element in the calculation.

In conclusion, it will be observed that Sir Thomas Crawford's words before the Association and before the Select Committee are at variance. Finally, permit me to thank you for your eloquent article on "Army Surgeons and Army Surgery." It should be printed in letters of gold and widely circulated.

P.S.—I omitted to state that in the old East India Company's service, if doctors were not fit for administrative duties, they were sent to take charge of troops as military officers. I heard of one such being alive as "Major-General" between 1840 and 1850.

ONE OF THE MAJORITY writes: At an important crisis like this the Army Medical Staff is indeed fortunate in having so valiant and powerful a champion as yourself to battle for their rights, when they by force of circumstances are unable to fight for themselves.

Sir Thomas Crawford seems to have left no stone unturned to prevent that

PRIVILEGE LOST WITH RELATIVE RANK.

JUSTITIA writes: Before the abolition of relative rank army medical officers were eligible for the "Distinguished Service Order," which distinction is highly prized, as indeed it is intended to be. Since the abolition of relative rank, army medical officers are no longer eligible for the "Distinguished Service Order," no matter what services they may perform. The regulations lay down that not only must a commission be held at the time of nomination to the order, but that such commission must be one entitling to honorary or relative rank.

RELATIVE RANK.

It is very difficult to follow, with understanding, the reply given by Mr. Stanhope to Dr. Clark in the House of Commons on August 29th respecting the Army Medical Service. Mr. Stanhope said that "medical officers exercise command, and always have done so, in virtue of their commissions as medical officers, which expressly confer command"; and he then added: "The relative rank formerly held by them conferred no power of command whatever."

If this be a correct report of Mr. Stanhope's reply, it contains an error as to fact, but it is the mingling together of two subjects which have no real relation one with the other, that chiefly creates the confusion the reply is calculated to engender. There is no connection between the duty of command which army medical officers exercise over their subordinates in their own department and the relative rank which medical officers formerly held in respect to the officers of the combatant and all other branches of the army out of their own department. The two subjects are entirely independent of each other. The function of command, as it has been imposed on medical officers concurrently with other comparatively recent changes in the service, is a matter of departmental organisation; relative rank is a matter of position and precedence in the army at large. The commissions of army medical officers in former years conferred no title to command, but medical officers always had relative rank in the army until its late abolition. So far from medical officers always having exercised command in virtue of their commissions, as appears to have been stated by Mr. Stanhope, that function was only exercised for the first time after the publication of the Army Hospital Corps Warrant, dated August 14th, and issued on September 1st of the year 1877.

No medical officer ever exercised command before that change in departmental organisation was made. The third clause of that Warrant ruled that "the officers of the Army Medical Department shall, subject to the local military commanding officer, have authority to command the medical officers, and the officers, non-commissioned officers, and privates of our Army Hospital Corps, and also all patients in military hospitals, as well as such non-commissioned officers and privates as may be attached thereto, without their own officers, for hospital duty." No such authority had ever before been possessed by the medical officers, and this authority for command was embodied for the first time in the official medical regulations of the army which

appeared in the following year, 1878. This authority has been constantly maintained since, and is in force at the present time. No question has been raised regarding it. The question at issue concerns another matter, namely, the effect of the abolition of the relative rank which the medical officers held in the army both before and after the authority to command their subordinates was conferred on them, and which they had until the early part of the present year. Whatever individual opinions may be held on this question, it is beyond all dispute that the removal of the only military rank the medical officers of the army held has created great and widespread dissatisfaction and disquiet among themselves, and further, that it has created much uncertainty regarding the present position of medical officers in the army, not only in their own minds, but also in the minds of the officers of all other branches of the military service. Under these circumstances it is very disappointing to find Mr. Stanhope finished his reply to Dr. Clark on Monday last by expressing his opinion that no useful purpose would be served by the appointment of a Committee; although, a short time ago, in Committee of Supply, when the House of Commons was engaged in discussing the vote for the medical establishments and services for the army, he was reported to have said that he was perfectly willing to appoint a Departmental Committee to inquire into the matter. We are well assured that it is essential to the interests of the public service at large for the existing doubts regarding the footing on which the medical officers are now placed in the army to be brought to a plain and comprehensive decision, not through the medium of a Committee, at any rate by some means; and we believe it to be equally important that the disappointed feelings of the medical officers themselves, consequent on the abolition

RELATIVE RANK.

SURGEON-MAJOR writes: I have read over most carefully the letter of Surgeon-Major R. Vacy Ash, M.B., on the above subject, published in the JOURNAL of August 27th, and to my, perhaps, obtuse intellect it is somewhat obscure, and certainly alarming. What is this "terrible crisis" through which we all, unknown to ourselves, are passing, this "crisis which will surely clip our wings in spite of the brave fight that is being made for us by those in authority"? We are told that the "blow aimed is a deadlier one than many of us suppose—a blow aimed at our very existence as a system." What system? This blow which Dr. Vacy Ash dreads for us, and which he fears will make us "pure civilians, or, in other and plainer words, camp followers," has, I am afraid, already fallen on us. I would like to ask Dr. Vacy Ash what rank, if any, he at present holds in the army? This is the very question which is exercising the minds of the great majority of medical officers at the present moment, and to which up to the present no answer can be got; so if Dr. Vacy Ash can give us this information, we shall be vastly indebted to him. We would also be glad to learn from him in what manner "the very existence of the department" is threatened, for which, as he informs us, the "Director-General is now fighting." So far as can be judged from the Director-General's own statements on this subject, he is of opinion that we have lost nothing, and that our position is exactly what it always was. For what, then, is he fighting?

Now as for "the warning," to which it appears we are indebted for this letter. Your correspondent is of opinion that civilian surgeons should bind themselves to undertake military duty whenever called on at "contract rates," or, in other words, for whatever remuneration the Government chose to give them; in fact, sacrifice themselves for the good of their country; their reward for all this to be that their names should be put in the *Army List* as an "Army Medical Reserve." If this be what the Government desire to bring about, I question if the bait is sufficiently attractive.

Now, in conclusion, will you allow me to point out to your correspondent, and to others who may be of his opinion that military titles are unsuitable to medical men, and that they would be thereby placed in awkward positions—as, for instance, as your correspondent puts it, to be obliged to explain that you are only a doctor after being announced as a colonel—that if he is commissioned as a "surgeon and honorary colonel," "surgeon and honorary major," etc., he can on all private occasions have himself announced as Surgeon or Doctor So-and-so, and thus avoid the awkward position he so dreads? In this way the army rank is defined beyond dispute, and his professional title, about which he is so anxious, secured to him. How this arrangement could cause jealousy among the combatant officers I fail to see.

RELATIVE RANK.

R. VACY ASH, M.B., Surgeon-Major, Medical Staff, writes: Under the above heading in the JOURNAL of September 17th, "Surgeon-Major" replies to a previous letter of mine published by you a few weeks back.

"Surgeon-Major" asks me "What rank, if any, I at present hold in the army." My answer is that I hold the rank of surgeon-major, now for the first time in the history of the Medical Department recognised as a definite rank in the army as much as the rank of Quartermaster-General (and similar titles) is recognised.

Now, sir, I challenge "Surgeon-Major" to quit me the paragraph which abolishes relative rank of medical officers in the army; but I can quote the paragraph that gives him the definite rank of surgeon-major. Next I challenge him offered to an officer of the Medical Staff under present regulations; and until he can produce such cases I fail to see what "Surgeon-Major" is agitating for, if not for the empty and, I maintain, to a medical man, the absurd titles of honorary rank.

Your correspondent lays himself open to severe criticism, but I will only add one thing more in conclusion. If "Surgeon-Major" has the courage of his sign his name to his opinions as I have done, for I decline to notice any more anonymous communications.

OLD STYLE writes: Will you allow me to draw attention to the evidence of Sir Thomas Crawford, at page 189, before the Select Committee on the Army and Navy Estimates. "I think that all the medical men who are in the front with the advanced depot in the field, should be military officers; there are a certain number with the bearer companies, and a certain number with the flying columns, and these, I think, should be entirely military officers. With regard to the rest, I think a considerable proportion might be civilians." (The italics are mine.)

It is thus pretty clear that the Director-General considers the majority of army medical officers should have military titles in addition to their medical qualifications. But, surely, if he admits so much, why not "go the whole hog"? What is the use of a reform done badly? Irritating. Why not complete "the rest," and let the act become graceful? Not according to form; if perfection is attained, nothing to tinker in future. Sir Thomas has been coldly counselled, whether from within or from without. "If they were put into a corps like the Engineers, it would necessitate their accepting regimental allowances, which would be a reduction of 25 per cent. throughout the various ranks," and, "as far as he knew, the authorities had no objection to" make the medical service into a corps. (See JOURNAL, p. 310.) It was, therefore, in his power to have created a new department, and given effect to his views expressed before the Select Committee, and found a corps of Royal Surgeons. Why was it not carried out? Because the *esprit de corps* was wanting; and gold is heavy. So poverty of imagination fell back on an old waistbelt to conjure up a new name "Medical Staff." *Hinc the lachrymæ.*

Does Sir Thomas for one moment suppose that men in pursuit of honour and glory by means of a noble and self-sacrificing profession are so sordid as to risk position for 25 per cent? Such should show a walk in life commensurate with grovelling views. Chivalry demands that military service, in any form, should not be weighed by gold but unadorned honour, unsullied fame. Nevertheless, the labourer is worthy of his hire. The Engineers are well paid, and, on detached duty, contrive to get good allowances one way or other; how, then, can the doctor be worse off with his profession to help him? The gist of this is, create a corps of royal surgeons, give military titles, and let the pay take care of itself. The private practitioner hunts for his pay, the military one is assured of his under any circumstances, and is an element in the calculation.

In conclusion, it will be observed that Sir Thomas Crawford's words before the Association and before the Select Committee are at variance. Finally, permit me to thank you for your eloquent article on "Army Surgeons and Army Surgery." It should be printed in letters of gold and widely circulated. P.S.—I omitted to state that in the old East India Company's service, if doctors were not fit for administrative duties, they were sent to take charge of troops as military officers. I heard of one such being alive as "Major-General" between 1840 and 1850.

ONE OF THE MAJORITY writes: At an important crisis like this the Army Medical Staff is indeed fortunate in having so valiant and powerful a champion as yourself to battle for their rights, when they by force of circumstances are unable to fight for themselves.

Sir Thomas Crawford seems to have left no stone unturned to prevent that

PRIVILEGE LOST WITH RELATIVE RANK.

JUSTITIA writes: Before the abolition of relative rank army medical officers are eligible for the "Distinguished Service Order," which distinction is prized, as indeed it is intended to be. Since the abolition of relative rank army medical officers are no longer eligible for the "Distinguished Service Order," no matter what services they may perform. The regulations lay down that not only must a commission be held at the time of nomination to the order but that such commission must be one entitling to honorary or relative rank.

RELATIVE RANK.

It is very difficult to follow, with understanding, the reply given by Mr. Stanhope to Dr. Clark in the House of Commons on August 29th respecting the Army Medical Service. Mr. Stanhope said that "medical officers exercise command, and always have done so, in virtue of their commissions as medical officers, which expressly confer command"; and he then added: "The relative rank formerly held by them conferred no power of command whatever."

If this be a correct report of Mr. Stanhope's reply, it contains an error as to fact, but it is the mingling together of two subjects which have no real relation one with the other, that chiefly creates the confusion the reply is calculated to engender. There is no connection between the duty of command which army medical officers exercise over their subordinates in their own department and the relative rank which medical officers formerly held in respect to the officers of the combatant and all other branches of the army out of their own department. The two subjects are entirely independent of each other. The function of command, as it has been imposed on medical officers concurrently with other comparatively recent changes in the service, is a matter of departmental organisation; relative rank is a matter of position and precedence in the army at large. The commissions of army medical officers in former years conferred no title to command, but medical officers always had relative rank in the army until its late abolition. So far from medical officers always having exercised command in virtue of their commissions, as appears to have been stated by Mr. Stanhope, that function was only exercised for the first time after the publication of the Army Hospital Corps Warrant, dated August 14th, and issued on September 1st of the year 1877.

No medical officer ever exercised command before that change in departmental organisation was made. The third clause of that Warrant ruled that "the officers of the Army Medical Department shall, subject to the local military commanding officer, have authority to command the medical officers, and the officers, non-commissioned officers, and privates of our Army Hospital Corps, and also all patients in military hospitals, as well as such non-commissioned officers and privates as may be attached thereto, without their own officers, for hospital duty." No such authority had ever before been possessed by the medical officers, and this authority for command was embodied for the first time in the official medical regulations of the army which

appeared in the following year, 1878. This authority has been constantly maintained since, and is in force at the present time. No question has been raised regarding it. The question at issue concerns another matter, namely, the effect of the abolition of the relative rank which the medical officers held in the army both before and after the authority to command their subordinates was conferred on them, and which they had until the early part of the present year. Whatever individual opinions may be held on this question, it is beyond all dispute that the removal of the only military rank the medical officers of the army held has created great and widespread dissatisfaction and misgiving among themselves, and further, that it has created much uncertainty regarding the present position of medical officers in the army, not only in their own minds, but also in the minds of the officers of all other branches of the military service. Under these circumstances it is very disappointing to find Mr. Stanhope finished his reply to Dr. Clark on Monday last by expressing his opinion that no useful purpose would be served by the appointment of a Committee; although, a short time ago, in Committee of Supply, when the House of Commons was engaged in discussing the vote for the medical establishments and services for the army, he was reported to have said that he was perfectly willing to appoint a Departmental Committee to inquire into the matter. We are well assured that it is essential to the interests of the public service at large for the existing doubts regarding the footing on which the medical officers are now placed in the army to be brought to a plain and comprehensive decision, if not through the medium of a Committee, at any rate by some means; and we believe it to be equally important that the disappointed feelings of the medical officers themselves, consequent on the abolition

of their relative rank in the army, should be suitably alluded to.

RELATIVE RANK.

SURGEON-MAJOR writes: I have read over most carefully the letter of Surgeon-Major R. Vacy Ash, M.B., on the above subject, published in the JOURNAL of August 27th, and to my, perhaps, obtuse intellect it is somewhat obscure, and certainly alarming. What is this "terrible crisis" through which we all, unknown to ourselves, are passing, this "crisis which will surely clip our wings in spite of the brave fight that is being made for us by those in authority?" We are told that the "blow aimed is a deadlier one than many of us suppose—a blow aimed at our very existence as a system." What system? This blow which Dr. Vacy Ash dreads for us, and which he fears will make us "pure civilians, or, in other and plainer words, camp followers," has, I am afraid, already fallen on us. I would like to ask Dr. Vacy Ash what rank, if any, he at present holds in the army? This is the very question which is exercising the minds of the great majority of medical officers at the present moment, and to which up to the present no answer can be got; so if Dr. Vacy Ash can give us this information, we shall be vastly indebted to him. We would also be glad to learn from him in what manner "the very existence of the department" is threatened, for which, as he informs us, the "Director-General is now fighting." So far as can be judged from the Director-General's own statements on this subject, he is of opinion that we have lost nothing, and that our position is exactly what it always was. For what, then, is he fighting?

Now as for the "warning," to which it appears we are indebted for this letter. Your correspondent is of opinion that civilian surgeons should bind themselves to undertake military duty whenever called on at "contract rates," or, in other words, for whatever remuneration the Government chose to give them; in fact, sacrifice themselves for the good of their country; their reward for all this to be that their names should be put in the Army List as an "Army Medical Reserve." If this be what the Government desire to bring about, I question if the bait is sufficiently attractive.

Now, in conclusion, will you allow me to point out to your correspondent, and to others who may be of his opinion, that military titles are unsuitable to medical men, and that they would be thereby placed in awkward positions—as, for instance, as your correspondent puts it, to be obliged to explain that for instance, after being appointed as a colonel—that if he is commissioned as a "surgeon and honorary colonel," "surgeon and honorary major," etc., he can on all private occasions have himself announced as Surgeon or Doctor So-and-so, and thus avoid the awkward position he so dreads? In this way the army rank is defied beyond dispute, and his professional title, about which he is so anxious, secured to him. How this arrangement could cause jealousy among the combatant officers I fail to see.

RELATIVE RANK.

R. VACY ASH, M.B., Surgeon-Major, Medical Staff, writes: Under the above heading in the JOURNAL of September 17th, "Surgeon-Major" replies to a previous letter of mine published by you a few weeks back.

"Surgeon-Major" asks me "What rank, if any, I at present hold in the army." My answer is that I hold the rank of surgeon-major, now for the first time in the history of the Medical Department recognised as a definite rank in the army as much as the rank of Quartermaster-General (and similar titles) is recognised. Now, sir, I challenge "Surgeon-Major" to quote me the paragraph which abolishes relative rank of medical officers in the army; but I can quote the paragraph that gives him the definite rank of surgeon-major. Next I challenge him to produce an authenticated case, giving names and facts, of insult or slight offered to an officer of the Medical Staff under present regulations; and until he can produce such cases I fail to see what "Surgeon-Major" is agitating for, if not for the empty and, I maintain, to a medical man, the absurd titles of honorary rank.

The vast majority of the medical officers of the army. We are told by our respected chief that the agitation originates from "a few sources," and, as he stated in his evidence recently before the Royal Commission that in his opinion the desire for military rank only existed amongst the junior officers of the Department, and that the best men did not wish for it, presumably it is these young officers that Mr. Thomas thus intends to stigmatise by the title of "low." And yet the Director-General told the same Commission that a much better class of men had been entering the Army Medical Service during the last few years than ever was the case formerly. Surely, Sir, to say the least, these statements are somewhat contradictory. As you truly remark in your able leader of August 27th, Service, who in their everyday life have constantly to be brought in contact with other officers and soldiers. But, as you must be aware from the many communications you have received upon the subject, that feeling is by no means as keenly felt by many of the most senior medical officers in the army. What rules that any officer in his senses would think of remonstrating with the authorities through official channels, against the provisions of a Royal Warrant. Personally I should certainly have preferred to have at once tendered my resignation, if it will be a crying injustice if the opinion of the man, howsoever able and distinguished, whose present position and title render him independent of any military rank, should be allowed to override the wishes of at least nine-tenths of his subordinate officers. I trust that the Parliamentary Bills Committee of the Association will take this view of the matter, so that, again backed by its great influence, the victory will be ours against all odds.

ARMY SURGEONS AND MILITARY REWARDS.

H. R. G. (Calro) writes: With reference to your admirable leading article on Army Surgeons and Army Surgery, I should like, with your permission, to point out one fact which, as far as I know, has never been written about, but which nevertheless renders a medical officer's duty in the field tenfold more trying than that of a combatant. In action the army surgeon cannot look about him, his attention is entirely taken up by his wounded. He can therefore form no idea as to the direction in which the fortunes of the day are trending, and consequently much more likely, in savage warfare especially, to find himself in situations of exceptional danger.

As an instance in point, I may recall the case of Surgeon John Prendergast, who at Tannai, when the square was broken, while absorbed in his endeavours to stop a bleeding artery, was speared through the back by a ferocious Haden.

Surgeon Prendergast was specially mentioned by General Graham, for his services at El Teb and Tannai, in company with sixty-six other officers above the rank of subaltern.

Of these, sixty have received rewards in some shape or other: the conspicuous by their absence from the honour list, being as follows: Surgeons-Major Venour and Green, Surgeons Prendergast, Lucas, Pedlow, and Trisner. Fourteen subalterns were also mentioned by General Graham: six of them have received rewards. This, I think, is enough to show the manner in which justice is meted out to the Medical Department.

ONE OF THE MAJORITY writes: At an important crisis like this the Army Medical Staff is indeed fortunate in having no valiant and powerful a champion as yourself to battle for their rights, when they by force of circumstances are unable to fight for themselves.

Sir Thomas Crawford seems to have left no stone unturned to prevent that

PRIVILEGE LOST WITH RELATIVE RANK.

JUVENIA writes: Before the abolition of relative rank army medical officers were eligible for the "Distinguished Service Order," which distinction is highly prized, as indeed it is intended to be. Since the abolition of relative rank army medical officers are no longer eligible for the "Distinguished Service Order," no matter what services they may perform. The regulations lay down that not only must a commission be held at the time of nomination to the order but that such commission must be one entitling to honorary or relative rank.

just redress of those grievances that render the Service all but untenable to the vast majority of the medical officers of the army. We are told by our respected chief that the agitation originates from "a low source," and, as he stated in his evidence recently before the Royal Commission that in his opinion the desire for military rank only existed amongst the junior officers of the Department, and that the best men did not wish for it, presumably it is these young officers that Sir Thomas thus intends to stigmatise by the title of "low." And yet the Director-General told the same Commission that a much better class of men had been entering the Army Medical Service during the last few years than ever was the case formerly. Surely, Sir, to say the least, these statements are somewhat contradictory. As you truly remark in your able leader of August 6th, this burning question of rank is one that chiefly affects the junior officers of the Service, who in their everyday life have constantly to be brought in contact with other officers and soldiers. But, as you must be aware from the many communications you have received upon the subject, that feeling is by no means confined to the junior grades, but is, I can assure you from personal knowledge, as keenly felt by many of the most senior medical officers in the army. Whatever may be said to the contrary, it is ridiculous to suppose under existing rules that any officer in his senses would think of remonstrating with the authorities through official channels, against the provisions of a Royal Warrant. Personally I should certainly have preferred to have at once tendered my resignation. Anyhow, it will be a crying injustice if the opinion of the man, however able and distinguished, whose present position and title render him independent of any military rank, should be allowed to override the wishes of at least nine-tenths of his subordinate officers. I trust that the Parliamentary Bills Committee of the Association will take this view of the matter, so that, again backed by its great influence, the victory will be ours against all odds.

ARMY SURGEONS AND MILITARY REWARDS.

H. R. G. (Cairo) writes: With reference to your admirable leading article on Army Surgeons and Army Surgery, I should like, with your permission, to point out one fact which, as far as I know, has never been written about, but which nevertheless renders a medical officer's duty in the field tenfold more trying than that of a combatant. In action the army surgeon cannot look about him, his attention is entirely taken up by his wounded. He can therefore form no idea as to the direction in which the fortunes of the day are tending, and is consequently much more likely, in savage warfare especially, to find himself in situations of exceptional danger.

As an instance in point, I may recall the case of Surgeon John Prendergast, who at Tamaai, when the square was broken, while absorbed in his endeavours to stop a bleeding artery, was speared through the back by a ferocious Haden-dowa. Surgeon Prendergast was specially mentioned by General Graham, for his service at El Teb and Tamaai, in company with sixty-six other officers above the rank of subaltern. Of these, sixty have received rewards in some shape or other; the conspicuous by their absence from the honour list, being as follows. Surgeons-Major Venour and Green, Surgeons Prendergast, Lucas, Pedlow, and Treherne. Fourteen subalterns were also mentioned by General Graham; six of them have received rewards. This, I think, is enough to show the manner in which justice is meted out to the Medical Department.

NAVAL AND MILITARY MEDICAL SERVICES.

SIR DOUGLAS MACLAGAN ON THE PRESENT POSITION OF THE ARMY MEDICAL STAFF.

In the course of his address to the newly-made graduates of the University of Edinburgh on August 1st, Sir Douglas MacLagan, Professor of Medical Jurisprudence in the University, in tendering his advice as to the choice of a line of practice, took occasion to examine the advantages offered by the public services. Court etiquette told them, he said, that the Royal Navy took precedence of the other services, and he should be guided by that rule. Assuredly at one time, and that well within the period of his own professional life, the last thing that one would have recommended a young medical man seeking em-

ployment would be to enter the Royal Navy, because the position in which he was placed was little else than scandalous on board ship. The Admiralty, however, more wise than some of their neighbours, listened to the remonstrances of the medical authorities at home, and the result was that the position of the young naval surgeon was now one which might be commenced on good grounds. There were, of course, drawbacks. The having a settled home, with that life-partnership which made home bright, and which was so properly looked forward to in civil life, was practically denied to him—at all events, till he had been some length of time in the service. He had his floating home when he was at sea, but he might find himself "cabin'd, crib'd, confined," if he wished for a little study—and he ought to wish it—to keep up professional and scientific or literary knowledge. He generally had no lack of time for study, for in truth one of the drawbacks for a man of energy was that he had too little in the way of professional duty to do; that his cases were seldom of an important character; and, if he should have among a crew of healthy, picked men an occasional case of clinical interest, it was apt to be sent ashore to a naval hospital, and so he was prevented from having the satisfaction of seeing the result of his treatment. On the other hand, he had the prospect of a pleasant life, with manly, genial comrades, and with the assured position of his rank as a ward-room officer. His mind got enlarged by seeing many lands and many peoples; and last, though not least, his income was secure, and, as his necessary expenses were not great, he could not only live on his pay, but even save something out of it. He might even occasionally have an opportunity of sharing in some expedition whose object was to enlarge the boundaries of science. He could not forget that the last expedition of this kind had for its scientific head a member of their own Medical Faculty; that its reports were themselves a library of scientific knowledge in all departments, ably continued as they had been by Dr. John Murray since the sad event which deprived the world of science of one of its foremost men, and himself (Professor MacLagan), among a host of others, or the genial companionship and affectionate friendship of Wyville Thomson. There was one point on which he thought the Admiralty might do good: that to improve the service and to attract good men to it. I would be an excellent thing if, after a ship's commission was out, the would encourage their medical officers to study when they return home by giving them a few months' full pay in order that they might go to some home or foreign school of medicine to revive their scientific knowledge, or to attend some of those post-graduate courses which were to be found in almost every school of medicine. He said nothing of the honour and glory of belonging to that navy which was the envy and admiration of the world, and was, as the 23rd of June showed, the embodiment of the power and prestige of Britain. There were not there to indulge in flights of oratory even if he had wings necessary for such a performance, but to take a quiet utilitarian view of the spheres of duty open to a young medical man, and he could conscientiously recommend the Royal Navy to their careful consideration.

He wished he could do the same for the splendid branch of public service, the Medical Department of the Army; but, matters stood, he could not honestly do so. This was to him receives when on home service.—I am, etc., 21, Harcourt Street, Dublin.

He wished he could do the same for the splendid branch of public service, the Medical Department of the Army; but, matters stood, he could not honestly do so. This was to him receives when on home service.—I am, etc., 21, Harcourt Street, Dublin.

He wished he could do the same for the splendid branch of public service, the Medical Department of the Army; but, matters stood, he could not honestly do so. This was to him receives when on home service.—I am, etc., 21, Harcourt Street, Dublin.

would have of promotion by "selection," when his opinions regarding the interests of the service were totally opposed to those of the officer with the power to "select" him, and who might really not "select" him because he honestly thought his ideas were wrong.

I propose of Sir Thomas Crawford's official denial of the existence of discontent, the *Standard* of August 5th. Lord Randolph Churchill made a statement, in which Mr. Campbell-Bannerman replied: "I was at the War Office at the time, and I knew nothing of it." To which Lord Randolph rejoined: "It is quite possible the right hon. gentleman knew nothing of it, but it was a fact all the same." This is exactly the view that is taken by the Director-General's denial of the existence of discontent: It is a fact all the same, and we hope it will be soon proved beyond power of contention.

We were glad to see Sir R. W. Foster give his reason for doubting the existence of discontent. It was an honest reason, namely, that two retired officers said it. Look forward with confidence to his expression of opinion when he has before him the opinions of the hundreds of officers on the active list, with which he was put two and two together, and who will undoubtedly be convinced by the stern logic of facts which will soon be available.

A MEMBER writes: A propos of Sir Thomas Crawford's remarks at the recent meeting of the British Medical Association in Dublin, relating to the abolition of relative rank in the army, and to the absence of any discontent amongst medical officers consequent thereon, allow me to recall to your readers' recollection the reason given by Surgeon-General Crawford, at the Cork meeting in 1879, for the dearth of candidates for the Army Medical Service, which he stated, in my hearing, to be due to the difficulty of the qualifying examination. Now, everyone else but himself knew perfectly well that the then existing unpopularity of the service was the only cause of the paucity of candidates, as was soon demonstrated by the large number presenting themselves for examination when the obnoxious elements were removed. May he not be also misinformed now?

HONESTY THE BEST POLICY writes: That the Director-General could, if he so wished, have ascertained the opinions of the majority of the department in circumstances, was it well to insinuate that we who differ from him are not worthy of any consideration? The conclusion I am sorry to say seems to be that he is wilfully ignoring the views of his subordinates. As to his representation of this question is not the only one we would—to say the least of it—consider it had policy to express to him our honest opinion. As an instance, if kept, I can assure him, though he probably has had no complaints, that there is a very general feeling of distrust in the absolute fairness of our distribution. This, indeed, may be entirely owing to the roster not having been kept in that open and above-board manner which would disarm suspicion. By-the-by, this picture that this is manipulative or indefiniteness, and there is a decided sneer in favour of the powers that be, regimental, departmental, professional, clerical, or otherwise; and the remedy, too, is so apparently simple. Hang up a title and rank which will clearly show to all our position in the service, and which cannot be misunderstood by anyone. That this would obviate mistakes and prevent friction, few, I think, will deny; but what is the use of arguing the service, do not condense the views of the Director-General, if there are any in favour of his unfortunate position, which we strongly suspect would be much worse but for your powerful aid, and the publicity of your invaluable paper; still, our case is a hard one, deserted by our chief, to whom I well remember we all looked so hopefully on his appointment; but, alas! as he probably enjoyed the status sine die of the regimental system, till by becoming administrative he lost touch of the executive, we cannot blame him for his opinion, but he should remember that his public utterances ought to be as the mouthpiece of the department, whose views on the rank question he has taken no steps to discover.

RELATIVE RANK.

Sir,—In my letter appearing in the *JOURNAL* of July 30th, respecting the army medical grievances, a transposition of numbers occurred, £253 per annum, or £38 (not £53) less than the Indian pay being taken as those who uphold the views of the Director-General, if there are any in favour of his unfortunate position, which we strongly suspect would be much worse but for your powerful aid, and the publicity of your invaluable paper; still, our case is a hard one, deserted by our chief, to whom I well remember we all looked so hopefully on his appointment; but, alas! as he probably enjoyed the status sine die of the regimental system, till by becoming administrative he lost touch of the executive, we cannot blame him for his opinion, but he should remember that his public utterances ought to be as the mouthpiece of the department, whose views on the rank question he has taken no steps to discover.

FRANCIS T. HEUSTON, M.D.

Dr. J. P. H. BOLLEAT, Surgeon-Major of 23 years' full-pay service (Feroze-pore, Punjab) writes: The British Medical Association deserves well of the medical officers of the army for espousing with such promptitude their cause, and prosecuting with such vigour its decision to appeal against the infringement of those rights which seemed to be imperilled by the abolition of relative rank; but the matter is now most satisfactorily settled, and it will be a great pleasure to me to proceed further.

I do sincerely hope that no association, college, hospital, or school, will lend its aid to those who are demanding that the medical officers of the army should be called Captains, Colonels, etc. Believe me, Sir, those mischievous agitators are doing a world of harm to the Medical Staff of the army.

PAY AND ALLOWANCE TO VOLUNTEER SURGEONS.

NOR. WALTER PEARCE (Acting-Surgeon Artists' R.V.) writes: The question of pay and allowances to volunteer medical officers has been the subject of many contradictions, as shown by correspondence in the *JOURNAL*. The position is now further complicated. Surgeon R. T. A. O'Callaghan, 1st Flt. A.V., who passed the School of Instruction at Aldershot with me last September, has actually received his pay of £5, and allowances of £2 5s. per day for six weeks' training, whereas my application was refused.

The glorious uncertainty of the law is thus equalled, if not surpassed, by the decisions of the Pay Department of the War Office.

P
We leave
authorit
them to
of troops
to serve
Corps or
It wou
this char
cise the g
War Office
Medical S
latter de
position,
rights an
endanger
must be c
the matu
We beli
pledge the
vestigation
best intere

THE UNDER
J. A. VASEY
Surgeon and
son to the
Eastney, G. G.
Surgeon G.
1879) has be
Rady during
star.

DEPUTY SUR
General vice
ant-Surgeon,
March 1st, 18
General, May
at present as
Brigade-Sur
He entered th
geon August
January 2nd,
present at the
clasp).
Surgeon-Ma
Clifton. His
geon, March 1
dition in 1864
and Egyptian
Surgeon-Ma
rank of Brig
geon March 18
in Egypt in 18
and Egyptian
Surgeon-Ma
step of hono
October 2nd, 1
January 1st, 18

SURGEON J. W
factory, is direc
Major G. Hotel
Medical Store I
Surgeon-Maj
as Port Officer
Thyne on priv
Surgeon-Maj
clasp in medical
A. F. Ferguson
Surgeon-Maj
Dharwar, has r
The underme
periods specifi
months on medi
ment, for two m
E. H. HANCOCK,

SURGEON A. H.
ment (formerly

Aug. 6, 1887.]

THE BRITISH MEDICAL JOURNAL.

315

representatives of Branches out of the general funds of the Association, and it was referred to the Council to ascertain once more the wishes of the Branches. The circular issued was, as has been pointed out in the correspondence in these columns, so far unfortunate that it omitted to put before the Branches an important alternative among the various propositions which have been urged, namely, the proposition that those Branches which, either from their distance from the centre, their limitation of numbers, or their restricted funds, were unable to pay the fares of their representatives, and which desired to do so, should have power to obtain a grant for the purpose from the general fund. The result of the voting is stated in the report, but the last edition of the report of the Council announced that the votes of one important Branch—the Metropolitan Counties Branch—had been omitted, and that the actual balance of the numerical representation in the Branches voting, which had been stated as having been in favour of payment, was in fact against it. Under the influence of the figures, which at first seemed to indicate a numerical majority on the part of those members who had voted in favour of such payments, the Council had adopted a resolution recommending a general scheme of payments to all members of the Council, representative and non-representative. Sir Walter Foster, however, in his speech moving the adoption of the report, intimated that, under the altered circumstances, the Council would not consider any amendment to its propositions as of a hostile character. This course relieved the meeting from some embarrassment. Various speeches were made on the subject. The debate was conducted with considerable vigour, although, as has not been usual on such occasions, with some confusion; but throughout, the meeting manifested a decided objection to the proposed payments, and in the end, the amendment moved by Dr. Strange, substituting a paragraph hostile to payment, was carried by a considerable majority, and a subsequent amendment for payment of representatives only was negatived not less decisively.

Arguments which seemed to prevail were that a considerable proportion of the Branches had surpluses; that some of them were in the habit of paying the railway fares of their representatives; that many of them, not knowing how otherwise to dispose of their surplus, gave annual sums away to charities or expended them in contributions to a dinner fund; that the business of the Association, according to the report of the Council, was carried on very largely by committees, and that if the ordinary and, for the most part, merely formal meetings of Council were paid for, then the meetings of committees, which were often engaged on most laborious and difficult business, would in equity also have to be paid, if it was desired that they should be well attended. Then it was argued that the payments involved would amount at a minimum to a sum of not less than £500 a year, and, should committees of Council be paid, would amount to an indefinitely larger sum; that the beginning of paying fees in a

hope you will excuse me for troubling you with the following:

Sir Thomas Crawford asserts that the recent abolition of army rank has not in any way modified the position of army medical officers, and that, consequently, it cannot be considered a grievance, and he further asserts, somewhat boldly, that there is no ground for the belief that the change has aroused a widely spread feeling

of opinion of the members at large. It must be remembered that the funds in question are those of the members collectively, and that they have a decisive vote as to the higher or lower objects for which they wish them to be divided.

SIR THOMAS CRAWFORD ON RELATIVE RANK.

AN incident of considerable interest occurred at the second general meeting, when the reports of the Committees were presented, on the reading of the Report of the Parliamentary Bills Committee, which had been previously presented and accepted by Council. Sir Thomas Crawford, the Director-General of the Army Medical Department, delivered himself of a very able and carefully-prepared attack upon those paragraphs of the report which referred to the complaints of the great body of army medical officers who feel aggrieved by recent changes in the army medical Warrants, and who have sought the assistance of the Parliamentary Bills Committee and of the Association in obtaining redress for their alleged grievances. In the opinion of Sir Thomas Crawford—as our readers will not be unprepared to learn from the statement which we recently published of an interview between Sir Thomas Crawford, Mr. Ernest Hart, and Surgeon-General Maclean, C.B.—the Army Medical Service has no grievance. The deprivation of relative rank has left them no worse off than they were before, and all statements which have been made on the subject by the masses of army medical officers who have addressed the Parliamentary Bills Committee and the JOURNAL are illusory and without foundation. He went further than this—he read with approval and satisfaction a letter which had been published declaring that this agitation proceeds from a low source and stigmatising it in terms of unusual severity. That Sir Thomas Crawford holds opinions contrary to those of other members of the service over which he presides, who have in such great numbers besought the aid of the British Medical Association and the leading medical corporations of Ireland and Scotland, and who have secured the sympathies of the students of Edinburgh, as our columns have recently testified, is no secret. He had on this occasion one great advantage over the officers of his department, whose good sense and whose conduct he assailed, in that no previous notice had been given of his intention to make this address, and that virtually in his presence their mouths were sealed on such a subject. Strangely enough Sir Thomas Crawford appeared to deny that there was any widespread discontent in his department, and he inferred this from the fact that he had no official intimation of it from the officers of the department, while he maintained with considerable warmth that it was an imputation on himself to assert that if they felt that discontent they would not individually communicate it to him. Collectively they dare not. It is contrary to rule, and the Secretary of State for War, in reply to a question which Dr. Farquharson recently put in the House of Commons for the purpose of officially unsealing the mouths of the medical officials of the army, expressly refused to unseal their mouths, and to allow them to make any collective representation on the subject. Sir Thomas Crawford declares that no medical officer would suffer for making an individual representation of views hostile to his own. That declaration is entitled to its fullest weight. On the other hand, it must be contrasted with the fact that their impression on this subject is entirely contrary to his own, and that, with singular unanimity, they individually declare that they cannot venture to make such individual repre-

ARMY

he army
ical ser-
that its
ary con-
if our
educated
fair to
hom we

measure
sion ex-
h corpo-
ould not
r in the
l in the
authority
r of the

We need
ut fear,
we need
ut when
ping it,
Netley,
subject,

science
y, since
there,
the ad-
be most

nothing.
on, say
r army-
freshing
colleges,

f study
e need
t off all
chosen
ach the
be in-

officer as
found in
and the
their own
ry at St.
ology at
such like
teachers,
oing the

desire to
efficient,
0 a year,
se I want
you are
the au-
as they
icers who
they do
no ad-
e do, re-
rolonged

y classes
ernment
abroad.
d college
an army
expected,
e, Paget

hat costs
sible of
achieved
private
R. C.

NAVAL AND MILITARY MEDICAL SERVICES.

SIR DOUGLAS MACLAGAN ON THE PRESENT POSITION OF THE ARMY MEDICAL STAFF.

In the course of his address to the newly-made graduates of the University of Edinburgh on August 1st, Sir Douglas MacLagan, Professor of Medical Jurisprudence in the University, in tendering his advice as to the choice of a line of practice, took occasion to examine the advantages offered by the public services. Court etiquette told them, he said, that the Royal Navy took precedence of the other services, and he should be guided by that rule. Assuredly at one time, and that well within the period of his own professional life, the last thing that one would have recommended a young medical man seeking employment would be to enter the Royal Navy, because the position in which he was placed was little else than a scandalous one.

The Admiralty, however, more wise than some of their neighbours, listened to the remonstrances of the medical authorities at home, and the result was that the position of the young naval surgeon was now one which might be commenced on good grounds. There were, of course, drawbacks. The having a settled home, with that life-partnership which made home bright, and which was so properly looked forward to in civil life, was practically denied to him—at all events, till he had been some length of time in the service. He had his floating home when he was at sea, but he might find himself "cabin'd, crib'd, confin'd," if he wished for a little study—and he ought to wish it—to keep up professional and scientific or literary knowledge. He generally had no lack of time for study, for in truth one of the drawbacks for a man of energy was that he had too little in the way of professional duty to do; that his cases were seldom of an important character; and, if he should have among a crew of healthy, picked men an occasional case of clinical interest, it was apt to be sent ashore to a naval hospital, and so he was prevented from having the satisfaction of seeing the result of his treatment. On the other hand, he had the prospect of a pleasant life, with many, genial comrades, and with the assured position of his rank as a ward-room officer. His mind got enlarged by seeing many lands and many peoples; and last, though not least, his income was secure, and, as his necessary expenses were not great, he could not only live on his pay, but even save something out of it. He might even occasionally have an opportunity of sharing in some expedition whose object was to enlarge the boundaries of science. He could not forget that the last expedition of this kind had for its scientific head a member of their own Medical Faculty; that its reports were themselves a library of scientific knowledge in all departments, ably continued as they had been by Dr. John Murray since the sad event which deprived the world of science of one of its foremost men, and himself (Professor MacLagan), among a host of others, of the genial companionship and affectionate friendship of Wyville Thomson. There was one point on which he thought the Admiralty might do a good deal to improve the service and attract good men to it. It would be an excellent thing if, after a ship's commission was out, they would encourage their medical officers to study when they returned home by giving them a few months' full pay in order that they might go to some home or foreign school of medicine to revive their scientific knowledge, or to attend some of those post-graduate courses which were to be found in almost every school of medicine. He said nothing of the honour and glory of belonging to that navy which was the envy and admiration of the world, and was, as the 23rd of July showed, the embodiment of the power and prestige of Britain. They were not there to indulge in flights of oratory even if he had the wings necessary for such a performance, but to take a quiet utilitarian view of the sphere of duty open to a young medical man, and he could conscientiously recommend the Royal Navy to their careful consideration.

He wished he could do the same for the splendid branch of public service, the Medical Department of the Army; but, as matters stood, he could not honestly do so. This was to him a source of real vexation. He never had the honour of belonging to that service, but he was the son of an army medical officer, whose war medal, with its six clasps, he preserved with filial pride as the evidence that he whose name he bore was entitled, on better grounds than their old friend Horace, to say *militari non sine gloria*, and he always hoped that if ever he were called upon again to discharge his present duty, he would have had the privilege of enthusiastically recommending the Army Medical Department to the young graduates. From this, however, he was debarred by the knowledge of the present unsatisfactory position of army medical officers. This year, 1887, was unhappily inaugurated by a War Office Warrant, promulgated on January 1st, which abolished relative rank in the Medical Department of the army. There were, up to that chilling New Year's Day, three kinds of rank in the army—substantive, which is held by every combatant officer, commissioned or non-commissioned, on a field-marshal to a corporal; honorary rank, which the other ranks, with the exception of the medical, might attain to; and relative rank, which was the only army rank a medical officer had. His last had been done away with, and the result, of course, was that the medical officer had now no army rank at all. It might be said, and had been said, that this was of little moment, that a medical officer had his required qualifications, and that that was enough. Though it was in civil life, and it was the man's own fault if it did not serve him as such; but it was otherwise in the army. There rank of some sort was of the highest importance for securing to him the respect of the men whose health he had to attend to, and a proper respect among the other officers; and if he had none, he found that

Aug. 13, 1887.]

THE BRITISH MEDICAL JOURNAL.

381

he stood in a position which was derogatory to him as a gentleman. This was not merely the grumble of men in the service who wished for some adventitious pre-eminence. Nothing could show this more clearly than the fact that a large number of those who had retired from service, and thus had no longer a personal interest, had protested strongly against this last Warrant. They had it on the authority both of the right hon. the Secretary for War and of the Permanent Under-Secretary that this abolition of relative rank made no difference in the position of medical officers. It was not easy to understand this. The only rank which the medical officer had was abolished. Surely this made a difference. In an official letter addressed to the Royal College of Surgeons of Edinburgh, the Permanent Under-Secretary said:—"The rank, titles, precedence, privileges, and advantages, pay, pensions, allowances, etc., secured to medical officers by the Royal Warrants previously issued have not been in any way curtailed or abrogated by the recent alterations." Of pay and pension, etc., he said nothing there. It was a thing of which, as a profession, they might be proud that in all the remonstrances there had been nothing sordid, that pay and pensions had hardly been alluded to in the manifold writings which had appeared in the press on this matter, and that the real thing at issue had had reference to rank. It seemed to be a very direct contradiction that the warrant of 1st January should abolish relative rank, and that the Permanent Under-Secretary's letter of 9th June should say that there had been no curtailment or abolition of rank. But in this there was a stroke of grim humour which they would not expect in a document emanating from a Government office, and which they might not readily perceive because it did not lie on the surface. For a solution of this contradiction they must go back to the statement of the Secretary for War, that relative rank meant nothing. It was a mere term, and thus they were left to infer that, as nothing had been taken away nothing had been lost. But if relative rank meant nothing why till up to 31st December last had it been printed in italics in the *Army List*, as any one could see? It did mean something, or pretended to mean something; and it either was the case that the war authorities put forth for years a bait meant to appear attractive to what they held to be medical gudgeons, or that they had now taken something away which had a real meaning. They had taken away all that a medical officer had in this respect—he had now no rank; and in the army rank was, he would not say everything, but certainly something.

Had this been an isolated occurrence in the relations of the Army Medical Department to the War Office, he should not have said much about it. Had it been what he might call a subacute access of administrative ataxia, a want of co-ordination between two limbs of that noble service, he would have indulged the hope, although the prognosis in any ataxia was not of the best, that things would come right, but unfortunately the disorder was chronic, and he feared that some radical treatment would be necessary. For more than a quarter of a century, the relations of the War Office to the Army Medical Department had been far from good. After the Crimean war the prospects of the Department were so bad, from the aversion of young medical men to join it, that in 1858 a Warrant was put forth offering great attractions to aspirants to the Army Medical Service. But before six years had passed away, when the army was better supplied with medical officers, bit by bit these were nibbled away, till things were about as bad as before. In 1864 he felt it his duty, when addressing the then new graduates, to do what he was now driven to do—to advise them to avoid the Army Medical Service; and he was again reluctantly called upon emphatically to do so now, after a lapse of twenty-three years. It was sad to know that the traditional policy of the War Office was so indifferent, if it were not rather actually hostile, to the reasonable aspirations and wants of the Army Medical Service. They in civil life must make a determined stand on behalf of their army brethren, and sooner or later good would come of it. It was after the severe trial of the Crimean war that the then favourable Warrant was issued. It was when the army had become well supplied with doctors that the privileges then granted were gradually taken away. They were now under somewhat similar circumstances. That most troublesome foster-child of Britain, Egypt, had for a while been quieter than usual, and there had thus been a diminution of the troops serving there, and a good many medical officers had been brought home, so that now there was an abundance of these, as evidenced by the fact that there was to be no examination of candidates this August. Whether it was intentional or unintentional, it had an ugly look that this was the time selected for issuing a Warrant which had produced discontent in the Army Medical Department. That this discontent was universal could not

be gainsaid, and, however the War Office authorities might maintain that that was unreasonable, it left no doubt in his mind as to what his advice to them would be. He was bound to warn them against entering a service which was, from whatever cause, in a discontented state. As there was always fire where there was smoke, so where there was such widespread dissatisfaction there must be behind it some real grievance. It was not impossible that the dusky Egyptian bantling might again become restless, and require a carminative in the shape of an increased British force, and there might possibly be advantages again offered by the War Office to young medical men. Let them not be deceived the meantime. Let them feel the shoe pinch a little, and tell them that, till absolute security was got for putting the army medical officer in a position becoming his professional character and status as a gentleman, they must look for medical officers elsewhere than among the graduates of the University of Edinburgh. By wise abstention they would do good, not to themselves only, but to the very department which they refused to join.

SIR THOMAS CRAWFORD AND THE MEDICAL STAFF.

Sir.—In common with most present at the general meeting at Dublin, I was so impressed by the emphatic statements of so eminent and respected an authority as Sir Thomas Crawford and his supporters in several retired officers in the military medical service, that I implicitly believed the statements of the Director-General and the others that there was no discontent in the Army Medical Service, and that the assertions in the report of the Parliamentary Bills Committee were "based on an entire misconception." The subject being entirely new to me, I having never read a line or heard a word on the subject, I have since made minute inquiry, with the result that I have found Sir Thomas Crawford's statement, on which, in my innocence, I had placed perfect reliance, absolutely contrary to the facts.

I know nothing whatever of the merits of the question, nor do I know whether the proposals of the Parliamentary Bills Committee meet the difficulty and remedy the injustice; but what I do know is that there is grave and wide-spread discontent in the existing Army Medical Staff; that this discontent has been intensified by the utterly unexpected and *ex parte* statements of the Director-General and his retired army medical backers at the meeting; and that these present army medical officers distinctly declare that they dare not, for obvious reasons, make any individual statement of their disagreement with the alteration arrogantly made by Sir Thomas Crawford himself, while they are not allowed to make a collective representation.

I do not doubt Sir Thomas Crawford's *bona fides*, and it is quite possible that I may be mistaken (from my utter ignorance on the subject) in the representation I have given of his statements; but one thing I am certain of now—namely, that Mr. Ernest Hart's statements are consistent with the facts, and that the Council will do well, before taking any new departure, to ascertain confidentially the actual feeling, not of retired, but of acting, medical officers.—I am, etc.,

NORMAN KEER, M.D.

M.R., writes: It is with feelings of great regret and much surprise that the great body of the officers of the Medical Staff have read the remarks and statements of Sir Thomas Crawford at the meeting of the British Medical Association. Sir Thomas denies that there is discontent, and gives as his reason the "no complaints have reached him." It is this reason that has surprised and gives us all such pain, for we all know that no one is better aware of its worthlessness than Sir Thomas. Up to the present we all knew, and with great regret that he differed from us, but we thought he did so from want of knowledge of our feelings, and that it was for this reason he opposed us; but we are now plainly shown that he is prepared, even in the teeth of overwhelming evidence, to go to any length in upholding the wishes of the vast majority of his brother officers. Not only has he made use of this stereotyped and worthless official formula, but he has thought it seemly to adopt the language of Surgeon-Major Holman's letter to the *Lancet*, wherein he describes the present movement as originated and supported by those in the service of low origin. But is a movement supported by such honored names amongst soldier-surgeons as Longmore, Maclean, Dwyer Hunter, fairly so described? About the decency of such language in the letter referred to there is but one opinion, and regarding its adoption by the Director-General, in reference to these honored men, and the bulk of his brother officers, there is universal regret and indignation. If we differ as to principles let us at least conduct our discussions as gentlemen, and avoid the use of language which cannot affect the point at issue, and is unsuited to dispassionate and dignified controversy.

With regard to no complaints reaching the Director-General, the publication of the letter which he quoted, and others bearing the signature of their writers, is the best proof that can be given of the unwillingness of officers to make representations to him of a nature hostile to his expressed opinions, for of the number of letters written in favour of the movement, not one bears the signature of the writer, whilst the few written against it all bear the signatures of the writers when published. Could stronger proof be given of the unwillingness of officers to make personal representations? I am not going to impute motives, but I am going to tell you that the universal opinion in the service is that such letters are not wholly disinterested, and that if the subject advocated were known to be distasteful at head quarters, not one of these writers would so valiantly append his name, for if he did he knows very well of the thousand and one ways in which his life might be made miserable, and how much chance he

he stood in a position which was derogatory to him as a gentleman. This was not merely the grumble of men in the service who wished for some adventitious pre-eminence. Nothing could show this more clearly than the fact that a large number of those who had retired from service, and thus had no longer a personal interest, had protested strongly against this last Warrant. They had it on the authority both of the right hon. the Secretary for War and of the Permanent Under-Secretary that this abolition of relative rank made no difference in the position of medical officers. It was not easy to understand this. The only rank which the medical officer had been abolished. Surely this made a difference. In an official letter addressed to the Royal College of Surgeons of Edinburgh, the Permanent Under-Secretary said:—"The rank, titles, precedence, privileges, and advantages, pay, pensions, allowances, etc., secured to medical officers by the Royal Warrants previously issued have not been in any way curtailed or abrogated by the recent alterations." Of pay and pension, etc., he said nothing there. It was a thing of which, as a profession, they might be proud that in all the remonstrances there had been nothing sordid, that pay and pensions had hardly been alluded to in the manifold writings which had appeared in the press on this matter, and that the real thing at issue had had reference to rank. It seemed to be a very direct contradiction that the warrant of 1st January should abolish relative rank, and that the Permanent Under-Secretary's letter of 9th June should say that there had been no curtailment or abolition of rank. But in this there was a stroke of grim humour which they would not expect in a document emanating from a Government office, and which they might not readily perceive because it did not lie on the surface. For a solution of this contradiction they must go back to the statement of the Secretary for War, that relative rank meant nothing. It was a mere term, and thus they were left to infer that, as nothing had been taken away nothing had been lost. But if relative rank meant nothing why till up to 31st December last had it been printed in italics in the *Army List*, as any one could see? It did mean something, or pretended to mean something; and it either was the case that the war authorities put forth for years a bait meant to appear attractive to what they held to be medical gudgeons, or that they had now taken something away which had a real meaning. They had taken away all that a medical officer had in this respect—he had now no rank; and in the army rank was, he would not say everything, but certainly something.

Had this been an isolated occurrence in the relations of the Army Medical Department to the War Office, he should not have said much about it. Had it been what he might call a subacute access of administrative ataxia, a want of co-ordination between two limbs of that noble service, he would have indulged the hope, although the prognosis in any ataxia was not of the best, that things would come right, but unfortunately the disorder was chronic, and he feared that some radical treatment would be necessary. For more than a quarter of a century, the relations of the War Office to the Army Medical Department had been far from good. After the Crimean war the prospects of the Department were so bad, from the aversion of young medical men to join it, that in 1858 a Warrant was put forth offering great attractions to aspirants to the Army Medical Service. But before six years had passed away, when the army was better supplied with medical officers, bit by bit these were nibbled away, till things were about as bad as before. In 1864 he felt it his duty, when addressing the then new graduates, to do what he was now driven to do—to advise them to avoid the Army Medical Service; and he was again reluctantly called upon emphatically to do so now, after a lapse of twenty-three years. It was sad to know that the traditional policy of the War Office was so indifferent, if it were not rather actually hostile, to the reasonable aspirations and wants of the Army Medical Service. They in civil life must make a determined stand on behalf of their army brethren, and sooner or later good would come of it. It was after the severe trial of the Crimean war that the then favourable Warrant was issued. It was when the army had become well supplied with doctors that the privileges then granted were gradually taken away. They were now under somewhat similar circumstances. That most troublesome foster-child of Britain, Egypt, had for a while been quieter than usual, and there had thus been a diminution of the troops serving there, and a good many medical officers had been brought home, so that now there was an abundance of these, as evidenced by the fact that there was to be no examination of candidates this August. Whether it was intentional or unintentional, it had an ugly look that this was the time selected for issuing a Warrant which had produced discontent in the Army Medical Department. That this discontent was universal could not

be gainsaid, and, however the War Office authorities might maintain that that was unreasonable, it left no doubt in his mind as to what his advice to them would be. He was bound to warn them against entering a service which was, from whatever cause, in a discontented state. As there was always fire where there was smoke, so where there was such widespread dissatisfaction there must be behind it some real grievance. It was not impossible that the dusky Egyptian bantling might again become restless, and require a carminative in the shape of an increased British force, and there might possibly be advantages again offered by the War Office to young medical men. Let them not be deceived in the meantime. Let them feel the shoe pinches a little, and tell them that, till absolute security was got for putting the army medical officer in a position becoming his professional character and status as a gentleman, they must look for medical officers elsewhere than among the graduates of the University of Edinburgh. By wise abstention they would do good, not to themselves only, but to the very department which they refused to join.

SIR THOMAS CRAWFORD AND THE MEDICAL STAFF.

SIR,—In common with most present at the general meeting at Dublin, I was so impressed by the emphatic statements of so eminent and respected an authority as Sir Thomas Crawford and his supporters in several retired officers in the military medical service, that I implicitly believed the statements of the Director-General and the others that there was no discontent in the Army Medical Service, and that the assertions in the report of the Parliamentary Bills Committee were "based on an entire misconception." The subject being entirely new to me, I having never read a line or heard a word on the subject, I have since made minute inquiry, with the result that I have found Sir Thomas Crawford's statement, on which, in my innocence, I had placed perfect reliance, absolutely contrary to the facts.

I know nothing whatever of the merits of the question, nor do I know whether the proposals of the Parliamentary Bills Committee meet the difficulty and remedy the injustice; but what I do now know is that there is grave and wide-spread discontent in the existing Army Medical Staff; that this discontent has been intensified by the utterly unexpected and *ex parte* statements of the Director-General and his retired army medical backers at the meeting; and that these present army medical officers distinctly declare that they dare not, for obvious reasons, make any individual statement of their disagreement with the alteration avowedly made by Sir Thomas Crawford himself, while they are not allowed to make a collective representation.

I do not doubt Sir Thomas Crawford's *bona fides*, and it is quite possible that I may be mistaken (from my utter ignorance on the subject) in the representation I have given of his statements; but one thing I am certain of now—namely, that Mr. Ernest Hart's statements are consistent with the facts, and that the Council will do well, before taking any new departure, to ascertain confidentially the actual feeling, not of retired, but of acting, medical officers.—I am, etc.,

NORMAN KERR, M.D.

M.B., M.S., writes: It is with feelings of great regret and much surprise that the great body of the officers of the Medical Staff have read the remarks and statements of Sir Thomas Crawford at the meeting of the British Medical Association. Sir Thomas denies that there is discontent, and gives as his reason that "no complaints have reached him." It is this reason that has surprised and given us all such pain, for we all know that no one is better aware of its worthlessness than Sir Thomas. Up to the present we all knew, and with great regret that he differed from us, but we thought he did so from want of knowledge of our feelings, and that it was for this reason he opposed us; but we are now plainly shown that he is prepared, even in the teeth of overwhelming evidence, to go almost any length in opposing the wishes of the vast majority of his brother officers. Not only has he made use of this stereotyped and worthless official formula, but he has thought it seemly to adopt the language of Surgeon-Major Boslean's letter to the *Lancet*, wherein he describes the present movement as originated and supported by those in the service of low origin. But is a movement supported by such honoured names amongst soldier-surgeons as Longmore, Maclean, Guyer Hunter, fairly so described? About the decency of such language in the letter referred to there is but one opinion, and regarding its adoption by the Director-General, in reference to these honoured men and the bulk of his brother officers, there is universal regret and indignation. If we differ as to principles let us at least conduct our discussions as gentlemen, and avoid the use of language which cannot affect the point at issue, and is unsuited to dispassionate and dignified controversy.

With regard to no complaints reaching the Director-General, the publication of the letter which he quoted, and others bearing the signature of their writers, is the best proof that can be given of the unwillingness of officers to make representations to him of a nature hostile to his expressed opinions, for of the number of letters written in favour of the movement, not one bears the signature of its writer, whilst the few written against it all bear the signatures of the writers when published. Could stronger proof be given of the unwillingness of officers to make personal representations? I am not going to impute motives, but I am going to tell you that the universal opinion in the service is that such letters are not wholly disinterested, and that if the subject advocated were known to be distasteful at headquarters, not one of these writers would so valiantly append his name, for if he did he knows very well of the thousand and one ways in which his life might be made miserable, and how much chance he

NAVAL AND MILITARY MEDICAL SERVICES.

SIR DOUGLAS MACLAGAN ON THE PRESENT POSITION OF THE ARMY MEDICAL STAFF.

In the course of his address to the newly-made graduates of the University of Edinburgh on August 1st, Sir Douglas MacLagan, Professor of Medical Jurisprudence in the University, in tendering his advice as to the choice of a line of practice, took occasion to examine the advantages offered by the public services. Court etiquette told them, he said, that the Royal Navy took precedence of the other services, and he should be guided by that rule. Assuredly at one time, and that well within the period of his own professional life, the last thing that one would have recommended a young medical man seeking em-

ployment would be to enter the Royal Navy, because the position in which he was placed was little else than scandalous on board ship. The Admiralty, however, more wise than some of their neighbours, listened to the remonstrances of the medical authorities at home, and the result was that the position of the young naval surgeon was now one which might be commenced on good grounds. There were, of course, drawbacks. The having a settled home, with that life-partnership which made home bright, and which was so properly looked forward to in civil life, was practically denied to him—at all events, till he had been some length of time in the service. He had his floating home when he was at sea, but he might find himself "cabin'd, crib'd, confin'd," if he wished for a little study—and he ought to wish it—to keep up professional and scientific or literary knowledge. He generally had no lack of time for study, for in truth one of the drawbacks for a man of energy was that he had too little in the way of professional duty to do; that his cases were seldom of an important character; and, if he should have among a crew of healthy, picked men an occasional case of clinical interest, it was apt to be sent ashore to a naval hospital, and so he was prevented from having the satisfaction of seeing the result of his treatment. On the other hand, he had the prospect of a pleasant life, with manly, genial comrades, and with the assured position of his rank as a wardroom officer. His mind got enlarged by seeing many lands and many peoples; and last, though not least, his income was secure, and, as his necessary expenses were not great, he could not only live on his pay, but even save something out of it. He might even occasionally have an opportunity of sharing in some expedition whose object was to enlarge the boundaries of science. He could not forget that the last expedition of this kind had for its scientific head a member of their own Medical Faculty; that its reports were themselves a library of scientific knowledge in all departments, ably continued as they had been by Dr. John Murray since the sad event which deprived the world of science of one of its foremost men, and himself (Professor MacLagan), among a host of others, of the genial companionship and affectionate friendship of Wyville Thomson. There was one point on which he thought the Admiralty might do good deal to improve the service and to attract good men to it. I would be an excellent thing if, after a ship's commission was out, they would encourage their medical officers to study when they return home by giving them a few months' full pay in order that they might go to some home or foreign school of medicine to revive their scientific knowledge, or to attend some of those post-graduate courses which were to be found in almost every school of medicine. He said nothing of the honour and glory of belonging to that navy which was the envy and admiration of the world, and was, as the 23rd of July showed, the embodiment of the power and prestige of Britain. There were not there to indulge in flights of oratory even if he had the wings necessary for such a performance, but to take a quiet utilitarian view of the spheres of duty open to a young medical man, and he could conscientiously recommend the Royal Navy to their careful consideration.

He wished he could do the same for the splendid branch of public service, the Medical Department of the Army; but, matters stood, he could not honestly do so. This was to him a source of real vexation. He never had the honour of belonging to that service, but he was the son of an army medical officer, whose war medal, with its six clasps, he preserved with pride as the evidence that he whose name he bore was entitled, better grounds than their old friend Horace, to say *militari non solum gloria*, and he always hoped that if ever he were called upon again to discharge his present duty, he would have had the privilege of enthusiastically recommending the Army Medical Department to the young graduates. From this, however, he was debarred by the knowledge of the present unsatisfactory position of army medical officers. T year, 1887, was unhappily inaugurated by a War Office Warrant, I enunciated on January 1st, which abolished relative rank in the Medical Department of the army. There were, up to that chilling November Day, three kinds of rank in the army—substantive, which held by every combatant officer, commissioned or non-commissioned; a field-marshal to a corporal; honorary rank, which the officers, with the exception of the medical, might attain to; relative rank, which was the only army rank a medical officer had, his last had been done away with, and the result, of course, was that the medical officer had now no army rank at all. It might be said, and had been said, that this was of little moment, that a medical officer had his required qualifications, and that that was enough for him; but it was otherwise in the army. The rank of some sort was of the highest importance for securing to the officer of the men whose health he had to attend to, and a p— among the other officers; and if he had none, he found

THE BRITISH MEDICAL

would have of promotion by "selection" when his opinions regarding the interests of the service were totally opposed to those of the officer with the power to "select" him, and who might really not "select" him because he honestly thought his bias were wrong.

A propos of Sir Thomas Crawford's official denial of the existence of discontent, I would draw attention to the discussion on defective weapons, reported in the *Standard* of August 5th. Lord Randolph Churchill made a statement, to which Mr. Campbell-Bannerman replied: "I was at the War Office at the time, and I know nothing of it." To which Lord Randolph rejoined: "It is quite possible the right hon. gentleman knew nothing of it, but it was a fact all the same." This is exactly the view that is taken by the Director-General's denial of the existence of discontent: It is a fact all the same, and we hope it will be soon proved beyond power of contention.

We were glad to see Sir R. W. Foster give his reason for doubting the existence of discontent. We know he is not a man to suit his facts to his theories, and we look forward with confidence to his expression of opinion when he has before him the opinions of the hundreds of officers on the active list, with which he can be supplied. The same may be said of Professor Haughton, who knows how to put two and two together, and who will undoubtedly be convinced by the stern logic of facts which will soon be available.

A MEMBER writes: A propos of Sir Thomas Crawford's remarks at the recent meeting of the British Medical Association in Dublin, relating to the abolition of relative rank in the army, and to the absence of any discontent amongst medical officers consequent thereon, allow me to recall to your readers' recollection the reason given by Surgeon-General Crawford, at the Cork meeting in 1879, for the dearth of candidates for the Army Medical Service, which he stated, in my hearing, to be due to the difficulty of the qualifying examination. Now, everyone else but himself knew perfectly well that the then existing unpopularity of the service was the only cause of the paucity of candidates, as was soon demonstrated by the large number presenting themselves for examination when the obnoxious elements were removed. May he not be also misinformed now?

HONESTY THE BEST POLICY writes: That the Director-General could, if he so wished, have ascertained the opinions of the majority of the department is a circumstance, was it well to intimate that we who differ from him are not worthy of any consideration? The conclusion I am sorry to say seems to be that he is utterly ignoring the wishes of his subordinates. As to his representation of the question is not the only one we would—say the least of it—consider it is one feeling of express to him our honest opinion. As an instance, if there is the dissatisfaction with the secret way the roster for foreign service is a very general feeling of distrust in the absolute fairness of our distribution. This, indeed, may be entirely owing to the roster not having been kept in that open and above-board manner which would disarm suspicion. By-the-by, this seems to me a somewhat parallel case with the rank question, in that both are caused by a feeling of uncertainty or indefiniteness, and there is a decided suspicion that this is manipulated to our disadvantage, according to how we stand in the office, or otherwise; and the remedy, too, is so apparently simple. Hang up the roster in the office, so as to show clearly their position to all concerned, and which cannot be misinterpreted by anyone. That this would obviate, in part, at least, prevent friction, few, I think, will deny; but what is the use of arguing, as those who uphold the views of the Director-General, if there are any in the service, do not condescend to it? To you, Mr. Editor, we are indeed very grateful for your powerful aid, and the publicity of your invaluable paper; still, our case is a hard one, deserted by our chief, to whom I well remember we lost touch of the executive, we cannot blame him for his opinion, but he should remember that his public utterances ought to be as the mouthpiece of the department, whose views on the rank question he has taken no steps to discover.

RELATIVE RANK.

SIR,—In my letter appearing in the *JOURNAL* of July 30th, respecting the army medical grievances, a transposition of numbers occurred, causing an inaccuracy I would wish corrected, the Indian pay being £253 per annum, or £38 (not £53) less than the medical officer receiving when on home service.—I am, etc.,

FRANCIS T. HEUSTON, M.D.

DR. J. P. H. BOLLAC, Surgeon-Major of 23 years' full-pay service (Percy Medical Officers of the Army) writes: The British Medical Association deserves well of the medical officers of the army for expressing with such promptitude their cause, and presenting with such vigour its decision to appeal against the infringing rank; but the matter is now most satisfactorily settled, and it will be a great mistake for the Association to proceed further. I do sincerely hope that no association, college, hospital, or school, will lend its aid to those who are demanding that the medical officers of the army should be called Captains, Colonels, etc. Believe me, Sir, these mischievous agitators are doing a world of harm to the Medical Staff of the army.

PAY AND ALLOWANCE TO VOLUNTEER SURGEONS.

MR. WALTER FRANK (Acting Surgeon Artists' R.V.) writes: The question of pay and allowances to volunteer medical officers has been the subject of many contrived complications. Surgeon R. T. A. O'Callaghan, 1st Flint A.V., who passed the School of Instruction at Aldershot with me last September, has actually received his pay of £24, and allowances of £24. 3d. per day for six weeks' training, whereas my application was refused.

The glorious uncertainty of the law is thus equalled, if not surpassed, by the decisions of the Pay Department of the War Office.

We learn
authorities
them to
of troops
to serve
Corps or
It would
this char
cise the p
War Office
Medical S
latter dep
position,
rights and
endanger
must be c
the mutu
We belie
pledge the
investigation
best interest

THE UNDER
J. A. VASEY
Surgeon and
gon to the
Eastney; G.
Surgeon G.
1876) has been
duly during
star.

DEPUTY SUR
General vice
ant-Surgeon
March 1st, 18
General, May
at present at
Brigade-Sur
He entered G
gon August 2
January 2nd,
present at the
clap).
Surgeon-Ma
Glifton. His
gon, March 1
dition in 1884
and Egyptian
Surgeon-Ma
rank of Brig
gon March 1
in Egypt in 1
and Egyptian
Surgeon-Ma
step of home
October 2nd, 1
January 1st, 18

SURGEON J. W
Asbury, is direc
Major G. H. H
Medical Store I
Surgeon-Maj
as Port Officer
Thynne on priv
Surgeon-Maj
cinate in medical
A. F. Ferguson
Surgeon-Maj
Dharwar, has re

THE UNDER
periods specif
months on medi
ment, for two m
E. BURROUGHS,

SURGEON A. H.
ment (formerly

representatives of Branches out of the general funds of the Association, and it was referred to the Council to ascertain once more the wishes of the Branches. The circular issued was, as has been pointed out in the correspondence in these columns, so far unfortunate that it omitted to put before the Branches an important alternative among the various propositions which have been urged, namely, the proposition that those Branches which, either from their distance from the centre, their limitation of numbers, or their restricted funds, were unable to pay the fares of their representatives, and which desired to do so, should have power to obtain a grant for the purpose from the general fund. The result of the voting is stated in the report, but the last edition of the report of the Council announced that the votes of one important Branch—the Metropolitan Counties Branch—had been omitted, and that the actual balance of the numerical representation in the Branches voting, which had been stated as having been in favour of payment, was in fact against it. Under the influence of the figures, which at first seemed to indicate a numerical majority on the part of those members who had voted in favour of such payments, the Council had adopted a resolution recommending a general scheme of payments to all members of the Council, representative and non-representative. Sir Walter Foster, however, in his speech moving the adoption of the report, intimated that, under the altered circumstances, the Council would not consider any amendment to its propositions as of a hostile character. This course relieved the meeting from some embarrassment. Various speeches were made on the subject. The debate was conducted with considerable vigour, although, as has not been usual on such occasions, with some confusion; but throughout, the meeting manifested a decided objection to the proposed payments, and in the end, the amendment moved by Dr. Strange, substituting a paragraph hostile to payment, was carried by a considerable majority, and a subsequent amendment for payment of representatives only was negatived not less decisively.

Arguments which seemed to prevail were that a considerable proportion of the Branches had surpluses; that some of them were in the habit of paying the railway fares of their representatives; that many of them, not knowing how otherwise to dispose of their surplus, gave annual sums away to charities or expended them in contributions to a dinner fund; that the business of the Association, according to the report of the Council, was carried on very largely by committees, and that if the ordinary and, for the most part, merely formal meetings of Council were paid for, then the meetings of committees, which were often engaged on most laborious and difficult business, would in equity also have to be paid, if it was desired that they should be well attended. Then it was argued that the payments involved would amount at a minimum to a sum of not less than £500 a year, and, should committees of Council be paid, would amount to an indefinitely larger sum; that the beginning of paying fees in a

sions of opinion of the members at large. It must be remembered that the funds in question are those of the members collectively, and that they have a decisive vote as to the higher or lower objects for which they wish them to be divided.

SIR THOMAS CRAWFORD ON RELATIVE RANK.

AN incident of considerable interest occurred at the second general meeting, when the reports of the Committees were presented, on the reading of the Report of the Parliamentary Bills Committee, which had been previously presented and accepted by Council. Sir Thomas Crawford, the Director-General of the Army Medical Department, delivered himself of a very able and carefully-prepared attack upon those paragraphs of the report which referred to the complaints of the great body of army medical officers who feel aggrieved by recent changes in the army medical Warrants, and who have sought the assistance of the Parliamentary Bills Committee and of the Association in obtaining redress for their alleged grievances. In the opinion of Sir Thomas Crawford—as our readers will not be unprepared to learn from the statement which we recently published of an interview between Sir Thomas Crawford, Mr. Ernest Hart, and Surgeon-General Maclean, C.B.—the Army Medical Service has no grievance. The deprivation of relative rank has left them no worse off than they were before, and all statements which have been made on the subject by the masses of army medical officers who have addressed the Parliamentary Bills Committee and the JOURNAL are illusory and without foundation. He went further than this—he read with approval and satisfaction a letter which had been published declaring that this agitation proceeds from a low source and stigmatising it in terms of unusual severity. That Sir Thomas Crawford holds opinions contrary to those of other members of the service over which he presides, who have in such great numbers besought the aid of the British Medical Association and the leading medical corporations of Ireland and Scotland, and who have secured the sympathies of the students of Edinburgh, as our columns have recently testified, is no secret. He had on this occasion one great advantage over the officers of his department, whose good sense and whose conduct he assailed, in that no previous notice had been given of his intention to make this address, and that virtually in his presence their mouths were sealed on such a subject. Strangely enough Sir Thomas Crawford appeared to deny that there was any widespread discontent in his department, and he inferred this from the fact that he had no official intimation of it from the officers of the department, while he maintained with considerable warmth that it was an imputation on himself to assert that if they felt that discontent they would not individually communicate it to him. Collectively they dare not. It is contrary to rule, and the Secretary of State for War, in reply to a question which Dr. Farquharson recently put in the House of Commons for the purpose of officially unsealing the mouths of the medical officials of the army, expressly refused to unseal their mouths, and to allow them to make any collective representation on the subject. Sir Thomas Crawford declares that no medical officer would suffer for making an individual representation of views hostile to his own. That declaration is entitled to its fullest weight. On the other hand, it must be contrasted with the fact that their impression on this subject is entirely contrary to his own, and that, with singular unanimity, they individually declare that they cannot venture to make such individual repre-

sentations to a chief who entertains opinions so avowedly hostile to their views. On that matter we can only say that the officers of the Medical Department at large and their chief avowedly entertain wholly opposite opinions, and it is idle to suppose that at this acute stage of the differences between Sir Thomas Crawford and so great a number of the officers of his department they are likely to be encouraged by the address which he delivered on Tuesday to make any such personal representations. Other observations on the part of Sir Thomas Crawford it is equally difficult to understand, especially coming from him; thus he adverted with no small asperity to the proceedings which have been taken to make known the prevalent feelings of the department in the medical schools of Great Britain; and he quoted some remarks on the subject in a recent number of the JOURNAL, with the observation that he headed them with the word "strike," and this so-called strike he condemned. Now barely a fortnight has elapsed since Sir Thomas Crawford had an opportunity elsewhere of expressing his opinion on these various subjects. Mr. Knox, the Accountant-General, in the evidence which he gave to a Committee of the House of Commons as to the increase of pay and the improved retirement, and the other fanciful additions which had been granted for the army medical officers of late years, stated that they were the result of a combination of the medical profession, and of the action of the students consequent thereon in the medical schools. He said, "We have been forced to concede these successive privileges of pay and retirement to army medical officers not from our own convictions, but by a combination of the medical profession, of which Mr. Ernest Hart has always been the ringleader." We are quoting from memory, but that is the precise effect of his words, and he added that these results, in fact, were gained by a strike in the profession. A few days subsequently Sir Thomas Crawford, who gave evidence before the aforesaid Committee, was examined on the subject, and he was questioned whether the advantages thus gained were the result, as Mr. Knox had stated, of a "strike." We again quote from memory, but we certainly should not be wrong in saying that his reply was that such a movement was improperly described as a strike. A strike, he justly observed, was a refusal on the part of those employed to go on with their work until they were conceded higher terms, and the officers of the Army Medical Service had never struck; they had always done their work well and efficiently, while taking means, if necessary, to make known their grievances to the civil medical profession. The profession and their colleagues and students in the medical schools had, until those grievances were remedied, refused to become candidates for vacant appointments; but this, he correctly observed, was not a strike. It is, in fact, only the exercise of the just means, and the only means, which the civil profession and the students in the medical schools possess of acting upon their convictions that the conditions of service offered to the Army Medical Service are not satisfactory. It seems, however, that it was not a strike in Sir Thomas Crawford's opinion so long as the objects aimed at were those which had his personal concurrence and when he himself was among those who desired them, but it becomes a strike when he does not concur in the views to which effect is given by such combinations. This is an anomaly which we find it difficult to explain; but it bears very directly upon the questions at issue. In view, however, of the opinions so energetically stated by Sir Thomas Crawford in the surprise attack which he conducted with so much military skill, and of

the support given to them at the meeting from unexpected quarters, the course was adopted of referring back these paragraphs of the report of the Parliamentary Bills Committee to the Council for further inquiry.

This course would enable the evidence at hand to be analysed, and would afford opportunity for those members of the service who differ from Sir Thomas Crawford to give a confidential expression to their experience and their views, which would aid in guiding the Committee of Reference to just conclusions in the answers to the recently-issued circular, which, when analysed, throw additional light on the subject. They would enable the Committee to judge whether Sir Thomas Crawford be well founded in the declaration that the discontent in his department is either non-existent or confined to a noisy but unimportant minority. We may frankly say that during twenty years' experience of the editorship of this JOURNAL we have never known any manifestation so numerous and coming from so many different quarters of the globe as those which have reached us on this subject. For a long time we checked their expression, from the fear that they might be only the opinions of a few, and therefore calculated unwisely to disturb the equanimity of the department, which all would wish to see contented and quiet. If Sir Thomas Crawford be correct, then a practical joke of the most highly organised and extensive character has been played upon the Parliamentary Bills Committee and upon various great professional bodies by skilful conspirators, who must either have forged the names of eminent and distinguished medical officers in the service or have adopted some other expedient for falsifying their opinions. So far from this agitation proceeding from any low source, as was alleged in the quotation which Sir Thomas Crawford dignified and made his own by making it the peroration of his carefully premeditated address, we can confidently state that among many who have addressed us on the subject are the most highly respected, the most trustworthy, and the most distinguished officers of the service. No doubt the grievance is one which especially affects the rank and file of the Medical Department, but they are not the persons least entitled to the sympathy and support of the British Medical Association, whose boast it has always been to help the weak, and most certainly they are not without countenance from men hardly second even to Sir Thomas Crawford himself in position and experience in the department over which he presides. This much is due to the vindication of the course taken by the Parliamentary Bills Committee, and of the action which has been inspired in this JOURNAL by a desire to do justice to those numerous brethren in the Army Medical Service who feel deeply the grievances which Sir Thomas Crawford declares to be non-existent, and who appeal to us once more, as of old, for assistance and support with a confidence which we could not properly belie. The matter is one of considerable interest to the Association, which has always desired to aid its weaker brethren in every department of public life.

that Dr. Taylor may not have been aware of its existence. It contained several analyses of urine previous to and subsequent to the administration of colchicum.—I am, etc.,

J. M'GRIGOR MACLAGAN, Medical Officer of Health, Hexham.
August 17th.

CHRONIC PROSTATITIS AND ASPERMATISM.

SIR,—I have to thank Mr. Arthur Cooper for the references he has been kind enough to furnish with respect to aspermatism or prostatic disease. I did not enter into the question of treatment in my account of an example of chronic prostatitis, published in the JOURNAL of July 30th, because the chief interest of the case appeared to lie in its physiological bearings. The plan adopted was mainly suggested by the complaints of the patient—aggravation of the perineal pain after riding and long sitting, and during defecation, especially when the motions were hard. The indications, therefore, were to forbid horse exercise, to recommend the recumbent position in preference to sitting, and to prevent constipation. In addition to these measures, and attention to some minor defects of health, the patient was directed to abstain for about two months from sexual intercourse, and to rub an ointment of iodide of potassium into the perineum every night.—I am, etc.,

WILLIAM ANDERSON.

25, Grosvenor Road, Westminster, August, 15th.

MINERS' NYSTAGMUS.

SIR,—I called attention to this peculiar disease in 1875; since then I have created upwards of two hundred cases; and, although impressed with Mr. Jeaffreson's able lecture, I must confess that I have seen nothing which would lead me to suppose that it was either caused by or accompanied with any lesion of the central nervous system. Miners' nystagmus appears to me to be a pure myopathy, analogous to that rare condition of the muscles of articulation known as auctioneers' spasm, or to writers', pianists', and telegraphists' cramp, or to a similar affection of the gastrocnemius muscles occasionally observed in ballet dancers, who run and pirouette on tiptoe until they are attacked by cramp, spasm, and uncontrollable motions whenever they attempt to dance at all.

The extraordinary oscillation of the eyeball noticed in the subjects of nystagmus appears to me to be due to the close connection which exists between the ciliary muscle and the internal rectus, may be developed in any of the muscles engaged in the effort at accommodation, and is, I think, caused solely by the overtaxing of these organs. The miner, surrounded by black objects, makes, day after day, for years, a great and sustained effort to see in an imperfect light (especially imperfect when safety lamps are used). The muscles engaged in this constant strain are overtaxed, in the course of time give way, and at last, when called upon, become agitated and fluttered, escape from the control of the will, and, just as in the analogous cases cited above, perform irregular motions, so that, as the miners express it, "the lights dance" whenever they look at them. These are the views which I expressed in my paper published in 1875, and I am glad to find myself in accord with Dr. Dransart, Mr. Simeon Snell, and other authorities, although I agree with Mr. Jeaffreson that the affection, though most frequent in that class, is not confined to holders who work in a certain position.—I am, etc.,

CHARLES BELL TAYLOR, M.D., F.R.C.S.E.,
Surgeon to the Nottingham and Midland Eye Infirmary.

NAVAL AND MILITARY MEDICAL SERVICES.

RELATIVE RANK.

SIR,—The remarks made by Sir Thomas Crawford, Director-General of the Army Medical Department, at the second general meeting of the Association, with reference to the vexed question of army relative rank, and the action taken thereon by the meeting in referring back to the Parliamentary Bills Committee for further consideration the paragraphs relating thereto in their report, render it, I think, incumbent upon all the members of the service, whether on the active or the retired list, to place at the disposal of the Committee a brief statement of their individual opinions. Under these circumstances, therefore, I hope you will excuse me for troubling you with the following lines.

Sir Thomas Crawford asserts that the recent abolition of relative army rank has not in any way modified the position of army medical officers, and that, consequently, it cannot be considered a grievance; and he further asserts, somewhat boldly, that there is no foundation for the belief that the change has aroused a widely spread feeling of

THE HIGHER SCIENTIFIC TRAINING OF THE ARMY MEDICAL OFFICER.

SIR,—In all the opinions expressed about the status of the army doctor within the army, people seem to forget that the medical service is before everything a preventive medical service, and that its great object is to stop the oncoming of disease from bad sanitary conditions. Remembering this fact, you can quite see that, if our scientific teaching forces us to be continually urging on uneducated commanders the needs of sanitary precautions, it is not fair to measure us by the opinions of those often prejudiced men whom we have had to urge into compliance with our suggestions.

Do you imagine that, in any English borough, we should measure the value of an active medical officer of health by the opinion expressed about him by the obstructive members of the borough corporation, or by the owners of unhealthy houses? No, you would not do so; you would say they were prejudiced. We are exactly in the same condition. We are fighting for sanitary progress, and in the fight we find ourselves heavily handicapped against executive authority from absence of sanitary knowledge in the governing body of the army.

To measure us by their opinion would be very unjust. We need their special protection against aggression that we may, without fear, do our duty to keep the army healthy. It is for this reason we need defined status and shelter against any factious oppression. But when you talk of our scientific knowledge, and the need of developing it, we are all with you. Permit me to say that, after leaving Netley, where the training is itself markedly deficient in at least one subject, nothing is done to develop our knowledge by state action.

The Netley training is deficient in this particular, that the science of hospital administration is not taught there. Practically, since 1873, no change has been made in the course of instruction there, although since that same date we have been entrusted with the administrative command of our hospitals. This, then, is of the most urgent matter as far as the Netley course is concerned.

But what training is given when this is over? I reply, nothing. And what is needed? I reply, a definite course of instruction, say for six months, between the eighth and twelfth year of our army service, after return from foreign stations, for the purpose of refreshing and levelling up our knowledge, grown rusty in outlandish colonies, and remote Indian garrisons, and on field service.

We want a definite order issued, that a secondary course of study for six months shall be compulsory on all army surgeons. We need that course to be given in London, and the officers to be struck off all duty while attending it. We need at least four professors, chosen from separate London hospitals and schools, and paid to teach the thirty or forty medical officers who would annually have to be instructed.

We need some class-rooms in London, and a medical officer as secretary, to keep the class records; and this secretary would find in London a military medical institute like the R.A. Institute and the R.E. Institute, and the professors would take the classes in their own hospitals on special days every week; for instance, surgery at St. Thomas's Hospital, medicine at University College, pathology at Guy's Hospital, and hygiene at St. Bartholomew's, or any such like plan. The professors should be chosen from the best London teachers, every five or seven years, and be paid £500 a year while doing the work.

This post-graduate teaching is urgently needed; we all desire to have it; if, then, you want us to be more scientifically efficient, address the authorities, and get it for us. It will cost £8,000 a year, and it will repay the country five-fold. If you think, because I want just rank in the army, that I wish to ignore medicine, you are wrong. I wish to be scientific and learned in my work, but the authorities refuse me the chance. They institute examinations as they please, but the definite courses of instruction needed by officers who are serving England far and wide over her spreading empire, they do not establish; for there are no garrison-classes, literally no advanced educational aid, yet no corps needs it more than we do, remembering the rapid progress of scientific medicine, and our prolonged foreign service.

Were I a gunner, I could go through any number of artillery classes when of senior rank. Were I a sapper, I could go at Government expense to visit every great engineering factory at home or abroad. Were I in the infantry, I could spend two years at the staff college learning the higher branches of the military art. But I am an army medical officer, asked to make bricks without straw, and am expected, after years of isolation in colonies, to rival Jenner in medicine, Paget in surgery, and Parkes in hygiene.

It cannot be done, unless the State mean to do it, and that costs money. Give us our post-graduate training when we are sensible of our ignorance, and anxious to work, and you will then have achieved a great work for the profession in the army, and for that private soldier who is wholly depending on our skill.—Yours, I. V. R. C.

discontent throughout the department; the latter assertion he bases mainly on the fact that not a single complaint has been addressed to himself as Director-General, to the Commander-in-Chief, or to the Secretary of State for War. I can quite sympathise with the warmth of feeling with which he indignantly repudiated the real explanation of this fact as implying an unjustifiable charge against himself; a very little consideration, however, will, I think, show that in this inference he is mistaken. It cannot be denied that the head of a department has it in his power, by mere neglect and without any manifest official interference, materially to mar the professional prospects of a subordinate, and the only possible safeguard against such a result lies in the personal character of that head, in his absolute sense of justice, his impartiality, and his freedom from prejudice. This personal element it is impossible to eliminate, and the majority of men will, even almost against their convictions, feel bound to take it into account.

From what I know of Sir Thomas Crawford, I have no hesitation in saying that, in his case, the risk which a subordinate officer would run in making an appeal to him would be absolutely *nil*, however diametrically opposed their views might be on the point in question; but there are very few individuals who will run even an infinitesimal risk from pure *esprit de corps*, and without implying any absolute doubt of Sir Thomas's impartiality, this fear does lie at the root of the matter, and is the true explanation of the absence of all individual official complaint. In the face of the evidence you have in your possession already, however, it is useless to contend that widespread discontent does not prevail. The real question is, Is this discontent reasonable and justifiable? Personally, I am very strongly of opinion that it is.

There is an obscurity about the new Warrant and its official interpretation which renders a discussion of the matter somewhat difficult, for, while the Warrant states that relative rank, the only extra-departmental rank hitherto held by medical officers, has been abolished, and no other form of rank substituted for it, the official explanation asserts that the position of members of the service remains absolutely unaltered; now this is to me utterly incomprehensible, except on the supposition that the Government means to assert that relative rank never had any meaning, that it was simply equivalent to zero, and that the subtraction of zero leaves matters as they were. It was not on this understanding that the present members of the department took service under Government, and that such an interpretation should be sprung upon them thus late in the day is certainly a most substantial grievance; if, however, on the other hand, relative rank in former days did mean something, its abolition signifies the taking away of that something, nor do I see any possible escape from the horns of this dilemma.

The further question next arises, is the privilege medical officers formerly possessed, or at any rate believed they possessed, a privilege worth fighting for? I believe that it is. In entering the Army Medical Service, professional men elect to associate themselves permanently with an official society in which military rank is the accepted test of social position; under these circumstances, is it not manifestly essential to the maintenance of a position worthy of their profession that they should be guaranteed military rank, not merely amongst themselves, but relatively with reference to their brother officers, whose functions are purely military? Such rank has no necessary reference to military command, with which a medical officer has no concern, but it has reference, and very important reference, to social position and social privilege; nor can I see how, by accepting and valuing such rank, rank which his military brother officer confessedly values and esteems, a medical man can be considered as in any way derogating from the dignity of his profession.

I notice that some of the speakers at the meeting contended that to a medical man army rank is useless, that his position will always practically be within his own control, and that it will depend upon his personal character and professional reputation. No doubt to a certain extent this is true, but I do not find that in civil life such sentiments are very largely acted upon; professional men in civil life do not disdain to accept honours and distinctions which are considered of value by those amongst whom they live, even though these honours and distinctions have little if any reference to their position as medical men.

Sir Thomas Crawford laid much stress upon the fact that relative rank was not the only rank a medical officer held, and in proof read to the meeting the terms of a medical officer's commission, which is conceived in precisely the same terms as the commission of a combatant officer, and neither makes any allusion whatever to relative rank. This is true, but it is likewise utterly irrelevant to the question at issue. A medical officer's commission confers upon him the rank of Surgeon,

Surgeon-Major, etc., in Her Majesty's Forces, with all the privileges attached thereto, of which one, and not the least, used to be a definite military rank with reference to his brother officers of the combatant branch; this privilege has now been taken away, his rank, therefore, is purely departmental, and his position with respect to combatant officers is absolutely undefined. This it is which is the grievance complained of, and I cannot understand how it can with justice be made light of or ignored.

I cannot conclude without protesting against the injustice of stigmatising the appeal which so many medical officers have made to you and to others as representing anything of the nature of a "strike;" the medical officers of the army have never yet shirked their duty, nor do I believe they ever will, however unjustly they may be treated; if treated badly they will elect to retire from the service at the earliest possible opportunity, and they may warn their younger professional brethren against committing themselves to a career the prospects of which have been modified for the worse, but in this, I contend, they are acting strictly within their rights, and are in no way deserving of blame.

Thanking you personally for the great trouble you have taken, and are taking, to right what I believe to be grievous wrong, permit me to subscribe myself, yours truly,

S. B. PARTRIDGE, Q.H.S.,
Deputy Surgeon-General Bengal Army (retired).

MILITARY RANK A DEGRADATION.

SIR.—Sir Thomas Crawford, in his speech at the last general meeting of the Association, stated that it would be a degradation for officers of the Medical Staff to accept military titles; yet viscounts and peers accept the same "degradation" daily. They accept, and we ask for these titles, in order that we may be *graded*, and no longer *degraded* as we now are—in order that we may receive the courtesy and amenities due to our grade, and not the off-hand treatment to which we are daily exposed through our degradation.

Titular rank is the only balance by which we can be weighed in the army, and Captain the Hon. Tom Noddy will touch his cap and pay proper respect to the baker's son who may happen to command his regiment. I fail to see that it can be in any way more degrading to wear the soldier's title than to wear the soldier's sword. We have the latter; give us the former. We have won them both.—I am, etc.,

"IN THE WAR OFFICE."

discontent throughout the department; the latter assertion he bases mainly on the fact that not a single complaint has been addressed to himself as Director General, to the Commander-in-Chief, or to the Secretary of State for War. I can quite sympathise with the warmth of feeling with which he indignantly repudiated the real explanation of this fact as implying an unjustifiable charge against himself; a very little consideration, however, will, I think, show that in this inference he is mistaken. It cannot be denied that the head of a department has it in his power, by mere neglect and without any manifest official interference, materially to mar the professional prospects of a subordinate, and the only possible safeguard against such a result lies in the personal character of that head, in his absolute sense of justice, his impartiality, and his freedom from prejudice. This personal element it is impossible to eliminate, and the majority of men will, even almost against their convictions, feel bound to take it into account.

From what I know of Sir Thomas Crawford, I have no hesitation in saying that, in his case, the risk which a subordinate officer would run in making an appeal to him would be absolutely nil, however diametrically opposed their views might be on the point in question; but there are very few individuals who will run even an infinitesimal risk from pure *esprit de corps*, and without implying any absolute doubt of Sir Thomas's impartiality, this fear does lie at the root of the matter, and is the true explanation of the absence of all individual official complaint. In the face of the evidence you have in your possession already, however, it is useless to contend that widespread discontent does not prevail. The real question is, Is this discontent reasonable and justifiable? Personally, I am very strongly of opinion that it is.

There is an obscurity about the new Warrant and its official interpretation which renders a discussion of the matter somewhat difficult, for, while the Warrant states that relative rank, the only extra-departmental rank hitherto held by medical officers, has been abolished, and another form of rank substituted for it, the official explanation asserts that the position of members of the service remains absolutely unaltered; now this is to me utterly incomprehensible, except on the supposition that the Government means to assert that relative rank never had any meaning, that it was simply equivalent to zero, and that the subtraction of zero leaves matters as they were. It was not on this understanding that the present members of the department took service under Government, and that such an interpretation should be sprung upon them thus late in the day is certainly a most substantial grievance; if, however, on the other hand, relative rank in former days did mean something, its abolition signifies the taking away of that something, nor do I see any possible escape from the horns of this dilemma.

The further question next arises, is the privilege medical officers formerly possessed, or at any rate believed they possessed, a privilege worth fighting for? I believe that it is. In entering the Army Medical Service, professional men elect to associate themselves permanently with an official society in which military rank is the accepted test of social position; under these circumstances, it is not manifestly essential to the maintenance of a position worthy of their profession that they should be guaranteed military rank, not merely amongst themselves, but relatively with reference to their brother officers, whose functions are purely military! Such rank has no necessary reference to military command, with which a medical officer has no concern, but it has reference, and very important reference, to social position and social privilege; nor can I see how, by accepting and valuing such rank, rank which his military brother officer confessedly values and esteems, a medical man can be considered as in any way derogating from the dignity of his profession.

I notice that some of the speakers at the meeting contended that to a medical man army rank is useless, that his position will always practically be within his own control, and that it will depend upon his personal character and professional reputation. No doubt to a certain extent this is true, but I do not find that in civil life such sentiments are very largely acted upon; professional men in civil life do not disdain to accept honours and distinctions which are considered of value by those amongst whom they live, even though these honours and distinctions have little if any reference to their position as medical men.

Sir Thomas Crawford laid much stress upon the fact that relative rank was not the only rank a medical officer held, and in proof read to the meeting the terms of a medical officer's commission, which is conceived in precisely the same terms as the commission of a combatant officer, and neither makes any allusion whatever to relative rank. This is true, but it is likewise utterly irrelevant to the question at issue. A medical officer's commission confers upon him the rank of Surgeon,

Surgeon-Major, etc., in Her Majesty's Forces, with all the privileges attached thereto, of which one, and not the least, used to be a definite military rank with reference to his brother officers of the combatant branch; this privilege has now been taken away, his rank, therefore, is purely departmental, and his position with respect to combatant officers is absolutely undefined. This it is which is the grievance complained of, and I cannot understand how it can with justice be made light of or ignored.

I cannot conclude without protesting against the injustice of stigmatising the appeal which so many medical officers have made to you and to others as representing anything of the nature of a "strike;" the medical officers of the army have never yet shirked their duty, nor do I believe they ever will, however unjustly they may be treated; if treated badly they will elect to retire from the service at the earliest possible opportunity, and they may warn their younger professional brethren against committing themselves to a career the prospects of which have been modified for the worse, but in this, I contend, they are acting strictly within their rights, and are in no way deserving of blame.

Thanking you personally for the great trouble you have taken, and are taking, to right what I believe to be grievous wrong, permit me to subscribe myself, yours truly,
S. B. PARTRIDGE, Q.H.S.,
Deputy Surgeon-General Bengal Army (retired).

MILITARY RANK A DEGRADATION.

SIR,—Sir Thomas Crawford, in his speech at the last general meeting of the Association, stated that it would be a degradation for officers of the Medical Staff to accept military titles; yet viscounts and peers accept the same "degradation" daily. They accept, and we ask for these titles, in order that we may be *graded*, and no longer *degraded* as we now are—in order that we may receive the courtesy and amenities due to our grade, and not the off-hand treatment to which we are daily exposed through our degradation.

Titular rank is the only balance by which we can be weighed in the army, and Captain the Hon. Tom Noddy will touch his cap and pay proper respect to the baker's son who may happen to command his regiment. I fail to see that it can be in any way more degrading to wear the soldier's title than to wear the soldier's sword. We have, the latter; give us the former. We have won them both.—I am, etc.,

"IN THE WAR OFFICE."

THE HIGHER SCIENTIFIC TRAINING OF THE ARMY MEDICAL OFFICER.

SIR,—In all the opinions expressed about the status of the army doctor within the army, people seem to forget that the medical service is before everything a preventive medical service, and that its great object is to stop the oncoming of disease from bad sanitary conditions. Remembering this fact, you can quite see that, if our scientific teaching forces us to be continually urging on uneducated commanders the needs of sanitary precautions, it is not fair to measure us by the opinions of those often prejudiced men whom we have had to urge into compliance with our suggestions.

Do you imagine that, in any English borough, we should measure the value of an active medical officer of health by the opinion expressed about him by the obstructive members of the borough corporation, or by the owners of unhealthy houses? No, you would not do so; you would say they were prejudiced. We are exactly in the same condition. We are fighting for sanitary progress, and in the fight we find ourselves heavily handicapped against executive authority from absence of sanitary knowledge in the governing body of the army.

To measure us by their opinion would be very unjust. We need their special protection against aggression that we may, without fear, do our duty to keep the army healthy. It is for this reason we need defined status and shelter against any factious oppression. But when you talk of our scientific knowledge, and the need of developing it, we are all with you. Permit me to say that, after leaving Netley, where the training is itself markedly deficient in at least one subject, nothing is done to develop our knowledge by state action.

The Netley training is deficient in this particular, that the science of hospital administration is not taught there. Practically, since 1873, no change has been made in the course of instruction there, although since that same date we have been entrusted with the administrative command of our hospitals. This, then, is of the most urgent matter as far as the Netley course is concerned.

But what training is given when this is over? I reply, nothing. And that is needed! I reply, a definite course of instruction, say for six months, between the eighth and twelfth year of our army service, after return from foreign stations, for the purpose of refreshing and levelling up our knowledge, grown rusty in outlandish colonies, and remote Indian garrisons, and on field service.

We want a definite order issued, that a secondary course of study for six months shall be compulsory on all army surgeons. We need that course to be given in London, and the officers to be struck off all duty while attending it. We need at least four professors, chosen from separate London hospitals and schools, and paid to teach the thirty or forty medical officers who would annually have to be instructed.

We need some class-rooms in London, and a medical officer as secretary, to keep the class records; and this secretary would found in London a military medical institute like the R.A. Institute and the R.E. Institute, and the professors would take the classes in their own hospitals on special days every week; for instance, surgery at St. Thomas's Hospital, medicine at University College, pathology at Guy's Hospital, and hygiene at St. Bartholomew's, or any such like plan. The professors should be chosen from the best London teachers, every five or seven years, and be paid £2000 a year while doing the work.

This post-graduate teaching is urgently needed; we all desire to have it; if, then, you want us to be more scientifically efficient, address the authorities, and get it for us. It will cost £28,000 a year, and it will repay the country five-fold. If you think, because I want just rank in the army, that I wish to ignore medicine, you are wrong. I wish to be scientific and learned in my work, but the authorities refuse me the chance. They institute examinations as they please, but the definite courses of instruction needed by officers who are serving England far and wide over her spreading empire, they do not establish; for there are no garrison-classes, literally no advanced educational aid, yet no corps needs it more than we do, remembering the rapid progress of scientific medicine, and our prolonged foreign service.

Were I a gunner, I could go through any number of artillery classes before I was senior rank. Were I a sapper, I could go to Government expense to visit every great engineering factory at home or abroad. Were I in the infantry, I could spend two years at the staff college learning the higher branches of the military art. But I am an army medical officer, asked to make bricks without straw, and am expected, after years of isolation in colonies, to rival Jenner in medicine, Paget in surgery, and Parkes in hygiene.

It cannot be done, unless the State mean to do it, and that costs money. Give us our post-graduate training when we are sensible of our ignorance, and anxious to work, and you will then have achieved a great work for the profession in the army, and for that private soldier who is wholly depending on our skill.—Yours, I. V. R. C.

ARMY MEDICAL STAFF.

SIR,—Since the publication of my letter in your issue of July 30th, so many important events have occurred in connection with the subject of my letter that I now beg to trespass further on your valuable space. In the first place, the subject has been taken up by the leading Irish papers, the *Irish Times* not alone having leading articles, but also having opened its columns to numerous letters. The press strongly urged the British Medical Association to take the matter vigorously in hand, as not alone being of interest to those members of the Association serving in the army, but also to the members of the profession at large, an effort being made to lower the profession in public estimation. I am glad to notice that our Scotch neighbours are also alive to the present crisis, as shown by the speech of Sir Douglas MacLagan on August the 1st, the *Scotsman* of August 2nd devoting three leaders to prove that the remarks of Sir Douglas MacLagan were such as should be taken to heart by those to whom they were addressed.

It is now my intention to bring under your notice some of the events which occurred in Dublin during the Association meeting. Sir Thomas Crawford's action, as reported in the papers of August 3rd, gives a very good idea as to how the members of the Medical Staff are gagged in giving evidence as to their grievances, as it is a well known fact that no officer could speak subsequent and in opposition to the Director-General, whose statement as head of the Department must be taken as an official pronouncement; it should also be remembered that the gentlemen who seconded Sir Thomas Crawford's motion never belonged to the Medical Staff, they having spent their period of service in the Indian Department, and one having for most of his period been in the civil department of that service. The Director-General, when inviting officers to state their grievances to him, should remember

that period during the Crimean war when the officers were called on to give an opinion as to the then existing grievances of the service before the Herbert Commission, when neither he nor his brother junior officers would go forward to give evidence, which they considered might reflect on the then head of the department.

On the day subsequent to Sir Thomas Crawford's statement the medical officers stationed in Dublin and those attending the Association meetings called a private meeting at the Shelborne Hotel, in order to agree as to the course they should pursue with respect to the action of Sir Thomas Crawford; but this meeting was not allowed to be held, the officers stationed in Dublin being informed that any attempt at so doing would be considered an act of insubordination. Under such circumstances, how is any medical officer to take on himself the invidious task of stating to Sir Thomas Crawford that his action in this matter is an isolated one? I seized the opportunity of the Association meeting to speak to officers holding rank as brigade-surgeon, surgeon-major, and surgeon, and did not hear one statement in favour of Sir Thomas Crawford's remarks, and since I have received numerous letters, not alone from officers stationed in Ireland, but also many in England, all of whom condemned his action and regretted they were unable to make any statement in reply.

The only letter appearing in the *Irish Times* objecting to the surgeons' action in respect to their loss of rank was signed "A Combatant Officer," in which the following statement appears: "The social status of the Army Medical Staff depends, I take it, on the officers themselves, and not on any Royal Warrant or what it may confer; and my experience of over twelve years is that, if the army doctor is a good fellow and a gentleman, his social status is assured both in the service and out." In other words, the army doctor is the only man in the service who is to hold no definite rank, and whose position is to entirely depend on whether the combatant officers consider him what they call a good fellow or not. What constitutes a good fellow I am not in a position to state, but I know that many medical officers, gentlemen in every meaning of the word, have, since the appearance of the Warrant of January, found that the mess of the regiment with which they were serving was no longer open to them, and who can say the officers of the regiment were wrong in closing their doors to a man virtually a civilian and holding no military rank. It is evident the "Combatant's" "good fellow" of the Medical Staff is a *rara avis*, and that, should the present state of affairs continue, the order will soon be extinct. I am aware of a large military station where there are at present twelve medical officers attached, of whom three only have been invited to become members of any of the various messes.

I may add that this is not a question of interest to the medical profession alone, but one which affects the country at large, which, by offering a good position and fair remuneration, has heretofore been able to command the services of men of stamp in their profession. Remove the status as this Warrant of January does, and the public will find they have to pay the same money, while men of the same ability will not enter the army to be treated as civilians and undergo the risks to life and health incident to service on the battle-field and in foreign climes.—I am, etc.,

FRANCIS T. HEUSTON, M.D., F.R.C.S.I.

21, Harcourt Street, Dublin, August 15th.

THE MILITARY PRESS ON THE RANK QUESTION.

THE *Army and Navy Gazette* has an able and sensible comment on the discussion in the House of Commons concerning the Army Medical Service in the small hours of Friday, August 5th, of which we published last week a special report, the only one which has anywhere appeared. Our able contemporary, which is not generally over-favourable to the claims of this department of the service, and whose testimony and opinion on this occasion are, therefore, all the more valuable, writes as follows:—

"It is evident, from what transpired, that the Government regards the present charge—estimated at a total of £704,000 per annum—as excessive, and, if encouraged in its view by Lord Randolph Churchill's Committee, as it is currently reported that it will be, will be inclined to make serious reductions in the cost of the service. This does not look favourable for the case of the medical officers which Sir Guyer Hunter has been diligently endeavouring, with the aid of several M.P.'s, and the active help of the profession outside, to force upon the favourable consideration of the authorities. From Mr. Brodrick's statement, it would seem that the authorities still cherish the idea that they can get a good class of men under the existing, or perhaps even less favourable, conditions. If, however, they really entertain such notions, the profession outside will doubtless soon take effective

steps to disabuse their minds on the subject, for in the present condition of the medical profession it can well afford to smile at any spurious attempts which may be made to keep it under. It is determined to ask that, as to rank, the medical service shall at least be placed on the same footing as the Commissariat and other services not purely military. The subject is one of great importance to the army generally. In India it is beyond all things desirable—nay, necessary—that we should at all times be able to command the services of a superior medical service, and that, unless the present terms are improved, it will be impossible to maintain. Medical skill has its price in the market, and however much the War Office may seek to put its own value on the commodity, the price will remain the same. The medical services, in fact, are those which we cannot afford to play with. It is to be regretted, therefore, that a tendency should have been shown lately to underrate the importance of efficiency in the medical departments. It is a very bad sign, showing a want of business forethought."

Aug. 27, 1887.]

THE BRITISH MEDICAL JOURNAL.

485

THE QUESTION OF RANK: A "COMBATANT OFFICER'S" OPINION.

[The subjoined letter explains itself. By a postal error, one of the circulars containing the series of queries intended for an army medical officer fell into the hands of a combatant officer on a foreign station. The communication which he addresses to us is sufficiently interesting to deserve publication.]

Sir,—I beg to acknowledge the receipt of your private and confidential circular on the subject of rank of army medical officers. As I have not the good fortune to be a medical man, I am not quite clear whether your circular reached me designedly or in error. However, as it has reached me, I have determined to reply to it, and the views of a mere soldier may be sufficiently interesting for you to publish.

I would first state I have been in the army a quarter of a century. I have served in the cavalry and infantry. I have an intimate knowledge of the duties of the Commissariat Department, the Ordnance Department, and the Pay Department, and I have been closely associated with the Medical Department during three campaigns. Whatever my views may be worth, at any rate I may claim to know something of the service at large.

I presume if you publish this letter you will publish your questions along with it.

1. I am unhesitatingly for Proposal "A."
2. Because there should not be in the army who is not either distinctly a soldier or distinctly a civilian. If the doctor is to be a soldier, then he ought to be given definite rank. Definite rank has been given commissariat officers, ordnance officers, paymasters, quartermasters, riding-masters, etc. It may be a question whether these officers could not perform the duties allotted to them as civilians. I do not think they could; but once commissariat officers, ordnance officers, paymasters, etc., have been granted honorary rank, it cannot with the least show of justice be withheld from doctors, who are more soldiers in every sense of the term than any of those I have referred to, except, of course, quartermasters and riding-masters, who remain, as they began, soldiers to the end of the chapter. If the doctor is not a soldier, then he is a civilian, and requires no rank.

3. All other proposals are in the shape of a compromise, and none of them that may be adopted would settle the question.

4. To my mind, Proposal "A" is the only one worth considering.

5. In every body of men there are weak-minded members, and your profession is not without such; nevertheless, their honest views should always be considered, and, if practicable, without departure from fixed principles, legislated for. Some of these gentlemen who have consulted me on this question fear, if you give the doctor a soldier's title, he will forget he is a doctor. I do not think much of this contention myself, but you can meet it, I think, in the following manner. Let the man you at present call Director-General be called Medical General; the man you at present call surgeon-general, medical major-general; the man you at present call deputy surgeon-general, medical brigadier-general; the man you at present call brigade-surgeon, medical colonel; the man you at present call colonel, and with less than twenty years' service, medical major; the man you at present call surgeon, medical captain (after three years' service, not before), and, on appointment, medical lieutenant. If the "Geneva cross" be worn on the arm, and as a pillar ornament, in every description of uniform, there will be no chance of the doctor being mistaken for anything but what he is, or, shall I say, what he ought to be—"a soldier doctor."

I regret that, for reasons which will probably be apparent to you, I must ask you not to publish my name, but I am fairly well known, and you can easily ascertain that I have a very considerable experience of the army, and an intimate knowledge of the duties of an army doctor.—I am, etc., A SOLDIER.

RELATIVE RANK.

SURGEON-MAJOR R. VACT ABU, M.B., A.M.S., writes: I have refrained, hitherto, from joining in a controversy which, at the present moment, cannot but contribute to widen the gap already existing between the War Office and the Army Medical Department; but your "warning," in the JOURNAL of August 19th, calls for a word of justice to those who are guiding the destinies of the department through the greatest crisis it has yet seen its lot to pass. I wish to record my distress at the blow the department has received in the abolition of relative rank, a blow greater and deeper than many of your correspondents—enthusiasts as they may be—can even imagine, for it is a blow dealt at our social position, and it wanted but this, after the loss sustained socially by the abolishing of the "regimental system," to completely subvert us. Not that I am weak enough to desire the empty titles conferred by honorary rank, with its endless anomalous and invidious positions, such as being announced at a morning call as "Colonel so-and-so," and afterwards to be compelled to explain that we were "only a doctor," and not in command of a regiment, etc. I prefer to stand or fall on my rank as doctor (and much depends on oneself), of which I am as proud as the major of a regiment is of his substantive rank, rather than adopting a title which, as I have before pointed out, must continually be leading us into painful situations. I was and am content with the last Warrant, which gave us relative rank, and I venture to say that the majority of the department were also content with this. But the fatal "tinkering," to put it mildly, has plunged us into a crisis which will surely ship our wings in spite of the brave fight that is being made for us by those in authority. Many of your correspondents are not aware of the full extent of this crisis, and would be surprised to hear that the blow aimed is a deadly one than many suppose, a blow aimed at our very existence as a system, by those who, I believe, would be glad to see us pure civilians, or, in other and plainer words, "camp followers." Consequently, it is for the very existence of the department that the Director-General is now fighting, and I for one would be the last to hamper his efforts by a controversy which, even if successful I venture to think would be unappreciated by the majority of medical officers from the great jealousy it would cause in the combatant ranks.

And now a word on the "warning." You may, perhaps, recollect that many civil medical men were engaged during the South African war, and took part in several campaigns in that country a few years ago. It may also be known that when the strain came on the department to furnish the Medical Staff for the last Sudan war, many civil surgeons were engaged to do duty at home on the withdrawal of the officers of the Medical Staff, many of whom were sent abroad at very short notice, and civilians suddenly called upon to do Government work. When this sudden call was made, bargains had to be struck, and, in some cases, a high price had to be paid for services that, in ordinary times, could be got at contract rates.

The circular referred to in your "warning," I understand, is only a suggestion to put this matter on a proper footing, so as to avoid a repetition of such facts as occurred in the last Egyptian war. The circular suggests that civil medical men should register their names as willing, under certain conditions, to take up army duties when wanted, at contract rates, and, in some cases, to volunteer for service abroad at bases and other fixed points, and so relieve the trained officers for more important duties at the front, etc.; and it further suggests that the names so registered should be published in the Army List as an "Army Medical Reserve." Such an arrangement would simplify matters greatly, for it would do away with the system at present in force of canvassing for volunteers (and the necessary bargaining as to terms), and this at a time when the department would have its hands full on the eve of a war. Moreover, it is but fair and natural that the medical officers of the volunteer force should be the first to be asked to register their names, for many of them are trained in service work, and would, therefore, more easily fall into the routine duties in military hospitals. I have reason to believe this to be the real and only object that the Director-General has in issuing this circular, and that it is not, as many suppose, a flank movement by the War Office authorities against the opposition that has been raised, and I maintain, justly raised, against the abolition of relative rank in the Army Medical Staff.

SURGEON-GENERAL writes: The Medical Staff of the British army is at present undergoing that process of evolution which the corresponding services of other nations have already undergone. It is a process which may be delayed, but which in the end will be similarly effected, and the sooner it is so the better for all concerned. The Medical Staff Corps is a military organisation, with military titles and status, through all the grades, from private to sergeant-major and quartermaster, who may be honorary captain or major. This corps is responsible for the nursing of the sick and wounded, and all hospital duties at home and abroad, whether in camp, garrison, or the field. From it the bearer column is formed whose place, under its medical officers, is with the fighting line to render first aid to the wounded, and to remove them to the dressing stations and field hospitals established in the rear. But the medical officers who command this corps, and are responsible for its administration, training, discipline and interior economy, who are in medical charge of the troops and hospitals, and of our sick and wounded officers and soldiers, and who (as has been well said) "hold in their keeping the health, the physical efficiency, and to a large extent the morale and success of our army," have no military rank whatever. At the same time their departmental designations, being anomalous in corps formation, fail to associate them with the personnel of their own corps, and with their combatant comrades of the army, whose "peers they are in courage as they are their equals in the chances of injury and death." That the lay members of the profession generally should not be aware of the important twofold and composite duties of their military brethren is not a matter for wonder; but how the authorities at the War Office, who ought to be conversant with the regulations of the Army Medical Department and Medical Staff Corps (even if they never had seen the latter at work on parade or at the Easter manoeuvres) can display such ignorance or really ignore them is somewhat surprising.

It will be seen, then, that of the two it is their professional designations and not the military rank and titles which they claim (not as a "concession," but as a right pertaining to their duties) that are anomalous, and only useful like those of the adjutant-general's department, for purposes of staff and departmental classification. They are at the same time too cumbersome and unwieldy (besides being ill-understood either in the service or out of it) to be used in the conveyance of orders in the field, in commanding the corps, in drill, etc. The above are a few of the practical advantages which the possession of military rank and titles would confer. But, above all, I hold that they are absolutely necessary for the sake of discipline and the due exercise of authority in the corps and hospitals, as well as to insure that measure of respect and consideration outside their corps and immediate sphere of duties which I am sorry to say is seldom shown in the army to the possessor of relative rank alone, no matter what his academic or purely professional standing may be. But even if every medical officer had the title of Doctor—which he has not—this would not suffice to distinguish the youth just joined from the grey-haired veteran out of uniform, decorated as the latter may be with numerous medals and the cross for valour; nor has it any relation to the question of army rank and titles, and the necessity of the same as regards the Medical Staff.

That the War Office authorities and their supporters in a medical contemporary should shut their eyes to the profound and widely-spread feeling of discontent in the ranks of the Medical Staff is, perhaps, not to be wondered at—it is in keeping with their traditions. They, "without sneering, teach the rest to sneer" at the bare idea of military rank being the proper remedy for its removal, and treat the subject with the utmost levity. A section, and a small and rapidly decreasing one, seem to look upon the matter as one concerning the individual, his prejudices, and his likes and dislikes, forgetting that "it is the office and its corresponding rank and authority" (as one of your correspondents correctly puts it), "and not the private individual, which must be chiefly considered where military administration and discipline are concerned."

They seem, also, to have forgotten the discomfiture of those who, in the early days of "unification," so bitterly opposed a system which has ended in the present organisation. The rôle of the supporters of the old régime was to do all in their power to discredit the system, to prevent the medical officer being invested with the necessary power and authority in his own specially trained and technical corps, in his own hospital and clearly defined sphere of duty—in short, to deprive the Medical Staff of all initiative, and to make it as helpless and inefficient as possible. To this end the training and instruction of the hospital corps in ambulance and bearer column duties was pooh-poohed, and characterised as a "playing at soldiers," utterly unworthy of a "sensible" profession, etc.; "honourable" in this connection was not then invented, or doubtless it would

ed me. In
unication
only too
art of our
army sur-
fessions—
nderstand
ating the
ainst the
e service,
often dis-
stronger
cy to ask
F.R.C.P."
surgeon
nsions to,
dignified
ession. A
convinced
second to
and have
y work as
the army
goes some-
with army
a man be-
an (in its
rank, and
you go to
you must
I write in
I almost
term sur-
it is the
y not, but
my army
g directly
egral and
dergo the
un similar
limb. We
d qualities
disciplined
the same-
dgment of
into one
f the army
rganiser.
The last
nks of the
ed profes-
ical work,
men not
men from
Office will
r able and
will enter.
sion could,
defined as
h and every
king at the
nk as given
d, we want
portant, far
ak. We in
C.S. Eng.,
S.

,000, and shows a decrease compared with the previous year of 13.69 per 1,000. The number of deaths was 329, which gives a ratio of 7.04 per 1,000, and shows a decrease in comparison with 1884 of 1.96 per 1,000. There are recorded in the total force during the year 7 cases of small-pox, 53 cases of scarlet fever, 154 enteric fever, simple continued fever 2,185 cases, 12 cases of yellow fever, 311 of ague, 18 of cholera, 160 tubercular disease; diseases of the respiratory system, 1,032; urinary and generative systems, 4,346; wounds and injuries, 10,578. The total number of men sick daily was 2,159.98, a ratio of 16.28 per 1,000, showing a decrease of 5.32 per 1,000 compared with 1884.

MUSCULAR BRITONS.

It is not uncommon to hear disparaging remarks as to the height and chest measurement of British troops as compared with those of the Continental Powers. But this is far from being the case. In 1883 it is said no fewer than 32,381 recruits joined the Czar's army whose height was under 5 feet 1½ inches, 2½ inches below the minimum standard prescribed for the British army. Comparing the standard of the Continental Powers, the *Times of India* has arrived at the following remarkable table.

Country.	Minimum Height.		Chest Measurement.
	Ft.	in.	
England	5	4	34 inches.
France	5	0½	about 31 inches.
Austria	5	1 1-5	about 30 inches.
Germany	5	1 4-5	no fixed rule.
Russia	5	0½	no fixed rule.
Italy	5	1½	31½ inches.

IS THE CHARGE OF BREACH OF FAITH PROVED?

UNION writes: As the correspondence in the JOURNAL for last week, while setting forth the question of relative and other ranks, touches also on other points, a brief history of the past eleven years in relation to those points might be worthy of perusal.

In 1876 the dearth of candidates was so felt that the authorities invented the short service system, offering 13s. 8d. a day instead of the old rate of 10s. a day, and with the usual allowances of rank. On completion of ten years' service, a certain number of prizes were to be given to a selected few in the form of permanent service and rapid promotion, while the others were to depart with "a thousand pounds wherewith to buy a practice." This Warrant resulted in the admission of thirty-two medical officers, who passed the entrance examination in August, 1876. These officers were at once sent to Netley, and owing to the paucity of medical officers then in the service, they were employed to attend the sick soldiers in hospital, as well as attend the classes. After a little over four months, these officers were sent to stations at home to await the trooping season, when they were sent off to India, subsequently receiving post-dated commissions. The increase of pay was so distasteful to the War Office that the first breach of faith towards these newly obtained officers was to post-date their commissions to February 4th, 1877, thus obtaining four months' service practically for nothing, as the pay at Netley was only 6s. a day in place of 13s. 8d. as provided for by the Warrant as the pay of a surgeon. This having been regarded by the War Office as a success, it was forthwith determined to carry out the same line of treatment, and so these medical officers were ordered to India, and then paid 317 rupees a month, which, as you will see from the following table, was 121 rupees, or at 2s. to the rupee, about £12 a month pay, exclusive of allowances, though they were entitled to £20 16s. 8d. a month pay at home, and the Warrant did not provide for a reduction of pay while serving in India. (See Parliamentary Paper [C. 2,921] of 1881, page 254.)

Rank.	Years' Service.	Relative Rank.	Pay.	Indian Allowances.	Extra Batta.	Total.
			r. a. p.	r. a. p.	r. a. p.	r. a. p.
Surgeon	Six	Captain	140 0 2	252 5 0	41 5 0	433 10 2
Surgeon	Under five	Lieutenant	121 12 0	164 14 0	0	317 8 0

Take the pay exclusive of allowances at £8 14s. a month less than the English pay, that equals nearly £105 a year, or £524 for five years, it will be easy to see the cost of the thousand pounds bonus when over five hundred pounds was illegally deducted. Of course, there is a remedy, but time and space prevents my discussing it. Those interested might read the Petition of Right Act and judge; but I may mention that those medical officers who have been thus treated for their response to the call of the Government, are further to be mulcted when they apply for bonus, as they are to receive it with a deduction of £250 "on account of their having received" what they never received. (See Royal Warrant of November 27th, 1879, in Article 982, Pay Warrant, 1884.) The maxim is that the Crown cannot do an injustice. "Credat Judeus." Next in order comes the point that the medical officer, being a non-combatant and not an officer (as Mr. Childers pointed out in March, 1881) within the meaning of Article 71, Pay Warrant, we cannot count the year on half-pay towards promotion or retirement (as do the Royal Engineers), if he has to suffer such through wounds or ill-health, and at the twelfth and twentieth year of service he will find himself passed over, and his juniors promoted over his head, though they may never have been in action or through a severe epidemic of cholera or enteric fever.

Aug. 27, 1887.]

THE BRITISH MEDICAL JOURNAL.

485

THE QUESTION OF RANK: A "COMBATANT OFFICER'S" OPINION.

[The subjoined letter explains itself. By a postal error, one of the circulars containing the series of queries intended for an army medical officer fell into the hands of a combatant officer on a foreign station. The communication which he addresses to us is sufficiently interesting to deserve publication.]

Sir,—I beg to acknowledge the receipt of your private and confidential circular on the subject of rank of army medical officers. As I have not the good fortune to be a medical man, I am not quite clear whether your circular reached me designedly or in error. However, as it has reached me, I have determined to reply to it, and the views of a mere soldier may be sufficiently interesting for you to publish.

I would first state I have been in the army a quarter of a century. I have served in the cavalry and infantry. I have an intimate knowledge of the duties of the Commissariat Department, the Ordnance Department, and the Pay Department, and I have been closely associated with the Medical Department during three campaigns. Whatever my views may be worth, at any rate I may claim to know something of the service at large.

I presume if you publish this letter you will publish your questions along with it.

1. I am unhesitatingly for Proposal "A."

2. Because there should not be anyone in the army who is not either distinctly a soldier or distinctly a civilian. If the doctor is to be a soldier, then he ought to be given definite rank. Definite rank has been given commissariat officers, ordnance officers, paymasters, quartermasters, riding-masters, etc. It may be a question whether these officers could not perform the duties allotted to them as civilians. I do not think they could; but once commissariat officers, ordnance officers, paymasters, etc., have been granted honorary rank, it cannot with the least show of justice be withheld from doctors, who are more soldiers in every sense of the term than any of those I have referred to, except, of course, quartermasters and riding-masters, who remain, as they began, soldiers to the end of the chapter. If the doctor is not a soldier, then he is a civilian, and requires no rank.

3. All other proposals are in the shape of a compromise, and none of them that may be adopted would settle the question.

4. To my mind, Proposal "A" is the only one worth considering.

5. In every body of men there are weak-minded members, and your profession is not without such; nevertheless, their honest views should always be considered, and, if practicable, without departure from fixed principles, legislated for. Some of these gentlemen who have consulted me on this question fear, if you give the doctor a soldier's title, he will forget he is a doctor. I do not think much of this contention myself, but you can meet it, I think, in the following manner. Let the man you at present call Director-General be called Medical General; the man you at present call surgeon-general, medical major-general; the man you at present call deputy surgeon-general, medical brigadier-general; the man you at present call brigadier-surgeon, medical colonel; the man you at present call surgeon-major after twenty years' service, medical lieutenant-colonel, and, with less than twenty years' service, medical major; the man you at present call surgeon, medical captain (after three years' service, not before), and, on appointment, medical lieutenant. If the "Geneva cross" be worn on the arm, and as a collar ornament, in every description of uniform, there will be no chance of the doctor being mistaken for anything but what he is, or, shall I say, what he ought to be—a soldier doctor.

I regret that, for reasons which will probably be apparent to you, I must ask you not to publish my name, but I am fairly well known, and you can easily ascertain that I have a very considerable experience of the army, and an intimate knowledge of the duties of an army doctor.—I am, etc., A SOLDIER.

RELATIVE RANK.

SURGEON-MAJOR R. VACY ASH, M.B., A.M.S., writes: I have refrained, hitherto, from joining in a controversy which, at the present moment, cannot but contribute to widen the gap already existing between the War Office and the Army Medical Department; but your "warning," in the JOCELYN of August 12th, calls for a word of justice to those who are guiding the destinies of the department through the greatest crisis it has yet seen its lot to pass. I wish to record my distress at the blow the department has received in the abolition of relative rank, a blow greater and deeper than many of your correspondents—enthusiasts as they may be—even imagine, for it is a blow dealt at our social position, and it wanted but this, after the loss sustained socially by the abolishing of the "regimental system," to completely subvert us. Not that I am weak enough to desire the empty titles conferred by honorary rank, with its endless anomalies and invidious positions, such as being announced at a morning call as "Colonel so-and-so," and afterwards to be compelled to explain that we were "only a doctor," and not in command of a regiment, etc. I prefer to stand or fall on my rank as doctor (and much depends on oneself), of which I am as proud as the major of a regiment is of his substantive rank, rather than adopting a title which, as I have before pointed out, must continually be leading us into painful situations. I was and am content with the last Warrant, which gave us relative rank, and I venture to say that the majority of the department were also content with this. But the fatal tinkering, to put it mildly, has plunged us into a crisis which will surely clip our wings in spite of the brave fight that is being made for us by those in authority. Many of your correspondents are not aware of the full extent of this crisis, and would be surprised to hear that the blow aimed is a deadlier one than many suppose, a blow aimed at our very existence as a system, by those who, I believe, would be glad to see us pure civilians, or, in other and plain words, "camp followers." Consequently, it is for the very existence of the department that the Director-General is now fighting, and I for one would be the last to hamper his efforts by a controversy which, even if successful, I venture to think would be unappreciated by the majority of medical officers, from the great jealousy it would cause in the combatant ranks.

And now a word on the "warning." You may, perhaps, recollect that many civil medical men were engaged during the South African war, and took part in several campaigns in that country a few years ago. It may also be known that when the strain came on the department to furnish the Medical Staff for the last Soudan wars, many civil surgeons were engaged to do duty at home on the withdrawal of the officers of the Medical Staff, many of whom were sent abroad at very short notice, and civilians suddenly called upon to do Government work. When this sudden call was made bargains had to be struck, and, in some cases, a high price had to be paid for services that, in ordinary times, could be got at contract rates.

The circular referred to in your "warning," I understand, is only a suggestion to put this matter on a proper footing, so as to avoid a repetition of such facts as occurred in the last Egyptian war. The circular suggests that civil medical men should register their names as willing, under certain conditions, to take up army duties when wanted, at contract rates, and, in some cases, to volunteer for service abroad at bases and other fixed points, and so relieve the trained officers for more important duties at the front, etc.; and it further suggests that the names so registered should be published in the Army List as an "Army Medical Reserve." Such an arrangement would simplify matters greatly, for it would do away with the system at present in force of canvassing for volunteers (and the necessary bargaining as to terms), and this at a time when the department would have its hands full on the eve of a war. Moreover, it is but fair and natural that the medical officers of the volunteer force should be the first to be asked to register their names, for many of them are trained in service work, and would, therefore, more easily fall into the routine duties in military hospitals. I have reason to believe this to be the real and only object that the Director-General has in issuing this circular, and that it is not, as many suppose, a flank movement by the War Office authorities against the opposition that has been raised, and, I maintain, justly raised, against the abolition of relative rank in the Army Medical Staff.

SURGEON-GENERAL writes: The Medical Staff of the British army is at present undergoing that process of evolution which the corresponding services of other nations have already undergone. It is a process which may be delayed, but which in the end will be similarly effected, and the sooner it is so the better for all concerned. The Medical Staff Corps is a military organisation, with military titles and status, through all the grades, from private to sergeant-major and quartermaster, who may be honorary captain or major. This corps is responsible for the nursing of the sick and wounded, and all hospital duties at home and abroad, whether in camp, garrison, or the field. From it the bearer column is formed whose place, under its medical officers, is with the fighting line to render first aid to the wounded, and to remove them to the dressing stations and field hospitals established in the rear. But the medical officers who command this corps, and are responsible for its administration, training, discipline and interior economy, who are in medical charge of the troops and hospitals, and of our sick and wounded officers and soldiers, and who (as has been well said) "hold in their keeping the health, the physical efficiency, and to a large extent the morale and success of our army," have no military rank whatever. At the same time their departmental designations, being anomalous in corps formation, fail to associate them with the personnel of their own corps, and with their combatant comrades of the army, whose "peers they are in courage as they are their equals in the chances of injury and death." That the lay members of the profession generally should not be aware of the important twofold and composite duties of their military brethren is not a matter for wonder; but how the authorities at the War Office, who ought to be conversant with the regulations of the Army Medical Department and Medical Staff Corps (even if they never had seen the latter at work on parade or at the Easter manoeuvres) can display such ignorance or really ignore them is somewhat surprising.

It will be seen, then, that of the two it is their professional designations and not the military rank and titles which they claim (not as a "concession," but as a right pertaining to their duties) that are anomalous, and only useful like those of the adjutant-general's department, for purposes of staff and departmental classification. They are at the same time too cumbersome and unwieldy (besides being ill-understood either in the service or out of it) to be used in the conveyance of orders in the field, in commanding the corps, in drill, etc. The above are a few of the practical advantages which the possession of military rank and titles would confer. But, above all, I hold that they are absolutely necessary for the sake of discipline and the due exercise of authority in the corps and hospitals, as well as to insure that measure of respect and consideration outside their corps and immediate sphere of duties which I am sorry to say is seldom shown in the army to the possessor of relative rank alone, no matter what his academic or purely professional standing may be. But even if every medical officer had the title of Doctor—which he has not—this would not suffice to distinguish the youth just joined from the grey-haired veteran out of uniform, decorated as the latter may be with numerous medals and the cross for valour; nor has it any relation to the question of army rank and titles, and the necessity of the same as regards the Medical Staff.

That the War Office authorities and their supporters in a medical contemporary should shut their eyes to the profound and widely-spread feeling of discontent in the ranks of the Medical Staff is, perhaps, not to be wondered at—it is in keeping with their traditions. They, "without sneering, teach the rest to sneer" at the bare idea of military rank being the proper remedy for its removal, and treat the subject with the utmost levity. A section, and a small and rapidly decreasing one, seem to look upon the matter as one concerning the individual, his prejudices, and his likes and dislikes, forgetting that "it is the office and its corresponding rank and authority" (as one of your correspondents correctly puts it), "and not the private individual, which must be chiefly considered where military administration and discipline are concerned."

They seem, also, to have forgotten the discomfiture of those who, in the early days of "unification," so bitterly opposed a system which has ended in the present organisation. The rôle of the supporters of the old régime was to do all in their power to discredit the system, to prevent the medical officer being invested with the necessary power and authority in his own specially trained and technical corps, in his own hospital and clearly defined sphere of duty—in short, to deprive the Medical Staff of all initiative, and to make it as helpless and inefficient as possible. To this end the training and instruction of the hospital corps in ambulance and bearer column duties was pooh-poohed, and characterised as a "playing at soldiers," utterly unworthy of a "military" profession, etc.; "honourable" in this connection was not then invented, or doubtless it would

ed me. In
unication
only too
art of our
army sur-
fessions—
nderstand
iating the
e service,
often dis-
stronger
cy to ask
"R.C.P."
surgeon
nsions to,
ndignified
ession. A
convinced
second to
and have
y work as
the army
goes some
with army
a man be-
an (in its
rank, and
you go to
you must
I write in
I almost
term sur-
it is the
not, but
we army
g directly
egral and
ndergo the
un similar
limb. We
d qualities
disciplined
the same-
gment of
into one-
f the army
rganiser.
The last
nks of the
ed profes-
ical work,
men not
men from
Office will
r able and
will enter
sion could,
defined as
hand every
king at the
nk as given
d, we want
ortant, far
nk. We in

C.S. ENG.

ARMY MEDICAL STAFF.

SIR,—Since the publication of my letter in your issue of July 30th, so many important events have occurred in connection with the subject of my letter that I now beg to trespass further on your valuable space. In the first place, the subject has been taken up by the leading Irish papers, the *Irish Times* not alone having leading articles, but also having opened its columns to numerous letters. The press strongly urged the British Medical Association to take the matter vigorously in hand, as not alone being of interest to those members of the Association serving in the army, but also to the members of the profession at large, an effort being made to lower the profession in public estimation. I am glad to notice that our Scotch neighbours are also alive to the present crisis, as shown by the speech of Sir Douglas MacLagan on August the 1st, the *Scotsman* of August 2nd devoting three leaders to prove that the remarks of Sir Douglas MacLagan were such as should be taken to heart by those to whom they were addressed.

It is now my intention to bring under your notice some of the events which occurred in Dublin during the Association meeting. Sir Thomas Crawford's action, as reported in the papers of August 3rd, gives a very good idea as to how the members of the Medical Staff are gagged in giving evidence as to their grievances, as it is a well known fact that no officer could speak subsequent and in opposition to the Director-General, whose statement as head of the Department must be taken as an official pronouncement; it should also be remembered that the gentlemen who seconded Sir Thomas Crawford's motion never belonged to the Medical Staff, they having spent their period of service in the Indian Department, and one having for most of his period been in the civil department of that service. The Director-General, when inviting officers to state their grievances to him, should remember

that period during the Crimean war when the officers were called on to give an opinion as to the then existing grievances of the service before the Herbert Commission, when neither he nor his brother junior officers would go forward to give evidence, which they considered might reflect on the then head of the department.

On the day subsequent to Sir Thomas Crawford's statement the medical officers stationed in Dublin and those attending the Association meetings called a private meeting at the Shelborne Hotel, in order to agree as to the course they should pursue with respect to the action of Sir Thomas Crawford; but this meeting was not allowed to be held, the officers stationed in Dublin being informed that any attempt at so doing would be considered an act of insubordination. Under such circumstances, how is any medical officer to take on himself the invidious task of stating to Sir Thomas Crawford that his action in this matter is an isolated one? I seized the opportunity of the Association meeting to speak to officers holding rank as brigade-surgeon, surgeon major, and surgeon, and did not hear one statement in favour of Sir Thomas Crawford's remarks, and since I have received numerous letters, not alone from officers stationed in Ireland, but also many in England, all of whom condemned his action and regretted they were unable to make any statement in reply.

The only letter appearing in the *Irish Times* objecting to the surgeons' action in respect to their loss of rank was signed "A Combatant Officer," in which the following statement appears: "The social status of the Army Medical Staff depends, I take it, on the officers themselves, and not on any Royal Warrant or what it may confer; and my experience of over twelve years is that, if the army doctor is a good fellow and a gentleman, his social status is assured both in the service and out." In other words, the army doctor is the only man in the service who is to hold no definite rank, and whose position is to entirely depend on whether the combatant officers consider him what they call a good fellow or not. What constitutes a good fellow I am not in a position to state, but I know that many medical officers, gentlemen in every meaning of the word, have, since the appearance of the Warrant of January, found that the mess of the regiment with which they were serving was no longer open to them, and who can say the officers of the regiment were wrong in closing their doors to a man virtually a civilian and holding no military rank. It is evident the "Combatant's" "good fellow" of the Medical Staff is a *rara avis*, and that, should the present state of affairs continue, the order will soon be extinct. I am aware of a large military station where there are at present twelve medical officers attached, of whom three only have been invited to become members of any of the various messes.

I may add that this is not a question of interest to the medical profession alone, but one which affects the country at large, which, by offering a good position and fair remuneration, has heretofore been able to command the services of men of stamp in their profession. Remove the status as this Warrant of January does, and the public will find they have to pay the same money, while men of the same ability will not enter the army to be treated as civilians and undergo the risks to life and health incident to service on the battle-field and in foreign climes.—I am, etc.,

FRANCIS T. HEUSTON, M.D., F.R.C.S.I.

21, Harcourt Street, Dublin, August 15th.

THE MILITARY PRESS ON THE RANK QUESTION.

THE *Army and Navy Gazette* has an able and sensible comment on the discussion in the House of Commons concerning the Army Medical Service in the small hours of Friday, August 5th, of which we published last week a special report, the only one which has anywhere appeared. Our able contemporary, which is not generally over-favourable to the claims of this department of the service, and whose testimony and opinion on this occasion are, therefore, all the more valuable, writes as follows:—

"It is evident, from what transpired, that the Government regards the present charge—estimated at a total of £704,000 per annum—as excessive, and, if encouraged in its view by Lord Randolph Churchill's Committee, as it is currently reported that it will be, will be inclined to make serious reductions in the cost of the service. This does not look favourable for the case of the medical officers which Sir Guyer Hunter has been diligently endeavouring, with the aid of several M.P.'s, and the active help of the profession outside, to force upon the favourable consideration of the authorities. From Mr. Brodrick's statement, it would seem that the authorities still cherish the idea that they can get a good class of men under the existing, or perhaps even less favourable, conditions. If, however, they really entertain such notions, the profession outside will doubtless soon take effective

steps to disabuse their minds on the subject, for in the present condition of the medical profession it can well afford to smile at any splenetic attempts which may be made to keep it under. It is determined to ask that, as to rank, the medical service shall at least be placed on the same footing as the Commissariat and other services not purely military. The subject is one of great importance to the army generally. In India it is beyond all things desirable—nay, necessary—that we should at all times be able to command the services of a superior medical service, and that, unless the present terms are improved, it will be impossible to maintain. Medical skill has its price in the market, and however much the War Office may seek to put its own value on the commodity, the price will remain the same. The medical services, in fact, are those which we cannot afford to play with. It is to be regretted, therefore, that a tendency should have been shown lately to underrate the importance of efficiency in the medical departments. It is a very bad sign, showing a want of business forethought."

THE QUESTION OF RANK: A "COMBATANT OFFICERS" OPINION.

[The subjoined letter explains itself. By a postal error, one of the circulars containing the series of queries intended for an army medical officer fell into the hands of a combatant officer on a foreign station. The communication which he addresses to us is sufficiently interesting to deserve publication.]

Sir,—I beg to acknowledge the receipt of your private and confidential circular on the subject of rank of army medical officers. As I have not the good fortune to be a medical man, I am not quite clear whether your circular reached me designedly or in error. However, as it has reached me, I have determined to reply to it, and the views of a mere soldier may be sufficiently interesting for you to publish.

I would first state I have been in the army a quarter of a century. I have served in the cavalry and infantry. I have an intimate knowledge of the duties of the Commissariat Department, the Ordnance Department, and the Pay Department, and I have been closely associated with the Medical Department during three campaigns. Whatever my views may be worth, at any rate I may claim to know something of the service at large.

I presume if you publish this letter you will publish your questions along with it.

1. I am unhesitatingly for Proposal "A."
2. Because there should not be anyone in the army who is not either distinctly a soldier or distinctly a civilian. If the doctor is to be a soldier, then he ought to be given definite rank. Definite rank has been given commissariat officers, ordnance officers, paymasters, quartermasters, riding-masters, etc. It may be a question whether these officers could not perform the duties allotted to them as civilians. I do not think they could; but once commissariat officers, ordnance officers, paymasters, etc., have been granted honorary rank, it cannot with the least show of justice be withheld from doctors, who are more soldiers in every sense of the term than any of those I have referred to, except, of course, quartermasters and riding-masters, who remain, as they began, soldiers to the end of the chapter. If the doctor is not a soldier, then he is a civilian, and requires no rank.

3. All other proposals are in the shape of a compromise, and none of them that may be adopted would settle the question.

4. To my mind, Proposal "A" is the only one worth considering.

5. In every body of men there are weak-minded members, and your profession is not without such; nevertheless, their honest views should always be considered, and, if practicable, without departure from fixed principles, legislated for. Some of these gentlemen who have consulted me on this question fear, if you give the doctor a soldier's title, he will forget he is a doctor. I do not think much of this contention myself, but you can meet it, I think, in the following manner. Let the man you at present call Director-General be called Medical General; the man you at present call surgeon-general, medical major-general; the man you at present call deputy surgeon-general, medical brigadier-general; the man you at present call brigade-surgeon, medical colonel; the man you at present call surgeon-major after twenty years' service, medical lieutenant-colonel, and, with less than twenty years' service, medical major; the man you at present call surgeon, medical captain (after three years' service, not before), and, on appointment, medical lieutenant. If the "Geneva cross" be worn on the arm, and as a collar ornament, in every description of uniform, there will be no chance of the doctor being mistaken for anything but what he is, or, shall I say, what he ought to be—"a soldier doctor."

I regret that, for reasons which will probably be apparent to you, I must ask you not to publish my name, but I am fairly well known, and you can easily ascertain that I have a very considerable experience of the army, and an intimate knowledge of the duties of an army doctor.—I am, etc., A SOLDIER.

RELATIVE RANK.

SURGEON-MAJOR R. VACY ARSE, M.B., A.M.S., writes: I have refrained, hitherto, from joining in a controversy which, at the present moment, cannot but contribute to widen the gap already existing between the War Office and the Army Medical Department; but your "warning," in the JOURNAL of August 13th, calls for a word of justice to those who are guiding the destinies of the department through the greatest crisis it has yet seen its lot to pass. I wish to record my distress at the blow the department has received in the abolition of relative rank, a blow greater and deeper than many of your correspondents—enthusiasts as they may be—even imagine, for it is a blow dealt at our social position, and it wanted but this, after the loss sustained socially by the abolishing of the "regimental system," to completely subvert us. Not that I am weak enough to desire the empty titles conferred by honorary rank, with its endless anomalous and invidious positions, such as being announced at a morning call as "Colonel so-and-so," and afterwards to be compelled to explain that we were "only a doctor," and not in command of a regiment, etc. I prefer to stand or fall on my rank as doctor (and much depends on oneself), of which I am as proud as the major of a regiment is of his substantive rank, rather than adopting a title which, as I have before pointed out, must continually be leading us into painful situations. I was and am content with the last Warrants, which gave us relative rank, and I venture to say that the majority of the department were also content with this. But the fatal "tinkering," to put it mildly, has plunged us into a crisis which will surely clip our wings in spite of the brave fight that is being made for us by those in authority. Many of your correspondents are not aware of the full extent of this crisis, and would be surprised to hear that the blow aimed is a deadly one than many suppose, a blow aimed at our very existence as a system, by those who, I believe, would be glad to see us pure civilians, or, in other and plainer words, "camp followers." Consequently, it is for the very existence of the department that the Director-General is now fighting, and I for one would be the last to hamper his efforts by a controversy which, even if successful, I venture to think would be unappreciated by the majority of medical officers, from the great jealousy it would cause in the combatant ranks.

And now a word on the "warning." You may, perhaps, recollect that many civil medical men were engaged during the South African wars, and took part in several campaigns in that country a few years ago. It may also be known that when the strain came on the department to furnish the Medical Staff for the last Sudan wars, many civil surgeons were engaged to do duty at home on the withdrawal of the officers of the Medical Staff, many of whom were sent abroad at very short notice, and civilians suddenly called upon to do Government work. When this sudden call was made bargains had to be struck, and, in some cases, a high price had to be paid for services that, in ordinary times, could be got at contract rates.

The circular referred to in your "warning," I understand, is only a suggestion to put this matter on a proper footing, so as to avoid a repetition of such facts as occurred in the last Egyptian war. The circular suggests that civil medical men should register their names as willing, under certain conditions, to take up army duties when wanted, at contract rates, and, in some cases, to volunteer for service abroad at bases and other fixed points, and so relieve the trained officers for more important duties at the front, etc.; and it further suggests that the names so registered should be published in the Army List as an "Army Medical Reserve." Such an arrangement would simplify matters greatly, for it would do away with the system at present in force of canvassing for volunteers (and the necessary bargaining as to terms), and this at a time when the department would have its hands full on the eve of a war. Moreover, it is but fair and natural that the medical officers of the volunteer force should be the first to be asked to register their names, for many of them are trained in service work, and would, therefore, more easily fall into the routine duties in military hospitals. I have reason to believe this to be the real and only object that the Director-General has in issuing this circular, and that it is not, as many suppose, a flank movement by the War Office authorities against the position that has been raised, and, I maintain, justly raised, against the abolition of relative rank in the Army Medical Staff.

SURGEON-GENERAL writes: The Medical Staff of the British army is at present undergoing that process of evolution which the corresponding services of other nations have already undergone. It is a process which may be delayed, but which in the end will be similarly effected, and the sooner it is so the better for all concerned. The Medical Staff Corps is a military organisation, with military titles and status, through all the grades, from private to sergeant-major and quartermaster, who may be honorary captain or major. This corps is responsible for the nursing of the sick and wounded, and all hospital duties at home and abroad, whether in camp, garrison, or the field. From it the bearer column is formed whose place, under its medical officers, is with the fighting line to render first aid to the wounded, and to remove them to the dressing stations and field hospitals established in the rear. But the medical officers who command this corps, and are responsible for its administration, training, discipline and interior economy, who are in medical charge of the troops and hospitals, and of our sick and wounded officers and soldiers, and who (as has been well said) "hold in their keeping the health, the physical efficiency, and to a large extent the morale and success of our army," have no military rank whatever. At the same time their departmental designations, being anomalous in corps-formation, fail to associate them with the personnel of their own corps, and with their combatant comrades of the army, whose "peers they are in courage as they are their equals in the chances of injury and death." That the lay members of the profession generally should not be aware of the important twofold and composite duties of their military brethren is not a matter for wonder; but how the authorities at the War Office, who ought to be conversant with the regulations of the Army Medical Department and Medical Staff Corps (even if they never had seen the latter at work on parade or at the Easter manoeuvres) can display such ignorance or really ignore them is somewhat surprising.

It will be seen, then, that of the two it is their professional designations and not the military rank and titles which they claim (not as a "concession," but as a right pertaining to their duties) that are anomalous, and only useful like those of the adjutant-general's department, for purposes of staff and departmental classification. They are at the same time too cumbersome and unwieldy (besides being ill-understood either in the service or out of it) to be used in the conveyance of orders in the field, in commanding the corps, in drill, etc. The above are a few of the practical advantages which the possession of military rank and titles would confer. But, above all, I hold that they are absolutely necessary for the sake of discipline and the due exercise of authority in the corps and hospitals, as well as to insure that measure of respect and consideration outside their corps and immediate sphere of duties which I am sorry to say is seldom shown in the army to the possessor of relative rank alone, no matter what his academic or purely professional standing may be. But even if every medical officer had the title of Doctor—which he has not—this would not suffice to distinguish the youth just joined from the grey-haired veteran out of uniform, decorated as the latter may be with numerous medals and the cross for valour; nor has it any relation to the question of army rank and titles, and the necessity of the same as regards the Medical Staff.

That the War Office authorities and their supporters in a medical contemporary should shut their eyes to the profound and widely-spread feeling of discontent in the ranks of the Medical Staff is, perhaps, not to be wondered at—it is in keeping with their traditions. They, "without sneering, teach the rest to sneer" at the bare idea of military rank being the proper remedy for its removal, and treat the subject with the utmost levity. A section, and a small and rapidly decreasing one, seem to look upon the matter as one concerning the individual, his prejudices, and his likes and dislikes, forgetting that "it is the office and its corresponding rank and authority" (as one of your correspondents correctly puts it), "and not the private individual, which must be chiefly considered where military administration and discipline are concerned."

They seem, also, to have forgotten the discomfiture of those who, in the early days of "unification," so bitterly opposed a system which has ended in the present organisation. The rôle of the supporters of the old régime was to do all in their power to discredit the system, to prevent the medical officer being invested with the necessary power and authority in his own specially trained and technical corps, in his own hospital and clearly defined sphere of duty—in short, to deprive the Medical Staff of all initiative, and to make it as helpless and inefficient as possible. To this end the training and instruction of the hospital corps in ambulance and bearer column duties was pooh-poohed, and characterised as "playing at soldiers," utterly unworthy of a "noble" profession, etc.; "honourable" in this connection was not then invented, or doubtless it would

have been used; and yet we have lived to see how this same ambulance system, notwithstanding this unworthy opposition, and that arising out of antiquated notions and military prejudices; and, in spite of all the taunts and sneers levelled against it, has become an integral part of the army, and is now developing into a great national movement—thanks to the public spirit and enthusiasm of our civilian brethren—in connection with the volunteer forces, with divisions in the chief military centres, and ramifications in the universities and medical schools of the kingdom. In fact (in the words of a military critic) it constitutes "a distinct increase in the military strength of the empire." Uniformity of drills and parades are enjoined by regulation as well as inspections by administrative medical officers with a view to its thorough efficiency. Of its great efficiency in actual war, where there was no "playing at soldiers," but, alas! where all was stern reality, we have had ample, though sad and convincing, proof in the accounts given by various special correspondents of the work done in the late campaigns in the Upper Nile and in the Eastern Soudan, in both of which success was "signal and complete."

PAY OF MEDICAL OFFICERS AND MR. ACCOUNTANT-GENERAL KNOX.

X. Y. Z. sends the following table to show that the Royal Warrant of 1879 only levelled up the pay of officers of the Medical Staff to that of other staff officers, and says: Even now our surgeons-general draw less daily pay than major, adjutant, or commissary generals; our surgeon lieutenant-colonels only the same as a major of Royal Engineers; and our surgeons-captain only 2d. more than a lieutenant of Royal Engineers of three years' service.

Grade.	Daily Pay. £ s. d.
Major-general, adjutant and quartermaster-general, commissary-general of Ordnance and Commissariat	3 0 0
Surgeon-general	2 15 0
Colonel on staff, deputy commissary-general of Ordnance and Commissariat	2 0 0
Deputy surgeon-general (colonel)	2 0 0
Military secretary (lieutenant-colonel on staff), assistant commissary-general after five years (Ordnance and Commissariat), inspecting veterinary surgeon after thirty years' service, chief paymaster	1 10 0
Lieutenant-colonel of Royal Engineers, including engineer pay	1 12 0
Brigade-surgeon (lieutenant-colonel)	1 10 0
Assistant commissary-general of Store and Commissariat, staff-paymaster after five years in rank, major of Royal Engineers, including engineer pay	1 5 0
Senior surgeon-major (lieutenant-colonel)	1 5 0
Brigade-major, garrison instructor, deputy assistant adjutant-general, assistant military secretary, aide de camp of appointment before 1884	1 1 0
Deputy assistant commissary-general of Store and Commissariat, paymaster after ten years' service, veterinary surgeon, 1st class, after ten years' service	1 0 0
Surgeon-major (major)	1 0 0
Aide de camp of appointment after 1884	0 18 0
Captain of Royal Engineers, including engineer pay	0 17 0
Staff-captain, paymaster	0 15 0
Deputy assistant commissary-general of Store and Commissariat, staff-lieutenant	0 12 6
Lieutenant of Royal Engineers of three years' standing, including engineer pay	0 10 10
Surgeon-captain	0 11 0

In addition, most of these officers hold substantive or honorary rank with an assured status, as against the Medical Staff with their relative rank abolished. Many of them can aspire to the highest honours of the State: the military surgeon, who shares their lot in peace and war, to few, and those of the inferior grades. As to the relative status in society, there cannot be a question. They take all the honours, and should at least leave the Medical Staff the crumbs.

THE NAVY.

FLEET-SURGEON JOHN SHIELDS has been placed on the retired list, with permission to assume the rank of Deputy Inspector-General of Hospitals and Fleets. His commission as Surgeon dates from January 19th, 1863; Staff-Surgeon, December 22nd, 1876; and Fleet-Surgeon, September 9th, 1883. He was Staff-Surgeon of the *Shah* during the Zulu war in 1879, landed with the Naval Brigade, accompanied the Ekowe Relief Column, and was present at the battle of Gingindlovu (mentioned in despatches, medal with clasp).

Fleet-Surgeon FLEETWOOD BUCKLE, M.D., has also been placed on the retired list. He entered as Surgeon, October 7th, 1865; became Staff-Surgeon, September 7th, 1877; and Fleet-Surgeon, May 26th, 1886. From the *Royal Navy List* we learn that he was Assistant-Surgeon of the *Bristol* (and boats), flag of Commodore G. T. P. Hornby, on the West Coast of Africa, and did good service through the memorable epidemic of yellow fever; published the first series of thermometric observations on that disease (thanked, wounded in hip); served in *Alexandria*, flag of Sir G. T. P. Hornby, at passage of Dardanelles, 1877; sent to Shipka Pass to inspect the hospitals and field ambulances at the front (Turkish war medal and thanks of Stafford House Committee); Staff-Surgeon in *Kingfisher*, received the thanks of the Chilean Government for his services to the wounded after the battles round Lima, 1880, during the war between Chili and Peru; was entertained at a public banquet, and presented with a valuable ring by the staff of the Panama Canal Company, in grateful recognition of the services he had rendered them during the yellow fever epidemic, 1881; served with the Royal Marine Battalion defending Suakin, and engaged in the operations in the Eastern Soudan, 1884-85; present at the attack on the square of Guards and Marines, March 24th, 1885 (medal with clasp, and Egyptian bronze star).

The following appointments have been received at the Admiralty during the past week: J. C. M. MACLEAN, Staff-Surgeon, to the *Agincoort*; D. D. BOOKE, Staff-Surgeon, to the *Epigle*; E. H. SAUNDERS, Staff-Surgeon, to the *Garnet*; R. A. NESBITT, to be Surgeon and Agent at Donaghadee, Orlock Hill, Millisle, and Ballywater; W. R. WHITE, Staff-Surgeon, to the *President*, additional, for temporary service; WILLIAM PEARSON, Staff-Surgeon, to the *Scout*; O. S. FISHER, Surgeon, to the *Flamingo*; R. H. NICHOLSON, Surgeon, to the *Cambridge*; H. S. SANDER, Fleet-Surgeon, to Devonport Dockyard; W. H. STEWART, Fleet-Surgeon, to the *Impregnable*; J. P. COURTENAY, Fleet-Surgeon, to the *Clyde*; E. R. H. POL-

LARD, Staff-Surgeon, to the *Ganges*; S. F. HAMILTON, Staff-Surgeon, to the *Devastation*; T. C. HICKEY, Staff-Surgeon, to the *Neptune*; E. B. TOWNSEND, Surgeon, to the *Nelson*; H. J. HADDEN, Surgeon, to the *Nelson*, additional; P. J. BARCROFT, Surgeon, to the *Revenge*; F. A. JEANS, Surgeon, to the *Monarch*; H. W. RICKARDS, Surgeon, to the *Hotspur*; G. H. MILNES and C. H. UPHAM, Surgeons, to the *Alexandra*, additional.

THE services of Dr. D. O'CONNOR, Fleet-Surgeon, were incorrectly given in the *JOURNAL* of August 20th. It should have been stated that he served in H.M.S. *Cruiser* during the whole of the China war, 1857-61. Employed on boat-service in Canton River. Present at bombardment and capture of Canton. Served in Her Majesty's gunboat *Lee*, when sunk under the batteries of the Peiho Forts in June, 1859. After rescue from wreck, attended wounded on board H.M.S. *Ceres*. Present during the attacks by the Taipings on the squadron of escort of Lord Elgin at Nankin. Served in Her Majesty's gunboat *Leven* at the final attack and capture of the Peiho Forts in August, 1860. Served in *Dryad* during the whole of the Abyssinian expedition. Served in H.M.S. *Superb* during the bombardment and capture of Alexandria. China medal, Canton and Peiho clasps, Abyssinian medal, medal and clasp for Alexandria, Egyptian bronze star, Order of the Medjidie of the 3rd class.

MEDICAL STAFF.

BRIGADE-SURGEON A. S. K. PRESCOTT has been granted retired pay with the honorary rank of Deputy Surgeon-General. He entered the service as Assistant-Surgeon, May 6th, 1858; became Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1873; and Brigade-Surgeon, June 30th, 1884. He served with the expedition to China in 1860, and was present at the actions of Sinho and Tangku, at the capture of the Taku Forts (for which he was mentioned in despatches, and where he was wounded), and at the surrender of Peking (medal with two clasps).

Surgeon-Major SAMUEL FLOOD is also granted retired pay, with a step of honorary rank. His commissions bear date: Assistant-Surgeon, September 30th, 1864; Surgeon, March 1st, 1873; and Surgeon-Major, September 30th, 1876. He was in the Afghan war of 1878-80 (medal), and in the Nile Expedition in 1884-85, with the River Column, and was present at the action of Kirbekan (medal with two clasps).

Surgeon R. J. A. DURANT, serving in the Bombay command, in medical charge of the station hospital at Indore, is transferred to general duty in the Mhow Division.

Surgeon A. HARDING, serving in the Bombay command, on general duty in the Mhow Division, is appointed to the medical charge of the station hospital at Indore.

INDIAN MEDICAL SERVICE.

THE services of Deputy Surgeon-General W. WALKER, M.D., of the Bengal Establishment, are replaced at the disposal of the Government of the North-West Provinces and Oude.

Surgeon-Major E. MULVANY, Bengal Establishment, Civil Surgeon of Secapore, is appointed to be in visiting medical charge of the Kherree District, during the absence on deputation of Surgeon D. M. JACK.

The services of Surgeon A. R. W. SEDGEFIELD, Bengal Establishment, Medical Officer of the 1st Central India Horse, and of the Goona Political Agency, are placed temporarily at the disposal of the Home Department.

Surgeon C. G. W. LOWDELL, Bombay Establishment, Officiating Medical Officer of the 2nd Central India Horse, and of the Western Malwa Political Agency, is appointed temporarily to be Medical Officer of the 1st Central India Horse, and of the Goona Political Agency, from the date of joining, vice Surgeon A. R. W. SEDGEFIELD.

Surgeon R. SHORE, M.D., Bengal Establishment, Officiating Medical Officer of the 3rd Native Cavalry, is appointed to officiate as Medical Officer of the 2nd Central India Horse, and of the Western Malwa Political Agency, vice Surgeon C. G. W. LOWDELL.

Surgeon J. G. JORDAN, Bengal Establishment, is appointed to the officiating medical charge of the 16th Native Cavalry, vice Surgeon H. C. HUDSON, on field-service in Upper Burma.

Surgeon D. M. JACK, Bengal Establishment, Civil Surgeon, is transferred from Kherree to Meerut, during the absence on leave of Dr. W. MOIR.

Surgeon-Major R. G. MATHEW, Bengal Establishment, Civil Surgeon of Darjeeling, is to hold charge of the office of the Superintendent of Vaccination, Darjeeling Circle, during the absence on leave of Surgeon-Major J. J. WOOD.

Surgeon J. B. GIBBONS, M.B., Bengal Establishment, Resident Physician Medical College Hospital, will continue to act as Professor of Pathology in the Medical College Hospital, Calcutta.

Surgeon D. G. CRAWFORD, M.B., Bengal Establishment, Officiating Civil Surgeon of Mymensingh, is to act as Civil Surgeon of Chumprun, during the absence on leave of Dr. E. BOVILL.

Surgeon H. A. F. NAILER, M.B., Madras Establishment, is appointed Resident Surgeon, General Hospital, from the date on which Surgeon D. F. Dymott, M.B., assumed charge of the office of Inspector of Vaccination and Deputy Sanitary Commissioner of Madras.

Surgeon R. ROSS, Madras Establishment, is appointed to the officiating medical charge of the 3rd Light Infantry, vice Surgeon M. H. SMITH, on other duty.

Surgeon R. H. CASTON, Madras Establishment, in medical charge of the 3rd Light Infantry, is transferred to the officiating medical charge of the 6th Native Infantry, vice Surgeon E. FERRAND, on field-service.

Surgeon-Major H. WHITWELL, Bengal Establishment, Principal Assistant to the Opium Agent at Behar, died at Bankipore on July 6th, at the age of 44. He entered the service as Assistant-Surgeon, April 1st, 1868, but has no war record.

THE VOLUNTEERS.

MR. J. W. M. GUNN, M.A., M.B., is appointed Acting Surgeon to the 4th Volunteer Battalion of the Gordon Highlanders (late the 4th Aberdeen).

Surgeon H. M. MORGAN, M.D., of the 2nd Volunteer Battalion of the North Staffordshire Regiment (late the 5th Staffordshire), is granted the honorary rank of Surgeon-Major.

ERRATUM.—In the letter signed "Junior" in the *JOURNAL* of August 20th, p. 496, there are two printer's errors. The page in the parliamentary paper (C 2921) is 25, and the amount of extra batta is left out, so that the sum of 30 rupees 14 annas should be inserted to make the total correct, that is, 317 rupees 18 annas.

To the Editors of THE LANCET.

SIRS.—Your issue of April 2nd, has just reached me. In it, at p. 701, is a letter by "F.R.C.P." That communication—doubtless written with the best of intentions—only too well illustrates the absolute ignorance on the part of our civil brethren of the peculiar position which we army surgeons bear in regard to what are two distinct professions—namely, those of *arms* and *medicine*. I can well understand the difficulty which "F.R.C.P." finds in appreciating the unanimous outcry of the army medical staff against the abolition of relative rank. When I first entered the service, some four years ago, the question of rank was often discussed among the medical officers. In those days no stronger opponent than myself existed against the tendency to ask for real or honorary rank. I took my stand—as "F.R.C.P." does—on the inherent position which that of surgeon gives to a man, and scouted all ideas of, or pretensions to, purely military titles, as being expressive of an undignified and false position for members of the medical profession. A few years of actual experience in the army has convinced me of the folly of my original views. I stand second to none in my respect and love for my profession, and have consistently and strenuously endeavoured to do my work as a good medical officer abreast of his times. In the army that is not enough to hold one's own, although it goes some way towards it. Once in the army, and mixing with army men, the value of military rank asserts itself. Let a man be ever so good a doctor, ever so good a gentleman (in its fullest sense), without rank—I mean military rank, and called by military terms—he is as no one. "If you go to Rome, you must do as Rome does." In the army you must be known by army terms and hold army rank. I write in no captious spirit; on the contrary, I may say I almost regret (being a surgeon) to write so. But the plain term surgeon or doctor is valueless in the army. Whether it is the reflected light from our civil rank and file, I know not, but *surgeon* as *surgeon* carries no weight. It is true we army surgeons are not soldiers in the sense of engaging directly in the operations of war, but we are an integral and important part of an army. On service we undergo the same hardships as the regimental officer; we run similar risks; our duties involve equal dangers to life and limb. We command our own men; we acquire the habits and qualities of the soldier. We have to combine units into disciplined bodies for the purposes of concerted action, and at the same time fulfil the offices and show the talents and judgment of experts. In a word, we are two professions rolled into one. I fail to imagine any higher *role* than that of the army surgeon. He is at once a commander of men, an organiser, and a guardian of man's most precious gift—*life*. The last few years have seen a steady increase in the ranks of the

army medical staff of well-trained, well-educated professional men—men not only adepts in their technical work, but at the same time men of varied talents; men not drawn exclusively from Ireland and Scotland, but men from the *English* schools. This last step of the War Office will check this popularity of the army as a career for able and educated surgeons. An inferior class of men only will enter. No man with any respect for himself or his profession could, or will, enter the army so long as his position is defined as being non-military, and as such secondary to each and every person whose rank is military. We want no blinking at the question, and hazy definitions of position and rank as given in Clause 125A of the last Warrant. If not *actual*, we want *honorary* rank in the army. The question is important, far more so than many of our civilian brethren think. We in the army know where the shoe pinches.

I am, Sirs, your obedient servant,

Punjab, India.

B.A. OXON., F.R.C.S. ENG.,
Surgeon, M.S.

AN ARMY MEDICAL OFFICER writes: The officers of the Medical Staff owe you a deep debt of gratitude for the brilliant defence of their rights and position which you are carrying on in the columns and leading articles of the *JOURNAL*, and if you only keep "pegging away" your efforts will be crowned by success, and honorary rank will be granted to them. Now that relative rank has been abolished, all our endeavours must point to the attainment of that rank which is held by the other departments of the army, including the inspectors of army schools.

"It is to be anticipated that great opposition will be made to this claim by the Horse Guards. The Parliamentary Bills Committee and the *JOURNAL* have won many brilliant victories for the public services in the past, and will endeavour to fight this battle not less effectively; but it is very doubtful whether they can succeed unaided, in view of the formidable opposition by which they are likely to be met. The aid of the medical schools, colleges, and corporations should be invoked. Let every medical officer who has this question at heart at once communicate with leading persons in his own medical corporation and in his own school; especially in the latter, with the deans, house-surgeons, and leading students. Full explanations should be given, and meetings of the students held in every school, at which retired medical officers conversant with the facts should attend, and suitable resolutions should be passed. We shall be glad to hear from medical officers proposing to take this course, with information as to the dates of any such proposed meetings, and copies of any correspondence addressed to the corporations and colleges, and of any proceedings consequent thereon. If desired, we will have the recent leaders on the subject reprinted from the *JOURNAL*; or a committee formed in each city of retired medical officers, to co-operate with our Parliamentary Bills Committee, might communicate with Mr. Ernest Hart, Chairman of that Committee, who will assist with documents and suggestions.

A MILITARY CORRESPONDENT writes: The Army Medical Staff owe the *JOURNAL* much for its powerful advocacy. Your leader last week is most able, and is unanswerable. As you are well aware, the Service draws a broad distinction between officers of the army and officers of the departments of the army; for example, see the preamble to the creation of the distinguished service order lately, where it was most marked. The former had substantive rank, the latter only relative rank, real rank being reserved for professional soldiers; now that honorary military rank and titles are granted to departmental officers of the supply branches (pay, commissariat, and stores), relative rank is inferior and scarcely better than none at all. The medical officers share all the dangers and hardships of combatants, plus all medical risks, but share the honours and rewards of neither profession, while the officers of supply departments are safe in the rear, or at the depot or the base. More medical officers in proportion die or are invalided than combatants, as you state truly.

Is the department in charge of the lives and health of the army, the sick and wounded officers and men, the sons and brothers of Britons, from prince to peasant, to remain inferior to the supply departments? And why? Is not the Medical Staff Corps a military organisation, with military titles and status, from private to sergeant-major and quartermaster, who may be honorary captain or major? This corps is responsible for nursing the sick and wounded, and all the duties of hospitals in the field or at home; but the Medical Staff officers who command this corps (being responsible for all its duties, discipline, interior economy, etc.), and are in charge of the troops and hospitals, and of the sick and wounded, have no army rank whatever.

1. Does the army need the best medical aid available, or will inferior medical assistance suffice?
2. Are the officers of the Army Medical Staff unworthy of military rank? If so, they must be inferior to the non-commissioned officers and men of the Medical Staff Corps who are under their command.

VOLUNTEER MEDICAL OFFICERS.

M. writes: Whilst fully agreeing with "Specs" in his letter to the *JOURNAL* of June 18th, as to the desirability of some sort of organisation in the Volunteer Medical Service, I cannot accept his suggestion that, in the references to the matter in the *JOURNAL*, there has been any attempt to cast any reflection on the Director-General. Everyone knows too well how his hands are tied, and how great must be his difficulties as the head of a part of Her Majesty's army, of which the departmental history has been that of a long fight—not yet won—against prejudices, slights, and insidious attacks.

The great majority of volunteer regimental surgeons will join with you in deprecating—as you do in an annotation in the *JOURNAL* of July 2nd—the drawing of any distinction between themselves and the officers of the Volunteer Medical Staff Corps, and few of them, I think, will agree with "Specs" that their duties are now—or will be, if their services are ever required—so much more limited than those of their brethren of the Medical Staff as to render it undesirable for them to know more of the work of military medical officers than they can get up from books at twenty-four hours' notice (the only time given me, but still more than sufficient when I passed my "proficiency" examination).

Till the Volunteer Medical Staff Corps is established in every district in the country, it cannot be said that the regimental surgeon would find no use for the training to be got at Aldershot or some similar school. In my own case, I am the only medical officer attached to an artillery brigade at one of the chief ports in the kingdom, spread over fifteen miles of coast, and told off to man the forts, now greatly strengthened, which guard the port. We have, in addition, a battery horseed. Besides our regimental camp and garrison duty, we have lately made a forced march through barren country of over eighty miles in four days with 250 men. Our regimental ambulance is complete, and we have 18 per cent. of the 400 men at headquarters who possess the War Office certificate of proficiency in ambulance work. Many other surgeons, no doubt, are similarly placed. Even during training, the chances, undertaken without some instruction, of hundreds of men on the march, and in bivouac, camp, and garrison, leads to difficulty; during embodiment for service it would lead to disaster. I sincerely hope that the evils from which the volunteer medical service suffers will not be intensified by the showing of undue favour to the Volunteer Staff Corps, for whom everything is arranged (unless all volunteer medical officers are enrolled in it), or by deprecation of the regimental surgeons, on whom, isolated and unaided, the burden and heat of the day of mobilisation would fall.

COST OF THE ARMY MEDICAL DEPARTMENT.

MEDICAL STAFF writes: Allow me to call attention to some very misleading and prejudicial statements made by the Accountant-General of the War Office before the House of Commons Committee. Medical officers do not receive £200 and £250 a year during service. They commence at £200, and do not receive £200 until Deputy Surgeon-Generals and have seen thirty years' service. Very different indeed, only a few officers, and those men specially selected, get pensions of £250 a year, and to obtain that they must have over thirty years' service. I never heard of anyone refusing increased pay as the inducement to serve. It is not correct to say that younger men are not required for relief. They are required, and necessary, for duties performed by younger officers cannot be carried out with efficiency by old men. What man can attempt to practise after thirty years' service, and have a chance of getting any?

The Accountant-General has not stated that medical officers bring into the army a profession which takes them five years to learn, and much expense, and that the hospital stoppages paid by the soldier while in hospital go a great way in covering the cost of the medical service.

"ARMY-SURGEONS ARE CIVILIANS."

FAIR PLAY writes: In a circular issued with Special Army Circular dated June 18th, 1887, headed "Establishment of the Regular and Auxiliary Forces for 1887-88," the number of medical officers is not shown on the strength. The officers of other departments, as Engineers, etc., are shown and classified. This shows distinctly that medical officers in the army are simply and purely civilians, ranking only relatively with the military. Such being the case, why not allow army-surgeons to give up their uniform, etc., and be in every sense simply and purely civilians? In the same circular, however, the "Volunteer Medical Staff" officers are shown and classified. This is only to court popularity.

EXAMINATION FOR THE RANK OF BRIGADE-SURGEON.

MEDICAL STAFF writes: I feel sure that you cannot be aware of the grave injustice with which the recently introduced examination to qualify for promotion to the rank of Brigade-Surgeon is being conducted, or you would ere this have raised your voice to assist in removing so substantial a grievance, hitherto submitted to in silence by the sufferers of the Medical Staff.

On the introduction of the new rules, many senior surgeons-major, serving at distant stations, were informed that they were to be examined; the notice given was short, they had no opportunity of acquainting themselves with the nature

of the examination, some difficulty in obtaining the necessary information from books, and not a few had never had any opportunity of becoming acquainted with military law, or with the new organisation of the Medical Staff Corps. Under advice that their failing to accept the examination might seriously prejudice their prospects of promotion, and believing that, as in other branches of the service, a second opportunity would be given in the event of failure, they presented themselves, and a large proportion failed to satisfy their unknown examiners. On applying for a second examination, they were told by the Director-General to their surprise that no second chance could be allowed; no notice to that effect, let it be remarked, ever having been published. Experienced officers of approved ability, and unquestionably fit for promotion, were thus stranded; a large number retired in abject disgust to swell the non-effective list, others remained to be passed over by their juniors, who succeeded in passing under more favourable circumstances of time and place. In no other branch of the service does such an arbitrary rule exist; combatant officers are allowed to appear over and over again until they pass; they are afforded every facility in the shape of garrison classes, long and short courses, leave of absence to study and make themselves proficient in the knowledge required. Such a rule is a high-handed proceeding, but it should at least have been published for the information of the officers concerned. When good men are thus lost to the service, at a time when their experience is ripest, can it be wondered at that the Accountant-General at the War Office, as stated in the papers, should draw attention to the huge non-effective charge connected with the Medical Staff, when by such an arbitrary decision men of undoubted ability, in their prime as regards experience, and at a great loss to the State, are pushed aside.

The discontent in the Medical Staff is deep and well founded; can it be wondered at when such grave injustice is practised with impunity under the sanction of its chiefs? Something should be done to remove the disgust and disquiet in our ranks, and until there is, it is in the nature of things that duties will be performed in a more or less perfunctory manner, telling against the welfare of the sick soldier. Your opinion is fully endorsed, that as things are at present in the Medical Staff, it is no longer a place for a gentleman.

"The subject named in this letter is one to which attention has been called several times in the journals by previous correspondents. Our own opinion is that it is not right to make a single examination conclusive as regards promotion or otherwise, especially without notice being given, which, so far as we are aware, our correspondent actually states never was given. As a matter of policy, we do not think the limitation of the test for promotion to a single examination judicious. We have never heard the grounds on which it was determined to make the single examination decisive. We consider that the subject matter of this letter deserves the attention of the authorities."

It is to be anticipated that great opposition will be made to this claim by the House Guards. The Parliamentary Bills Committee and the JOURNAL have won many brilliant victories for the public services in the past, and will endeavour to fight this battle as successfully; but it is a very doubtful whether they can succeed unless the views of the considerable opposition by which they are likely to be met. The All of the medical school, colleges, and corporations should be invoked. Let every medical officer who has the question at heart at once communicate with leading persons in his own medical corporation and in his own school; especially in the latter, with the deans, house-surgeons, and leading students. Full explanations should be given, and meetings of the students held in every school, at which retired medical officers conversant with the facts should attend, and suitable resolutions should be passed. We shall be glad to hear from medical officers proposing to take this course, with information as to the dates of any such proposed meetings, and copies of any correspondence addressed to the corporations and colleges, and of any proceedings consequent thereon. If desired, we will have the recent leaders on the subject reprinted from the JOURNAL, or a committee formed in each city of retired medical officers, to co-operate with our Parliamentary Bills Committee, might communicate with Mr. Ernest Hart, Chairman of that Committee, who will assist with documents and suggestions.

A MILITARY CORRESPONDENT writes: The Army Medical Staff and the JOURNAL must for its powerful authority. Your leader last week is undeniable and unanswerable. As you are well aware, the Service draws a broad distinction between officers of the army and officers of the departments of the army; for example, see the preamble to the creation of the distinguished service order last year, which is most marked. The former had substantive rank, the latter only honorary rank, and the latter were not to be considered officers, though the honorary military rank and titles are granted to departmental officers, and supply branches (pay, commissariat, and stores), relative rank is inferior and scarcely better than none at all. The medical officers share all the dangers and hardships of combatants, plus all medical risks, but share the honours and rewards of the army, and, like the officers of the other supply departments, are in the rear, or at the depot of the base. Most medical officers in proportion die or are invalided than combatants, as you state truly.

Is the department in charge of the lives and health of the army, the sick and wounded officers and men, the sons and brothers of Britishers, from prince to peasant, to remain inferior to the supply departments? And why? Is not the Medical Staff Corps a military organisation, with military titles and status, from colonel to sergeant-major and quartermaster, who may be honorary captain or major? This corps is responsible for the nursing of the sick and for the duties of hospitals in the field or at home; but the Medical Staff officers who command this corps (being responsible for all its duties, discipline, interior economy, etc.), and are in charge of the troops and hospitals, and of the sick and

1. Does the army need the best medical aid available, or will inferior medical assistance suffice?
2. Are the officers of the Army Medical Staff unworthy of military rank? If so, they must be inferior to the non-commissioned officers and men of the Medical Staff Corps who are under their command.

VOLUNTEER MEDICAL OFFICERS.
M. writes: Whilst fully agreeing with "Spex," in his letter to the JOURNAL of June 15th, as to the desirability of some sort of organisation in the Volunteer Medical Service, I cannot but suggest that in the references to the matter in the JOURNAL of 15th June, there has been no attempt to cast any reflection on the Director-General. Everyone knows too well how his hands are tied, and how great must be his difficulties as the head of a part of Her Majesty's army of which the departmental history has been that of a long fight—not yet won—against prejudices, slights, and insidious attacks.

The great majority of volunteer regimental surgeons will join with you in deprecating—as you do in an annotation in the JOURNAL of July 2nd—the drawing of any distinction between themselves and the officers of the Volunteer Medical Staff Corps, and few of them, I think, will agree with “Specs” in their duties are now—or will be, if their services are ever required—so much more limited than those of their brethren of the Regular Army, and that they are for the most part, and in the bulk of military medical officers they can get up from books at twenty-four hours’ notice (the only time given as yet) still more than sufficient when I passed my “proficiency” examination).

Till the Volunteer Medical Staff Corps is established in every district in the country, it cannot be said that the regimental surgeon would find no use of the training to be got at Aldershot or some similar school. In my own case, I am the only medical officer attached to an artillery brigade at one of the camps, and I have kept my knowledge of the principles of first aid, and of the use of the forts, now greatly strengthened, which guard the port. We have, in addition, a battery horsed. Besides our regimental camp and garrison dot we have lately made a forced march through barren country of over eight miles in four days with a full complement of regimental baggage. One of the 400 men at headquarters who possess the War Office certificate of proficiency in ambulance work. Many other surgeons, no doubt are similarly placed. Even during training, the charge, undertaken with some instruction, of hundreds of men on the march, and in bivouac, camp, a march, and a battle, is a most valuable experience. In the event of a disaster, I sincerely hope that the evils from which the volunteer medical service suffers will not be intensified by the showing of undue favour to Volunteer Staff Corps, for whom everything is arranged (unless all volunteer medical officers are enlisted in the line, or by the present system of medical officers being isolated and unaided, by the burden and heat of the day of mobilisation would fall.

MEDICAL STAFF WORKERS OF THE ARMY. The following are a few of the many very misleading & prejudicial statements made by the Accountant-General of the War Office at the House of Commons Committee. Medical officers do not receive £500 & £600 a year during service. They commence at £200, and do not receive £ until Deputy Surgeon-Generals and have seen thirty years' service. Very different indeed, only a few officers, and those men specially selected, get pensions of £1,000 a year, and, of course, have had thirty years' service. I have never heard of anyone refusing increased pay as the inducement to serve. It is not correct to say that younger men are not required for reliefs. They are required, and necessary, for duties performed by younger officers cannot be carried out with efficiency by old men. What man can attempt to practise after thirty years' service, and have a chance of getting any? Medical officers bring into the Army Accountant-General's Office a large sum of money, and that is what is my profession which takes them five years to learn, and much expense, and that the hospital stoppages paid by the soldier while in hospital go a long way in covering the cost of the medical service.

ARMY-SURGEONS ARE CIVILIANS.—The Special Circular dated J. 18th, 1887, headed "Establishment of the Regular and Auxiliary Forces 1887-88," the number of medical officers is not shown on the strength. officers of other departments, as Engineers, etc., are shown and classified. It did not do to show the number of medical officers, as they are civilians, ranking only relatively with the military. Such being the case, I not allow army-surgeons to give up their uniform, etc., and be in every way simply and purely civilians? In the same circular, however, "The Volunteer Staff" officers are shown and classified. This is only to court popularity.

On the introduction of the new rules, many senior surgeons-major, serving distant stations, were informed that they were to be examined; the notice was short, they had no opportunity of acquainting themselves with the na-

[illegible]

"The subject named in this letter is one to which attention has been called several times in the Journals by previous correspondents. Our opinion is that it is not right to make a single examination conclusive as to promotion or otherwise, especially without notice being given, which, as we are aware, our correspondent actually states never was given. As a matter of policy, we do not think the limitation of the test for promotion to a single examination judicious. We have never heard the grounds on which it was terminated to make the single examination decisive. We consider that the matter of this letter deserves the attention of the authorities."

Hart for his many services to them. The Medical Department had greatly benefited by the tendency to bring the medical officers of the army back into the bosom of the profession, and as far as possible to make them feel that they were one with the civil members of the profession. One of the most important acts in his administration had been to try to get the medical officers of the army to keep up their connection with the public institutions in which they were reared. He was, therefore, extremely sorry to have to take any exception to the action of any member of the Association, but the issues were so great that, dropping his position as Director-General, he thought it right as a member of the Association to state his objections to the proposals which had appeared in the late numbers of the JOURNAL, in order that the members of the Association might be in possession of the real facts. In January last certain alterations were made in the pay-warrant for the army, which governed all matters connected with the rights, privileges, rank, and position of medical officers. Those alterations had mainly for their object changes in the combatant service of the army; but amongst those changes was one that affected the whole of the Medical Staff of the army. He alluded to what was called the relative rank table, and it had been alleged that relative rank was really the only rank that the medical officer held. In order to show that relative rank was not the rank of the medical officer, he read to the meeting the words of the commission which was given to every medical officer on entering the service. It was, in general terms, precisely the same as the commission granted to combatant officers, and there was no allusion in it to anything like "relative rank." His opinion was that medical officers were in reality in a better position than formerly, but the letters which had appeared in the JOURNAL stated that they had been grievously humiliated. It had also been said that the medical officers did not address their own chief, because, if they did so, they might injuriously affect their own position. He considered that that was a charge which no man had a right to make against him, and the JOURNAL ought not to allow such insinuations to be made against him anonymously. Every medical officer in the army having a grievance was at perfect liberty to address his chief. A circular had been addressed to medical officers in the army asking their opinions on certain points. No combinations of any sort whatever were permitted to exist in the public service, but no man's mouth was shut, and every medical officer having a grievance was at perfect liberty to ventilate it. He did not think it was possible to produce a single instance in which any officer was ever punished for making a fair and honest statement of his grievances. The proposal in the JOURNAL was that medical men should submit to be called by titles to which they had no claim, and which had no relation whatever to medicine or medical science. Mr. Hart wanted the medical officers to submerge their profession, and allow themselves to be known by titles which it would be a degradation to any medical man to accept. Lord Randolph Churchill was most willing that the cost of the medical service should be cut down to the lowest figure, but the rank he aimed at reducing was that of Surgeons-General, because their salary was over £1,300 a year. It might be asked why the medical service should not be made into a corps, and as far as he knew the authorities had no objection to that; but the difficulty was that at the present moment there were 800 or 900 medical officers drawing staff allowances, and, if they were put into a corps like the Engineers, it would necessitate their accepting regimental allowances, which would be a reduction of some 25 per cent. throughout the various ranks. The honorary rank which the letters in the JOURNAL asked for was a purely titular one. Of necessity, the commanding officer in an army was supreme, and medical officers were not there for the purpose of commanding troops, but to take care of the health of the soldiers. If they respected themselves and their profession, he was quite sure they would never suffer at the hands of the military authorities.

Surgeon-Major INCE said that, having seen twenty years' service, he could assure the meeting that no subject gave rise to more irritation and contempt on the part of combatant officers than any allusion on the part of medical officers to their so-called "relative rank." Medical men had a universal rank, and he hoped that, after the able manner in which Sir Thomas Crawford had laid the subject before the Association, the Council would use their influence with the editor of the JOURNAL to put an end to the discussion. In the army a medical officer would always be rated according to his own individual moral and professional position.

Dr. SHANK, as a retired medical officer, thoroughly endorsed everything that had been said by Sir Thomas Crawford.

The PRESIDENT: Do you desire to move an amendment to the report, Sir Thomas?

Sir THOMAS CRAWFORD: If it be necessary, I would beg to move

that the paragraphs referring to "relative rank" should be omitted from the report, and referred back to the Parliamentary Bills Committee for further consideration.

Surgeon-General CORNISH seconded the amendment. It seemed to him that a great deal of the misunderstanding which had occurred was due to a little inadvertence on the part of the Secretary for War, who stated that no significance was attached to the term "relative rank."

The Rev. Dr. HAUGHTON said he had in his pocket twenty-five telegrams and letters relating to this subject, but, like the Kilkenny cats, they killed each other. There were many persons like himself who had been asked to influence their friends in the House of Commons on one side or the other; but it was very wrong to join in a fight unless one knew whose head he was hitting. He therefore thought that the proposal to refer the matter back to the Committee was a wise one.

Mr. ERNEST HART said that technically, by referring the report back to the Committee, the Association would negative the action of that Committee, who might regard it as a vote of censure.

Sir THOMAS CRAWFORD said that, before any of the alternatives mentioned in the circular were offered to the officers of the Army Medical Department, the Association ought to be sure that they would be able to obtain what was desired in the event of any one alternative being unanimously approved of.

Mr. ERNEST HART said it was of the greatest possible advantage to the Association that they had heard from Sir Thomas Crawford the views he entertained on this subject. The Director-General said that everything was for the best in the best of all services, that the position of the army medical officer was everything it ought to be, and that no further action was needed. If that were so, how was it that the whole department was boiling with discontent?

Sir THOMAS CRAWFORD: There is not, within my knowledge, one single representation either to the Director-General, or the Commander-in-Chief, or the Secretary of State for War, from any officer.

Mr. ERNEST HART said Sir Thomas Crawford knew well unofficially that a large number of most eminent officers in the department were discontented, and that not only the Parliamentary Bills Committee, but professors in the universities, and in the College of Physicians of Edinburgh, had had innumerable complaints addressed to them. The chief officers in his own department knew that the opinions stated in the JOURNAL were at least the opinions of a great majority of the officers; and if he said he had no representation of the kind officially, it only proved what had been repeatedly alleged, that such representations were not officially made because the officers felt that if they did so their promotion would not be hastened.

Sir THOMAS CRAWFORD: Mr. Hart is not justified in making a statement of that sort.

Mr. ERNEST HART would be sorry that Sir Thomas Crawford should misinterpret his statement. Officers of the army were under this disadvantage, that if they entertained views which were known to be regarded with disfavour by the heads of their department they were not allowed to make any collective statement, and they felt that individual statements might do them an injury. Dr. Farquharson had, at his instance, asked the Secretary of State for War if he would allow the army medical officers to make any collective representation, and the answer was that it was contrary to the rules of the service. Under those circumstances, the Parliamentary Bills Committee, having been extensively appealed to, had only done their duty and followed all past precedents in offering to the medical officers an opportunity of expressing their opinions. Sir Thomas Crawford was under a complete misapprehension if he imagined that the editor of the JOURNAL was an initiating element in the matter. When he (Mr. Hart) was away from London he expressly requested the gentleman who was to act for him that everything should be done to put an end to the agitation, and for weeks together no letters on the subject were published, but the shoals of letters and telegrams he had since received showed that the answer of the Secretary of State for War, with which Sir T. Crawford professed himself content, was causing the deepest dissatisfaction and anxiety. Only a fortnight ago he received a collective telegram from 200 medical officers in India, with a heavy cheque to pay the expenses of issuing a circular in order to take the individual opinion of medical officers. The cheque had been returned, but the offer was significant. All that the Committee had done had been done with the advice and assistance of eminent men, of various grades and offices, in the Army Medical Service. They would have failed in their duty if they had not taken means to ascertain the individual opinions of army medical men.

Mr. MACNAMARA said that when he was in the army he never had the slightest hesitation in approaching the head of the medical service

383

of other branches on and becomes a to the body and

That is not the appointment dates or hospital. This again. A medical who join the Army er branches of the is Medical Depart- to their profession give them the con-

I sincerely hope prevailed when I when the medical

In one of the a notice telling service, and for a he present time, and when there ew candidates, but at pay attention to the Army Medical e go to the dogs. en—how they are

of continuing the mortality among he pay they get in raw at home. That the service. At a What I really want represents the army e been made from t hon. gentleman nsideration which

peech, but I desire to the great disad- red with combatant en they are about s regards leave and edical Department, sion, have to get choo to which they right and fair that combatant officers amination for proe this matter into the fact that the ary distinctly pro- last session, that other point is the Warrant was issued or and the deputy rank, and also an lose pay. It does a foreign country, cut off. In India o me— the remuneration omitee. oned. the House will be

ry. the matter when

ight hon. gentle-

Office): With re- mber for Central stained at Netley

instruction which dergo an examina- r, and one or two ould go to Netley.

REVIEWS AND NOTICES.

of afternoons for short excursions in the environs. The coaches to Bray have been well patronised. The hospitality of members of the Public Medicine Section have been followed with much interest by the Dublin daily press, which has reported them fully from day to day.

AN ARMY MEDICAL OFFICER writes: The officers of the Medical Staff owe you a deep debt of gratitude for the brilliant defence of their rights and position which you are carrying on in the columns and leading articles of the JOURNAL, and if you only keep "pegging away" your efforts will be crowned by success, and honorary rank will be granted to them. Now that relative rank has been abolished, all our endeavours must point to the attainment of that rank which is held by the other departments of the army, including the inspectors of army schools.

* It is to be anticipated that great opposition will be made to this claim by the Horse Guards. The Parliamentary Bills Committee and the JOURNAL have won many brilliant victories for the public services in the past, and will endeavour to fight this battle not less effectively; but it is very doubtful whether they can succeed unaided, in view of the formidable opposition by which they are likely to be met. The aid of the medical schools, colleges, and corporations should be invoked. Let every medical officer who has this question at heart at once communicate with leading persons in his own medical corporation and in his own school; especially in the latter, with the deans, house-surgeons, and leading students. Full explanations should be given, and meetings of the students held in every school, at which retired medical officers conversant with the facts should attend, and suitable resolutions should be passed. We shall be glad to hear from medical officers proposing to take this course, with information as to the dates of any such proposed meetings, or copies of any correspondence addressed to the corporations and colleges, and of any proceedings consequent thereon. If desired, we will have the recent leaders on the subject reprinted from the JOURNAL; or a committee formed in each city of retired medical officers, to co-operate with our Parliamentary Bills Committee, might communicate with Mr. Ernest Hart, Chairman of that Committee, who will assist with documents and suggestions.

A MILITARY CORRESPONDENT writes: The Army Medical Staff owe the JOURNAL much for its powerful advocacy. Your leader last week is most able, and is unanswerable. As you are well aware, the Service draws a broad distinction between officers of the army and officers of the departments of the army; for example, see the preamble to the creation of the distinguished service order lately, where it was most marked. The former had substantive rank, the latter only relative rank, real rank being reserved for professional soldiers; now that honorary military rank and titles are granted to departmental officers of the supply branches (pay, commissariat, and stores), relative rank is inferior and scarcely better than none at all. The medical officers share all the dangers and hardships of combatants, plus all medical risks, but share the honours and rewards of neither profession, while the officers of supply departments are safe in the rear, or at the depot or the base. More medical officers in proportion die or are invalided than combatants, as you state truly.

Is the department in charge of the lives and health of the army, the sick and wounded officers and men, the sons and brothers of Britishers, from prince to peasant, to remain inferior to the supply departments? And why? Is not the Medical Staff Corps a military organisation, with military titles and status, from private to sergeant-major and quartermaster, who may be honorary captain or major? This corps is responsible for nursing the sick and wounded, and all the duties of hospitals in the field or at home; but the Medical Staff officers who command this corps (being responsible for all its duties, discipline, interior economy, etc.), and are in charge of the troops and hospitals, and of the sick and wounded, have no army rank whatever.

1. Does the army need the best medical aid available, or will inferior medical assistance suffice?
2. Are the officers of the Army Medical Staff unworthy of military rank? If so, they must be inferior to the non-commissioned officers and men of the Medical Staff Corps who are under their command.

VOLUNTEER MEDICAL OFFICERS.

M. writes: Whilst fully agreeing with "Specs," in his letter to the JOURNAL of June 18th, as to the desirability of some sort of organisation in the Volunteer Medical Service, I cannot accept his suggestion that, in the references to the matter in the JOURNAL, there has been any attempt to cast any reflection on the Director-General. Everyone knows too well how his hands are tied, and how great must be his difficulties as the head of a part of Her Majesty's army of which the departmental history has been that of a long fight—not yet won—against prejudices, slights, and insidious attacks.

The great majority of volunteer regimental surgeons will join with you in deprecating—as you do in an annotation in the JOURNAL of July 2nd—in drawing of any distinction between themselves and the officers of the Volunteer Medical Staff Corps, and few of them, I think, will agree with "Specs" the their duties are now—or will be, if their services are ever required—so much more limited than those of their brethren of the Medical Staff as to render undesirable for them to know more of the work of military medical officers than they can get up from books at twenty-four hours' notice (the only time given in but still more than sufficient when I passed my "proficiency" examination).

Till the Volunteer Medical Staff Corps is established in every district in the country, it cannot be said that the regimental surgeon would find no use in the training to be got at Aldershot or some similar school. In my own case, am the only medical officer attached to an artillery brigade at one of the camps in the kingdom, spread over fifteen miles of coast, and told off to us the forts, now greatly strengthened, which guard the port. We have, in addition, a battery of horse. Besides our regimental camp and garrison duty we have lately made a forced march through barren country of over eight miles in four days with 250 men. Our regimental ambulance is complete, as we have 15 per cent. of the 400 men at headquarters who possess the War Office certificate of proficiency in ambulance work. Many other surgeons, no doubt are similarly placed. Even during training, the charge, undertaken with some instruction, of hundreds of men on the march, and in bivouac, camp, a garrison, leads to difficulty; during embodiment for service it would lead to disaster. I sincerely hope that the evils from which the volunteer medical service suffers will not be intensified by the showing of undue favour to the Volunteer Staff Corps, for whom everything is arranged (unless all volunteer medical officers are enrolled in it, or by degradation of the regimental surgeon on whom, isolated and unaided, the burden and heat of the day of mobilisation would fall.

COST OF THE ARMY MEDICAL DEPARTMENT.

MEDICAL STAFF writes: Allow me to call attention to some very misleading and prejudicial statements made by the Accountant-General of the War Office before the House of Commons Committee. Medical officers do not receive £500 a year during service. They commence at £200, and do not receive £2 until Deputy Surgeon-Generals and have seen thirty years' service. Very different indeed, only a few officers, and those men specially selected, get pensions £500 a year, and to obtain that they must have over thirty years' service, never heard of anyone refusing increased pay as the inducement to serve, is not correct to say that younger men are not required for relief. They are required, and necessary, for duties performed by younger officers cannot be carried out with efficiency by old men. What man can attempt to practise after this years' service, and have a chance of getting any?

The Accountant-General has not stated that medical officers bring into army a profession which takes them five years to learn, and much expense, that the hospital stoppages paid by the soldier while in hospital go a great way in covering the cost of the medical service.

"ARMY-SURGEONS ARE CIVILIANS."

FAIR PLAY writes: In a circular issued with Special Army Circular dated J 18th, 1887, headed "Establishment of the Regular and Auxiliary Forces 1887-88," the number of medical officers is not shown on the strength. Officers of other departments, as Engineers, etc., are shown and classified. This shows distinctly that medical officers in the army are simply and purely civilians, ranking only relatively with the military. Such being the case, not allow army-surgeons to give up their uniform, etc., and be in every way simply and purely civilians? In the same circular, however, "the Volunteer Medical Staff" officers are shown and classified. This is only to court parity.

EXAMINATION FOR THE RANK OF BRIGADE-SURGEON.

MEDICAL STAFF writes: I feel sure you cannot be aware of the grave injury with which the recently introduced examination to qualify for promotion to rank of Brigade-Surgeon is being conducted, or you would ere this have raised your voice to assist in removing so substantial a grievance, hitherto submitted in silence by the sufferers of the Medical Staff.

On the introduction of the new rules, many senior surgeons-major, serving distant stations, were informed that they were to be examined; the notice was short, they had no opportunity of acquainting themselves with the nature

of the examination, some difficulty in obtaining the necessary information books, and not a few had never had any opportunity of becoming acquainted with military law, or with the new organisation of the Medical Staff. Under advice that their failing to accept the examination might seriously prejudice their prospects of promotion, and believing that, as in other branches of the service, a second opportunity would be given in the event of failure presented themselves, and a large proportion failed to satisfy their examiners.

On applying for a second examination, they were told by the Director-General to their surprise that no second chance could be allowed; notice to that effect, let it be remarked, ever having been published. Experienced officers of approved ability, and unquestionably fit for promotion thus stranded; a large number retired in abject disgust to swell the effective list, others remained to be passed over by their juniors, who succeeded in passing under more favourable circumstances of time and place. In no branch of the service does such an arbitrary rule exist; combatant officers allowed to appear over and over again until they pass; they are afforded facility in the shape of garrison classes, long and short courses, leave of absence to study and make themselves proficient in the knowledge required. The rule is a high-handed proceeding, but it should at least have been published to the information of the officers concerned. When good men are thus lost to service, at a time when their experience is ripest, can it be wondered that the Accountant-General at the War Office, as stated in the papers, draw attention to the huge non-effective charge connected with the Medical Staff, when by such an arbitrary decision men of undoubted ability, prime as regards experience, and at a great loss to the State, are pushed to the front?

The discontent in the Medical Staff is deep and well founded; can it be wondered at when such grave injustice is practised with impunity under the sanction of its chief? Something should be done to remove the disgust and in our ranks, and until there is, it is in the nature of things that duties performed in a more or less peremptory manner, telling against the welfare of the sick soldier. Your opinion is fully endorsed, that as things are at present in the Medical Staff, it is no longer a place for a gentleman.

* The subject named in this letter is one to which attention has been called several times in the journals by previous correspondents. Our opinion is that it is not right to make a single examination conclusive as to promotion or otherwise, especially without notice being given, which, as we are aware, our correspondent actually states never was given. As a matter of policy, we do not think the limitation of the test for promotion to a single examination judicious. We have never heard the grounds on which it was determined to make the single examination decisive. We consider that the matter of this letter deserves the attention of the authorities.

Hart for his many services to them. The Medical Department had greatly benefited by the tendency to bring the medical officers of the army back into the bosom of the profession, and as far as possible to make them feel that they were one with the civil members of the profession. One of the most important acts in his administration had been to try to get the medical officers of the army to keep up their connection with the public institutions in which they were reared. He was, therefore, extremely sorry to have to take any exception to the action of any member of the Association, but the issues were so great that, dropping his position as Director-General, he thought it right as a member of the Association to state his objections to the proposals which had appeared in the late numbers of the JOURNAL, in order that the members of the Association might be in possession of the real facts. In January last certain alterations were made in the pay-warrant for the army, which governed all matters connected with the rights, privileges, rank, and position of medical officers. Those alterations had mainly for their object changes in the combatant section of the army; but amongst those changes was one that affected the whole of the Medical Staff of the army. He alluded to what was called the relative rank table, and it had been alleged that relative rank was really the only rank that the medical officer held. In order to show that relative rank was not the rank of the medical officer, he read to the meeting the words of the commission which was given to every medical officer on entering the service. It was, in general terms, precisely the same as the commission granted to combatant officers, and there was no allusion in it to anything like "relative rank." His opinion was that medical officers were in reality in a better position than formerly, but the letters which had appeared in the JOURNAL stated that they had been grievously humiliated. It had also been said that the medical officers did not address their own chief, because, if they did so, they might injuriously affect their own position. He considered that that was a charge which no man had a right to make against him, and the JOURNAL ought not to allow such insinuations to be made against him anonymously. Every medical officer in the army having a grievance was at perfect liberty to address his chief. A circular had been addressed to medical officers in the army asking their opinions on certain points. No combinations of any sort whatever were permitted to exist in the public service, but no man's mouth was shut, and every medical officer having a grievance was at perfect liberty to ventilate it. He did not think it was possible to produce a single instance in which any officer was ever punished for making a fair and honest statement of his grievances. The proposal in the JOURNAL was that medical men should submit to be called by titles to which they had no claim, and which had no relation whatever to medicine or medical science. Mr. Hart wanted the medical officers to submerge their profession, and allow themselves to be known by titles which it would be a degradation to any medical man to accept. Lord Randolph Churchill was most willing that the cost of the medical service should be cut down to the lowest figure, but the rank he aimed at reducing was that of Surgeons-General, because their salary was over £1,300 a year. It might be asked why the medical service should not be made into a corps, and as far as he knew the authorities had no objection to that; but the difficulty was that at the present moment there were 800 or 900 medical officers drawing staff allowances, and, if they were put into a corps like the Engineers, it would necessitate their accepting regimental allowances, which would be a reduction of some 25 per cent. throughout the various ranks. The honorary rank which the letters in the JOURNAL asked for was a purely titular one. Of necessity, the commanding officer in an army was supreme, and medical officers were not there for the purpose of commanding troops, but to take care of the health of the soldiers. If they respected themselves and their profession, he was quite sure they would never suffer at the hands of the military authorities.

Surgeon-Major INCE said that, having seen twenty years' service, he could assure the meeting that no subject gave rise to more irritation and contempt on the part of combatant officers than any allusion on the part of medical officers to their so-called "relative rank." Medical men had a universal rank, and he hoped that, after the able manner in which Sir Thomas Crawford had laid the subject before the Association, the Council would use their influence with the editor of the JOURNAL to put an end to the discussion. In the army a medical officer would always be rated according to his own individual moral and professional position.

Dr. SHANK, as a retired medical officer, thoroughly endorsed everything that had been said by Sir Thomas Crawford.

The PRESIDENT: Do you desire to move an amendment to the report, Sir Thomas?

Sir THOMAS CRAWFORD: If it be necessary, I would beg to move

that the paragraphs referring to "relative rank" should be omitted from the report, and referred back to the Parliamentary Bills Committee for further consideration.

Surgeon-General CORNISH seconded the amendment. It seemed to him that a great deal of the misunderstanding which had occurred was due to a little inadvertence on the part of the Secretary for War, who stated that no significance was attached to the term "relative rank."

The Rev. Dr. HAUGHTON said he had in his pocket twenty-five telegrams and letters relating to this subject, but, like the Kilkenny cats, they killed each other. There were many persons like himself who had been asked to influence their friends in the House of Commons on one side or the other; but it was very wrong to join in a fight unless one knew whose head he was hitting. He therefore thought that the proposal to refer the matter back to the Committee was a wise one.

Mr. ERNEST HART said that technically, by referring the report back to the Committee, the Association would negative the action of that Committee, who might regard it as a vote of censure.

Sir THOMAS CRAWFORD said that, before any of the alternatives mentioned in the circular were offered to the officers of the Army Medical Department, the Association ought to be sure that they would be able to obtain what was desired in the event of any one alternative being unanimously approved of.

Mr. ERNEST HART said it was of the greatest possible advantage to the Association that they had heard from Sir Thomas Crawford the views he entertained on this subject. The Director-General said that everything was for the best in the best of all services, that the position of the army medical officer was everything it ought to be, and that no further action was needed. If that were so, how was it that the whole department was boiling with discontent?

Sir THOMAS CRAWFORD: There is not, within my knowledge, one single representation either to the Director-General, or the Commander-in-Chief, or the Secretary of State for War, from any officer.

Mr. ERNEST HART said Sir Thomas Crawford knew well unofficially that a large number of most eminent officers in the department were discontented, and that not only the Parliamentary Bills Committee, but professors in the universities, and in the College of Physicians of Edinburgh, had had innumerable complaints addressed to them. The chief officers in his own department knew that the opinions stated in the JOURNAL were at least the opinions of a great majority of the officers; and if he said he had no representation of the kind officially, it only proved what had been repeatedly alleged, that such representations were not officially made because the officers felt that if they did so their promotion would not be hastened.

Sir THOMAS CRAWFORD: Mr. Hart is not justified in making a statement of that sort.

Mr. ERNEST HART would be sorry that Sir Thomas Crawford should misinterpret his statement. Officers of the army were under this disadvantage, that if they entertained views which were known to be regarded with disfavour by the heads of their department they were not allowed to make any collective statement, and they felt that individual statements might do them an injury. Dr. Farquharson had, at his instance, asked the Secretary of State for War if he would allow the army medical officers to make any collective representation, and the answer was that it was contrary to the rules of the service. Under those circumstances, the Parliamentary Bills Committee, having been extensively appealed to, had only done their duty and followed all past precedents in offering to the medical officers an opportunity of expressing their opinions. Sir Thomas Crawford was under a complete misapprehension if he imagined that the editor of the JOURNAL was an initiating element in the matter. When he (Mr. Hart) was away from London he expressly requested the gentleman who was to act for him that everything should be done to put an end to the agitation, and for weeks together no letters on the subject were published, but the shoals of letters and telegrams he had since received showed that the answer of the Secretary of State for War, with which Sir T. Crawford professed himself content, was causing the deepest dissatisfaction and anxiety. Only a fortnight ago he received a collective telegram from 200 medical officers in India, with a heavy cheque to pay the expenses of issuing a circular in order to take the individual opinion of medical officers. The cheque had been returned, but the offer was significant. All that the Committee had done had been done with the advice and assistance of eminent men, of various grades and offices, in the Army Medical Service. They would have failed in their duty if they had not taken means to ascertain the individual opinions of army medical men.

Mr. MACNAMARA said that when he was in the army he never had the slightest hesitation in approaching the head of the medical service

and making known any complaints. It seemed to him absurd to suppose that the medical officers would not have made known their grievances to Sir Thomas Crawford, if they had any.

Sir W. FOSTER said if the matter were referred back to the Parliamentary Bills Committee for reconsideration, it would be the duty of the Council to go through all the evidence that Mr. Hart and the Committee might possess.

Mr. HART said he should not object to the reference, provided it did not imply any censure on the Committee, but only a desire for further inquiry.

Sir THOMAS CRAWFORD said he had not the slightest intention of implying anything like improper motive. He believed the whole difficulty had arisen from want of technical knowledge.

The report was then adopted with the omission of the paragraphs relating to "relative rank," which were referred back to the Committee for further consideration.

Report of the Habitual Drunkards' Committee.—Dr. NORMAN KEER moved the adoption of the report of the Habitual Drunkards' Committee, published at page 208 of the JOURNAL of July 23rd, 1887.

Dr. THWING seconded the motion, which was carried; and the meeting was then adjourned.

2,800 members were in favour of payment of railway fares by the Branches, or not at all. But where were the remaining 6,000 members of the Association whose funds would be dipped into to find the money? It remained with the annual meeting to say once more if the Association should be taxed to the tune of £500 or £600 a year to pay the railway fares of gentlemen many of whom were perfectly able to pay them themselves, for many of whom their own Branches could pay the fares, and a large number of whom viewed the proposition with distaste. It was quite true that the members of the General Medical Council were paid; but they were not a voluntary association; they were called by Act of Parliament to do the business of the State, and were practically paid out of a State tax, levied *ad hoc*. The report of the Council did not merely recommend the payment of railway fares; the proposal went further. The general funds of the Association should be employed for other purposes: to promote the social, scientific, and literary interests of the profession; to add to its power and usefulness; they had yet other high professional and public objects to which the Association might devote its surplus. He would therefore move the omission of the paragraphs recommending payments to members of the Council.

Dr. HOLMAN (Reigate) seconded the amendment without a speech, reserving a right of reply.

Dr. FITZPATRICK said it was true that the largest Branch had given its voice against the payment, but the metropolitan members lived within a five-shilling ride of the offices, while some provincial members had to pay pounds.

Mr. ERNEST HART said the Metropolitan Counties Branch was not opposed to the payment of provincial members.

Dr. INCE felt ashamed that this question had ever been brought forward. It was in every way most unworthy of the dignity of the profession.

Dr. DRYSDALE thought that the railway fares of provincial members of the Council should be paid by the Association.

Mr. ERNEST HART said that the question had been before the annual meeting on three occasions, and the members had always said "No" to the proposal to pay the representatives. In order to meet the wishes of a few, the Council, in their report, now proposed that everybody should be paid. He fancied that the person who drew up the resolution for the Council was a financial wag, and was playing a joke with the Council. The proposal was that the Association should always first put by £2,000 a year, and then pay £500 as fees to all its members. This meant mortgaging the surplus, and tying the hands of the Association in a way which might prevent needful application of its funds in the future to high public uses and to scientific research, or for professional defence.

Dr. JACOB did not wish that the vote should be taken without a word being said on behalf of the provincial Branches and their representatives. The only information with regard to the opinion of the members of the Association came from the Council. It appeared that there were sixteen Branches representing 2,700 members in favour of first-class fares being paid; eight Branches, with 1,878 members, were in favour of paying such fares out of their own funds. Altogether there were 4,804 members who had endorsed the principle of payment in one form or another, and who did not feel it a terrible degradation to receive railway fares. Against that view were 2,878 gentlemen resident in and about London. At present the entire organisation and management of the Association was practically in the hands of the London members. He hoped that his friends on the Metropolitan Counties Branch would not for an instant suppose that he was in any way jealous of them. The Association had the greatest reason to thank them for the time and intelligence they had given to its business; still he did not think any association could be well organised in which, by reason of a rule, the outside members did not possess adequate representation. For that reason alone, he should always continue to vote for the payment of fees.

Mr. WHEELHOUSE said that, when the Council requested a sub-committee to consider this matter, the first question they put to themselves was, "How can we put it before the Association so that there shall be no sore about it?" Great pains were taken to get at the mind of the Branches. He himself was responsible for the report, but not for the resolution that had grown out of it in the Council. The provincial members attended the Council in an overwhelming majority, and practically had the management of the Association wholly in their hands. With rare exceptions, they did not ask that their railway fares should be paid.

Dr. Strange's amendment was put to the vote, and carried by an overwhelming majority. On its being put as a substantive motion,

Dr. FITZPATRICK moved as an amendment:
"That the parent Association pay out of the funds of the Association the first-class railway fares of the representatives of the Branches."

Dr. DRYSDALE seconded the amendment, which, however, was decisively negatived, and the motion for the adoption of the report, omitting the paragraphs relating to payment of representatives, was carried also by a decisive majority.

The meeting then adjourned for an hour. On its reassembling
Vote of Thanks to Mr. C. N. Macnamara.—Sir W. FOSTER moved:

"That the best thanks of the Association be given to Mr. C. N. Macnamara for his able services as Treasurer during the past three years, and for the great interest he has shown in the welfare of the Association, and that he be and is hereby elected a Vice-President for life."

In doing, so he said that, as President of the Council, he could testify to the unremitting attention which Mr. Macnamara had paid to the duties of his office, and the careful supervision he had exercised over the finances of the Association.

Sir THOMAS CRAWFORD seconded the motion, which was carried by acclamation.

Mr. MACNAMARA, in thanking the Association for the manner in which the resolution had been agreed to, assured them that it had given him very great pleasure to act as the Treasurer for the last three years, but he could not help saying that the aid which had enabled him to leave the business in so satisfactory a position was that of their energetic and able manager, Mr. Fowke, who had given the best years of his life to the Association.

Election of Treasurer.—Professor GAIRDNER proposed:

"That Dr. Holman be, and he is hereby, elected Treasurer to the British Medical Association for the ensuing three years, in accordance with the by-law."

The motion was seconded by Dr. MYRTLE, and unanimously agreed to.

Dr. HOLMAN, in returning thanks for his election, said it did his heart good to know that after many years' work he had gained the confidence and trust of his colleagues. He had not been much of a talker on the Council, but he hoped that he had done as good work as some others, and that in his new position he might still be useful to the Association. He might be wanting in health and ability, but no one should ever be able to accuse him of want of will or of industry in serving the Association.

Report of the Parliamentary Bills Committee.—Mr. ERNEST HART moved the adoption of the report (published at page 207 of the JOURNAL of July 27th) by the Parliamentary Bills Committee. That report, he said, had been before the Association in more ways than one. It was the habit of the Committee to publish full reports of its proceedings and a summary of debates immediately after its meetings. That plan had worked exceedingly well. It had strengthened the Committee's hands by bringing it into constant contact with the members, and by acquainting the members with the work of the Committee. He trusted that the precedent would at some future time be followed by other committees. They had, to the best of their ability, maintained the rights of medical men in connection with public events, and had modified in valuable respects some of the provisions of the Lunacy Acts Amendment Bill which had passed the House of Lords, but had now been withdrawn in the House of Commons. He need not detain the meeting by referring at length to the army medical officers, but the Parliamentary Bills Committee had received, and continued to receive, the thanks of many hundreds in the Army Medical Service for the action they had taken, and he was daily in receipt of communications supporting that action. The Association was indebted to Sir W. Foster for bringing forward in Parliament an amendment to the Pharmacy Bill, which would protect the medical profession. As the Pharmacy Bill was originally framed it threatened to give, indirectly, powers to chemists to practise and prescribe, and the Association was much indebted to Mr. Marshall, Mr. Simon, and Dr. Quain for having transgressed the ordinary formulae of business of the General Medical Council, and gone immediately to the Privy Council and pressed upon them considerations opposed to some of the clauses of the Bill.

Mr. SIBLEY seconded the motion. He considered that the Parliamentary Bills Committee had done a great deal of good work during the past session, which had been productive of a good result. The Committee, therefore, merited the confidence and thanks of the meeting.

Relative Rank of Medical Officers.—Sir THOMAS CRAWFORD said he rose with considerable reluctance to take exception to some matters connected with the action of the Parliamentary Bills Committee. He wished first, however, to say that the public services were greatly indebted to the Association, and were under deep obligations to Mr.

THE meeting has been particularly fortunate in the weather, and the new arrangements have enabled members to utilise the later hours of afternoons for short excursions in the environs. The coaches to Bray have been well patronised. The hospitality of members of the profession in Dublin has been most generous. The discussions in the Public Medicine Section have been followed with much interest by the Dublin daily press, which has reported them fully from day to day.

Aug. 13, 1887.]

THE BRITISH MEDICAL JOURNAL.

383

from September 22nd, 1871. He is granted the honorary rank of Surgeon-Major, and is permitted to retain his uniform.

Surgeon and Honorary Surgeon-Major J. ROBINSON, of the 1st Volunteer Battalion of the King's Own Royal Lancaster Regiment (late the 10th Lancashire), has also resigned his commission, which bore date March 15th, 1875; he is permitted to retain his rank and uniform.

Acting Surgeon F. E. FENTON, of the 2nd London, has resigned his commission, dated February 4th, 1880. Mr. A. R. H. OAKLEY is appointed Acting Surgeon in his stead.

Acting Surgeon S. B. MARSH, of the 4th Volunteer Battalion of the South Wales Borderers (late the 3rd Monmouth), is promoted to be Surgeon.

Acting Surgeon E. T. PRINCE, of the 4th Volunteer Battalion of the Norfolk Regiment (late the 4th Norfolk), is also promoted to be Surgeon.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Thursday, August 4th.

THE ARMY MEDICAL VOTE.

At an early hour on August 5th, the House of Commons (Committee of Supply) was engaged in discussing a vote of £365,689 for medical establishments and services connected with the army.

THE SECRETARY FOR WAR said: The vote does not show the whole cost of the service, the actual amount being spread over several votes. The Committee upstairs (the Select Committee on the Army and Navy Estimates) have recently investigated the subject, and have had evidence put before them as to the exact amount of the service. The result is that the effective medical service was shown to cost £528,000, and the non-effective service £176,000, making a total of £704,000. That is a large amount, and we have had a good deal of evidence on the matter. The case is eminently one *sub judice*. It is a case we shall have to inquire into very closely, and out of the deliberations of the Committee I hope we shall be able to get some assistance with the view of effecting considerable economies. At present all admissions are suspended, and I hope before the estimates are again presented we shall be able to show a considerable reduction.

DR. CLARK: There is arising out of the vote an important question on which I would press on the right hon. gentleman the desirability of reconsidering his position. There was evidence given upstairs regarding what Mr. Knox (the Accountant-General) called "a strike" amongst the medical officers. That is a word that ought not to have been used. I am afraid that what occurred in 1879, before the issue of the last Warrant, will occur again. It was not a strike, because that means stopping work. For two years no candidates would come forward to be examined. It was only after the issue of the new Warrant that you got a plentiful supply of candidates. "Boycott" would be a more applicable word than "strike." At the time the department and the medical profession were at war, and again there is a war between them. It is not a war for money. If it were I would not support the medical profession; I would rather vote against the continual increase in the Estimates, the feeling concerning which is growing so much in the country, and I trust something may be done by which medical men may be retained longer in the service and that we shall not require to spend so much money on men who are retired. This is a question of sentiment. Until a couple of years ago the various civil departments in the army had relative rank with the combatant officers. That has now been abolished entirely so far as the Medical Department is concerned, while the other civil departments, such as the Commissariat and the Ordnance, have honorary rank; but in the medical section there is neither honorary rank, substantive rank, nor relative rank, and they are neither civilians nor soldiers nor anything else. I think, as you abolished relative rank and substituted honorary rank in the other civil departments, the same thing ought to be done in the Medical Department. I wish to urge on the right hon. gentleman that he should appoint either a satisfactory Departmental Committee or a Committee of the House to consider the question, otherwise you will have again what you had in 1879. You have now all the medical profession against you, and the result will be seen in your gradually getting a smaller number of candidates, and in a worse class of medical men entering the army. This is a matter which affects the status of the medical profession. At present they have officers under them who have rank, and they have none at all. The officers who are on the retired list have sent a strong memorial urging that the matter should be taken up, and the feeling in the profession is very strong. As I have said, unless the inquiry I ask for is granted, the feeling of dissatisfaction will increase, and recruiting for the department will be seriously affected.

DR. TANNER: In the first place as regards Netley Hospital, a school which we hear is going to be done away with. It is too late now to go into it. A man has to pass an examination in order to enter the service and get into Netley Hospital. He spends a certain

amount of time there, and what happens? In most other branches of the services, after a man passes the examination and becomes a member of the body, he from that moment belongs to the body and draws his pay, the appointment dating therefrom. That is not the case here. He passes through Netley, and the appointment dates from a time after he has passed out of this College or hospital. This is a grievance which has been raised again and again. A medical man at home can make more than most of those who join the Army Medical Department, and in connection with other branches of the Civil Service, a man will often do better than in the Medical Department. You will not get men who will do credit to their profession and who will take care of their duties unless you give them the consideration to which they are certainly entitled. I sincerely hope I never again shall see the state of affairs that prevailed when I went to a medical college—a college in Ireland—when the medical service of the army was practically boycotted. In one of the Colleges of the Queen's University I saw a notice telling students not to enter the Army Medical Service, and for a certain time you got no candidates. At the present time, which is a time of depression all over the world, and when there is grave depression in Ireland, you might get a few candidates, but not the men you really ought to get. If you do not pay attention to the various complaints made in connection with the Army Medical Department, you will let that branch of the service go to the dogs. I am not going to talk about the young medical men—how they are shunted about to and fro and do not get any chance of continuing the practice of the profession. There is considerable mortality among these young men. The way they are treated, and the pay they get in India is practically less than they would be able to draw at home. That is not the case in connection with other branches of the service. At a future time, I hope to put figures before the House. What I really want is a promise from the right hon. gentleman who represents the army that he will look into these complaints, which have been made from all sides of the House. I sincerely hope the right hon. gentleman will give us, at any rate, a ready ear and that consideration which the gravity of the case demands.

SIR GUYER HUNTER: I will not make a long speech, but I desire in a few words, in the first place, to call attention to the great disadvantage under which medical officers labour as compared with combatant officers. The latter have facilities offered them when they are about to undergo examination for promotion—facilities as regards leave and pay. On the other hand, officers of the Army Medical Department, when they have to undergo examination for promotion, have to get leave whenever they can, and to go to any medical school to which they can obtain access at their own expense. It is only right and fair that medical officers should have the facilities granted to combatant officers for obtaining instruction when about to undergo examination for promotion. I trust the right hon. gentleman will take this matter into his serious consideration. I would call attention to the fact that the right hon. gentleman the First Lord of the Treasury distinctly promised the hon. member for Finsbury, so far back as last session, that this matter would receive his consideration. Another point is the question of brigade-surgeons. A short time ago a Warrant was issued which made a grade between the senior surgeon-major and the deputy surgeon-general, granting eventually an increase of rank, and also an increase of pay. These officers on going to India lose pay. It does seem very hard indeed that when an officer goes to a foreign country, quite inimical to his health, he should have his pay cut off. In India grade exists, but no pay goes with it. It appears to me—

THE CHAIRMAN (Mr. Courtney): The question of the remuneration of the Service in India cannot come before this Committee.

SIR GUYER HUNTER: Brigade-surgeons are mentioned.

THE CHAIRMAN: They are mentioned so that the House will be aware of their existence.

DR. TANNER: They pay income-tax to this country.

SIR GUYER HUNTER: I presume I may refer to the matter when the Indian vote comes on.

THE CHAIRMAN: The Indian Budget.

SIR GUYER HUNTER: I hope, at any rate, that right hon. gentlemen will notice the points I have raised.

MR. BRODRICK (Financial Secretary to the War Office): With regard to the question raised by the right hon. member for Central Hackney, I presume he refers to the instruction obtained at Netley Hospital.

SIR GUYER HUNTER: No, Sir; I refer to the instruction which every medical officer must obtain when about to undergo an examination for promotion.

MR. BRODRICK: The question was raised last year, and one or two hon. members suggested that the medical officers should go to Netley.

My recollection is that the Secretary of State for War undertook to consider the question whether there should be opportunities given of sending officers to Netley in batches. Hitherto no such opportunity has occurred, but the matter is being considered with a view to saving expense, both to the public and to medical officers. With regard to the speech of the hon. member for Mid Cork, I presume he refers to the four months' interval after the surgeons leave Netley Hospital. He asks that a medical officer should be put on the pay list from the day he passes his examinations. A question was put to my right hon. friend, the Secretary of State, a few days ago on the subject, and while it is true that both the Indian Medical Service and the Admiralty follow the plan which the hon. member recommends, I am afraid I am not able to hold out any hopes to the hon. member that we shall be able to amend the practice that at present exists.

Dr. TANNER: Why not?

Mr. BRODRICK: We do not take the same dubious view which the hon. member takes. On the contrary, we have every reason to believe that the amendments which have taken place in the position of medical officers since 1879 have ensured for us a good class of candidates. Certainly we have had no difficulty hitherto, and I cannot help hoping that the hon. member will peruse what has taken place in the committee upstairs so that he may see that, at all events as regards pay and status of service, there will be no difficulty in that direction.

Dr. TANNER: I am very sorry that the wretchedly late hour [half-past one o'clock] should prevent our getting a satisfactory reply, and I hope that after a night's reflection the hon. gentleman will reconsider his position. I beg to move that progress be reported.

The SECRETARY FOR WAR: I hope the House will not accede to that motion.

Dr. TANNER: I simply ask that a certain amount of consideration shall be paid to the claims of medical men, and the hon. member (Mr. Brodrick) says they have been able to get medical men and would still be able to do so. I tried to explain what I witnessed when I was a young man. The Department was boycotted. You could not get men then. Do you want to have the same state of affairs to-morrow? It is no business of mine except as an individual member of this House, but I do think the claims that have been put forward deserve more consideration than has been awarded to them at the hands of the hon. member.

Mr. H. H. FOWLER: I can assure hon. gentlemen that the whole of this question of the Medical Department is undergoing most careful consideration in the Committee on the Army and Navy Estimates. It is a subject which has occupied more of our attention than almost anything else, with the exception of the Woolwich vote. The question is still *sub judice*. The Committee will, no doubt, present a full report on the whole subject. I ask the hon. member (Dr. Tanner) to withdraw his motion.

Dr. TANNER: I will not persevere with the motion. I will merely say I hoped I should have been met in a spirit of fairness and justice.

The motion to report progress was withdrawn.

Sir GUYER HUNTER: I wish just to refer to a remark which has fallen from the hon. gentleman representing the War Office (Mr. Brodrick). He said the Department would do all they could to save the public expense as well as medical officers. I beg to say that the public suffer no expense whatever in regard to the preparation of medical officers for promotion. All the expense is borne by the medical officers themselves.

Dr. CLARK: The Committee to which reference has been made is looking into the constitution of the Medical Department from a financial point of view, but the question I raised was of quite a different character, and I ask the right hon. gentleman (Mr. Stanhope) whether he will appoint a Committee to ascertain the opinion of both present and retired medical officers on the matter?

The SECRETARY FOR WAR: I am perfectly willing to appoint a Departmental Committee to inquire into this matter. I have already received a deputation on the subject, and I did my best to understand the point of the grievances of the medical officers who were present, but I am afraid I very imperfectly apprehended it. I made some recommendations that I hoped might have been satisfactory. I shall be glad to consider, in conjunction with the Director-General of the Medical Department, whether we can devise any means of further inquiry for ascertaining the feeling of the profession.

Dr. TANNER: Will the right hon. gentleman devise some means of ascertaining the sense of the service generally? That would tend greatly to assist in removing these evils.

The SECRETARY FOR WAR: I have stated I shall be glad to ascertain the feeling of the medical profession.

Dr. TANNER: I mean the members of the service, not of the profession.

The SECRETARY FOR WAR: Oh, of the service!

Dr. TANNER: Yes, of the service.

The vote was then agreed to.

The Case of Surgeon-Major Moore.—Dr. ROBERTSON referred to the case of Surgeon-Major Moore, who suffered from the same infirmity as himself, and who had, after losing his sight from overwork in the discharge of his duties, been retired. He stated that, to a question put by him with regard to a pension, the Secretary for War had replied that the case did not come within the Warrant: Surgeon-Major Moore's case was a deserving, and, in fact, a unique case. He was Assistant-Professor of Hygiene at Netley, and received a medal for his distinguished services in the Ashantee war. He (Dr. Robertson) hoped to have the kindly support of the hon. members and of the Government in the appeal which he made to the Secretary for War.—Mr. BRODRICK said the difficulty of the case was very great. If the unfortunate officer had lost his sight when actually in service in the field, he would undoubtedly have received a wounds pension. He was engaged, however, at the request of the Director-General, in writing a manual, and there was no doubt that he lost his eyesight by overwork under artificial light. This was in 1885, and his sight was not seriously affected until a year later, when he was granted six months' sick leave. He was entitled to £1 a day on retirement, and if the Secretary of State for War further undertook to consider the case as suggested, it would be impossible for him to avoid a precedent by which any officer who lost his sight after a year or two had elapsed might make a claim. The Warrant at present did not allow such a case to be entertained, and his right hon. friend, with every desire to meet it, had been unable to do so.

Monday, August 8th.

Medical Officers in India.—In reply to Sir G. BALFOUR, Mr. BRODRICK said that in the Estimates of the present year the numbers and ranks of the medical officers on the Indian Establishment who belong to the British Medical Staff were shown. A return could be given, if moved for, of the number of medical officers serving in India, in the Colonies, and at home for any particular year. The Army Estimates did not purport to show the effective charge for any person serving in India, and it would be contrary to the whole principle on which the Estimates were prepared to include a charge for the medical officers in India.

The Vaccination Acts.—In answer to Mr. PICKERSGILL, who asked a question as to the case of Mr. A. Main, of 345, Cambridge Road, Bethnal Green, prosecuted in August, 1886, by Mr. Ward, a vaccinating officer, for non-compliance with the Vaccination Acts, Mr. RITCHIE said his attention had not been called to the case referred to prior to the notice of the question having been given. The application for a distress warrant was considered by the Board to be part of the proceedings within the meaning of the Vaccination Regulation Order of October 31st, 1874. That order contemplated that the application for a distress warrant should be made by the vaccination officer. The action of Inspector Ford was not, however, illegal. The penalties under the Vaccination Acts imposed in a metropolitan police-court were payable to the Receiver of Police under section 47 of the Act 2 and 3 Vic., cap. 71, the statute under which the metropolitan police-courts were established. The sums so received by the Receiver were paid by him into the Exchequer. The law officers three or four years ago, when consulted on the subject, advised that whereas in these cases the penalties imposed were to go to the Crown or to such an officer as the Receiver of the Police, the Crown was entitled, in the public interest, to apply for the enforcement of the penalty.

Tuesday, August 9th.

The State of the Thames.—Mr. RITCHIE, in answer to Mr. BIGWOOD, stated that he had not received any complaints this year as to the condition of the Thames between Teddington and Isleworth. There had been some exaggerated descriptions published. The present state of a part of the river was due to the long continued and exceptional drought.

FEVER IN LONDON.—There has been a large increase in the number of fever patients treated by the Metropolitan Asylums Board, and the recent figures have approached within a hundred of the highest number of cases registered during last year's epidemic, which was the most serious for fourteen years.

A WISE PRECAUTION.—In accordance with instructions from the sanitary authorities of Hawick, the Public Library Committee have requested those who take advantage of the lending department of the library to sign a declaration that no infectious disease exists in their dwelling-houses, and to return the books and give intimation should any infectious disease occur.

7.

the
as
the
son
died
major
He
edal
ert-
of
for
eat.
in
He
in
by
was
six
and
the
ent
sed
h a
to

on-
and
ong
, if
the
tes
in
the
ers

ted
ad,
ing
III
to
a
ro-
of
for
he
ies
urt
2
ce-
ere
ars
ese
an
he

on,
he
ere
nt
p-

n-
ad
est
he

he
ve
he
sir
ld

Army Medical Department.—The Army Medical Department, although junior to that in the sister service, is one of which the medical profession may be (and I trust will always have reason to be) equally as well as justly proud—proud by reason of the self-sacrificing devotion and heroic deeds of her sons, whether in the field of battle or in the equally deadly field of epidemic disease, whether under a tropical sun or in the icy regions of northern climes. The Army Medical Service has generally hitherto been a popular one with young men entering upon professional life, and during a long series of years it has attracted to its ranks many of the brightest ornaments of our greatest medical schools. I deeply regret to say that, owing to circumstances which have recently taken place, the Army Medical Service is not one which young medical men can at present be advised to join. With the

ostensible object of improving that service, it has from time to time been subjected to an amount of War Office tinkering which has unsettled the position of its medical officers, and on many occasions so degraded that position as to render it in every way an undesirable one. I may here remind you that, up till the promulgation of the last War Office Warrant of January 1st, 1887, there were three kinds of rank in the British army, namely, substantive rank, which is held by every combatant officer, whether commissioned or non-commissioned, from a field-marshal to a corporal; honorary rank, to which all the branches of the service (with the all but total exception of the medical one) could attain to; and, lastly, relative rank, which practically was the only rank granted to medical officers in the army. Relative rank meant this: the army surgeon on leaving Netley ranked, *quâ* precedence, as a captain; the surgeon-major ranked as a major, and, after twenty years' service, as a lieutenant-colonel; the brigade-surgeon as lieutenant-colonel; the deputy surgeon-general as colonel; the surgeon-general and the director-general as major-general. This relative rank conferred upon medical officers that position to which, in common with their combatant colleagues, their term of service and education justly entitled them. I say justly entitled them, because if looking only to the important duties which they perform even in times of peace, and still more to the dangers to which they are constantly exposed on the battle-field, they well deserved that recognition as regards relative rank which, as far as I know, was ungrudgingly acquiesced in by their comrades. To take a recent example: the experience gained in the Zulu war showed that (call them non-combatant as you please) medical officers have to bear all the dangers connected with active warfare just as combatant officers, and in addition they have to meet dangers which combatant officers do not share. That is a fact which is often lost sight of. The dangers to which medical officers are exposed are greater, because they have to face the assassin who strikes in the dark; they have to face the plagues, dysentery, fevers, and all the evils belonging thereto; they have to stand between the living and the dead; and they cannot desert their posts in consequence of illness, though they can send combatant officers to healthier places. This is well shown in the list of deaths in the Army Medical Service since the commencement of the same Zulu war, which show that eighty-five surgeons have fallen, either on the field of battle or from disease or wounds contracted in active service. The records of our army when in active service in the past teem with instances on the part of the army surgeon not only of sublime devotion to professional duty up to the last moment of his life, but also where combatant duties were nobly performed, when these were unavoidably forced upon him. On the many battlefields of Flanders, beneath the burning sun of Spain, in the valley of Iukernan, in the well of Cawpore, on the inglorious hill of Majuba, there, side by side with their brethren in arms, sleeping the last sleep of the brave, lie the army surgeons of Great Britain. They marched, and conquered, and fell with their comrades; alike in bravery and honour, alike in suffering and privation, and to each alike the laurel wreath is due. It was not a combatant officer, but a military surgeon (Dr. Brydon), whom Sale saw ride through the gates of Jellalabad, apparently on the point of death from hunger, exhaustion, and fatigue, the survivor of Keith's army of Afghanistan. It was the same Dr. Brydon who in after years was one of that small but heroic band, whose fame will live as long as the glory of their country, and who, behind the frail walls of the Lucknow Residency, kept the rebel hordes at bay, and saved the honour of our countrywomen and of our country.

The War Office "tinkering" to which I have alluded has manifested itself in the shape of several warrants issued from time to time, some of them conferring privileges, and others taking these away. The privileges were generally granted when the number of candidates fell greatly below the requirements of the medical service, and as soon as that service was amply recruited, another warrant usually swept away the recently accorded privileges. Take the first famous warrant of 1858—known as Lord Herbert's Warrant—which was the outcome of the inquiry by a Royal Commission into the health of the army after the Crimean war. This warrant, in all its important provisions, had but a short life. Many of the privileges which it conferred upon the medical officers were gradually taken away, especially those which had reference to position and rank in the service. As a consequence of this, the fair supply of candidates who came into the service after the reorganisation of 1858 was made public gradually fell off, and the authorities were obliged to consider what steps should be taken in order to meet this falling supply. Then came Admiral Milne's Committee, and out of that sprang another warrant, with another reorganisation of the department. This warrant did not by any means restore the whole of the privileges which, granted by the warrant of

1858, had been subsequently taken away, and the result was that it did not satisfy either the service or the profession generally.

Next came the "unification warrant" of 1873, whereby medical officers were removed to some extent (indeed, subsequently, they were removed altogether) from their regiments, and they were allowed to retire after a short service of ten years, while a premium was offered to induce young professional men to enter the service. This "unification warrant" proved a failure; it was not acceptable to the profession, and it was found to be impossible under its conditions to recruit the service with efficient candidates. This state of matters led to a further re-organisation in 1876, when another report was published, and a new warrant was promulgated, granting somewhat better conditions, and restoring continuous service to the medical department. But even this warrant did not bring in the required number of candidates, and did not give the public service the indispensable requirement of a medical staff adequate in numbers and efficiency. In 1879 a further warrant was published, which has been in force up to a recent time. By this warrant of 1879 confidence and contentment were to a great extent restored to the service, and an ample supply of high-class candidates has ever since been at the command of the State. Surely with a contented public and a contented profession, the War Office might have likewise been content. But even yet it "was not happy." No; the tinker was secretly hard at work towards the end of last year, and his latest production was made public on January 1st, 1887, in the shape of a new warrant, whereby the medical officers of Her Majesty's service have, by one fell swoop, been stripped of their military position, and left in the pitiable condition of well-dressed "camp-followers." In other words, their "relative rank" has been abolished. The Secretary for War (Mr. Stanhope) has expressed his belief that "relative rank" meant nothing, and that its abolition leaves the medical officer exactly in the same position that he previously occupied—on the principle, I suppose, that if you take nothing from nothing, nothing still remains. He therefore regards this grievance of the army medical officers as a purely sentimental one, and one for which there is no call for redress. The Secretary for War considers his opinion to be strengthened by the fact that he has not received any direct remonstrance from the members of the medical staff. I really cannot believe that Mr. Secretary Stanhope seriously advances this negative evidence as of any value in support of his views. Is it conceivable that the subordinates of any public service (the Army Medical Service for example) would rise in arms against their superiors, and publicly denounce them as violators of contract and of good faith, and as enemies to the welfare of that service? But nevertheless such is the verdict given throughout the length and breadth of the profession—a verdict of necessity spoken in a whisper by the present members of the medical staff, but loudly proclaimed on the hearstaps by veteran medical officers, who, having retired from the service, are no longer tongue-tied through fear of the powers that be in high places. That verdict declares the abolition of "relative rank" to be one of the most disastrous blows ever dealt against the Army Medical Service, and it is a verdict which is being approved of in a very practical way by the various medical schools of Great Britain, in the interests of their graduates. Until, then, this obnoxious warrant has been rescinded, and the medical officer reinstated in that position to which his education and important duties entitle him, I would earnestly warn medical graduates against joining the Army Medical Service; feeling sure (as I do) that stopping the supplies will afford the surest and quickest remedy for this latest and most vexatious grievance of the Army Medical Staff.

[Reprinted for the Author from the BRITISH MEDICAL JOURNAL, Feb. 4th, 1888.]

TRUTH ON THE MEDICAL DEPARTMENT OF THE ARMY.

SIR,—The editor of *Truth*, in his journal for December 1st, writing in his own name, in the first person singular, announces his intention of following the lead of Mr. Fowler in his promised attack on Vote 4 next session in the House of Commons, on the ground that the medical administration of the army is not only wasteful, but grossly inefficient. Mr. Labouchere begins by lumping up the cost of the medical service of India with that for the British army. To say nothing of the fact that the British taxpayer has nothing to do with the charge for the Indian Medical Service, to which he does not contribute a penny, Mr. Labouchere does not seem to be aware that the medical service of India, far from being exclusively a military service, supplies the whole of the medical officers holding civil appointments over the enormous extent of the three Presidencies, not only in Hindustan proper, from Calcutta to Peshawar, and from Cape Comorin to the Himalaya mountains, but in Burmah also; that a large number of the medical officers on the Indian Establishment are engaged in educational work in the various schools and colleges, in the great cities and centres of population, and that it supplies medical aid to the civil hospitals, and the civil administration over the whole of the Indian Empire.

The editor of *Truth* justifies his promised attack on five grounds: first, that medical officers live a life of ease, comfort, and idleness; secondly, that most of their time is spent in playing at soldiering, and that the last thing they expect to be consulted about is the work they are paid to perform; thirdly, that the medical department breaks down in war, and that officers and even soldiers pay for civilian practitioners rather than trust themselves to the tender mercies of pampered and inefficient army doctors; fourthly, that army doctors are grumblers and not workers, that they are civilians whose business is not to fight but to physic; fifthly, that "good men" are kept out of the army by the ridiculously false position they are required to occupy. One each of these heads I join issue with Mr. Labouchere.

It may first be necessary to enlighten the editor of *Truth* and the "military friend" who appears to have supplied him with the above indictment, that the medical officers of the army are registered medical practitioners, holding double qualifications in medicine and surgery, from the various universities in the three kingdoms or the great medical corporations. That in addition to the evidence they give before obtaining the above legal qualifications, they obtain their appointments by open competition before a body of highly qualified and independent examiners. This examination is so strict and searching that many candidates that are qualified as civil practitioners fail to

The feeling in the department is evidently widespread and profound, but it should not evaporate in words. In another column, in commenting on one of the many letters which have been addressed to us, a course of action is suggested by which medical officers can thus aid in bringing home to the profession at large their strong feeling on this matter. To do this they must move first in the corporations, next in the Branches of the British Medical Association, and last, but perhaps most important of all, in the medical schools of Great Britain. The method by which this course of action may be practically carried into effect is detailed on page 1019, and we particularly direct the attention of medical officers to the suggestions therein conveyed. The Parliamentary Bills Committee will carry on the fight, but to ensure success it must receive the obvious support of the official bodies and the outspoken declarations of the great body of medical students from whom the Army Medical Service is to be recruited.

A CAMP-FOLLOWER writes: I am writing this letter from a garrison town in the United Kingdom, from whose medical colleges some of the leading men in the public medical services have come. Here, and at all home-stations, the newly amended Warrant is utterly condemned, and it will never be accepted, even with the flourish of the Director-General's name in Mr. Stanhope's letter. Quoting the D.G.'s name is a shallow artifice, and is understood just for what it is worth.

The Secretary of State will have to reckon, not with the D.G., but with the British Medical Association, the teachers in the schools, and, lastly, with the thousand officers of the Medical Staff, who refuse to be content with a lower position than the other departments of the army.

Lord Dalhousie's able minutes, and Surgeon-Major Rogers's pamphlet, should be read by the Secretary of State. No amount of plausible answers about "privileges," "precedence," etc., will do; we must either have rank or be mere civilians; let Mr. Stanhope decide. Meantime, everyone is disgraced, and anxious to be able to leave this unfortunate department, where everything seems insecure, and where we have incessantly to battle for our rights. It is not for the good of the service that such a feeling of disgust and despondency should be daily on the increase. England copies many things from foreign armies, let her imitate them by granting military rank to medical officers; it is the least that might be done for the army surgeons, who, on so many brilliant occasions, have perished on the battlefield or at their posts in the hospitals.

The Secretary of State, by issuing amended proposals, has confessed that the original Warrant was wrong; let him now rectify the matter finally by saying "You shall have the rank you have so richly deserved on many battlefields, and you shall not, while in England's service, be a 'camp-follower.'"

L. T. N. writes: Every day you are adding to the deep debt of gratitude which the Army Medical Department owe to your valuable exertions on their behalf. Will you endeavour to enlist the sympathy and support of all surgeons belonging to the militia and volunteer forces in the great struggle we must make for our legitimate rights, namely, the concession of honorary rank to army medical officers; it will concern them equally with ourselves, when the great citizen army of the future becomes part and parcel of the present regular forces?

"WE DID NOT EVEN CRAVE BREAD, YET YOU GAVE US A STONE."

"ST. AGUSTINUS, si non, quocunque modo rex" writes: The prompt and energetic action you have taken with regard to the recent "Judice retro-version of legislation," so seriously affecting the medical officers of the army, evokes for you their deep and heartfelt gratitude. The term "dismay" which you apply to the feeling aroused on receipt of the intelligence of their "effacement," well represents their abject and hopeless condition. "Dismay" to think that traditional rights, repeatedly confirmed by Royal Warrant, should be swept away by a mere postscript to an ordinary War Office Gazette. "Dismay" on ascertaining that this coup d'état had been contemplated and discussed in certain coteries. "Dismay" at the conviction that this attack, so mysteriously set in motion, was a tentative prelude to the perpetration of further indignities and curtailing of rights, pecuniary and otherwise. "Dismay" on becoming aware of the instantaneous change of front on the part of those whom they had tended in sickness and surrounded when wounded, in the matters of social amenities, and the unwritten etiquette of military intercourse. "Dismay" at finding their utility as public servants minimised, their personal convenience set aside, their pecuniary welfare endangered, their social standing vitiated. In fine, they find themselves soldiers cut off from civil rights; citizens under military law deprived of their military rights; and professional advisers whose opinions as experts are condemned, disregarded, and set aside as it suits the caprice of those for whose special benefit they were elaborated.

This experience is that of one who has served with every military arm during the third of a century in barracks, camp, and field, has gone into action with his regiment, and mingled in the bloody fray of a sortie in the advanced trench, who has been patrolled on the shoulder by a Marshal of France, while addressed as "Mon brave garçon."

Those who have seen a service know the whereabouts of the "honorary major" and schoolmaster who is fighting is going on; he is at the depot. Where is the paymaster and honorary major? On board ship or at the port of disembarkation.

Where is the commissariat officer? In a commodious tent, miles in rear of the army.

The schoolmaster, the pay clerks, and the contract officer are estimable and worthy men no doubt, and deserve well of their country, but I would ask is their exceptional and anomalous devotion to serve as a counterpoise to our degradation?

HONORARY RANK FOR THE ARMY MEDICAL STAFF.

ROYAL SURGEON writes: In order that the fight for honorary rank may be carried on to a successful issue, it would be highly desirable, as you suggest, that a summary of the whole question should be drawn up in the form of a pamphlet for distribution to leading persons in the medical schools and corporations, Members of Parliament, and others likely to aid us in carrying on this struggle, which promises to be unusually severe and prolonged. I and many others would be glad to aid in defraying the expense of printing, and would assist in distributing the pamphlets. No doubt our opponents calculate that in time this movement will wear itself out; but this idea we junior officers can view with complacency. Time is with us, and we are firmly determined to devote ourselves to persistent active agitation until our present intolerable grievance is removed.

Medical officers of the army and retired medical officers desiring to take part in distributing such documents, and willing to assist in the matter in this way, and by communicating to their medical schools, universities, and corporations, are requested to forward their notices to the office. It is obvious that to ensure the end in view some energetic and persistent action must be taken.

CHAS. R. FRANCIS, M.B., Surgeon-General Indian Medical Service (Retired) writes: Acting upon your excellent suggestion made in the JOURNAL of May 7th, referring to the "relative rank" of medical officers in the army, I have written to the dean of the school attached to my old hospital—the Middlesex—and offered, in the event of the War Minister's action still continuing to be unsatisfactory, to address the students (should a meeting be convened), or to write a letter for circulation amongst them, or both. I have forwarded to the dean all the recent leaders, letters, and proceedings contained in the JOURNAL, and will let you know the result in due course. It is of paramount importance that every honourable inducement should be held out to good medical students to enter the army; but I am sure that the abolition of definite rank will have the effect of deterring them from doing so.

Army Medical Department.—The Army Medical Department, although junior to that in the sister service, is one of which the medical profession may be (and I trust will always have reason to be) equally as well as justly proud—proud by reason of the self-sacrificing devotion and heroic deeds of her sons, whether in the field of battle or in the equally deadly field of epidemic disease, whether under a tropical sun or in the icy regions of northern climes. The Army Medical Service has generally hitherto been a popular one with young men entering upon professional life, and during a long series of years it has attracted to its ranks many of the brightest ornaments of our greatest medical schools. I deeply regret to say that, owing to circumstances which have recently taken place, the Army Medical Service is not one which some medical men can at present be advised to join. With the

ostensible object of improving that service, it has from time to time been subjected to an amount of War Office tinkering which has unsettled the position of its medical officers, and on many occasions so degraded that position as to render it in every way an undesirable one. I may here remind you that, up till the promulgation of the last War Office Warrant of January 1st, 1887, there were three kinds of rank in the British army, namely, substantive rank, which is held by every combatant officer, whether commissioned or non-commissioned, from a field-marshal to a corporal; honorary rank, to which all the branches of the service (with the all but total exception of the medical one) could attain to; and, lastly, relative rank, which practically was the only rank granted to medical officers in the army. Relative rank meant this: the army surgeon on leaving Netley ranked, *quid* precedence, as a captain; the surgeon-major ranked as a major, and, after twenty years' service, as a lieutenant-colonel; the brigade-surgeon as lieutenant-colonel; the deputy surgeon-general as colonel; the surgeon-general and the director-general as major-general. This relative rank conferred upon medical officers that position to which, in common with their combatant colleagues, their term of service and education justly entitled them. I say justly entitled them, because if looking only to the important duties which they perform even in times of peace, and still more to the dangers to which they are constantly exposed on the battle-field, they well deserved that recognition as regards relative rank which, as far as I know, was ungrudgingly acquiesced in by their comrades. To take a recent example: the experience gained in the Zulu war showed that (call them non-combatant as you please) medical officers have to bear all the dangers connected with active warfare just as combatant officers, and in addition they have to meet dangers which combatant officers do not share. That is a fact which is often lost sight of. The dangers to which medical officers are exposed are greater, because they have to face the assassin who strikes in the dark; they have to face the plagues, dysentery, fever, and all the evils belonging thereto; they have to stand between the living and the dead; and they cannot desert their posts in consequence of illness, though they can send combatant officers to healthier places. This is well shown in the list of deaths in the Army Medical Service since the commencement of the same Zulu war, which show that eighty-five surgeons have fallen, either on the field of battle or from disease or wounds contracted in active service. The records of our army when in active service in the past years with instances on the part of the army surgeon not only of sublime devotion to professional duty up to the last moment of his life, but also where combatant duties were nobly performed, when these were unavoidably forced upon him. On the many battlefields of Flanders, beneath the burning sun of Spain, in the valley of Inkerman, in the well of Cawnpore, on the inglorious hill of Majuba, there, side by side with their brethren in arms, sleeping the last sleep of the brave, lie the army surgeons of Great Britain. They marched, and conquered, and fell with their comrades; alike in bravery and honour, alike in suffering and privation, and to each alike the laurel wreath is due. It was not a combatant officer, but a military surgeon (Dr. Brydon), whom Sale saw ride through the gates of Jellalabad, apparently on the point of death from hunger, exhaustion, and fatigue, the survivor of Keith's army of Afghanistan. It was the same Dr. Brydon who in after years was one of that small but heroic band, whose fame will live as long as the glory of their country, and who, behind the frail walls of the Lucknow Residency, kept the rebel hordes at bay, and saved the honour of our countrywomen and of our country.

The War Office "tinkering" to which I have alluded has manifested itself in the shape of several warrants issued from time to time, some of them conferring privileges, and others taking these away. The privileges were generally granted when the number of candidates fell greatly below the requirements of the medical service, and as soon as that service was amply recruited, another warrant usually swept away the recently accorded privileges. Take the first famous warrant of 1858—known as Lord Herbert's Warrant—which was the outcome of the inquiry by a Royal Commission into the health of the army after the Crimean war. This warrant, in all its important provisions, had but a short life. Many of the privileges which it conferred upon the medical officers were gradually taken away, especially those which had reference to position and rank in the service. As a consequence of this, the fair supply of candidates who came into the service after the reorganisation of 1858 was made public gradually fell off, and the authorities were obliged to consider what steps should be taken in order to meet this falling supply. Then came Admiral Milne's Committee, and out of that sprang another warrant, with another reorganisation of the department. This warrant did not by any means restore the whole of the privileges which, granted by the warrant of

1858, had been subsequently taken away, and the result was that it did not satisfy either the service or the profession generally.

Next came the "unification warrant" of 1873, whereby medical officers were removed to some extent (indeed, subsequently, they were removed altogether) from their regiments, and they were allowed to retire after a short service of ten years, while a premium was offered to induce young professional men to enter the service. This "unification warrant" proved a failure; it was not acceptable to the profession, and it was found to be impossible under its conditions to recruit the service with efficient candidates. This state of matters led to a further re-organisation in 1876, when another report was published, and a new warrant was promulgated, granting somewhat better conditions, and restoring continuous service to the medical department. But even this warrant did not bring in the required number of candidates, and did not give the public service the indispensable requirement of a medical staff adequate in numbers and efficiency. In 1879 a further warrant was published, which has been in force up to a recent time. By this warrant of 1879 confidence and contentment were to a great extent restored to the service, and an ample supply of high-class candidates has ever since been at the command of the State. Surely with a contented public and a contented profession, the War Office might have likewise been content. But even yet it "was not happy." No; the tinker was secretly hard at work towards the end of last year, and his latest production was made public on January 1st, 1887, in the shape of a new warrant, whereby the medical officers of Her Majesty's service have, by one fell swoop, been stripped of their military position, and left in the pitiable condition of well-dressed "camp-followers." In other words, their "relative rank" has been abolished. The Secretary for War (Mr. Stanhope) has expressed his belief that "relative rank" meant nothing, and that its abolition leaves the medical officer exactly in the same position that he previously occupied—on the principle, I suppose, that if you take nothing from nothing, nothing still remains. He therefore regards this grievance of the army medical officers as a purely sentimental one, and one for which there is no call for redress. The Secretary for War considers his opinion to be strengthened by the fact that he has not received any direct remonstrance from the members of the medical staff. I really cannot believe that Mr. Secretary Stanhope seriously advances this negative evidence as of any value in support of his views. Is it conceivable that the subordinates of any public service (the Army Medical Service for example) would rise in arms against their superiors, and publicly denounce them as violators of contract and of good faith, and as enemies to the welfare of that service? But nevertheless such is the verdict given throughout the length and breadth of the profession—a verdict of necessity spoken in a whisper by the present members of the medical staff, but loudly proclaimed on the housetops by veteran medical officers, who, having retired from the service, are no longer tongue-tied through fear of the powers that be in high places. That verdict declares the abolition of "relative rank" to be one of the most disastrous blows ever dealt against the Army Medical Service, and it is a verdict which is being approved of in a very practical way by the various medical schools of Great Britain, in the interests of their graduates. Until, then, this obnoxious warrant has been rescinded, and the medical officer reinstated in that position to which his education and important duties entitle him, I would earnestly warn medical graduates against joining the Army Medical Service; feeling sure (as I do) that stopping the supplies will afford the surest and quickest remedy for this latest and most vexatious grievance of the Army Medical Staff.

[Reprinted for the Author from the BRITISH MEDICAL
JOURNAL, Feb. 4th, 1888.]

TRUTH ON THE MEDICAL DEPARTMENT OF
THE ARMY.

SIR,—The editor of *Truth*, in his journal for December 1st, writing in his own name, in the first person singular, announces his intention of following the lead of Mr. Fowler in his promised attack on Vote 4 next session in the House of Commons, on the ground that the medical administration of the army is not only wasteful, but grossly inefficient. Mr. Labouchere begins by lumping up the cost of the medical service of India with that for the British army. To say nothing of the fact that the British taxpayer has nothing to do with the charge for the Indian Medical Service, to which he does not contribute a penny, Mr. Labouchere does not seem to be aware that the medical service of India, far from being exclusively a military service, supplies the whole of the medical officers holding civil appointments over the enormous extent of the three Presidencies, not only in Hindustan proper, from Calcutta to Peshawur, and from Cape Comorin to the Himalaya mountains, but in Burmah also; that a large number of the medical officers on the Indian Establishment are engaged in educational work in the various schools and colleges, in the great cities and centres of population, and that it supplies medical aid to the civil hospitals, and the civil administration over the whole of the Indian Empire.

The editor of *Truth* justifies his promised attack on five grounds: first, that medical officers live a life of ease, comfort, and idleness; secondly, that most of their time is spent in playing at soldiering, and that the last thing they expect to be consulted about is the work they are paid to perform; thirdly, that the medical department breaks down in war, and that officers and even soldiers pay for civilian practitioners rather than trust themselves to the tender mercies of pampered and inefficient army doctors; fourthly, that army doctors are grumblers and not workers, that they are civilians whose business is not to fight but to physic; fifthly, that "good men" are kept out of the army by the ridiculously false position they are required to occupy. One each of these heads I join issue with Mr. Labouchere.

It may first be necessary to enlighten the editor of *Truth* and the "military friend" who appears to have supplied him with the above indictment, that the medical officers of the army are registered medical practitioners, holding double qualifications in medicine and surgery, from the various universities in the three kingdoms or the great medical corporations. That in addition to the evidence they give before obtaining the above legal qualifications, they obtain their appointments by open competition before a body of highly qualified and independent examiners. This examination is so strict and searching that many candidates that are qualified as civil practitioners fail to

satisfy the examiners. Nor is this all; the successful candidates do not at once enter the army, but are sent to the Army Medical School at Netley, where they are instructed in the specialities of military hygiene, medicine (chiefly tropical), military surgery, and pathology, and receive instruction on all matters relating to their special duties in peace and war. Before obtaining their commissions they have to pass another strict examination on the subjects taught at Netley. From Netley they pass to Aldershot, where they are trained in ambulance duties—in all that relates to field war duties and the transport of sick and wounded soldiers. It would be hard to say what more a Government can do to make army medical officers efficient: and as if all this was not enough, the superior grades of the service are only attained after another examination. It would be harder still to find civil medical practitioners, taken at random out of the profession, without the special training above described, capable of efficiently performing the various duties required of army surgeons in time of war.

1. And now for Mr. Labouchere's charges. Where did this gentleman learn that army surgeons live the life of ease, comfort, and idleness he describes? The medical officer of the British army spends three-fourths of his service abroad, often in the worst climates in the world. If Mr. Labouchere had the smallest knowledge of what he is writing about, he would know that such is the arduous nature of the Medical Service abroad, that the mortality of the Medical Staff far exceeds that of any branch of the service. It is only for short periods of time in the life of an army surgeon that he enjoys the comparatively light duties of home service. Take the last expedition on the Nile; the percentage of deaths to strength among officers was, in the Artillery, 0.00; Engineers, 0.00; General Staff, 4.48; Chaplain's Department, 0.00; Commissariat Department, 0.00; Ordnance Department, 0.00; Pay Department, 0.00; *Medical Department*, 6.93. Was it "ease, comfort, and idleness" that brought about such a result? In the recent campaigns in Egypt, South Africa, and the Soudan, seven surgeons were killed (not including the Indian Service), and seventeen died from the effects of overwork and climate. Again I ask Mr. Labouchere, was this the outcome of "ease, comfort, and idleness.?"

2. The above pretty well answers charge number two in the indictment. It does not much look like "playing at soldiering;" it has rather the aspect of something more serious.

3. Charge No. 3 is that of breaking down in war. To this a flat denial is without hesitation given. If Mr. Labouchere refers to the Crimea, the answer is that the Medical Department broke down as an overloaded horse breaks down, and its failure was not greater than that of every other department. England, at all events its Government, had forgotten the meaning of war, and the army surgeons were expected to work miracles, to preserve an army in health without food suitable for such service (green coffee for breakfast!), without proper shelter or clothing, and without hospital appliances. They failed to work miracles, to make bricks without straw, and the cry of an enraged and ill-informed public at home was that of Pharaoh in like conditions, "Ye are idle, ye are idle," and being the weakest, the doctors went to the wall; and here, on December 1st, 1887, we have an instructor of the British public repeating Pharaoh's reply to the Israelites. To come to particulars: Will Mr. Labouchere adduce a single failure since the Crimea, and support his accusation by reliable evidence? The army of India is a war army; there is not in its history a record of a single medical failure in any of its numerous campaigns. Was the

* The names of those who fell and died as above will be found at page 542 of the BRITISH MEDICAL JOURNAL, vol. I, 1887.

Abyssinian war a medical failure? Was the war on the West Coast of Africa a medical failure?" Were not both the wars last named called "doctors' wars," for the very reason that the admirable conduct and arrangements of the Medical Staff resulted in a mortality so small as to excite the admiration not of England only, but of the best judges among the great military nations—of Germany more particularly? Even Mr. Labouchere will admit that Sir William MacCormac, now of St. Thomas's Hospital, knows something of war. This distinguished surgeon was a member of Lord Morley's Committee that inquired into the organisation of the Medical Department and its work in the field in the Egyptian campaign of 1883, and this was his official testimony in the summary of his remarks on the Report of the Committee:—"The death-rate among the European land force during the period of active operations was only 1.32 per cent.; the total number of wounds were 430 and the mortality 3.02 per cent., and the surgical arrangements for the care of the wounded were so successfully carried out that not a case of infective wound disease occurred in the hospitals. I know this to be almost unprecedented in military surgery. At Sedan, under comparatively favourable conditions, so many of the subjects of operation and other cases died of pyæmia, that I felt completely disheartened." And Sir William goes on to say that "the results of the campaign were, perhaps, better than those of any previous war, and probably at least as good as in our civil hospitals, with all their means and appliances." Was this a medical failure?

At page 909 of the JOURNAL, vol. i, 1887, will be found Lord Dalhousie's testimony to the Medical Service of India, and in a recent issue the splendid evidence of General Sir Neville Chamberlain to the value of the medical work done in India by the medical officers of the Indian army in reconciling the people of India to British rule; and it is only the other day that Sir Charles Wilson, in his account of the operations on the Nile, when he was in chief command, bears eloquent testimony to the unwearied and self-sacrificing efforts of the medical staff under his command. Does all this look like the work of men given up to "a life of ease, comfort, and idleness?" I think, Sir, we have a right to ask Mr. Labouchere for a candid and truthful reply to this question. He is the editor of *Truth*. Does the above look like the work of men who spend their lives "in making cartridges and playing billiards?"

4 and 5. As to the fourth and fifth charges against army surgeons as "grumblers" and a fondness for "words" and "gaudy uniforms," they are both beneath notice. We do not expect that Mr. Labouchere should know enough of the history of the medical service of the army to be a safe guide to the public on the grievances of its officers. Those who wear the shoe know where it pinches them, and I may remark, in passing, that Mr. Labouchere's "military friends" are not silent when their shoes are not easy. As for "swords," those who know anything of the kind of irregular wars mostly waged by England know that a man who, like a military surgeon, is expected to be always where he is needed, would often be in a bad case if he had not a sword, and what is more, some knowledge of its use. The warfare of the chaplain is "spiritual," his arms are his Bible and prayer book; that of the military surgeon, whether he likes it or not, is often "carnal," and the carnal weapon is more needful for him than for paymasters and commissariat officers, who are not required to be often in positions of danger. Mr. Labouchere may not know it, but military surgeons do, that Kaffirs, and furious Arabs, and fanatical Mahomedans do not recognise the Geneva Cross when they see it, and, what is more, the very sight of the emblem of mercy would only inflame the minds of savage warriors with a desire to send its wearers to a place that may not be named.

I conclude this long letter with two remarks. First, the results obtained by the enormous reduction of mortality in the British army of late years wherever it serves, is, after all, the best answers to the sneers of the editor of *Truth* and his "military friends." With some knowledge of a subject that has occupied my whole working life, I say, and I fear not a successful contradiction, that nothing like it can be shown in the history of any army in ancient or modern times. Secondly, Parliament, may, of course, following the lead of Messrs. Fowler and Labouchere, either cripple the Medical Department or improve it off the face of the earth. They may hand over the health of the army to a "scratch" body of civil practitioners, gathered mostly from its least successful members, without special knowledge, training, experience, or traditions. It will probably cost less money, but of this I may not be a good judge. I can only hope, as a patriotic man, that the new system will justify the sanguine expectations of its authors. I hope the civil surgeons of the future will have no cause to "grumble," and that, unlike so many of their predecessors, they will not find themselves after a few campaigns and some tours of foreign service, old men after ten years' service in bad climates, and driven by ill-health to seek retirement after twenty years of "ease, comfort, and idleness" in the British army. This is the experience of hundreds driven into the retirement so sorely grudged.—I am, etc.,

W. C. MACLEAN, M.D., Surgeon-General (retired), and late
Professor of Military Medicine in the Army Medical School.

P.S.—Mr. Labouchere writes in his own name; I should be ashamed of myself if, in my reply, I sheltered myself under a fictitious name.

THE RANK OF MEDICAL OFFICERS IN THE ARMY.

We trust the medical officers of the army who have addressed us on the question which has occupied so much of their attention of late will not think us wanting in courtesy or consideration when we repeat that it is impossible to publish even a tenth part of the letters that

reach us from all parts of the world. We have in our leading articles done our best to state their grievances and to point out the needful remedies, and the Parliamentary Bills Committee of the Association has supplemented our efforts by representations that ought to command the serious attention of Mr. Secretary Stanhope. The letters to which we refer dwell much on the twofold duties of the Medical Staff. They insist on the following facts: (1) The Government is careful to protect itself and the health interests of the army by exacting the highest qualifications on the part of candidates for the service. (2) While their army life and constant foreign service debar them from the highest honours in their own profession, the Government withholds the just compensation it is in their power to give by a due recognition of their work, both on the professional and military side of their composite position. (3) As regards their military duties, they contend that much of the military administration of the army depends upon them—the recruiting, the extension of service, and re-engagement of every soldier and non-commissioned officer, all matters which requiring very special knowledge, cannot be carried out without their aid, no sick-leave can be granted to any officer, non-commissioned officer, or soldier without their recommendation and on their responsibility, and no pension for wounds or for ill-health can be granted without their opinion. (4) Again, in matters of discipline, a soldier cannot be tried, nor can any punishment be inflicted upon him, without a medical officer's certificate. (5) The complicated arrangements for the transport of sick and wounded, under the new organisation, all fall on medical officers. These are duties which can only be carried on by men who have received a military training, involving also the command of the Army Hospital Corps, who are trained and fitted for their duties entirely by the Medical Staff of the army. The field duties of medical officers, it is further pointed out, necessitate exposure to the honourable risks of war, not only when fighting is going on, but also when detached in charge of sick and wounded, in our wars with uncivilised races, who do not observe the Geneva Convention. (6) The heavy pressure of the above duties involves great exposure, much consequent sickness, and a heavy mortality. (7) The subordination of a body of officers thus trained, and discharging such important and riskful duties, to others whose duties are purely civil, not exposing them to a tenth part of the risks of war, is dwelt on by our correspondents, one and all, as a grievance that is every day becoming more and more intolerable.

Much may be hoped from the action of the Parliamentary Bills Committee, but that Committee should not be left alone in its efforts. The feeling in the department is evidently widespread and profound, but it should not evaporate in words. In another column, in commenting on one of the many letters which have been addressed to us, a course of action is suggested by which medical officers can thus aid in bringing home to the profession at large their strong feeling on this matter. To do this they must move first in the corporations, next in the Branches of the British Medical Association, and last, but perhaps most important of all, in the medical schools of Great Britain. The method by which this course of action may be practically carried into effect is detailed on page 1019, and we particularly direct the attention of medical officers to the suggestions therein conveyed. The Parliamentary Bills Committee will carry on the fight, but to ensure success it must receive the obvious support of the official bodies and the outspoken declarations of the great body of medical students from whom the Army Medical Service is to be recruited.

A CAMP-FOLLOWER writes: I am writing this letter from a garrison town in the United Kingdom from whose medical colleges some of the leading men in the public medical services have come. Here, and at all home-stations, the newly amended Warrant is utterly condemned, and it will never be accepted, even with the flourish of the Director-General's name in Mr. Stanhope's letter. Quoting the D.G.'s name is a shallow artifice, and is understood just for what it is worth.

The Secretary of State will have to reckon, not with the D.G., but with the British Medical Association, the teachers in the schools, and, lastly, with the thousands of officers of the Medical Staff, who refuse to be content with a lower position than the other departments of the army.

Lord Dalhousie's able minutes, and Surgeon-Major Rogers's pamphlet, should be read by the Secretary of State. No amount of plausible answers about "privileges," "precedence," etc., will do; we must either have rank or be mere civilians; let Mr. Stanhope decide. Meantime, everyone is disgusted, and anxious to be able to leave this unfortunate department, where everything seems insecure, and where we have incessantly to battle for our rights. It is not for the good of the service that such a feeling of disgust and despondency should be daily on the increase. England copies many things from foreign armies, let her imitate them by granting military rank to medical officers; it is the least that might be done for the army surgeons, who, on so many brilliant occasions, have perished on the battlefield or at their posts in the hospitals.

The Secretary of State, by issuing amended proposals, has confessed that the original Warrant was wrong; let him now rectify the matter finally by saying "You shall have the rank you have so richly deserved on many battlefields, and you shall not, while in England's service, be a 'camp-follower'."

L. T. N. writes: Every day you are adding to the deep debt of gratitude which the Army Medical Department owe to your valuable exertions on their behalf. Will you endeavour to enlist the sympathy and support of all surgeons belonging to the militia and volunteer forces in the great struggle we must make for our legitimate rights, namely, the concession of honorary rank to army medical officers; it will concern them equally with ourselves, when the great citizen army of the future becomes part and parcel of the present regular forces?

"WE DID NOT EVEN CRAVE BREAD, YET YOU GAVE US A STONE." "Si recte posset, si non, quocunque modo rem" writes: The prompt and energetic action you have taken with regard to the recent "Jubilee retro-version of legislation," so seriously affecting the medical officers of the army, evokes for you their deep and heartfelt gratitude. The term "dismay" which you apply to the feeling aroused on receipt of the intelligence of their "enfranchisement," well represents their abject and hopeless condition. "Dismay" to think that traditional vested rights, repeatedly confirmed by Royal Warrant, should be swept away by a mere postscript to an ordinary War Office Gazette. "Dismay" on ascertaining that this coup d'état had been contemplated and discussed in certain coteries. "Dismay" at the conviction that this attack, so mysteriously set in motion, was a tentative prelude to the perpetration of further indignities and curtailing of rights, pecuniary and otherwise. "Dismay" on becoming aware of the instantaneous change of front on the part of those whom they had tended in sickness and succoured when wounded, in the matters of social amenities, and the unwritten etiquette of military intercourse. "Dismay" at finding their utility as public servants minimised, their personal convenience set aside, their pecuniary welfare endangered, their social standing vitiated. In fine, they find themselves soldiers cut off from civil rights; citizens under military law deprived of their military rights; and professional advisers, whose opinions as experts are condemned, disregarded, and set aside as it suits the caprice of those for whose special benefit they were elaborated.

This experience is that of one who has served with every military arm during the third of a century in barracks, camp, and field, has gone into action with his regiment, and mingled in the bloody fray of a sortie in the advanced trench, who has been patted on the shoulder by a Marshal of France, while addressed as "Mon brave garçon."

Those who have seen a service know the whereabouts of the "honorary major" and schoolmaster when fighting is going on; he is at the depot. Where is the pay-master and honorary major? On board ship or at the port of disembarkation.

Where is the commissariat officer? In a commodious tent, miles in rear of the army.

The schoolmaster, the pay clerk, and the contract officer are estimable and worthy men no doubt, and deserve well of their country, but I would ask is their exceptional and anomalous devotion to serve as a counterpoise to our degradation?

HONORARY RANK FOR THE ARMY MEDICAL STAFF.

ROYAL SURGEON writes: In order that the fight for honorary rank may be carried on to a successful issue, it would be highly desirable, as you suggest, that a summary of the whole question should be drawn up in the form of a pamphlet for distribution to leading persons in the medical schools and corporations, Members of Parliament, and others likely to aid us in carrying on this struggle, which promises to be unusually severe and prolonged. I and many others would be glad to aid in defraying the expense of printing, and would assist in distributing the pamphlets. No doubt our opponents calculate that in time this movement will wear itself out; but this idea we junior officers can view with complacency. Time is with us, and we are firmly determined to devote ourselves to persistent active agitation until our present intolerable grievance is removed.

* Medical officers of the army and retired medical officers desiring to take part in distributing such documents, and willing to assist in the matter in this way, and by communicating to their medical schools, universities, and corporations, are requested to forward their names to the office. It is obvious that to ensure the end in view some energetic and persistent action must be taken.

CHAS. R. FRANCIS, M.B., Surgeon-General Indian Medical Service (Retired) writes: Acting upon your excellent suggestion made in the JOURNAL of May 7th, referring to the "relative rank" of medical officers in the army, I have written to the dean of the school attached to my old hospital—the Middlesex—and offered, in the event of the War Minister's action still continuing to be unsatisfactory, to address the students (should a meeting be convened), or to write a letter for circulation amongst them, or both. I have forwarded to the dean all the recent leaders, letters, and proceedings contained in the JOURNAL, and will let you know the result in due course. It is of paramount importance that every honourable indentment should be held out to good medical students to enter the army; but I am sure that the abolition of definite rank will have the effect of deterring them from doing so.

Army Medical Department.—The Army Medical Department, although junior to that in the sister service, is one of which the medical profession may be (and I trust will always have reason to be) equally as well as justly proud—proud by reason of the self-sacrificing devotion and heroic deeds of her sons, whether in the field of battle or in the equally deadly field of epidemic disease, whether under a tropical sun or in the icy regions of northern climes. The Army Medical Service has generally hitherto been a popular one with young men entering upon professional life, and during a long series of years it has attracted to its ranks many of the brightest ornaments of our greatest medical schools. I deeply regret to say that, owing to circumstances which have recently taken place, the Army Medical Service is not one which young medical men can at present be advised to join. With the

ostensible object of improving that service, it has from time to time been subjected to an amount of War Office tinkering which has unsettled the position of its medical officers, and on many occasions so degraded that position as to render it in every way an undesirable one. I may here remind you that, up till the promulgation of the last War Office Warrant of January 1st, 1887, there were three kinds of rank in the British army, namely, substantive rank, which is held by every combatant officer, whether commissioned or non-commissioned, from a field-marshal to a corporal; honorary rank, to which all the branches of the service (with the all but total exception of the medical one) could attain to; and, lastly, relative rank, which practically was the only rank granted to medical officers in the army. Relative rank meant this: the army surgeon on leaving Netley ranked, *quâ* precedence, as a captain; the surgeon-major ranked as a major, and, after twenty years' service, as a lieutenant-colonel; the brigade-surgeon as lieutenant-colonel; the deputy surgeon-general as colonel; the surgeon-general and the director-general as major-general. This relative rank conferred upon medical officers that position to which, in common with their combatant colleagues, their term of service and education justly entitled them. I say justly entitled them, because if looking only to the important duties which they perform even in times of peace, and still more to the dangers to which they are constantly exposed on the battle-field, they well deserved that recognition as regards relative rank which, as far as I know, was ungrudgingly acquiesced in by their comrades. To take a recent example: the experience gained in the Zulu war showed that (call them non-combatant as you please) medical officers have to bear all the dangers connected with active warfare just as combatant officers, and in addition they have to meet dangers which combatant officers do not share. That is a fact which is often lost sight of. The dangers to which medical officers are exposed are greater, because they have to face the assassin who strikes in the dark; they have to face the plagues, dysentery, fever, and all the evils belonging thereto; they have to stand between the living and the dead; and they cannot desert their posts in consequence of illness, though they can send combatant officers to healthier places. This is well shown in the list of deaths in the Army Medical Service since the commencement of the same Zulu war, which show that eighty-five surgeons have fallen, either on the field of battle or from disease or wounds contracted in active service. The records of our army when in active service in the past teem with instances on the part of the army surgeon not only of sublime devotion to professional duty up to the last moment of his life, but also where combatant duties were nobly performed, when these were unavoidably forced upon him. On the many battlefields of Flanders, beneath the burning sun of Spain, in the valley of Inkerman, in the well of Cawnpore, on the inglorious hill of Majuba, there, side by side with their brethren in arms, sleeping the last sleep of the brave, lie the army surgeons of Great Britain. They marched, and conquered, and fell with their comrades; alike in bravery and honour, alike in suffering and privation, and to each alike the laurel wreath is due. It was not a combatant officer, but a military surgeon (Dr. Brydon), whom Sale saw ride through the gates of Jellalabad, apparently on the point of death from hunger, exhaustion, and fatigue, the survivor of Keith's army of Afghanistan. It was the same Dr. Brydon who in after years was one of that small but heroic band, whose fame will live as long as the glory of their country, and who, behind the frail walls of the Lucknow Residency, kept the rebel hordes at bay, and saved the honour of our countrywomen and of our country.

The War Office "tinkering" to which I have alluded has manifested itself in the shape of several warrants issued from time to time, some of them conferring privileges, and others taking these away. The privileges were generally granted when the number of candidates fell greatly below the requirements of the medical service, and as soon as that service was amply recruited, another warrant usually swept away the recently accorded privileges. Take the first famous warrant of 1858—known as Lord Herbert's Warrant—which was the outcome of the inquiry by a Royal Commission into the health of the army after the Crimean war. This warrant, in all its important provisions, had but a short life. Many of the privileges which it conferred upon the medical officers were gradually taken away, especially those which had reference to position and rank in the service. As a consequence of this, the fair supply of candidates who came into the service after the reorganisation of 1858 was made public gradually fell off, and the authorities were obliged to consider what steps should be taken in order to meet this falling supply. Then came Admiral Milne's Committee, and out of that sprang another warrant, with another reorganisation of the department. This warrant did not by any means restore the whole of the privileges which, granted by the warrant of

I conclude this long letter with two remarks. First, the results obtained by the enormous reduction of mortality in the British army of late years wherever it serves, is, after all, the best answer to the sneers of the editor of *Truth* and his "military friends." With some knowledge of a subject that has occupied my whole working life, I say, and I fear not a successful contradiction, that nothing like it can be shown in the history of any army in ancient or modern times. Secondly, Parliament, may, of course, following the lead of Messrs. Fowler and Labouchere, either cripple the Medical Department or improve it off the face of the earth. They may hand over the health of the army to a "scratch" body of civil practitioners, gathered mostly from its least successful members, without special knowledge, training, experience, or traditions. It will probably cost less money, but of this I may not be a good judge. I can only hope, as a patriotic man, that the new system will justify the sanguine expectations of its authors. I hope the civil surgeons of the future will have no cause to "grumble," and that, unlike so many of their predecessors, they will not find themselves after a few campaigns and some tours of foreign service, old men after ten years' service in bad climates, and driven by ill-health to seek retirement after twenty years of "ease, comfort, and idleness" in the British army. This is the experience of hundreds driven into the retirement so sorely grudging.—I am, etc.,

W. C. MACLEAN, M.D., Surgeon-General (retired), and late Professor of Military Medicine in the Army Medical School.

P.S.—Mr. Labouchere writes in his own name; I should be ashamed of myself if, in my reply, I sheltered myself under a fictitious name.

that position to which his education and important duties entitle him, I would earnestly warn medical graduates against joining the Army Medical Service; feeling sure (as I do) that stopping the supplies will afford the surest and quickest remedy for this latest and most vexatious grievance of the Army Medical Staff.

THE RANK OF MEDICAL OFFICERS IN THE ARMY.

We trust the medical officers of the army who have addressed us on the question which has occupied so much of their attention of late will not think us wanting in courtesy or consideration when we repeat that it is impossible to publish even a tenth part of the letters that

reach us from all parts of the world. We have in our leading articles done our best to state their grievances and to point out the needful remedies, and the Parliamentary Bills Committee of the Association has supplemented our efforts by representations that ought to command the serious attention of Mr. Secretary Stanhope. The letters to which we refer dwell much on the twofold duties of the Medical Staff. They insist on the following facts: (1) The Government is careful to protect itself and the health interests of the army by exacting the highest qualifications on the part of candidates for the service. (2) While their army life and constant foreign service debar them from the highest honours in their own profession, the Government withholds the just compensation it is in their power to give by a due recognition of their work, both on the professional and military side of their composite position. (3) As regards their military duties, they contend that much of the military administration of the army depends upon them—the recruiting, the extension of service, and re-engagement of every soldier and non-commissioned officer, all matters which requiring very special knowledge, cannot be carried out without their aid, no sick-leave can be granted to any officer, non-commissioned officer, or soldier without their recommendation and on their responsibility, and no pension for wounds or for ill-health can be granted without their opinion. (4) Again, in matters of discipline, a soldier cannot be tried, nor can any punishment be inflicted upon him, without a medical officer's certificate. (5) The complicated arrangements for the transport of sick and wounded, under the new organisation, all fall on medical officers. These are duties which can only be carried on by men who have received a military training, involving also the command of the Army Hospital Corps, who are trained and fitted for their duties entirely by the Medical Staff of the army. The field duties of medical officers, it is further pointed out, necessitate exposure to the honourable risks of war, not only when fighting is going on, but also when detached in charge of sick and wounded, in our wars with uncivilised races, who do not observe the Geneva Convention. (6) The heavy pressure of the above duties involves great exposure, much consequent sickness, and a heavy mortality. (7) The subordination of a body of officers thus trained, and discharging such important and riskful duties, to others whose duties are purely civil, not exposing them to a tenth part of the risks of war, is dwelt on by our correspondents, one and all, as a grievance that is every day becoming more and more intolerable.

Much may be hoped from the action of the Parliamentary Bills Committee, but that Committee should not be left alone in its efforts. The feeling in the department is evidently widespread and profound, but it should not evaporate in words. In another column, in commenting on one of the many letters which have been addressed to us, a course of action is suggested by which medical officers can thus aid in bringing home to the profession at large their strong feeling on this matter. To do this they must move first in the corporations, next in the Branches of the British Medical Association, and last, but perhaps most important of all, in the medical schools of Great Britain. The method by which this course of action may be practically carried into effect is detailed on page 1019, and we particularly direct the attention of medical officers to the suggestions therein conveyed. The Parliamentary Bills Committee will carry on the fight, but to ensure success it must receive the obvious support of the official bodies and the outspoken declarations of the great body of medical students from whom the Army Medical Service is to be recruited.

A CAMP-FOLLOWER writes: I am writing this letter from a garrison town in the United Kingdom from whose medical colleges some of the leading men in the public medical services have come. Here, and at all home-stations, the newly amended Warrant is utterly condemned, and it will never be accepted, even with the flourish of the Director-General's name in Mr. Stanhope's letter. Quoting the D.G.'s name is a shallow artifice, and is understood just for what it is worth.

The Secretary of State will have to reckon, not with the D.G., but with the British Medical Association, the teachers in the schools, and, lastly, with the thousand officers of the Medical Staff, who refuse to be content with a lower position than the other departments of the army.

Lord Dalhousie's able minutes, and Surgeon-Major Rogers's pamphlet, should be read by the Secretary of State. No amount of plausible answers about "privileges," "precedence," etc., will do; we must either have rank or be mere civilians; let Mr. Stanhope decide. Meantime, everyone is disgusted, and anxious to be able to leave this unfortunate department, where everything seems insecure, and where we have incessantly to battle for our rights. It is not for the good of the service that such a feeling of disgust and despondency should be daily on the increase. England copies many things from foreign armies, let her imitate them by granting military rank to medical officers; it is the least that might be done for the army surgeons, who, on so many brilliant occasions, have perished on the battlefield or at their posts in the hospitals.

The Secretary of State, by issuing amended proposals, has confessed that the original Warrant was wrong; let him now rectify the matter finally by saying "You shall have the rank you have so richly deserved on many battlefields, and you shall not, while in England's service, be a 'camp-follower'."

L. T. N. writes: Every day you are adding to the deep debt of gratitude which the Army Medical Department owe to your valuable exertions on their behalf. Will you endeavour to enlist the sympathy and support of all surgeons belonging to the militia and volunteer forces in the great struggle we must make for our legitimate rights, namely, the concession of honorary rank to army medical officers; it will concern them equally with ourselves, when the great citizen army of the future becomes part and parcel of the present regular forces?

"WE DID NOT EVEN CRAVE BREAD, YET YOU GAVE US A STONE." "St. Augustine" writes: The prompt and energetic action you have taken with regard to the recent "Jubilee retro-version of legislation," so seriously affecting the medical officers of the army, evokes for you their deep and heartfelt gratitude. The term "dismay" which you apply to the feeling aroused on receipt of the intelligence of their "edification," well represents their abject and hopeless condition. "Dismay" to think that traditional vested rights, repeatedly confirmed by Royal Warrant, should be swept away by a mere postscript to an ordinary War Office Gazette. "Dismay" on ascertaining that this coup d'état had been contemplated and discussed in certain coteries. "Dismay" at the conviction that this attack, so mysteriously set in motion, was a tentative prelude to the perpetration of further indignities and curtailings of rights, pecuniary and otherwise. "Dismay" on becoming aware of the instantaneous change of front on the part of those whom they had tended in sickness and succoured when wounded, in the matters of social amenities, and the unwritten etiquette of military intercourse. "Dismay" at finding their utility as public servants minimised, their personal convenience set aside, their pecuniary welfare endangered, their social standing violated. In fine, they find themselves soldiers cut off from civil rights; citizens under military law deprived of their military rights; and professional advisers whose opinions as experts are condemned, disregarded, and set aside as it suits the caprice of those for whose special benefit they were elaborated. This experience is that of one who has served with every military arm during the third of a century in barracks, camp, and field, has gone into action with his regiment, and mingled in the bloody fray of a sortie in the advanced trench, who has been patted on the shoulder by a Marshal of France, while addressed as "Mon brave garçon."

Those who have seen a service know the whereabouts of the "honorary major" and schoolmaster who is fighting is going on; he is at the depot. Where is the pay-master and honorary major? On board ship or at the port of disembarkation.

Where is the commissariat officer? In a commodious tent, miles in rear of the army.

The schoolmaster, the pay clerks, and the contract officer are estimable and worthy men no doubt, and deserve well of their country, but I would ask is their exceptional and anomalous devotion to serve as a counterpoise to our degradation?

HONORARY RANK FOR THE ARMY MEDICAL STAFF.

ROYAL SURGEON writes: In order that the fight for honorary rank may be carried on to a successful issue, it would be highly desirable, as you suggest, that a summary of the whole question should be drawn up in the form of a pamphlet for distribution to leading persons in the medical schools and corporations, Members of Parliament, and others likely to aid us in carrying on this struggle, which promises to be unusually severe and prolonged. I and many others would be glad to aid in defraying the expense of printing, and would assist in distributing the pamphlets. No doubt our opponents calculate that in time this movement will wear itself out; but this idea we junior officers can view with complacency. Time is with us, and we are firmly determined to devote ourselves to persistent active agitation until our present intolerable grievance is removed.

* * * Medical officers of the army and retired medical officers desiring to take part in distributing such documents, and willing to assist in the matter in this way, and by communicating to their medical schools, universities, and corporations, are requested to forward their names to the office. It is obvious that to ensure the end in view some energetic and persistent action must be taken.

CHAS. R. FRANCIS, M.B., Surgeon-General Indian Medical Service (Retired) writes: Acting upon your excellent suggestion made in the *Journal* of May 7th, referring to the "relative rank" of medical officers in the army, I have written to the dean of the school attached to my old hospital—the Middlesex—and offered, in the event of the War Minister's action still continuing to be unsatisfactory, to address the students (should a meeting be convened), or to write a letter for circulation amongst them, or both. I have forwarded to the dean all the recent leaders, letters, and proceedings contained in the *Journal*, and will let you know the result in due course. It is of paramount importance that every honourable inducement should be held out to good medical students to enter the army; but I am sure that the abolition of definite rank will have the effect of deterring them from doing so.

HONORARY RANK.

THE more the present unsatisfactory position of the Medical Service of the army is considered, the more it becomes apparent that two courses—and two only—are open for the settlement of the question. One is to make the service a purely civil one, not only in name but in reality; the other is to maintain its present military organisation, and to give to its officers honorary rank, without which it is becoming daily more evident that military organisation will not work. So long as the regimental system lasted, relative rank was a workable system; and, if far from perfection, it sufficed, the amount of friction being at least bearable. Now that this system is abolished, and another has been substituted for the plan adopted at the end of the great Napoleonic war, namely, scattering the British army in regiments and parts of regiments at home and in the colonies, the old regimental medical organisation has become an anachronism at once costly and unworkable. It is useless, therefore, to discuss its revival here, and even were this possible, relative rank, having been reduced to a mere classification, is out of court altogether. The War Office is therefore

shut up, as we have said, to one of two courses. A large number of army medical officers would be glad to serve simply as civilians, if they were satisfied such a system would work, not only for their own honour and comfort, but for the well-being of the sick and wounded committed to their charge.

The first objection to the purely civil system is one that would arise in the Treasury—it would be nearly twice as costly. It is quite certain that if the Medical Staff of the army are to cease to be officers, they must have compensation in the shape of better pay. Young medical men are attracted into the service under the impression that, holding commissions in Her Majesty's army, they have an honourable position in that army: as civilians only attached to the army, this attraction, call it sentimental if you please, would be taken away, and a money one must take its place. This consideration alone would be fatal to it. But this is not all. Take away the military organisation of the department, and the authorities can have no possible right to ask civilians to go under fire or expose themselves to the thousand risks which military surgeons daily run, without a thought, in time of war.

Again, this scheme would need a reorganisation of the Army Hospital Corps. Experience has proved that unless the Medical Staff of the army have the command of this body of men, for whose work they are responsible, the machine will not work. Convert them into civilians, pure and simple, and they cannot exercise the command proved to be indispensable; the resource is the introduction of a military command element, and the result, friction, inefficiency, and confusion, to the detriment of the sick and wounded. If army surgeons with the advantages of these commissions, and such other privileges and consideration as their relative rank gave them, have found the discharge of their duty to be always difficult, and often almost impossible, what in all the hurly-burly and tumult of battle-fields would be the position of a body of helpless gentlemen in plain clothes? Any one who has the most superficial knowledge of the duties the Medical Staff of an army have daily to perform must know that a civil system cannot possibly work.

Turning to the other alternative, namely, honorary rank, we say, after much consideration, it is the only possible one the War Office, by its own action, has left. The difficulties army medical officers had to face even when relative rank was believed by themselves and the army generally to be something real were very great; now that by a War Office Warrant it is declared in the face of the whole army to be a mere classification, we sincerely believe its restoration, even if that is contemplated, which we greatly doubt, would in time of war leave the Medical Staff of the army in a condition as helpless as that of the civilians we have just described. We have before us as we write the evidence of a medical officer of years and experience, a war-bred man, and this, in a few words, is his testimony: "Sick and wounded men are no doubt a great encumbrance to an army; in a certain sense it would be an immense advantage to a commander if, after a battle, he could leave the latter to die where they fall, or with the former take Napoleon's short and ready method of dealing with them, as this blood-stained man did with his own on his retreat from St. Jean d'Acres—send them to sleep where they cease from troubling. Unfortunately for this summary method of getting rid of sick and wounded, their doctors, and other impedimenta, the public conscience is a little sensitive on the treatment of sick and wounded soldiers, and even great commanders, when they think the 'doctors are

wanting in initiative,' are not above joining in, if not raising, a cry of execration if a complaint is made that a field hospital has not all the means of the Royal Victoria Hospital, Netley, for their solace and comfort. The result of my experience is this: if army medical officers are to be, as they are now, held responsible for the various military duties now demanded of them, they must be given military rank, call it honorary if you please, but such as can be seen and known, and respected by all with whom they have to do; without this, life on service is a grievous thing; it is nothing but an incessant struggle for the rights which even relative rank is supposed to give, a struggle not only for their own rights, but the rights of those committed to their charge. Army warrants are not very intelligible to those not immediately concerned with the rights they confer, and others can always affect ignorance of them when it suits either their purpose or their temper. This it is, above everything else, which makes it absolutely necessary, in the interests of the sick and wounded officers and men, that those who are responsible for their right treatment, comfort, and safety, should, once and for all, be placed in a position that admits of 'no mistake.'"

THE RANK OF ARMY MEDICAL OFFICERS.

PILGRIM writes: I have just read your speech as chairman of the Parliamentary Bills Committee Meeting of April 26th. Every medical officer of the army ought to feel deeply indebted to yourself and that Committee for your noble struggle on their behalf. Would you permit me, as an old hand who has seen much service, active and other, to say one or two words? You rightly desire that nothing should weaken the bond uniting the army medical officer to his profession. So do I. Remember, however, that to all intents and purposes he is a soldier as well as a physician. The army medical officers have won eleven Victoria Crosses, and the Army Hospital Corps one, or twelve in all. It may be taken for granted that a Royal Engineer officer is none the less efficient as a military engineer, or proud of being one, because his profession is honoured with military rank and title, and that he is a captain, a major, a colonel, and so forth. Why should it be otherwise with a military surgeon, or, rather, physician? I do not see why he as a soldier should not, like other soldiers, be allowed to earn military rank and title, and all that these mean in military and civil life. His subordinates—those he commands in the Army Hospital Corps—are thus honoured, and why not he? You suggest such titles as "Surgeon-Lieutenant," "Surgeon-Colonel," and "Surgeon-Major-General." To military ears and in society these, I fear, would sound oddly, and not altogether advantageously. Besides being a doubtful prefix in this connection, the word "surgeon" conveys an erroneous, because quite inadequate, impression as to the nature and magnitude of the services rendered by the medical officers of the army. No Engineer officer, proud as he is of his profession, would like to be styled "Engineer-Lieutenant," "Engineer-Colonel," or "Engineer-Major-General." He would naturally feel it to be awkward, and not likely to benefit him. What commission or pay officer would like to be called "Commissioner-Captain" or "Pay-Major 8-and-80?" And depend upon it that in such a machine as our army is, if you make any distinction in this respect, it is almost certain to tell against the medical officers. The composite titles you have kindly suggested for these officers would not, therefore, I think be desirable. But those of Lieutenant, or Captain, or Major, or Colonel, or Major-General, are titles which would, of course, be as well understood and as much respected in regard of the different grades of officers of "the Royal Physicians," or "Surgeons" (as I would call them), as are the same titles in the Royal Engineers and other portions of the army.

HALF-PAY AS APPLIED TO MEDICAL OFFICERS.

M.S. sends us a personal illustration of the hardship entailed on medical officers by the rules regarding half-pay. In his case, during the late war in the Sudan, he was in charge of a field hospital, and was present in all the actions around Suakin, but towards the end of the expedition, in consequence of the continued exposure, he contracted dysentery, and was invalided to England. After five months' sick leave in England, he was placed on half-pay, and this lasted for twelve months. This enforced inactivity, the result of disease contracted in and by the service on which he had been employed, not only caused loss of a certain amount of pay, but also entailed loss of time to be counted towards promotion and retirement. Had he been an officer of the Royal Engineers, the year on half-pay, having been caused by illness originating in and due to the service, would, by Royal Warrant, have counted the same as full-pay service toward promotion and retirement. M.S. asks why should such different measure be meted out to him because he happens to be a medical and not an engineer officer of the army. We are not aware of any satisfactory reply that can be made to this query.

A. M. S. writes: The department in medical charge of the troops, and responsible for the sick and wounded officers and men under all conditions of unhealthy climates and service in the field, when, at a distance from special advice, life and health must depend on the medical aid present, should be thoroughly efficient. To secure this efficiency, it is necessary to obtain the best medical men available, which can only be done if the Army Medical Service is popular with the medical profession, including the professors and the schools. At present there exists in the department and in the profession very general discontent and a strong sense of "unworthy treatment of the medical officers, owing to recent changes, by which relative rank in the army is abolished and medical officers are deprived of all army rank, retaining merely a precedence such as is granted to certain civil officials in India and elsewhere, while officers of the Commissariat and Ordnance Store Departments, who also had the same relative rank, are now granted honorary army rank.

Medical officers, as army officers, claim army rank, which they have always hitherto held, as a right. They alone of all the departments go into action with the troops, and share all the dangers of combatants, as is proved by the twelve Victoria Crosses won by the department, and by the large proportion killed and died on service during the recent campaigns in India and Africa, where the duties were very severe, and their services were acknowledged by all ranks to be very efficient.

Medical officers are entrusted with the medical charge and military command of all army hospitals, including the sick and wounded patients, officers and men, the Medical Staff Corps, a military corps for hospital service, the quartermasters, medical staff (who have honorary army rank), and the medical officers themselves, who alone of the whole personnel of the hospitals have no army rank whatever. In fact, although medical officers accompany the troops into action (under fire), and thus come first, after the combatants, on the battle-field, at all other times they must come last, ranking after all departmental officers holding honorary rank, as of course actual army rank will have the advantage over any simple precedence, however expressed in an army warrant.

As long as army rank and titles were restricted to professional soldiers, most medical officers were averse to obtaining honorary army rank, although relative rank was always unsatisfactory, as it was neither clearly expressed nor generally understood; but now that relative rank has been abolished, medical officers deprived of all army rank, and honorary rank in the army has been granted to other departmental officers and non-combatants, medical officers are convinced that, unless they are to become civilians, wearing no uniform, their position in the army will never be satisfactory until they are granted precisely the same army rank as the departmental officers of the Commissariat, Ordnance Store and Pay Departments. This question of army rank for medical officers affects the interests of the army even more than those of the medical department or profession. If the public wish to supply the best possible aid to the sick and wounded officers and soldiers, they will grant the just claims of the medical officers of the army.

A. HARRY MANNING writes: I may address you a few lines on the vexed question of rank to medical officers. It is to endorse the suggestion that "a happy medium" may be adopted. It would dispel the notion amongst some of our military brethren that we wish to be placed in their military titles, and would convince the Secretary of State for War that we do not wish for "titles dissociated from the duties of our honourable profession," by calling us with a prefix of our profession, and coupling with it the rank military, which would make it patent to everyone what we were, and what corresponding military status accompanied it; as captain-surgeon, major-surgeon, lieutenant-colonel-surgeon, colonel-surgeon, major-general-surgeon. If such a course were adopted, I cannot help thinking the requirements of the case would be met.

RELATIVE RANK.

The following cablegram from Allahabad has been received through the Indo-European Telegraph Company, *via* Teheran:—

"Two hundred and thirty-two officers of the Medical Staff, India, send greeting to the British Medical Association, and whilst deeply grateful for past exertions, earnestly trust the Association will persevere until medical officers are granted assured army rank equal to other departments of the army."

HORSES FOR MEDICAL OFFICERS ON ACTIVE SERVICE.

ONEVERA writes: Some months ago it was announced in the press that a Committee composed of Sir A. Allison, Sir Evelyn Wood, and the Director-General of the Army Medical Department, had been appointed to consider the number of horses to be allowed to medical officers with an army in the field.

The regulations relating to the issue of army allowances just printed represents, I suppose, the outcome of their deliberations. Paragraph 108 of the Regulations refers to medical officers' horses, and certainly cannot be charged with liberal dealing towards them. The number of chargers is governed, not by the official rank of the officer, but by the duties he has to perform. This perhaps is fair enough, but the rendering of the regulation leaves medical officers in a "glorious" state of uncertainty, when compared with other officers, as to the number of horses to which they may be entitled; and this at a time when everything should be "above board."

It is well known to anyone accustomed to warfare that an army surgeon's duties often vary from day to day. He may go on active service to fill a post which does not entitle him to a horse, and by the force of circumstances have to take on a charge where a horse is absolutely necessary, or vice versa. A Government horse may be available if an order can be obtained for its issue, which is by no means an easy matter in the hurry of a campaign; or a horse may not be forthcoming, or if forthcoming may be such a "brute" as no sane man would care to venture on. At any rate, confusion and bewilderment will result.

If to this be added the indefinite military status of army surgeons, certainly it is to be feared that the position of a future "medico" with a British army in the field will not be one of sunshine and roses; but from some persons' point of view, "all is fair in war," provided the doctors' wings can be further clipped.

and, pointed to the fact that, notwithstanding in "relative rank," the position of army medical men, as shown by the words printed in italics at the different grades, surgeons-general ranking *with* forth; and that, when the amended warrant is it will be made even more clear than it is at General added that he did not think any realist on the point, but that, if any suggestion could still more clearly express the fact that the officers remained intact, he had no doubt effect. On the subject of the misapprehension existing tant officers Sir Thomas Crawford was very embold that, in the event of a military officer y medical officer any of the rights conferred on ss would at once be accorded by the military ficial representation, but that it was impossible of this kind officially merely on general and in the press.

ations of substantive rank and military titles, ve of professional status, the Director-General a which the authorities understand the term rank" to be that it belonged exclusively to minister discipline and military law. Medical solely for health purposes; they are not rich pertain to all that is understood by mili-rank of a medical officer, so far as his own substantive; but to ask for titular designa-d always have belonged, to the purely fighting. is neither dignified nor reasonable. The ed much on the fact that if such a demand was ved to be put forward only by a few, the effect d intensify any existing jealousies between the d ranks of the army, and, he believed, would e minds of a portion of the department; lead- e their purely medical duties to their military t, in his experience, the medical officers in the respected, and who commanded the esteem of r officers, were those in plain terms known to

act that military titles are given to officers in Pay Departments, Sir Thomas Crawford ex- tion is for the future to draw officers for the above combatant ranks; that it was found impossible from those who happened to be in the depart- at in time to come the Pay Department is to be necessity arising, officers serving in it may be ty.

possible, in the terms, and certainly conveys the ns so kindly given by the Director-General, by blish them, without note or comment, for the con- f the medical officers of the army, but of the e profession who may be contemplating a career ment of the army.

RANK FOR ARMY MEDICAL OFFICERS. I venture to trespass on your very valuable time, I your endeavours and stand forward and fight for us in Director-General's position with reference to the War outinal friction were he to comply with all the many him to the Horse Guards. Of matters medical they have exists now of such strong opposition to us that it will have this matter of rank not only decided but granted. He is as much our right as it is that of any other com- service. We are told that the position of an army individually makes it for himself. That is true with al officers in the service claim for themselves a recog- They do not want to hide their profession behind a o they intend to sink their profession by adopting a ical Staff Corps as now constructed consists of several They have under their charge hospitals for treatment re army both at home and in the numerous stations lary, and more dangerous to life than that of any other

RANK FOR ARMY MEDICAL OFFICERS.

I venture to trespass on your very valuable time, I your endeavours and stand forward and fight for us in Director-General's position with reference to the War outinal friction were he to comply with all the many him to the Horse Guards. Of matters medical they have exists now of such strong opposition to us that it will have this matter of rank not only decided but granted. He is as much our right as it is that of any other com- service. We are told that the position of an army individually makes it for himself. That is true with al officers in the service claim for themselves a recog- They do not want to hide their profession behind a o they intend to sink their profession by adopting a ical Staff Corps as now constructed consists of several They have under their charge hospitals for treatment re army both at home and in the numerous stations lary, and more dangerous to life than that of any other

combatant or non-combatant branch of the army. In times of war the medical officers and the Medical Staff Corps have shown that they are as capable of fighting as those of the other arms of the service, and many cases of individual bravery are on record, showing that it is as necessary for a medical officer to carry arms as it is for any other officer, if for no other object than for the protection of the sick and wounded placed under his charge. We ask for rank similar to all other branches of the army. It would make no alteration in our duties. It would level us up to the level of all other officers serving the Queen.

HONORARY RANK.

THE more the present unsatisfactory position of the Medical Service of the army is considered, the more it becomes apparent that two courses—and two only—are open for the settlement of the question. One is to make the service a purely civil one, not only in name but in reality; the other is to maintain its present military organisation, and to give to its officers honorary rank, without which it is becoming daily more evident that military organisation will not work. So long as the regimental system lasted, relative rank was a workable system; and, if far from perfection, it sufficed, the amount of friction being at least bearable. Now that this system is abolished, and another has been substituted for the plan adopted at the end of the great Napoleonic war, namely, scattering the British army in regiments and parts of regiments at home and in the colonies, the old regimental medical organisation has become an anachronism at once costly and unworkable. It is useless, therefore, to discuss its revival here, and even were this possible, relative rank, having been reduced to a mere classification, is out of court altogether. The War Office is therefore

shut up, as we have said, to one of two courses. A large number of army medical officers would be glad to serve simply as civilians, if they were satisfied such a system would work, not only for their own honour and comfort, but for the well-being of the sick and wounded committed to their charge.

The first objection to the purely civil system is one that would arise in the Treasury—it would be nearly twice as costly. It is quite certain that if the Medical Staff of the army are to cease to be officers, they must have compensation in the shape of better pay. Young medical men are attracted into the service under the impression that, holding commissions in Her Majesty's army, they have an honourable position in that army: as civilians only attached to the army, this attraction, call it sentimental if you please, would be taken away, and a money one must take its place. This consideration alone would be fatal to it. But this is not all. Take away the military organisation of the department, and the authorities can have no possible right to ask civilians to go under fire or expose themselves to the thousand risks which military surgeons daily run, without a thought, in time of war.

Again, this scheme would need a reorganisation of the Army Hospital Corps. Experience has proved that unless the Medical Staff of the army have the command of this body of men, for whose work they are responsible, the machine will not work. Convert them into civilians, pure and simple, and they cannot exercise the command proved to be indispensable; the resource is the introduction of a military command element, and the result, friction, inefficiency, and confusion, to the detriment of the sick and wounded. If army surgeons with the advantages of these commissions, and such other privileges and consideration as their relative rank gave them, have found the discharge of their duty to be always difficult, and often almost impossible, what in all the hurly-burly and tumult of battle-fields would be the position of a body of helpless gentlemen in plain clothes? Any one who has the most superficial knowledge of the duties the Medical Staff of an army have daily to perform must know that a civil system cannot possibly work.

Turning to the other alternative, namely, honorary rank, we say, after much consideration, it is the only possible one the War Office, by its own action, has left. The difficulties army medical officers had to face even when relative rank was believed by themselves and the army generally to be something real were very great; now that by a War Office Warrant it is declared in the face of the whole army to be a mere classification, we sincerely believe its restoration, even if that is contemplated, which we greatly doubt, would in time of war leave the Medical Staff of the army in a condition as helpless as that of the civilians we have just described. We have before us as we write the evidence of a medical officer of years and experience, a war-bred man, and this, in a few words, is his testimony: "Sick and wounded men are no doubt a great encumbrance to an army; in a certain sense it would be an immense advantage to a commander if, after a battle, he could leave the latter to die where they fall, or with the former take Napoleon's short and ready method of dealing with them, as this blood-stained man did with his own on his retreat from St. Jean d'Acres—send them to sleep where they cease from troubling. Unfortunately for this summary method of getting rid of sick and wounded, their doctors, and other impediments, the public conscience is a little sensitive on the treatment of sick and wounded soldiers, and even great commanders, when they think the 'doctors are

wanting in initiative,' are not above joining in, if not raising, a cry of execration if a complaint is made that a field hospital has not all the means of the Royal Victoria Hospital, Netley, for their solace and comfort. The result of my experience is this: if army medical officers are to be, as they are now, held responsible for the various military duties now demanded of them, they must be given military rank, call it honorary if you please, but such as can be seen and known, and respected by all with whom they have to do; without this, life on service is a grievous thing; it is nothing but an incessant struggle for the rights which even relative rank is supposed to give, a struggle not only for their own rights, but the rights of those committed to their charge. Army warrants are not very intelligible to those not immediately concerned with the rights they confer, and others can always affect ignorance of them when it suits either their purpose or their temper. This is, above everything else, which makes it absolutely necessary, in the interests of the sick and wounded officers and men, that those who are responsible for their right treatment, comfort, and safety, should, once and for all, be placed in a position that admits of 'no mistake.'"

THE RANK OF ARMY MEDICAL OFFICERS.

FLORIN writes: I have just read your speech as chairman of the Parliamentary Bills Committee Meeting of April 20th. Every medical officer of the army ought to feel deeply indebted to yourself and that Committee for your noble struggle on their behalf. Would you permit me, as an old hand who has seen much service, active and other, to say one or two words? You rightly desire that nothing should weaken the bond uniting the army medical officer to his profession. So do I. Remember, however, that to all intents and purposes he is a soldier as well as a physician. The army medical officers have won eleven Victoria Crosses, and the Army Hospital Corps one, or twelve in all. It may be taken for granted that a Royal Engineer officer is none the less efficient as a military engineer, or proud of being one, because his profession is honoured with military rank and title, and that he is a captain, a major, a colonel, and so forth. Why should it be otherwise with a military surgeon, or, rather, physician? I do not see why he as a soldier should not, like other soldiers, be allowed to earn military rank and title, and all that these mean in military and civil life. His subordinates—those he commands in the Army Hospital Corps—are thus honoured, and why not he? You suggest such titles as "Surgeon-Lieutenant," "Surgeon-Colonel," and "Surgeon-Major-General." To military ears and in society these, I fear, would sound oddly, and not altogether advantageously. Besides being a doubtful prefix in this connection, the word "surgeon" conveys an erroneous, because quite inadequate, impression as to the nature and magnitude of the services rendered by the medical officers of the army. No Engineer officer, proud as he is of his profession, would like to be styled "Engineer-Lieutenant," "Engineer-Colonel," or "Engineer-Major-General." He would naturally feel it to be awkward, and not likely to benefit him. What commissariat or pay officer would like to be called "Commissariat-Captain," or "Pay-Major 8-and-80?" And depend upon it that in such a machine as our army is, if you make any distinction in this respect, it is almost certain to tell against the medical officers. The composite titles you have kindly suggested for these officers would not, therefore, I think be desirable. But those of Lieutenant, or Captain, or Major, or Colonel, or Major-General, are titles which would, of course, be as well understood and as much respected in regard of the different grade of officers of "the Royal Physicians," or "Surgeons" (as I would call them), as are the same titles in the Royal Engineers and other portions of the army.

HALF-PAY AS APPLIED TO MEDICAL OFFICERS.

M.S. sends us a personal illustration of the hardship entailed on medical officers by the rules regarding half-pay. In his case, during the late war in the Sudan, he was in charge of a field hospital, and was present in all the actions around Suakin, but towards the end of the expedition, in consequence of the continued exposure, he contracted dysentery, and was invalided to England. After five months' sick leave in England, he was placed on half-pay, and this lasted for twelve months. This enforced inactivity, the result of disease contracted in and by the service on which he had been employed, not only caused loss of a certain amount of pay, but also entailed loss of time to be counted towards promotion and retirement. Had he been an officer of the Royal Engineers, the year on half-pay, having been caused by illness originating in and due to the service, would, by Royal Warrant, have counted the same as full-pay service toward promotion and retirement. M.S. asks why should such different measure be meted out to him because he happens to be a medical and not an engineer officer of the army. We are not aware of any satisfactory reply that can be made to this query.

A. M. S. writes: The department in medical charge of the troops, and responsible for the sick and wounded officers and men under all conditions of unhealthy climates and service in the field, when, at a distance from special advice, life and health must depend on the medical aid present, should be thoroughly efficient. To secure this efficiency, it is necessary to obtain the best medical men available, which can only be done if the Army Medical Service is popular with the medical profession, including the professors and the schools. At present there exists in the department and in the profession very general discontent and a strong sense of unworthy treatment of the medical officers, owing to recent changes, by which relative rank in the army is abolished and medical officers are deprived of all army rank, retaining merely a precedence such as is granted to certain civil officials in India and elsewhere, while officers of the Commissariat and Ordnance Store Departments, who also had the same relative rank, are now granted honorary army rank.

Medical officers, as army officers, claim army rank, which they have always hitherto held, as a right. They alone of all the departments go into action with the troops, and share all the dangers of combatants, as is proved by the twelve Victoria Crosses won by the department, and by the large proportion killed and died on service during the recent campaigns in India and Africa, where the duties were very severe, and their services were acknowledged by all ranks to be very efficient.

Medical officers are entrusted with the medical charge and military command of all army hospitals, including the sick and wounded patients, officers and men, the Medical Staff Corps, a military corps for hospital service, the quartermasters, medical staff (who have honorary army rank), and the medical officers themselves, who alone of the whole personnel of the hospitals have no army rank whatever. In fact, although medical officers accompany the troops into action (under fire), and thus come first, after the combatants, on the battle-field, at all other times they must come last, ranking after all departmental officers holding honorary rank, as of course actual army rank will have the advantage over any simple precedence, however expressed in an army warrant.

As long as army rank and titles were restricted to professional soldiers, most medical officers were averse to obtaining honorary army rank, although relative rank was always unsatisfactory, as it was neither clearly expressed nor generally understood; but now that relative rank has been abolished, medical officers deprived of all army rank, and honorary rank in the army has been granted to other departmental officers and non-combatants, medical officers are convinced that, unless they are to become civilians, wearing no uniforms, their position in the army will never be satisfactory until they are granted precisely the same army rank as the departmental officers of the Commissariat, Ordnance Store and Pay Departments. This question of army rank for medical officers affects the interests of the army even more than those of the medical department or profession. If the public wish to supply the best possible aid to the sick and wounded officers and soldiers, they will grant the just claims of the medical officers of the army.

A. HARRY MEDDUM writes: If I may address you a few lines on the vexed question of rank to medical officers it is to endorse the suggestion that "a happy medium" may be adopted. It would dispel the notion amongst some of our military brethren that we wish to be in their military titles, and would convince the Secretary of State for War that we do not wish for "titles so dissociated from the duties of our honorable profession," by calling us with a prefix of our profession, and coupling with it the rank military, which would make it patent to everyone what we were, and what corresponding military status accompanied it; as captain-surgeon, major-surgeon, lieutenant-colonel-surgeon, colonel-surgeon, major-general-surgeon. If such a course were adopted, I cannot help thinking the requirements of the case would be met.

RELATIVE RANK.

The following cablegram from Allahabad has been received through the Indo-European Telegraph Company, via Teheran:—

"Two hundred and thirty-two officers of the Medical Staff, India, send greeting to the British Medical Association, and whilst deeply grateful for past exertions, earnestly trust the Association will persevere until medical officers are granted assured army rank equal to other departments of the army."

HORSES FOR MEDICAL OFFICERS ON ACTIVE SERVICE.

OVERSEAS writes: Some months ago it was announced in the press that a Committee composed of Sir A. Alison, Sir Evelyn Wood, and the Director-General of the Army Medical Department, had been appointed to consider the number of horses to be allowed to medical officers with an army in the field.

The regulations relating to the issue of army allowances just printed represents, I suppose, the outcome of their deliberations. Paragraph 158 of the Regulations refers to medical officers' horses, and certainly cannot be charged with liberal dealing towards them. The number of chargers is governed, not by the official rank of the officer, but by the duties he has to perform. This perhaps is fair enough, but the rendering of the regulation leaves medical officers in a "glorious" state of uncertainty, when compared with other officers, as to the number of horses to which they may be entitled; and this at a time when everything should be "above board."

It is well known to anyone accustomed to warfare that an army surgeon's duties often vary from day to day. He may go on active service to fill a post which does not entitle him to a horse, and by the force of circumstances have to take on a charge where a horse is absolutely necessary, or vice versa. A Government horse may be available if an order can be obtained for its issue, which is by no means an easy matter in the hurry of a campaign; or a horse may not be forthcoming, or if forthcoming may be such a "brute" as no sane man would care to venture on. At any rate, confusion and bewilderment will result.

If to this be added the indefinite military status of army surgeons, certainly it is to be feared that the position of a future "medico" with a British army in the field will not be one of sunshine and roses; but from some persons' point of view, "all is fair in war," provided the doctors' wings can be further clipped.

the Army List in his hand, pointed to the fact that, notwithstanding the abolition of the term "relative rank," the position of army medical officers remained the same, as shown by the words printed in italics at the head of the list of the different grades, surgeons-general ranking with major-generals, and so forth; and that, when the amended warrant is promulgated, this point will be made even more clear than it is at present. The Director-General added that he did not think any reasonable doubt could exist on the point, but that, if any suggestion could be made which would still more clearly express the fact that the rank of army medical officers remained intact, he had no doubt effect would be given to it. On the subject of the misapprehension existing in the minds of combatant officers Sir Thomas Crawford was very emphatic; he had no doubt that, in the event of a military officer denying to any military medical officer any of the rights conferred on him by warrant, redress would at once be accorded by the military authorities on proper official representation, but that it was impossible to deal with matters of this kind officially merely on general and vague representations in the press.

Turning to the questions of substantive rank and military titles, added to those indicative of professional status, the Director-General explained the sense in which the authorities understand the term "substantive military rank" to be that it belonged exclusively to those who have to administer discipline and military law. Medical officers are engaged solely for health purposes; they are not responsible for duties which pertain to all that is understood by military command. The rank of a medical officer, so far as his own duties are concerned, is substantive; but to ask for titular designations which belong, and always have belonged, to the purely fighting branch of the army, is neither dignified nor reasonable. The Director-General insisted much on the fact that if such a demand was granted, which he believed to be put forward only by a few, the effect would be to increase and intensify any existing jealousies between the combatant and medical ranks of the army, and, he believed, would act prejudicially on the minds of a portion of the department, leading them to subordinate their purely medical duties to their military positions; adding that, in his experience, the medical officers in the army who were really respected, and who commanded the esteem of their combatant brother officers, were those in plain terms known to be "good doctors."

With regard to the fact that military titles are given to officers in the Commissariat and Pay Departments, Sir Thomas Crawford explained that the intention is for the future to draw officers for the above departments from the combatant ranks; that it was found impossible to withhold such titles from those who happened to be in the departments already, but that in time to come the Pay Department is to be so organised as that, necessity arising, officers serving in it may be recalled to military duty.

This is, as nearly as possible, in the terms, and certainly conveys the sense of the explanations so kindly given by the Director-General, by whose permission we publish them, without note or comment, for the consideration not only of the medical officers of the army, but of the younger members of the profession who may be contemplating a career in the Medical Department of the army.

HONORARY RANK FOR ARMY MEDICAL OFFICERS.

MEDICAL STAFF CORPS writes: I venture to trespass on your very valuable time, and ask you to persist in your endeavours and stand forward and fight for us in this good cause. The Director-General's position with reference to the War Office would be one of continual friction were he to comply with all the many demands made through him to the Horse Guards. Of matters medical they have had enough, and a feeling exists now of such strong opposition to us that it will require great pressure to have this matter of rank not only decided but granted. Rank, or position, or title is as much our right as it is that of any other commissioned officer in the service. We are told that the position of an army medical officer is what he individually makes it for himself. That is true with everyone, but the medical officers in the service claim for themselves a recognised military rank. They do not want to hide their profession behind a military uniform, nor do they intend to sink their profession by adopting a military title. The Medical Staff Corps as now constituted consists of several thousand trained men. They have under their charge hospitals for treatment of the sick of the entire army both at home and in the numerous stations abroad. The work is military, and more dangerous to life than that of any other

combatant or non-combatant branch of the army. In times of war the medical officers and the Medical Staff Corps have shown that they are as capable of fighting as those of the other arms of the service, and many cases of individual bravery are on record, showing that it is as necessary for a medical officer to carry arms as it is for any other officer, if for no other object than for the protection of the sick and wounded placed under his charge. We ask for rank similar to all other branches of the army. It would make no alteration in our duties. It would level us up to the level of all other officers serving the Queen.

other licensing body, while the standing conferred by those universities which do demand such Arts degrees has been so entirely overturned by the amazing display of classical ignorance brought to light at the visitation referred to, that, in pity to themselves, university graduates should put some bridle on the indiscreet among their fellows. I am sorry to think that the sale of degrees must be falling off at St. Andrews when it becomes necessary to praise up their goods from the Principal's chair.

I conclude by inviting public attention to the following quotation from page 301 of the Visitors' Report on St. Andrews University, and all who will read it will agree with me in deploring the fact that physicians should be so often confounded with persons so little entitled to enter the noble domain of medicine: "From a careful survey of the conditions under which the degree of M.D. is conferred, and the method of conducting the examination, we have been forced to the conclusion that the examination fails in being a reliable test of professional knowledge of medicine, surgery, and midwifery, and that it tends in no way to improve medical education or to raise professional status."—I am, etc.,

Cashel, May 18th.

THOMAS LAFFAN.

NAVAL AND MILITARY MEDICAL SERVICES.

RELATIVE RANK.

AN INTERVIEW WITH THE DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE ARMY.—At the request of Mr. Ernest Hart, Chairman of the Parliamentary Bills Committee of the British Medical Association, the Director-General of the Army Medical Staff was kind enough to grant an interview to him, with a view, if possible, to elicit some precise information on the question which has so seriously occupied the minds of the Medical Staff of the army at home and abroad. At the request of the editor, Surgeon-General Maclean, who happened to be in town, was present at the interview, with the approval of the Director-General, who not only gave a patient hearing to the representations made to him, but received those who made them with great cordiality.

The Director-General at the outset expressed his astonishment that, while it was evident from the letters and articles in the medical press that the service was in a state of agitation, no complaint had reached him or the military authorities from a single medical officer at home or abroad. Two administrative medical officers had, indeed, in the course of conversation, asked a question on the effect the announced abolition of relative rank was likely to have on the position of medical officers; to these questions his reply was "no effect at all." Sir Thomas Crawford pointed to the regulations of the service which dealt with the subject of grievances and the channel through which representations regarding them should be made by individual officers, and explained how impossible it was for either the military or medical authorities to deal with grievances brought to their notice only through the medium of the press.

The Director-General, at great length, entered into an explanation of the governing motives of the abolition of relative rank, which was not intended, directly or indirectly, to affect the rank or social status of the Medical Staff at all. It was found that relative rank, as the term is understood in the combatant ranks of the army, was the cause of much inconvenience, and acted frequently to the injustice of senior officers, who were, by its operation, often placed in positions of inferiority to their juniors in the service; and the Director-General was emphatic in his assurance that it was to do away with this anomalous state of things that relative rank was abolished, not with the least intention of affecting the Medical Staff, or lowering their position by a side wind.

It was explained to the Director-General that, however little the medical service had been intentionally injured by this abolition, the practical effect of the measure had been to lower the status of medical officers, not only in their own estimation, but in that of their brother-officers in the combatant ranks; and that in many ways this had been in a very practical and unpleasant manner brought home to them in their daily life and experience. Sir Thomas Crawford, taking

other licensing body, while the standing conferred by those universities which do demand such Arts degrees has been so entirely overturned by the amazing display of classical ignorance brought to light at the visitation referred to, that, in pity to themselves, university graduates should put some bridle on the indiscreet among their fellows. I am sorry to think that the sale of degrees must be falling off at St. Andrews when it becomes necessary to praise up their goods from the Principal's chair.

I conclude by inviting public attention to the following quotation from page 301 of the Visitors' Report on St. Andrews University, and all who will read it will agree with me in deploring the fact that physicians should be so often confounded with persons so little entitled to enter the noble domain of medicine: "From a careful survey of the conditions under which the degree of M.D. is conferred, and the method of conducting the examination, we have been forced to the conclusion that the examination fails in being a reliable test of professional knowledge of medicine, surgery, and midwifery, and that it tends in no way to improve medical education or to raise professional status."—I am, etc.,

Cashel, May 18th.

THOMAS LAFFAN.

NAVAL AND MILITARY MEDICAL SERVICES.

RELATIVE RANK.

AN INTERVIEW WITH THE DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE ARMY.—At the request of Mr. Ernest Hart, Chairman of the Parliamentary Bills Committee of the British Medical Association, the Director-General of the Army Medical Staff was kind enough to grant an interview to him, with a view, if possible, to elicit some precise information on the question which has so seriously occupied the minds of the Medical Staff of the army at home and abroad. At the request of the editor, Surgeon-General Maclean, who happened to be in town, was present at the interview, with the approval of the Director-General, who not only gave a patient hearing to the representations made to him, but received those who made them with great cordiality.

The Director-General at the outset expressed his astonishment that, while it was evident from the letters and articles in the medical press that the service was in a state of agitation, no complaint had reached him or the military authorities from a single medical officer at home or abroad. Two administrative medical officers had, indeed, in the course of conversation, asked a question on the effect the announced abolition of relative rank was likely to have on the position of medical officers; to these questions his reply was "no effect at all." Sir Thomas Crawford pointed to the regulations of the service which dealt with the subject of grievances and the channel through which representations regarding them should be made by individual officers, and explained how impossible it was for either the military or medical authorities to deal with grievances brought to their notice only through the medium of the press.

The Director-General, at great length, entered into an explanation of the governing motives of the abolition of relative rank, which was not intended, directly or indirectly, to affect the rank or social status of the Medical Staff at all. It was found that relative rank, as the term is understood in the combatant ranks of the army, was the cause of much inconvenience, and acted frequently to the injustice of senior officers, who were, by its operation, often placed in positions of inferiority to their juniors in the service; and the Director-General was emphatic in his assurance that it was to do away with this anomalous state of things that relative rank was abolished, not with the least intention of affecting the Medical Staff, or lowering their position by a side wind.

It was explained to the Director-General that, however little the medical service had been intentionally injured by this abolition, the practical effect of the measure had been to lower the status of medical officers, not only in their own estimation, but in that of their brother-officers in the combatant ranks; and that in many ways this had been in a very practical and unpleasant manner brought home to them in their daily life and experience. Sir Thomas Crawford, taking

combatant or non-combatant branch of the army. In times of war the medical officers and the Medical Staff Corps have shown that they are as capable of fighting as those of the other arms of the service, and many cases of individual bravery are on record, showing that it is as necessary for a medical officer to carry arms as it is for any other officer, if for no other object than for the protection of the sick and wounded placed under his charge. We ask for rank similar to all other branches of the army. It would make no alteration in our duties. It would level us up to the level of all other officers serving the Queen.

RELATIVE RANK.

HARD CARR writes: In the JOURNAL of September 3rd, "E. F." writes on relative rank. I think he is right in the main, and I agree with him. I would be glad if some wise reader of the JOURNAL would inform me why medical officers now wear uniform at all? Why wear badges of rank on the shoulder when medical officers have no rank of any kind? Is there any prospect of uniforms being done away with? This last question is a very important one, as during this winter many medical officers will return from abroad, and will have to purchase the new blue uniforms. I think it is only right to ask that if the department is likely to be made a civil one, members of the department be warned of the coming change before they go to the expense of buying a new outfit.

THE RULE AT THE OFFICE.

ANOTHER SKEINER writes: Referring to the letters of "Amdax" and a "Senior Officer," recently published in your columns, I must confess that I have never visited the headquarters of the Army Medical Department, during my long service, without a sinking heart, and a resolution to keep away from it as much as possible. When I entered the service, at the commencement of the Crimean war, a medical officer of high rank and long experience, and who himself served in the "office" for many years, said to me, "You will find, during your service in the army, that when brought into contact with your military superiors, you will, for the most part, be treated with courtesy and consideration, but from the superiors of your own department expect nothing of the kind. Above all, do not be deluded into the belief that, should your duty place you at any time in conflict with the military authorities, you may reckon upon the active support and countenance of the Director-General. On the contrary, you will find on looking back on your military career, that the snubs and humiliations to which, from time to time, you may have been subjected, have, in almost every instance, originated in the very quarter from whence you might reasonably have expected help and sympathy." Retaining, as I do, a grateful remembrance of many kindnesses extended to me by administrative officers, more particularly since the abolition of the regimental system has thrown medical officers into more intimate association and interdependence, it still must be admitted that experience has only established the general truth of the statements made by my friendly mentor.

I may avail myself of the opportunity of alluding to an impression which seems to be prevalent that when a medical officer has completed the term of service qualifying him for a pension, he has an opportunity of employment at a liberal rate of remuneration in medical charge of certain regimental districts. He has such an opportunity certainly, but it should be understood that the "liberal remuneration" is limited to about £6. per diem, for which sum he is required to undertake all the routine duties which devolved upon him as a junior when he entered the service, a quarter of a century before.

The War Office has, by an ingenious juggle, conferred upon his stipend the title of "consolidated pay," causing it to appear at first sight that his services are remunerated at the rate of £250 a year. But of this sum £400 represents a pension for services already rendered, and to which he is entitled whether actively employed or not, and is in no sense a remuneration for his daily labour, for which he receives neither more nor less than £150 a year, or about 8s. a day, as already stated.

ONE DISCONTENTED AND RETIRED, writes: Referring to two letters in the JOURNAL for October 8th and 22nd, signed respectively by "Amdax," and "Senior Officer," I think it but fair to state that the wholesale blame cast on a certain War Office official seems to many undeserved and unfair.

It is a good old saying, "Let's speak of a man as we find him." During the thirty years of my service in the "A.M.D." and "Medical Staff," I have unfortunately had occasion to make many pilgrimages to the Headquarters Office of the Medical Department, and I always found the official in question most courteous, attentive, and unsparring of time to enter fully into my particular business; although from the bundles of papers on the desk, and the basketfuls of letters brought in during the interview, the chief clerk could have had little leisure to bestow. Everyone knowing anything of the office at all must be well aware that the chief clerk is the hardest worked official therein. It is his duty to be thoroughly acquainted with the official history of all the officers in the department, in order to save the "D.G.," the Herculean labour of wading through the dossier of each medical officer soliciting an interview, or any special favour.

It is all very well to set up a scapegoat, an animal respectable from the antiquity of its origin. If this official in question is to be made to fill the place of a scapegoat, it should be borne in mind that the goat chosen was in itself blameless and merely bore the sins of others.

The official in question may no doubt have great influence with the "D.G.," and have earned it, from his long connection with the office, but to call him paramount is absurd; and for good or bad, praise or blame must rest with the head of the department, whoever that may be at the time. I have felt constrained to make these remarks on the *audi alteram partem* principle. I have no interest in the matter.

THE ARMY MEDICAL SCHOOL.

SEYMOUR-MASON SMITHLEY DEAKIN, F.R.C.S. Eng., M.A., writes: Whatever may be the opinion as to the value of the Netley course as a professional training, there can be no doubt as to the general feeling of relief with which men turn their backs on the Netley Hospital at the conclusion of that course. There is no denying that Netley is (and I think deservedly so) very unpopular in the services.

It may be considered invidious to point out special reasons for the general discontent; but the one great reason is the unsatisfactory result of the Netley examination. Men have little confidence in the awards because they are examined by the professors. The examiners should in all subjects be independently appointed men from medical schools. Personally, I should like to see Netley abolished, now that there are a good mess and ambulance course established at Aldershot.

The subjects of the London entrance examination should be those now given at Netley. Commissions should date from the date of passing the London examination; and men should proceed to Aldershot for a four months' course, in which the preparation of official returns and the method of hospital administration in cantonment and field should form prominent features.

EXAMINATION FOR RANK OF BRIGADE-SURGEON.

AN ARON writes: On reading over the regulation for conducting these examinations it will be seen that the Board of Examiners is not required to express any opinion as to the qualification of the officers examined. The answers of a candidate are sealed up and sent away, and other people decide on the question of fitness. I think it therefore follows, that, although an officer may have done well at the examination, quite well enough to satisfy the examiners, the question of fitness for promotion is elsewhere decided. So that it follows that being passed over is not necessarily a disgrace or a sign of want of knowledge of the subjects examined in. It is odd that the men who ask the questions do not examine the papers as is the custom in other examinations.

RESTRICTED LEAVE.

M. S. writes: In the JOURNAL of September 3rd, "Fair Play" might have drawn attention to the amount of leave combatant officers get. In India it is a common thing for young officers to get three months' leave every year, and, after three years' service in India (including leave), to get home to England for one year. So that in four years' foreign service it is possible for a combatant to have one year at home, and three months in a cool hill station every year. The year at home counts as service. Of course a combatant can also get 12½ days frequently, or ten days fairly often, in addition. Now with medical officers it is very different. Two months a year he is entitled to, if he can be spared, which is often not the case. His work in India is constant, as the Indian Government only have just enough officers to do the ordinary routine work, which is often quite enough.

I do not see how any young medical officer loses by entering the service; it is, I think, as remunerative as anything else for the first ten years of service, except the Indian Service.

S. B. (Allahabad) writes: On the part of the medical officers in this division I thank you for your unwearied exertions on our behalf and your earnest advocacy of our claims. We feel deeply grateful to you for so prominently and forcibly representing our just demand for equality with other departments in respect to the grant of honorary rank. We read with great interest the account of the interview with the Secretary of State in the JOURNAL of March 26th, and at once (on April 10th) telegraphed to you that "the Medical Staff in India believe that honorary rank is absolutely necessary for equality with other departments, and that relative rank is now worthless." What we fear is that a revised paragraph of the Royal Warrant will be issued restoring relative rank or relative precedence. Under the altered circumstances of the other departments, the restoration of relative privileges would only lead to further discontent. Relative rank is now inferior and valueless. We all most earnestly pray you to continue your exertions on our behalf, and not to accept as satisfactory anything short of the honorary rank given to the other departments. I have been in communication with most of the senior officers in India, and all, without exception, are of opinion that honorary rank is now absolutely necessary for our position in the service. We thank you most sincerely for the great and important services which you have rendered the Medical Staff, and earnestly hope that you will be successful in obtaining for us a recognised military position and rank in the service.

M.B.M.S. writes: Your correspondent who points out the places at which the officers of those departments who have been given honorary rank are placed during war might have completed the picture by indicating the position of the medical officer under like circumstances. The bearer column is with the fighting line, and here are the instructions which govern the position of the medical officer in charge of each regiment or battery: "The medical officer and regimental bearers will never lose touch of their corps during an action, but keep in close proximity to them." So that the medical officer gallops with his regiment of cavalry wherever it goes. He stands by his battery whilst the guns are in action, and he is with the first line of attack if with the infantry. Great as has been our mortality when fighting savages who have not firearms, what will it be when we come, as we assuredly soon shall, to fight a European nation with rapid-firing arms of precision? Will the bullets only hit the "combatants," an I kindly pass by the officer who must never lose touch of his corps in action (vide Medical Regulations, Sec. 17, para. 718), or will they wing their way some miles behind to the honorary major of the Pay and Commissariat Department comfortably quartered on board ship or in good quarters on shore. What poorer most people is how the War Office has the audacity to even attempt to maintain its present position, and why it does not yield with a good grace what it must do later on to force of circumstances. Nothing short of honorary or substantive rank meets the justice of the case, and nothing less will satisfy us.

M. S. writes: To obtain a thoroughly efficient and contented Medical Staff, medical officers must have the same rank and titles as other officers, departmental and combatant. The titles must be absolutely the same, or they will most certainly be considered inferior. The title must be that: Captain Smith, Surgeon, Medical Staff, or Major Smith, Surgeon-Major, Medical Staff, or Lieutenant-Colonel Smith, Brigade-Surgeon, Medical Staff, in precisely the same manner as Captain Brown, Deputy Assistant Commissary-General, Commissariat and Transport Staff, or Lieutenant-Colonel Brown, Assistant Commissary-General of Ordnance, Ordnance Store Department, or Chief Paymaster, Army Pay Department. The compound term or title will not do in the case of the medical officer any more than in that of the officers of other departments: that is, Surgeon-Captain Smith, Medical Staff, Surgeon-Lieutenant-Colonel Smith, or Brigade-Surgeon-Lieutenant-Colonel Smith will no more meet the case than would Commissary-Captain Brown, or Commissary-Lieutenant-Colonel Brown, or Paymaster-Lieutenant-Colonel Brown, of the Pay or Commissariat Department.

If this much-voiced question, which constantly affects the position of every medical officer in the army, and will most certainly sooner or later prevent the best class of medical students competing for the military services at home or in India, is not settled in the only way it can be settled, by honorary army rank, in the same as to other army departments, then let medical aid to the army in peace and war be rendered by a purely civil medical service.

Proposal C.—Officers of the Medical Staff shall be commissioned as
 Director and General. Surgeon and Lieut.-Colonel.
 Surgeon and Major-General. Surgeon and Major.
 Surgeon and Colonel. Surgeon and Captain.

Such commissions to carry all precedence and advantages attaching to the purely military title of each grade, the titles of the grades being designated as follows:—

Director General. Surgeon-Lieut.-Colonel.
 Surgeon-General. Surgeon-Major.
 Surgeon-Colonel. Surgeon-Captain.

Proposal D.—Officers of our Medical Staff shall be granted honorary rank as follows:—

Surgeon-General as Major-General,
 but such rank shall not entitle the holder, etc., as above.

Proposal E.—Officers of the Medical Department of our army not having honorary rank shall rank as follows for purposes of precedence and other advantages attaching to corresponding military rank, Surgeon-General as Major-General, etc., but this shall not entitle them to any military command, etc., as above.

QUESTIONS.

1.—Which of these proposals should the medical profession, in your opinion, use its influence with the Government to adopt?

2.—Give briefly your reasons in favour of the proposal which you think should be adopted.

3.—Give briefly your arguments against each of the other proposals.

4.—In what order should the proposals be placed as regards their worthiness of support?

5.—Can you suggest any other practicable scheme?

EXAMPLES.

EXAMPLE I.

Example of answers filled in by officer favouring proposal A.

Question 1.—Answer. Proposal A.

Question 2.—Answer. Medical officers share all the dangers and hardships of campaigns with other officers; they have the discipline and management of large bodies of men. Nothing but military rank and titles give an assured status in the army.

Question 3.—Answer. Proposal B.—The titles are clumsy; they would not have the same value as military titles; practically the titles would not be used. Proposal D.—This is a rank given to odds and ends of the army, such as school-inspectors, storekeepers, bandmasters, etc., who have never been present in action, and do not have the management of men; medical officers do not consider that they should be classed with such officers. The Royal Commission was of the same opinion. Proposal E.—This gives no rank in the army, and is granted to Indian civil servants, telegraph employees in India, consuls, etc., who have no connection whatever with the army. It does not give a distinctive title.

Question 4.—Answer. A. B. D. E.

EXAMPLE II.

Example of answers filled in by officer favouring proposals B and C.

Question 1.—Answer. Proposal B. (or C.).

Question 2.—Answer. The proposal would have a fair chance of success; it gives definite and titular rank in the army; the titles are distinctive. It is natural that a medical officer should wish for a title which would indicate his status in the army, as well as his membership of the medical profession, as he shares the dangers and hardships of campaigns in common with other officers. It should cause no jealousy. The titles sound clumsy, but that is only because one is not accustomed to them. Surgeon-Major sounds all right.

Question 3.—Answer. Proposal A.—No chance of its being adopted; it would cause great jealousy; pure military titles would be misleading and a nuisance to medical officers, causing them to be mistaken for what they are not. Proposal D. objected to for the same reason as in Example I. Proposal E. objected to for the same reason as Example I.

Question 4.—Answer. B. A. E. D.

EXAMPLE III.

Example of answers filled in by officer favouring proposal D.

Question 1.—Answer. Proposal D.

Question 2.—Answer. 'Tis likely to be granted; titular rank is the only thing which gives status in the army. As the rank is now given to non-combatant officers of the Pay and Commissariat Departments, etc., there is no reason why it should not be given to medical officers.

Question 3.—Answer. Proposal A. not likely to be granted; B. titles clumsy, and do not carry the same weight as purely military titles; D. gives no rank or status in the army; is given to civil servants, etc.

Question 4.—Answer. D. A. B. E.

EXAMPLE IV.

Example of answers filled in by officer favouring proposal E.

Question 1.—Answer. Proposal E.

Question 2.—Answer. This gives all that is necessary for practical purposes of precedence, choice of quarters, etc.; it causes no jealousy. As medical officers already belong to an honourable profession, their status cannot be improved by any military title, and the position held by an individual depends on his professional attainments.

Question 3.—Answer. No further answer.

Question 4.—Answer. E. B. A. D.

Any officer who has not received and would like to have one of these confidential forms to fill up, is requested to apply for one, addressing his application to the Editor at this office.

their commissions prior to the Netley course. About a year after entrance into the service the surgeon is ordered to India, where, though he ranks as captain, he only gets Indian pay as lieutenant, drawing 317 rupees 8 annas a month, which, taking the rupee at the exchange value of 1s. 6d., means that a surgeon stationed in India draws £238 per annum, or, including allowances, £253 less than when on home service. The injustice of this is shown by the fact that all combatant officers stationed in India draw increased pay.

Further, when the surgeon has served the period which entitles him to promotion, he is required to pass a severe examination, to prepare for which he is allowed no special leave, which, under similar circumstances, is granted to combatant officers, who have the additional advantage of garrison classes especially arranged for their convenience.

The only other grievance I will now refer to is the latest order as to rank, which, if understood by anybody, has not as yet been explained, but the result of which is that Tommy Atkins now neglects to pay that respect to the medical officer the wearer of the Queen's uniform is entitled to. Sentries in many cases have ceased to salute, an example of which came to my knowledge only last week, when a medical officer had to pull up short before the guard would condescend to salute, this being due, as he ascertained, to a free discussion at the sergeants' mess, when it was decided that as doctors were now virtually civilians, not holding military rank, they could not in future expect to receive any military recognition. This state of affairs causes infinite petty annoyance, degrades the Queen's uniform, and therefore injures the service generally.

So many candidates for the Army Medical Staff have passed through my hands as pupils preparing for the entrance and promotion examinations, whom I am now happy to number amongst my friends, that I felt my duty was not fulfilled if I did not bring the present unsatisfactory state of affairs before the public, the real sufferers in the end, for I have little doubt that if the authorities do not take early action to remove existing evils and restore the army surgeon to his proper position the effect will be that highly qualified surgeons, such as those who have lately been entering the service, will not continue to present themselves as candidates, and thus again will the service become a reproach to the nation.

FRANCIS T. HEUSTON, M.D., M.Ch., F.R.C.S.I.

21, Harcourt Street, Dublin, July 25th.

The following is a copy of a confidential circular which is being sent by Mr. Ernest Hart, as Chairman of the Parliamentary Bills Committee, to every medical officer of the army:—

RANK OF ARMY MEDICAL OFFICERS.

WITH a view of arriving at some definite conclusion on the subject of rank of the medical officers of the army, the following questions are submitted to each medical officer in the service, who is requested to fill up the answers and return the document at once to ERNEST HART, Esq., Editor of the BRITISH MEDICAL JOURNAL, Strand, who will treat it as a confidential communication, and publish in the BRITISH MEDICAL JOURNAL an analysis of the answers.

The following are, as near as can be judged, the different proposals suggested in communications, &c.:—

Proposal A.—Officers of the Medical Staff shall be granted rank in our army as follows:—

Major-General, Medical Staff.
 Colonel " "
 Etc., etc.

but such rank shall not entitle the holder to military command of any kind, nor to presidency of courts-martial other than regimental courts-martial, except that the officers of our Medical Staff shall command all junior officers and subordinates employed by the Medical Department, and our Medical Staff Corps, as well as all patients in hospital, and such officers and soldiers as may be attached thereto, or specially placed under their command.

Proposal B.—Officers of the Medical Staff shall be granted titular rank in our army as follows:—

Surgeon-Major-General. Surgeon-Major.
 Surgeon-Colonel. Surgeon-Captain.
 Surgeon-Lieut.-Colonel.

This rank shall carry all precedence and advantages attaching to the corresponding rank in the army as follows:—

Surgeon-General—Major-General.
 " Colonel—Colonel.
 Etc., etc.

but such rank shall not entitle the holder, etc., as above.

W.H.

Jubilee, which somewhat emphasises the question, unless indeed the examinations are "by command" to be proportionately less severe.—
I am, etc.,
July 22nd.

SOCIUS.

NAVAL AND MILITARY MEDICAL SERVICES. X

HONORARY RANK FOR ARMY MEDICAL OFFICERS.

SIR,—The abolition of our rank has caused such a widespread feeling of discontent throughout the department, that it is absolutely necessary in the interests of the service that the question should be settled one way or other.

The authorities may, if they please, withhold for a time honorary rank, but such a course will be attended not only with the risk, but with the certainty, that the department will be recruited from the inferior ranks of the profession, and thereby an incalculable mischief be done, which it will take a generation to repair.

To be in the army and to have no rank is simply intolerable; and it does not tend to improve our position to give the relative precedence laid down in the proposed revised paragraph 125a of the Royal Warrant (JOURNAL of April 16th, page 851), wherein, "for purposes of precedence and other advantages," officers of the Medical Staff are classified with veterinary surgeons, apothecaries, captains of orderlies, and clerks of works.

In your interview with the Director-General, you were informed that no complaint had reached him "from a single officer at home or abroad." No formal complaint is likely to reach him; the reason is self-evident; no officer wishes to run counter to the authorities, or to place himself in an appearance of opposition to the head of his department, believing that it would not be for his advantage to do so, and that he would be liable to be looked upon as a troublesome officer. So also there is no doubt that "redress would be at once accorded by the military authorities on proper official representation" for any curtailment of the rights conferred by Warrant, but it should be remembered that to obtain this redress an officer has to place himself in a very unpleasant position in regard to himself and others; and that frequently, unless it is a matter of importance, he submits rather than subject himself to the annoyance of having to assert his own position; two instances of this have lately come within my own knowledge.

It is the anomalous position which officers of the Medical Staff hold that tends to perpetuate the petty jealousies and heartburnings that exist in the service. The officers of Engineers were formerly in the same position, yet no one would now dream of questioning the assured status and rank which they hold. An officer of Engineers is not less efficient or zealous because he has military rank, neither is a medical man in civil life less devoted to his profession because he possesses a hereditary or other title; what reason, therefore, is there to suppose that an officer of the Medical Staff would become less a "good doctor" by having conferred upon him the rank given to every other officer in the service? On the contrary, by giving to the officers of the Medical Staff recognised rank and status, all petty jealousies and causes of discontent would once for all cease, the department would be put upon an assured basis, the best men would be attracted to it, and the State would be benefited.

If anything further were wanted to demonstrate the necessity of recognised rank, it is to be found in the recorded experiences of so many retired Surgeons-General and other senior officers, who have spent the greater part of their lives in the service, and who in this respect have solely its welfare at heart. As explained by "Surgeon-General" in the JOURNAL of June 4th, and also by "Pilgrim," the composite titles proposed would be impracticable and otherwise unsatisfactory.

Now that relative rank has been discredited and pronounced distinctly inferior, its restoration would not be acceptable; it is, therefore, earnestly to be desired that, in the interests of the service, the authorities will yield to the universally expressed wish of the department and of the profession, and grant honorary rank to the officers of the Medical Staff, as has been done to the other departments.—I am, etc.,

MEDICAL STAFF, BENGAL.

SIR,—As there seems to be an effort to deprive the members of the Army Medical Staff of the position conferred on them by the Warrant of 1879, I want your valuable assistance to ventilate the following grievances:—

On the commencement of the surgeon's career he is deprived of four months' service, his commission dating from the time when he leaves Netley, while his class-mates who enter the Indian service receive

Jubilee, which somewhat emphasises the question, unless indeed the examinations are "by command" to be proportionately less severe.—
I am, etc.,
July 22nd. SOCIUS.

NAVAL AND MILITARY MEDICAL SERVICES. X

HONORARY RANK FOR ARMY MEDICAL OFFICERS.

SIR,—The abolition of our rank has caused such a widespread feeling of discontent throughout the department, that it is absolutely necessary in the interests of the service that the question should be settled one way or other.

The authorities may, if they please, withhold for a time honorary rank, but such a course will be attended not only with the risk, but with the certainty, that the department will be recruited from the inferior ranks of the profession, and thereby an incalculable mischief be done, which it will take a generation to repair.

To be in the army and to have no rank is simply intolerable; and it does not tend to improve our position to give the relative precedence laid down in the proposed revised paragraph 125a of the Royal Warrant (JOURNAL of April 16th, page 851), wherein, "for purposes of precedence and other advantages," officers of the Medical Staff are classified with veterinary surgeons, apothecaries, captains of orderlies, and clerks of works.

In your interview with the Director-General, you were informed that no complaint had reached him "from a single officer at home or abroad." No formal complaint is likely to reach him; the reason is self-evident; no officer wishes to run counter to the authorities, or to place himself in an appearance of opposition to the head of his department, believing that it would not be for his advantage to do so, and that he would be liable to be looked upon as a troublesome officer. So also there is no doubt that "redress would be at once accorded by the military authorities on proper official representation" for any curtailment of the rights conferred by Warrant, but it should be remembered that to obtain this redress an officer has to place himself in a very unpleasant position in regard to himself and others; and that frequently, unless it is a matter of importance, he submits rather than subject himself to the annoyance of having to assert his own position; two instances of this have lately come within my own knowledge.

It is the anomalous position which officers of the Medical Staff hold that tends to perpetuate the petty jealousies and heartburnings that exist in the service. The officers of Engineers were formerly in the same position, yet no one would now dream of questioning the assured status and rank which they hold. An officer of Engineers is not less efficient or zealous because he has military rank, neither is a medical man in civil life less devoted to his profession because he possesses a hereditary or other title; what reason, therefore, is there to suppose that an officer of the Medical Staff would become less a "good doctor" by having conferred upon him the rank given to every other officer in the service? On the contrary, by giving to the officers of the Medical Staff recognised rank and status, all petty jealousies and causes of discontent would once for all cease, the department would be put upon an assured basis, the best men would be attracted to it, and the State would be benefited.

If anything further were wanted to demonstrate the necessity of recognised rank, it is to be found in the recorded experiences of so many retired Surgeons-General and other senior officers, who have spent the greater part of their lives in the service, and who in this respect have solely its welfare at heart. As explained by "Surgeon-General" in the JOURNAL of June 4th, and also by "Pilgrim," the composite titles proposed would be impracticable and otherwise unsatisfactory.

Now that relative rank has been discredited and pronounced distinctly inferior, its restoration would not be acceptable; it is, therefore, earnestly to be desired that, in the interests of the service, the authorities will yield to the universally expressed wish of the department and of the profession, and grant honorary rank to the officers of the Medical Staff, as has been done to the other departments.—I am, etc.,
MEDICAL STAFF, BENGAL.

SIR,—As there seems to be an effort to deprive the members of the Army Medical Staff of the position conferred on them by the Warrant of 1879, I want your valuable assistance to ventilate the following grievances:—

On the commencement of the surgeon's career he is deprived of four months' service, his commission dating from the time when he leaves Netley, while his class-mates who enter the Indian service receive

NAVAL AND MILITARY MEDICAL SERVICES.

THE ARMY MEDICAL COLLEGE, NETLEY.

THE Fifty-fifth Session of the Army Medical School was opened on October 3rd. As we have already intimated, the surgeons on probation—twenty-three in number—are for Her Majesty's Indian army. The British army this term is represented by twenty-three commissioned medical officers, sent to the school to go through a special course of instruction, their services not being required at the present time, on account of the reductions in the troops employed in Egypt and Burma.

The introductory discourse was given by Deputy Surgeon-General Professor D. B. Smith, who very judiciously selected for his subject a History of the Medical Services of the three Presidencies of India. When this lecture is published, the profession will be reminded of the immense work done by the old Indian medical service. The contributions to botanical science alone by Roxburgh, Hamilton, Wallich, Griffiths, Wight, Thompson, King, and many others, would shed lustre on any body of men. The splendid work of Falconer in the field of paleontology was well brought out, and it was shown that nearly all that is known of the economic products of India is due to the labours of the scientific medical officers of India. Nor were the labours of Wilson, Shakespeare, and others, in the study of the languages of the East, left unnoticed; and ample justice was done to those whose work has been more strictly professional, more particularly in spreading the knowledge of Western medical science in the great centres of population and commerce.

Perhaps the most interesting part of this very interesting discourse was the reading of a letter addressed to the lecturer by General Sir Nevill Chamberlain, in which a splendid tribute was paid to the services of the medical officers of India by that distinguished officer, who estimates the value of the work done by them on the frontier alone as equal to many thousand bayonets. We hope that Dr. Smith will publish this letter separately. Its publication at this time would be particularly opportune, when we see the short-sighted and ungenerous policy of belittling the medical services of the State cropping up in every direction, both at home and in India. We hope that this lecture will be published *in extenso*, and widely circulated, not only among the members of the profession, but among those in authority at home and abroad. There is not a sentence in it that does not teach an impressive lesson, and it was well calculated to awaken the ambition of the young men addressed to follow in the footsteps of those who have gone before them.

TRAVELLING ALLOWANCES AND DUTIES OF INDIAN MEDICAL OFFICERS.

DEPUTY-SURGEON asks: 1. Do surgeons of the Indian Army Medical Service receive an allowance for travelling and hotel expenses when moving about on duty? 2. I know surgeons of the Army Medical Staff, when sent to India, do not get any; at home they do get it.

3. Have surgeons of the Indian Army Medical Service only to look after native troops, or may they have the care of British soldiers for a time?

* 1. There is such a thing as travelling expenses for medical officers in India under certain conditions, the details of which will be found in the Indian Military and Civil Pay Codes. For example, the Sanitary Commissioners draw, or did draw, 5 rupees, and the Inspector of Prisons, a medical officer, has, or recently had, 10 rupees per diem. But travelling allowances are only given in certain exceptional cases.

2. Surgeons of the Indian Medical Service may be, and often are, employed in the hospitals of British service. Many spend nearly all their service in civil employment, but are liable to be called upon for military duty when required.

THE INDIAN MEDICAL SERVICE.

INQUIRE—The medical officers of Her Majesty's Indian Medical Service are allowed to engage in private professional practice, so long as it does not interfere with the due performance of their official duties.

The questions set for the written part of the competitive examination of candidates for commissions in the Indian Medical Service are not systematically published, but they occasionally appear in the medical journals. The subjects of examination include anatomy—surgical anatomy is not specially mentioned.

THE DISADVANTAGES OF THE ARMY MEDICAL STAFF.

LEECH writes: I do not doubt that the recent discussions in the JOURNAL have attracted attention of all young medical men who may have had an army career in view. May I be allowed to state, shortly, the chief disadvantages under which the army surgeon at present labours? 1. The anomalous position of the medical officer, who, forming part of a regular graded community, has, at the present, no official rank. 2. The fact that sick leave on full pay is cut down in the case of medical officers to six months; compare with this the official statement of the Director-General as to the high rate of loss from sickness and death amongst medical officers, no account is apparently taken of the fact that the medical is more likely to contract disease in the performance of his duty

than the combatant officer. 3. That a fair rate of pay and allowances has not yet been granted to the junior surgeon in India. 4. The medical officer is not allowed to accumulate his leave, we are told (again officially) that leave is only granted to medical officers when they can be spared, this means that in years of pressure no leave is granted, moreover, on foreign stations it is often difficult to get leave, if we were allowed to accumulate our leave when abroad it would be a boon, after five years of medical work in India a man has earned more than sixty-one days full pay leave; compare the surgeon-major's letter to the Times describing his single-handed work in cholera time, day and night. A writer speaks of the Department as undergoing a process of evolution; let us hope so, but any tampering with the terms of the 1879 Warrant will inevitably lead to a "retrograde metamorphosis." Five years was fixed for the limit as regards Indian service; it would be most unjust to extend this compulsorily and it is difficult to see what economy would be effected by such extension. Let no one imagine that the army surgeon does as a rule add to his income by civil practice, this is exceptional; it is out of the question in England and the large colonial towns; one meets very few men who have made anything in that way. Finally, let the junior man consider the uncertainty of the status and conditions under which we serve; liable as they are to be changed from year to year. "Unstable as water" might be the departmental motto.

RELATIVE RANK.

M.D. (India) writes: Sir Thomas Crawford never made a more extraordinary statement than that in which he implied that there is no discontent in the Medical Department of the army due to the abolition of relative rank. I have served for many years, and never during all that time have I known anything like the discontent that now exists. Sir Thomas evidently thinks the agitation going on arises from a "low source." The whole of his department must be "low," in that case, for almost every man in it is engaged in the agitation, and that they are right very few sane men who ever served long in the army will deny.

In the army rank is just as necessary as the air we breathe; if not, where is the necessity for colonels, majors, captains, etc.? What rank have medical officers now? Absolutely none. They are exactly on a par with Indian civilians, although they all have regular commissions, are liable to be sent on field service at a moment's notice, and have to take their chance of shot and shell exactly as their combatant brethren have, and, with all that, have the precedence of civilians pure and simple. I ask, how is it possible for them to be other than discontented?

Sir Thomas Crawford says: Mr. Hart wanted "the medical officers to submerge their profession, and allow themselves to be known by titles which it would be a degradation to any medical man to accept." Does he mean to insinuate that the medical officers of the American army are a degraded lot? Was their agitation also due to a "low source"? You have the evidence of a medical officer of that army that the titles they have got have produced content all round, both amongst them and their combatant brethren, and that there is now no difficulty whatever in getting as many good men as they want for the service. Can Sir Thomas Crawford say as much for our own army?

I ask for no superiority over my combatant brethren, I simply ask for equality such as is given to every officer in the British army except medical officers, an sharing their dangers and privations as I do, I see no just reason in withholding it from me.

I do not care two straws what rank you give as long as it is permanent, but seeing how easily relative rank was done away with, in my opinion the only chance of obtaining anything permanent is to have honorary rank, and I trust every man in the department will vote solid for it, as I am doing.

MR. W. J. BAKER writes: With regard to the rank of medical officers, will you kindly inform me through the JOURNAL as to the wording of Clause 17 of Lord Herbert's Warrant? I have heard and read a great deal lately about this clause, but have no idea what it laid down, and there are very many medical officers in the same condition as myself.

* Clause 17, Royal Warrant, dated October 1st, 1888, is as follows:—"Such relative rank should carry with it all precedence and advantages attaching to the rank with which it corresponds (except as regards the presidency of courts martial, where our will and pleasure is, that the senior combatant officer be always president), and shall regulate the choice of quarters, rates of lodging money, servants, forage, fuel and light, or allowances in their stead, detention and prize money. But where a medical officer is serving with a regiment, the officer commanding, though he be junior in rank to such medical officer, is entitled to a preference to the choice of quarters." The relative ranks of the medical officers of different grades are defined in the previous Clause 16.

AUDAX writes: Will you permit me, through the medium of the JOURNAL, to direct the attention of the medical profession to the stand taken by Sir Thomas Crawford, K.C.B., in direct opposition to the wishes of his officers? Affairs in the office at head-quarters are not very comfortable just now, and the senior officers visiting London for the purpose of an interview with the head of the Medical Staff find it greatly to their interests to humble themselves first, and consult with the civilian clerk, who, report says, is really the Director-General, as he would appear to have the entire management of the department.

Now, recent changes in the organisation of the Medical Staff have rather worried and fretted the clerk in question, and any further improvements in the well-being and advancement of this distinguished corps will necessitate increased work and a new order of things.

It is time to abolish the old-fashioned "red-tapeism," so long established at the office of the Director-General. The time has come for the State to see that not only must they secure the services of skilled men, but they must also see that they are utilised to the best advantage, and not left to the tender mercies of a few civilian subordinates of the War Office to jostle and worry all over the world.

To organise the Medical Staff into a military corps would require better management than it is likely to receive from the official head now existing, and on the present lines.

* We have struck out from this letter paragraphs which we consider offensive to the Director-General, and beyond the verge of fair criticism.

Adon (Indian Service) writes: As it would appear from the published Parliamentary Bills Committee on the relative rank of army officers, that the members of the Medical Staff only, and not those of

Indian medical service, will be asked to state their views on the above sub-
jecture to offer your mine uninvited.
I served nearly twenty years in the Indian service, and was for several
years in charge of native regiments. I like, and am proud of my profession,
generally speaking have been happy in the practice of it; but I have had
up with many snubbings and indignities owing to the determination on
the part of the military, by regulation and otherwise, to treat the medical
as inferior to his combatant brother. Stop, there is one day every
when the medical officer's rank is recognised fully, namely, pay-day,
deductions from his pay on account of mess subscriptions, and enter-
tains, and band subscriptions are carefully made according to his relative
rank. In parenthesis—I shall be anxious to learn how these deductions will be
made. One of the many occasions when the medical officer's rank is not
used is the annual inspection dinner given by the regiment to the General
inspecting; when an attempt more or less open is always made by the
as well as by his brother officers of the regiment, including the last
regulations to attend this dinner, and to share the cost of it according to
diver rank. This will not at any rate commend itself to an ordinary
man's sense of fairness. Again, when a medical officer is put on boards
of medical officers, the former is asked to sign the proceedings last, so
how much junior to him in the service the other members may be. Why
this and like insults to the profession (for such they are and nothing
allowed?
y opinion nothing less than honorary rank will now meet the case: to
friction, bad feeling, and discontent, etc., and to enable the State to
the utmost advantage from its medical services, it is absolutely neces-
sary. When, however, not actually doing military duty, I am, speaking for
quite content to stand on my own humble personal merits and the pos-
sibility of profession gives me, and to let the others take all the honours of war,
like much of titles and decorations now so profusely awarded.

writes: In the JOURNAL of July 23rd, at page 189, the Director-General
of Staff is made to say—"I think the medical officers would be quite satis-
fied with the 17th Clause of the Warrant of 1885 was absolutely restored in its in-
tention. This refers only to the one grievance, rank. I should very
like to know the opinions of the members of the Association on the follow-
ing terms gross injustices.
the post-dating of the commissions of the Medical Staff, and the making
of medical officers junior to the Indian and naval.
the refusal to consider a medical officer as an officer, within the meaning of
the Royal Warrant—pay and non-effective pay.
the placing of medical officers on half-pay contrary to the provisions of the
regulations, and then promoting their juniors over their heads at twelve
years' service.

writes: You have it now on the authority of numerous correspondents,
it claims put forward by the profession, sentimental as they have been
it, should be settled as expeditiously as possible, as complications are
being in military commands already conflicting. The total abolition of
rank now has placed the medical officers in the position of civilian camp-
ers, and the lieutenants and captains of the Medical Staff Corps, and those
in departments, are, as far as actual rank goes, the military superiors of
ctors, and have prior claims for choice of quarters to them in barracks.
example may be given on the authority of a medical officer of sixteen years'
I, recently returned from abroad, who was deliberately turned out of his
quarters to make way for two junior officers of another corps. The
occupation return of quarters had for over thirty years laid it down that
staff quarters were for the principal medical officer. Actual rank removed
here, he had no military status, and his title to quarters was not con-
in consequence.
far cases may crop up, and it would be well if an amicable understanding
ranged, so as to restore that peace and harmony which should exist
all branches of the army. The popularity of the Medical Staff may
be greatly impaired by the authorities at the War Office refusing to listen
just claims put before them by representatives of the medical profession,
the future application of candidates for admission to the Medical Staff will
be conspicuous by a total absence of the good doctors.

writes: Everyone who knows Sir Thomas Crawford must acknowledge his
ability and unflinching courtesy, as well as his anxiety to serve his country.
so best man may be mistaken, and in dealing with the question of relative
stantial rank for medical officers in the army he is in error. Medical men,
any other body of men, are influenced by those feelings which are conse-
quences of human nature. The action of these feelings may vary, but the love
of position in society, and the dislike to being snubbed, influence medical
as they do the clergy, the members of the bar, and combatant officers.
is wanted by medical men holding Her Majesty's commission now, is such
rank as will preserve them from what often amounts to positive insult.
ill give a few cases, where they are subjected to what must hurt the feel-
ing of any man of ordinary sensibility. A senior medical officer of twenty years'
ing is walking with a subaltern. Heretofore it was the duty of the senior
to return the salute of any passing soldier. Now the subaltern salutes,
the his senior companion that he has no rank. The head-quarter staff has
the parties to dinner; the party entrusted with the task knows what com-
t officers he is bound to ask, he omits the surgeon of the station hospital,
from mere want of consideration, because he has no rank. There is some
fence on hand, say the reception of some distinguished visitor. If
the de-camp happens to be on good terms with the senior medical officer of
tion, he will place him in a proper position; if he be not, he will put him
in a low place of honour.
I have wives also, whose minds will be painfully exercised by this
as of snubbing. I know of each case I mention here having occurred
than once. What is wanted (I do not care how it is brought
) is a definite status for each grade of the army medical officer,
cannot be overlooked at the will of a supercilious *ad-de-camp*. I have

talked the matter over with men of the coolest heads, who can well afford to
overlook such slights and are no way inclined for making unnecessary quarrels,
but they think that no matter what combatant officers and Director-Generals
may think, men will not work pleasantly and usefully under the present rule.

Mr. GEORGE MACKAY, M.B., has transmitted the enclosed copy of a memorial
which has been sent by the Students' Representative Council of the University
of Edinburgh to the Secretary of State for War, asking for an alteration of the
Royal Warrant of January 1st, 1887, so far as it affects medical officers.

THE MEMORIAL OF THE STUDENTS' REPRESENTATIVE COUNCIL OF THE UNIVERSITY OF EDINBURGH.

To the Right Hon. Edward Stanhope, M.P., Secretary of State for War.

We, the Students' Representative Council of the University of Edinburgh, the
largest medical school in the kingdom, beg most respectfully to bring to your
notice the deep concern with which we regard the effect produced on the social
and official position of officers of the Medical Departments of Her Majesty's
British and Indian armies by the Warrant of January 1st, 1887, whereby relative
rank has been abolished.

The reasons which have been assigned in explanation of the withdrawal of
relative rank appear to indicate that the inconvenience which it was thereby
desired to remedy lay, not in the medical departments, but in the so-called
"combatant" branches of the service.

Under these circumstances, it would appear to us not too much to have hoped
that the difficulty might have been adjusted without involving in the change
the Medical Departments, and without depriving medical officers of the only
officially recognised army rank which they possessed. But the announcement
that relative rank meant "nothing," has so altered the aspect of affairs, that
its restitution now would be valueless.

We beg most respectfully to submit that it had formerly a very distinct, and
to medical officers beneficial, meaning, while its value and importance are em-
phasised both by the circumstances which led to its abolition, and by the pre-
sent feeling of dissatisfaction at its loss.

We have heard with pleasure your statement that no slight was intended to-
wards the Medical Departments, and the amendment to the Warrant, proposed
through Sir Ralph Thompson, acknowledges a defect in the original. But, while
gratefully recognising that the suggested alteration defines more clearly the
rights of medical officers to certain specified advantages, we venture to point
out that it does not distinctly restore to them their rank in the army, but gives
them only such military precedence as is granted to many civil officials in India
and the colonies.

It appears to us that medical officers, being now deprived of relative rank and
excluded from honorary rank, must logically be regarded as being either with-
out rank at all, or as being on a similar footing to "combatant" officers, hold-
ing what is known as "real" or "substantive" rank in the army. That the
latter is the case "within their own department," has been already acknow-
ledged by the Director General of the Army Medical Department, but their rela-
tion to other branches of the service, that is, their rank in the army, remains
undefined, and that is the point to which we respectfully desire to direct your
attention.

The Director-General seems disinclined to believe that any dissatisfaction
exists, because medical officers have not complained to him directly. It is
hardly to be expected that officers on active service would remonstrate officially
against a Queen's Warrant, but it cannot be said that they are satisfied because
no remonstrance is made. On the contrary, the abundant correspondence
which has appeared in the public prints, and the published opinions of retired
medical officers, who are able to speak their minds freely, show that the dis-
satisfaction is deep and widespread—we ourselves can add further testimony
derived from private letters received by your memorialists. It consists with
our knowledge that many of the young graduates emanating from this Univer-
sity would be glad to have the honour of serving in Her Majesty's army, but are
deterred from offering themselves as candidates by the complete uncertainty
which prevails as to their future position.

That officially recognised rank is an essential of army life is universally
acknowledged; that medical officers, from the nature of their duties, and the
risks to which they are constantly and especially exposed, are well entitled to
it, has been admitted by Royal Commissioners, and recorded in former
Warrants.

We, therefore, most earnestly submit that the Warrant of January 1st, 1887,
may be so altered as to remove all uncertainties, and by securing due rank to
army medical officers, may dispel the unfavourable impression which has arisen,
and which will continue to operate to deter young medical men from entering
the service.

In name of the Students' Representative Council.

Signed, JAMES HUSKIE }
A. W. DONALD } Presidents.
JAMES A. HOPE }

July 8th, 1887.

The following letter has been received in reply:—

(Copy.)

Pal Mall, London, S.W., July 19th, 1887.

GENTLEMEN,—I am directed by the Secretary of State for War, to acknowledge
the receipt of your memorial of the 8th instant, containing the views enter-
tained by the Students' Representative Council of the University of Edinburgh,
in regard to the Royal Warrant of January 1st, 1887, as affecting officers of the
Medical Staff of the Army.

In reply, I am to acquaint you that the recent changes in certain paragraphs
of the Pay Warrant of 1884, effected by the Warrant above alluded to, do not,
as already stated by Mr. Stanhope in the House of Commons, injuriously affect
the position of the medical officers, nor were they intended to be so understood.

The rank, titles, precedence, privileges and advantages, pay, pension, allow-
ances, etc., secured to medical officers by the Royal Warrants previously issued,
have not, I am to add, been in any way curtailed or abrogated by the recent
alterations.—I have the honour to be, gentlemen, your obedient servant,
(Signed) RALPH THOMPSON.

The Presidents, Students' Representative Council,
University of Edinburgh.

NAVAL AND MILITARY MEDICAL SERVICES.

THE ARMY MEDICAL COLLEGE, NETLEY.

THE Fifty-fifth Session of the Army Medical School was opened on October 3rd. As we have already intimated, the surgeons on probation—twenty-three in number—are for Her Majesty's Indian army. The British army this term is represented by twenty-three commissioned medical officers, sent to the school to go through a special course of instruction, their services not being required at the present time, on account of the reductions in the troops employed in Egypt and Burmah.

The introductory discourse was given by Deputy Surgeon-General Professor D. B. Smith, who very judiciously selected for his subject a History of the Medical Services of the three Presidencies of India. When this lecture is published, the profession will be reminded of the immense work done by the old Indian medical service. The contributions to botanical science alone by Roxburgh, Hamilton, Wallich, Griffiths, Wight, Thompson, King, and many others, would shed lustre on any body of men. The splendid work of Falconer in the field of palaeontology was well brought out, and it was shown that nearly all that is known of the economic products of India is due to the labours of the scientific medical officers of India. Nor were the labours of Wilson, Shakespeare, and others, in the study of the languages of the East, left unnoticed; and ample justice was done to those whose work has been more strictly professional, more particularly in spreading the knowledge of Western medical science in the great centres of population and commerce.

Perhaps the most interesting part of this very interesting discourse was the reading of a letter addressed to the lecturer by General Sir Nevill Chamberlain, in which a splendid tribute was paid to the services of the medical officers of India by that distinguished officer, who estimates the value of the work done by them on the frontier alone as equal to many thousand bayonets. We hope that Dr. Smith will publish this letter separately. Its publication at this time would be particularly opportune, when we see the short-sighted and ungenerous policy of belittling the medical services of the State cropping up in every direction, both at home and in India. We hope that this lecture will be published *in extenso*, and widely circulated, not only among the members of the profession, but among those in authority at home and abroad. There is not a sentence in it that does not teach an impressive lesson, and it was well calculated to awaken the ambition of the young men addressed to follow in the footsteps of those who have gone before them.

TRAVELLING ALLOWANCES AND DUTIES OF INDIAN MEDICAL OFFICERS.

DOUGHERTY asks: 1. Do surgeons of the Indian Army Medical Service receive an allowance for travelling and hotel expenses when moving about on duty? I know surgeons of the Army Medical Staff, when sent to India, do not get any; at home they do get it.

2. Have surgeons of the Indian Army Medical Service only to look after native troops, or may they have the care of British soldiers for a time?

* 1. There is such a thing as travelling expenses for medical officers in India under certain conditions, the details of which will be found in the Indian Military and Civil Pay Codes. For example, the Sanitary Commissioners draw, or did draw, 5 rupees, and the Inspector of Prisons, a medical officer, has, or recently had, 10 rupees per diem. But travelling allowances are only given in certain exceptional cases.

2. Surgeons of the Indian Medical Service may be, and often are, employed in the hospitals of British service. Many spend nearly all their service in civil employment, but are liable to be called upon for military duty when required.

THE INDIAN MEDICAL SERVICE.

INQUIRY.—The medical officers of Her Majesty's Indian Medical Service are allowed to engage in private professional practice, so long as it does not interfere with the due performance of their official duties.

The questions set for the written part of the competitive examination of candidates for commissions in the Indian Medical Service are not systematically published, but they occasionally appear in the medical journals. The subjects of examination include anatomy—surgical anatomy is not specially mentioned.

THE DISADVANTAGES OF THE ARMY MEDICAL STAFF.

LEITCH writes: I do not doubt that the recent discussions in the JOURNAL have attracted attention of all young medical men who may have had an army career in view. May I be allowed to state, shortly, the chief disadvantages under which the army surgeon at present labours? 1. The anomalous position of the medical officer, who, forming part of a regular graded community, has, at the present, no official rank. 2. The fact that sick leave on full pay is cut down in the case of medical officers to six months; compare with this the official statement of the Director-General as to the high rate of loss from sickness and death amongst medical officers, no account is apparently taken of the fact that the medical is more likely to contract disease in the performance of his duty

than the combatant officer. 3. That a fair rate of pay and allowances has not yet been granted to the junior surgeon in India. 4. The medical officer is not allowed to accumulate his leave, we are told (again officially) that leave is only granted to medical officers when they can be spared, this means that in years of pressure no leave is granted, moreover, on foreign stations it is often difficult to get leave, if we were allowed to accumulate our leave when abroad it would be a boon, after five years of medical work in India a man has earned more than sixty-one days full pay leave; compare the surgeon-major's letter to the Times describing his single-handed work in cholera time, day and night. A writer speaks of the Department as undergoing a process of evolution; let us hope so, but any tampering with the terms of the 1879 Warrant will inevitably lead to a "retrograde metamorphosis." Five years was fixed for the limit as regards Indian service; it would be most unjust to extend this compulsorily and it is difficult to see what economy would be effected by such extension. Let no one imagine that the army surgeon does as a rule add to his income by civil practice, this is exceptional; it is out of the question in England and the large colonial towns; one meets very few men who have made anything in that way. Finally, let the junior man consider the uncertainty of the status and conditions under which we serve; liable as they are to be changed from year to year. "Unstable as water" might be the departmental motto.

RELATIVE RANK.

M.D. (India) writes: Sir Thomas Crawford never made a more extraordinary statement than that in which he implied that there is no discontent in the Medical Department of the army due to the abolition of relative rank. I have served for many years, and never during all that time have I known anything like the discontent that now exists. Sir Thomas evidently thinks the agitation going on arises from a "low source." The whole of his department must be "low," in that case, for almost every man in it is engaged in the agitation, and that they are right very few sane men who ever served long in the army will deny.

In the army rank is just as necessary as the air we breathe; if not, where is the necessity for colonels, majors, captains, etc.? What rank have medical officers now? Absolutely none. They are exactly on a par with Indian civilians, although they all have regular commissions, are liable to be sent on field service at a moment's notice, and have to take their chance of shot and shell exactly as their combatant brethren have, and, with all that, have the precedence of civilians pure and simple. I ask, how is it possible for them to be other than discontented?

Sir Thomas Crawford says: Mr. Hart wanted "the medical officers to submerge their profession, and allow themselves to be known by titles which it would be a degradation to any medical man to accept." Does he mean to insinuate that the medical officers of the American army are a degraded lot? Was their agitation also due to a "low source"? You have the evidence of a medical officer of that army that the titles they have got have produced content all round, both amongst them and their combatant brethren, and that there is now no difficulty whatever in getting as many good men as they want for the service. Can Sir Thomas Crawford say as much for our own army?

I ask for no superiority over my combatant brethren. I simply ask for equality such as is given to every officer in the British army except medical officers, an sharing their dangers and privations as I do, I see no just reason in withholding it from me.

I do not care two straws what rank you give as long as it is permanent, but seeing how easily relative rank was done away with, in my opinion the only chance of obtaining anything permanent is to have honorary rank, and I trust every man in the department will vote solid for it, as I am doing.

MR. W. J. BAKER writes: With regard to the rank of medical officers, will you kindly inform me through the JOURNAL as to the wording of Clause 17 of Lord Herbert's Warrant? I have heard and read a great deal lately about this clause, but have no idea what it laid down, and there are very many medical officers in the same condition as myself.

* Clause 17, Royal Warrant, dated October 1st, 1858, is as follows:—"Such relative rank should carry with it all precedence and advantages attaching to the rank with which it corresponds (except as regards the presidency of courts martial, where our will and pleasure is, that the senior combatant officer be always president), and shall regulate the choice of quarters, rates of lodging money, servants, forage, fuel and light, or allowances in their stead, detention and prize money. But where a medical officer is serving with a regiment, the officer commanding, though he be junior in rank to such medical officer, is entitled to a preference to the choice of quarters." The relative ranks of the medical officers of different grades are defined in the previous Clause 16.

ALEX. writes: Will you permit me, through the medium of the JOURNAL, to direct the attention of the medical profession to the stand taken by Sir Thomas Crawford, K.C.B., in direct opposition to the wishes of his officers?

Affairs in the office at head-quarters are not very comfortable just now, and the senior officers visiting London for the purpose of an interview with the head of the Medical Staff find it greatly to their interests to humble themselves first, and consult with the civilian clerk, who, report says, is really the Director-General, as he would appear to have the entire management of the department. Now, recent changes in the organisation of the Medical Staff have rather worried and fretted the clerk in question, and any further improvements in the well-being and advancement of this distinguished corps will necessitate increased work and a new order of things.

It is time to abolish the old-fashioned "red-tapeism," so long established as the office of the Director-General. The time has come for the State to see that not only must they secure the services of skilled men, but they must also see that they are utilised to the best advantage, and not left to the tender mercies of a few civilian subordinates of the War Office to jostle and worry all over the world.

To organise the Medical Staff into a military corps would require better management than it is likely to receive from the official head now existing and on the present lines.

* We have struck out from this letter paragraphs which we consider offensive to the Director-General, and beyond the verge of fair criticism.

SURGEON-MAJOR (Indian Service) writes: As it would appear from the published report of the Parliamentary Bills Committee on the relative rank of army medical officers, that the members of the Medical Staff only, and not those of

the Indian medical service, will be asked to state their views on the above subject, I venture to offer you mine uninvited.

I have served nearly twenty years in the Indian service, and was for several years in charge of native regiments. I like, and am proud of my profession, and generally speaking have been happy in the practice of it; but I have had to put up with many snubbings and indignities owing to the determination on the part of the military, by regulation and otherwise, to treat the medical officer as inferior to his combatant brother. Stop, there is one day every month when the medical officer's rank is recognised fully, namely, pay-day, when deductions from his pay on account of mess subscriptions, and entertainments, and band subscriptions are carefully made according to his relative rank. In parenthesis—I shall be anxious to learn how these deductions will be made now that relative rank is, according to the Secretary of State, a meaningless term. One of the many occasions when the medical officer's rank is not recognised is the annual inspection dinner given by the regiment to the General Officer inspecting; when an attempt more or less open is always made by the latter as well as by his brother officers of the regiment, including the last joined Eurasian subaltern, to ignore the doctor's rank, albeit the latter is bound by the regulations to attend this dinner, and to share the cost of it according to his relative rank. This will not at any rate commend itself to an ordinary Englishman's sense of fairness. Again, when a medical officer is put on boards with combatant officers, the former is asked to sign the proceedings last, no matter how much junior to him in the service the other members may be. Why should this and like insults to the profession (for such they are and nothing less) be allowed?

In my opinion nothing less than honorary rank will now meet the case: to prevent friction, bad feeling, and discontent, etc., and to enable the State to derive the utmost advantage from its medical services. It is absolutely necessary. When, however, not actually doing military duty, I am, speaking for myself, quite content to stand on my own humble personal merits and the position my profession gives me, and to let the others take all the honours of war, and make much of titles and decorations now so profusely awarded.

VICTIM writes: In the *JOURNAL* of July 23rd, at page 189, the Director-General Medical Staff is made to say—"I think the medical officers would be quite satisfied if the 17th Clause of the Warrant of 1858 was absolutely restored in its integrity." Possibly this refers only to the one grievance, rank. I should very much like to know the opinions of the members of the Association on the following, which I term gross injustices.

1. The post-dating of the commissions of the Medical Staff, and the making all army medical officers junior to the Indian and naval.
2. The refusal to consider a medical officer as an officer, within the meaning of Article 71 Royal Warrant—pay and non-effective pay.
3. The placing of medical officers on half-pay contrary to the provisions of the Queen's regulations, and then promoting their juniors over their heads at twelve and twenty years' service.

JUSTICE writes: You have it now on the authority of numerous correspondents, that the claims put forward by the profession, sentimental as they have been termed, should be settled as expeditiously as possible, as complications are developing in military commands already conflicting. The total abolition of rank just now has placed the medical officers in the position of civilian camp-followers, and the lieutenants and captains of the Medical Staff Corps, and those of other departments, are, as far as actual rank goes, the military superiors of the doctors, and have prior claims for choice of quarters to them in barracks.

An example may be given on the authority of a medical officer of sixteen years' service, recently returned from abroad, who was deliberately turned out of his allotted quarters to make way for two junior officers of another corps. The local occupation return of quarters had for over thirty years laid it down that these staff quarters were for the principal medical officer. Actual rank removed this officer, he had no military status, and his title to quarters was not considered in consequence.

Similar cases may crop up, and it would be well if an amicable understanding was arranged, so as to restore that peace and harmony which should exist amongst all branches of the army. The popularity of the Medical Staff may become greatly impaired by the authorities at the War Office refusing to listen to the just claims put before them by representatives of the medical profession, and the future application of candidates for admission to the Medical Staff will become conspicuous by a total absence of the good doctors.

SENEX writes: Everyone who knows Sir Thomas Crawford must acknowledge his great ability and unflinching courtesy, as well as his anxiety to serve his *cofrères*. But the best man may be mistaken, and in dealing with the question of relative or substantial rank for medical officers in the army he is in error. Medical men, like any other body of men, are influenced by those feelings which are consequent on human nature. The action of these feelings may vary, but the love of good position in society, and the dislike to being snubbed, influence medical men, as they do the clergy, the members of the bar, and combatant officers. What is wanted by medical men holding Her Majesty's commission now, is such a Warrant as will preserve them from what often amounts to positive insult.

I will give a few cases, where they are subjected to what must hurt the feelings of any man of ordinary sensibility. A senior medical officer of twenty years' standing is walking with a subaltern. Heretofore it was the duty of the senior officer to return the salute of any passing soldier. Now the subaltern salutes, and tells his senior companion that he has no rank. The head-quarter staff has to invite parties to dinner; the party entrusted with the task knows what combatant officers he is bound to ask, he omits the surgeon of the station hospital, often from mere want of consideration, because he has no rank. There is some great function on hand, say the reception of some distinguished visitor. If the aides-de-camp happen to be on good terms with the senior medical officer of the station, he will place him in a proper position; if he be not, he will put him in some low place of honour.

Men have wives also, whose minds will be painfully exercised by this process of snubbing. I know of each case I mention here having occurred more than once. What is wanted (I do not care how it is brought about) is a definite status for each grade of the army medical officer, which cannot be overlooked at the will of a supercilious aide-de-camp. I have

talked the matter over with men of the coolest heads, who can well afford to overlook such slights and are no way inclined for making unnecessary quarrels, but they think that no matter what combatant officers and Director-Generals may think, men will not work pleasantly and usefully under the present rule.

MR. GEORGE MACKAY, M.B., has transmitted the enclosed copy of a memorial which has been sent by the Students' Representative Council of the University of Edinburgh to the Secretary of State for War, asking for an alteration of the Royal Warrant of January 1st, 1857, so far as it affects medical officers.

THE MEMORIAL OF THE STUDENTS' REPRESENTATIVE COUNCIL OF THE UNIVERSITY OF EDINBURGH.

To the Right Hon. Edward Stanhope, M.P., Secretary of State for War.

WE, the Students' Representative Council of the University of Edinburgh, the largest medical school in the kingdom, beg most respectfully to bring to your notice the deep concern with which we regard the effect produced on the social and official position of officers of the Medical Departments of Her Majesty's British and Indian armies by the Warrant of January 1st, 1857, whereby relative rank has been abolished.

The reasons which have been assigned in explanation of the withdrawal of relative rank appear to indicate that the inconvenience which it was thereby desired to remedy lay, not in the medical departments, but in the so-called "combatant" branches of the service.

Under these circumstances, it would appear to us not too much to have hoped that the difficulty might have been adjusted without involving in the change the Medical Departments, and without depriving medical officers of the only officially recognised army rank which they possessed. But the announcement that relative rank means "nothing," has so altered the aspect of affairs, that its restitution now would be valueless.

We beg most respectfully to submit that it had formerly a very distinct, and to medical officers beneficial, meaning, while its value and importance are emphasised both by the circumstances which led to its abolition, and by the present feeling of dissatisfaction at its loss.

We have heard with pleasure your statement that no slight was intended towards the Medical Departments, and the amendment to the Warrant, proposed through Sir Ralph Thompson, acknowledges a defect in the original. But, while gratefully recognising that the suggested alteration defines more clearly the rights of medical officers to certain specified advantages, we venture to point out that it does not distinctly restore to them their rank in the army, but gives them only such military precedence as is granted to many civil officials in India and the colonies.

It appears to us that medical officers, being now deprived of relative rank and excluded from honorary rank, must logically be regarded as being either without rank at all, or as being on a similar footing to "combatant" officers, holding what is known as "real" or "substantive" rank in the army. That the latter is the case "within their own department," has been already acknowledged by the Director-General of the Army Medical Department, but their relation to other branches of the service, that is, their rank in the army, remains undefined, and that is the point to which we respectfully desire to direct your attention.

The Director-General seems disinclined to believe that any dissatisfaction exists, because medical officers have not complained to him directly. It is hardly to be expected that officers on active service would remonstrate officially against a Queen's Warrant, but it cannot be said that they are satisfied because no remonstrance is made. On the contrary, the abundant correspondence which has appeared in the public prints, and the published opinions of retired medical officers, who are able to speak their minds freely, show that the dissatisfaction is deep and widespread—we ourselves can add further testimony derived from private letters received by your memorialists. It consists with our knowledge that many of the young graduates emanating from this University would be glad to have the honour of serving in Her Majesty's army, but are deterred from offering themselves as candidates by the complete uncertainty which prevails as to their future position.

That officially recognised rank is an essential of army life is universally acknowledged; that medical officers, from the nature of their duties, and the risks to which they are constantly and especially exposed, are well entitled to it, has been admitted by Royal Commissioners, and recorded in former Warrants.

We, therefore, most earnestly submit that the Warrant of January 1st, 1857, may be so altered as to remove all uncertainties, and by securing due rank to army medical officers, may dispel the unfavourable impression which has arisen, and which will continue to operate to deter young medical men from entering the service.

In name of the Students' Representative Council.

Signed, **JAMES HUSKIE** }
A. W. DONALD } Presidents.
JAMES A. HOPE }

July 8th, 1887.

The following letter has been received in reply:—

[Copy.] **FALL MALL, LONDON, S.W., July 19th, 1887.**
GENTLEMEN.—I am directed by the Secretary of State for War, to acknowledge the receipt of your memorial of the 8th instant, containing the views entertained by the Students' Representative Council of the University of Edinburgh, in regard to the Royal Warrant of January 1st, 1857, as affecting officers of the Medical Staff of the Army.

In reply, I am to acquaint you that the recent changes in certain paragraphs of the Pay Warrant of 1854, effected by the Warrant above alluded to, do not, as already stated by Mr. Stanhope in the House of Commons, injuriously affect the position of the medical officers, nor were they intended to be so understood.

The rank, titles, precedence, privileges and advantages, pay, pension, allowances, etc., secured to medical officers by the Royal Warrants previously issued, have not, I am to add, been in any way curtailed or abrogated by the recent alterations.—I have the honour to be, gentlemen, your obedient servant,
(Signed) **RALPH THOMPSON.**

The Presidents, Students' Representative Council,
University of Edinburgh.

NAVAL AND MILITARY MEDICAL SERVICES.

THE ARMY MEDICAL COLLEGE, NETLEY.

THE Fifty-fifth Session of the Army Medical School was opened on October 3rd. As we have already intimated, the surgeons on probation—twenty-three in number—are for Her Majesty's Indian army. The British army this term is represented by twenty-three commissioned medical officers, sent to the school to go through a special course of instruction, their services not being required at the present time, on account of the reductions in the troops employed in Egypt and Burnham.

The introductory discourse was given by Deputy Surgeon-General Professor D. B. Smith, who very judiciously selected for his subject a History of the Medical Services of the three Presidencies of India. When this lecture is published, the profession will be reminded of the immense work done by the old Indian medical service. The contributions to botanical science alone by Roxburgh, Hamilton, Wallich, Griffiths, Wight, Thompson, King, and many others, would shed lustre on any body of men. The splendid work of Falconer in the field of palaeontology was well brought out, and it was shown that nearly all that is known of the economic products of India is due to the labours of the scientific medical officers of India. Nor were the labours of Wilson, Shakespeare, and others, in the study of the languages of the East, left unnoticed; and ample justice was done to those whose work has been more strictly professional, more particularly in spreading the knowledge of Western medical science in the great centres of population and commerce.

Perhaps the most interesting part of this very interesting discourse was the reading of a letter addressed to the lecturer by General Sir Nevill Chamberlain, in which a splendid tribute was paid to the services of the medical officers of India by that distinguished officer, who estimates the value of the work done by them on the frontier alone as equal to many thousand bayonets. We hope that Dr. Smith will publish this letter separately. Its publication at this time would be particularly opportune, when we see the short-sighted and ungenerous policy of belittling the medical services of the State cropping up in every direction, both at home and in India. We hope that this lecture will be published in *extenso*, and widely circulated, not only among the members of the profession, but among those in authority at home and abroad. There is not a sentence in it that does not teach an impressive lesson, and it was well calculated to awaken the ambition of the young men addressed to follow in the footsteps of those who have gone before them.

TRAVELLING ALLOWANCES AND DUTIES OF INDIAN MEDICAL OFFICERS.

DOUGHERTY asks: 1. Do surgeons of the Indian Army Medical Service receive an allowance for travelling and hotel expenses when moving about on duty? 2. I know surgeons of the Army Medical Staff, when sent to India, do not get any at home they do get it.

3. Have surgeons of the Indian Army Medical Service only to look after native troops, or may they have the care of British soldiers for a time? 4. There is such a thing as travelling expenses for medical officers in India under certain conditions, the details of which will be found in the Indian Military and Civil Pay Codes. For example, the Sanitary Commissioners draw, or did draw, 5 rupees, and the Inspector of Prisons, a medical officer, has, or recently had, 10 rupees per diem. But travelling allowances are only given in certain exceptional cases.

5. Surgeons of the Indian Medical Service may be, and often are, employed in the hospitals of British service. Many spend nearly all their service in civil employment, but are liable to be called upon for military duty when required.

THE INDIAN MEDICAL SERVICE.

INQUIRY.—The medical officers of Her Majesty's Indian Medical Service are allowed to engage in private professional practice, so long as it does not interfere with the due performance of their official duties.

The questions set for the written part of the competitive examination of candidates for commissions in the Indian Medical Service are not systematically published, but they occasionally appear in the medical journals. The subjects of examination include anatomy—surgical anatomy is not specially mentioned.

THE DISADVANTAGES OF THE ARMY MEDICAL STAFF.

LEACH writes: I do not doubt that the recent discussions in the JOURNAL have attracted attention of all young medical men who may have had an army career in view. May I be allowed to state, shortly, the chief disadvantages under which the army surgeon at present labours? 1. The anomalous position of the medical officer, who, forming part of a regular graded community, has, at the present, no official rank. 2. The fact that sick leave on full pay is cut down in the case of medical officers to six months; compare with this the official statement of the Director-General as to the high rate of loss from sickness and death amongst medical officers, no account is apparently taken of the fact that the medical is more likely to contract disease in the performance of his duty

than the combatant officer. 3. That a fair rate of pay and allowances has not yet been granted to the junior surgeon in India. 4. The medical officer is not allowed to accumulate his leave, we are told (again officially) that leave is only granted to medical officers when they can be spared, this means that in years of pressure no leave is granted, moreover, on foreign stations it is often difficult to get leave, if we were allowed to accumulate our leave when abroad it would be a boon, after five years of medical work in India a man has earned more than sixty-one days full pay leave; compare the surgeon-major's letter to the Times describing his single-handed work in cholera time, day and night. A writer speaks of the Department as undergoing a process of evolution; let us hope so, but any tampering with the terms of the 1879 Warrant will inevitably lead to a "retrograde metamorphosis." Five years was fixed for the limit as regards Indian service; it would be most unjust to extend this compulsorily and it is difficult to see what economy would be effected by such extension. Let no one imagine that the army surgeon does as a rule add to his income by civil practice, this is exceptional; it is out of the question in England and the large colonial towns; one meets very few men who have made anything in that way. Finally, let the junior man consider the uncertainty of the status and conditions under which we serve, liable as they are to be changed from year to year. "Unstable as water" might be the departmental motto.

RELATIVE RANK.

M.D. (India) writes: Sir Thomas Crawford never made a more extraordinary statement than that in which he implied that there is no discontent in the Medical Department of the army due to the abolition of relative rank. I have served for many years, and never during all that time have I known anything like the discontent that now exists. Sir Thomas evidently thinks the agitation going on arises from a "low source." The whole of his department must be "low," in that case, for almost every man in it is engaged in the agitation, and that they are right very few sane men who ever served long in the army will deny.

Is the army rank just as necessary as the air we breathe; if not, where is the necessity for colonels, majors, captains, etc.? What rank have medical officers now? Absolutely none. They are exactly on a par with Indian civilians, although they all have regular commissions, are liable to be sent on field service at a moment's notice, and have to take their chance of shot and shell exactly as their combatant brethren have, and, with all that, have the precedence of civilians pure and simple. I ask, how is it possible for them to be other than discontented?

Sir Thomas Crawford says: Mr. Hart wanted "the medical officers to submerge their profession, and allow themselves to be known by titles which it would be a degradation to any medical man to accept." Does he mean to insinuate that the medical officers of the American army are a degraded lot? Was their agitation also due to a "low source"? You have the evidence of a medical officer of that army that the titles they have got have produced content all round, both amongst them and their combatant brethren, and that there is now no difficulty whatever in getting as many good men as they want for the service. Can Sir Thomas Crawford say as much for our own army?

I ask for no superiority over my combatant brethren, I simply ask for equality such as is given to every officer in the British army except medical officers, an sharing their dangers and privations as I do, I see no just reason in withholding it from me.

I do not care two straws what rank you give as long as it is permanent, but seeing how easily relative rank was done away with, in my opinion the only chance of obtaining anything permanent is to have honorary rank, and I trust every man in the department will vote solid for it, as I am doing.

MA. W. J. BAKER writes: With regard to the rank of medical officers, will you kindly inform me through the JOURNAL as to the wording of Clause 17 of Lord Herbert's Warrant? I have heard and read a great deal lately about this clause, but have no idea what it laid down, and there are very many medical officers in the same condition as myself.

* Clause 17, Royal Warrant, dated October 1st, 1884, is as follows:—"Such relative rank should carry with it all precedence and advantages attaching to the rank with which it corresponds (except as regards the presidency of courts martial, where our will and pleasure is, that the senior combatant officer be always president), and shall regulate the choice of quarters, rates of lodging money, servants, forage, fuel and light, or allowances in their stead, detention and prize money. But where a medical officer is serving with a regiment, the officer commanding, though he be junior in rank to such medical officer, is entitled to a preference to the choice of quarters." The relative ranks of the medical officers of different grades are defined in the previous Clause 16.

ALEX. writes: Will you permit me, through the medium of the JOURNAL, to direct the attention of the medical profession to the stand taken by Sir Thomas Crawford, K.C.B., in direct opposition to the wishes of his officers?

Affairs in the office at headquarters are not very comfortable just now, and the senior officers visiting London for the purpose of an interview with the head of the Medical Staff find it greatly to their interests to humble themselves first, and consult with the civilian clerk, who, report says, is really the Director-General, as he would appear to have the entire management of the department. Now, recent changes in the organisation of the Medical Staff have rather worried and fretted the clerk in question, and any further improvements in the well-being and advancement of this distinguished corps will necessitate increased work and a new order of things.

It is time to abolish the old-fashioned "red-tapeism," so long established at the office of the Director-General. The time has come for the State to see that not only must they secure the services of skilled men, but they must also see that they are utilised to the best advantage, and not left to the tender mercies of a few civilian subordinates of the War Office to jostle and worry all over the world.

To organise the Medical Staff into a military corps would require better management than it is likely to receive from the official head now existing, and on the present lines.

* We have struck out from this letter paragraphs which we consider offensive to the Director-General, and beyond the verge of fair criticism.

the Indian medical service, will be asked to state their views on the above subject, I venture to offer you mine uninvited.

I have served nearly twenty years in the Indian service, and was for several years in charge of native regiments. I like, and am proud of my profession, and generally speaking have been happy in the practice of it; but I have had to put up with many snubbings and indignities owing to the determination on the part of the military, by regulation and otherwise, to treat the medical officer as inferior to his combatant brother. Stop, there is one day every month when the medical officer's rank is recognised fully, namely, pay-day, when deductions from his pay on account of mess subscriptions, and entertainments, and band subscriptions are carefully made according to his relative rank. In parenthesis—I shall be anxious to learn how these deductions will be made now that relative rank is, according to the Secretary of State, a meaningless term. One of the many occasions when the medical officer's rank is not recognised is the annual inspection dinner given by the regiment to the General Officer inspecting; when an attempt more or less open is always made by the latter as well as by his brother officers of the regiment, including the last joined Eurasian subaltern, to ignore the doctor's rank, albeit the latter is bound by the regulations to attend this dinner, and to share the cost of it according to his relative rank. This will not at any rate commend itself to an ordinary Englishman's sense of fairness. Again, when a medical officer is put on boards with combatant officers, the former is asked to sign the proceedings last, no matter how much junior to him in the service the other members may be. Why should this and like insults to the profession (for such they are and nothing less) be allowed?

In my opinion nothing less than honorary rank will now meet the case; to prevent friction, bad feeling, and discontent, etc., and to enable the State to derive the utmost advantage from its medical services, it is absolutely necessary. When, however, not actually doing military duty, I am, speaking for myself, quite content to stand on my own humble personal merits and the position my profession gives me, and to let the others take all the honours of war, and make much of titles and decorations now so profusely awarded.

VICTIM writes: In the JOURNAL of July 23rd, at page 189, the Director-General Medical Staff is made to say—"I think the medical officers would be quite satisfied if the 17th Clause of the Warrant of 1858 was absolutely restored in its integrity." Possibly this refers only to the one grievance, rank. I should very much like to know the opinions of the members of the Association on the following, which I term gross injustices.

1. The post-dating of the commissions of the Medical Staff, and the making all army medical officers junior to the Indian and naval.
2. The refusal to consider a medical officer as an officer, within the meaning of Article 71 Royal Warrant—pay and non-effective pay.
3. The placing of medical officers on half-pay contrary to the provisions of the Queen's regulations, and then promoting their juniors over their heads at twelve and twenty years' service.

JUSTICE writes: You have it now on the authority of numerous correspondents, that the claims put forward by the profession, sentimental as they have been termed, should be settled as expeditiously as possible, as complications are developing in military commands already conflicting. The total abolition of rank just now has placed the medical officers in the position of civilian camp-followers, and the lieutenants and captains of the Medical Staff Corps, and those of other departments, are, as far as actual rank goes, the military superiors of the doctors, and have prior claims for choice of quarters to them in barracks.

An example may be given on the authority of a medical officer of sixteen years' service, recently returned from abroad, who was deliberately turned out of his allotted quarters to make way for two junior officers of another corps. The local occupation return of quarters had for over thirty years laid it down that these staff quarters were for the principal medical officer. Actual rank removed this officer, he had no military status, and his title to quarters was not considered in consequence.

Similar cases may crop up, and it would be well if an amicable understanding was arranged, so as to restore that peace and harmony which should exist amongst all branches of the army. The popularity of the Medical Staff may become greatly impaired by the authorities at the War Office refusing to listen to the just claims put before them by representatives of the medical profession, and the future application of candidates for admission to the Medical Staff will become conspicuous by a total absence of the good doctors.

SENEX writes: Everyone who knows Sir Thomas Crawford must acknowledge his great ability and unflinching courtesy, as well as his anxiety to serve his *confères*. But the best man may be mistaken, and in dealing with the question of relative or substantial rank for medical officers in the army he is in error. Medical men, like any other body of men, are influenced by those feelings which are consequent on human nature. The action of these feelings may vary, but the love of good position in society, and the dislike to being snubbed, influence medical men, as they do the clergy, the members of the bar, and combatant officers. What is wanted by medical men holding Her Majesty's commission now, is such a Warrant as will preserve them from what often amounts to positive insult.

I will give a few cases, where they are subjected to what must hurt the feelings of any man of ordinary sensibility. A senior medical officer of twenty years' standing is walking with a subaltern. Heretofore it was the duty of the senior officer to return the salute of any passing soldier. Now the subaltern salutes, and tells his senior companion that he has no rank. The head-quarter staff has to invite parties to dinner; the party entrusted with the task knows what combatant officers he is bound to ask, he omits the surgeon of the station hospital, often from mere want of consideration, because he has no rank. There is some great function on hand, say the reception of some distinguished visitor. If the aide-de-camp happen to be on good terms with the senior medical officer of the station, he will place him in a proper position; if he be not, he will put him in some low place of honour.

Men have wives also, whose minds will be painfully exercised by this process of snubbing. I know of each case I mention here having occurred more than once. What is wanted (I do not care how it is brought about) is a definite status for each grade of the army medical officer, which cannot be overlooked at the will of a supercilious aide-de-camp. I have

talked the matter over with men of the coolest heads, who can well afford to overlook such slights and are no way inclined for making unnecessary quarrels, but they think that no matter what combatant officers and Director-Generals may think, men will not work pleasantly and usefully under the present rule.

MR. GEORGE MACKAY, M.B., has transmitted the enclosed copy of a memorial which has been sent by the Students' Representative Council of the University of Edinburgh to the Secretary of State for War, asking for an alteration of the Royal Warrant of January 1st, 1887, so far as it affects medical officers.

THE MEMORIAL OF THE STUDENTS' REPRESENTATIVE COUNCIL OF THE UNIVERSITY OF EDINBURGH.

To the Right Hon. Edward Stanhope, M.P., Secretary of State for War.

WE, the Students' Representative Council of the University of Edinburgh, the largest medical school in the kingdom, beg most respectfully to bring to your notice the deep concern with which we regard the effect produced on the social and official position of officers of the Medical Departments of Her Majesty's British and Indian armies by the Warrant of January 1st, 1887, whereby relative rank has been abolished.

The reasons which have been assigned in explanation of the withdrawal of relative rank appear to indicate that the inconvenience which it was thereby desired to remedy lay, not in the medical departments, but in the so-called "combatant" branches of the service.

Under these circumstances, it would appear to us not too much to have hoped that the difficulty might have been adjusted without involving in the change the Medical Departments, and without depriving medical officers of the only officially recognised army rank which they possessed. But the announcement that relative rank meant "nothing," has so altered the aspect of affairs, that its restitution now would be valueless.

We beg most respectfully to submit that it had formerly a very distinct, and to medical officers beneficial, meaning, while its value and importance are emphasised both by the circumstances which led to its abolition, and by the present feeling of dissatisfaction at its loss.

We have heard with pleasure your statement that no slight was intended towards the Medical Departments, and the amendment to the Warrant, proposed through Sir Ralph Thompson, acknowledges a defect in the original. But, while gratefully recognising that the suggested alteration defines more clearly the rights of medical officers to certain specified advantages, we venture to point out that it does not distinctly restore to them their rank in the army, but gives them only such military precedence as is granted to many civil officials in India and the colonies.

It appears to us that medical officers, being now deprived of relative rank and excluded from honorary rank, must logically be regarded as being either without rank at all, or as being on a similar footing to "combatant" officers, holding what is known as "real" or "substantive" rank in the army. That the latter is the case "within their own department," has been already acknowledged by the Director-General of the Army Medical Department, but their relation to other branches of the service, that is, their rank in the army, remains undefined, and that is the point to which we respectfully desire to direct your attention.

The Director-General seems disinclined to believe that any dissatisfaction exists, because medical officers have not complained to him directly. It is hardly to be expected that officers on active service would remonstrate officially against a Queen's Warrant, but it cannot be said that they are satisfied because no remonstrance is made. On the contrary, the abundant correspondence which has appeared in the public prints, and the published opinions of retired medical officers, who are able to speak their minds freely, show that the dissatisfaction is deep and widespread—we ourselves can add further testimony derived from private letters received by your memorialists. It consists with our knowledge that many of the young graduates emanating from this University would be glad to have the honour of serving in Her Majesty's army, but are deterred from offering themselves as candidates by the complete uncertainty which prevails as to their future position.

That officially recognised rank is an essential of army life is universally acknowledged; that medical officers, from the nature of their duties, and the risks to which they are constantly and especially exposed, are well entitled to it, has been admitted by Royal Commissioners, and recorded in former Warrants.

We, therefore, most earnestly submit that the Warrant of January 1st, 1887, may be so altered as to remove all uncertainties, and by securing due rank to army medical officers, may dispel the unfavourable impression which has arisen, and which will continue to operate to deter young medical men from entering the service.

In name of the Students' Representative Council.

Signed, JAMES HUSKIE
A. W. DONALD } Presidents.
JAMES A. HOPE }

July 5th, 1887.

The following letter has been received in reply:—

[Copy.] Pall Mall, London, S.W., July 19th, 1887.

GENTLEMEN,—I am directed by the Secretary of State for War, to acknowledge the receipt of your memorial of the 8th instant, containing the views entertained by the Students' Representative Council of the University of Edinburgh, in regard to the Royal Warrant of January 1st, 1887, as affecting officers of the Medical Staff of the Army.

In reply, I am to acquaint you that the recent changes in certain paragraphs of the Pay Warrant of 1884, effected by the Warrant above alluded to, do not, as already stated by Mr. Stanhope in the House of Commons, injuriously affect the position of the medical officers, nor were they intended to be so understood.

The rank, titles, precedence, privileges and advantages, pay, pension, allowances, etc., secured to medical officers by the Royal Warrants previously issued, have not, I am to add, been in any way curtailed or abrogated by the recent alterations.—I have the honour to be, gentlemen, your obedient servant,

(Signed) RALPH THOMPSON.

The Presidents, Students' Representative Council,
University of Edinburgh.

M. S., H. M. A., writes: I quite agree with Mr. Ernest Hart, that the word surgeon ought to appear as a proper description in the title. To this I would add, "and captain," "and major," etc., so that the officer might sign his name to all documents, so—"J. Smith, Surgeon and Captain," or Surgeon and Major, or Surgeon and Lt.-Colonel, according to rank. The first indicating his profession, the second his army rank, just as a paymaster is Paymaster and Honorary Major, and so on.

Now, another question to settle; namely, how to address an army medical officer; colloquially, or otherwise than officially? The title of Surgeon Lieutenant-Colonel would be as unwieldy as Deputy Surgeon-General. Even the shorter title of Surgeon-Major is scarcely ever used by the public, and I may say is never used in speaking of, or to a medical officer, by other army officers. They simply call him "Dr.," which is often incorrect. One fact is well known in the experience of all army surgeons, namely, that only military titles carry any respect and weight with them in the army. This was never more forcibly presented to my mind than when after a recent military expedition was over; there were a number of officers at the port of embarkation, waiting conveyance to England. At a hotel in this place there were officers of nearly all branches of the service dining together, all conversing freely. When the junior members of this body addressed a senior officer, holding substantive rank, they never omitted giving it to him—"Don't you think so, Colonel," or "Major," as the case might be. Likewise when addressing the Paymaster and Honorary Major, he was called "Major," and the Commissariat officer was called "Colonel," because he held the honorary rank of Lieutenant-Colonel. But there was a marked difference shown in addressing a Brigade-Surgeon who was there; a man worthy of the highest respect, yet he was freely called by his surname, without even the prefix "Mr." or "Dr.," by officers young enough to have been his sons. I regret that it should be so, but it is a stubborn fact, that only a military title obtains respect in the army. To define a medical officer's position, he must be Surgeon, and Captain in the army, or Surgeon and Major, Surgeon and Lieutenant-Colonel, and so on. Nothing else will ever settle the question, and if it cannot be granted, far better for us then to become a civil body. Many of us would prefer being civilians to remaining on an inferior footing to the other army departments.

M. S. (Bengal) writes: I beg you will accept my best thanks for your able advocacy of our cause. I have been for many years a member of our Association, and am proud to find that, as usual, you are foremost in our defence. Nothing will meet the justice of our cause or dignity of our profession but honorary rank. Any return to relative rank would be worse than useless now that it has been so degraded.

It is our earnest hope that you will continue to advance our cause; there is now but little fear of our widening the gulf between us and the so-called combatant officers. One has only to read Sir G. Wolsey's *Pocket-Book*, last edition, to see to what a position he would be relegated to. Nothing but a firm stand will prevent us becoming mere camp-followers.

RELATIVE PRECEDENCE WON'T DO (India) writes: The officers of the medical staff are certainly most deeply grateful to you and your Committee, for your advocacy of their cause. I have read with eagerness the account of your interview with the Director-General. The view he takes of the case is, however, most disappointing, and I am sure it will cause the utmost consternation in the department. The Director-General seems to have lost touch with the officers under him, or he could never say that the present feeling of dissatisfaction exists only amongst a few. It is unanimous in India at any rate. Medical officers are most anxious that their military rank should be clearly defined. Their duties are not purely medical; a late Warrant sets forth that "medical officers will command all men of the Medical Staff Corps, all patients in hospital, and all men attached to the hospital for duty." Their relation to the Medical Staff Corps needs no explanation; but, as regards the patients in hospital, the majority of whom are not sick in the sense understood by civilian practitioners; Tommy's habits are such that if strict discipline were not maintained, he would soon turn the place into a bear-garden. He would smoke and spit and romp about the wards to the detriment of the patients really ill; he would get in drink and even women, if he had not the fear of the "Major" Doctor (as he calls the staff medical officer) ever before him. You see by the above term he has solved the difficulty of rank for himself, he understands the title Major, but he will soon find out now that Surgeon-Major does not mean Major-Doctor.

Inspectors of army schools, who are not drawn from the combatant ranks, and who have a profession of their own, are given honorary rank, the fact of their being few in number does not alter the principle. The Director-General seems to think it extraordinary that he has heard nothing of the agitation officially from medical officers. There are many things cropping up daily, in India especially, which renders the present system of no rank extremely galling to medical officers, and latterly I have heard many a one regret that he ever entered the service, where his position is so anomalous. The Doctors are proud of their profession and don't want it submerged; but, being in the army, they want their rank therein to be unquestionable. Why not prefix a military title to the word denoting their profession?

GENERAL SURGEON writes: As I always like to hear both sides of a question, I was glad to see a letter in the JOURNAL of July 9th, from one who does not think he would benefit by having military rank. He will, however, excuse my saying that his remark, that he "hopes to be a military surgeon," was not necessary to show anyone acquainted with the subject, how very limited his experience must be. Of course we all know that the mere title of Colonel does not carry with it any great social status; that Colonel Jones, Army Pay Department, or Colonel Brown, Medical Staff, would not, merely from their military titles, have the same social status accorded to them as Colonel Robinson—Hussars; but that is not the point in question, which I take to be; should the military status of a military surgeon be recognisable by his title? Does the writer think that he, as a youngster, should have the hardships and dangers of a military life for thirty years, and why does he think that his title of military rank is only justice in the case of poor Colonel Jones, Army Pay Department, because he was a subaltern before he joined his department, when his present title is certainly more liable to convey a false idea from the fact of his having

once been in the combatant branches; which term, by the bye, reminds me that a celebrated Governor-General of India, some thirty years ago, maintained that a surgeon was as much entitled to be considered as combatant as any of his brother officers, in the Indian service. Now, as this bears on his question about the lion's skin, I would ask it is more in accordance with true military valour to do one's duty calmly under the fire of the enemy, or to return that enemy's fire? My experience at least is, that the former is quite trying enough, and in nineteen cases out of twenty, the enemy he will have to encounter will do him the honour of considering him a combatant; and what, let me ask him, do our present military trappings imply, but that in fact we have no choice; unless his argument is that we ought to be pure civilians, which I think the military authorities would tell him is quite out of the question? At all events, should he attain his wish of becoming a military surgeon, he will soon discover that he has to undergo all the disadvantages of a military life, and long before he is a Deputy Surgeon-General, he will doubtless see the advantage of a title which would convey to all a correct idea of his rank. When, some time since, I compared relative rank to the illegible impression made by a faulty die, in contrast with the guinea stamp of real rank, I little thought that the Secretary of State for War would himself open the eyes of the profession to the truthfulness of the simile, and not only from its illegibility, will the coin of relative rank not pass current, but that it is usually mistaken for base coin, a paragraph I lately read in *Vanity Fair* clearly shows. This paper may not be any great authority, but it is supposed to have some knowledge of social matters, and is found on most mess tables. In it the writer compared a Surgeon-General dropping the Surgeon, to a Sergeant-Major dropping the Major. Of course, as a Surgeon-General ranks as Major-General, while a Sergeant-Major is not even a commissioned officer, the absurdity of the comparison is obvious, but is it not also most instructive to those who imagine that such hybrid titles give any true idea of one's military standing in the service, whether they be Surgeon-General or General Surgeon?

MEDICO-LEGAL AND MEDICO-ETHICAL.

A BONE-SETTER IN TROUBLE.

AN adjourned inquest is reported in a local paper at Leadgate on July 20th, relative to the death of a man named Joseph Dawson, who met with a serious accident through a fall of stone, and who for some time was under the treatment of Robert Clayton, described as a bone-setter according to this report.

Dr. Allan (Leadgate) stated that on June 15th he found Dawson suffering from a wound and fracture a little above the middle third of the right leg. He treated the injury as a compound wound, and after reducing the fracture applied an outside splint. The state of the wound prevented the then application of an inside splint. He afterwards received information that a bone-setter had charge of the case, and considering that the matter was taken out of his hands, discontinued his visits.

Clayton, who said he had practised bone-setting most of his life, deposed that on the 23rd of June he set the leg at Dawson's request. He ordered the application of white-bread poultices twice a day. He took off the splint applied by the medical man and put on two others. He was done with the case, but on the 29th of June he was sent for and found the patient progressing favourably. He partially removed the bandages, cleaned the wound, and removed the cardboard splint, replacing it with a wooden one. Witness explained, in reply to the jury, that the bones were lying on the top of one another, and he eased them a little. He never interfered with the wound.

The patient was seen by Dr. Short, who found the bandages too tightly fixed around the leg, and Dawson would not allow him to remove the splints without the permission of the bone-setter. Dr. Renton, who was called in, met with a like refusal. Dr. McIntyre, who attended Dawson from the 3rd of July till his death, attributed death to tetanus, or blood-poisoning secondary to the fracture of the leg. He was not aware of the previous history of the case. The jury returned a verdict in accordance with the medical testimony.

The Coroner, addressing Clayton, said the jury did not attach any criminal culpability to the bone-setter, but they thought that he certainly deserved censure for interfering in a case which had already been treated properly and scientifically by a duly qualified medical gentleman. He (Clayton) should not have incurred the responsibility of dealing with such a serious case. He seemed to be under the impression that all he had to do was to say that the medical gentlemen would act in conjunction with him, or *vice versa*. He would find, however, that medical gentlemen went through a course of training to qualify themselves for the practice; whilst he (Clayton) did not undergo any such training, and yet practised simply such methods as he had gained, perhaps, by his own experience. There were instances where probably great benefits had been derived from the services of bone-setters, but here was a case of a serious description which puzzled even skilled medical gentlemen—a case which required great care and skilful treatment—and he (Clayton) would rush in and undertake the treatment according to his own ideas. Unqualified men should hesitate to run such risks as that.

SURGEON-MAJOR (Indian Service) writes: As it would appear from the published report of the Parliamentary Bills Committee on the relative rank of army medical officers, that the members of the Medical Staff only, and not those of

ne that
that a
of the
a need
valued
nemy
and in
aim the
do our
unless
military
should
that he
he is a
which
I com-
contrast
f State
e of the
ot pass
y read
y, but
a most
e Sur-
General
ssioned
ost in-
idea of
eral co

ate on
awson,
t who
cribed

awson
bird of
after
of the
after-
case,
incon-

s life,
quest.
He
thers.
nt for
moved
plint,
to the
nd he

es too
im to
Dr.

atyre,
buted
of the
The

mony.

h any

ne cer-

ready

edical

ibility

ne im-

lemen

a find,

aining

id not

ethods

ere in-

te ser-

which

at care

ertake

should

RECRUITS FOR THE MEDICAL STAFF CORPS.

COMMON SENSE writes: "General Order" 166, issued in last October, has introduced important changes into the physical conditions of future recruits for the Medical Staff Corps, and as the changes may have a most vital connection with the efficiency of the male nursing establishment of the Army I would, with your permission, like to invite discussion on it. Before the promulgation of the General Order above quoted recruits could be enlisted for the Medical Staff Corps without restriction as to height, but by the order of October it is forbidden to enlist a man for the Medical Staff Corps unless his height is between 5 feet 3 inches and 5 feet 8 inches; for the obstacles and formalities to be overcome before taller men can be enlisted are evidently intended to prevent the entrance of tall men into the Medical Corps of the Army. It is not stated why the standard has been reduced, or if the head of the Medical Department has been consulted about it; but even had he been, I suppose it is safe to assert that medical men in civil and military employment are entitled to discuss a subject for which recent practical experience may fit them, and which bears so intimately on the efficient performance of duty by the Medical Department of the Army; and so, indirectly, on the prestige of the medical profession as a whole. It is well known that a reduction of stature in a recruit usually means a reduction of strength and stamina, and the question to settle is whether men of a weaker physique than have been employed heretofore are fit for the duties of sick nurses and for service in the field. All medical officers of practical experience are aware that orderlies who have to attend sick with an army on active service have frequently to deal, and without assistance, with very heavy, helpless patients; and is a man of 5 feet 3 inches in height the kind of person to "manage" such a case and to stand the "wear and tear" of a campaign? It seems laughable, if the question were not so serious in its possible results, to contemplate two 2 feet 3 inch stretcher-bearers endeavouring to carry one of

Her Majesty's 6 feet and "upwards" Life Guardsmen out of action; yet this is what we may see under present regulations. Has the reduction of standard been "invented" to "belittle" the medical and other departments, and to "take the conceit" out of them and their officers? It may be so; but, as regards the Medical Department, it has a very serious import. A Commissariat or Ordnance Store Corps man can get assistance or diminish the load he may have to lift or carry, or even can leave it on the road without much injury to anyone, but the Medical Staff Corps orderly cannot well cut off a piece of the body of a heavy patient with a view of reducing his weight.

FORBES SERVICE writes: I have just read in your contemporary, *The Broad Arrow*, of October 8th, that a general order has come out reducing the recruiting standard for the Medical Staff Corps to such a degree that, henceforward, no one whose inches are more than sixty-five shall be admitted to that corps.

To surgeons serving, under trying circumstances, abroad, such things as these, striking—whether intentionally or unintentionally—at the well being and honour of the department, are thoroughly disheartening and depressing. I, amongst many others, took no small pride in the Medical Staff Corps, which, on many occasions, I have seen turn out smart and respectable on parade, presenting, as *The Broad Arrow* remarks, a physique "above the average," and when I have heard them commented on as "a smart-looking lot of men," I have felt what—as much as I had assisted in a small way towards that effect—was perhaps a pardonable pride. But now we are going to have a corps, the tallest man in which must not exceed five feet five.

If high authorities consider *esprit de corps* a good thing in the army, why do they do such things as tend to quench that sentiment in an honourable department? Why do they take away all military rank from the officers of the Medical Staff, leaving them only the rank their degrees confer, and which they cannot take away—the rank of surgeon? Why do they refuse them permission to have a band at the great hospital and training school, Netley, or at the Depot, Aldershot? Why not allow them a mess at the Curragh and other stations, where a considerable number of surgeons must necessarily be together? And why now change the Medical Staff Corps into a Libinian one? I, like the commentator of *The Broad Arrow*, cannot understand it. I cannot bring myself to believe it can be jealousy. I cannot bring myself to suppose that those in authority could do such things, lest the medical men and their department should in any way equal or cut out a regiment of the line. I only know the effect; that whereas a subaltern joins his regiment with bright visions of generalship and K.C.B.s; with honour and glory and position in store for him if he have ability and health, the surgeon's ambition at present soars so high that he may live for twenty years to retire on a pension from a service in which he no longer takes any pride.

SENIORITY IN THE MEDICAL SERVICE.

R. A. L. writes: Next September all the surgeons who joined at Netley in September, 1876, will have completed their twelve years of service, but unless some Royal Warrant be introduced before the time, all the men who entered the Indian and Naval Medical Services will be promoted over the heads of the surgeons of the Army Medical Staff, as the Secretary of State for War appears to have failed in persuading the Indian and naval authorities to follow the course so unjustly pursued by the War Office, and post-date their surgeons' commissions. Is this yet another insult to be offered to the unfortunate Medical Staff? and why, I should like to know, does the War Office persist in endeavouring to degrade its medical officers, and make regulations which alter the status and seniority of men who won their places by hard work at the competitive examination in London and Netley nearly twelve years ago? If the money part of the question is the hindrance, I am sure every surgeon of the August, 1876, batch would gladly do without it if allowed to retain the position won by receiving his promotion on the same day as his brethren in the other branches named.

VOLUNTEER MEDICAL OFFICERS.

ANOTHER ACTING SURGEON-MAJOR: With reference to the remarks of "Acting Surgeon," in the *JOURNAL* of December 29th, he has greatly made a mistake in saying that there are really no acting surgeons who have the letter P. before their names. I enclose a table compiled from the *October Army List*, which shows the total number of volunteer surgeons, the total number of each rank, the number attached to each arm of the volunteer service, and the number who have passed the examination for a certificate of proficiency. Having been hurriedly put together, slight numerical inaccuracies may have crept in, but in the main it is correct, and gives a good idea of the proportion of passes to men in the volunteer medical ranks. As to the granting of the rank of surgeon, with commissions as such, to those acting surgeons who have passed the proficiency examination, I agree entirely with your correspondent, and hope with him that this may soon be granted to those who have put themselves to a little trouble to qualify for obtaining the extra capitulation grant for their corps.

GENERAL STAFF: VOLUNTEER MEDICAL OFFICERS. (Continued from 21st page.)
Return Showing Distribution of Different Branches.

Distribution.	Total of each Branch.				Numbers Passed.			
	Engineers.	Sub-Marine.	Artillery.	Rifles.	Engineers.	Sub-Marine.	Artillery.	Rifles.
Surgeons and Honorary Surgeon Majors...	15	—	77	262	—	—	29	108
Honorary Assistant Surgeons...	—	—	16	54	—	—	0	1
Acting Surgeons...	22	3	108	325	20	8	26	104
Total	37	3	183	641	20	8	26	109
Total Passed	20	8	26	109	20	8	26	109

One other point. "I fail to see the use of retaining in the *Army List* the rank of honorary assistant surgeon. They should either be surgeons, or honorary surgeons-major, or retired with permission to retain their rank and wear the uniform of their corps. In the regiment to which I belong there is an honorary assistant surgeon whom I have never seen at all, though I have belonged and served with the corps for two years, and the surgeon, who is several years my senior in the regiment, has only seen him once."

M.B. M.A. writes: I fully concur with the remarks of "Senior Surgeon-Major" (India) in all respects except his allusion to the late Sir W. Muir. My own experience is that during the Muir-Munro administration of the department matters were more in the hands of a certain War Office functionary than under any other head of the Medical Department. Enough has been said of that War Office subordinate, not only to justify his removal, but to render it desirable. If there be any foundation in the report (and we hope there is) that a general officer is to preside over the department, the entire body of medical officers should welcome the change. If only one medical officer of the department is to be left as "technical adviser," the choice in the first instance should be very carefully made.

RELATIVE RANK.

"NO RANK" writes: Having read many letters in your *JOURNAL* having reference to relative rank, I have several times met with the question of the compatibility of military rank with medical titles. Having some evidence bearing on the subject, I have enclosed two specimens of communications (the only two out of many I can lay hands on) from senior non-commissioned officers to medical officers, showing the manner in which it first strikes them to address you. They and I presume most of the rank and file of the army see nothing out of place in a medical man having a military title, and even go out of their way to give him one. When I was serving on the staff at Netley, it was of frequent occurrence for patients who wanted to describe to you the medical officer or candidate who was in charge of their ward to use military titles. This they naturally did by observing the badges on the medical officer's shoulder, and I remember frequent instances of soldiers speaking of the "major doctor," the "captain" or "lieutenant" as the case might be. The ordinary soldier understands only one grade of titles for officers who wear uniform in the army. Our position in the army (or rather out of it) is at present too pitiable, and no place for a man who has any ambition.

"Captain R. T. M.,—Sir, I will be able to do the pony to-morrow afternoon at 2 P.M., if you want him then. I will do it in the morning.—Your obedient servant, R. G., Sergeant Porter."

"Justice.—th Hussars.—The warrant officers, staff sergeants, and sergeants of the above regiment present their compliments to Captain A.M.D., and request the pleasure of his company at a quadrille party, to be held in their mess room, etc."

FEES FOR ATTENDANCE ON SICK SOLDIERS.

ENLIM asks: Would you kindly inform me whether I am entitled to a fee for a "special report" which I have been requested to make on the case of a private in a Highland regiment who has been out on furlough, and who has been and is now under my charge for severe specific mischief, incapacitating him from returning to his depot? I had a communication from the major in charge of the depot requesting this, and I have duly drawn it up and forwarded it to him. The patient was out on sick leave. Is he responsible for the charges incurred by his illness during his absence; or is there an allowance granted him beyond his ordinary pay to meet these?

"According to Para. 941, Army Medical Regulations, a soldier on 'sick furlough' will be entitled to medical attendance at the public expense" when there is no "military hospital" into which he can be admitted. Claims by private medical practitioners for such attendance must be made on the War Office through the man's commanding officer. The rate of remuneration allowed will be according to the amount and character of the attendance on the sick soldier, in regard to his status as a soldier, but not according to an assumed status of the State as paymaster.

RECRUITS FOR THE MEDICAL STAFF CORPS.

COMMON SERVICE writes: "General Order" 166, issued in last October, has introduced important changes into the physical conditions of future recruits for the Medical Staff Corps, and as the changes may have a most vital connection with the efficiency of the male nursing establishment of the Army I would, with your permission, like to invite discussion on it. Before the promulgation of the General Order above quoted recruits could be enlisted for the Medical Staff Corps without restriction as to height, but by the order of October it is forbidden to enlist a man for the Medical Staff Corps unless his height is between 5 feet 3 inches and 5 feet 5 inches; for the obstacles and formalities to be overcome before taller men can be enlisted are evidently intended to prevent the entrance of tall men into the Medical Corps of the Army. It is not stated why the standard has been reduced, or if the head of the Medical Department has been consulted about it; but even had he been, I suppose it is safe to assert that medical men in civil and military employment are entitled to discuss a subject for which recent practical experience may fit them, and which bears so intimately on the efficient performance of duty by the Medical Department of the Army; and so, indirectly, on the prestige of the medical profession as a whole. It is well known that a reduction of stature in a recruit usually means a reduction of strength and stamina, and the question to settle is whether men of a weaker physique than have been employed heretofore are fit for the duties of sick nurses and for service in the field. All medical officers of practical experience are aware that orderlies who have to attend sick with an army on active service have frequently to deal, and without assistance, with very heavy, helpless patients; and is a man of 5 feet 3 inches in height the kind of person to "manage" such a case and to stand the "wear and tear" of a campaign? It seems laughable, if the question were not so serious in its possible results, to contemplate, two 5 feet 3 inch stretcher-bearers endeavouring to carry one of

Her Majesty's 6 feet and "upwards" Life Guardsmen out of action; yet this is what we may see under present regulations. Has the reduction of standard been "invented" to "belittle" the medical and other departments, and to "take the conceit" out of them and their officers? It may be so; but, as regards the Medical Department, it has a very serious import. A Commissariat or Ordnance Store Corps man can get assistance or diminish the load he may have to lift or carry, or even can leave it on the road without much injury to anyone, but the Medical Staff Corps orderly cannot well cut off a piece of the body of a heavy patient with a view of reducing his weight.

COMMON SERVICE writes: I have just read in your contemporary, *The Broad Arrow*, of October 8th, that a general order has come out reducing the recruiting standard for the Medical Staff Corps to such a degree that, henceforward, no one whose inches are more than sixty-five shall be admitted to that corps.

To surgeons serving under trying circumstances, abroad, such things as these, striking—whether intentionally or unintentionally—at the well being and honour of the department, are thoroughly disheartening and depressing. I, amongst many others, took no small pride in the Medical Staff Corps, which, on many occasions, I have seen turn out smart and respectable on parade, presenting, as *The Broad Arrow* remarks, a physique "above the average," and when I have heard them commented on as "a smart-looking lot of men," I have felt what— inasmuch as I had assisted in a small way towards that effect—was perhaps a pardonable pride. But now we are going to have a corps, the tallest man in which must not exceed five feet five.

If high authorities consider *esprit de corps* a good thing in the army, why do they do such things as tend to quench that sentiment in an honourable department? Why do they take away all military rank from the officers of the Medical Staff, leaving them only the rank their degree confer, and which they cannot take away—the rank of surgeon? Why do they refuse them permission to have a band at the great hospital and training school, Netley, or at the Depot, Aldershot? Why not allow them a mess at the Curragh and other stations, where a considerable number of surgeons must necessarily be together? And why now change the Medical Staff Corps into a Lilliputian one? I, like the commentator of *The Broad Arrow*, cannot understand it. I cannot bring myself to believe it can be jealousy. I cannot bring myself to suppose that those in authority could do such things, lest the medical men and their department should in any way equal or cut out a regiment of the line. I only know the effect; that whereas a subaltern joins his regiment with bright visions of generalships and K.C.B.s; with honour and glory and position in store for him if he have ability and health, the surgeon's ambition at present seems so high that he may live for twenty years to retire on a pension from a service in which he no longer takes any pride.

SENIORITY IN THE MEDICAL SERVICE.

R. A. L. writes: Next September all the surgeons who joined at Netley in September, 1876, will have completed their twelve years of service, but unless some Royal Warrant be introduced before the time, all the men who entered the Indian and Naval Medical Services will be promoted over the heads of the surgeons of the Army Medical Staff, as the Secretary of State for War appears to have failed in persuading the Indian and naval authorities to follow the course so unjustly pursued by the War Office, and post-date their surgeons' commissions. Is this yet another insult to be offered to the unfortunate Medical Staff? and why, I should like to know, does the War Office persist in endeavouring to degrade its medical officers, and make regulations which alter the status and seniority of men who won their places by hard work at the competitive examination in London and Netley nearly twelve years ago? If the money part of the question is the hindrance, I am sure every surgeon of the August, 1876, batch would gladly do without it if allowed to retain the position won by receiving his promotion on the same day as his brethren in the other branches named.

VOLUNTEER MEDICAL OFFICERS.

ANOTHER ACTING SURGEON writes: With reference to the remarks of "Acting Surgeon" in the *JOURNAL* of December 29th, he has kindly made a mistake in saying that there are really no acting surgeons in the Army. The letter P. before their names, I enclose a table compiled from the *Volunteer Army List*, which shows the total number of volunteer surgeons, the total number of each rank, the number attached to each arm of the volunteer service, and the number who have passed the examination for a certificate of proficiency. Having been hurriedly put together, slight numerical inaccuracies may have crept in, but in the main it is correct, and gives a good idea of the proportion of passes to men in the volunteer medical ranks. As to the granting of the rank of surgeon, with commissions as such, to those acting surgeons who have passed the proficiency examination, I agree entirely with your correspondent, and hope with him that this may soon be granted to those who have put themselves to a little trouble to qualify for obtaining the extra capitulation grant for their corps.

VOLUNTEER MEDICAL OFFICERS. (Continued from p. 10)

Branch.	Total of each Branch.				Numbers Passed.			
	Regiment.	Sub-Medical.	Artillery.	Infantry.	Regiment.	Sub-Medical.	Artillery.	Infantry.
Surgeons and Honorary Surgeon Majors.	15	—	77	352	—	344	9	29
Honorary Assistant Surgeons.	—	—	16	54	—	70	—	0
Acting Surgeons.	22	5	126	525	26	520	8	104
Total.	37	5	199	931	26	934	17	133

One other point, "I fail to see the use of retaining in the Army List the rank of honorary assistant surgeon. They should either be surgeons, or honorary surgeons-major, or retired with permission to retain their rank and wear the uniform of their corps. In the regiment to which I belong there is an honorary assistant surgeon, whom I have never seen at all, though I have belonged and served with the corps for two years, and the surgeon, who is several years my senior in the regiment, has only seen him once."

M.B., M.A. writes: I fully concur with the remarks of "Senior Surgeon-Major" (India) in all respects except his allusion to the late Sir W. Muir. My own experience is that during the Muir-Munro administration of the department matters were more in the hands of a certain War Office functionary than under any other head of the Medical Department. Enough has been said of that War Office subordinate, not only to justify his removal, but to render it desirable. If there be any foundation in the report (and we hope there is) that a general officer is to preside over the department, the entire body of medical officers should welcome the change. If only one medical officer of the department is to be left as "technical adviser," the choice in the first instance should be very carefully made.

RELATIVE RANK.

"NO RANK" writes: Having read many letters in your *JOURNAL* having reference to relative rank, I have several times met with the question of the compatibility of military rank with medical titles. Having some evidence bearing on the subject, I have enclosed two specimens of communications (the only two out of many I can lay hands on) from senior non-commissioned officers to medical officers, showing the manner in which it first strikes them to address you. They and I presume most of the rank and file of the army see nothing out of place in a medical man having a military title, and even go out of their way to give him one. When I was serving on the staff at Netley, it was of frequent occurrence for patients who wanted to describe to you the medical officer or candidate who was in charge of their ward to use military titles. This they naturally did by observing the badges on the medical officer's shoulder, and I remember frequent instances of soldiers speaking of the "major doctor," the "captain" or "lieutenant" as the case might be. The ordinary soldier understands only one grade of titles for officers who wear uniform in the army. Our position in the army (or rather out of it) is at present too pitiable, and no place for a man who has any ambition.

Captain R. T. M.,—Sir, I will be able to do the pony-to-morrow afternoon at 2 P.M., if you want him then. I will do it in the morning.—Your obedient servant, R. G., Sergeant Farrer.

Intendence.—Th. Hussars.—The warrant officers, staff sergeants, and sergeants of the above regiment present their compliments to Captain—, A.M.D., and request the pleasure of his company at a quadrille party, to be held in their mess room, etc.

FEES FOR ATTENDANCE ON SICK SOLDIERS.

ENLIM asks: Would you kindly inform me whether I am entitled to a fee for a "special report" which I have been requested to make on the case of a private in a Highland regiment who has been out on furlough, and who has been and is now under my charge for severe specific mischief, incapacitating him from returning to his depot? I had a communication from the major in charge of the depot requesting this, and I have duly drawn it up and forwarded it to him. The patient was out on sick leave. Is he responsible for the charges incurred by his illness during his absence; or is there an allowance granted him beyond his ordinary pay to meet these?

* According to Para. 941, Army Medical Regulations, a soldier on "sick furlough" will be entitled to medical attendance at the public expense "when there is no 'military hospital' into which he can be admitted. Claims by private medical practitioners for such attendance must be made on the War Office through the man's commanding officer. The rate of remuneration allowed will be according to the amount and character of the attendance on the sick soldier, in regard to his status as a soldier, but not according to an assumed status of the State as paymaster."

B. and C. never be of practical use, much too clumsy.
D. open to same objections.
E. useless."

276 A. Deputy Surgeon-General. "No other would give us any real position; have to exercise more command than either the Commissariat or Pay Department. Should be either soldiers or civilians."

300 A. Deputy Surgeon-General. "Medical officers share all the dangers and hardships of campaign with other officers, have the discipline, interior economy, and management of the Medical Staff Corps, as well as the management and discipline of large bodies of soldiers as patients in hospital; nothing but military rank and title give assured status, command respect and authority, and prevent contentions and disputes on boards, and other mixed assemblies of military and medical officers; more associated with soldiers in the performance of their duties in times of peace and war than either officers of Ordnance, Commissariat, and Paymasters; and in peace even than Engineer officers, who once were looked on as a civilian corps, as we are ourselves, and called the 'Scientific' Corps."

"Other titles clumsy, non-appellation useless, and of no distinctive military value; merely departmental, and their value not appreciated or understood by anyone, not even by soldiers."

"D., rank given to officers whose duties are of a civilian character, who have not the management of large bodies of men, and who do not share the hardships and dangers of a field and hospital."

"E., objected to for same reason as Example 1."

We could give many more extracts of similar tenor, but the above may be taken as thoroughly representative of the great mass who vote for Proposal A.

We shall review the voting for the other proposals in our next.

(To be continued.)

DEPUTY SURGEON-GENERAL FAUGHT, ARMY MEDICAL STAFF.

PRINTED statement of the services of Deputy Surgeon-General J. G. Faught, Principal Medical Officer at the Cape of Good Hope, has been forwarded to us, together with copies of various letters and correspondence having reference to them. From the record before us, it appears that this medical officer has served for a period of thirty-three years in the Army Medical Department, and that of this period twenty-three years have been passed on foreign service. He has held important professional posts in four campaigns, or expeditions. During the Ashantee war he was Sanitary Officer, and in charge of the general hospital at Cape Coast Castle; and Lord Wolseley, who was in command of that expedition, has put on record that he highly appreciated the zeal and ability with which Dr. Faught discharged his onerous task, that the sanitary improvements made by him at Cape Coast Castle were of great value, and his lordship concludes by writing: "Should it ever be my good fortune again to have a command in the field, I hope that I may have your assistance, and the benefit of your experience." This hope seems to have been fulfilled, for after serving nearly a year in the field during the Afghan war, Deputy Surgeon-General Faught was employed in the Egyptian war of 1882, where Lord Wolseley was again in command, and on the day of the battle of Tel-el-Kebir, Dr. Faught was in charge of the General Hospital, Indian contingent, at Kassassin, and subsequently in charge of the General Hospital at Ismailia until the force was broken up. Deputy Surgeon-General Faught was afterwards the Principal Medical Officer of the Bechuanaland expedition in South Africa, and at its conclusion Sir Charles Warren, K.C.M.G., who was the general officer in command of the expedition, issued a general order dated Barkly West, August 29th, 1885, to the following effect:—"The excellent health of the troops throughout has been very remarkable, and I have great pleasure in tendering my thanks to the Principal Medical Officer, Deputy Surgeon-General Faught, and to the officers of the Medical Staff, to whose attention to the comforts of the men and to all sanitary arrangements this result may, in great measure, be attributed."

In February, 1886, Deputy Surgeon-General Faught made an appeal to G.R.H., the Commander-in-Chief, through the Director-General, Medical Staff, the War Office, "that there might be some recognition of the services of the Medical Staff during the late expedition in Bechuanaland"; and to this appeal the Director-General replied that the claims of the medical officers to some recognition for their services had been already laid before His Royal Highness, and was pleased to observe that "the admirable manner in which the duties of the Army Medical Department in Bechuanaland were performed had not been overlooked," and that "a note had been made of the recommendations of the Medical Staff by Sir Charles Warren."

It may be observed that two of the military expeditions above mentioned—the Ashantee and the Bechuanaland expeditions—were what have been styled "doctors' wars," from the fact that the difficulties which the troops had to contend against in them were not difficulties arising from the prowess or strategic abilities of the enemy, but were sanitary difficulties. After perusing the records of service, and the recommendations by superior officers in command, of which I have just given an abstract, we have turned to the *Army List*, and have found the name of Deputy Surgeon-General Faught without a single honour distinction. We refrain from comment beyond raising the questions—would it have been the case in the instance of any combatant officer under corresponding conditions of service and exposure, and with parallel responsibilities? If, further, with the contrasts before them afforded by the liberal distribution of honours and rewards in other branches of the military service, can such a list be calculated to encourage officers of the Medical Department in the discharge of their important functions in the public service?

RANK OF MEDICAL OFFICERS.

MEDICUS ET MILITES writes: A *propos* of the question of rank for army medical officers, some of the remarks of the able writer in *Blackwood's Magazine* for October on the reconstructed War Office are particularly opportune. "We refer to them now only because of the evident disinclination of our War Office to give military rank to other than combatant officers. The Medical Department in Germany is differently dealt with. The chief medical officer at headquarters has the substantive rank (the italics are my own) of lieutenant-general," and from statements made in the same article it appears that all surgeons in the German army have actual military rank. Our military authorities have been fond of copying the Germans in many things of recent years. Why not go a step farther and extend to English army surgeons the rank and position in the service their records and duties well entitle them to?

THE MEDICAL SERVICES OF THE COMBATANT ARMY.

J. JONES.—The limit of age of candidates for the Medical Department of the army is 28 years, but they can be accepted specially for service on the West Coast of Africa up to 32; but these latter appointments are few in number; for the navy we believe the age limit is strictly enforced. The examination for the army, navy, and Indian services is identical, and the competition considerable; it is a high class examination; officers of either branch can certainly live on their pay if of moderate habits and not extravagant.

AGE OF RETIREMENT: MEDICAL STAFF.

SURGEON-MAJOR (Retired) writes: The strong opinion expressed by members of Lord R. Churchill's Committee on Army Estimates, namely, that medical officers were allowed to retire too young, and when there was plenty more work in them, induces me to offer a few suggestions for the consideration of the authorities to members of Lord R. Churchill's Committee, in view of probable legislation or action on the subject during the coming session. There can be no doubt that the Medical Department regards the privilege of retirement after twenty years' service as a most valuable one, that it would be most unwise to interfere with. Probably a good many men are now going in anticipation of possible alteration in retirement.

The suggestions I wish to make are:—As it is clear the retired list is a very large and increasing one, those on this list should be offered employment at home in much larger numbers than now at all the regimental districts, recruiting depôts, military prisons, and some of the smaller permanent stations where civilians are now employed; for each retired man accepting employment a reduction of a full pay man could easily be made by filling one vacancy the less at examinations. Next, that a proportion of the medical staff in the colonies (say half) should be composed of retired men. A good many who elect to retire, owing to constant separation from family who cannot go to India, through delicacy, or want of means of education, and the consequent heavy double expenses and loss by bad exchange, would probably be willing to accept work in stations like Halifax, Bermuda, the Cape, Malta, Gibraltar, Ceylon, etc.

With a view to permanent settlement on final retirement, my last suggestion is that medical officers who retire under twenty-five years' service should be permitted to return to full pay provided application is made within one year from date of retirement, the period passed on retired pay in such case to count as half-pay. It is improbable that many would return to full pay, but a few might like to, and it would do no harm to give them the chance. By such means as suggested, both the full pay and "non-effective" estimates could be largely reduced, and equal efficiency maintained by the retention of trained officers rendered valuable by long experience, at an age when ten or twelve years of good work might be expected of them.

VOLUNTEER MEDICAL EXAMINATION FOR PROFICIENCY.

A. T. BURN, M.D., Acting Surgeon Second Volunteer Battalion E. Yorks Regiment (Driffield, E. Yorks) writes: Having experienced the greatest difficulty in getting any definite information about the subjects of this examination, and the method of conducting it, I think the following results of my experience will be useful to such acting surgeons as intend earning the full capitation grant for their battalions, and I am sorry to say, from what I can gather from the *Army List*, the very great majority of volunteer surgeons have not passed the proficiency examination.

The method of examination has, up to the present time, been most diverse. I wrote to over a dozen men who had passed, and got totally different replies, mostly contradictory of each other. Last year a Board was appointed to examine myself and others at Beverley, the headquarters of the Fifteenth Regiment. I was prevented by severe illness from attending. On inquiring about the examination, I was told by one who was examined that the examination was wholly oral, and I enclose the questions asked to show the scope of the subjects. This year the Board was held at York, the headquarters of the Northern District. Four of us were expected, two from Yorkshire, one from Nottingham, and one from Wolverhampton. Only two turned up. We were kept waiting some time, and then the Principal Medical Officer arrived with a bundle of papers, when we were informed that the examination would be entirely written. There were fifteen questions upon the four subjects—"service in the field," "ambulance and transport," "military surgery," and "military medicine." I enclose these questions also. I was informed that in future the examination would be always written, as being much more satisfactory, by giving plenty of time to think over the questions, etc. One of the examiners said afterwards that he expected there would have been a practical examination in the barrack square, in the form of handling a bearer company with stretchers and ambulance waggons, so this will probably be a part of the examination in future.

Regarding books to read, the following four are perfectly sufficient, and, I consider, indispensable:—1. *Manual for the Medical Staff Corps*, 1885, page 99, to the end. 2. *Regulations for the Medical Department of Her Majesty's Army*, 1885. Of this one ought to know everything in Section 9, Part 2 (hospital establishments in the field, pp. 111-131, Sections 4-8, in Part 6 (pp. 189-204). It would be well to have a good idea of the appendices referred to in the parts above specified, for example, the contents generally of the "field medical companion" and "surgical haversack," the personnel of the various stations and hospitals with their equipment from front to rear. 3. *Parkes's Hygiene*, pp. 527-598 (sixth edition). 4. *The Surgeon's Pocket-Book*, by Porter and Godwin. This last is most excellent. One point—do not cram up from a book like Buckley's.

SIR THOMAS CRAWFORD AND THE OFFICERS OF THE MEDICAL STAFF.

A SENIOR SURGEON-MAJOR (India) writes: Before Sir Thomas Crawford left India he was ordered to introduce the station hospital system, and he did so, saving thereby lakhs of rupees to the Government, but reducing considerably the number of medical officers, and, of course, increasing proportionally the work and responsibility of those who remained. Did he try to obtain from the Indian Government (as it is acknowledged on all sides that he could have done at the time) any extra remuneration for the officers on whom all this extra work devolved? No, Sir; he does not appear to have made any representation whatever on the subject, and, at the present moment, medical officers in charge of station hospitals are the only officers in India holding responsible positions who receive no extra allowance. Of the results of the examination for promotion to the rank of brigade-surgeon it is scarcely necessary to write, as the columns of your paper sufficiently prove in how arbitrary and high-handed a manner it was carried out, and how, through it, some of the most able and deserving officers in the department, after long and good service, found themselves stranded, and their prospects ruined.

Again, the attitude of Sir Thomas Crawford towards his officers in the present crisis, and his unexpected and uncalculated attack on you at the meeting of the Association in Dublin, scarcely need comment; his words speak for themselves. Quite recently Sir Thomas Crawford was appointed a member of a committee to consider the number of horses to be allowed to medical officers with an army in the field. The result of the deliberations of the committee is that a regulation has been issued that, in the case of medical officers only, the number of chargers allowed is to be governed not by the official rank of the officer, but by the duties he has to perform. Your correspondent's letter in your issue of October 8th shows what this means. At a public dinner at St. Bartholomew's Hospital, the Director-General is reported to have said:—"That there was a rank to which army surgeons might aspire, and that was the Order of the Bath. Now, Sir, this is too preposterous, as for years past the small number of these distinctions given to medical officers has been a standing ground of complaint, and a reference to the *Army List* will show that on the active list of the Royal Engineers (a smaller body than the Medical Staff) there are three G.C.B.'s, six K.C.B.'s, and nineteen C.B.'s; while, including the Director-General, only two of the officers of the Medical Staff are K.C.B.'s, and eight C.B.'s."

The appointment of Sir Thomas Crawford to his present position was, no doubt, a popular one. The officers of the Medical Staff believed that he had their interests at heart, and hoped that he would continue to follow in the steps of his judicious, wise, and firm predecessor. I use advisedly the epithet *timid*, for the head of the Medical Service should be above all a strong man, and a man of great decision of character, as Sir William Muir was, otherwise he is sure to be swayed by the many and powerful influences brought to bear on him, and becomes simply a puppet in the hands of the military authorities.

THE NAVY.

The following appointments have been made at the Admiralty: J. P. Dow, Surgeon, to the *Cordelia*; J. D. HUGHES, Surgeon, to the *Himalaya*.

ARMY MEDICAL STAFF.

SURGEON A. HORNE is brought on the strength of the British Forces in the Bombay Command from October 20th, the date of his arrival at Bombay.

INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON W. R. RICE, M.D., Bengal Establishment, is appointed Deputy Surgeon-General, with temporary rank, vice Deputy Surgeon-General J. C. Morice, Deputy Surgeon-General Rice is appointed Inspector-General of Civil Hospitals North-West Provinces, and Oude, in succession to Deputy Surgeon-General W. Walker, M.D.

Surgeon-Major G. W. R. HAY, M.D., Bombay Establishment, officiating examiner of medical and fund accounts, Bombay, vice Brigade-Surgeon W. E. Cates, who has been confirmed in the appointment of Deputy Surgeon-General.

Brigade-Surgeon J. C. MORICE, Bengal Establishment, is promoted to be Deputy Surgeon-General, vice W. Walker, M.D., whose tour of service has expired. Deputy Surgeon-General Morice entered the service October 8th, 1856, and attained to the rank of Brigade-Surgeon January 1st, 1884. He served in the Indian Mutiny campaign in 1857-59, and was present at the relief of Lucknow, in the engagements at Cawnpore, Seraihat, and Kalee Nuddee, at the capture of Fettehgarh, the siege and capture of Lucknow, and at the capture of Bareilly (medal with two clasps, and a year's service); in the Hazara campaign in 1868, during the operations on the Black Mountain (medal with clasp); and in the Soudan campaign in 1885 (mentioned in despatches, medal with clasp, and Khedive's star).

Brigade-Surgeon E. BONAVIA, M.D., Bengal Establishment, has retired from the service, which he entered August 4th, 1857, attaining the rank of Brigade-Surgeon January 17th, 1885. He held the appointment of Civil and Gaol Surgeon, Etawah, but was on sick furlough, granted November 26th, 1885.

Surgeon-Major B. FRANKLIN, Bengal Establishment, is appointed to officiate as Civil Surgeon at Jubbulpore, during the absence of Brigade-Surgeon W. R. Rice, M.D., or till further order.

The undermentioned gentlemen have been granted leave of absence for the periods specified: Surgeon-Major W. A. D. FASKEE, M.D., Bengal Establishment, for one year on medical certificate; Surgeon-Major H. P. YELD, Bengal Establishment, for three months on privilege leave; Surgeon-Major G. BOMFORD, M.D., Bengal Establishment, for three months; Surgeon-Major W. C. KIERNANDER, Bombay Establishment for one year on medical certificate.

THE VOLUNTEERS.

The undermentioned gentlemen have resigned their appointments: Acting-Surgeon G. M. SMITH, 2nd Gloucester (commission dated March 20th, 1886); Acting-Surgeon W. H. FENTON-JONES, Queen's Westminster (dated April 16th, 1884); Surgeon J. H. MORGAN, Inns of Court (dated February 25th, 1882).

Surgeon J. W. GOOCH, of the 2nd Bucks (Eton College), and Surgeon and Honorary Surgeon-Major R. J. B. CONYNGHAME, of the Queen's City of Edinburgh Brigade, have also resigned their commissions, with permission to retain their rank and uniform; Surgeon Gooch's commission dated from September 20th, 1877; that of Surgeon-Major Conynghame from December 19th, 1867.

Mr. A. E. MARSACK has been appointed Acting-Surgeon to the 1st Volunteer Battalion of the Queen's Own Royal West Regiment (formerly the 1st Kent). Mr. D. J. SLATER, M.B., is appointed Acting Surgeon to the 18th Middlesex.

MEDICO-LEGAL AND MEDICO-ETHICAL.

IS NIGHT SOIL MANURE A NUISANCE?

A CASE came before Mr. Justice Grantham and a special jury last week in the Nisi Prius Court, in which the Wallasey Local Board sought to restrain Mr. Robert Gracey, a farmer and contractor for the removal of the Birkenhead night soil, from causing a serious nuisance, in the neighbourhood of his farm, by depositing night soil there. Several medical men expressed their opinion that the smell from the refuse was injurious to health. On the other hand, the Medical Officer of Health for Birkenhead, while acknowledging the existence of an effluvia, said the effluvia from dressing the land with guano would be a great deal worse. He did not think there would be any thing injurious to health. If placed under a window, it would, no doubt, affect delicate persons. Mr. Justice Grantham, in summing up the case to the jury, observed that a thing was not legally a nuisance merely because it was offensive; and a thing might be unpleasant, and yet they might not be able to prevent its continuance. On the other hand, it was not absolutely necessary that a thing should be injurious to health to constitute it such a nuisance as they could deal with. It would be sufficient if it was found that it seriously interfered with the convenience and comforts of life. The jury, after short consultation, found that the defendant had caused a nuisance, and, on that finding, his lordship granted an injunction with costs.

"FUTURES."

A MEMBER writes: A. and B. practise in the same town. A. holds a parish union appointment. It is believed that B. privately informed some of his friends on the Board of Guardians that should the post at present held by A. become vacant, he will apply for it. B. is not accused of asking for votes, but he is accused of privately making the above statement. Was he justified in so doing?

"* In reply to our correspondent's question, we would observe that even if the allegation against B. be true (of which, however, there appears to be no direct evidence), we doubt whether, in its present form, it can well be regarded otherwise than as a matter of questionable taste and neglect of the plain moral duty of doing unto others as we would wish to be done by. Be that as may, it will, in our opinion, be time enough to take action in the case when it assumes a distinctly unethical phase. So long, moreover, as our correspondents efficiently, and in the true spirit of humanity, fulfils the duties of the respective appointments, he need not apprehend dispossession.

CONSULTATION WITH UNQUALIFIED PRACTITIONERS.

A WEST RIDING MEMBER asks if it is in keeping with the etiquette of the profession for an honorary surgeon to a large provincial infirmary to see cases with an unqualified man, and to be frequently seen driving about with the latter who keeps a conveyance; and whether the open way in which unqualified practice is thus countenanced is a fair ground for declining to meet in consultation the surgeon alluded to?

"* On referring to the *Code of Medical Ethics*, page 59, third paragraph, find therein distinctly and emphatically laid down "that under no circumstances should a member of the faculty meet in consultation an unqualified man 'in practice for himself.' We need, therefore, scarcely assure our correspondents that it is not only in direct contravention of the true principles and teachings of medical ethics for a legally qualified practitioner "to see cases with an unqualified man," but reprehensible also "to be frequently seen driving about with the latter." Moreover, under the circumstances related by our correspondent, he would be fully justified in declining to meet in consultation the surgeon alluded to; indeed, it should be regarded as a duty to decline. It may perhaps, be well to add that if the allegations made against the hospital surgeon (what, it may be asked, are his colleagues about?) in question can be clearly brought home to him, we would, in the interest of the profession and the public, and as a needed warning to others, suggest that a memorial concisely setting forth the facts of the case be prepared signed by our correspondent and a number of the leading local practitioners, and at once transmitted to the Council of the College of Surgeons, etc., of which the surgeon referred to is a member. We regard any contemplated action against the unqualified man, it may be well to seek the advice of the Clerk of the Apothecaries Society as to the most judicious mode of proceeding in the matter.

MEDICINE IN PORTUGAL.—The total number of students who have matriculated this year in the Medical Faculty of the University of Coimbra is 80. Of these 32 are of the first year, 8 of the second, 16 of the third, 10 of the fourth, and 14 of the fifth. It will be noticed that there is a decided increase in the number of fresh entries; this is said to be due to recent changes in what may be called the "pre-professional" part of the educational programme.

NAVAL AND MILITARY MEDICAL SERVICES.

"THE MEDICAL STAFF AND THE GREAT ANALYSIS."

SIR,—I cannot let a post go without writing to offer my sincere and heartfelt thanks to the Council of the British Medical Association, and to you personally, for your continued staunch advocacy of our cause, and for the labour and pains you have taken in framing and drawing up what I advisedly term "the great analysis." I so distinguish it on account of the amount of work it must have entailed, and from the great results sure to come from it.—I am, etc.,

A SENIOR OFFICER.

* * * Want of space prevents many other similar letters being inserted.

M.S. writes: "A Senior Surgeon-Major," in the JOURNAL, for November 20th, has thought fit to make public what he considers are the shortcomings lately of the head of his department. Some of his remarks are mere expressions of opinion, whilst others are concerned with matters of fact. As to these latter, pray allow your readers to hear something on the other side.

First, referring to the introduction of the station hospital system in India, he writes: "Did he (Sir Thomas Crawford) try to obtain from the Indian Government (as it is acknowledged on all sides he could have done at the time) any extra remuneration for the officers on whom all this extra work devolved? No, Sir, he does not appear to have made any representation whatever on the subject." Now, what are the facts? Just the reverse of this! Sir T. Crawford did make a representation on the subject, or how else could it come about that "the Government of India made a recommendation which was, unfortunately rejected by the Secretary of State?" I quote from a widely-circulated printed statement which appeared in the JOURNAL some time ago, so that this matter is perfectly well-known and traversed completely "Senior Surgeon-Major's" allegation.

As showing Sir Thomas Crawford's view of the claims of brigade-surgeons in India, I find in the Blue Book on the reorganisation of the Indian army, under the Medical Section, that the Crawford-Cunningham conjoint scheme proposed the appointment of nine brigade-surgeons to districts of the second class, with a staff salary of 500 rupees per annum. The application of the Warrant of 1879 to India is strongly advocated, and Para. 37 begins thus: "Whatever system of reorganisation be decided on the pay question demands immediate settlement!" Messrs. Harrison and Sons, or any other printer for the services, can supply this Blue Book.

Turning now to "Senior Surgeon-Major's" remarks on the forage question, he states that "a regulation has been issued that, in the case of medical officers

only, the number of chargers allowed is to be governed, not by the official rank of the officer, but by the duties he has to perform." This is curiously misleading. Indeed, it is wrong at every point, for all medical officers but surgeons draw forage in virtue of their rank, and in the case of surgeons it is not they only, but also officers of other branches of the service not entitled by their rank to it, who will draw it or not as their duties require. So that it is not at all in the case of medical officers only, but the ruling extends to all branches of the service.

In regard to the Order of the Bath, the number of its appointments allocated to the Army Medical Department is a fixed one—not a liberal allowance, perhaps!—and those of officers on the retired list at present form a good portion of the total number allowed. This is not in any way in the hands of the Director-General.

HONORARY RANK FOR ARMY MEDICAL OFFICERS.

M.S. writes: "There is not a shadow of a reason why this should not be conferred upon us; I write what I know to be the unanimous feeling of an important division of our staff when I say so. We hope your efforts will not cease until we military surgeons have a recognised status, not inferior to really non-combatant departments in the army."

A QUESTION OF LIABILITY.

BETA writes: "Some months ago the postmaster's wife of here was run over by the train whilst delivering the master's wire immediately to the station master here without delay. The latter came to me and asked me I did, and found the patient resting on a chair in her stairs, whilst I supported her arm, which I found ordered. Whilst I was examining her the usual medical came in (he had been sent for by her husband), and came to the conclusion that it was a case requiring a husband so, and he agreed to have it done. The other leaving, but not in the presence of the husband, who met him on the following morning to assist him to which was agreed. The operation performed I left to being their usual medical attendant, as before stated, me what course to pursue in the case?"

* * * The original attendance was given at the request. It seems, however, from the facts stated to have been the husband, who also consented to the operation, and two surgeons would naturally be employed. The usual circumstances, to pay the ordinary fees of "Beta," medical attendant, for such an operation.

DOOR-PLATES.

Question.—The unique "medical door-plate" to which a takes exception is, we need scarcely assure him, in contempt of medical ethics, constituting, as it does, a pun and, as such, derogatory to the profession.

NAVAL AND MILITARY MEDICAL SERVICES.

SIR NEVILLE CHAMBERLAIN ON THE OF THE MEDICAL SERVICES IN

The following is the extract from the letter Neville Chamberlain, G.C.B., G.C.S.I., to which referred, read by Professor Smith at his opening October 3rd.

"You are right in supposing that I have expressed the peaceful and civilising influence of the work and by regimental surgeons on the frontiers in political importance equivalent to the part of bayonets. I have held this opinion because military coercion or of purity of administration exercised the same pacifying effect on the host that has been produced by the sympathetic care of diseases, many of which had been preventable. Throughout my service on the frontier known a time when the halt, the lame, and the blind into our cantonments or into our camps in search of aid; and, however distasteful may have been the or however galling the idea of subjection to Brit have come with confidence from far and wide. The fame of the English doctors has spread beyond the remotest hills and glens, and the difficulties endured in order to reach a medical officer in to those unable to realise what it is to be living in void of medical and surgical aid. Another humbling influence has been the careful and sympathetic influence of the wounded enemy who have fallen into our hands, their being liberated and sent back to their home because of such unexpected philanthropy that, as a position in the minds of the people which would be possible. The great question to be solved in this how we can best bridge over the chasm which from the ruled. The means of accomplishing mainly hoped for in the sympathy to be created; and I think the medical profession will its power to give most important aid towards this object."

CIVIL OR MILITARY.

E. J. H. (Army and Navy Club) writes: "The medical officer much exercised on the military rank question. One medical men, being in the army they should have military distinctively military. The other party, amongst whom and pronounced than Sir Thomas Crawford, K.C.B., hold because, they argue, they are first and foremost 'doctors' the army is quite secondary; and that to desire to have to lower their actual profession, of which they should be to conceal it."

Is it not then logical to suppose that when a medical views was offered the "civil" Knight Commandership of Order of the Bath (on the roll of which is Sir William J

the efficiency of the permission, like a General Order. The Army without res to enlist a man for 3 inches and 3 feet before taller men of tall men into standard has been consulted about it. Medical men in the Army and in the Army; and so, and it is well known that weaker physique, sick nurses and for service have frequent patients; and "manage" such a seems laughable, if contemplate two.

Her Majesty's 6 feet : what we may see un-
been "invented" to
"take the conceit"
regards the Medical I
or Ordnance Store Co
have to lift or carry,
anyone, but the Medi
body of a heavy rati

FOREIGN SERVICE with
Arrow, of October 8th
standard for the Medi-

To surgeons serving striking—whether in of the department, many others, took no occasions, I have seen *The Broad Arrow* remind them comments inasmuch as I had as pardonable pride. By which must not ex-

If high authorities do they do such things a great 'Why do they do that?' Staff, leaving them to take away—the rank of a band at the great be shot? Why not allow considerable number to change the Medical Staff of The Board Army, can be jealousy. I could do such things in way equal or cut out whereas a subaltern job K.C.B.s; with honour and health, the surgeon for twenty years to re takes any pride.

SEN.
B. A. L. writes: Next 8
tember, 1876, will have
Royal Warrant be inte
dian and Naval Medic
of the Army Medical
failed in persuading t
unjustly pursued by t
Is this yet another in
why, I should like to
grade its medical off
seniority of men who
nation in London and
the question is the h
batch would gladly d
ceiving his promotion
named.

SIR THOMAS CRAWFORD AND THE OFFICERS OF THE MEDICAL STAFF

A SENIOR SENATOR, Mr. John (Toda) writes: Before Sir Thomas Crawford left India he was ordered to introduce the station hospital system, and he did so, saving thereby lakhs of rupees to the Government, but retaining considerably more for himself and his family. He was a very able man, and a hard worker among a number of medical officers, and, of course, he was not to be trifled with. I am not sure whether he was ever examined. Did he try to obtain from the Indian Government (as it is acknowledged on all sides that he could have done at the time) any extra remuneration for the officers on whom he was so heavily dependent? If not, he was a very good man, and, at the present moment, medical officers in charge of station hospitals are the only officers in India holding responsible positions who receive no extra allowance. Of the rest of the staff, I am not sure whether they are paid as well as they should be. It is not necessary to write, as the columns of your paper sufficiently prove, in how arbitrary and high-handed a manner it was carried out, and how, through it, some of the most able and deserving officers in the department, after long and good service, found themselves stranded, and

[illegible]

The appointment of Sir Thomas Crawford, the Medical Staff Surgeon, was, no doubt, a popular one. The officers of the Medical Staff believed that he had their interests at heart, and hoped that he would continue to follow in the steps of his judicious, wise, and firm predecessor. I use advisedly the epithet *wise*, for the head of the Medical Service should be able all a strong man, and a man of great decision of character, as Sir William Muir was, otherwise he is sure to be swayed by the many and powerful influences brought to bear on him, and be a mere puppet in the hands of the military authorities.

THE NAVY.
THE following appointments have been made at the Admiralty: J. P. Dow, Surgeon, to the *Cardelia*; J. D. Hughes, Surgeon, to the *Himalaya*.

SURGEON A. HOSIE is brought on the strength of the British Forces in the Bombay Command from October 20th, the date of his arrival at Bombay.

BRIGADE-SURGEON W. R. RICE, M.D., Bengal Establishment, is appointed Deputy Surgeon-General, with temporary rank, *vice* Deputy Surgeon-General J. C. Morice. Deputy Surgeon-General Rice is appointed Inspector-General of Civil Hospitals North-West Provinces, and Oude, in succession to Deputy Surgeon-General W. Walker, M.D.

Surgeon-Major G. W. R. HAY, M.D., Bombay Establishment, officiating examiner of medical and fund accounts, Bombay, is appointed examiner of medical and fund accounts, Bombay, vice Brigade-Surgeon W. E. Cates, who has been confirmed in that command. *Journal of the Royal Army Medical Corps.*

The appointment to Deputy Surgeon-General
Brigade Surgeon-General James H. Caldwell, is promoted to be Deputy
Surgeon-General, vice W. Walker, M.D., whose tour of service has expired.
Deputy Surgeon-General Morrice entered the service October 8, 1860, and at-
tained to the rank of Brigade Surgeon January 1, 1879. He was present at
the capture of Fort Fisher, the relief of Fort Mifflin, the relief of Fort Mifflin,
the engagements at Camporee Seminary, and Kates Nudice, at the capture of Fort
Mifflin, the siege and capture of Lockwood, and at the capture of Harrell's
Fort, and at the capture of Fort Mifflin, and at the capture of Fort Mifflin,
during the operations on the Black Mountain (medal with clasp); and in the Seoda
campaign in 1885 (mentioned in despatches, medal with clasp, and Khelive

Brigade-Surgeon E. BOZAVIA, M.D., Bengal Establishment, has retired from the service, which he entered August 4th, 1857, attaining the rank of Brigade-Surgeon January 17th, 1885. He held the appointment of Civil and Genl Surgeon, Etawah District, and was on sick furlough, granted November 26th, 1884.

Surgeon-Major B. FRANKLIN, Bengal Establishment, is appointed to officiate as Civil Surgeon at Jubbulpore, during the absence of Brigade-Surgeon W. R. RICE, M.D., or till further order.

The undermentioned gentlemen have been granted leave of absence for the periods specified: Surgeon-Major W. A. D. FAKKEN, M.D., Bengal Establishment, for one year on medical certificate; Surgeon-Major H. P. YALU, Bengal Establishment, for three months on privilege leave; Surgeon-Major G. BOLLEARD, M.D., Bengal Establishment, for three months; Surgeon-Major W. C. KIRKMAN, Bombay Establishment, for one year on medical certificate.

THE UNDERMENTIONED gentlemen have resigned their appointments: Acting Surgeon G. M. Rogers and Clements' Commission dated March 27th 1882.

Acting-Surgeon W. H. FENTON-JONES, Queen's Westminster (dated April 16th 1880)

1854); Surgeon J. H. MORGAN, Inns of Court (dated February 25th, 1857).
 6. Surgeon J. W. GOOCH, of the 2nd Bucks (Eton College), and Surgeon and Hon.

rary Surgeon-Major R. J. B. CUNYNGHAME, of the Queen's City of Edinburgh Brigade, have also resigned their commissions, with permission to retain the rank and uniform; Surgeon Gooch's commission dated from September 26, 1877; that of Surgeon-Major Cunyngname from December 14th, 1867.

ANOTHER ACTING SURGEON WRITES: With reference to the remarks of "Acting Surgeon" in the *Journal of the American Medical Association*,

Mr. A. E. MARRACK has been appointed Acting-Surgeon to the 1st Volan Battalion of the Queen's Own Royal West Regiment (formerly the 1st Kent).
Mr. D. I. SLATER, M.B., is appointed Acting Surgeon to the 18th Middlesex

IS NIGHT SOIL MANURE A NUISANCE

A CASE came before Mr. Justice Grantham and a special jury last week in the Nisi Prius Court, in which the Nissey Local Board sought to restrain Mr. Robert James Grantham, a farmer and contractor for the removal of night soil, from causing a serious nuisance, in the neighbourhood of his farm, by depositing night soil there. Several medical men expressed their opinion that the smell from the refuse was injurious to health. On the other hand, the Medical Officer of Health for Birkenhead, while acknowledging the existence of an effluvia, said the effluvia from dressing the land with guano would be a great deal worse. He did not think there would be any thing injurious to health. If placed under a window, it would, no doubt, affect delicate persons. Mr. Justice Grantham, in summing up the case to the jury, observed that a thing was not legally a nuisance merely because it was offensive; and a thing might be pleasant, and yet they might not be able to prevent it. On the other hand, if it was not a nuisance, it was not a thing that was injurious to health, and it was not a nuisance if a thing could be done which would be sufficient if it was found that it seriously interfered with the convenience and comforts of life. The jury, after short consultation, found that the defendant had caused a nuisance, and on that finding, his lordship granted an injunction with costs.

A MEMBER writes: A. and B. practise in the same town. A. holds a parish union appointment. It is believed that B. privately informed some of his friends on the Board of Guardians that should the post at present held by A. become vacant, he will apply for it. B. is not accused of asking for votes, but he is accused of privately making the above statement. Was he justified in so doing?

doing? In reply to our correspondent's question, we would observe that even if the allegation against B. be true (of which, however, there appears to be no direct evidence), we doubt whether, in its present form, it can well be regarded otherwise than as a matter of questionable taste and neglect of the plural duty of doing unto others as we would wish to be done by. But that as may, it will, in our opinion, be time enough to take action in case the charge assumes a distinctly unethical character. For, among the duties of our correspondent, and in the true spirit of humanity, fulfils the duties of the respective members, he need not approach discussion.

A WISE RIDING MEMBER asks if it is in keeping with the etiquette of the profession for an honorary surgeon to a large provincial infirmary to see cases with an unqualified man, and to be frequently seen driving about with the latter who keeps a conveyance; and whether the open way in which unqualified practice is thus countenanced is a fair ground for declining to meet in consultation the surgeon alluded to?

"3. On referring to the *Code of Medical Ethics*, page 59, third paragraph, and it therein distinctly and emphatically laid down "that under no circumstances should a member of the faculty meet in consultation an unqualified man in practice for himself." We need, therefore, scarcely assure our correspondent that to do so is only in direct contravention of the true principles and teachings of medical ethics to a legally qualified practitioner "to see cases with an unqualified man," but reprehensible also "to be frequently seen driving about with the latter." Moreover, under the circumstances related by our correspondent, he would be fully justified in declining to meet in consultation a surgeon alluded to; indeed, it should be regarded as a duty to decline. It may, perhaps, be well to add that if the allegations made against the hospital surgeon (what, it may be asked, are his colleagues about?) in question can be clearly brought home to him, we would, in the interest of the profession and the public and as a needed warning to others, suggest that a memorial concisely set forth the facts of the case be prepared signed by our correspondent and a number of the leading local practitioners, and at once transmitted to the Council of the College of Surgeons, etc., of which the surgeon referred to is a member. We regard to any contemplated action against the unqualified man, it may be well to seek the advice of the Clerk of the Apothecaries Society as to the most judicious mode of proceeding in the matter.

MEDICINE IN PORTUGAL.—The total number of students who have matriculated this year in the Medical Faculty of the University of Coimbra is 80. Of these 32 are of the first year, 8 of the second, 16 of the third, 10 of the fourth, and 14 of the fifth. It will be noticed that there is a decided increase in the number of fresh entries; this said to be due to recent changes in what may be called the "pre-professional" part of the educational programme.

through the man's commanding officer. The rate of remuneration allowed will be according to the amount and character of the attendance on the sick soldier, in regard to his status as a soldier, but not according to an assumed status of the State as paymaster.

NAVAL AND MILITARY MEDICAL SERVICES.

"THE MEDICAL STAFF AND THE GREAT ANALYSIS."

SIR,—I cannot let a post go without writing to offer my sincere and heartfelt thanks to the Council of the British Medical Association, and to you personally, for your continued staunch advocacy of our cause, and for the labour and pains you have taken in framing and drawing up what I advisedly term "the great analysis." I so distinguish it on account of the amount of work it must have entailed, and from the great results sure to come from it.—I am, etc.,

A SENIOR OFFICER.

* * * Want of space prevents many other similar letters being inserted.

M.S. writes: "A Senior Surgeon-Major," in the JOURNAL for November 20th, has thought fit to make public what he considers are the shortcomings lately of the head of his department. Some of his remarks are mere expressions of opinion, whilst others are concerned with matters of fact. As to these latter, pray allow your readers to hear something on the other side.

First, referring to the introduction of the station hospital system in India, he writes: "Did he (Sir Thomas Crawford) try to obtain from the Indian Government (as it is acknowledged on all sides he could have done at the time) any extra remuneration for the officers on whom all this extra work devolved? No, Sir, he does not appear to have made any representation whatever on the subject." Now, what are the facts? Just the reverse of this! Sir T. Crawford did make a representation on the subject, or how else could it come about that "the Government of India made a recommendation which was, unfortunately rejected by the Secretary of State?" I quote from a widely-circulated printed statement which appeared in the JOURNAL some time ago, so that this matter is perfectly well-known and traversed completely "Senior Surgeon-Major's" allegation.

As showing Sir Thomas Crawford's view of the claims of brigade-surgeons in India, I find in the Blue Book on the reorganisation of the Indian army, under the Medical Section, that the Crawford-Cunningham conjoint scheme proposed the appointment of nine brigade-surgeons to districts of the second class, with a staff salary of 500 rupees per annum. The application of the Warrant of 1879 to India is strongly advocated, and Para. 37 begins thus: "Whatever system of reorganisation be decided on the pay question demands immediate settlement! Messrs. Harrison and Sons, or any other printer for the services, can supply this Blue Book."

Turning now to "Senior Surgeon-Major's" remarks on the forage question, he states that "a regulation has been issued that, in the case of medical officers

only, the number of chargers allowed is to be governed, not by the official rank of the officer, but by the duties he has to perform." This is curiously misleading. Indeed, it is wrong at every point, for all medical officers but surgeons draw forage in virtue of their rank, and in the case of surgeons it is not they only, but also officers of other branches of the service not entitled by their rank to it, who will draw it or not as their duties require. So that it is not at all in the case of medical officers only, but the ruling extends to all branches of the service.

In regard to the Order of the Bath, the number of its appointments allocated to the Army Medical Department is a fixed one—not a liberal allowance, perhaps!—and those of officers on the retired list at present form a good portion of the total number allowed. This is not in any way in the hands of the Director-General.

HONORARY RANK FOR ARMY MEDICAL OFFICERS.

M.S. writes: "There is not a shadow of a reason why this should not be conferred upon us; I write what I know to be the unanimous feeling of an important division of our staff when I say so. We hope your efforts will not cease until we military surgeons have a recognised status, not inferior to really non-combatant departments in the army."

felt that it was an honour, greater even than the military K.C.B., and proudly and gratefully accepted! Will someone explain to a puzzled person how or why Sir Thomas Crawford refused the honour of a "civil" K.C.B., and yet afterwards accepted a "military" K.C.B.?

NAVAL AND MILITARY MEDICAL SERVICES.

CAMP-FOLLOWER writes: On the perusal of the paragraph of the medical regulations quoted below, it will be seen that a medical officer in charge of a detachment of the Medical Staff Corps is called upon not only to perform the duties of a physician and surgeon, but likewise those of a commanding officer, and to enable him effectively to perform his duties in this dual capacity, it has been thought fit of late to deprive him of all rank and much of his authority, while other commanding officers are endowed with rank and authority which is paramount; in their respective regiments almost autocratic. Is this fair or just?

Paragraph 136, Section 3, Medical Regulations, say: "The duties and responsibilities of the medical officer in command of a detachment of the corps are analogous to those laid down for commanding officers in the Queen's Regulations and Orders for the Army."

FOREIGN SERVICE OF ARMY MEDICAL OFFICERS.

OBSERVER writes: Will you kindly urge, through the medium of the Parliamentary Committee of the Association, that information be obtained from the War Minister on the following subject: that is, the average proportion of home and foreign service respectively that necessarily falls to the lot of each of the following classes of officers: Cavalry (excluding those regiments that do not serve abroad except in time of war), Royal Artillery, Royal Engineers, Infantry of the Line, Chaplains, Commissariat and Transport Staff, Medical Staff (excluding the medical officers of the Household Troops who do not serve abroad except on active service), Ordnance Store Department, Army Pay Department, and Veterinary Department. If, as I believe, the medical officers of the army have more foreign service than others, would this account, to some extent, for the increased death-rate that it is understood prevails among them?

Having to undergo more foreign service than others, are not they justified in expecting a higher rate of pay than other departmental officers, to enable them to meet the increased cost of life insurance etc., entailed on them by having to serve abroad; and should not they also have advantages as to early retirement, or an increased rate of pension, to make up for the wear and tear of life caused by service in unhealthy climates; for I suppose it will be conceded that, speaking generally, the average expectation of life by Englishmen who reside in India and the colonies is not so long as if the same men had remained at home.

It is a pity the Director-General of the Medical Department forgot to dwell on this point of the case when giving evidence before Lord Randolph Churchill's Committee; for, according to the published report of his evidence he does not appear to have done so.

Might I suggest that the question I have now raised be kept before the public till it is fully met and answered, and till the true facts of the case are "brought to light?"

THE NAVY.

The following appointments have been made at the Admiralty during the past week:—L. T. COLTHURST, Surgeon, to the Coast; J. S. LAMBERT, Surgeon, to the Royal Adelaide; W. G. K. BARNES, Surgeon, to the Assistance, for temporary service; C. P. DOWMAN, to be Surgeon and Agent at Burnham (Essex), and Roach River; HERBERT BRANDELL, to be Surgeon and Agent at North Shields.

ARMY MEDICAL STAFF.

SURGEON-MAJOR J. WILSON, M.B., serving in Bengal at the station hospital at Roorkee, is appointed to the civil medical charge of Roorkee, during the absence of Brigade-Surgeon S. C. AMESBURY.

Brigade-Surgeon R. P. FRASER, Surgeon-Major W. T. MARTIN, M.D., Surgeon-Major F. DICK, M.D., Surgeon-Major G. ANDREW, M.B., all of whom are at present serving in the Madras command, will, on completion of a tour of foreign service, proceed to England during the troping season of 1887-88, and will be detailed by the Surgeon-General Her Majesty's forces, Bengal, for duty with troops embarking in the several troopships of the season.

Surgeon-Major R. D. BENNETT, serving in the Madras command, is ordered, on the expiration of his sick leave, to do general duty with the Hyderabad Subsidiary Force.

Surgeons T. A. P. MARSH and S. L. DEERLE will, on arrival from England, do general duty with the Hyderabad Subsidiary Force.

INDIAN MEDICAL SERVICE.

SURGEON-MAJOR G. W. R. RAY, M.D., Bombay Establishment, Port Surgeon at Aden, is directed to officiate as Examiner of Medical and Fund Accounts, Bombay, vice Brigade-Surgeon W. E. CATES, who has been appointed Deputy Surgeon-General, temporarily.

Surgeon-Major R. CALDECOTT, Bombay Establishment, has returned from special duty, and received medical charge of the 2nd Central India Horse and the Western Malwa Agency from Surgeon C. G. W. LOWELL.

Surgeon F. A. WHITE, Bengal Establishment, Principal Assistant Opium Agent, Benares, is appointed to the civil medical charge of the Ghazipur District as a temporary measure.

Surgeon G. S. ROBERTSON, Bengal Establishment, Civil Surgeon, is transferred from Ghazipur to Mirzapur as a temporary measure.

Surgeon F. A. ROOPE, Bengal Establishment, is appointed to the officiating medical charge of the 42nd Goorkha Light Infantry, vice Surgeon-Major J. WILSON, M.D.

The undermentioned officers have leave of absence for the periods specified: Surgeon-Major E. B. RUTLEDGE, Bengal Establishment, for one year on medical certificate; Surgeon J. G. HANCOCK, Bengal Establishment, for six months on medical certificate in extension; Surgeon W. A. QUAYLE, M.D., Madras Establishment, for one year on medical certificate.

Surgeon A. P. ADAMS, Madras Establishment, whose commission bore date March 31st, 1880, died at Madras on September 12th, having just completed his thirty-second year. He was the son of Lieutenant-General H. A. Adams, of the Bombay Infantry, and had but recently returned from field-service in Burma.

Principal Inspector-General B. P. ROOPE, formerly of the Bombay Establishment, died at Redhill on October 8th, at the advanced age of 86. He was appointed a Honorary Physician to the Queen in 1861.

A QUESTION OF LIABILITY.

BETA writes: Some months ago the postmaster's wife of a village two miles from here was run over by the train whilst delivering the mail bags. The station master wired immediately to the station master here to send a doctor down without delay. The latter came to me and asked me to go down at once, which I did, and found the patient resting on a chair in her parlour. She walked upstairs, whilst I supported her arm, which I found on examination to be shattered. Whilst I was examining her the usual medical attendant of the family came in (he had been sent for by her husband), and we, after a consultation, came to the conclusion that it was a case requiring amputation. We told the husband so, and he agreed to have it done. The other doctor asked me before leaving, but not in the presence of the husband, what time I could be there to meet him on the following morning to assist him to operate, and I said 9 A.M., which was agreed. The operation performed I left the case in his hands, he being their usual medical attendant, as before stated. Will you kindly inform me what course to pursue in the case?

* * The original attendance was given at the request of the station master. It seems, however, from the facts stated to have been ratified and approved by the husband, who also consented to the operation, which was one on which two surgeons would naturally be employed. The husband is liable, under these circumstances, to pay the ordinary fees of "Beta," as well as of his usual medical attendant, for such an operation.

DOOR-PLATES.

QUESTOR.—The unique "medical door-plate" to which our correspondent rightly takes exception is, we need scarcely assure him, in contravention of the letter and spirit of medical ethics, constituting, as it does, a public local advertisement, and, as such, derogatory to the profession.

NAVAL AND MILITARY MEDICAL SERVICES.

SIR NEVILLE CHAMBERLAIN ON THE COMING WORK OF THE MEDICAL SERVICES IN INDIA.

THE following is the extract from the letter by General Sir Neville Chamberlain, G.C.B., G.C.S.I., to which we last week referred, read by Professor Smith at his opening lecture at Netley on October 3rd.

"You are right in supposing that I have expressed an opinion that the peaceful and civilising influence of the work done in the hospitals and by regimental surgeons on the frontiers of India has been in political importance equivalent to the presence of thousands of bayonets. I have held this opinion because no amount of military coercion or of purity of administration could have exercised the same pacifying effect on the heart of the natives that has been produced by the sympathetic care and successful treatment of diseases, many of which had been previously considered incurable. Throughout my service on the frontier of India I have not known a time when the halt, the lame, and the blind have not flocked into our cantonments or into our camps in search of relief from suffering; and, however distasteful may have been the sight of our soldiers, or however galling the idea of subjection to British yoke, the people have come with confidence from far and wide to seek medical aid. The fame of the English doctors has spread beyond our frontiers into the remotest hills and glens, and the difficulties overcome and suffering endured in order to reach a medical officer might seem incredible to those unable to realise what it is to be living under conditions devoid of medical and surgical aid. Another humanising and reconciling influence has been the careful and sympathetic treatment of the wounded enemy who have fallen into our hands, and the fact of their being liberated and sent back to their homes when cured. It is because of such unexpected philanthropy that, as conquerors, we hold a position in the minds of the people which would not otherwise be possible. The great question to be solved in the future is that of how we can best bridge over the chasm which separates the rulers from the ruled. The means of accomplishing this end may be mainly hoped for in the sympathy to be created between the races; and I think the medical profession will always have it in its power to give most important aid towards the attainment of this object."

CIVIL OR MILITARY.

E. J. H. (Army and Navy Club) writes: The medical officers now in the army are much exercised on the military rank question. One party hold that, though medical men, being in the army they should have military rank—that is, titles distinctively military. The other party, amongst whom is none more emphatic and pronounced than Sir Thomas Crawford, K.C.B., hold that they should not, because, they argue, they are first and foremost "doctors" and their being in the army is quite secondary, and that to desire to have military rank or titles is to lower their actual profession, of which they should be proud, and is an attempt to conceal it.

Is it not then logical to suppose that when a medical man holding such like views was offered the "civil" Knight Commandership of the most Honourable Order of the Bath (on the roll of which is Sir William Jenner), he would have

A QUESTION OF LIABILITY.

Beta writes: Some months ago the postmaster's wife of a village two miles from here was run over by the train whilst delivering the mail bags. The station master wired immediately to the station master here to send a doctor down without delay. The latter came to me and asked me to go down at once, which I did, and found the patient resting on a chair in her parlour. She walked upstairs, whilst I supported her arm, which I found on examination to be shattered. Whilst I was examining her the usual medical attendant of the family came in (he had been sent for by her husband), and we, after a consultation, came to the conclusion that it was a case requiring amputation. We told the husband so, and he agreed to have it done. The other doctor asked me before leaving, but not in the presence of the husband, what time I could be there to meet him on the following morning to assist him to operate, and I said 9 A.M., which was agreed. The operation performed I left the case in his hands, he being their usual medical attendant, as before stated. Will you kindly inform me what course to pursue in the case?

* The original attendance was given at the request of the station master. It seems, however, from the facts stated to have been ratified and approved by the husband, who also consented to the operation, which was one on which two surgeons would naturally be employed. The husband is liable, under these circumstances, to pay the ordinary fees of "Beta," as well as of his usual medical attendant, for such an operation.

DOOR-PLATES.

QUESTIONS.—The unique "medical door-plate" to which our correspondent rightly takes exception is, we need scarcely assure him, in contravention of the letter and spirit of medical ethics, constituting, as it does, a public local advertisement, and, as such, derogatory to the profession.

NAVAL AND MILITARY MEDICAL SERVICES.

SIR NEVILLE CHAMBERLAIN ON THE COMING WORK OF THE MEDICAL SERVICES IN INDIA.

The following is the extract from the letter by General Sir Neville Chamberlain, G.C.B., G.C.S.I., to which we last week referred, read by Professor Smith at his opening lecture at Netley on October 3rd.

"You are right in supposing that I have expressed an opinion that the peaceful and civilising influence of the work done in the hospitals and by regimental surgeons on the frontiers of India has been in political importance equivalent to the presence of thousands of bayonets. I have held this opinion because no amount of military coercion or of purity of administration could have exercised the same pacifying effect on the heart of the natives that has been produced by the sympathetic care and successful treatment of diseases, many of which had been previously considered incurable. Throughout my service on the frontier of India I have not known a time when the halt, the lame, and the blind have not flocked into our cantonments or into our camps in search of relief from suffering; and, however distasteful may have been the sight of our soldiers, or however galling the idea of subjection to British yoke, the people have come with confidence from far and wide to seek medical aid. The fame of the English doctors has spread beyond our frontiers into the remotest hills and glens, and the difficulties overcome and suffering endured in order to reach a medical officer might seem incredible to those unable to realise what it is to be living under conditions devoid of medical and surgical aid. Another humanising and reconciling influence has been the careful and sympathetic treatment of the wounded enemy who have fallen into our hands, and the fact of their being liberated and sent back to their homes when cured. It is because of such unexpected philanthropy that, as conquerors, we hold a position in the minds of the people which would not otherwise be possible. The great question to be solved in the future is that of how we can best bridge over the chasm which separates the rulers from the ruled. The means of accomplishing this end may be mainly hoped for in the sympathy to be created between the races; and I think the medical profession will always have it in its power to give most important aid towards the attainment of this object."

CIVIL OR MILITARY.

E. J. H. (Army and Navy Club) writes: The medical officers now in the army are much exercised on the military rank question. One party hold that, though medical men, being in the army they should have military rank—that is, titles distinctively military. The other party, amongst whom is none more emphatic and pronounced than Sir Thomas Crawford, K.C.B., hold that they should not, because, they argue, they are first and foremost "doctors," and their being in the army is quite secondary, and that to desire to have military rank or titles is to lower their actual profession, of which they should be proud, and is an attempt to conceal it.

Is it not then logical to suppose that when a medical man holding such like views was offered the "civil" Knight Commandership of the most Honourable Order of the Bath (on the roll of which is Sir William Jenner), he would have

Inspector General William Mackenzie, M.D., C.B., C.S.I., was the only officer of the medical service of the Indian Army on whom the honour of the Bath was conferred in the *Jubilee Gazette*—he was nominated a K.C.B. In announcing this fact in our issue of the 25th June, 1887, we erroneously said that Sir William Mackenzie had no war service. Sir William was principal medical officer of the Hyderabad Contingent, and saw much arduous service during the Mutiny, and was afterwards chief of the medical service of the Madras Army.

The following medical officers were made Companions of the Distinguished Order, in the *Gazette* of the 25th November:—Surgeon-Major Frederick W. Wright, Surgeon Alfred W. F. Street, Surgeon Alexander P. Edwards, Surgeon William A. Sykes.

We cannot conclude this retrospect of the year without once more inviting the attention of the authorities to a fact they are slow to acknowledge, that it is a much safer thing to serve in the Artillery and Engineers on the General Staff than on the Medical Staff in our little wars. The percentage of deaths to strength in the

Artillery in Egypt was	0.00.
Engineers	0.00.
General Staff	4.48.
Commissariat Department	0.00.
Medical Staff	6.23.
Pay Department	0.00.
Veterinary Department	0.00.

The medical officers of the army, when they look back on this troubled year in their history, will not forget the generous tribute paid to their devotion to duty in the most trying circumstances by Colonel Sir Charles Wilson, R.E., K.C.B., in his modest record of the war in the Sudan, and the splendid testimony of General Sir Neville Chamberlain to the political value of the services of the Indian medical service.

We have reserved to the last the subject of the Committee on the Army Estimates. The article on this subject on p. 133, vol. ii, of the *JOURNAL* effectually disposes of Mr. Knox's absurd statement to the Committee, made under the agency of "heckling" at the hands of Lord Randolph Churchill, to the effect that the present financial position of the Medical Staff was the outcome of a "strike," was so conclusive that we need not recur to it here; nor in a retrospect can we touch even for a moment on the ominous rumours of changes in the constitution of the service now "in the air," said to have their origin in the recommendations of this Committee. We have also so recently dealt with the question of the threatened abolition of the Army Medical School that reiteration is not necessary.

THE MILITARY MEDICAL SERVICES.

THE year fast drawing to a close will long be memorable in the troubled annals of the Medical Staff of the Army for the commotion caused in its ranks by the abolition of relative rank. This measure was promulgated in a Warrant issued early in the year. The object of the Warrant—so the authorities said—was to correct certain inconvenient anomalies arising in the combatant ranks from officers holding certain staff appointments taking precedence of their seniors in virtue of the relative rank attached to the offices they filled. It appears that the operation of the Warrant on the status of the medical officers of the army was overlooked; they were struck by a side-wind. On January 29th we published a *communiqué* to the effect that the recently-issued Warrant left the Medical Staff of the Army in precisely the same position with regard to distinctions of grade and relative rank in the army as they were before its appearance; and the Secretary for War, in the House of Commons, on more than one occasion, in answer to questions, expressed himself to the same effect. It was unfortunate that the *communiqué* was confined, so far as we are aware, to the medical press. The Warrant abolishing relative rank was an official announcement, seen and read of all men. It was without qualification; it excluded no class of officers, no department of the army, from its operation; and, as it was known that relative rank was the only recognised rank medical officers had, when that was abolished the almost universal opinion among all ranks in the army was that they were left by its abolition without any rank at all. The authorities, without, as we contend, good reason, were first astonished and then profoundly irritated at the commotion that arose in the service; and, in our judgment, they made a lamentable mistake in not at once publishing in the usual way an authoritative statement that the Warrant was not directed against the Medical Staff at all, and that their position was unchanged. A communication to this effect in the professional press, and even a verbal explanation in the House of Commons and an obscure clause known as 25 A, had no effect in allaying the irritation caused by a Warrant which is in full effect to this day.

Medical officers were reminded that they had commissions, and that they remained commissioned officers after the publication of the Warrant. The obvious reply was and is, that throughout the army, their commissions notwithstanding, the belief was that the Warrant deprived the Medical Staff of their rank. It was often said by those who took upon themselves the task of defending the authorities that not a single complaint of the effects of the Warrant on the status of

the department reached either the military or the departmental authorities, and that, therefore, the grievance was a mere matter of sentiment unworthy of serious notice. Those who put forth this argument know, or should know, that gentlemen shrink sensitively from making nameless slights and even more serious affronts the subject of official complaint, to say nothing of the difficulty of formulating them. Nor can we pass without at least an allusion to another reason, also not unknown to those in power, which restrains officers from taking the chiefs set over them into their official confidence in the matter of grievances.

We here give one example of the effect this Warrant had on the military mind, in the face of all Parliamentary explanations. We pledge ourselves to the absolute correctness of the statement, which we had from the lips of a civilian who was present as a guest on the occasion when the occurrence took place. At a military mess on a guest night, in the presence of many civilians, and also of the soldier servants waiting at mess, the colonel in command turned the conversation on the Warrant abolishing relative rank, and, addressing the military surgeon in uniform, with the badges of his rank on his shoulders according to the regulations of the army, told him that he had now no rank at all, and that a soldier was under no obligations to salute him. Here, we admit, the medical officer made a fatal mistake in not making the statement of the commanding officer the subject of official representation. If the colonel was wrong, he was open to rebuke for his unauthorised statement; if right, it more than justified the irritation caused by the publication of the Warrant on which the commanding officer put his interpretation.

It is not needful to pursue this unpleasant subject further. The facts are fresh in the recollection of all who take an interest in the matter: the conference of an influential deputation with the Secretary for War in the Conference Room of the House of Commons, the interview of the Editor with the Director-General, the action of the Parliamentary Bills Committee, the discussion at the Dublin Meeting of the Association, and, lastly, the answers given to questions submitted to individual members of Parliament on the subject of rank.

Before passing from this brief retrospect of facts, we must once and for all deny that this *JOURNAL* is accountable for the agitation this unhappy Warrant caused in the service. Not a line appeared in our leading columns until it became impossible to disregard the multitude of letters that poured in from every part of the world, not from young men only, but from medical officers who had grown grey in the service, many of whom having retired had no personal interest in the question. Not twenty per cent. of the letters that reached us ever saw the light in our pages. We see no reason to regret the part taken by this *JOURNAL*. We acted not in the interests of the officers concerned only, but in that of the army, the public, and the medical profession generally; for, however little the authorities who refused to listen to us may think of the wrong, inadvertently done it may be, we hold it to be a matter of national importance that the Medical Departments of the State should be treated with the consideration and respect due to a body of men who render great service to their Queen and country, at home and abroad, in peace and in war—greatly to their credit. Sir Douglas Maclagan, in his eloquent address, took the side of the weak against the strong; and the Royal College of Surgeons in Ireland, unlike a powerful Corporation nearer home, has had the courage to throw its influence into the same scale.

We regret that the Brigade Surgeons of the Medical Staff serving in India still knock in vain at the door of the Indian authorities for recognition of their just claims.

The list of Jubilee honours conferred on the Medical Staff was not a long one. Surgeon-General J. H. K. Innes, C.B., was made a Knight Companion of the Bath; and Deputy Surgeons-General H. T. Reade, V.C., and Marston were nominated Companions of that Order.

Although not an officer in the service, we must not omit to note that the Honour of Knighthood was conferred on Professor Aitken for his long service in the Army Medical School, and his many contributions to medical science bearing on the health of the Army.

No promotions or appointments to the most Honourable Order of the Bath were given to medical officers in the *Gazette* of November 25th, for services in Burma; but the following officers were made Companions of the Distinguished Order:—Surgeon-Major Thomas William Patterson; Surgeon-Major Robert De la Cour Corbett, M.D.

Nothing of much importance has taken place in the Medical Service of India—its officers were as much interested in the question of relative rank as their brethren of the British service. A fresh Warrant has been issued in India which, so far as we can see, in no material respect differs from former Warrants, with the exception of the emphatic terms in which medical officers are excluded from presiding on Boards and Courts of Inquiry.

March 3, 1888.]

THE BRITISH MEDICAL JOURNAL

485

they have never exercised any such judgment, but have, up to eighteen months ago, passed the office round in rotation; (d), (e), and (f) that these supposed objections apply equally to the present mode of election to the Council, and from their not producing any of the supposed results, may be inferred to be imaginary.

We cannot but most earnestly protest against the assertion in the "reply" that the College is not a "political" institution. A body having functions and privileges derived from the State, and having such important duties and responsibilities both to the public and to individuals, cannot be called private, and its well-being and good government are matters of general concern.

As to the results of the inquiries made by the Council, they are perfectly worthless for the present purpose, since the opinion of the Fellows was not asked as to the actual proposals of either the Association of Fellows or that of Members. Still, as we have shown to your lordship, the result was clearly to prove that the majority of the Fellows have expressed no objection to the principal claims of the Members. The number of the Members who have signed the petition presented to your lordship (4,665) is, if not a majority, we believe, nearly half of those in the United Kingdom who can be reached through the agency of the Post Office.

With regard to what in the "reply" is brought forward as an instance of the inaccuracy of our "statement," we are justified in retorting that the inaccuracy is not ours. We never said that the principle of a union between the College of Surgeons and that of Physicians had not been sanctioned by a resolution passed at a general meeting. What we complained of was that the completed scheme had not been submitted to the whole body of the College, as it was to the Fellows of the College of Physicians; and that a portion of it so vitally important as the exclusion of the Society of Apothecaries had been insisted on, in spite of the protest, not only of the Fellows and Members (also assembled in general meeting), but of the General Medical Council. It is, however, surprising to find the Council of the College now sheltering themselves under the authority of the resolution passed at the meeting in 1884, which was proposed without notice, and was carried by twelve votes against six, at the end of a long meeting, when the room was nearly empty, while they treat with entire indifference the resolutions lately passed with only either one or two dissentients, at one of the fullest meetings that ever assembled in the Theatre of the College.

With regard to the proposal in the Council for admitting fifty Members a year to the Fellowship, it was no doubt never brought on for discussion—a result which we have reason to believe was largely due to the opposition of this Association. But the fact that such a proposal was made, and (as we have also reason to believe) that it was suggested to elect even 100 Members annually to the Fellowship, shows how strong the temptation may be for the Council to resort to measures of this kind, by which the order of Fellows can be recruited without any regard to the "professional merit" of the persons elected. The present proposal of the Council is only somewhat less objectionable; and the "reply" of the Council itself tacitly admits that it has been emphatically condemned, (by the voice of their own Members, as inconsistent with the high objects for which, according to Sir B. Brodie, the Fellowship was instituted.

On all which grounds we submit to your lordship that the "reply" of the College leaves our "statement" entirely unrefuted, and confirms our contention that the petition of the Council for a modified charter should be referred back to them for reconsideration and discussion with the general body of their constituents.

(Signed) G. D. POLLOCK.

POSTSCRIPT.—In order to prove to your lordship that our sentiments are not unrepresented on the Council of the College, we beg to call your attention to the following amendment, which was moved and seconded at the meeting of the Council at which their "reply" was settled.

(This amendment was published in the JOURNAL of February 23rd.)

DR. H. C. REID, of Coatbridge, was recently presented by the Coatbridge Foresters with an excellent life-size portrait of himself in oils.

Of the 10,679 students of the University of Paris, 3,696 are studying medicine, and 1,767 pharmacy. There are 167 female students—108 of medicine, 7 of science, and 1 of law. There are 593 foreign students of medicine, 58 of science, and 21 of pharmacy.

THE DUTIES AND PAY OF THE MEDICAL STAFF.

A CORRESPONDENT, writing on this subject, has sent us some detailed remarks, of which we can only give a summary. His observations are, however, of special value just at present, because they bear directly on the line of attack which in all probability will soon be made on the medical vote by certain economists. He, in truth, but makes a little plainer what everyone who cares to look below the surface already well knows, that the life of the army medical officer is anything but the one of ease and idle swagger which the enemies of the Department would fain have the unthinking public believe. Neither are his functions merely those of the "good doctor," which even some who must know a great deal better are too fond of reiterating; but rather, and far more, those of the good all-round officer, whose well-performed duties are not only essential to the discipline, but to the very fitness of the army as a military machine. His duties, in fact, are essentially those of the thoroughly trained life-worker, and cannot be suddenly, much less systematically, assumed by any medical volunteer or tyro, however willing; still less successfully farmed out haphazard in casual medical "contract."

When the fit of economy (which seems to recur regularly at intervals of years) recently set in, the medical vote, as on former occasions, was about the first attacked; not, indeed, in the "service" papers, which are posted up in the real facts, but in so-called "Society" journals, hitherto, at all events, not distinguished for accuracy in military matters. Now, the medical vote may be a very bloated one; or, as we believe, only sufficient for the wants of a great and important army department; but, whether or not, we would not seek to defend it on narrow professional, but on broad public grounds. We do protest, however, that, in discussing it, fairness should at least be shown to the officers and men of the Medical Staff, and all unworthy and scurrilous detraction avoided.

The cry "Ye are idle" is as old as the Pharaohs; and it is not the first time it has been most unjustly resuscitated against medical officers; but now it is combined with another clamour, that these officers are overpaid both on pay and pension for the little they do! Let us remind virtuous economists why the present scales of pay and pension were granted: simply in strict obedience to the inexorable law of supply and demand, which, whether they like it or not, governs the value even of medical as it does of all other work in a free country. It is quite useless for them to draw comparisons between, say, the British and German rates of army pay; it will be time enough to do that when the conditions of service in the two armies have any similarity; when, for instance, we adopt compulsory service, and the Germans, having acquired a great foreign empire, exact military service from their soldiers all over the world and in all climates.

It should be particularly noted that whenever an economical clamour has been got up against the Medical Department, it has always had reference to its peace duties, never to its functions in war; indeed, this is very necessary to make the outcry any way effective in the all too forgetful public ear. Every reminder of war has to be avoided; the ugly word might recall Crimean horrors, the result of attenuated and unorganised departments; it might even straightway raise the question, how, from an attenuated medical list, Lord Wolseley's "two army corps, always ready for mobilisation," are so suddenly provided with 400 trained medical officers fit to take the field. These are awkward questions, but we are not without indications of the sort of answer with which the shifty economists would try to meet them. They would, in effect, say: "Are there not plenty of medical rolling stones, chronic students, and women nurses to form a scratch medical service for the two army corps when wanted? Can we not, when in difficulty, play off (financially) the needy civilian against the greedy, haughty army doctor? Can we not leave things to chance, or boldly put up the lives and limbs of our soldiers, both in peace and war, to civil medical 'contract'?" Fortunately, there are arguments probably sufficient to nip such happy-go-lucky proposals in the bud. Would the humanity and common sense of the country consent that the health and wounds of our soldiers be left to such chance medical and surgical aid as can be best picked up by civil "contract"? Would our responsible military authorities accept for field service, without protest, a scratch medical service got together anyhow at the beginning of a great war? What if the soldier himself should resent a purely heart-

submit these con-
to urge upon him
cy of the Army
cruciating it in the
or members of the
and prejudicially
by medical officers
tisfaction arising
cent. of the army
extant of 922 have
titular rank to
e Medical Depart-

it once more inviting
in the Artillery and
our little wars. The

... 0.00
... 0.00
... 4.48
... 0.00
... 6.63
... 0.00
... 0.00

AL, Dec. 31st, 1887.

MEDICAL OFFICERS.

se army were recently
me persons that this
considerable "curtail-
in opinion of that kind
ity has now presented
gazzette was issued on
ring the campaign in

officers of all ranks,
ant officers, all ranks,
0; medical officers, all
a distinction of K.C.B.
ve received the distinc-
bers, all ranks, British
a of the Distinguished

y rank, such as, under
the officers of the Royal
to cheat them out of
ng and discontent, for

ARMY INSTRUCTIONS.

se's instructions on the
serve of Officers, reads
be liable to be called to
emergency to take the
may be withdrawn for
to pay and allowances of

are to be jealously guard
as the employment of
d emergency.

would no longer be re-
my was little more than
night foreboding, if our

THE MILITARY SECRETARY.

'the Military Secretary
Honorary Surgeons to
tered to honourable and
which they belong. It
of Common. It is not
of simple justice and

TY YEARS.

right to retire after
breach of contract will
ered the service on the
en secured on false pro-
point in that warrant,
active?

Inspector General William Mackenzie, M.D., C.B., C.S.I., was the only officer of the medical service of the Indian Army on whom the honour of the Bath was conferred in the *Jubilee Gazette*—he was nominated a K.C.B. In announcing this fact in our issue of the 25th June, 1887, we erroneously said that Sir William Mackenzie had no war service. Sir William was principal medical officer of the Hyderabad Contingent, and saw much arduous service during the Mutiny, and was afterwards chief of the medical service of the Madras Army.

The following medical officers were made Companions of the Distinguished Order, in the *Gazette* of the 25th November:—Surgeon-Major Frederick W. Wright, Surgeon Alfred W. F. Street, Surgeon Alexander P. Edwards, Surgeon William A. Sykes.

We cannot conclude this retrospect of the year without once more inviting the attention of the authorities to a fact they are slow to acknowledge, that it is a much safer thing to serve in the Artillery and Engineers on the General Staff than on the Medical Staff in our little wars. The percentage of deaths to strength in the

Artillery in Egypt was	0.00	a fine
Engineers	0.00	small
General Staff	4.48	large
Commissariat Department	0.00	small
Medical Staff	6.93	large
Pay Department	0.00	small
Veterinary Department	0.00	small

The medical officers of the army, when they look back on this troubled year in their history, will not forget the generous tribute paid to their devotion to duty in the most trying circumstances by Colonel Sir Charles Wilson, R.E., K.C.B., in his modest record of the war in the Sudan, and the splendid testimony of General Sir Neville Chamberlain to the political value of the services of the Indian medical service.

We have reserved to the last the subject of the Committee on the Army Estimates. The article on this subject on p. 133, vol. II, of the *JOURNAL* effectually disposes of Mr. Knox's absurd statement to the Committee, made under the agony of "heckling" at the hands of Lord Randolph Churchill, to the effect that the present financial position of the Medical Staff was the outcome of a "strike," was so conclusive that we need not recur to it here; nor in a retrospect can we touch even for a moment on the ominous rumours of changes in the constitution of the service now "in the air," said to have their origin in the recommendations of this Committee. We have also so recently dealt with the question of the threatened abolition of the Army Medical School that reiteration is not necessary.

THE MILITARY MEDICAL SERVICES.

THE year fast drawing to a close will long be memorable in the troubled annals of the Medical Staff of the Army for the commotion caused in its ranks by the abolition of relative rank. This measure was promulgated in a Warrant issued early in the year. The object of the Warrant—so the authorities said—was to correct certain inconvenient anomalies arising in the combatant ranks from officers holding certain staff appointments taking precedence of their seniors in virtue of the relative rank attached to the offices they filled. It appears that the operation of the Warrant on the status of the medical officers of the army was overlooked; they were struck by a side-wind. On January 29th we published a *communiqué* to the effect that the recently-issued Warrant left the Medical Staff of the Army in precisely the same position with regard to distinctions of grade and relative rank in the army as they were before its appearance; and the Secretary for War, in the House of Commons, on more than one occasion, in answer to questions, expressed himself to the same effect. It was unfortunate that the *communiqué* was confined, so far as we are aware, to the medical press. The Warrant abolishing relative rank was an official announcement, seen and read of all men. It was without qualification; it excluded no class of officers, no department of the army, from its operation; and, as it was known that relative rank was the only recognised rank medical officers had, when that was abolished the almost universal opinion among all ranks in the army was that they were left by its abolition without any rank at all. The authorities, without, as we contend, good reason, were first astonished and then profoundly irritated at the commotion that arose in the service; and, in our judgment, they made a lamentable mistake in not at once publishing in the usual way an authoritative statement that the Warrant was not directed against the Medical Staff at all, and that their position was unchanged. A communication to this effect in the professional press, and even a verbal explanation in the House of Commons and an obscure clause known as 25 A, had no effect in allaying the irritation caused by a Warrant which is in full effect to this day.

Medical officers were reminded that they had commissions, and that they remained commissioned officers after the publication of the Warrant. The obvious reply was and is, that throughout the army, their commissions notwithstanding, the belief was that the Warrant deprived the Medical Staff of their rank. It was often said by those who took upon themselves the task of defending the authorities that not a single complaint of the effects of the Warrant on the status of

the department reached either the military or the departmental authorities, and that, therefore, the grievance was a mere matter of sentiment unworthy of serious notice. Those who put forth this argument know, or should know, that gentlemen shrink sensitively from making nameless slights and even more serious affronts the subject of official complaint, to say nothing of the difficulty of formulating them. Nor can we pass without at least an allusion to another reason, also not unknown to those in power, which restrains officers from taking the chiefs set over them into their official confidence in the matter of grievances.

We here give one example of the effect this Warrant had on the military mind, in the face of all Parliamentary explanations. We pledge ourselves to the absolute correctness of the statement, which we had from the lips of a civilian who was present as a guest on the occasion when the occurrence took place. At a military mess on a guest night, in the presence of many civilians, and also of the soldier servants waiting at mess, the colonel in command turned the conversation on the Warrant abolishing relative rank, and, addressing the military surgeon in uniform, with the badges of his rank on his shoulders according to the regulations of the army, told him that he had now no rank at all, and that a soldier was under no obligations to salute him. Here, we admit, the medical officer made a fatal mistake in not making the statement of the commanding officer the subject of official representation. If the colonel was wrong, he was open to rebuke for his unauthorised statement; if right, it more than justified the irritation caused by the publication of the Warrant on which the commanding officer put his interpretation.

It is not needful to pursue this unpleasant subject further. The facts are fresh in the recollection of all who take an interest in the matter: the conference of an influential deputation with the Secretary for War in the Conference Room of the House of Commons, the interview of the Editor with the Director-General, the action of the Parliamentary Bills Committee, the discussion at the Dublin Meeting of the Association, and, lastly, the answers given to questions submitted to individual members of Parliament on the subject of rank.

Before passing from this brief retrospect of facts, we must once and for all deny that this *JOURNAL* is accountable for the agitation this unhappy Warrant caused in the service. Not a line appeared in our leading columns until it became impossible to disregard the multitude of letters that poured in from every part of the world, not from young men only, but from medical officers who had grown grey in the service, many of whom having retired had no personal interest in the question. Not twenty per cent. of the letters that reached us ever saw the light in our pages. We see no reason to regret the part taken by this *JOURNAL*. We acted not in the interests of the officers concerned only, but in that of the army, the public, and the medical profession generally; for, however little the authorities who refused to listen to us may think of the wrong, inadvertently done it may be, we hold it to be a matter of national importance that the Medical Departments of the State should be treated with the consideration and respect due to a body of men who render great service to their Queen and country, at home and abroad, in peace and in war—greatly to their credit. Sir Douglas MacLagan, in his eloquent address, took the side of the weak against the strong; and the Royal College of Surgeons in Ireland, unlike a powerful Corporation nearer home, has had the courage to throw its influence into the same scale.

We regret that the Brigade Surgeons of the Medical Staff serving in India still knock in vain at the door of the Indian authorities for recognition of their just claims.

The list of Jubilee honours conferred on the Medical Staff was not a long one. Surgeon-General J. H. K. Innes, C.B., was made a Knight Companion of the Bath; and Deputy Surgeons-General H. T. Roade, V.C., and Marston were nominated Companions of that Order.

Although not an officer in the service, we must not omit to note that the honour of Knighthood was conferred on Professor Aitken for his long service in the Army Medical School, and his many contributions to medical science bearing on the health of the Army.

No promotions or appointments to the most Honourable Order of the Bath were given to medical officers in the *Gazette* of November 25th, for services in Burma; but the following officers were made Companions of the Distinguished Order:—Surgeon-Major Thomas William Patterson; Surgeon-Major Robert De la Cour Corbett, M.D.

Nothing of much importance has taken place in the Medical Service of India—its officers were as much interested in the question of relative rank as their brethren of the British service. A fresh Warrant has been issued in India which, so far as we can see, in no material respect differs from former Warrants, with the exception of the emphatic terms in which medical officers are excluded from presiding on Boards and Courts of Inquiry.

they have never exercised any such judgment, but have, up to eighteen months ago, passed the office round in rotation; (d), (e), and (f) that these supposed objections apply equally to the present mode of election to the Council, and from their not producing any of the supposed results, may be inferred to be imaginary.

We cannot but most earnestly protest against the assertion in the "reply" that the College is not a "political" institution. A body having functions and privileges derived from the State, and having such important duties and responsibilities both to the public and to individuals, cannot be called private, and its well-being and good government are matters of general concern.

As to the results of the inquiries made by the Council, they are perfectly worthless for the present purpose, since the opinion of the Fellows was not asked as to the actual proposals of either the Association of Fellows or that of Members. Still, as we have shown to your lordship, the result was clearly to prove that the majority of the Fellows have expressed no objection to the principal claims of the Members. The number of the Members who have signed the petition presented to your lordship (4,665) is, if not a majority, we believe, nearly half of those in the United Kingdom who can be reached through the agency of the Post Office.

With regard to what in the "reply" is brought forward as an instance of the inaccuracy of our "statement," we are justified in retorting that the inaccuracy is not ours. We never said that the principle of a union between the College of Surgeons and that of Physicians had not been sanctioned by a resolution passed at a general meeting. What we complained of was that the completed scheme had not been submitted to the whole body of the College, as it was to the Fellows of the College of Physicians; and that a portion of it so vitally important as the exclusion of the Society of Apothecaries had been insisted on, in spite of the protest, not only of the Fellows and Members (also assembled in general meeting), but of the General Medical Council. It is, however, surprising to find the Council of the College now sheltering themselves under the authority of the resolution passed at the meeting in 1884, which was proposed without notice, and was carried by twelve votes against six, at the end of a long meeting, when the room was nearly empty, while they treat with entire indifference the resolutions lately passed with only either one or two dissentients, at one of the fullest meetings that ever assembled in the Theatre of the College.

With regard to the proposal in the Council for admitting fifty Members a year to the Fellowship, it was no doubt never brought on for discussion—a result which we have reason to believe was largely due to the opposition of this Association. But the fact that such a proposal was made, and (as we have also reason to believe) that it was suggested to elect even 100 Members annually to the Fellowship, shows how strong the temptation may be for the Council to resort to measures of this kind, by which the order of Fellows can be recruited without any regard to the "professional merit" of the persons elected. The present proposal of the Council is only somewhat less objectionable; and the "reply" of the Council itself tacitly admits that it has been emphatically condemned, by the voice of their own Members, as inconsistent with the high objects for which, according to Sir B. Brodie, the Fellowship was instituted.

On all which grounds we submit to your lordship that the "reply" of the College leaves our "statement" entirely unrefuted, and confirms our contention that the petition of the Council for a modified charter should be referred back to them for reconsideration and discussion with the general body of their constituents.

(Signed) G. D. POLLOCK.

POSTSCRIPT.—In order to prove to your lordship that our sentiments are not unrepresented on the Council of the College, we beg to call your attention to the following amendment, which was moved and seconded at the meeting of the Council at which their "reply" was settled.

(This amendment was published in the JOURNAL of February 25th.)

DR. H. C. REID, of Coatbridge, was recently presented by the Coatbridge Foresters with an excellent life-size portrait of himself in oils.

Of the 10,679 students of the University of Paris, 3,696 are studying medicine, and 1,767 pharmacy. There are 167 female students—108 of medicine, 7 of science, and 1 of law. There are 598 foreign students of medicine, 58 of science, and 21 of pharmacy.

THE DUTIES AND PAY OF THE MEDICAL STAFF.

A CORRESPONDENT, writing on this subject, has sent us some detailed remarks, of which we can only give a summary. His observations are, however, of special value just at present, because they bear directly on the line of attack which in all probability will soon be made on the medical vote by certain economists. He, in truth, but makes a little plainer what everyone who cares to look below the surface already well knows, that the life of the army medical officer is anything but the one of ease and idle swagger which the enemies of the Department would fain have the unthinking public believe. Neither are his functions merely those of the "good doctor," which even some who must know a great deal better are too fond of reiterating; but rather, and far more, those of the good all-round officer, whose well-performed duties are not only essential to the discipline, but to the very fitness of the army as a military machine. His duties, in fact, are essentially those of the thoroughly trained life-worker, and cannot be suddenly, much less systematically, assumed by any medical volunteer or tyro, however willing; still less successfully farmed out haphazard in casual medical "contract."

When the fit of economy (which seems to recur regularly at intervals of years) recently set in, the medical vote, as on former occasions, was about the first attacked; not, indeed, in the "service" papers, which are posted up in the real facts, but in so-called "Society" journals, hitherto, at all events, not distinguished for accuracy in military matters. Now, the medical vote may be a very bloated one; or, as we believe, only sufficient for the wants of a great and important army department; but, whether or not, we would not seek to defend it on narrow professional, but on broad public, grounds. We do protest, however, that, in discussing it, fairplay should at least be shown to the officers and men of the Medical Staff, and all unworthy and scurrilous detraction avoided.

The cry "Ye are idle" is as old as the Pharaohs; and it is not the first time it has been most unjustly resuscitated against medical officers; but now it is combined with another clamour, that these officers are overpaid both on pay and pension for the little they do! Let us remind virtuous economists why the present scales of pay and pension were granted; simply in strict obedience to the inexorable law of supply and demand, which, whether they like it or not, governs the value even of medical as it does of all other work in a free country. It is quite useless for them to draw comparisons between, say, the British and German rates of army pay; it will be time enough to do that when the conditions of service in the two armies have any similarity; when, for instance, we adopt compulsory service, and the Germans, having acquired a great foreign empire, exact military service from their soldiers all over the world and in all climates.

It should be particularly noted that whenever an economical clamour has been got up against the Medical Department, it has always had reference to its peace duties, never to its functions in war; indeed, this is very necessary to make the outcry any way effective in the all too forgetful public ear. Every reminder of war has to be avoided; the ugly word might recall Crimean horrors, the result of attenuated and unorganised departments; it might even straightway raise the question, how, from an attenuated medical list, Lord Wolseley's "two army corps, always ready for mobilisation," are so suddenly provided with 400 trained medical officers fit to take the field. These are awkward questions, but we are not without indications of the sort of answer with which the shifty economists would try to meet them. They would, in effect, say: "Are there not plenty of medical rolling stones, chronic students, and women nurses to form a scratch medical service for the two army corps when wanted? Can we not, when in difficulty, play off (financially) the needy civilian against the greedy, haughty army doctor? Can we not leave things to chance, or boldly put up the lives and limbs of our soldiers, both in peace and war, to civil medical 'contract'?" Fortunately, there are arguments probably sufficient to nip such happy-go-lucky proposals in the bud. Would the humanity and common sense of the country consent that the health and wounds of our soldiers be left to such chance medical and surgical aid as can be best picked up by civil "contract"? Would our responsible military authorities accept for field service, without protest, a scratch medical service got together anyhow at the beginning of a great war? What if the soldier himself should resent a purely heart-

less economy which seeks to place his life on the battlefield in the hands of undisciplined and irresponsible strangers?

We think, therefore, that when the country is duly informed on this subject, it will not for a moment permit the Army Medical Department to be crippled or starved to meet the exigencies of party politics. It is much more likely to insist that a well manned and thoroughly organised medical service be maintained, even although it does cost money.

Our correspondent's remarks are almost wholly confined to the medical duties during peace. Even these can be shown to be anything but unimportant, and just as exacting and never-ceasing as professional practice in civil life. It is well that those who are ill informed, or perhaps altogether ignorant of their nature, should know what they are. His observations are limited to the medical care of the army at home and in the colonies, altogether excluding the great interest of India, which absorbs one-third of the entire Medical Staff. He classifies the peace duties as follows:—

- A. With regular troops.
- B. With militia.
- C. As officers of the Medical Staff Corps.
- D. Miscellaneous.

Under A he mentions:—

1. *Attendance on Sick in Hospital.*—He states that in 1885 the sick (exclusive of India) admitted into military hospitals numbered 114,295, and the average duration of the cases was 18½ days. He points out that these sick are visited by the medical officers twice daily, or oftener, if necessary; that prescriptions, diets, and records of cases, with the entry of every little "extra" and "medical comfort," have to be in the officer's own handwriting; that he is responsible for check and countercheck of all expenditure. Is this necessary? Most assuredly, if the sick, on the one hand, are to have proper treatment, and the public, on the other, are to be safeguarded against inordinate hospital expenditure. The smallest reflection will show that unchecked and unauthorised hospital expenditure would speedily run up totals sterling which would make the economist stare, and beside which the mere salaries of the medical service, at which he grumbles, would look small indeed!

2. *Daily Sick.*—Besides sick admitted, there are naturally and inevitably a large number of men who receive slight treatment while remaining at their duty, but nevertheless involving considerable medical labour. For, let it be noted, the medical officer has not only to be careful that none really sick are refused admission, but he has to discriminate and checkmate schemers wishing, perhaps, to escape some unpleasant duty. Let those who grudge the medical officer his pay, and sneer at or minimise the value of his services, consider what would be the state of the daily sick lists, what the hospital expenditure, if there were no trained, expert, and responsible medical officers keeping watch, as it were, at the entrance to the wards.

Not only are the medical officers constantly on duty in relation to the patients under their immediate care, but in all the larger hospitals they have besides to take their turn, every third or fourth day, on "orderly duty" for twenty-four hours at a time, during which they must not leave the precincts of the hospital. It is well known that medical officers prematurely break down and die in a much greater proportion than any other class of army officers, and we cannot help thinking the perpetual grind of ordinary duty every day in the week has more to do with undermined health than even trying foreign service.

3. *Recruiting.*—Our correspondent states that 72,249 recruits were examined by army medical officers in 1885. There are few more fatiguing and responsible medical duties than the thorough examination of a recruit: it is truly the work of an expert, and should only be entrusted to officers of wide experience. It is the medical officer, and he almost alone, who guards the portals of entrance into the service, and stands between the State and numberless methods of chicanery and fraud; all who have a money interest in the recruit are against him; the admission of unsuitable men and fraudulent re-enlistment, if not checked by the finesse and skill of the medical officer, would cause enormous loss to the public. Besides recruits, all men re-engaging or passing into the Reserve have to undergo medical examination.

4. *Vaccination.*—In 1885, we are told, 39,433 men, women, and children were vaccinated or revaccinated in the army.

5. *Inspection of Prisoners.*—154,026 minor punishments were inflicted, and 7,790 men were tried by courts martial, during 1885.

Now no soldier can be awarded or undergo any punishment without being previously medically examined and certified fit; and no court martial can proceed without a medical certificate as to the prisoner's fitness or otherwise to undergo imprisonment, with or without hard labour. Every prisoner in confinement must also be daily visited by a medical officer. Are these unimportant duties? It simply comes to this, that the medical officer plays a most important part in maintaining the discipline of the army. Without his discrimination, skill, and firmness, the best commanding officer would be powerless; the prisoners would laugh at his awards, and find means of avoiding punishment.

6. *Attendance on Officers, their Wives and Families, Servants, and on Soldiers' Wives and Children.*—This forms no inconsiderable part of a medical officer's duty.

7. *Boards.*—These may be strictly professional, or mixed with other branches of the service, on sanitary deliberations, stores, etc., all requiring technical knowledge and training. How, we should like to know, are such duties to be carried out by civilians on "contract"?

8. *Sanitary Duties.*—No duties of the medical officer are of more vital importance to the army than these; thorough and incessant sanitary supervision of barracks, quarters, camps, and their surroundings has to be kept up. Through unceasing watchfulness of this kind at home and abroad, the Medical Department has been instrumental in enormously reducing the sick- and death-rate of the army during the past thirty years at a saving to the State many hundredfold more than any increase of medical pay and pensions. Such services may be conveniently forgotten when suitable, but they stand recorded and cannot be ignored.

9. *Correspondence and Returns.*—In a widespread army, and with a public demanding statistics and information of every kind, the returns are naturally of a complex and voluminous kind, requiring much special knowledge of the regulations. Would this work be successfully handled by "contract"?

10. *Responsibility for Public Property.*—This is an important medical duty, that might touch the heart of the virtuous economist, if nothing else would! The unthinking and uninformed may ask, "Why saddle the medical officer with this?" Well, somebody must be responsible for hospital property, and if not the medical officer, then there must be some other well-paid official, introducing an additional and fresh element of expense. But the proper man is the medical officer, who must be master in his own hospital, and in the interest alike of the patient and the public, unsheltered behind conflicting and divided responsibility. Will it be proposed to put up the care of much valuable hospital bedding, furniture, equipment, and stores of all kind to "contract"? Or do the War Office authorities expect civilian practitioners, or any others, will accept "financial responsibility" for nothing?

B. *Duties with Militia.*—As the old militia surgeons have disappeared, their duties for years past have been assumed by the army medical officer without additional emolument, with a consequent considerable saving to the State. The permanent staff of the militia are now attached to the various regimental districts, as well as recruiting and training.

C. *Duties as Officers of the Medical Staff Corps.*—These are of the first importance, and involve command, discipline, interior economy and payment, and the training of 2,000 men. They necessitate, also, a certain knowledge of drill and military law. Certain innocent civilians may ask, as certain jealous soldiers who would like to deprive medical officers of all army rank and status do, with a sneer, "Is this 'doctors' work?" The answer is, it is without doubt one of a military medical officer's proper duties, essential to his training for peace and war, as well as for the due performance of his daily work. Divided authority in a military hospital as in any institution, is wholly fatal to efficiency; and it is just as essential that the hospital servant and subordinate should look upon the medical officer as his real master, as the soldier in barracks on the colonel as his commander. The function of command of the Medical Staff Corps was at one time delegated to another set of officers, with the result that there was much confusion and bad work.

D. *Miscellaneous Duties.*—Under this head our correspondent mentions charge of such institutions as the Royal Military Academy, Woolwich; Military College, Sandhurst; military schools, Chelsea and Dublin; military prisons; Royal Arsenal, etc. He asks, what would civilians expect for medical work of such an onerous and responsible nature as charge of these institutions? Could they be safely handed over to the nearest general practitioner by "con-

Table showing the Daily Rates of Pay of different Branches of the Army taken from the Royal Warrant on Pay and Promotion of 1884.

No. of years' Service Required.	Medical Staff.		Commissariat Department.		Chaplain Department.		Ordnance Store Department.		Pay Department.		Royal Engineers.		Foot Guards.	
	Rank.	Daily Pay.	Rank.	Daily Pay.	Rank.	Daily Pay.	Rank.	Daily Pay.	Rank.	Daily Pay.	Rank.	Daily Pay.	Rank.	Daily Pay.
On appointment.	Surgeon	£ s. d. 9 10 10	D. A. C. G.	£ s. d. 0 12 6	Chaplain 4th class	£ s. d. 0 10 0	D. A. C. G.	£ s. d. 0 12 6	Paymaster	£ s. d. 0 15 0	Lieut. under 3 years	£ s. d. 0 9 7	Lieut.	£ s. d. 0 9 1
After 5 years' service.	"	0 13 9	Do. from 3 to 5 years	0 15 0	"	0 12 6	Do. 5 years	0 15 0	Do. 5 years	0 17 6	Do. after 3 years	0 10 10	Do. after 3 years	0 10 4
After 10 years' service.	"	0 15 0	Do. 10 years	1 0 0	3rd class	0 15 0	Do. 10 years	1 0 0	Do. 10 years	1 0 0	Do. after 10 years	0 11 10	Do. after 10 years	0 11 4
After 15 years' service.	Surg.-Major.	1 2 6	A. C. Genl.	1 5 0	2nd class	0 17 6	A. C. Genl.	1 5 0	Staff Paymaster	1 2 6	Captain (brevet rank) Major	0 17 7	Captain (brevet rank) Major	0 19 2
After 20 years' service.	"	1 5 0	Do. after 5 yrs in the rank	1 10 0	1st class	1 0 0	Do. 5 to 10 yrs	1 10 0	Do. after 5 years	1 5 0	"	1 5 0	"	1 2 10
After 25 years' service.	{ Surg.-Maj. Brigade-Surgeon	{ 1 7 6 1 10 0	{ Do. after 10 years Dep. Com.-General	{ 1 10 0 2 0 0	"	1 2 6	—	1 10 0	Chief Paymaster	1 10 0	Lt.-Colonel	1 12 0	Lt.-Colonel	1 8 11
Uncertain	Dep. Surg.-General	2 0 0	Dep. Com.-General	2 0 0	—	—	Dep. Com.-General	2 0 0	After 5 years as Sen.	1 12 6	Colonel	1 6 0	Lt.-Colonel C. O.	1 11 10
"	Surg.-General	2 15 0	Com. Genl.	3 0 0	Chap.-Genl.	£800 yearly	—	3 0 0	—	—	Generals	4 5 0	Generals	4 5 0
												9 17 9		9 17 9

From this Table it will be seen that medical officers (who are professional men) are paid very much at the same rates as the officers of other departments for which very little special training is required. It will also be seen that the Guards and Engineers are paid very nearly, if not quite, as well as the medical officers, and have other advantages, such as mess allowances, etc., besides. The only real advantage medical officers have is the higher rate of pension. Against this must be placed the foreign service and the mortality, which exceeds greatly that of any other branch of the army.

tract"? He should have included also among miscellaneous duties attendance on inspections, parades, field-days, etc. We would ask, who but a commissioned, uniformed medical officer should or could perform such duties?

Having thus sketched out the multifarious duties of the army medical officer, which go far beyond those merely of the "good doctor" kind, our correspondent proceeds to estimate the money value of these duties as measured by what civilian medical men would expect to get for their performance, supposing they could or would undertake them. We fear our correspondent here enters on a somewhat futile and unprofitable task. After what we have said, surely no reasonable man will affirm that the army medical officer's special training and skill can be bought ready-made in the civilian market, whatever the price offered? It is no doubt true that the sick soldier might, in certain places, be duly "physicked" in a civil hospital by "contract." But at what cost? The surroundings of such an establishment would speedily unsoldier him; unless the military discipline of the barrack and the parade follows the sick soldier to hospital, he would very soon become no soldier at all. That would be one fatal result of a "contract" system.

But our correspondent—taking no account of such trifles as command of the Medical Staff Corps, responsibility for equipment and stores, and the many miscellaneous duties daily performed by the medical officer—proceeds to work out the value of the merely professional treatment of the soldier at home and in the colonies. At the shabbiest rates of "contract," what would be the cost? He assumes as data 2s. for each day of each man sick; a lump sum for care of daily casual sick; a lump sum for militia, chiefly for recruiting; 5s. for each army recruit passed; 2s. 6d. for each vaccination; and arrives at the following totals:—

Attendance on sick in hospitals ...	£211,445
Treatment of daily casual sick ...	8,572
Militia ...	10,000
Recruiting of Regulars ...	10,000
Vaccination ...	5,000
Total ...	245,017

We will not attempt to criticise, much less verify or vouch for, these figures. They may be too little or too much, but as they stand are, at all events, no improvement, from an economical point of view, on the medical vote of £246,000, which includes provision for all the duties.

But even supposing they represented a large peace saving, do they furnish the smallest provision for war? An army is no army if unfit to take the field, and in these days no army dare take the

field, with any chance of success, unless thoroughly organised during peace. The truth is, the efforts to get rid of the medical officer by substituting civil "contract," show the most lamentable ignorance of, or indifference to, the perfecting of military organisation, and a most misguided statesmanship.

Our correspondent concludes by offering some remarks on the pay of medical officers, and by way of comparison with those of other officers, furnishes a table, which we here reproduce.

From this it appears the mere pay of the medical officer is not much superior to those of other officers who bring with them into the service no expensive special education acquired at private cost. Then, again, medical officers have few or no staff and other appointments giving additions to pay, such as the combatant officer can look to. We should like to know, what with frequent moves and the thousand and one expenses consequent on a nomadic sort of existence, how much a medical officer is expected to save from his pay for himself or family—if he has one? He, in truth, has nothing to look to but his pension, or more properly, deferred pay, an annuity which dies with him. Consider, also, the risks he has to run before he can get a pension. We hear rumours and threatenings, that in future a longer period of full-pay service will be exacted before he can claim pension; this, according to well understood actuarial calculations, would have the effect of increasing the risks, and lessening the value of the pension when obtained. A pension only held out to a man when years are on him and health has gone is but a lure and a snare; the odds against him rapidly increase, and become more and more in favour of those offering the pension. If too vigorous conditions of full-pay service are exacted, this ultimately may become so apparent, that double or treble pay will be demanded, and pensions allowed to go by the board.

In conclusion, we regret we cannot help thinking, that not zeal for public economy alone has prompted late unfair attacks on the medical vote, but there has been mixed with it not a little hostility to the medical profession at large.

HEALTH OF ITALIAN TROOPS AT MASSOWAH.—A correspondent of *La Semaine Médicale* states that typhoid fever and acute rheumatism are very prevalent among the Italian troops at Massowah; the number of sick is between twelve and thirteen hundred, and two or three deaths occur daily.

THE MOSCOW MEDICAL FACULTY IN 1887-88.—According to the *Vratch* No. 4, 1888, p. 75, on January 1st, 1888, the Moscow University numbered 3,259 students, 1,218 of whom belonged to the medical faculty. During 1887, 231 obtained the diploma of medical practitioner (*lekar*).

GREAT NORTHERN CENTRAL HOSPITAL.

On Saturday, February 25th, the new buildings of this institution were shown to visitors by the architects, Mr. Keith Young and Mr. Henry Hall. So far as at present constructed the hospital consists of three rectangular wards (twenty beds in each), one above another in a building of three stories, with a block for administrative purposes, and separate buildings for the out-patient department and mortuary chambers. It is also in contemplation to erect a block containing three circular wards (twenty beds in each), so that when the hospital is finally completed, it will be capable of making up 120 beds, besides the accommodation of the special wards (one bed in each), and provision is also to be made for the reception of 24 paying patients. As at present arranged, each bed in the rectangular wards will have 127.5 square feet of floor space and 1,659 cubic feet of air space, each ward having a length of 88 feet, a breadth of 29 feet, and a height of 13 feet. The circular wards will have a diameter of 57.5 feet and a height of 13 feet, which will give practically an identical amount of floor space and air space to each one of the twenty beds which they are to contain. It will thus be seen that when finally completed an interesting experiment will be carried on within the walls of this institution, which should go far to settle the claims made as to the rival merits of the oblong and circular ward systems.

It is, perhaps, needless to say that, in the general design, the best approved and most modern principles of hospital construction, ventilation, warming, drainage, and general convenience have been everywhere applied by the architects. The lowest ward is raised some feet from the ground by vaults open on each side for their whole length for thorough ventilation; there is, thus, no possibility of ground air gaining admission into the wards. The arrangements made for the ventilation of the wards are most complete. In winter fresh air is admitted warmed by passing through one of two stoves (Boyd's Hygiastic Hospital Grates) placed in the centre of the ward; whilst in summer the outer air can enter in an upward slanting direction by revolving on its lower border the upper portion of each one of the windows, and special fresh air wall inlets are also provided near the floor at the heads of the beds. For the escape of vitiated air there are four extraction shafts for each ward, which are kept warm by the flues of the stoves in winter and by Bunsen gas burners in summer. The wards can be heated as well by hot water pipes leading from a boiler house. Each ward is paved with solid wood-block flooring, and the beds are fitted with spring wire mattresses and movable fracture boards. At the further end of each ward are the water closets, bath room, and slopsinks in a turret block separated from the ward by a cross ventilated lobby. The roof of the building is flat, and is to be used as an exercise ground for the patients; there is besides a covered balcony attached to each ward for the use of patients. The kitchens and sculleries are placed at the top of the building; all the cooking is to be done by gas and steam. A very commodious operating theatre lighted from the roof is in connection with the first floor, and a hydraulic lift large enough to carry a hospital bed runs the whole height of the building from roof to basement. Attached to the boiler house is a small destructor furnace for burning dirty dressings, poultices, bandages, etc., which are usually relegated to the dusthole. The water supply and drainage appliances are the best of their kind. Great care has been bestowed on the ventilation of drains, soil pipes, and waste pipes, and we were glad to see that siphonage of water closet traps—a possibility often overlooked by architects—is rendered well nigh impossible by the system of ventilation pursued. The main drain is a 9-inch pipe which is laid outside the building, and is disconnected from the sewer in the usual manner.

The out-patient department has been designed to secure at once the greatest amount of comfort to the patients during their long hours of waiting, as well as the requisite facilities for the out-patient surgeons and physicians in their examination and treatment.

It is only to be regretted that to such a hospital there is no medical school attached, but it is intended that the institution shall be open to medical practitioners in the neighbourhood, and it may possibly add to its usefulness by becoming an important post-graduate teaching centre for the north of London.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1888.

Meetings of the Council will be held on April 18th, July 18th, and October 17th, 1888. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, March 28th, June 27th, September 26th, and December 28th, 1888.

ELECTION OF MEMBERS.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, General Secretary.

COLLECTIVE INVESTIGATION OF DISEASE.

THE Report upon the CONNECTION OF DISEASE WITH HABITS OF INTEMPERANCE, which was presented to the Section of Medicine in the Annual Meeting of 1887, and a further portion of the Report upon OLD AGE have been completed, and will shortly be published in the JOURNAL.

Reports upon the two remaining inquiries, namely, that into DIPHTHERIA, and that into the GEOGRAPHICAL DISTRIBUTION OF CERTAIN DISEASES, are in preparation, and will be published as soon as ready.

The following inquiry only of the first series remains open, namely, that on THE ETIOLOGY OF PHTHISIS.

A fresh inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA has just been issued.

Memoranda upon these subjects, and forms for recording observations, may be had on application to the Secretary of the Collective Investigation Committee, 423, Strand, W.C.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at Ashford, on Thursday, March 15th, Dr. Wilks in the chair. Anyone wishing to send communications should inform the Honorary Secretary at once.—W. J. TYSON, 10, Langborne Gardens, Folkestone.

EAST SURREY DISTRICT: SOUTH-EASTERN BRANCH.—The spring meeting of this District will be held at the Queen's Hotel, Upper Norwood, on Thursday, March 8th, at 4 P.M., W. F. R. Burgess, M.D., of Streatham, in the chair. Dinner at 5 P.M.; charge, 1s., exclusive of wine. The following papers have been promised: Mr. Noble Smith: On Hip-joint Disease, with diagrams. Dr. P. T. Duncan: On Simple Catarrhal Fever. Members desirous of exhibiting or reading notes of cases are invited to communicate at once with the Honorary Secretary, P. T. DUNCAN, M.D., Croydon.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held in the Hackney Town Hall, on Thursday, March 15th, at 8.30 P.M. A paper will be read by A. J. Pepper, Esq., on Medical Evidence in Courts of Law. Visitors will be welcomed.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.—A conjoint meeting of the above districts will be held at the Grand Hotel, Brighton, on Thursday, March 22nd. F. W. Salzmann, M.R.C.S., will preside. Meeting at 3.30 P.M.; dinner at 5.30 P.M.; charge 6s., exclusive of wine. The following papers will be read: Dr. Starling: A case of Fibroid Induration of the Stomach (with specimens). Dr. Howard Marsh: Recovery after Laparotomy for Intestinal Obstruction; with Remarks. Gentlemen desirous of making any communication to the meeting should write to the undersigned or to Dr. Gostling, West Worthing.—T. JENNER VERRALL, Honorary Secretary, 97, Montpelier Road, Brighton.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.—The sixth general meeting of this Branch will be held in the Medical Institute, Edmund Street, on Thursday, March 8th, 1888. The chair will be taken by the President, Mr. Lawson Tait, at 3 P.M. Business: The following member of the Association will be proposed as a member of the Branch: E. R. Woodhouse, M.B., C.M. Edin., West Bromwich Hospital. The officers of the Branch to be elected at the annual meeting will be nominated. Papers: Dr. Suckling: Alcoholic Paralysis. Mr. J. W. Taylor and Dr. Stacey Wilson: Treatment after Perforation from Ulcer of Stomach. At the Council meeting to be held after the Branch, the following gentlemen will be proposed as members of the Association: James A. B. Thompson, M.D. Glasgow, Brailes, Warwickshire; Frank J. Allen, M.A., M.B. Cantab., Mason College, Birmingham; Joseph Henry Patrick, M.R.C.S., 212, Baisall Heath Road; John Angell James, M.R.C.S., L.R.C.P., Queen's Hospital. Mem,

THE RANK OF ARMY MEDICAL OFFICERS.

REPORT OF RESOLUTIONS OF THE COUNCIL OF THE BRITISH MEDICAL ASSOCIATION.

The Council of the British Medical Association having had before them the report of the Parliamentary Bills Committee of the Association referred to the Council by a resolution moved at the general meeting of the Association in Dublin on August 2nd by Sir Thomas Crawford, K.C.B., Director-General of the Army Medical Department; and also an analysis of the statements of 922 medical officers of the army, many of them of the highest rank, have unanimously adopted the following report and recommendations, which will be officially forwarded to the Secretary of State for War.

Report of the Committee of Council on the subject of the Rank of Army Medical Officers.

Your Committee in considering this subject have had before them:

1. The paragraphs of the Report of the Parliamentary Bills Committee on the subject of army medical rank, referred to them for consideration.
2. The replies of 922 army medical officers at home and abroad, to a series of questions issued by the Chairman of the Parliamentary Bills Committee with the view of ascertaining precisely what are the sentiments of the individual army medical officers of all grades, in reference to the question of rank, whether honorary, relative, or substantive.
3. An immediate mass of correspondence from officers of all ranks expressing in detail the grounds and arguments by which they support their views.
4. An analysis of the above documents has been printed for the use of the Committee, and copies are submitted with this report.

Without entering into any prolonged statement or discussion, it may be stated that the abolition of relative rank by the Warrant of January, 1887, was the immediate cause of the present dissatisfaction, and that subsequent steps taken by the War Office have not had the effect of giving satisfaction to the Army Medical Service generally.

From an examination of the documentary evidence submitted to this Committee it results:

- (a) That the abolition of relative rank has, in the almost unanimous opinion of those interested, inflicted a grave injury on the status of the Medical Department in the army by leaving the officers without any definable or namable army rank.
- (b) That, to an army like ours, serving in every climate and all parts of the world, a thoroughly organised, efficient and contented medical service is essential for the health, discipline and physical well-being of the soldiers; and that, therefore, the present anomalous position of the medical officers in the army is indefensible, an evil to the troops, and against sound policy.
- (c) That, as both officers and men of the Medical Department equally share with their combatant brethren the risks of climate, the dangers and privations of field service, and are not infrequently killed and wounded in battle, the deprivation of *bona-fide* rank, title and status in the army is not only unjust and ungenerous, but an administrative reproach.
- (d) That namable and definable rank should be accorded to medical officers, whether of a substantive, honorary, or relative nature.
- (e) That, should it be determined to give medical officers a hybrid professional and military title, such should clearly indicate the actual rank of the holder by affixing the military title to the professional designation.
- (f) That, when medical officers are gazetted, on appointment or promotion, their military rank should be fully stated.
- (g) That the substantial military rank and status should be stated in commissions of all medical officers.

Your Committee recommend to the Council to submit these conclusions to the Secretary of State for War, and to urge upon him these considerations, seeing that the efficiency of the Army Medical Department and the prospects of recruiting it in the future from the abler sections of the younger members of the medical profession cannot but be seriously and prejudicially affected by the present anomalous position held by medical officers in Her Majesty's Army, and the general dissatisfaction arising therefrom. It should be pointed out that 75 per cent. of the army medical officers whose communications to the extent of 922 have been received regard the concession of army titular rank to medical officers as essential to the efficiency of the Medical Department.

We cannot conclude the retrospect of the year without once more inviting attention to the fact that it is a much safer thing to serve in the Artillery and Engineers on the general staff than on the medical staff in our little wars. The percentage of deaths to strength in the

Artillery in Egypt was	0.00
Engineers	0.00
General Staff	4.48
Commissariat Department	0.00
Medical Staff	6.53
Pay Department	0.00
Veterinary Department	0.00

BRITISH MEDICAL JOURNAL, Dec. 31st, 1887.

HONOURS AND REWARDS FOR ARMY MEDICAL OFFICERS.

A CORRESPONDENT writes: When the medical officers of the army were recently deprived of all military rank, it was suggested by some persons that this would soon be followed by deprivation, or, at least, by a considerable "curtailment," of honours and rewards for service in the field. An opinion of that kind could only be tested by experience, and the first opportunity has now presented itself; and with your permission I will refer to it. A gazette was issued on November 20th last for services rendered by the army during the campaign in Burmah, and the result is as follows:

Combatant officers of all ranks promoted, 43; medical officers of all ranks, British and Indian Services, promoted, none. Combatant officers, all ranks, who have received the distinction of K.C.B. and C.B., 30; medical officers, all ranks, British and Indian Services, who have received the distinction of K.C.B. and C.B., none. Combatant officers, all ranks, who have received the distinction of the Distinguished Service Order, 51; medical officers, all ranks, British and Indian Services, who have received the distinction of the Distinguished Service Order, 6.

Give the medical officers of the army a definite military rank, such as, under somewhat similar circumstances, has been conferred on the officers of the Royal Engineers, and then no one can attempt with success to cheat them out of their just rights and privileges. It will stop grumbling and discontent, for which there now appears to be ample reason.

ARMY MEDICAL RESERVE.

M.S. writes: Paragraph 4 of the Secretary of State's instructions on the Warrant for the formation of an Army Medical Reserve of Officers, reads thus: "Officers of the Army Medical Reserve shall be liable to be called to Army service at home, in times of great national emergency to take the places of such of the Medical Staff of the Army as may be withdrawn for active service; and when so called out shall receive the pay and allowances of their rank." The italics are my own.

The above is plain enough. It ought to be our care to jealously guard against any encroachment on our privileges, such as the employment of any of these reserve officers, except in cases of national emergency.

Granting that our present rate of pay is good, it would no longer be regarded as such if service in the Medical Staff of the army was little more than perpetual foreign exile, which this reserve of officers might foreshadow, if our interests are not steadily defended.

A SLIGHT TO SURGEONS IN INDIA.

MEDICAL STAFF writes: The offensive circular issued by the Military Secretary to the Viceroy, relative to the gold aiguillette worn by Honorary Surgeons to His Excellency, is not only an insult and indignity offered to honourable and gallant men, but to the entire medical profession to which they belong. It ought surely to be brought to the notice of the House of Commons. It is not a matter of mere sentiment and gold lace, but one of simple justice and honourable treatment in the public service.

RIGHT OF RETIREMENT AFTER TWENTY YEARS.

DISAPPOINTED SURGEON, Medical Staff, writes: If the right to retire after twenty years' full pay service is cancelled, a very gross breach of contract will be perpetrated on those medical officers who have entered the service on the terms of the Warrant of 1879. These men will have been secured on false promises. The pen will be drawn through the very best point in that warrant. Surely it is not contemplated to make changes retrospective?

HONORARY SURGEONS TO THE VICEROY IN INDIA.

In the year 1881 Lord Ripon instituted the appointments above named: three were given to officers of the Army Medical Staff serving in India, and three to medical officers of Her Majesty's Indian army. Medical officers holding appointments as honorary physicians and surgeons to the Queen wore a gold-embroidered sash as a mark of distinction. In like manner the honorary surgeons to the Viceroy of India were distinguished when in military uniform by an aiguillette. We have just received a copy of an official memorandum, addressed by the military secretary to the Viceroy to the honorary surgeons, a copy of which we append, informing them that this aiguillette, in deference to military jealousy, can no longer be worn by them, and that an application on the part of the Viceroy to the authorities at home for permission to substitute the sash worn by honorary surgeons to the Queen for the aiguillette was refused. The Viceroy's aide-de-camps wear exactly the same marks of distinction as those holding the same appointment on the Queen's honorary staff; but it appears that this mark of distinction and recognition of an honourable position is one that cannot be worn by "doctors," and they are accordingly subjected to the indignity, in the face of the whole army of India, and of society there, of having this symbol of honourable rank torn from them to gratify the *morose* of a class, and the almost insane determination on the part of the military authorities to heap contempt on a body of officers on whom they are in their hour of utmost need dependent for their very lives.

To the gentlemen thus insulted it appears to us there is but one course open: immediate resignation of the "honour" conferred on them; and for those to whom a like "honour" may in future be tendered a polite refusal to accept it.

The fixed policy of the authorities seems to be to drive everyone in the shape of a gentleman out of the medical service of the army, and to prevent men of the same class from entering it. They are certain in the long run to effect their object.

MEMORANDUM.

EXCEPTION having been taken by the military authorities to the honorary surgeons of the Viceroy wearing an aiguillette, it was proposed that a sash similar to that worn by the honorary surgeons to the Queen should be worn instead of the aiguillette. This was referred home, and the request has been refused by the Home authorities.

It is hereby notified that that part of the circular dated December 18th, 1881, referring to the wearing of aiguillettes, is entirely cancelled, and the gold aiguillette is not to be worn in future by honorary surgeons to His Excellency.

By Command, WILLIAM BENEFORD, Lieut.-Col.,
Medical Secretary to the Viceroy,
Military Secretary's Office, Calcutta,
January 21st, 1888.

RANK OF ARMY MEDICAL OFFICERS.

A CORRESPONDENT writes that he wishes to give some facts supplying yet another instance of the absolute necessity of giving medical officers honorary rank—or, at all events, some definite and comprehensive military rank. He says he was detailed as a member of a mixed sanitary board, in a station of which he happened to be the actual sanitary medical officer. His seniority should have placed him next to the president, a junior major of a regiment. Nevertheless, he was detailed in order at the bottom, below a captain of Engineers and some budding subalterns of the garrison. The president markedly treated him as a nobody, never even asking his opinion, etc. He adds: "I think I have due grounds for feeling aggrieved."

"* Undoubtedly. This board seems to have been a farce from a sanitary point of view, and its intelligent conclusions probably on a par with the courtesy of its president. The medical officer, being detailed a member and not a mere "attending" sanitary expert, should have asserted his seniority—probably, however, to be met with the answer that medical officers were not now in the possession of any army rank whatever."

REFORM OF THE DIRECTOR-GENERAL'S OFFICE.

A CORRESPONDENT suggests a Royal Commission to throw light into the dark subjects of promotion, retirement, the roster, and general administration in the Army Medical Service. Especially he advocates that the post of confidential secretary to the Director-General should be in the hands of an experienced medical officer, and not of a civilian clerk.

STATEMENT OF RANK IN THE GAZETTE.

AN administrative medical officer writes that "on all occasions when medical officers are gazetted, their military rank should be fully stated." This would include retirements, as well as appointments and promotion.

ESPRIT DE CORPS.

SENIOR SURGEON writes: One point in recent discussions in the public press on the efficiency (or inefficiency) of the Army Medical Staff must have struck many of my brother officers as well as myself. I refer to the silence maintained throughout by those in other branches of the service, who, under many personal obligations to officers of the medical staff—obligations, privately willingly admitted—or, it may be, for good offices (to which they were by no means entitled by regulation) rendered to some near and dear one in their families, apparently are not so strongly felt as to prevent silent assent to scurrilous detractions which they well know are totally unjust. Let us not forget this attitude.

Since my attention was drawn to the fact, in the evidence given before Lord R. Churchill's Committee, that the public had to pay £25,000 yearly for drugs used in the army, I have made various calculations, which confirm the opinion that the necessity for this large expenditure is partly due to the large consumption of drugs by officers' wives and families; and I would suggest to economists of the Labouchere type that, if the wives and children of officers were not held entitled to attendance and medicines at the public expense, not only would a direct saving ensue in the reduction of the drug bill, but also an indirect one in medical officers' salaries, as the army could do with fewer surgeons. The suggestion would also meet the views of those combatant officers who have been trying to prove that civilian surgeons are always to be preferred to military. It would, moreover, be a logical continuation of the policy by which officers' wives and children abroad were recently struck off "rations" issued at a nominal cost to themselves.

--	--	--	--	--

own services, or under circumstances in which due personal supervision and control are not, or cannot be, exercised by the said registered practitioner. The Executive Committee furthermore takes this opportunity of stating, in reference to the procedure known as 'covering,' that in its view a registered practitioner covers an unregistered person, when he does, or assists in doing, or is party to, any act which enables such unqualified person to practise as if he were duly qualified."

The Committee also called attention to a resolution adopted by the Council five years ago, which expressed the opinion that further legislation was then needed to subject any registered practitioner who deputed "a person not registered or qualified to be registered under the Medical Act to professionally treat on his behalf, in any matter requiring professional discretion or skill, any sick or injured person.... to the same legal liabilities as a person who falsely represents himself to be a legally qualified medical practitioner." A further clause excepted any duly regulated training of pupils in medical schools or otherwise by legally qualified practitioners, the use of trained pupils in partially treating the sick or injured under the direction, supervision, and responsibility of such practitioners, and any legitimate employment of nurses, midwives, or dispensers.

A very important memorandum by the President, with opinions thereon by the Council's legal advisers, was, owing to the absence of Mr. Marshall, postponed to the next meeting; the documents dealt with the disciplinary or penal powers of the qualifying medical authorities and of the Medical Council as regards the erasure of qualifications and names from the *Medical Register*. The legal opinion, we understand, was to the effect that fresh legislation is needed to extend and define the powers of the universities and corporations to withdraw qualifications, and of the Council to erase a name from the *Medical Register*, when all the individual's qualifications have been thus withdrawn. If, as is proposed, the qualifying bodies were empowered to withdraw a qualification temporarily, their disciplinary powers, and indirectly those of the General Medical Council also, would be very greatly increased. At present there is no alternative between a mere reprimand, which has, of course, no legal and binding force, and the permanent erasure of a name from the *Register*; some intermediate penalty would greatly strengthen the Council in dealing with questions of discipline.

THE NEW ARMY MEDICAL RESERVE WARRANT.

We publish in another column the text of the Royal Warrant, of which we gave a summary in our last issue.

We fully recognise the urgent need, and would gladly welcome any well considered scheme for the formation of a real reserve of medical officers for army duties; for large and expensive as the economists say the regular full-pay medical service is, it is but barely sufficient for the mere mobilisation of two army

in the regulations.

The seventh instruction is too broadly stated, and we demur to it. The reserve medical officers, under orders of the Medical Department, would when necessary be undoubtedly severed from their corps. Indeed, this would be unavoidable if the auxiliary forces were embodied and massed together for service, unless some such body as the Volunteer Medical Staff Corps could form field hospitals and bearer companies, and thus allow regimental medical officers to be left with their corps.

The eighth instruction is a routine detail. Such comments, necessarily hasty, have occurred to us on this important Warrant; we leave those concerned to judge of their fairness or pertinency. What we would like to see is a reserve of medical officers which shall in every way support, but in no way supplant, or be made a handle for supplanting, the regular Army Medical Service.

Friday, March 23rd.

Length of Foreign Service for Army Medical Officers.—Dr. TANNER asked the Secretary of State for War whether it was the intention of the War Office to prolong the period of foreign service for officers of the Army Medical Staff; and whether, in the event of such an event taking place, any compensation would be given for the increased risk. Mr. E. STANHOPE said the length of foreign service would be extended by one year in all departments in the interests of economy, and for the purpose of lengthening the period of service at home. As the service of an officer was available wherever Her Majesty might require it, no case for compensation arose.

SATURDAY, MARCH 17TH, 1888.

MR. STANHOPE ON THE ARMY MEDICAL SERVICE.

MR. STANHOPE'S reply to Dr. Farquharson is, we fear, not likely to improve the relations of the military authorities with the Army Medical Service. It is conceived in the strictest spirit of officialism, and assumes an attitude towards the civil profession which has never heretofore been taken up by any Secretary of State of any of the great service departments, naval or military, British or Indian. The intervention of the civil profession, and especially of the British Medical Association, has, during a long series of years, been accepted by successive Secretaries of State, First Lords of the Admiralty, and Secretaries of State for India with courtesy, consideration, and, if we may venture to say so, with respect. Most of the more important warrants making concessions to the medical services of the army and navy have been issued as the result of representations thus made, whether by deputation, by memorial, or in some other form. The history of the present deadlock is noteworthy in many ways. It began with a thunderbolt out of the blue abolishing relative rank. This official act created great consternation, and caused much excitement throughout the whole medical department at home, in India, and in the colonies. The explanation which was given by Mr. Stanhope to a deputation from the British Medical Association and in the House of Commons to the effect that abolition of relative rank meant nothing since relative rank itself meant nothing did not improve matters, and some concessions which have since been made, in response to the appeal of the British Medical Association, in the form of gazetting medical officers on promotion, have not restored equanimity or contentment in the department, although no doubt they were intended to do so. In view of the immense mass of communications received by the Parliamentary Bills Committee at the office of this JOURNAL, and by Members of Parliament, expressing the profound dissatisfaction of the great bulk of the officers of the department at the absence of any titular or substantive military rank, Dr. Farquharson asked Mr. Stanhope in the House of Commons last session whether he would permit any form of direct or collective expression of the

sentiments from the army medical officers on the subject to be made to him officially, and he replied that he could not allow it, as it was altogether contrary to military discipline.

The report of the Parliamentary Bills Committee at the annual meeting of the Association set forth as impartially as possible the information of which the Committee was in possession as to the existing dissatisfaction in the ranks of the Army Medical Department on the subject of rank. The Director-General of the Army Medical Department, who was present at the meeting, delivered an able and elaborate speech, evidently carefully prepared for the occasion, in which he emphatically denied, not only the validity of the alleged grievances, but the existence of any general dissatisfaction. Thereupon a considerable number of medical officers who were present in Dublin proposed spontaneously to make a statement of their views, which, it was well understood, would confirm the statement in the report of the Parliamentary Bills Committee of the British Medical Association, and which would have invalidated the statement of the Director-General as to the absence of this dissatisfaction. Immediately, however, that it became known that they proposed to do so, intimation was issued to them officially that such an action would be regarded as a breach of discipline.

As a result of the statement publicly made by the Director-General of the Army Medical Department, a special committee was appointed by the Council of the British Medical Association to inquire into the facts; before it were laid, not the collective opinion, but the individual opinions, statements, and arguments of nearly 1,000 medical officers, each writing separately, privately, and in his individual capacity. Mr. Stanhope now states that this is a breach of discipline, and he declines to listen to the statements of any civilian body, however influential, on behalf of their military brethren. It is obvious that this is altogether a new departure at the War Office, and one which is quite contrary to long-established precedents. If it is desired to treat the army medical officers with this peculiar harshness, to shut their mouths collectively, and to refuse to afford them any opportunity of stating their views individually, except in such a guise as shall make it individually perilous, it is obvious that a state of things will be brought about which can but increase the existing dissatisfaction, and which affords no obvious way of bringing about that good understanding which it has always been the object of successive Secretaries of State to maintain with the medical officers of the army department, and with the civil profession, which is professionally interested in the status and welfare of the Army Medical Department.

We are willing to assume that Mr. Stanhope is acting under the momentary impulse of the irritation felt by certain of his advisers whose predictions and declarations on the subject have proved to be ill-founded. It is obvious, however, that the matter cannot rest here, that the civil profession is not likely to be prevented from continuing to feel the interest which they have always manifested in the position of their professional brethren in the public service, and that further Parliamentary action will

follow. Already the profound discontent and irritation existing in the Army Medical Department have communicated themselves to the schools and to the universities. Many of the leading collegiate bodies in the kingdom have made representations in vain to Mr. Stanhope as well as the British Medical Association. The supply of candidates from the schools is seriously threatened by anything which engenders and develops distrust of the War Office, and which brings the conviction that the Secretary of State for War is not disposed to treat the army medical officers with the consideration and courtesy which are due to so important and distinguished a department of the public service.

Mr. Stanhope's reply can only be accepted as a purely official formula. It settles nothing, and it does not advance the interests either of his own department or of the professional elements in the service.

corps, and quite inadequate to meet the wear and tear of a big war.

The Warrant has been talked of for some months, and has not therefore been issued without due deliberation; but though we approach it in the most friendly spirit, we think in the interests of the service and the profession it is open to criticism. It is bald and severe, as such documents usually are, but we find an interpretation to its clauses in the "instructions" appended by the Secretary of State for War. On these instructions we found our comments.

The first instruction is that "no medical officer of the auxiliary forces shall be appointed to the Army Medical Reserve who is not medically fit for service, and whose character and qualifications are not in all respects satisfactory."

If there be any medical officers of the auxiliary forces, now or in the future, "medically unfit," or "whose character and qualifications are not in all respects satisfactory," such, we think, should not merely be debarred from entering the reserve, but at once removed from the corps lists altogether.

The second instruction provides that the names of all officers of the Army Medical Reserve shall be included in a special Army Medical Reserve List. This is necessarily so. But why have we not in the *Army List* a defined list of the retired regular medical officers in reserve up to a certain age? It is strange they are not mentioned in the Warrant. Was not the object in granting them early retirement that they should form such a valuable reserve? The economists, in their outcry against early pensions, ignore this; but we are surprised the Secretary of State and his medical advisers seem to have lost sight of it also.

The third instruction provides that "officers shall be removed from the Medical Reserve List on attaining the age of 65." We fear a very considerable proportion of any reserve will be hopelessly "medically unfit" before the sixty-fifth year of life, so that constant weeding will be necessary to secure efficiency.

The fourth instruction is that "officers of the Army Medical Reserve shall be liable to be called to army service at home in times of great national emergency, to take the place of such of the Medical Staff of the Army as may be withdrawn for active service." When "times of great national emergency" unfortunately occur, we take it that Militia, Yeomanry, and Volunteers will certainly be embodied; so that medical officers of these branches will in any case come out with their corps. But if, in such an event, they are to be called upon to take the place of the regular medical officers, who will fill their shoes in the mobilised auxiliary forces? To stop one gap while creating another is like robbing Peter to pay Paul. We cannot help thinking that, if the threatened reductions on the home establishment of regular medical officers are carried out, a mere Egyptian war or such-like will, as far as our medical reserves are concerned, be held to constitute "a great national emergency."

The fifth instruction is outside "great national emergency," and not even necessarily connected with a reserve; yet, we doubt not, has had something to do with the issue of the Warrant. Here the authorities seek to secure, by a direct binding

corps, and quite inadequate to meet the wear and tear of a big war.

The Warrant has been talked of for some months, and has not therefore been issued without due deliberation; but though we approach it in the most friendly spirit, we think in the interests of the service and the profession it is open to criticism. It is bald and severe, as such documents usually are, but we find an interpretation to its clauses in the "instructions" appended by the Secretary of State for War. On these instructions we found our comments.

The first instruction is that "no medical officer of the auxiliary forces shall be appointed to the Army Medical Reserve who is not medically fit for service, and whose character and qualifications are not in all respects satisfactory."

If there be any medical officers of the auxiliary forces, now or in the future, "medically unfit," or "whose character and qualifications are not in all respects satisfactory," such, we think, should not merely be debarred from entering the reserve, but at once removed from the corps lists altogether.

The second instruction provides that the names of all officers of the Army Medical Reserve shall be included in a special Army Medical Reserve List. This is necessarily so. But why have we not in the *Army List* a defined list of the retired regular medical officers in reserve up to a certain age? It is strange they are not mentioned in the Warrant. Was not the object in granting them early retirement that they should form such a valuable reserve? The economists, in their outcry against early pensions, ignore this; but we are surprised the Secretary of State and his medical advisers seem to have lost sight of it also.

The third instruction provides that "officers shall be removed from the Medical Reserve List on attaining the age of 65." We fear a very considerable proportion of any reserve will be hopelessly "medically unfit" before the sixty-fifth year of life, so that constant weeding will be necessary to secure efficiency.

The fourth instruction is that "officers of the Army Medical Reserve shall be liable to be called to army service at home in times of great national emergency, to take the place of such of the Medical Staff of the Army as may be withdrawn for active service." When "times of great national emergency" unfortunately occur, we take it that Militia, Yeomanry, and Volunteers will certainly be embodied, so that medical officers of these branches will in any case come out with their corps. But if, in such an event, they are to be called upon to take the place of the regular medical officers, who will fill their shoes in the mobilised auxiliary forces? To stop one gap while creating another is like robbing Peter to pay Paul. We cannot help thinking that, if the threatened reductions on the home establishment of regular medical officers are carried out, a mere Egyptian war or such-like will, as far as our medical reserves are concerned, be held to constitute "a great national emergency."

The fifth instruction is outside "great national emergency," and not even necessarily connected with a reserve; yet, we doubt not, has had something to do with the issue of the Warrant. Here the authorities seek to secure, by a direct binding

own services, or under circumstances in which due personal supervision and control are not, or cannot be, exercised by the said registered practitioner. The Executive Committee furthermore takes this opportunity of stating, in reference to the procedure known as 'covering,' that in its view a registered practitioner covers an unregistered person, when he does, or assists in doing, or is party to, any act which enables such unqualified person to practise as if he were duly qualified."

The Committee also called attention to a resolution adopted by the Council five years ago, which expressed the opinion that further legislation was then needed to subject any registered practitioner who deputed "a person not registered or qualified to be registered under the Medical Act to professionally treat on his behalf, in any matter requiring professional discretion or skill, any sick or injured person.....to the same legal liabilities as a person who falsely represents himself to be a legally qualified medical practitioner." A further clause exempted any duly regulated training of pupils in medical schools or otherwise by legally qualified practitioners, the use of trained pupils in partially treating the sick or injured under the direction, supervision, and responsibility of such practitioners, and any legitimate employment of nurses, midwives, or dispensers.

A very important memorandum by the President, with opinions thereon by the Council's legal advisers, was, owing to the absence of Mr. Marshall, postponed to the next meeting; the documents dealt with the disciplinary or penal powers of the qualifying medical authorities and of the Medical Council as regards the erasure of qualifications and names from the *Medical Register*. The legal opinion, we understand, was to the effect that fresh legislation is needed to extend and define the powers of the universities and corporations to withdraw qualifications, and of the Council to erase a name from the *Medical Register*, when all the individual's qualifications have been thus withdrawn. If, as is proposed, the qualifying bodies were empowered to withdraw a qualification temporarily, their disciplinary powers, and indirectly those of the General Medical Council also, would be very greatly increased. At present there is no alternative between a mere reprimand, which has, of course, no legal and binding force, and the permanent erasure of a name from the *Register*; some intermediate penalty would greatly strengthen the Council in dealing with questions of discipline.

THE NEW ARMY MEDICAL RESERVE WARRANT.

We publish in another column the text of the Royal Warrant, of which we gave a summary in our last issue.

We fully recognise the urgent need, and would gladly welcome any well considered scheme for the formation of a real reserve of medical officers for army duties; for large and expensive as the economists say the regular full-pay medical service is, it is but barely sufficient for the mere mobilisation of two army

in the regulations.

The seventh instruction is too broadly stated, and we demur to it. The reserve medical officers, under orders of the Medical Department, would when necessary be undoubtedly severed from their corps. Indeed, this would be unavoidable if the auxiliary forces were embodied and massed together for service, unless some such body as the Volunteer Medical Staff Corps could form field hospitals and bearer companies, and thus allow regimental medical officers to be left with their corps.

The eighth instruction is a routine detail.

Such comments, necessarily hasty, have occurred to us on this important Warrant; we leave those concerned to judge of their fairness or pertinency. What we would like to see is a reserve of medical officers which shall in every way support, but in no way supplant, or be made a handle for supplanting, the regular Army Medical Service.

Friday, March 23rd.

Length of Foreign Service for Army Medical Officers.—Dr. TANNER asked the Secretary of State for War whether it was the intention of the War Office to prolong the period of foreign service for officers of the Army Medical Staff; and whether, in the event of such an event taking place, any compensation would be given for the increased risk.—Mr. E. STANHOPE said the length of foreign service would be extended by one year in all departments in the interests of economy, and for the purpose of lengthening the period of service at home. As the service of an officer was available wherever Her Majesty might require it, no case for compensation arose.

SATURDAY, MARCH 17TH, 1888.

MR. STANHOPE ON THE ARMY MEDICAL SERVICE.

MR. STANHOPE'S reply to Dr. Farquharson is, we fear, not likely to improve the relations of the military authorities with the Army Medical Service. It is conceived in the strictest spirit of officialism, and assumes an attitude towards the civil profession which has never heretofore been taken up by any Secretary of State of any of the great service departments, naval or military, British or Indian. The intervention of the civil profession, and especially of the British Medical Association, has, during a long series of years, been accepted by successive Secretaries of State, First Lords of the Admiralty, and Secretaries of State for India with courtesy, consideration, and, if we may venture to say so, with respect. Most of the more important warrants making concessions to the medical services of the army and navy have been issued as the result of representations thus made, whether by deputation, by memorial, or in some other form. The history of the present deadlock is noteworthy in many ways. It began with a thunderbolt out of the blue abolishing relative rank. This official act created great consternation, and caused much excitement throughout the whole medical department at home, in India, and in the colonies. The explanation which was given by Mr. Stanhope to a deputation from the British Medical Association and in the House of Commons to the effect that abolition of relative rank meant nothing since relative rank itself meant nothing did not improve matters, and some concessions which have since been made, in response to the appeal of the British Medical Association, in the form of gazetting medical officers on promotion, have not restored equanimity or contentment in the department, although no doubt they were intended to do so. In view of the immense mass of communications received by the Parliamentary Bills Committee at the office of this JOURNAL, and by Members of Parliament, expressing the profound dissatisfaction of the great bulk of the officers of the department at the absence of any titular or substantive military rank, Dr. Farquharson asked Mr. Stanhope in the House of Commons last session whether he would permit any form of direct or collective expression of the

sentiments from the army medical officers on the subject to be made to him officially, and he replied that he could not allow it, as it was altogether contrary to military discipline.

The report of the Parliamentary Bills Committee at the annual meeting of the Association set forth as impartially as possible the information of which the Committee was in possession as to the existing dissatisfaction in the ranks of the Army Medical Department on the subject of rank. The Director-General of the Army Medical Department, who was present at the meeting, delivered an able and elaborate speech, evidently carefully prepared for the occasion, in which he emphatically denied, not only the validity of the alleged grievances, but the existence of any general dissatisfaction. Thereupon a considerable number of medical officers who were present in Dublin proposed spontaneously to make a statement of their views, which, it was well understood, would confirm the statement in the report of the Parliamentary Bills Committee of the British Medical Association, and which would have invalidated the statement of the Director-General as to the absence of this dissatisfaction. Immediately, however, that it became known that they proposed to do so, intimation was issued to them officially that such an action would be regarded as a breach of discipline.

As a result of the statement publicly made by the Director-General of the Army Medical Department, a special committee was appointed by the Council of the British Medical Association to inquire into the facts; before it were laid, not the collective opinion, but the individual opinions, statements, and arguments of nearly 1,000 medical officers, each writing separately, privately, and in his individual capacity. Mr. Stanhope now states that this is a breach of discipline, and he declines to listen to the statements of any civilian body, however influential, on behalf of their military brethren. It is obvious that this is altogether a new departure at the War Office, and one which is quite contrary to long-established precedents. If it is desired to treat the army medical officers with this peculiar harshness, to shut their mouths collectively, and to refuse to afford them any opportunity of stating their views individually, except in such a guise as shall make it individually perilous, it is obvious that a state of things will be brought about which can but increase the existing dissatisfaction, and which affords no obvious way of bringing about that good understanding which it has always been the object of successive Secretaries of State to maintain with the medical officers of the army department, and with the civil profession, which is professionally interested in the status and welfare of the Army Medical Department.

We are willing to assume that Mr. Stanhope is acting under the momentary impulse of the irritation felt by certain of his advisers whose predictions and declarations on the subject have proved to be ill-founded. It is obvious, however, that the matter cannot rest here, that the civil profession is not likely to be prevented from continuing to feel the interest which they have always manifested in the position of their professional brethren in the public service, and that further Parliamentary action will

follow. Already the profound discontent and irritation existing in the Army Medical Department have communicated themselves to the schools and to the universities. Many of the leading collegiate bodies in the kingdom have made representations in vain to Mr. Stanhope as well as the British Medical Association. The supply of candidates from the schools is seriously threatened by anything which engenders and develops distrust of the War Office, and which brings the conviction that the Secretary of State for War is not disposed to treat the army medical officers with the consideration and courtesy which are due to so important and distinguished a department of the public service.

Mr. Stanhope's reply can only be accepted as a purely official formula. It settles nothing, and it does not advance the interests either of his own department or of the professional elements in the service.

ABOLITION OF RELATIVE RANK AND ITS CONSEQUENCES.

MEDICAL STAFF writes: I trust that the reply given by Sir J. Gorst on April 25th on the question of the allowances of the Medical Staff in India has not escaped the notice of the Parliamentary Bills Committee. Notwithstanding the assurances of the Government that abolition of relative rank meant nothing, and that the position of the medical officers was in no way affected thereby, we can now see how the Warrant is really interpreted by Government officials, and the medical officer is for the first time clearly and officially defined as having no rank.

Sir J. Gorst states that the rank of officers of the Medical Staff in India is that of surgeon, and that they receive the allowances of their rank. It is assumed that the title of surgeon is a rank, and comparison is then made between the allowances of surgeons, subalterns, and captains. The fact that a surgeon ranks with a captain is deliberately set aside, presumably because allowances do not come under Paragraph 123 A of the Royal Warrant, which provides only for "precedence, pensions for widows, pensions to widows, and compassionate allowance to children."

It is well that we at last know how the Government intend to interpret the new Warrant, but they must learn that medical officers will not accept a title of surgeon as an army rank, and the reply of Sir J. Gorst will materially strengthen the hands of those who are so ably fighting the battle for justice to the Medical Staff. Until this justice is accorded, it is to be hoped that the advice given by the *Barrister Medical Journal* will be followed, and that not a man will come forward for service in the Medical Staff of the Army.

MEDICAL STAFF writes: The time has gone by for any such alteration of paragraph 123A of the Royal Warrant as reported in the *JOURNAL* of April 16th to be accepted by the officers of the Medical Staff as a satisfactory solution of the question of their army rank. The proposed alteration leaves this as it was before. There are but two ranks, substantive and honorary, and the medical officer has neither. From the day that the Secretary of State for War declared in the House that relative rank meant nothing, relative rank was doomed. It is now attempted to restore its provisions without giving them even the name. The medical officers of the army will not accept this, and they trust to those who have already so ably advocated their cause to represent their views to the Government. Should representations fail, the pressure exercised by the schools from 1872 to 1878 must once again be brought to bear, and candidates for the Medical Staff must not be forthcoming.

REFORM OF THE ARMY MEDICAL DEPARTMENT.

P. M. O. writes: The question of rank has been so thoroughly threshed out in your columns, that it now only remains to await the result of the analysis of the answers received from medical officers, which will no doubt convince the authorities of the strength of opinion on this question in the Medical Department.

In the coming struggle to obtain the demands of the medical officers, it is to be regretted that the parliamentary interest of the profession is not more powerful, numerically. When it is a question of abolishing a battery of Royal Horse Artillery, such a storm of indignation is aroused in the House as it is to be feared the ruin of the efficiency of the entire Medical Department would not call forth. But it is not only a question of rank which is now to be decided. The present opportunity should be taken advantage of, and the Medical Department should once and for all be put on such a footing that in the future there may be no possibility of such an agitation as the present one. This can only be attained by converting the department into a corps of "Royal Surgeons," on lines similar to the Royal Engineers, with the one exception that the officers of such a corps should exercise no command outside their own corps and the military hospitals. The details of such an organisation are simple, and the advantage obtained, by thus removing all grievances, would soon be shown by increased efficiency. There is no difficulty as regards pay, for the officers of such a corps could be granted "professional pay," or "medical pay," corresponding to "Engineer pay" in the Royal Engineers, and, if only it were equally liberal, they would have no cause to grumble. This is clearly the solution of the question, and this is the end for which the entire profession, as represented by the Parliamentary Bills Committee, should work. It is not the rank question alone which has caused the present universal discontent.

The abolition of all army rank was but the last straw, added to the weight of the many grievances under which medical officers have suffered for years back. The cause's lack is at last broken, and service in the army has now become impossible under existing conditions. It only remains for those who are so ably fighting our cause to insist that the Secretary of State for War shall put the medical officers of the army on a footing commensurate with the importance of their army work, and the dignity of the profession to which they belong. The creation of a corps of Royal Surgeons will effect this.

M. S. writes: The statement of the Director-General at the late meeting of the Association, as well as his evidence before Lord Randolph Churchill's Committee, will, it is to be feared, widen the gap which already exists between him and the officers of his department. This is the more to be regretted as, up to the present, the feeling of personal regard and respect for their chief was strong amongst those who unfortunately differed from him on questions of army medical organisation. He would appear to remain obstinately blind to the views which the newly-issued circular will prove to be held by the majority of his officers.

The statement that medical officers wanted to "submerge their profession and be known by titles which it would be a degradation to any medical man to accept," was as ill called for as it was incorrect. Has Sir T. Crawford submerged his profession or accepted a degrading title when he became a K.C.B.? We hope not; and yet the title "Sir Thomas Crawford, Director-General Medical Staff," conceals his profession as much as "General Crawford, Director-General Medical Staff"—the title which the advocates for military rank would have conferred on him. He accepts the one cheerfully, but describes the other in language scarcely complimentary, to say the least of it, to the medical officers of foreign armies, who hold military rank and titles, and who, far from being disgraced thereby, daily experience the advantage of definite rank in promoting the efficiency of army medical organisation.

The Director-General omitted, in his allusions to the medical service being formed into a corps, and in his comparisons between such a corps and the Royal Engineers, the important point that Royal Engineers, as a scientific corps, receive a special rate of pay over and above the pay of their army rank, called in their case "working pay." Such a rate of pay, termed "professional pay," might easily be adopted for a corps of "Royal Surgeons," and be so graduated as to cover the present staff allowances; or, better still, a consolidated rate of pay might be decided on for officers of such a corps.

I trust members of the Association notice that the Director-General's remarks were not supported by a solitary officer of the Medical Staff now serving on full pay, of whom there must have been many present. Retired medical officers, or distinguished medical officers like Surgeon-General Cornish, whose career has been mainly a civil one in the Indian medical service, know little or nothing of the present movement, which is the growth of the last five years.

That the Director-General should ignore the military duties of the Medical Staff, who have the command of a corps 2,000 strong, is only equalled by his strongly-expressed opinion before Lord Randolph Churchill's Committee in favour of such duties being carried out by medical officers deprived of their uniform and wearing civilian dress, and the readiness with which he assented to the reductions, or the possibility of reductions, in the appointments of Surgeons-General—one of the few prizes an army medical officer has to look forward to.

AN OBJECTION TO HONORARY RANK. **A SENIOR OFFICER, A.M.S., writes:** There is a point in connection with honorary rank for medical officers which is worthy of the consideration of its supporters. Under recent regulations, in very few years, the civilian element—that is to say, the old officers of the Commissariat and Ordnance Store Departments recently granted honorary rank, will have disappeared, their places being taken by the officers now being brought in from regiments and corps who, as may be seen from recent galletries, now enter into substantive army rank. Should the medical officers now accept honorary rank, they will again find themselves in a position inferior to the other departments of the army, in that they will only have honorary rank, while the Commissariat and Ordnance will have substantive rank, and still more agitation will arise. This all points to the only solution of the question—namely, a corps of Royal Surgeons with substantive rank, in fact proposal A, and the supporters of honorary rank should now adopt this proposal.

The result of the analysis will be regarded throughout the service as most satisfactory, in that the small and unimportant minority allotted to by the Director-General turns out to be the enormous majority of 94 per cent, which refuses to accept the present state of affairs with which he expresses himself as perfectly satisfied, while 75 per cent. vote for substantive or honorary rank. The existing government, so to speak, having sustained a crushing defeat at the hands of the opposition, but one course remains open to it—namely, resignation, and there will be a universal consensus of opinion that this course should be accepted by the Director-General. This had an Indian advertisement

THE ARMY MEDICAL DEPARTMENT AND THE DIRECTOR-GENERAL.
A MEDICAL OFFICER SERVING ABROAD writes: "Though we have been connected

ON CERTAIN REFORMS
IN THE
MEDICAL STAFF.

BY
SURGEON-MAJOR J. G. ROGERS, M.B.,
MEDICAL STAFF,
P.M.O. EGYPTIAN ARMY.

FOR PRIVATE CIRCULATION.

LONDON:
PRINTED BY THE ARMY AND NAVY CO-OPERATIVE SOCIETY, LIMITED,
117, VICTORIA STREET, WESTMINSTER, S.W.

ABOLITION OF RELATIVE RANK AND ITS CONSEQUENCES.

MEDICAL STAFF writes: I trust that the reply given by Sir J. Gorst on April 24th on the question of the allowances of the Medical Staff in India has not escaped the notice of the Parliamentary Bills Committee. Notwithstanding the assurances of the Government that abolition of relative rank meant nothing, and that the position of the medical officers was in no way affected thereby, we can now see how the Warrant is really interpreted by Government officials, and the medical officer is for the first time clearly and officially defined as having no rank.

Sir J. Gorst states that the rank of officers of the Medical Staff in India is that of surgeon, and that they receive the allowances of their rank. It is assumed that the title of surgeon is a rank, and comparison is then made between the allowances of surgeons, subalterns, and captains. The fact that a surgeon ranks with a captain is deliberately set aside, presumably because allowances do not come under Paragraph 125 A of the Royal Warrant, which provides only for "precedence, pensions for wounds, pensions to widows, and compassionate allowance to children."

It is well that we at last know how the Government intend to interpret the new Warrant, but they must learn that medical officers will not accept a title of surgeon as an army rank, and the reply of Sir J. Gorst will materially strengthen the hands of those who are so ably fighting the battle for justice to the Medical Staff. Until this justice be secured, it is to be hoped that the advice given by the *BRITISH MEDICAL JOURNAL* will be followed, and that not a man will come forward for service in the Medical Staff of the Army.

MEDICAL STAFF writes: The time has gone by for any such alteration of paragraph 125A of the Royal Warrant as reported in the *JOURNAL* of April 16th to be accepted by the officers of the Medical Staff as a satisfactory solution of the question of their army rank. The proposed alteration leaves this as it was before. There are two ranks, substantive and honorary, and the medical officer has neither. From the day that the Secretary of State for War declared in the House that relative rank meant nothing, relative rank was doomed. It is now attempted to restore its provisions without giving them even the name. The medical officers of the army will not accept this, and they trust to those who have already so ably advocated their cause to represent their views to the Government. Should representations fail, the pressure exerted by the schools from 1872 to 1878 must once again be brought to bear, and candidates for the Medical Staff must not be forthcoming.

REFORM OF THE ARMY MEDICAL DEPARTMENT.

P. M. O. writes: The question of rank has been so thoroughly threshed out in your columns, that it now only remains to await the result of the analysis of the answers received from medical officers, which will no doubt convince the authorities of the strength of opinion on this question in the Medical Department.

In the coming struggle to obtain the demands of the medical officers, it is to be regretted that the parliamentary interest of the profession is not more powerful, numerically. When it is a question of abolishing a battery of Royal Horse Artillery, such a storm of indignation is aroused in the House as it is to be feared the ruin of the efficiency of the entire Medical Department would not call forth. But it is not only a question of rank which is now to be decided. The present opportunity should be taken advantage of, and the Medical Department should cease and for all be put on such a footing that in the future there may be no possibility of such an agitation as the present one. This can only be attained by converting the department into a corps of "Royal Surgeons," on lines similar to the Royal Engineers, with the one exception that the officers of such a corps should exercise no command outside their own corps and the military hospitals. The details of such an organisation are simple, and the advantage obtained, by thus removing all grievances, would soon be shown by increased efficiency. There is no difficulty as regards pay, for the officers of such a corps could be granted "professional pay," or "medical pay," corresponding to "Engineer pay" in the Royal Engineers, and, if only it were equally liberal, they would have no cause to grumble. This is clearly the solution of the question, and this is the end for which the entire profession, as represented by the Parliamentary Bills Committee, should work. It is not the rank question alone which has caused the present universal discontent.

The abolition of all army rank was but the last straw, added to the weight of the many grievances under which medical officers have suffered for years back. The camel's back is at last broken, and service in the army has now become impossible under existing conditions. It only remains for those who are so ably fighting our cause to insist that the Secretary of State for War shall put the medical officers of the army on a footing commensurate with the importance of their army work, and the dignity of the profession to which they belong. The creation of a corps of Royal Surgeons will effect this.

M. S. writes: The statement of the Director-General at the late meeting of the Association, as well as his evidence before Lord Randolph Churchill's Committee, will, it is to be feared, widen the gap which already exists between him and the officers of his department. This is the more to be regretted as, up to the present, the feeling of personal regard and respect for their chief was strong amongst those who unfortunately differed from him on questions of army medical organisation. He would appear to remain obstinately blind to the views which the newly-issued circular will prove to be held by the majority of his officers.

The statement that medical officers wanted to "submerge their profession and be known by titles which it would be a degradation to any medical man to accept," was as ill called for as it was incorrect. Has Sir T. Crawford submerged his profession or accepted a degrading title when he became a K.C.B.? We hope not; and yet the title "Sir Thomas Crawford, Director-General Medical Staff" conceals his profession as much as "General Crawford, Director-General Medical Staff"—the title which the advocates for military rank would have conferred on him. He accepts the one cheerfully, but describes the other in language scarcely complimentary, to say the least of it, to the medical officers of foreign armies, who hold military rank and titles, and who, far from being disgraced thereby, daily experience the advantage of definite rank in promoting the efficiency of army medical organisation.

The Director-General omitted, in his allusions to the medical service being formed into a corps, and in his comparisons between such a corps and the Royal Engineers, the important point that Royal Engineers, as a scientific corps, receive a special rate of pay over and above the pay of their army rank, called in their case "working pay." Such a rate of pay, termed "professional pay," might easily be adopted for a corps of "Royal Surgeons," and be so graduated as to cover the present staff allowances; or, better still, a consolidated rate of pay might be decided on for officers of such a corps.

I trust members of the Association notice that the Director-General's remarks were not supported by a solitary officer of the Medical Staff now serving on full pay, of whom there must have been many present. Retired medical officers, or distinguished medical officers like Surgeon-General Cornish, whose career has been mainly a civil one in the Indian medical service, know little or nothing of the present movement, which is the growth of the last five years.

That the Director-General should ignore the military duties of the Medical Staff, who have the command of a corps 2,600 strong, is only equalled by his strongly-expressed opinion before Lord Randolph Churchill's Committee in favour of such duties being carried out by medical officers deprived of their uniform and wearing civilian dress, and the readiness with which he assented to the reductions, or the possibility of reductions, in the appointments of Surgeons-General—one of the few prizes an army medical officer has to look forward to.

AN OBJECTION TO HONORARY RANK.

A. SEXTON OFFICER, A.M.S. writes: There is a point in connection with honorary rank for medical officers which is worthy of the consideration of its supporters. Under recent regulations, in very few years, the civilian element—that is to say, the old officers of the Commissariat and Ordnance Store Departments recently granted honorary rank, will have disappeared, their places being taken by the officers now being brought in from regiments and corps who, as may be seen from recent gazettes, now enter into substantive army rank. Should the medical officers now accept honorary rank, they will again find themselves in a position inferior to the other departments of the army, in that they will only have honorary rank, while the Commissariat and Ordnance will have substantive rank, and still more agitation will arise. This all points to the only solution of the question—namely, a corps of Royal Surgeons with substantive rank, in fact proposal A, and the supporters of honorary rank should now adopt this proposal.

The result of the analysis will be regarded throughout the service as most satisfactory, in that the small and unimportant minority alluded to by the Director-General turns out to be the enormous majority of 94 per cent, which refuses to accept the present state of affairs with which he expresses himself as perfectly satisfied, while 78 per cent. vote for substantive or honorary rank. The existing government, so to speak, having sustained a crushing defeat at the hands of the opposition, but one course remains open to it—namely, resignation, and there will be a universal consensus of opinion that this course should be accepted by the Director-General.

THE ARMY MEDICAL DEPARTMENT AND THE DIRECTOR-GENERAL.
A MEDICAL OFFICER SERVING ABROAD writes: "Though we have been somewhat

ON CERTAIN REFORMS
IN THE
MEDICAL STAFF.

BY
SURGEON-MAJOR J. G. ROGERS, M.B.,
MEDICAL STAFF,
P.M.O. EGYPTIAN ARMY.

FOR PRIVATE CIRCULATION.

LONDON:
PRINTED BY THE ARMY AND NAVY CO-OPERATIVE SOCIETY, LIMITED,
117, VICTORIA STREET, WESTMINSTER, S.W.

ABOLITION OF RELATIVE RANK AND ITS CONSEQUENCES.

MEDICAL STAFF writes: I trust that the reply given by Sir J. Gorst on April 6th on the question of the allowances of the Medical Staff in India has not escaped the notice of the Parliamentary Bills Committee. Notwithstanding the assurances of the Government that abolition of relative rank meant nothing, and that the position of the medical officers was in no way affected thereby, we can now see how the Warrant is really interpreted by Government officials, and the medical officer is for the first time clearly and officially defined as having no rank.

Sir J. Gorst states that the rank of officers of the Medical Staff in India is that of surgeon, and that they receive the allowances of their rank. It is assumed that the title of surgeon is a rank, and comparison is then made between the allowances of surgeons, subalterns, and captains. The fact that a surgeon ranks with a captain is deliberately set aside, presumably because allowances do not come under Paragraph 125 A of the Royal Warrant, which provides only for "precedence, pensions for wounds, pensions to widows, and compassionate allowance to children."

It is well that we at last know how the Government intend to interpret the new Warrant, but they must learn that medical officers will not accept a title of surgeon as an army rank, and the reply of Sir J. Gorst will materially strengthen the hands of those who are so ably fighting the battle for justice to the Medical Staff. Until this justice is accorded, it is to be hoped that the advice given by the *British Medical Journal* will be followed, and that not a man will come forward for service in the Medical Staff of the Army.

MEDICAL STAFF writes: The time has gone by for any such alteration of paragraph 125A of the Royal Warrant as reported in the *Journal* of April 16th to be accepted by the officers of the Medical Staff as a satisfactory solution of the question of their army rank. The proposed alteration leaves this as it was before. There are but two ranks, substantive and honorary, and the medical officers have neither. From the day that the Secretary of State for War declared in the House that relative rank meant nothing, relative rank was doomed. It is now attempted to restore its provisions without giving them even the name. The medical officers of the army will not accept this, and they trust to those who have already so ably advocated their cause to represent their views to the Government. Should representations fail, the pressure exercised by the schools from 1872 to 1878 must once again be brought to bear, and candidates for the Medical Staff must not be forthcoming.

REFORM OF THE ARMY MEDICAL DEPARTMENT.

P. M. O. writes: The question of rank has been so thoroughly threshed out in your columns, that it now only remains to await the result of the analysis of the answers received from medical officers, which will no doubt convince the authorities of the strength of opinion on this question in the Medical Department.

In the coming struggle to obtain the demands of the medical officers, it is to be regretted that the parliamentary interest of the profession is not more powerful, numerically. When it is a question of abolishing a battery of Royal Horse Artillery, such a storm of indignation is aroused in the House as it is to be feared the ruin of the efficiency of the entire Medical Department would not call forth. But it is not only a question of rank which is now to be decided. The present opportunity should be taken advantage of, and the Medical Department should cease and for all be put on such a footing that in the future there may be no possibility of such an agitation as the present one. This can only be attained by converting the department into a corps of "Royal Surgeons," on lines similar to the Royal Engineers, with the one exception that the officers of such a corps should exercise no command outside their own corps and the military hospitals. The details of such an organisation are simple, and the advantage obtained, by thus removing all grievances, would soon be shown by increased efficiency. There is no difficulty as regards pay, for the officers of such a corps could be granted "professional pay," or "medical pay," corresponding to "Engineer pay" in the Royal Engineers, and, if only it were equally liberal, they would have no cause to grumble. This is clearly the solution of the question, and this is the end for which the entire profession, as represented by the Parliamentary Bills Committee, should work. It is not the rank question alone which has caused the present universal discontent.

The abolition of all army rank was but the last straw, added to the weight of the many grievances under which medical officers have suffered for years back. The camel's back is at last broken, and service in the army has now become impossible under existing conditions. It only remains for those who are so ably fighting our cause, to insist that the Secretary of State for War shall put the medical officers of the army on a footing commensurate with the importance of their army work, and the dignity of the profession to which they belong. The creation of a corps of Royal Surgeons will effect this.

M. S. writes: The statement of the Director-General at the late meeting of the Association, as well as his evidence before Lord Randolph Churchill's Committee, will, it is to be feared, widen the gap which already exists between him and the officers of his department. This is the more to be regretted as, up to the present, the feeling of personal regard and respect for their chief was strong amongst those who unfortunately differed from him on questions of army medical organisation. He would appear to remain obstinately blind to the views which the newly-issued circular will prove to be held by the majority of his officers.

The statement that medical officers wanted to "submerge their profession and be known by titles which it would be a degradation to any medical man to accept," was as ill called for as it was incorrect. Has Sir T. Crawford submerged his profession or accepted a degrading title when he became a K.C.B.? We hope not; and yet the title "Sir Thomas Crawford, Director-General Medical Staff," conceals his profession as much as "General Crawford, Director-General Medical Staff"—the title which the advocates for military rank would have conferred on him. He accepts the one cheerfully, but describes the other in language scarcely complimentary, to say the least of it, to the medical officers of foreign armies, who hold military rank and titles, and who, far from being disgraced thereby, daily experience the advantage of definite rank in promoting the efficiency of army medical organisation.

The Director-General omitted, in his allusions to the medical service being formed into a corps, and in his comparisons between such a corps and the Royal Engineers, the important point that Royal Engineers, as a scientific corps, receive a special rate of pay over and above the pay of their army rank, called in their case "working pay." Such a rate of pay, termed "professional pay," might easily be adopted for a corps of "Royal Surgeons," and be so graduated as to cover the present staff allowances; or, better still, a consolidated rate of pay might be decided on for officers of such a corps.

I trust members of the Association notice that the Director-General's remarks were not supported by a solitary officer of the Medical Staff now serving on full pay, of whom there must have been many present. Retired medical officers, or distinguished medical officers like Surgeon-General Cornish, whose career has been mainly a civil one in the Indian medical service, know little or nothing of the present movement, which is the growth of the last five years.

That the Director-General should ignore the military duties of the Medical Staff, who have the command of a corps 2,600 strong, is only equalled by his strongly-expressed opinion before Lord Randolph Churchill's Committee in favour of such duties being carried out by medical officers deprived of their uniform and wearing civilian dress, and the readiness with which he assented to the reductions, or the possibility of reductions, in the appointments of Surgeons-General—one of the few prizes an army medical officer has to look forward to.

AN OBJECTION TO HONORARY RANK.

A SENIOR OFFICER, A.M.S. writes: There is a point in connection with honorary rank for medical officers which is worthy of the consideration of its supporters. Under recent regulations, in very few years, the civilian element—that is to say, the old officers of the Commissariat and Ordnance Store Departments recently granted honorary rank, will have disappeared, their places being taken by the officers now being brought in from regiments and corps who, as may be seen from recent gazettes, now enter into substantive army rank. Should the medical officers now accept honorary rank, they will again find themselves in a position inferior to the other departments of the army, in that they will only have honorary rank, while the Commissariat and Ordnance will have substantive rank, and still more agitation will arise. This all points to the only solution of the question—namely, a corps of Royal Surgeons with substantive rank, in fact proposal A, and the supporters of honorary rank should now adopt this proposal.

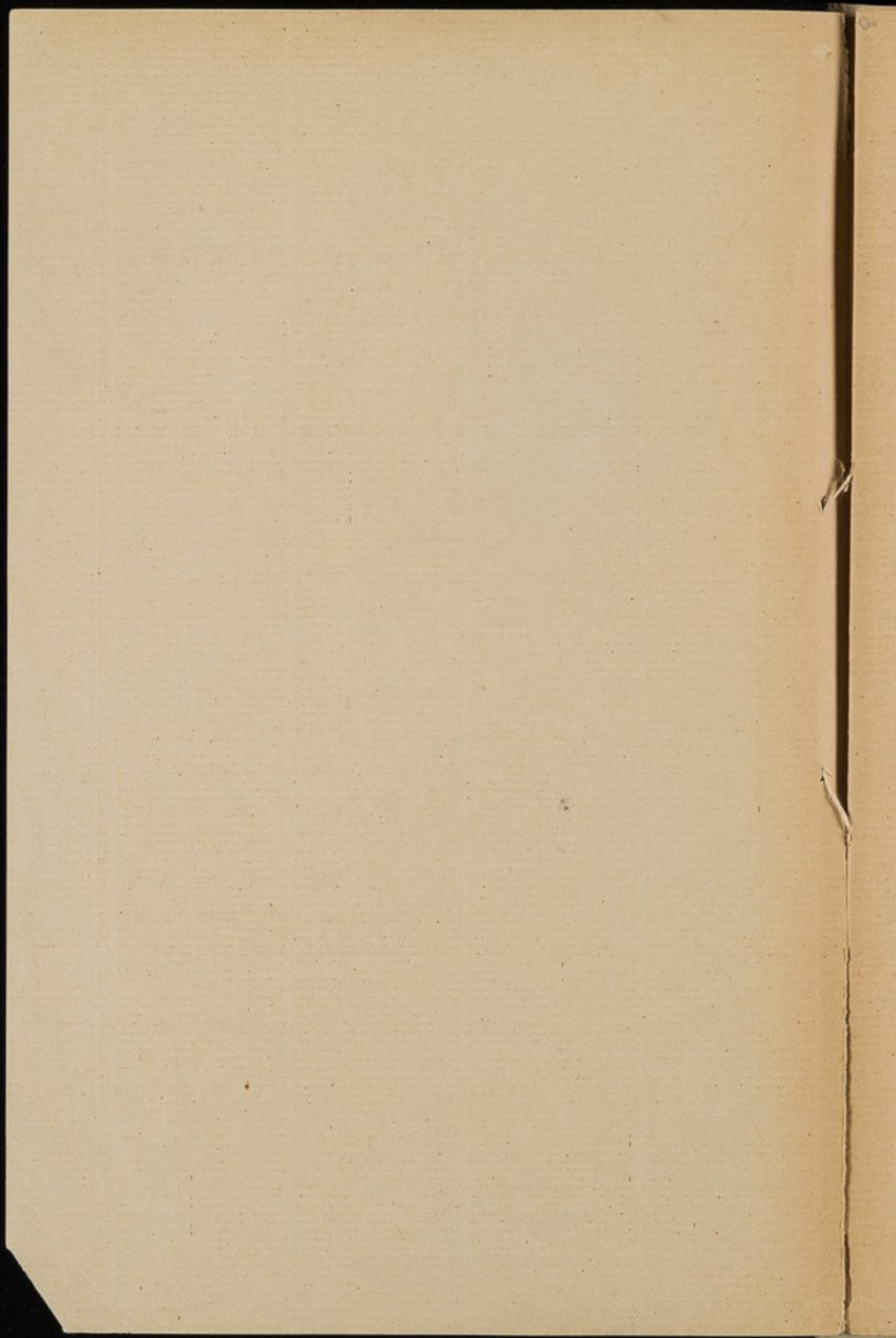
The result of the analysis will be regarded throughout the service as most satisfactory, in that the small and unimportant minority allotted to by the Director-General turns out to be the enormous majority of 94 per cent, which refuses to accept the present state of affairs with which he expresses himself as perfectly satisfied, while 75 per cent. vote for substantive or honorary rank. The existing government, so to speak, having sustained a crushing defeat at the hands of the opposition, but one course remains open to it—namely, resignation, and there will be a universal consensus of opinion that this course should be accepted by the Director-General.

ON CERTAIN REFORMS
IN THE
MEDICAL STAFF.

BY
SURGEON-MAJOR J. G. ROGERS, M.B.,
MEDICAL STAFF,
P.M.O. EGYPTIAN ARMY.

—♦—
FOR PRIVATE CIRCULATION.
—♦—

LONDON:
PRINTED BY THE ARMY AND NAVY CO-OPERATIVE SOCIETY, LIMITED,
117, VICTORIA STREET, WESTMINSTER, S.W.



ON CERTAIN REFORMS IN THE MEDICAL STAFF.

THE Introduction of a New Warrant, affecting the Medical Department of the Army, has always been preceded by a strong feeling within the Department, that certain improvements in the conditions of service had become necessary; which, re-acting on the public and the Medical Schools, brought about the desired changes.

There is now amongst the Officers of the Medical Staff, a gradually increasing spirit of discontent at the scant justice accorded to their service—viewing the advance made in all other branches of the Service within the last few years, which has resulted in the Medical Department being left far behind the times. As such a feeling of discontent must impair the efficiency of the Service, it may be well to consider what are the existing grievances under the following headings:—

- I. Opportunities for study and improvement after entering the Service.
- II. Amount of home-service.
- III. Honours and Rewards.
- IV. Rank.

I.

The importance of Medical Officers keeping abreast of the times cannot be over-rated. No body of Officers deserves more the name scientific, yet to them alone are denied the opportunities for improving their professional knowledge after entering the Service, which are so freely offered to the other scientific branches of the Service and to the Army at large. For the latter, Garrison Classes and a two years' course of higher education at the Staff College, open to all with ability to pass the necessary examination, are provided. Leave of absence is granted to study foreign languages, and opportunities are offered for observing the system of foreign armies by attendance at foreign manœuvres and campaigns. While for the Scientific Corps, Royal Engineers and Royal Artillery, there are advanced classes in their special subjects of knowledge.

For the Medical Officer alone, the most scientific of all and most in need of post-graduate courses of instruction, no such provision is made. Even the four months' course at Netley, once granted to Medical Officers before their examination for promotion, has been discontinued, though the examination itself has been re-instituted, and a further one for promotion to Brigade Surgeon added.

Under existing Regulations, a Surgeon is put to con-

siderable expense to enable him to comply with the regulations for his examination for promotion to Surgeon Major, while no special leave is granted him for the course of study required of him before presenting himself for examination. This weighs heavily on the Junior Officers of the Service.

The examination for promotion to Brigade Surgeon is absolutely unnecessary. The fitness or otherwise of Officers for promotion, after spending 20 to 25 years in the Service, should by that time be known at Head Quarters. No Lieutenant-Colonel in the other branches of the Service is called on to pass an examination for further promotion, why should the Medical Officer? Medical Officers who spend the greater portion of their service in out-of-the-way Stations abroad, must become rusty in their knowledge, and no one acknowledges this fact more than they themselves. They demand opportunities for further study and instruction, and are ironically informed, as was stated in the House, in reply to a question on the subject, that when at home (which means about two years in every seven), the authorities have no objection to their employing their two months' annual leave, granted when possible, in the furthering of their Medical knowledge. Compare this treatment with that accorded to the other branches of the Service, where the much longer period of privileged leave is not interfered with by any of the courses of instruction.

The War Office Committee on the Medical Department assembled after the Egyptian War in 1882, recognized the urgency of the above needs, and recommended that—

“As many Army Surgeons as possible should at
 “some period of their career have opportunities of
 “visiting large Civil Hospitals, and thus keeping
 “themselves informed of the progress of Medical and
 “Surgical Science.” (Para. 184).

Again—

“That greater facilities should be given for special
 “courses of study in Civil and Military Hospitals in
 “London and Foreign Capitals.”

These most valuable recommendations, as well as others, which if carried out, would have increased the efficiency of the Medical Service, have been totally disregarded, while some of the more distasteful, and possibly least necessary ones, have been acted on.

The necessity of Medical Officers being conversant with the Medical organisation of other armies cannot be disputed, yet the opportunities afforded by foreign manœuvres and campaigns are allowed to pass unheeded. No greater field for acquiring the knowledge so indispensable to a good Medical Officer exists than in following an army through one of the great campaigns of modern times, yet how many Medical Officers have been given this opportunity?

What is required, and what the Government will grant if it desires an efficient service, is :—

- 1st. A special course of instruction in a London Hospital, through which every Medical Officer should pass between his fifth and twelfth year's service.
- 2nd. A further course between the fifteenth and twentieth year of service.
- 3rd. Leave of absence on full pay and allowances to study a foreign language abroad for six months, to be combined with study at one of the great foreign Medical Schools; an examination in the language to be passed at the close of the six months. Should qualifying marks not be obtained, some penalty, such as stoppage of allowances, to be exacted.
- 4th. Medical Officers conversant with foreign languages to be detailed to represent the Medical Staff at the Manœuvres of Foreign Armies, to report on their Medical Organisation, and to be attached to Foreign Ambulances in time of war.

II.

The amount of home service has been so diminished that the Medical Staff is rapidly becoming a foreign service. In the present day, the most that can be expected is one and a-half to two years' home service,

followed by a tour of foreign service of from three to five years, generally the latter. This is in time of peace. In time of war, which is of constant recurrence, the period of home service is further lessened, so that it is now common to find that in fifteen years' service about three have been passed at home. In February, 1885, 73 per cent. of the Medical Staff were on foreign service.

The lengthened periods of foreign service tend to undermine the constitution and break down the health of all but the most robust men, while none of the compensating advantages that appertain to a recognized foreign service, such as the Indian Medical, are accorded to the so-called Home Service. Permanently injured in health by the vicissitudes and exposures of active service, epidemics, and prolonged foreign service, the Medical Officer who retires even at 20 years' service finds himself unable physically to compete with his juniors in age in the race of life.

Appointments hitherto filled by Medical Officers serving at home, are now given to retired Medical Officers, who, in many cases with administrative rank, are content to perform the duties of Junior Surgeons.

The Medical Staff is under-officered. When war breaks out, a large proportion of the Medical Officers serving at home is required for active service, and the work has to be performed by civil practitioners, necessarily

ignorant of Military or departmental routine. It would be interesting to call for a return showing the number of civil practitioners employed at home, together with a report from General Officers and Principal Medical Officers of Districts, as to the working of the system.

A false idea of economy is at the root of this, and much that calls for reform in the Medical Service as at present organized.

The strength of the Medical Staff must be increased and economy should not be allowed to interfere with efficiency.

The appointments now filled by retired Medical Officers should be given to those on full pay—as used to be the case.

Every encouragement should be given to the employment of Medical Officers in appointments outside their immediate department, in which they would gain an experience which would be afterwards most valuable to their own service, and the periods for which they should be seconded should be the same as those for other Staff Officers. Many such appointments may in the future arise in connection with Colonial or other forces and they should be generously provided for.

III.

It must be accepted as an unpalatable fact that the profession of Arms will always be considered as superior to that of Medicine in the distribution of honours and rewards after a campaign; what the Medical Officers have at least the right to demand is, that they should be on a par with the other Departments of the Army in this respect, if not ahead of them, being the only so-called Non-combatant Officers of the Army, who, from the nature of their duties, are exposed to the same dangers as Combatant Officers.

In 1878 a War Office Committee was assembled to report on the causes which tended to prevent sufficient eligible candidates coming forward for the A.M.D. They presented their report in July, 1878, and the report was published in the form of a Blue Book. No report can be more interesting on all the questions considered, and more particularly in the subjects of Honours and Rewards. We find in para. 35 the following :—

“ Like many other men who do their duty under an
“ especial risk to life, Medical Officers appear to set
“ a high value on honorary distinctions. Complaint
“ as to the paucity of these distinctions is, doubtless,
“ a grievance somewhat of an intangible nature; but
“ honours have always formed one of the rewards to
“ be looked for in a National Service.

" It can scarcely be hoped that the pecuniary
" attractions of the Public Service will rival, except
" perhaps quite at the commencement of the career,
" those of Civil life.

" Honours and Distinctions must strike the balance.

" We, therefore, sympathise with the Medical
" Officers in their complaint that honorary dis-
" tinctions do not, as compared with other Corps, fall
" sufficiently to their share."

Again, para. 37—

" They (the Medical Officers) claim to be a scientific
" Corps (administering nothing beyond their own
" affairs and partaking of the nature of a combatant
" position) rather than an administrative Department
" of the Army. It is true they do not fight in offensive
" War, but they maintain an incessant combat with
" disease and death: they go under fire in battle
" wherever combatants go—which other Departments
" do not,—and they take their share of Indian Service,
" which the Veterinary Department alone shares with
" them.

" The result is shown in the list of casualties.
" The death rate of Medical Officers greatly exceeds
" that of Combatant Officers. It is calculated by the
" Actuaries that of 100 young men at 20 years of age
" who respectively enter for Army Combatant Com-
" missions and study for the Medical Department, the
" following reach the later ages:—

		Combatant Officers.		Medical Officers.	
" Start at age 20	...	1000	...	1000	
" Live till „ 30	...	888	...	849	
" „ „ 40	...	792	...	684	
" „ „ 50	...	689	...	538	
" „ „ 60	...	571	...	423	"

Para. 38—

" The contention that Medical Officers are to be
 " considered with Combatant Officers is partly recog-
 " nized by their sons being allowed to be eligible for
 " Queen's Cadetships."

Para. 39—

*" On these grounds we think that the Medical Officers
 " show good cause why, in the matter of honours, they should
 " be associated with the Combatant rather than with the
 " Administrative Services; and as Medical Officers
 " appear to attach great importance to some change
 " of title, we think it is a matter for consideration
 " whether they might not be styled 'Royal Army
 " Surgeons,' 'Royal Medical Staff,' or some other
 " appropriate designation."*

The War Office Committee of 1883 also recommended that the Medical Department should be made a Royal Service.

The title "Royal Surgeons" would meet all the necessities of the case, and give universal satisfaction.

The present title, Medical Staff, is most unsatisfactory; it means nothing at all, and does not even show that a Surgeon is in the Army.

Again, para. 40—

“As regards precedence, we think that they
“should not be ranked below any other Civil Depart-
“ment of the Army.”

Para. 41—

“We further recommend (as Lord Herbert’s Com-
“mission also did in 1858) that in regard to honours,
“rewards, and good service pensions, the Medical
“Department should be judged rather by the standard
“for combatants than by that for non-combatants.
“At present, judged by such a standard, they are far
“below the combatant ranks in their enjoyment of the
“honour of the Bath, the Star of India, and of St.
“Michael and St. George.

“In total numbers of Officers, the Royal Engineers
“do not equal the Medical Officers; but the appor-
“tionment of Knighthood among Officers now on the
“active list stands thus:—

	“Royal Engineers.			Medical Staff.	
“G.C.B.	2	...	...	—
“K.C.B.	6	...	...	2
“C.B.	19	...	...	8
“K.C.M.G....	...	1	...	...	—
“C.M.G.	3	...	...	—
“G.C.S.I.	1	...	...	—
“K.C.S.I.	1	...	...	—
“C.S.I.	2	...	...	—
“Totals	35	...	...	10.”

What improvement has been made between 1878 and 1886
will be seen from the following—showing the Orders held

by the Royal Engineers and Medical Staff on the Active List in December, 1886:—

				Royal Engineers.			Medical Staff.
G.C.B.	...	...	...	3	...	...	—
K.C.B.	...	...	...	5	...	...	3
C.B.	...	...	...	12	...	...	10
G.C.M.G.	...	...	...	2	...	...	—
K.C.M.G.	...	...	...	2	...	...	—
C.M.G.	...	...	...	8	...	...	1
D.S.O.	...	...	...	—	...	...	2
Total	...	...	...	32	...	...	16

It will be observed that no Medical Officer has the highest grade of any Order—and that the recommendations of the Committee have produced but little result.

Para. 42.

“Further, we would recommend that as the
 “appointment of Queen’s Aide-de-Camp promotes the
 “Officer appointed, *ipso facto*, to be Colonel in the
 “Army, so appointment as Honorary Physician and
 “Surgeon to Her Majesty should, *ipso facto*, raise the
 “Officer selected for the honour to the rank of Deputy
 “Surgeon-General, to be borne as supernumerary in
 “the rank until he would have been promoted to it in
 “the ordinary course.

“In considering this point, it is to be remembered
 “that a Queen’s Aide-de-Camp has in that capacity
 “10s. 5d. a day (£190 2s. 1d. a year), without being
 “debarred from other Staff pay, whereas the Hon.
 “Physician and Surgeon has no extra pay as such.”

Has this recommendation ever been acted on? There

is no case of a Brigade Surgeon appointed Q.H.S. or Q.H.P. and *ipso facto* becoming a Deputy Surgeon-General.

In the case of Queen's A.D.C. the Officer is almost invariably selected from the Lieutenant-Colonels of the Army, and receives with the honour of A.D.C. to the Queen promotion to the rank of Colonel and £190 2s. 1d. a year.

Further, on attaining the rank of Major-General, he ceases to be A.D.C. and makes room for another Officer to receive the distinction.

A similar rule should apply to Officers of the Medical Staff as regards the distinction of Q.H.P. or Q.H.S.

Officers should be selected for this distinction from the rank of Lieutenant-Colonel, and should, *ipso facto*, become Deputy Surgeon-General.

There is no reason that they should not receive the same pay as A.D.C. to the Queen, and on attaining the rank of Surgeon-General they should cease to be Q.H.P. or Q.H.S.

It is an anomaly that, as at present, retired Medical Officers should hold the distinction. Of the six Q.H.P.'s in the Medical Staff, but one, a Surgeon-General, is on the active list; of the six Q.H.S.'s, but one, the Director General, is on the active list.

At the close of the Egyptian War of 1882, an attack was made on the Medical Department, the injustice of which was clearly proved by the War Office Committee appointed to enquire into the alleged shortcomings, and by the appended minute of such an authority on the conduct of Medical work in time of War as Sir William MacCormac.

“Decorations, Medjidiehs and Osmaniehs, were
 “showered on Combatant Officers, every Staff Officer
 “being given one. *Of between 80 and 90 Surgeons,*
“ranking as Captains, not one received a Decoration. The
 “percentage given to the undermentioned Depart-
 “ments was approximately as follows :—

“ Ordnance Store,	57	per cent.
“ Commissariat,	27	„
“ Medical	7	„

It was known that the Medical Department was considered by the authorities to have done badly, and the officers, against whom, individually, no complaint was made, had to suffer.

When the injustice of the charges ^{was} ~~were~~ proved, the reparation which might have been expected was not made.

In the Suakim Expedition of 1884, and the Nile Expedition, 1884 and 1885, the Medical Service was brilliantly administered, and received on all sides—from the Commander-in-Chief in Egypt, from the House of Commons, from the Press—unqualified praise, with what

result the following table shows, as regards the Nile Expedition :—

DEPARTMENTS.	Average Strngth. up Nile.	Numbr. mentnd. in Despatches.	Numbr. Pro-moted.	Numbr. Deco-rated.	Per Centage Men-tioned.	Per Centage Pro-moted.	Per Centage Deco-rated.
Commissariat ...	29	8	4	—	27·6	13·8	—
Army Pay... ..	12	5	5	—	41·6	41·6	—
Ordnance Store..	10	4	3	—	40·0	30·0	—
Veterinary... ..	9	4	2	—	44·4	22·2	—
Army Chaplain...	9	4	4	—	44·4	44·4	—
Medical	101	13	8	1	12·8	7·9	5·9

As regards Suakim, the *Gazette* containing a long list of officers granted Decorations is conspicuous by the absence of the Medical Staff, the name of one Medical Officer only being included. The Supplemental *Gazette* of honours and rewards for the Soudan operations promotes four Commissariat Officers and but one Medical Officer, though the Medical Staff had four times the number of Officers in the field. The Commissariat Staff thoroughly earned a reward, so did the Medical ; the one received it, the other did not.

Again, in the *Gazette* for Bechuanaland, the Commissariat Staff, Ordnance Staff, and Veterinary Department all have representatives promoted ; the Medical Staff alone is omitted.

The system of Brevets in the Combatant Branch of the service, and the greater generosity in promotion shown to the other Departments of the Army, leave the Medical Officers far behind.

It is not uncommon in these days of rapid advancement by brevets to find Lieutenant-Colonels of 12 to 16 years' service. The Medical Officers, having no system of brevets, find themselves, after each campaign, passed over by Officers far their junior in rank and age.

It must be borne in mind that relative rank, or Army rank, obtained by brevet, carry with them substantial advantages which include retiring pensions, widows' and orphans' pensions, all allowances, choice and superiority of quarters on land, and cabins on board ship, scale of batta when granted for a campaign, and indirectly the class of honours and rewards which may be given after a campaign.

Why should all these be denied to the Medical Officer when there is no more difficulty in his receiving a brevet, than in the case of an Officer of the Royal Engineers, or Royal Artillery, who receive brevets while retaining their own places on their regimental list and performing the duties of their regimental rank?

Again, as regards some mark of distinction to the Medical Staff as a Corps, like the Royal Engineers or Royal Artillery. The case is ably stated by Surgeon-

Major Evatt, whose remarks, as follows, may be found in Appendix A, p. 31, of the report of the War Office Committee of 1878, as well as in his published pamphlet :—

“ When a Regiment or Corps distinguishes itself in
 “ a campaign, it is the custom of the Service that they
 “ receive permission to place the name of the battle
 “ or campaign upon their colours in appointments.

Memorandum “ By these ~~numerical~~ esprit-de-corps is preserved
 “ and tradition developed.

“ When the Corps, consists of a large body of
 “ officers and men, some of whom must share in every
 “ campaign, a more general honorary distinction is
 “ given, such as ‘ Ubique ’ and ‘ Quo Fas et Gloria
 “ ‘ Ducunt ’ in the Artillery and Engineers, and ‘ Per
 “ ‘ Mare et Terram ’ in the Royal Marines.

“ Corps also, as a reward, are made ‘ Royal,’ or
 “ ‘ Queen’s,’ or ‘ King’s,’ or such like. Small as these
 “ things may seem in civil eyes, they are dear to the
 “ soldier and soldier-doctor, and form the most
 “ pleasant rewards a regiment can receive. Knowing,
 “ as we do, the long and faithful service of Army
 “ Doctors in the century and three-quarters that have
 “ passed away since Marlborough’s days, and the
 “ constant share the Medical Service has taken in
 “ continual campaigns, one opens the Army List to
 “ find that no reward of any kind exists at the head
 “ of the Department, differing in this way from every
 “ other corps in the Service. That Army Doctors
 “ feel this I am certain, and it has often been pointed
 “ to by Doctors favouring regimental views to show
 “ the neglected condition of the Medical Service. It
 “ seems impossible to answer such a complaint.

“ Take even the latest example—Ashantee. The
 “ 23rd bear the word on their colours, although, as it
 “ happens, through no fault of theirs, the share they
 “ took in the campaign was principally lying off the
 “ African Coast in transports.

“ Seventy-three Army Medical Officers served
 “ there, all exposed to disease, many under fire, yet no
 “ record, general or particular, would show this to the
 “ uninitiated.

“ The average civilian would think we had done
 “ nothing.

“ Many Officers feel disheartened at this apparently
 “ unequal treatment of the Army Medical Department
 “ by comparison with other branches of the Service.

“ We get no record of duty done, although every
 “ other body does.

“ Yet no Corps of Officers can compare in Service
 “ with ours, and for this reason:—We have taken
 “ share in every European Campaign from Marl-
 “ borough's battles to Sebastopol, and, in addition,
 “ have served in all the long Indian Wars that built
 “ up our Empire in the East.

“ The Artillery and Engineers never went to India
 “ until 1857, neither did the Commissariat—the Chap-
 “ lains, nor the other Departments. We, on the
 “ contrary, have shared in all these Wars, and some
 “ of the noblest acts of devotion have been done
 “ under an Indian sun, in the days of 1857, at Delhi
 “ and Lucknow, and in the old days before them.

“ We are not honoured with the prefix ‘Royal,’
 “ although Artillerymen and a crowd of Infantry

“ Corps are so honoured ; we, equally devoted to
 “ England, are left out in the cold.

“ Small things like these are often great because
 “ they are so small. They are dear to the soldier and
 “ the soldier-doctor, and we would put up with many
 “ a hardship, knowing that by-and-by recognition of
 “ good service done would come.”

What is urgently required for the Medical Staff is :—

1. That the recommendations of the War Office Committee of 1878 should be carried out as regards Honours and Rewards.
2. That Medical Officers should receive brevets which would confer Army rank with all its advantages, except command, while retaining their position on their Departmental list for Departmental duties.
3. That the Medical Department should be made a Royal Service, under the title “ Royal Surgeons,” and be given a distinctive motto.
4. That the appointments to the distinction of Q.H.S. and Q.H.P. should be given to Officers of the rank of Lieutenant-Colonel, who would *ipso facto* become, on appointment, Deputy Surgeon-Generals, but supernumerary of the rank.
5. That on promotion to Surgeon-General, or retiring from the active list, an Officer should cease to be Q.H.S. or Q.H.P.

6. That a Q.H.S. or Q.H.P. should receive the same rate of pay as an A.D.C. to the Queen.
7. That at the very least the Medical Staff should receive the same proportion of Honours and Rewards as the other Departments of the Army, if not that they should be on a par with Combatant Officers in this respect.

IV.

The present relative rank of the Medical Officer means nothing, while the titular distinction is absurd.

The Army and the public in general do not know the difference between a Surgeon-Major and a Surgeon-General, while the intermediate titles of Brigade Surgeon and Deputy Surgeon-General only make confusion more confounded.

The Surgeon-Major is a Major—or ranks with one—on promotion to the rank of Lieutenant-Colonel he is still a Surgeon-Major.

A Surgeon-Major of the rank of Lieutenant-Colonel becomes a Brigade Surgeon, but the Brigade Surgeon still remains a Lieutenant-Colonel.

A Surgeon-General is a Major-General, on promotion to Director-General he still remains a Major-General. Can any system of titular rank be more absurd and confusing? The present titular rank conveys nothing to the

rest of the Service and fails to command respect in the Service, and the Medical Officer would be far better without it.

Let him be either purely civil in title and have no rank, or as an integral portion of the Military machine purely Military. The former course is now impossible since the command and discipline of the men has been handed over to the Medical Officers.

In the present day, when so much has been done to amalgamate the Officers and men of the Medical Service, and to make them one Corps, it has been strangely forgotten that all the members of that Corps, with the one exception of the Commanding Officers, have Military rank and title.

Can anything be more ludicrous than that a Station Hospital, or a unit in the field, such as a Bearer Company, or moveable Field Hospital, consisting of individuals with Military rank and title, from Private to Captain or Major (the latter being the title of the Quartermasters of the Medical Staff) should be commanded by practically a civilian who is plain Mr. or Doctor to the Officers and men under his command?

The position is not only anomalous but enormously increases the difficulties of command. In time of War, too, the Officer commanding Field Hospital Transport, who has himself a Military title, is under the orders

of the Medical Officer commanding the Field Hospital, practically a civilian.

Granting of titular, or, as it is called, Honorary rank to the Medical Officer has become necessary and is only a question of time. It is in existence in many other Armies and has not been found to interfere with the high professional standing of the Medical Officers.

The Surgeon-General of the United States Army writes :—

“ No difficulty whatever, either in theory or practice, has arisen from the fact that Medical Officers have real rank ; but, on the contrary, the wisdom of the legislation by which it was effected has been satisfactorily established.

“ It is an undoubted fact that the law giving Medical Officers the same military status as other officers has done much to enhance the esprit-de-corps, and to increase the efficiency of the Army Medical Service.”

These are weighty words and deserve full consideration by those who would oppose such a step in the English Army.

It may be urged that claims for titular rank only come from Medical Officers in the Service. Bearing on this, the views of the Professor of Surgery, University College (Professor Marshall, F.R.S.), as laid down before the War Office Committee of 1878, are of special value.

He states—vide Appendix A, p. 46, of Blue Book before referred to.

“ If my idea of the question is the correct one, it
 “ seems to me that there is only one way of making
 “ the Department attractive, and that is by putting it
 “ in every respect on the same footing as the Royal
 “ Engineers.

“ I cannot see the objection to this plan. *The*
 “ *profession of Medicine is certainly as honourable as that of*
 “ *Engineering, and in these days of colossal armies the impor-*
 “ *tance of the Sanitary Branch of the Service is second to*
 “ *none.*”

He recommends accordingly—para. 2—

“ The Corps so formed should be considered essen-
 “ tially a Military Corps, as is the case with the Royal
 “ Engineers.

“ The present position of a Medical Officer is
 “ unjust, and puts him at a great disadvantage with
 “ other Officers, both socially and in the matter of
 “ Military rewards.

“ It is unjust, because in these days of long-range
 “ weapons, wherever there is fighting there are
 “ Medical Officers under fire, and in modern European
 “ wars the mortality among them from gunshot wounds
 “ has been considerable. Then again, it ought to be
 “ remembered that in Active Service, even if a Medical
 “ Officer is not sent to the front, he probably has to
 “ face still greater dangers, in the fearful epidemics of
 “ typhus, cholera, &c., that sooner or later almost in-
 “ variably make their appearance in Military Hospitals
 “ in the field.

“ Even in this week's *Lancet* I see that during the
 “ latter half of April there were as many as 470 Russian
 “ Medical Officers suffering from typhus fever.

“ I think then, it must be admitted, that the time
“ has come for him to be considered a Military Officer.”

Is it more absurd that a Medical Officer should have titular rank than an Engineer, who it is to be hoped is no worse Engineer because he is Captain or Colonel—than a Paymaster who resigns his combatant commission, to take up purely Civil Clerical duties, and at no time has command of men—than a Commissariat Officer—than an Ordnance Officer? The two latter have been lately granted the honorary rank and their positions have been enormously increased thereby, and no doubt proportionately the efficiency of their Departments. The difference in the respect accorded in the Service, and out of the Service, to Colonel A., Commissariat and Transport Staff, and the late Mr. A., Dy.-Com. General, is too marked, not to prove how beneficial has been the change, and how necessary it is that it should be introduced into the Medical Department, which in this, as in other respects, is far behind the times.

Until this desirable change be effected, the Subaltern must be expected to treat even in official matters, the Surgeon-Major or Surgeon-General with considerably less of the recognised etiquette of respect of the Service than he would accord to the Junior Major of his Battalion.

As the Subaltern of to-day is—so will the General of the future be, and in the past the Service and the Country

have suffered enough from General Officers not quite recognising the importance to the success of their operations of a well-organised Medical Service, and the position of their Medical Staff.

The Medical Officer must be, above all things, a first-rate professional man, and on his knowledge of his work his reputation must stand or fall, but his work, more particularly in the field, also includes powers of organization and powers of command, without which his pure professional knowledge might but little avail.

The titular rank is an adjunct which has become necessary, viewing the changes in the other branches of the Service, to enable him to discharge his duties more efficiently, and to give additional weight to the recommendations or orders he may be called upon to give.

But even in the question of the present relative rank the Medical Officer is again behind the times and the other branches of the Service.

A private may rise from the ranks, and become a full General: a Medical Officer cannot attain a higher rank than Major-General. Why should this be?

A Commissariat Officer attains the rank of Major in twelve years' service or under. *Five years' service in the rank of Major promotes him to Lieutenant-Colonel*, that is, in seventeen years, or less. So with the Ordnance.

The Medical Officer is promoted to the rank of Major at twelve years' service, *he has to pass eight years in that rank before attaining the rank of Lieutenant-Colonel*, that is, in 20 years' service.

The Commissariat Officer entering the Service at the same time as the Medical Officer beats him by three years at least, and must pass over his head. Is this fair?

In the Combatant branch a Lieutenant-Colonel serves *four years in the rank*, in any capacity except command of a Company, and is then promoted to Colonel.

A Medical Officer has to serve *about ten years in the rank of Lieutenant-Colonel* before promotion to the rank of Colonel, while it must be remembered that promotion has become so rapid of late years in the Combatant branch of the Service, that most men attain the rank of Lieutenant-Colonel in a shorter period of service than is required of Medical Officers, viz., 20 years.

A Surgeon-Major is promoted to Brigade Surgeon, he receives the right to wear a frock coat, and to adopt a title which conveys nothing to the Military or Civil mind, but he still remains a Lieutenant-Colonel, and this at 26 years' service, the time at which he attains his promotion in the present day. Had he had a particle of ability and been in the Combatant branch, at 26 years' service, or at least at his age, he would have been a full

Colonel, or more probably a Major-General. Had he been in any other Department, he would probably have been two steps higher in rank.

The granting of the rank of Captain to Surgeons entering the Service is unnecessary, and is unjust to the rest of the Service.

What is required is as follows:—

1. Altering relative rank to—

Surgeon on entering	Lieutenant.
Surgeon after 3 years' service...	Captain.
Surgeon-Major	Major.
After 5 years in rank	Lieutenant-Colonel.
Brigade Surgeon on promotion	Colonel.
Deputy Surgeon-General ...	Major-General.
Surgeon-General	Lieutenant-General.
Director-General	General.

or for the three latter—

Deputy Surgeon-General... ..	Brigadier-General.
Surgeon-General	Major-General.
Director-General	General.

That the head of a Department numbering nearly 1,000 Officers should only rank as a Major-General is most unjust.

2. Granting honorary rank to all Officers of the Medical Staff as granted to the Ordnance, Commissariat and Pay Department, according to the above scale.

The chief reforms now required for the Medical Staff have been lightly touched on in the above.

The first of them not only concerns the Medical Officers but the Service and the public in general. There are few families who have not relatives or connections in the Service. Should illness befall them at home the best advice can be procured at a few hours' notice, but in up-country Stations all over India and other foreign dependencies, and on Active Service in the Field, the Army is absolutely dependent on its Medical Officers, who therefore cannot be too highly educated.

It may be urged that the Medical Service of the Army is a popular one, because there is no difficulty in obtaining candidates. It is true there is an abundant supply to whom the conditions offered on entering are sufficiently attractive to blind them to the future career before them.

They enter in haste, and in utter ignorance of the conditions of service of other branches of the Army, but repent at leisure, as they begin to realize the conditions under which they are serving, compared with those of the rest of the Service.

The best Senior Officers are rapidly leaving or seeking opportunities to do so.

There is no attraction for a distinguished Medical Officer to remain, there is no career before him. The

injustice accorded to the Medical Staff has raised a strong and gradually increasing spirit of discontent amongst the Officers, which is even now re-acting to the detriment of the Service.

It is too common in these days to hear the best Medical Officers saying openly that they never desire, and will certainly never volunteer, to go on Active Service again, and that they only look forward to the day when they can leave a Service, which has probably injured their constitution, has offered them no career, and sends them back after each successive campaign, disheartened and sick at heart at their work being unrecognized, and at being passed over time after time by their Juniors in the other branches of the Service.

Such a feeling cannot be a healthy one, and yet it strongly exists. Should it influence the devotion to duty which has hitherto characterized the Medical Officers in times of Epidemics, and War, it will be more than serious. Should the existing grievances not be redressed, the intending candidate for the Medical Staff will probably pause and consider whether he had not better enlist, rather than enter a Service which possesses all the above disadvantages, which combines all the dangers and hardships of the two professions, Arms and Medicine, and in which he will receive the honours and rewards of neither.

It is full time that a War Office Committee should

be assembled to consider the changes that have become necessary in the Medical Service of the Army. Such a Committee should be mainly composed of those, who are most conversant with the question, and whose recommendations should carry the greatest weight, viz.:—Medical Officers.

It would be for the Secretary of State for War to consider, how far effect could be given to the recommendations which such a Committee would, after carefully considering the question, feel bound to make. The interests of nearly 1,000 Officers are involved, as well as the good of the Service: it is not, then, too much to hope that such a Committee as above suggested should assemble at no distant day.



POSTSCRIPT.

Since writing the foregoing, Relative rank in the Army has been abolished. There remain now but two forms of rank, viz: Substantive Rank and Honorary Rank. The Medical Officer has neither. He is thus completely cut adrift from the Service to which he devotes his life. True, for purposes of precedence, &c., he ranks *with* a Captain, Major, &c.; so does an Indian Civil Servant, an Indian Archdeacon, or an Indian Telegraph Official.

The Commissariat, Ordnance and Pay Officers have been put on a satisfactory footing; the Medical Officer has gone one step backwards.

The relations which in future will exist between the Medical Officer, who has no rank; his Quartermaster, who has Honorary Rank; and his Warrant and Non-Commissioned Officers, who have Substantive Rank; will be somewhat difficult to define.

The enforcement of discipline and the power of command in his own Corps, the strength of which is now 2600, hardly come under the headings of "precedence, pensions for wounds, pensions to widows, and

compassionate allowance to children," which alone are provided for by the anomalous position assigned to the Medical Officer in para. 125*a* of the recent Royal Warrant. It remains to be seen whether such a position will be accepted as a satisfactory one. The result can hardly be doubtful. The question is not a mere sentimental one but one of efficiency.

MARCH, 1887.



THE ARMY MEDICAL DEPARTMENT AND THE DIRECTOR-GENERAL.

A MEDICAL OFFICER SERVING ABROAD writes: Though we have been repeatedly assured, officially and otherwise by the Secretary of State for War and the Director-General Medical Department, that the abolition of relative rank meant nothing, and that our position in the army was in no way affected thereby, and though we have been accused of obstinacy and low motives in refusing to see matters as they should be seen, and to read warrants as they should be read, it is gratifying at least to find an ex-Minister of War, forgetful, perhaps, for the moment, of the official view of the question, sinking to the same low level as ourselves, and becoming equally dense and stupid in his interpretation of the recent Warrant.

In the Third Report from the Select Committee on Army and Navy Estimates, page 50, the examination of the Director-General by Mr. Childers will be found. In Question 4,881, we have the assertion of Mr. Childers that "as medical officers are purely civilian, they should not be confounded with soldiers," an assertion allowed to pass uncontradicted by the head of the Medical Department of the Army. While in Question 4,882 we have the simple belief of the ex-Secretary of State formulated in the following words: "But relative rank with combatant officers is practically at an end, is it not?" So he read the recent Warrant, and so every medical officer in the army now interprets it. But the Director-General, vainly endeavouring to defend an indefensible position, falls back on the well-worn official statement that it is not, he thinks, disturbed in the slightest degree.

And so on throughout that evidence from Question 4,871 to 4,888, the Director-General and Mr. Childers jog along in harmony on the main points that we should be and practically are civilians protected by Geneva conventions (N.B.—possibilities of European warfare remote, and savage warfare carefully excluded), that duties would be better performed in plain clothes than in uniform; in fact, a general misleading, unintentional no doubt, of the Committee, by one whose opinion as head of the service will carry great weight, and a portion of whose duty some might think would be to ascertain and represent the views of his officers, until in answer to Question 4,887, "he is afraid he had not made himself understood," and on being asked Question 4,888, "I thought you said that your own personal opinion was in favour of a medical officer having a civilian and not a military uniform," we have the painful confession of the real facts of the case. "Yes, but my personal opinion does not harmonise with that of the general Medical Department of the Army."

No truer word was ever spoken. We must only trust that the Committee took it to heart. The unfortunate fact is established out of the Director-General's own mouth; he and his officers are at variance; no one regrets it more than his officers.

ARMY MEDICAL DEFENCE FUND.

MEDICAL STAFF writes: The Government and its medical advisers having clearly shown their intention to take no steps to redress the existing grievances of the medical staff, it only remains for action to be taken on the lines laid down by Surgeon-General Irving in the JOURNAL of May 5th.

Let a comprehensive scheme be proposed for the establishment of a Medical Staff Defence Fund, and the proposers will find that subscriptions will at once be forthcoming. An annual subscription of £1 per annum will probably produce £1,000 a year as a current income, and with such a sum much can be done. It is obviously impossible for officers on the active list to initiate the movement, but it is equally certain that they will warmly support it.

It only remains for Surgeon-General Irving to lay the details of his scheme before the medical officers of the army through the columns of the JOURNAL, calling for the names of those willing to subscribe, and the necessary financial support will be at once assured him.

CANCELLING CLAUSES OF THE ROYAL WARRANT OF 1879.

WE have received several letters protesting against foreshadowed tampering with the best clauses of the above Warrant, especially with the valuable right of retirement on pension after twenty years' full pay service. We do not question the right of the authorities to cancel or amend Royal Warrants, but such documents should be considered very sacred. In common fairness however, alterations cannot justly be made to the detriment of officers who have entered, or are serving under clear conditions of contract; in other words, changes should not have retrospective effect. We will not assume the Secretary of State will so act, and await the statement of his specific intentions.

ARE BATTALION SURGEONS NON-COMMISSIONED OFFICERS?

A VOLUNTEER SURGEON writes: After a company drill, at which I was present in plain clothes, the adjutant said he wished to address a few words to the non-commissioned officers in an adjoining room, and, turning to me, said, "You're one of them; you'd better come in." Now, sir, is this one of the effects of the relative rank question? If so, the volunteer surgeons and acting-surgeons make an effort to resist similar snubbing the better. Surgeons and acting-surgeons are not commissioned, therefore I suppose we are non-commissioned officers. But it sounds very odd, and I feel I should like some opinion or explanation of it.

* * Such conduct ought to have been at once brought to the notice of his superior officer by our correspondent.

ARMY SURGEONS AND FOREIGN SERVICE

A CORRESPONDENT asks the Parliamentary Bills Committee of the British Medical Association to obtain returns from the Secretary of State for War as follows: Average proportion of home and foreign service of each of the following classes of officers: 1, Cavalry of the Line (on the relief roster); 2, Royal Artillery; 3, Royal Engineers; 4, Infantry of the Line; 5, Chaplain's Department; 6, Commissariat Staff; 7, Medical Staff; 8, Ordnance Store Staff; 9, Pay Department; 10, Veterinary Staff. If it should appear that the Medical Staff have more than the average share of service in tropical and unhealthy climates, then in justice they are entitled to higher rates of pay and better conditions of retirement.

* * Such a return would probably work out to show that the medical have a larger proportion of foreign service than other officers; but the comparison, we fear, would not be satisfactory or conclusive, because it could be urged the conditions are dissimilar. Regimental conditions of service could hardly be well contrasted with departmental, and even the latter materially differ from each other. The Chaplain's, Commissariat, and Ordnance Departments of the home army do not, for instance, serve in India; service in the cavalry abroad is, on the other hand, almost confined to India. The wear and tear of hard foreign service is unquestionably one of the causes of the greater sickness and mortality among medical officers than others; it is one reason why they should receive good pay and pensions, but we would remind our correspondent that medical officers command higher salaries, because they are professional men, taking with them into the public service special knowledge privately acquired. Every turn of the screw brought to bear on medical officers will inevitably bring on the authorities the old Nemesis of failure in the supply when medical candidates are wanted for the army.

VOLUNTEER MEDICAL ASSOCIATION.

THE following resolutions were passed at a meeting of the Council of this Association held on Friday, March 16th, at 26, King William Street, Strand.

On the motion of the Treasurer, seconded by Surgeon-Major Baines, it was unanimously resolved: "That having considered the terms of the Royal Warrant for creating an Army Medical Reserve, this Council recommends that no action be taken by the Association in reference thereto, thus leaving the question of joining the Medical Reserve entirely open for the individual members to act as they think fit."

It was further proposed by the Treasurer, seconded by Surgeon-Major W. G. Shepherd, and unanimously carried: "That this Council, recognising the fact that in the recent Royal Warrant not any of the suggestions emanating from this Association for the better organisation of the Volunteer Medical Service being conceded, and further noting that the promises of the Secretary of State for War relative thereto, which were made in the House of Commons on August 19th last, have not received effect, a deputation be appointed to wait upon the War Secretary with the view of urging the adoption of the same."

ARMY MEDICAL RESERVE WARRANT.

BRIGADE-SURGEON (Retired List) writes: It is matter for satisfaction to see you appear to quite grasp the scope and drift of the Army Medical Reserve Warrant. As one who, having retired from active service, can afford to discuss the scheme "without fear, favour, or affection," there appears only too much reason to suspect that its "plan of campaign" may be intended to give "a lever" to the War Office luminaries to stir up the full pay Medical Staff with a long pole when it suits them to do so. Should the plan succeed we may expect soon to hear that "full pay" medical officers have to spend nearly all their services abroad, that an endeavour will be made to prevent them going on to the pension list till "quite worn out," and unfit to enjoy the hard earned pension, which, to a great extent, induced many good men to enter the service. You also justly say it is strange that the "retired regular medical officers" are not mentioned, and it is often a wonder to me that those willing to accept temporary employment are not called upon now and then to keep their hand in. It would also be interesting to know if those joining will have to provide themselves with uniform, or if they will be expected to do so, "without compensation," although liable to be relegated again at short notice to the "unemployed list," when it suits the convenience of the War Office to do so. I am quite at one with your remarks also that whilst the profession wish to do all in their power to "support the regular medical service in case of national emergency," yet all concerned ought to "look well before they leap" in aiding the military authorities, who have so often shown such regrettable "animus" against the profession, to put themselves in a better position to be able to "sit on" the much abused army surgeon more than ever. In any case, it seems certain that unless the profession unite as a corporate body, putting personal wishes on one side, we must fully expect to find the "military caste" continue their scarcely veiled endeavours to "play off the doctors one against the other."

MEDICAL OFFICERS IN THE GERMAN ARMY.

A CORRESPONDENT, who signs himself "Observer," writes: The treatment of medical officers in the mighty German army, and of the medical profession at large in that great and enlightened empire, is in marked contrast to that afforded to medicine in this country. Witness the account of the *Daily News*, how, at the funeral of the late emperor, his personal physicians, as well as the chief physicians of the army, were accorded most honourable positions in the procession; they immediately preceded the Emperor's personal chamberlains, walking close to the coffin; also that they wore "brilliant uniforms," which, at all events, the "model army" of the world consider suitable for them. What, he asks, would be the positions accorded to our chief army surgeons or court physicians in such a State pageant? They would in all probability, be conspicuous by their absence. Medicine and science are held in small honour in this country compared with Continental nations. Especially do poor social jealousies and narrow caste prejudices, retreating before the advancing wave of democracy, seek a refuge in our army. This is as apparent in every-day military life as in State ceremonial.

CIVIL OR MILITARY?

DR. J. RUXTON (Blackpool; late 17th Regiment and Army Medical Department) writes: I have lately wondered whether my old comrades in the Army Medical Staff are to be considered civil or military; the order removing the aiguillette from the uniform of honorary surgeons to the Viceroy of India, on account of "exception having been taken by the military authorities to the honorary surgeons of the Viceroy wearing an aiguillette" compels one to ask the question. For my own part I consider that army medical officers are as much military as those of any other branch of the service. Wherein, therefore, lies the nucleus of the order?—evidently in the jealousy of the so-called combatant officers. Surely this is small. If medical officers are not military they must trust to civilians to look after their rights; but I observe Mr. Stanhope considers the action of the British Medical Association in enforcing the grievances of the Medical Staff, contrary to military discipline. How will the Royal Warrant for reserve and army medical officers affect those now on full pay and those aspiring to the Medical Staff; will the elastic "exigencies of the service" curtail home service, and rob military surgeons of their last chance of a year or two at home, after the extended period of six years abroad?

We medical men are all indebted to Dr. Farquharson and others for bringing medical officers' grievances to the front, and we must ventilate them as it individually strikes us. We have a common welfare as a profession; the well-being of military medical men is ours.

A PLAIN STATEMENT

OF

Grievances of the Medical Officers of the Army.

Being a Letter addressed to the CHAIRMAN Parliamentary Bills Committee,
British Medical Association, London.

Sir,

JUNE, 1887.

The important position you occupy in the British Medical Association renders it desirable to lay before you a statement of some of the Grievances of the Medical Officers of the Army, for the consideration of yourself and your Committee, as well as of the Members of the British Medical Association in general.

1. Dissatisfaction amongst the Medical Officers.

There is at the present time much dissatisfaction amongst the Medical Officers of the service. Wherever they meet their complaints as to want of definite rights and equitable treatment are heard, and the Medical papers have been filled with letters of the same purport.

The present marked outbreak of dissatisfaction caused by the abolition of relative rank in the Army is really but the climax of a long series of complaints as to their position and treatment in the service, put forward by the Medical Officers.

2. Need of explanation to the Civil Members of the Medical Profession.

It is absolutely essential that the sympathy and co-operation of the civil profession of medicine should be with the medical officers in these struggles.

All demands put forward by the Medical Officers are based entirely on their value as trained scientific men entrusted with special and important functions within the Army, and every wide minded medical man in civil life will perceive that the causes in which the medical officers of the army are struggling, and his own, are identical.

3. Sanitary responsibility of the Medical Officers the real cause of friction.

Ever since 1858 when the Medical Officers of the Army were turned into a Corps of preventive health officers, and were invested with authority to report on all sanitary short-comings, the friction between the Military and Medical Officers of the army has developed.

Before the Crimean period the Medical Officers of the Army were simply treaters of the sick soldier, thousands of whom died from purely preventable diseases caused by bad sanitary surroundings.

The Crimean disasters caused a great awakening of public opinion on army sanitary conditions, and, as a result, the Medical Officers were empowered to report and make suggestions on the whole range of the soldiers' life and duties in peace and war. The soldiers' enlistment, training, food supply, cooking, water supply, lodgement, duties, and discharge by invaliding,

have all come, in a marked degree, under the supervision of the Army Medical Officer. Great benefits have resulted to the army and the nation from this supervision but there is little doubt that from the date of investment with so important an authority, the Medical Officers should have been invested with real Military rank in the service and made, in every way, part and parcel of the Army organization.

Unfortunately this was not done and thirty years have elapsed since then, years of continual friction between Military Officers invested with command, yet completely ignorant of the elements of sanitary science, and Medical Officers without real Army status or rights endeavouring to urge forward sanitary reforms in the interest of the private soldier. Various changes in the Medical service have taken place in 1873, 1877 and other times, but nothing has been done to definitely insure to the Medical Officer a certain real rank and unquestioned status within the Army.

4. Continual stoppages of the supplies of Medical Officers in these years.

During these thirty years continuously recurring stoppages of all competitors for the Army Medical service occurred, and while every channel of State employment was crowded by applicants, the Medical service of the Army remained unsought for, or if sought, not in all cases, by Medical men of independence or efficiency, so much so that a special representation was made by the examiners to the General Medical Council on the subject.

More questions of pay formed but a small factor in all these periodical cessations of competition.

In every case a clear cause existed either by the withdrawal by the Military authorities of some right or privilege or the causeless refusal of some equitable right to the Medical Officers.

The Medical warrants issued from time to time have been practically waste paper, and in this year 1887 a final crowning of the edifice of repudiation of warrants occurred by cancelling the warrant assigning relative rank in the Army to the Medical Officers, thus raising to a climax the storm of dissatisfaction now raging within the service.

5. Results of this unjust treatment.

As a result of this wretched system of repudiation of warrants, the recruiting of the Medi-

cal service has been most seriously injured in its personnel and the State has not gained one single point in this game of harrying the Medical Officers.

Every withdrawal of equitable rights, every unjust Military decision has been surely followed by some increase of pay or concession of the boon in dispute after bitter wrangles had deprived the concession of all pleasure in accepting it, and every young Medical Officer joining the Medical service feels to-day that he confers a favour on the Military service by entering it.

But the most marked crisis, by far, within the Medical service has been the determined attack made by Lord Wolseley on the efficiency of the Medical service for its work in the Egyptian campaign of 1882.

As a result of his attack a War Office Committee of enquiry sat at the termination of the campaign and before it every officer, non-commissioned officer and private soldier who could put forward one word of complaint, was summoned, and every effort was made by Military officers of the highest position to destroy the autonomy of the Medical service, and a united effort was made to replace the senior Medical Officer in every hospital in the Army by a Military Commandant.

This attack however ended in an entirely different result to what the Military authorities desired.

Not only did the autonomy of the Medical service remain untouched but a large increase of the personnel of the field hospitals was sanctioned: the Medical Staff Corps was increased and it was proved that the Medical Department was undermanned by nearly 100 per cent. in its subordinate grades.

This shorthandedness depended, in a large measure, on the fact that Director General Sir William Muir had applied for, and was refused, an increase of 400 men to the Corps in the year before the war began.

It can safely be said that the attack of Lord Wolseley and other officers of very high rank, who before this committee gave evidence against the Medical Officers, has done much to develop dissatisfaction within the Army, and to break down that confidence and trust in the justice of those in high positions in the Army which should exist. It has shown that the whole desire of the Military leaders has been to supplant Medical authority in the hospitals by Military commandants and to seize every trifling neglect of the Medical Service as an argument to prove inefficiency in a corps which, through the unfair rule of the Military authori-

ties, has had to beg for recruits in every Medical school in the Empire, and has been left for two years at a time without a single applicant for entry. For all their shortcomings, for all their want of initiative, one ample excuse exists in the completely defective status of the doctor within the army and his dread of absolute personal rudeness if any independent action was taken.

It is the duty of the Minister of War to protect all officers from unjust social pressure within the limits of the service.

How that can be done is by extending to all officers in the army the sure protection of real military rank.

6. Treatment of other classes of Departmental Officers within the service.

The Officers of the English Commissariat, Pay, Ordnance Store and Veterinary Departments of our army have likewise led within the service a painful social existence.

Every social hardship and official neglect has been their lot. They have been in the army for all purposes of disciplinary punishment and out of it for all purposes of social enjoyment or official recognition.

Our army has well been called "*The Hell of Departmental Officers*" and as a result in all our wars our success has been handicapped not by the want of bravery on the part of the rank and file, but by the defective efficiency of the Military Departments, officered as they have been, by men whose spirits have been soured by unfair social neglect in peace or absence of official recognition in war, or downright neglect of all Departmental knowledge by officers claiming to be Military Commanders.

We had in force in our army a most rigorous discipline for the rank and file, flogging, excessive punishments for trivial neglects, misdeeds, crimes, and all this was done in the wrongly used name of Military Discipline.

And just as all efficient recruiting was checked by this hard life of the private soldier so the entry of efficient Departmental Officers was checked in all our Army Departments by a social flogging and unjust discipline, which resulted, in the end, in enfeebling our whole Military Departmental efficiency.

During the absence of Lord Wolseley at the Soudan Campaign, the War Minister extended to Commissariat and Ordnance Store Departments the protection of Military rank, and it has in every way benefitted the working efficiency of these Departments, and the Medical Officers now claim a like protection to save them from unfair social treatment *within the service* and to enable them to perform their Sanitary duties without any unfair pressure by Military Officers.

To-day the Medical Officer, whatever his rank, may be treated as a mere Camp follower, without Army status, and this defective position weakens his whole sanitary initiative and encourages the Military Officers to give little heed to his Sanitary recommendations as being quite outside their Military responsibilities.

In the midst of this personal friction between Military Commanders ignorant of sanitary knowledge, yet vested with command, and Medical Officers struggling to push forward sanitary measures, the Army and the Nation suffers, for its Soldiers may perish of preventable disease, and scattered as our Army is in many varying climates, sanitary considerations are of far more importance than in any continental

Army, living in its own native country and not exposed to varying health conditions.

It is the duty of the War Minister to ensure that every sanitary recommendation shall be duly considered.

7 Similarity of Army Medical Officers Work to that of Civil Medical Officers of Health.

It would be a mistake to imagine that the average civil physician can fully appreciate the character of the Army Medical Officers' duties or liability to friction with authority. It is to be remembered that so long as a physician comes to a home to cure the sick he will probably be received with welcome. But if the same physician comes as a Health officer to search out disease causes, to find out the weak points of defective houses, to examine the water supply, to investigate the food and its cooking, to examine the sewerage, to enquire into the duties and exposure of the residents, or to see why infectious disease has appeared, he will find a very different welcome, and often much official obstruction from those responsible for the defects. All this is well known to Health officers, prison physicians, and ship doctors. When active sanitation comes into play the welcome given to the curative physician is often wanting.

But within the Army, the Medical Officers, work is in the main preventive and Medical officers of health will recognize the many points on which friction may arise between those in command and the Sanitary officer, especially within the Army, where unquestioned authority has become a tradition.

But while the Commissariat, Pay and Ordnance officers are purely administrative, and merely carry out definite orders received, to the Medical officer alone, within the service, belongs the right of initiative to point out conditions interfering with the healthy life of the soldier, or to urge the cancelling or issuing of orders to secure the soldier against the occurrence of preventable disease.

How well protected then as regards status, and from official or social boycotting should be the official to whom England delegates such important trusts for the protection of those masses of private soldiers who may be either too ignorant or afraid to put forward any complaint in person.

But the truth is that the Medical Officer is without protection, has been without protection and has suffered social crucifixion in this fight for the private soldier.

It should never be forgotten that it might, at any time, be the interest of heedless Commanders to have in the Army as Medical men a body of crushed out pariahs, trembling for their status, and afraid to say one word on any sanitary question and it might any day be the interest of careless Commissariat Officers to see the Sanitary service so enfeebled by want of prestige or status as to render any unfavourable report on food supplies of little value; and the same condition applies to the clothing and to lodgment of the soldier.

It is then easy to see how needful it is to protect the personal status of the Medical Officer within the Army, and it is for the War Minister, vested with authority by the nation, to throw over these Sanitary Officers; that sure protection which will enable them, without let or hindrance, to do their duty to the soldier and the State.

The Medical Officers now claim that the surest

way to grant this protection is to take the Medical Officers into the Army and to invest them with real Military rank and so show to the whole service that they are not outsiders, but absolutely part and parcel of the Military machine.

8. The Meaning of Military Rank.

It is very important that civil physicians should clearly understand the meaning of Military rank, particularly as separate and apart from Military Command.

The two things are and can be quite distinct. Thus it is the rule in India that all officers of the Commissariat, Pay or Ordnance services whatever their training may have been, retain their Military rank but lose their command while serving in those special branches. In this way their social status is untouched, they are protected from any social neglects, but their command ceases except within their own special branch.

In our home army up to 1885 the Commissariat, Ordnance, Veterinary and Medical services had relative or merely paper rank, without Military titles and which was constantly liable to be wilfully or accidentally misunderstood by Military officers with whom they were brought into contact.

But in 1885 the War Office, contrary to the desire of the Military authorities, granted titular or honorary Military rank to the Commissariat and Ordnance services, as well as to the Quartermasters and Inspecting School Masters.

This rank, while it gives to the officer all social advantages and protection, does not confer general Military command outside their own departments.

The Medical service however remained until 1887, with the so called relative rank. That is to say a young officer was called Surgeon A—and had the relative rank of Captain, but it was purely a paper rank and there was no method of showing those he met officially or socially what his standing in the Army was.

At twelve years service he became a Surgeon Major and ranked with Majors, and this title was certainly the least objectionable of any of the Medical Officers titles.

But after twenty years service the Medical Officer got the relative rank of Lieutenant-Colonel but his title remained the same, a continual source of confusion and painful misunderstanding to every-body.

But on promotion to Brigade Surgeon no change of title showed his Military rank and the title lent itself to constant confusion either wilful or accidental.

Again Deputy Surgeon Generals, who ranked with Colonels, had a title without any visible means of its being understood and constant confusion occurred.

The title of Director General, which is a purely administrative title and not a rank, also gave no definite evidence of the status of the holder.

But this shadowy and almost valueless relative rank was abolished in 1887, and it is impossible to say to-day what is the real status of any Medical Officer and that too, in a very accurately graded service, where a single days seniority means social precedence and personal consideration.

While relative rank was the rule of the Army, continual mistakes were occurring as to the true status of the Medical Officer and every Medical Officer who had studied the question believed that real Military rank with Military

titles was the true solution of this wretched question. These views, as to the need of Military rank, which for many years were entertained by thinking Medical Officers have now become generally accepted by the whole Department and may safely be said to be the basis of all future agreements with the State.

It does not make any demand for general Military command outside the Medical Corps of the Army but it will effectually ensure defined status within the Army.

It has been conferred with great advantage on the Medical Services of many foreign Armies such as Italy, Switzerland, Holland, Turkey, the United States of America, in fact in every country where feudalism has disappeared.

It is to be noted that in Germany the whole public service is officially graded—and in Russia the *tehin* or official gradation list of all public servants includes the officers of the Army, the Medical Officers and all officials in its grades, so that Military rank is not so much needed. The Italian Doctors have long since been so graded but it is to be remembered that in the great fight for Italian liberty the best Doctors of Italy came to take their part, and they saw at once what was the true method of protection against Military class prejudice.

The Surgeon General of the United States Army gives the following opinion on this rank question.

"No difficulty whatever, either in theory or practice, has arisen from the fact that Medical Officers have real rank but, on the contrary, the wisdom of the legislation by which it was effected has been satisfactorily established. It is an undoubted fact that the law giving, Medical Officers the same Military status as other Officers has done much to enhance the esprit-de-corps and to increase the efficiency of the Army Medical Service."

It is, in truth, the only logical course open to a War Minister endeavouring to hold the balance evenly between the two conflicting parties.

Until this rank is given to Medical Officers Sanitary knowledge which is of vital importance to our Armies in peace and in war, will have no defined place in the Military machine and continued friction with the Military Officer will be the rule depriving the soldier of the real benefits of mutual action taken by both classes of officers.

The Military officer will still think that sanitary precautions occupy an entirely secondary position in the Military life and Medical Officers afraid of their indefinite status will either not join the service, or if they join will refrain from their full sanitary duties.

Defined Military rank from General down to Subaltern is needed for the Medical Officers and the Medical Staff, and the Medical Staff Corps should be completely amalgamated into a Corps like the Royal Engineers.

This grant of Military rank to the Medical officers will do as much for them as abolition of flogging has done to raise the status of the private soldier, and it will silence in a very great degree the constant complaints of Medical Officers interested in their sanitary duties, as to defective status.

It will induce better Doctors to join the service of the State than has hitherto been the case, as the defective position of the Army Doctor has been a constant theme of discussion in the profession and in the Medical Schools—and by bringing better men into the Medical Service it will confer an enormous boon, not on the officer who by his private means, constant facilities for

leave, and easily obtained sick leave, can always obtain the best of civil Medical aid, but for the Non-Commissioned Officer and the soldier compelled to undergo treatment at the hands of the Army Doctor and unable, through want of funds or want of leave, to obtain civil Medical consultation or advice, for them it will no doubt have advantages.

The Medical Officers do not desire this rank for any purpose save protection *within the Army*, to guard themselves from any unfair social pressure exercised against them owing to their want of real rank.

There is no reason why a Medical Officer, if he objects, need ever use this Military rank now claimed for the Doctors—He can always use his civil professional designation if he so desires but for all official purpose and for the purpose of checking all complaints as to status within the Army a War Minister is bound to extend to him the protection of real Military rank.

The physicians of America, Italy, Holland, Switzerland and other countries are probably as much devoted to their profession as any English Doctor and no charge of want of devotion to medicine as a profession, has been made against them; neither has the parrot cry of interference with Military discipline been of any avail. In all these armies friction between the two classes of officers has ceased; but in the English service it is daily increasing, the growing esprit de corps of the Medical profession is no doubt a factor in all this movement.

9. Absence of courses of Instruction for Medical Officers

There is nothing more easy than for the authorities to demand high scientific efficiency from the Army Medical Officer but to secure this there is urgent need of defined courses of instruction being made available for them while serving in the Army.

Spending, as they do, long periods of their life in foreign service campaigns, on ship board, or in remote garrisons, there is, despite every anxiety on the part of the Medical Officer, a tendency to grow rusty.

To raise the average scientific efficiency of the Medical Officer the War Minister should provide certain periodical courses of instruction say for four months every 5 or 6 years, where Medical Officers could level up to the progress of their profession.

Such courses are provided for Artillery, Engineer, and Infantry Officers are, there is no reason why the Medical Officers should be omitted considering the far more technical nature of their duties.

10 Defective Payrate of Medical Officers in India.

The Pay of Medical Officers serving in India is made up on certain fixed Data viz.—the English pay rate plus certain Indian allowances supposed to cover climate risks and the extra expenditure needed for life in a tropical climate.

But the English pay factor in the Indian pay rate of the Medical Officers has not been adjusted since 1864, although the English pay at home has constantly increased since that date.

Thus the warrant of 1879 gave a very definite increase of pay to the Medical Officers but this

warrant has not as yet been made applicable to India. This defect in the pay code presses hardly on two classes of the Officers in India viz. Brigade Surgeons who receive only the pay of Surgeon Majors while serving in India, and the junior Surgeons just joined who are very defectively paid and cannot possibly live on their pay while in India.

The dissatisfaction amongst the young Surgeons of the Medical Staff in India is extreme and calls for the immediate enquiry of the War Minister.

The Medical service now claims that the Indian pay warrant be remodelled on the lines of the pay rate of the Home Warrant of 1879.

This remodelling will give a distinct but not large increase to the Indian pay of the Medical Officers and will put an end to the feeling of dissatisfaction now existing.

11 The Title "Royal" for the Medical service.

When the Medical Service was unified in 1873 it was fully expected that the Medical Officers, withdrawn as they were from many Royal Corps, would have been themselves so honored and made into a Royal Corps of Surgeons.

In 1879 a committee nominated by the War Minister recommended that this honorary distinction should be given to the Medical service.

The then War Minister was apparently unable to accept this suggestion although the title was freely given to Sepoy battalions, Irish police constables, water-colour painters and a number of other organisations.

In 1882 Lord Morley's Committee on the Medical Service, composed entirely of war officials save only and except Sir William MacCormac, made a like suggestion, but it was again ignored by the War Minister. It seemed like a premeditated slight to thus drag through the mire so highly prized a distinction.

And this has been done though the Medical Service is aware that in every battle and in every campaign Her Majesty's heart "bleeds for her wounded soldiers" and these same wounded soldiers are trusting for care, for attention, for skilful treatment, entirely to those Medical Officers who are not deemed worthy of receiving this honorable distinction.

Nay, more than this, while Her Majesty has, the tenderest sympathy for her wounded soldiers the Medical Officers, although they present themselves at her levees, are systematically excluded from all State Balls and entertainments although in the very same garrisons where they are serving, invitation, are carefully sent to be Regimental Officers. This extraordinary social exclusion re-acts most injuriously on the Medical Officer, and has been made the excuse for a like action by an English Military Officer at the Court of Brussels some years since. It seems therefore that the fact of entering the Medical Service of the Army, to care for those men who are serving their Queen and Country is to at once leave one's self open to such personal neglects and rudenesses as would be intolerable to any man of any independence of character.

It is simply necessary to say that the day has long since passed by for such a line of treatment of any class of persons to be carried out but especially to the members of a great and powerful profession. But this condition of affairs is not limited to the Queen's Palaces. A systematic Blackballing of Medical Officer

is now taking place at the Military Clubs.

Thus the *Society of United Service Club* excludes from membership all Medical Officers under the rank of Surgeon General, of whom there are about nine in the army, while it admits all officers of Majors rank from any other corps. What a misnomer then is its title *United Service*, rather should it be the *Disunited Service Club*.

The Junior United Service Club systematically blackballs all Doctors and has so socially injured some of the best and most devoted officers of this unfortunate branch of the service.—These institutions are then simply class boycotting institutions wrongly using a military title and it is quite certain that if H. R. H. the Prince of Wales H. R. H. The Duke of Connaught and H. R. H. the Field Marshal commanding-in-chief knew that these institutions of which they are patrons and Honorary Members acted in so unfair a manner they would not allow their names to be connected with these institutions.

But the Machinery of social exclusion would not be completely described unless one referred to the need of some reform in the Officer's Messing system in the Army. The State is paying large sums annually, upwards of £200 per battalion to cheapen the cost of Officers Messing in the Army. Medical Officers while thrown into intimate relations with these regiments, are constantly excluded by the Regiments from using the Messes. If a Mess is to be used as a boycotting agency within the army and to have the power of excluding whole classes of Officers from its use, the sooner Garrison Messes for all Officers are established the better will it be for the Army.

No grants whatever are allowed to Medical Officers in garrisons to aid in keeping up Messes and as a result great inconvenience and expense is caused to them. The Aldershot Mess is entirely paid for by the Medical Officers although regiments close to it are strong in Officers, receive more than £1000 a year in support of their Messes. No allowance for the support of Messes for Medical Officers is what seems to be needed.

12. The Distribution of Decorations for War or Special service.

The greatest dissatisfaction exists in the Medical Service at the unfair system of distribution of decorations for war services, as well as at the frequent exclusion of Medical Officers from mention in despatches.

Take for example the order of the Bath.

The Grand Cross of the Bath (G. C. B.) has never been conferred on a Medical Officer because no Medical Officer can rise to a higher nominal rank than that of Major General, while the G. C. B. can only be conferred on those having Lieut.-General's rank.

But the Director General of the Medical service has only the same nominal rank as the nine or ten Surgeons General whom he controls and on whose efficiency he reports—yet the Inspector General of the Engineers Corps can be, and often is, a Lieutenant General and the Chief of the Military Education Department has also Lieutenant General's rank.

Every Medical Officer considers that the rank of the Director General is insufficient, and if it was raised to Lieut.-General's rank, the G. C. B. could also be given to him if he did the State good service.

But the present decorations available are only 4 K. C. B's. That is to say that however distinguished the services of the Medical Corps may be only four Kinghoods of the Bath are available for its reward.

This causes the greatest dissatisfaction within the Department.—Take for Example the case of Surgeon General Ker-Innes. C. B.

This officer has done the State excellent service, and he finally acted as P. M. O. of the

whole of the forces in the Afghan War, the most important campaign in the English Army since the Crimean period.

He was recommended for the decoration of K.C.B. by the Indian Government and the late Director General SIR WILLIAM MUIR made the most urgent personal efforts to get him so rewarded, pointing out the extreme unpopularity of the Medical Service in the profession and the need of some effort being made to remove it. His application was refused and this distinguished officer still remains undecorated although every Military Officer of equal rank has long since been so rewarded for the same campaign.

Take another example, Surgeon General Mouat, V. C. who acted as P. M. O. of the New Zealand Campaign, but remains to the present day unrewarded despite the urgent recommendations of the colony.

Surgeon General Gordon who acted as English Commissioner on the Franco-German War also remains unrewarded by the State. Surgeon General O'Neil the P. M. O. of the Soudan Campaign is also unrewarded.

Throughout the whole Medical service the idea prevails that the moment any suggested lists of rewards for a campaign reaches the Military side of the War Office, the names of the Medical Officers are struck out, and every General commanding in the field probably feels that any special favorable mention of the Medical Officers will be unfavourably received by officials who already have, in the most open manner, given evidence that Military Commandants were needed in all Military Hospitals. The remedy lies entirely in the War Minister's hands. He has but to lay down that in future the K. C. B's. now limited to four, equal to three per cent of those available for the Service, shall be increased to ten per cent, and to allow the Chief of the Medical Service to allot them, or to have an appeal to the War Minister concerning their issue.

Even in the case of the Red Cross decoration the Medical Staff Corps have been shut out from any share in its award, although every female nurse feels that she may earn it.

Underlying all their grievances is the dread the Medical service has, as a whole, of prejudiced decisions from the Military side of the War Office.

The Parliamentary Controller of the Army under the Sovereign viz.—the Secretary of State for War has, on the whole, dealt fairly by the Medical Officers. It is from the Military side of the administration that the fear of neglect arises.

In the name of "Discipline" that fetish in whose name so many intolerable injustices have been done, the Military authorities have decided, in 1881, that no Medical officer, however Senior, is to be saluted by any Military Officer however junior, although any Medical officer failing to salute his Military commander may be punished.

In no other army does such a one-sided rule exist and in foreign armies, where the internal discipline grasps the officer's corps far more rigidly than in England, all officers interchange salutes, the junior taking the initiative.

As a result of this rule about salutes, officers now pass each other without any recognition whatever the only army in the world where such a condition exists.

But since the abolition of relative rank Military officers are now depriving Medical officers of the salutes of even the private soldiers, making the position of the Medical officers simply intolerable.

13. The Executive Military Duties of the Medical Officers.

Little has been said in these paragraphs of the purely Military duties of the Army Doctor but they form a distinctly executive function

such as is carried out by the purely Military officers of the army.

The Director General who draws up the plan Medical arrangements for a great Campaign or ought to be, a General as well as a Doctor. If he has not such qualifications then he is over-weighted in his work.

The Surgeon General of an Army Corps dealing with the medical arrangements of 36,000 soldiers and allotting to their duties 45 Regimental Medical officers, 8 Bearer Companies, 14 Field Hospitals, 8 Stationary Hospitals, General Hospitals, with Hospital Ships, organizing convoys, aiding the General of the Army with sanitary advice is, or ought to be, at least a Soldier, a General and a Doctor too, and in every succeeding post as Divisional P. M. O., Chief of Field Hospitals, or other Medical charge, his labours are entirely Military as well as Medical and cannot be separated. The whole of the War failures of the Medical Service have arisen from a want of a more Military organization and it would be an entire mistake to imagine that perfection has now been attained. Nothing but good can come from a far larger development of the efficiency of the Department as a purely Military organization. It is not "Good Doctors" alone that are needed but "Good Army Doctors" two entirely different things. "Good Doctors" in scores stood powerless in the corridors of Scutari while gallant soldiers died uncares for because the Army Doctors of the old days, who were merely general practitioners dressed in uniform, were in no sense a Military body. Without a "Corps"—without the power of command, untrained in discipline, unskilled in administration, unversed in interior economy they stood the representatives of a "Science without system" of "Theory without practice" laudable aspirations divorced in toto from executive power. Out of their great suffering deliverance in the east has come and it has come entirely from an increase in the Military efficiency of the Doctor.

CONCLUSION—In thus laying before you a bare statement of some of the grievances of the Medical Service, it is necessary to state that the department has long gone by for such social injustices to be continued to members of a profession daily growing in importance, and of great value to the Community.

Had no civil profession of medicine existed, the army would have had to have formed its own Medical Staff from its own ranks, after a period of study at least twice as long as the St. College course.

To day the Civil profession of Medicine being utilized by the army, while at the same time, its members are shut out from that share of the Military rewards, destined for all the service and are exposed to social injustice to which no other class of the community is subjected.

If the legislation of the last few years mean anything it means that our army has become a national force within whose limits no other class shall exist.

With a fair and good discipline all must agree but with a one-sided class oppression covered the false use of the word "discipline" every one disagrees.

The bitter sufferings Medical Officers have undergone in the past in our army are known far and wide beyond the limits of the service and tales could be told on these matters which would startle all not well acquainted with the interior army life.

It will be for you, Sir, to consider if the time has come to take action to put a stop to such an unfortunate condition of affairs.

I am, Sir,

Your most obedient Servant.

June 1887.

"JUSTICE."

Jan. 7, 1888.]

THE BRITISH MEDICAL JOURNAL.

45

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY SURGEONS AND THEIR RECORD.

SIR.—At a time when the merits and demerits of army surgeons are being freely discussed, possibly with advantage to public interests, will you allow me to adduce certain historical facts of importance bearing on this subject, which go to prove that the British and Indian Medical Services have traditions of which they may well be proud? Sir James McGrigor, in his autobiography, writes as follows: "It was said with much truth by an eminent individual that he thought the extraordinary exertions of the medical officers of the army might be said to have decided the day at Vittoria, for their exertions had undoubtedly added a full division to the strength of Lord Wellington's army; and without these 4,000 or 5,000 men, it is more than doubtful if his lordship, with all his unrivalled talents, could have carried the day." The eminent individual here alluded to is Napier, the historian of the Peninsular war.

During the retreat from Bruges the Duke of Wellington forcibly remarked: "The medical department is the only one that will obey orders; on them I can rely for doing their duty" (vide *Army Surgeons and their Works*, by Surgeon-General C. A. Gordon, C.B., pp. 69 and 70). Kaye, the historian, in the Preface to his *Lives of Indian Officers*, writes: "I must express my regret that the volumes contain no example drawn from the Medical Service of the East India Company—a service which was never wanting in men equally eminent for their professional attainments, which are exercised so unstintingly in the cause of our suffering humanity, and for those heroic qualities which are exemplified by deeds of gallantry in the field, and by lives of daring adventure."

After the battles of Chillianwalla and Goojerat, Lord Gough wrote as follows: "Camp, Goojerat, 26th February, 1849. I feel I cannot too prominently bring to notice the valuable exertions of Dr. McRae, Field-Surgeon, and of the medical officers of the army generally; they have been most unwearied and praiseworthy."

The following is an extract from the same great commander's evidence before the Select Committee of the House of Lords in 1852-53:

It was my fortune to serve during the whole almost of the Peninsula war, and I have served through several campaigns in India, but in the Punjab campaign I do not think that at any one period there was a wounded man without his dooly, nor wanting any comfort it was possible to give him. The attention and assiduity of Dr. Franklin, of Dr. Kenny, and of Dr. McBae, the indefatigable Field-Surgeon, and of the whole of the medical staff of that army, was the most perfect machinery I ever witnessed.

The following is an extract of a letter from His Excellency the Right Honourable the Commander-in-Chief, Lord Clyde, dated Lucknow, February 21st, 1859:

The military operations in the Presidency of Bengal, which ensued on the great Mutiny of 1857, having been happily brought to a close, I have the greatest satisfaction in recommending warmly to your Excellency's protection two great departments of the military administration, to which the troops and the officers who have commanded them in their long campaigns are under real and great obligations. I allude to the Medical and Commissariat Departments. The former, being composed of officers belonging to the two services, has shown equally in the matters of general organisation and of regimental arrangements. The Director-General, Dr. Forsyth, and the Inspector-General of Her Majesty's Forces, Dr. Linton, C.B., in Calcutta, have worked successfully to meet the great requirements made on them; and the staff and regimental medical officers have well maintained the credit of their noble profession, and the reputation for self-sacrifice which belongs to the surgeons of Her Majesty's armies, a reputation which is maintained in the field on all occasions, as well as in the most trying circumstances of the hospital.

It should be noted that such splendid double testimony as the above came, on the one hand, at a time when the fate of Lord Gough's army trembled before the indomitable courage of the Sikhs; and again, in 1859, immediately after a period of danger, such as has never, before or since, threatened British power in India. In referring to a list of the medical officers of the Bengal Establishment who fell during the Mutiny, I find that thirty-five surgeons and assistant-surgeons perished, of whom twenty-one were cruelly massacred by the mutineers; the rest succumbed to wounds received in action, cholera, etc.

In a Minute on the Indian Medical Service, dated February, 1856, written by India's greatest proconsul, the Most Noble the Marquis of Dalhousie, the following passage occurs:—

The absurdity of regarding a medical officer as a non-combatant is, I believe, abandoned. The medical officer comes constantly under fire like other men. Every campaign which is fought exhibits the names of medical officers in the lists of killed and wounded; and the returns invariably show that they still more often fall victims to their own exertions on behalf of their suffering comrades. Proof can hardly be required of such well-known facts. If it be, the fatal record of the service which our countrymen have been performing during the last year and a half in Turkey and the south of Russia will more than bear out the statement I have made.

In moving the vote of thanks to the army in the Crimea, the Duke of Newcastle made the following remarks in the Upper House:—

The other body of men to whom I allude are the medical officers of the army. [Hear, hear!] I speak not now, of course, of the medical organisation, upon which so much was said the other night; but I must state, in justice to an honourable profession, that never were greater exertions made, never was more humanity evinced than by the doctors of the British army in the Crimea. [Cheers.] I will only ask your lordships to consider for one moment the services performed by such a man as Dr. Thomson. He was left, under circumstances of the most painful nature, upon the field of battle, not to attend to the wounded of his own army, all of whom had been removed, but to a large body of Russians, many of whom, persuaded that an Englishman was little less than a devil, were prepared to murder any individual who might seek to render them succour and assistance. Among such men was Dr. Thomson left alone; he bound the wounds of some hundreds of these poor Russian soldiers, at the great danger of his life, but, nevertheless, he escaped. He returned to his duties in his own army, but it pleased Providence to remove him from his sphere of usefulness two or three days subsequently. His death was occasioned by the immense exertions he had made, and a disease which he had thereby contracted. [Hear, hear!] I must say, my lords, that if it has not been usual for Parliament to thank men such as these, I consider that it is not wrong for a Minister of the Crown in this House to acknowledge their services.

The following facts have reference to the conduct and losses of the Army Medical Service in more recent campaigns:—

Three surgeons—Conolly, Stace, and Hewson—died during 1855 from illness contracted on active service in Egypt and the Soudan. Surgeon-Major Porter died at Cabul on January 7th, 1850, deeply lamented. In March, 1851, Surgeon-Major Cornish died at Mount Prospect, Transvaal, from wounds received at Majuba Hill. At the same time Surgeon Landon was killed in action at Majuba Hill. In August, 1852, Surgeon-Major Shaw was killed in action in Egypt. Surgeon-General O. Barnett, C.I.E., died in July, 1855, from illness contracted on service at Suakim, loved by all who knew him. In March, 1856, Surgeon Lane died of wounds received in action in the Eastern Soudan. And on January 9th, 1856, Surgeon Joseph Heath was killed in Upper Burma while endeavouring to rescue a wounded officer.

This list of casualties amply proves how strongly actuated the Army Medical Service is by a sense of duty, loyalty, and courage. Those whose names I have mentioned were all faithful unto death, and the youngest of them was not afraid to perish in the cause of his country and in defence of his friend. Such facts as those above quoted (which are, I believe, quite in keeping with the present general tone of the British and Indian Medical Services) certainly do not point to "peacocking," or inefficiency. That no contemptible fop, despicable sluggard, or hopeless "bad bargain" was ever to be found in the Army Medical Department probably no one would for a moment maintain; but to assert that characters of this description prevail to such an extent as in the slightest degree to justify Mr. Labouchere's sweeping indictment will, I feel sure, be found, on fair inquiry, to be quite contrary to fact.

With regard to the sin of "cartridge-filling" as affecting public interests, and as detracting from the reputation of the Medical Department, no doubt many have been guilty of this terrible offence. Is it not possible, however, that an army surgeon may be not the less a gentleman and a good officer because he is a sportsman? I am inclined to think that sporting proclivities have saved many a young officer, both in England and on foreign service, from the hateful quadrivium of "beer, brandy, billiards, and betting." If Mr. Labouchere can find time to give impartial consideration to both sides of the question now at issue, it is possible—although I cannot say I am young enough to expect it—that he will, "before vote No. 4 comes on for discussion," see reason "willingly to qualify his former remarks." It is hard to believe that certain leaders of public opinion can desire to dismantle a service such as that above referred to. Are we to go back to the old prototype barber-surgeon of bygone times? Can it be, as I have heard it humorously expressed, that "more soap is wanted, and less science"—I am, etc., D. BOYES SMITH.

Netley, December 19th, 1857.

RANK FOR ARMY MEDICAL OFFICERS.

SURGEON-MAJOR SIMMONDS writes from Laurencepoore: An order has lately been published, rendering medical officers incapable of the presidency of not only courts-martial, but all other mixed committees and boards. It is ridiculous that medical officers who have been specially trained to sift important evidence, and on whose judgment the supreme issues of life and death often hang, should thus be less capable of petty judicial functions than the average army subaltern. It is all very well for the authorities, when the medical service is well filled up, to begin degrading it, but the old Nemesis of "supply and demand" will sooner or later overtake them. Little is to be gained by consulting the unworthy prejudices of a certain section of so-called combatants, right and justice must be done in spite of them.

The Indian medical officer has, as, say, superintendent of a gaol, often absolute control over the prisoners, and the entire equipment of the establishment; and surely, if fit for this, is qualified to preside over an ordinary board of survey on

MEDICAL.

fr. Stanhope's in all matters last year, and the Committee quite unprompting down the

fast military officers by a discipline, rent to the interest of a e estimation lical practical which I must

hing may be rmy doctors, impending, our medical continue to d conditions

of medical his opinion; tell where on active addition to have stated in prestige are further r channel" as; and by

Director-lawford in id as little t surely it individual anatum for ant; and, of ews known r, and the and intere which a given the y uncertain ion may be s influence nt to those ush it con- TONIA

diate pro- rry stage of now leave try variety by Sir W. I rose to t of order give me a when full t, towards tends its make the

LARSON, gratefully answer to f relative rts of the h fulness ally lost ry trifling service to

is now taking place at the Military Clubs.

Thus the *Senior United Service Club* excludes from membership all Medical Officers under the rank of Surgeon General, of whom there are about nine in the army, while it admits all officers of Majors rank from any other corps. What a misnomer then is its title *United Service*, rather should it be the *Disunited Service Club*.

The Junior United Service Club systematically blackballs all Doctors and has so socially injured some of the best and most devoted officers of this unfortunate branch of the service.—These institutions are then simply class boycotting institutions wrongly using a military title and it is quite certain that if H. R. H. the Prince of Wales H. R. H. The Duke of Connaught and H. R. H. the Field Marshal commanding-in-chief knew that these institutions of which they are patrons and Honorary Members acted in so unfair a manner they would not allow their names to be connected with these institutions.

But the Machinery of social exclusion would not be completely described unless one referred to the need of some reform in the Officer's Messing system in the Army. The State is paying large sums annually, upwards of £200 per battalion to cheapen the cost of Officers Messing in the Army. Medical Officers while thrown into intimate relations with these regiments, are constantly excluded by the Regiments from using the Messes. If a Mess is to be used as a boycotting agency within the army and to have the power of excluding whole classes of Officers from its use, the sooner Garrison Messes for all Officers are established the better will it be for the Army.

No grants whatever are allowed to Medical Officers in garrisons to aid in keeping up Messes and as a result great inconvenience and expense is caused to them. The Aldershot Mess is entirely paid for by the Medical Officers although regiments close by are not less strong in Officers, receive more than £1000 a year in support of their Messes, and yet no allowance for the support of Messes for Medical Officers is what seems to be needed.

12. The Distribution of Decorations for War or Special service.

The greatest dissatisfaction exists in the Medical Service at the unfair system of distribution of decorations for war services, as well as at the frequent exclusion of Medical Officers from mention in despatches.

Take for example the order of the Bath.

The Grand Cross of the Bath (G. C. B.) has never been conferred on a Medical Officer because no Medical Officer can rise to a higher nominal rank than that of Major General, while the G. C. B. can only be conferred on those having Lieut.-General's rank.

But the Director General of the Medical service has only the same nominal rank as the nine or ten Surgeons General whom he controls and on whose efficiency he reports—yet the Inspector General of the Engineers Corps can be, and often is, a Lieutenant General and the Chief of the Military Education Department has also Lieutenant General's rank.

Every Medical Officer considers that the rank of the Director General is insufficient, and if it was raised to Lieut.-General's rank, the G. C. B. could also be given to him if he did the State good service.

But the present decorations available are only 4 K. C. B's. That is to say that however distinguished the services of the Medical Corps may be only four Kinghoods of the Bath are available for its reward.

This causes the greatest dissatisfaction within the Department.—Take for Example the case of Surgeon General Ker-Innes, C. B.

This officer has done the State excellent service, and he finally acted as P. M. O. of the

whole of the forces in the Afghan War, the most important campaign of the English Army since the Crimean period.

He was recommended for the decoration of K. C. B. by the Indian Government and the late Director General SIR WILLIAM MUIR made the most urgent personal efforts to get him so rewarded, pointing out the extreme unpopularity of the Medical Service in the profession and the need of some effort being made to remove it. His application was refused and this distinguished officer still remains undecorated although every Military Officer of equal rank has long since been so rewarded for the same campaign.

Take another example, Surgeon General Mounat, V. C. who acted as P. M. O. of the New Zealand Campaign, but remains to the present day unrewarded despite the urgent recommendations of the colony.

Surgeon General Gordon who acted as English Commissioner on the Franco-German War also remains unrewarded by the State. Surgeon General O'Neil the P. M. O. of the Soudan Campaign is also unrewarded.

Throughout the whole Medical service the idea prevails that the moment any suggested lists of rewards for a campaign reaches the Military side of the War Office, the names of the Medical Officers are struck out, and every General commanding in the field probably feels that any special favorable mention of the Medical Officers will be unfavourably received by officials who already have, in the most open manner, given evidence that Military Commandants were needed in all Military Hospitals. The remedy lies entirely in the War Minister's hands. He has but to lay down that in future the K. C. B's. now limited to four, equal to three per cent of those available for the Service, shall be increased to ten per cent, and to allow the Chief of the Medical Service to allot them, or to have an appeal to the War Minister concerning their issue.

Even in the case of the Red Cross decoration the Medical Staff Corps have been shut out from any share in its award, although every female nurse feels that she may earn it.

Underlying all their grievances is the dread the Medical service has, as a whole, of prejudiced decisions from the Military side of the War Office.

The Parliamentary Controller of the Army under the Sovereign viz :—the Secretary of State for War has, on the whole, dealt fairly by the Medical Officers. It is from the Military side of the administration that the fear of neglect arises.

In the name of "Discipline" that fetish in whose name so many intolerable injustices have been done, the Military authorities have decided, in 1881, that no Medical officer, however Senior, is to be saluted by any Military Officers however junior, although any Medical officer failing to salute his Military commander may be punished.

In no other army does such a one-sided rule exist and in foreign armies, where the internal discipline grasps the officer's corps far more rigidly than in England, all officers interchange salutes, the junior taking the initiative.

As a result of this rule about salutes, officers now pass each other without any recognition whatever the only army in the world where such a condition exists.

But since the abolition of relative rank Military officers are now depriving Medical officers of the salutes of even the private soldiers, making the position of the Medical officers simply intolerable.

13. The Executive Military Duties of the Medical Officers.

Little has been said in these paragraphs of the purely Military duties of the Army Doctor but they form a distinctly executive function

such as is carried out by the purely Military officers of the army.

The Director General who draws up the plan of Medical arrangements for a great Campaign or ought to be, a General as well as a Doctor. If he has not such qualifications then he is over-weighted in his work.

The Surgeon General of an Army Corps dealing with the medical arrangements of 36,400 soldiers and allotting to their duties 45 Regimental Medical officers, 8 Bearer Companies, 14 Field Hospitals, 8 Stationary Hospitals, General Hospitals, with Hospital Ships, organizing convoys, aiding the General of the Army with sanitary advice is, or ought to be, at head Soldier, a General and a Doctor too, and in every succeeding post as Divisional P. M. O., Chief Field Hospitals, or other Medical charge, labours are entirely Military as well as Medical and cannot be separated. The whole of the War failures of the Medical Service have arisen from a want of a more Military organization and it would be an entire mistake to imagine that perfection has now been attained. Nothing but good can come from a far larger development of the efficiency of the Department as a purely Military organization. It is not "Good Doctors" alone that are needed but "Good Army Doctors" two entirely different things. "Good Doctors" in scores stood powerless in the corridors of Scutari while gallant soldiers died uncare for because the Army Doctors of the old days, who were merely general practitioners dressed in uniform, were in so sense a Military body. Without a "Corps"—without the power of command, untrained in discipline, unskilled in administration, unversed in interior economy they stood the representatives of "Science without system" of "Theory without practice" laudable aspirations divorced in toto from executive power. Out of their great sufferings deliverance in the end has come and it has come entirely from an increase in the Military efficiency of the Doctor.

CONCLUSION.—In thus laying before you a statement of some of the grievances of the Medical Service, it is necessary to state that the disease has long gone by for such social injustices be continued to members of a profession daily growing in importance, and of great value to the Community.

Had no civil profession of medicine existed, the army would have had to have formed its own Medical Staff from its own ranks, after a period of study at least twice as long as the Student College course.

To day the Civil profession of Medicine being utilized by the army, while at the same time, its members are shut out from that share of the Military rewards, destined for all the service and are exposed to social injustice to which no other class of the community is subjected.

If the legislation of the last few years means anything it means that our army has become a national force within whose limits no outer class shall exist.

With a fair and good discipline all must agree but with a one-sided class oppression covered by the false use of the word "discipline" every one disagrees.

The bitter sufferings Medical Officers have undergone in the past in our army are known far and wide beyond the limits of the service and tales could be told on these matters which would startle all not well acquainted with the interior army life.

It will be for you, Sir, to consider if the time has come to take action to put a stop to such an unfortunate condition of affairs.

I am, Sir,

Your most obedient Servant.

June 1887.

"JUSTICE."

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY SURGEONS AND THEIR RECORD.

SIR.—At a time when the merits and demerits of army surgeons are being freely discussed, possibly with advantage to public interests, will you allow me to adduce certain historical facts of importance bearing on this subject, which go to prove that the British and Indian Medical Services have traditions of which they may well be proud? Sir James McGrigor, in his autobiography, writes as follows: "It was said with much truth by an eminent individual that he thought the extraordinary exertions of the medical officers of the army might be said to have decided the day at Vittoria, for their exertions had undoubtedly added a full division to the strength of Lord Wellington's army; and without these 4,000 or 5,000 men, it is more than doubtful if his lordship, with all his unrivalled talents, could have carried the day." The eminent individual here alluded to is Napier, the historian of the Peninsular war.

During the retreat from Bruges the Duke of Wellington forcibly remarked: "The medical department is the only one that will obey orders; on them I can rely for doing their duty" (vide *Army Surgeons and their Works*, by Surgeon-General C. A. Gordon, C.B., pp. 69 and 70). Kaye, the historian, in the Preface to his *Lives of Indian Officers*, writes: "I must express my regret that the volumes contain no example drawn from the Medical Service of the East India Company—a service which was never wanting in men equally eminent for their professional attainments, which are exercised so unstintingly in the cause of our suffering humanity, and for those heroic qualities which are exemplified by deeds of gallantry in the field, and by lives of daring adventure."

After the battles of Chillianwalla and Goojerat, Lord Gough wrote as follows: "Camp, Goojerat, 26th February, 1849. I feel I cannot too prominently bring to notice the valuable exertions of Dr. McRae, Field-Surgeon, and of the medical officers of the army generally; they have been most unwearied and praiseworthy."

The following is an extract from the same great commander's evidence before the Select Committee of the House of Lords in 1852-53:

It was my fortune to serve during the whole almost of the Peninsula war, and I have served through several campaigns in India, but in the Punjab campaign I do not think that at any one period there was a wounded man without his dooly, nor wanting any comfort it was possible to give him. The attention and assiduity of Dr. Franklin, of Dr. Renny, and of Dr. McRae, the indefatigable Field-Surgeon, and of the whole of the medical staff of that army, was the most perfect machinery I ever witnessed.

The following is an extract of a letter from His Excellency the Right Honourable the Commander-in-Chief, Lord Clyde, dated Lucknow, February 21st, 1859:

The military operations in the Presidency of Bengal, which ensued on the great Mutiny of 1857, having been happily brought to a close, I have the greatest satisfaction in recommending warmly to your Excellency's protection two great departments of the military administration, to which the troops and the officers who have commanded them in their long campaigns are under real and great obligations. I allude to the Medical and Commissariat Departments. The former, being composed of officers belonging to the two services, has shown equality in the matters of general organisation and of regimental arrangements. The Director-General, Dr. Forsyth, and the Inspector-General of Her Majesty's Forces, Dr. Linton, C.B., in Calcutta, have worked successfully to meet the great requirements made on them; and the staff and regimental medical officers have well maintained the credit of their noble profession, and the reputation for self-sacrifice which belongs to the surgeons of Her Majesty's armies, a reputation which is maintained in the field on all occasions, as well as in the most trying circumstances of the hospital.

It should be noted that such splendid double testimony as the above came, on the one hand, at a time when the fate of Lord Gough's army trembled before the indomitable courage of the Sikhs; and again, in 1859, immediately after a period of danger, such as has never, before or since, threatened British power in India. In referring to a list of the medical officers of the Bengal Establishment who fell during the Mutiny, I find that thirty-five surgeons and assistant-surgeons perished, of whom twenty-one were cruelly massacred by the mutineers; the rest succumbed to wounds received in action, cholera, etc.

In a Minute on the Indian Medical Service, dated February, 1856, written by India's greatest proconsul, the Most Noble the Marquis of Dalhousie, the following passage occurs:—

The absurdity of regarding a medical officer as a non-combatant is, I believe, abandoned. The medical officer comes constantly under fire like other men. Every campaign which is fought exhibits the names of medical officers in the lists of killed and wounded; and the returns invariably show that they still more often fall victims to their own exertions on behalf of their suffering comrades. Proof can hardly be required of such well-known facts. If it be, the fatal record of the service which our countrymen have been performing during the last year and a half in Turkey and the south of Russia will more than bear out the statement I have made.

In moving the vote of thanks to the army in the Crimea, the Duke of Newcastle made the following remarks in the Upper House:—

The other body of men to whom I allude are the medical officers of the army. [Hear, hear!] I speak not now, of course, of the medical organisation, upon which so much was said the other night; but I must state, in justice to an honourable profession, that never were greater exertions made, never was more humanity evinced than by the doctors of the British army in the Crimea. [Cheers.] I will only ask your lordships to consider for one moment the services performed by such a man as Dr. Thomson. He was left, under circumstances of the most painful nature, upon the field of battle, not to attend to the wounded of his own army, all of whom had been removed, but to a large body of Russians, many of whom, persuaded that an Englishman was little less than a devil, were prepared to murder any individual who might seek to render them succour and assistance. Among such men was Dr. Thomson left alone; he bound the wounds of some hundreds of these poor Russian soldiers, at the great danger of his life, but, nevertheless, he escaped. He returned to his duties in his own army, but it pleased Providence to remove him from his sphere of usefulness two or three days subsequently. His death was occasioned by the immense exertions he had made, and a disease which he had thereby contracted. [Hear, hear!] I must say, my lords, that if it has not been usual for Parliament to thank men such as these, I consider that it is not wrong for a Minister of the Crown in this House to acknowledge their services.

The following facts have reference to the conduct and losses of the Army Medical Service in more recent campaigns:—

Three surgeons—Conolly, Stace, and Hewson—died during 1885 from illness contracted on active service in Egypt and the Soudan. Surgeon-Major Porter died at Cabul on January 7th, 1880, deeply lamented. In March, 1881, Surgeon-Major Cornish died at Mount Prospect, Transvaal, from wounds received at Majuba Hill. At the same time Surgeon Landon was killed in action at Majuba Hill. In August, 1882, Surgeon-Major Shaw was killed in action in Egypt. Surgeon-General O. Barnett, C.I.E., died in July, 1885, from illness contracted on service at Suakim, loved by all who knew him. In March, 1886, Surgeon Lane died of wounds received in action in the Eastern Soudan. And on January 9th, 1886, Surgeon Joseph Heath was killed in Upper Burma while endeavouring to rescue a wounded officer.

This list of casualties amply proves how strongly actuated the Army Medical Service is by a sense of duty, loyalty, and courage. Those whose names I have mentioned were all faithful unto death, and the youngest of them was not afraid to perish in the cause of his country and in defence of his friend. Such feats as those above quoted (which are, I believe, quite in keeping with the present general tone of the British and Indian Medical Services) certainly do not point to "peacocking," or inefficiency. That no contemptible sop, despicable sluggard, or hopeless "bad bargain" was ever to be found in the Army Medical Department probably no one would for a moment maintain; but to assert that characters of this description prevail to such an extent as in the slightest degree to justify Mr. Labouchere's sweeping indictment will, I feel sure, be found, on fair inquiry, to be quite contrary to fact.

With regard to the sin of "cartridge-filling" as affecting public interests, and as detracting from the reputation of the Medical Department, no doubt many have been guilty of this terrible offence. Is it not possible, however, that an army surgeon may be not the less a gentleman and a good officer because he is a sportsman? I am inclined to think that sporting proclivities have saved many a young officer, both in England and on foreign service, from the hateful quadrivium of "beer, brandy, billiards, and betting." If Mr. Labouchere can find time to give impartial consideration to both sides of the question now at issue, it is possible—although I cannot say I am young enough to expect it—that he will, "before vote No. 4 comes on for discussion," see reason "willingly to qualify his former remarks." It is hard to believe that certain leaders of public opinion can desire to dismantle a service such as that above referred to. Are we to go back to the old prototype barber-surgeon of bygone times? Can it be, as I have heard it humorously expressed, that "more soap is wanted, and less science?"—I am, etc., D. BOYES SMITH.

Netley, December 19th, 1887.

RANK FOR ARMY MEDICAL OFFICERS.

SURGEON-MAJOR SIMMONDS writes from Laurenceport: An order has lately been published, rendering medical officers incapable of the presidency of not only courts-martial, but all other mixed committees and boards. It is ridiculous that medical officers who have been specially trained to sift important evidence, and on whose judgment the supreme issues of life and death often hang, should thus be less capable of petty judicial functions than the average army subaltern. It is all very well for the authorities, when the medical service is well filled up, to begin degrading it, but the old Nemesis of supply and demand will sooner or later overtake them. Little is to be gained by consulting the unworthy prejudices of a certain section of so-called combatants, right and justice must be done in spite of them.

The Indian medical officer has, as, say, superintendent of a gaol, often absolute control over the prisoners, and the entire equipment of the establishment; and surely, if fit for this, is qualified to preside over an ordinary board of survey on

blankets or breeches. He would prefer a hybrid title embracing the term surgeon, but whatever the title, the rank must be real and not delusive, and thoroughly safeguarded from after subterfuge and positive breaches of faith. If the medical officer is worthy of precedence at all, then he is worthy of real rank, if he is unworthy of the latter, then he has no business to have the former.

DEPUTY SURGEON-GENERAL.—We would state that the designation Army Hospital Corps was displaced by that of Medical Staff Corps about four years ago. The old officers of the former corps became quartermasters Medical Staff, and as such have now both honorary rank and titles. The officers of the Medical Staff are declared by Warrant to be the officers of and to command the Medical Staff Corps. An exactly analogous relationship exists between the Commissariat and Transport Staff and the Commissariat and Transport Corps; there is no regimental union in either case.

We regret that want of space prevents the publication of his letter, but he will find the question of hybrid titles alluded to in the analysis of the voting under the proposals submitted to medical officers. Substantially, his arguments against these titles are those set forth under B. and C. of that analysis.

M.B., M.S. writes: With a view to relieving the minds of any of my brother officers who may be under the impression that the grant of proper titles and rank would be incongruous in the Medical Staff, and would lead to our being mistaken, I enclose for their perusal an extract from a recent *Gazette* of the United States Army, which shows how the case stands in that service. I would merely, as comment on this, refer to the well known opinion of the Surgeon-General of the United States Army as to the gain in efficiency which followed the introduction of this system in his service. Had we, like our more fortunate American brethren, our proper position in the army, I think it goes without saying that we would not be subjected to such stupid attacks as have recently been made on us in the pages of a certain society journal.

Extract from the United States Army "Gazette," January 26th, 1887.

Leave for six months is granted to Major Samuel M. Horton, Surgeon.
Leave for two months, to take effect from December 1st, is granted to 1st Lieutenant Jefferson R. Keane, Assistant Surgeon.
Leave for two months, with permission for an extension, is granted to Captain W. H. Arthur, Assistant Surgeon, to take effect on the arrival at Fort Niagara of Captain Paul R. Brown, Assistant Surgeon.
Lieutenant-Colonel Andrew K. Smith is assigned the duty of Attending Surgeon in New York City, to relieve Colonel Joseph R. Smith, Surgeon, who will repair to St. Paul for duty as Medical Director.

Justice writes from India: It is high time the crying injustice and sorrowful humiliation to which surgeons-major of long service, in charge of hospitals in this country, have to put up with from the heads of their own department. Orders to bring them into contempt are constantly issued; their superiors are required to "mark and notify" every mistake and correction required in returns sent in, that such lapses may be embodied in confidential reports against them. Even petty breakages of hospital crockery are scored against the medical officers, as if they were so many "slaves" of all work. How long is such pettifoggish administration to be endured without organised protest?

A CONTRAST.

Fortuna Pavet Fortibus writes: In a *Gazette* some time past, referred to at the time in your columns, in which Surgeon-General Manby, V.C., and a Quartermaster, Medical Staff Corps, were gazetted out, the anomalous rank of army medical officers was pointed out.

I would refer to a similar instance in the last *Gazette*, in which Surgeon-General Reade, V.C., and a Quartermaster are placed on the retired list. What will be the status and how will they be received in civilian society? The one as Dr. Reade, a retired army doctor, the other as Major —, a retired officer of the army, and as such of superior official and social status to his late commanding officer.

In spite, however, of the indifference with which a grateful country rewards her army surgeons, the name of Surgeon Reade, Cist, will live in the historic memoirs of the Indian Mutiny, as a brilliant example of initiative and gallantry, when, on September 14th, 1857, he led a storming party of his regiment against overwhelming odds; and again, later in the siege, was one of the first to mount the breach of the magazine, which was stormed by his regiment. And yet we are told we have no grievance when men who have made history, and whom we look up to as heroes in our corps, are rewarded with such stint.

THE NAVY.

Surgeon A. W. McLeod has been placed on the retired list of his rank. His commission bears date September 29th, 1877.

Staff-Surgeon VALENTINE DUKE, B.A., M.B., has been promoted to the rank of Fleet-Surgeon. He entered the service as Surgeon September 7th, 1868, and became Staff-Surgeon December 20th, 1878.

Fleet-Surgeon E. J. BUTLER, B.A., M.D., has been placed on the retired list of his rank. He entered the service as Surgeon October 20th, 1859, became Staff-Surgeon August 2nd, 1871, and Fleet-Surgeon January 30th, 1882.

Mr. M. W. COLEMAN has been appointed Surgeon and Agent at Galway and Barna.

THE MEDICAL STAFF.

DEPUTY SURGEON-GENERAL A. F. BRADSHAW is brought on the administrative medical staff of the Bengal Army, vice Deputy Surgeon-General J. Ferguson, whose tour of service in India has expired.

Surgeon G. F. H. MARAS is placed on general duty in the Poona Division, Bombay command.

Surgeon R. S. F. HENDERSON, M.B., serving in the Bengal command, has been posted to the station hospital at Mandalay, for duty.

Brigade-Surgeon H. C. HERBERT, M.D., F.R.C.S.I., is granted retired pay with the honorary rank of Deputy Surgeon-General (ranking as Colonel). His commissions are dated:—Assistant Surgeon, September 15th, 1857; Surgeon, May 8th, 1872; Surgeon-Major, March 1st, 1873; and Brigade-Surgeon, December 29th, 1882. He has no war record.

Surgeons W. T. SWAN, M.B.; J. H. DALY; B. L. MILLS, M.D.; C. A. R. M.B.; J. G. BLACK, M.D.; and P. W. G. HALL, M.B., all of whom are serving Bengal command, have passed the examination in Hindustani by the standard.

Surgeon A. DODD, serving in the Bombay command, has leave of absence 6 months on private affairs.

The undermentioned gentlemen, who have arrived from England, for service the Madras command, are posted as follows:—Surgeon-Major F. A. DAVY, 1 to be Senior Medical Officer at the Rangoon Station Hospital; Surgeon F. E. BONAVIA, M.B., to do general duty in the Bangalore Division and Belgaum Ceded Districts; Surgeon A. L. H. DIXON to do general duty in the Bangalore District.

THE INDIAN MEDICAL SERVICE.

SURGEON-MAJOR C. F. OLDHAM, Bengal Establishment, is promoted to be Brig. Surgeon, vice J. C. Morice, promoted. Brigade-Surgeon Oldham entered the service as Assistant Surgeon July 27th, 1859, and became Surgeon-Major July 1873. He served with the 1st Goorkhas in the operations in the Malay Peninsula in 1875-76 (medal with clasp), and with the same regiment in the Afghan war 1878-79 (medal).

The retirement of Brigade-Surgeon E. BONAVIA, M.D., Bengal Establishment, cancelled.

Surgeon-Major A. J. WILLCOCKS, M.D., Bengal Establishment, Officiating (Surgeon, first-class, on return from privilege leave, is appointed to the civil medical charge of the Agra District.

The services of Brigade-Surgeon A. H. HILSON, M.D., Bengal Establishment, Civil Surgeon, First Class, Agra, are placed at the disposal of the Government of India in the Home Department.

The services of Surgeon A. D. EVANS, Madras Establishment, Acting Civil Surgeon, Moulmein, are placed at the disposal of the Major-General commanding Upper Burma Field Force from the date on which he may be relieved by Surgeon-Major G. T. Thomas.

Surgeon C. J. BAMBER, Bengal Establishment, Civil Surgeon, is transferred from Pymulwin, and appointed to the medical charge of the Indian Marine Establishment at the Shore, Mandalay, in addition to his military duties.

Surgeons F. J. CRAWFORD, M.D., and A. H. JACOB are admitted to the Madras Establishment from November 16th, the date of their arrival at Bombay.

Surgeon W. H. QUERCK, Bombay Establishment, is appointed to officiate medical charge of the 2nd Native Lancers.

The following postings have been ordered in Burma: Surgeon-Major J. McDONNELL, Madras Establishment, to Yewin, to assume medical charge of 15th Madras Infantry; Surgeon W. CONRY, Bengal Establishment, proceeds to the station of his field hospital to Mandalay; Surgeon D. P. WABLER, Madras Establishment, to the General Hospital for native troops, Mandalay; Brigade-Surgeon G. D. RIBBELL, Madras Establishment, to the medical charge of the Native General Hospital, Mandalay.

Surgeon H. W. PRIGER, Bengal Establishment, is appointed Officiating Medical Officer to the 9th Native Infantry, vice Surgeon-Major A. H. Williams, M.D., granted leave out of India.

Surgeon F. S. PECK, Bengal Establishment, is appointed Civil Surgeon, Myingmang, but will continue to act as Civil Surgeon of Sarun.

The services of Surgeon-Major M. ROBINSON, Madras Establishment, are replaced at the disposal of the Commander-in-Chief.

Surgeon A. H. JACOB, Madras Establishment, who has arrived from England, directed to report himself to the Deputy Surgeon-General, Her Majesty's Force Eastern District, for duty.

Surgeons C. R. M. GREEN, E. C. HARR, F. C. CLARKSON, J. D. M. SWINBURN and J. MORWOOD, M.D., all of the Bengal Establishment, have passed the examination in Hindustani by the lower standard.

Surgeon G. H. D. GILLETTE, M.D., Bengal Establishment, Residency Surgeon Nepal, is appointed to officiate as Medical Officer 1st Central India Horse, and the Goons Political Agency, from the date of joining, vice Surgeon C. G. W. Lovell, who has been granted furlough, and whose services are replaced at the disposal of the Military Department.

Surgeon D. SIMMONS is admitted to the Madras Establishment from November 2nd, the date of his arrival at Bombay.

Surgeon-Major G. E. E. BURROUGHS, Bombay Establishment, in medical charge of 3rd Light Cavalry, has been granted leave out of India, on urgent private affairs for six months, from date of being struck off duty.

Deputy Surgeon-General A. M. GARDEN, Bengal Establishment, retired, died, Merrow, near Guildford, on December 17th, at the age of 55. He entered the service as Assistant-Surgeon, January 11th, 1855, and attained the rank of Brig. Surgeon, November 27th, 1879; he retired with the honorary rank of Deputy Surgeon-General, January 26th, 1881. He does not appear to have seen war service.

THE VOLUNTEERS.

Surgeon T. E. UNDERHILL, from the 1st Volunteer Battalion South Staffordshire Regiment (late the 1st Stafford), is appointed Surgeon to the 2nd Volunteer Battalion Worcester Regiment (late the 2nd Worcester); and Surgeon H. H. SMITH from the 1st Volunteer Battalion, Worcester Regiment, takes Surgeon Underhill's place in the 1st South Stafford.

The undermentioned gentlemen are appointed Acting Surgeons to the corps specified: R. B. GRAHAM, 1st Fife; E. W. WHITH, M.B., 2nd Volunteer Battalion West Kent Regiment (late the 3rd Kent); J. M. HARPER, 1st Volunteer Battalion Somerset Light Infantry (late the 1st Somerset).

Acting Surgeon A. HAY, M.D., 1st Dumbarton, has resigned his commission which bore date January 24th, 1877; he is permitted to retain his rank and uniform.

Acting Surgeon G. A. RAVERTY, 18th Lancashire (Liverpool Irish), has also resigned his appointment, which dated from April 16th, 1884.

Acting Surgeon T. W. C. JONES, 14th Middlesex (Inns of Court), is promoted to be Surgeon to the same corps. Surgeon Jones joined the Inns of Court Regiment 8th, 1882.

SURGEON-GENERAL, writes: I think the recommendation of "A Correspondent," in the JOURNAL, of December 17th, an excellent one—that a subscription be started for the purpose of defraying the cost of forwarding a copy of the analysis to every member of both Houses of the Legislature, and to meet any other expenses that may arise in this and the probable struggle arising out of vote in the House of Commons. Should a subscription be started for the above object, at your office, I, too, shall be happy to contribute £1 as my mite.

MR. STANHOPE AND THE RANK OF ARMY MEDICAL OFFICERS.

Sir,—I was much disappointed with the tone of Mr. Stanhope's reply to my question on March 13th. His courtesy in all matters connected with the department had been so great last year, and the reception given by him to the Parliamentary Bills Committee deputation was so cordial and friendly, that I was quite unprepared for the cavalier way in which he has now flung down the gauntlet of defiance to the civil profession.

No doubt, according to the strict letter of hard and fast military law, the collection of the opinions of medical officers by a "civilian association" may be in "contravention of discipline," for we know that combination is specially abhorrent to the official mind. But whether it is judicious, in the interest of a service which depends for its very existence on the estimation in which it is held by medical schools and by medical practitioners outside, to take this line is a question which I must leave every unprejudiced reader to settle for himself.

In my judgment, nothing can be gained but everything may be lost by an ostentatious indifference to the views of army doctors, however expressed, at a time when great changes are impending, and when it will become the duty of the advisers of our medical students seriously to consider whether they can continue to recommend military medical service under the altered conditions of the future.

Mr. Stanhope airily informs us that "the status of medical officers is just what it was before." This may be his opinion; but as he does not himself wear the shoe, he cannot tell where it pinches, and nearly 1,000 experienced surgeons on active service, whose views you have so ably analysed, in addition to many who have favoured me with private letters, have stated most emphatically that they have lost much, both in prestige and position, by the abolition of relative rank. We are further told by the Secretary of State for War that a "proper channel" is open to anyone for the discharge of his grievances; and by

this is no doubt meant a personal interview with the Director-General at Whitehall Yard. No one can hold Sir T. Crawford in higher respect than I do. He is courteous and able, and as little formidable as possible under the circumstances; but surely it would be an act of some personal heroism for any individual officer (junior, perhaps, in rank) to enter the dread sanctum for the purpose of arguing out the terms of a Royal Warrant; and, of course, anyone on foreign service can only make his views known through the medium of his principal medical officer, and the fatal defect of this mode of action is that it is scattered and intermittent, and devoid of that cohesive and collective force which a large body of united opinion must possess. You have given the department the opportunity of expressing this with no uncertain sound, and whatever the reception of your communication may be to-day, it must have its due weight in the future, and its influence may make itself felt in quarters the most inconvenient to those who have been induced by their military advisers to brush it contemptuously on one side.

Unfortunately, there does not seem to be any immediate prospect of discussing Vote 4 in the House. The preliminary stage of the army estimates on the motion that the Speaker do now leave the chair is usually devoted to the consideration of every variety of grievance, but this time it was entirely taken up by Sir W. Barttelot's motion for a Royal Commission, and when I rose to address the House on medical questions I was ruled out of order by the Chair. Mr. Stanhope has since declined to give me a pledge that the vote will be taken at a time and hour when full discussion is possible. Last year it came on in August, towards the small hours, and great uncertainty necessarily attends its appearance now; so we must only watch and wait, and make the best use of opportunities as they arise.—I am, etc.,

House of Commons, March 27th. R. FARQUHARSON.

P.S.—Will you allow me to take this opportunity of gratefully acknowledging the communications I have received in answer to my appeal for definite details regarding the abolition of relative rank? Medical officers have written to me from all parts of the world, and have not only expressed their opinions with fulness and ability, but have told me how they have actually lost prestige and position by what outsiders consider a very trifling change. Armed with this brief, I hope to render some service to the cause when the discussion on the vote comes on.

Many things indicate that Finance is at the bottom of this reserve scheme. It was, for instance, lately naïvely remarked

is stated at 183, of whom twenty-three are now actually temporarily employed. Now, this is a very valuable and true reserve; all are fully experienced and highly trained; not a few of them are officers of health appointed by the General Board of Health, in their instructional minute relative to the duties of preventive medicine. As long ago as 1855 the General Board of Health gave its sanction to the appointment of medical officers to the districts where the medical officer of health gives his whole time to the duties, and is specially qualified to advise in preventive medicine. It cannot be denied that the best work has been accomplished in those areas where the medical officer of health gives his whole time to the duties, and is specially qualified to advise in preventive medicine. It is to be regretted that their slender salary is not sufficient to pay them for doing nothing. In other hands, there are many who have no special qualification to advise on sanitary matters, and who act on the principle of efficiency for a merely nominal remuneration. But, on the other hand, there are undoubtedly many very competent health-officers in our rural districts who perform their duties with great

general officers, which were submitted to the Commander-in-Chief. This is, to say the least, a strange manner of encouraging medical officers to do their duty under all circumstances of difficulty and danger.

DUTIES OF ACTING SURGEON OF VOLUNTEERS.

M.D. asks: 1. What are the duties of an acting surgeon of volunteers? 2. Where can I obtain the best information about conducting an ambulance class or ambulance drill for volunteers? 3. What uniform does an acting surgeon of volunteers wear?

- * 1. Duties of acting surgeons of volunteers: (a) Proficiency examination (Volunteer Regulations, 1887, Part I, Sec. II, Para. 144). (b) Camps with Regular Forces (Volunteer Regulations, 1887, Part I, Sec. IV, Para. 403; Medical Regulations for Army, 1885, Part I, Sec. III, Para. 55 to 82). (c) Training of Stretcher Bearers (Queen's Regulations for the Army, 1885, Sec. XIV, Para. 80; and Volunteer Regulations, 1887, Part I, Sec. VI, Para. 517). (d) Uniform (Volunteer Regulations, 1887, Part IV, Sec. III, Para. 1044).

ARE BATTALION SURGEONS NONCOMMISSIONED OFFICERS?

DR. WALTER PEARCE, Acting Surgeon, Artists R.V., writes: Volunteer surgeons have substantive rank (Volunteer Regulations, 1887, Part I, Sec. II, Para. 124 and 125), and are commissioned. Acting surgeons have no substantive rank, are not commissioned, and their appointments cease whenever the corps to which they belong is called out for active service.

PRECEDENCE OF ARMY MEDICAL OFFICERS IN INDIA.

AN ADMINISTRATIVE OFFICER writes: In the JOURNAL of February 18th, page 379, you published a letter on this subject. I now quote a verbatim copy of the orders relating to precedence.

By the first paragraph 1390, vol. v (The Medical Regulations), you will see that medical officers are only to be members of medical boards, and should, in all other cases, attend to give evidence. If this rule were adhered to, there would be no ground for complaint, as, if the president acted as described in your correspondent's letter, he would do so on his own responsibility, and it would be evident on the face of the proceeding that the medical officer's opinion had not been asked for or recorded.

It happens, however, that in paragraph 1139, vol. II of the Indian Army (Discipline) Regulations, power is given to the Government (really to the headquarters military staff) to nominate medical officers as members of mixed boards, and, when this is done, to my certain knowledge the medical officer is invariably nominated last, and has, therefore, to "sit and sign" junior to all the other members of the board.

Two instances have quite lately come under my observation, as principal medical officer of the division in which this has been done. In one case, a surgeon-major of twenty-five years' service, with rank as lieutenant-colonel of five years' standing, had to sign below a junior captain; and in the second, a surgeon-major of twenty-three years' service had to sign below a subaltern. In both these cases the medical officers appealed to me, but my advice to them was (considering they were both rapidly approaching their turn for promotion) to accept the position, and "don't kick up a row."

Will no member of our profession take this matter up in the House, and call on the Secretary of State for India to amend the regulations to such an extent as to give medical officers their proper position on all boards?

Army Regulations, India (Medical), vol. vi, p. 1390: "Medical officers will be detailed as members of medical boards only. Should a medical opinion be required by any other board, reference will be made to the medical officer detailed to attend it, who will, if necessary, furnish his report in writing, or give evidence in person."

Army Regulations, India (Discipline), vol. II, p. 1139: "When committees are convened by Government composed of military and medical officers, of these and civilians also, the relative precedence of the members is to be that in which they are named in the order convening the committee. In such cases the president may belong to any branch of the Service."

"It seems to us the military authorities in India (and elsewhere) stick at nothing in their extravagant endeavours to deprive medical officers of any semblance of army rank and status. We have no difficulty in realising the utterly unworthy spirit which works in such a paragraph as 1139, Indian Army Regulations; but what is past our comprehension is that such an order can be promulgated without drawing a vigorous protest from the heads of the Medical Service in India. We never hear of any such protests."

RIGHT ORA YINIA WHY THE NEW WARRANT.

Nemo writes: The more the Warrant on the Reserve of Medical Officers is studied the more insidious do its terms appear; he considers the Warrant has been issued to afford the authorities a powerful lever against the regular service, should that again become unpopular; he trusts the influence of the British Medical Association will frustrate any such scheme; he thinks no medical man of any standing could accept the "Reserve" terms at the risk of ruining his civil practice.

A CORRESPONDENT, signing himself "Beware," thinks the Warrant creating the Army Medical Reserve of Officers "another mean fly-trap of the most approved War Office pattern;" and says that medical men should be careful before they walk into it; the terms offered, he thinks, are beneath professional dignity.

REGULAR MEDICAL STAFF writes: The Royal Warrant for the establishment of an Army Medical Reserve will be read with interest by all who have long recognised the necessity for such provision being made. It only remains to be seen how the new Warrant will be accepted by the medical staff of the Auxiliary Forces, who it is presumed will carefully weigh all the conditions of service before joining.

The Secretary of State's instructions are practically the Warrant. In the light of these instructions, what does a medical officer gain by joining the Reserve?

1. According to Paragraph 1, a medical officer may presumably be unfit for service in the Reserve, yet fit for service with the present corps. Clearly he is better remain with his corps.

Besides, Mr. Stanhope's statement as to the cause of the largeness of the non-effective vote is founded on error. It is first to be attributed to the great number (about 800) of medical officers who were commissioned at the time of the Crimean war and the Indian Mutiny, over thirty years ago, the natural consequence of such augmentation in the hour of danger being an increase in the number of non-effectives after so many years. The cause is, therefore, the lapse of time, and not the operation of the Warrant of 1876.

The abolition of relative rank was bad enough in all conscience, but these contemplated changes are beyond all endurance.

Are medical officers to be eternally subjected to these shameful changes of warrants and regulations by successive War Ministers, who, armed with a little brief authority, are pitched into power in the varying struggles of political party strife? Is there to be always this constant feeling of anxiety and unrest? Is there to be no finality—no guarantee for the permanence of any provisions made by a Royal Warrant, the privileges awarded in one year being modified or withdrawn in the next?

The services rendered by medical officers in the recent campaigns in Africa, Afghanistan, Burma are now conveniently forgotten, and the suitable rewards for such services are to be continuous foreign service and modifications of the privilege to retire on a pension after twenty years. Such ingratitude cannot fail to create the strongest feeling of discontent, and will largely tend to destroy the efficiency of the most important department in the army.

2. Publication of his name in an Army List, however useful to the Government, is no advantage to him.

3. Compulsory service as a surgeon-major up to the advanced age of 65, is certainly a doubtful advantage, yet no provision is made for any higher rank, which means higher pay.

4. If a real great national emergency should occur, all the auxiliary forces will naturally be called out, when the medical officer of a corps will necessarily draw the pay and allowances of his rank, and will have a better chance of serving with his regiment, instead of being knocked about the country as a Medical Reserve officer.

5. To a question whether the terms offered are sufficient remuneration for the duties to be performed, most officers of the regular Medical Staff acquainted with these duties will say most decidedly they are not.

6. Prior claims to hard work and insufficient pay can hardly be considered an advantage.

7. Would appear to be a provision for medical officers retaining their present regimental appointments. Should they join a reserve, they would soon find out that they would be sent just wherever their services were required.

Finally, the Warrant is clearly an attempt to play off a medical reserve against the present Medical Staff. Whether our professional brethren will come to the assistance of a Government which has persistently treated the regular medical officers of the army with flagrant injustice and scant courtesy, whether they will accept terms all the advantages of which are on the side of the Government, and whether they will not be far wiser to wait until the emergency arises, when bearing in mind the treatment now being experienced by the Medical Staff, these terms will be what the medical profession chooses to demand, are questions deserving the careful consideration of those now being tempted to join the Medical Reserve.

As a Medical Reserve, the provision made by the Warrant is utterly inadequate, and does not bring us one step nearer to the solution of the questions how to provide for one or two army corps in the field. A more unstatesmanlike Warrant was never issued. One thing is certain, that with the present strength of the regular Medical Staff, our first small war will have to constitute the staff of the authorities a great national emergency, and the new Medical Reserve will be called on to give up practice and home, and undertake duties for which the remuneration is totally inadequate. Let medical men, more particularly at this moment, bide their time if hereafter they wish to serve the Government; their market value will be three or four times what the Government now offers.

THE ARMY MEDICAL STAFF.

UNION IS STRENGTH writes: The time has come when the medical officers of the army will have to offer, in the defence of their own interests, the most strenuous opposition to the proposed changes in the Medical Department contained in the memorandum recently issued by the Secretary of State for War. Their vested rights are seriously threatened, and if they do not now speak out, they will have only themselves to blame if the proposed changes be carried into effect. These changes mainly refer to conditions of service, pension, and the formation of an Army Medical Reserve, the latter to be composed of retired officers, officers of the auxiliary forces, and civilian surgeons. Naturally, they are calculated to excite the gravest apprehensions in the minds of medical officers, affecting as they do most seriously their privileges and prospects.

The Medical Service has been already transferred by a recent order from the War Office to the Home Guards, who, following their old traditions, may be expected to treat our grievances with scanty consideration. In this struggle for the recognition of our claims combined representation is denied us, and individual representation, though allowed, is perilous; hence we have to depend altogether on external support, and on the influence which can be most powerfully exercised in our behalf by the various licensing bodies, the universities, and the members of the British Medical Association.

Under the present system there is already intense dissatisfaction existing as to the very short period of home service permitted to medical officers; and if the proposed scheme of the addition of an extra year abroad to each year be adopted, the inevitable result will be such an increase of prolonged and continuous service in tropical climates as will leave us practically no home service to recruit our health. What is the good of life under such conditions of perpetual exile? And what are likely to be the consequences? The answer is easy: a greater amount of sickness, temporary half-pay on the expiration of six months' sick leave, followed six months later by removal from the service, with a small bonus for permanent ill-health, and an increase in the death-rate of the medical officers, already considerably higher than that of the combatant branch, together with the loss of all the advantages offered by the Royal Warrant of 1879 while serving in India. This is a sorrowful outlook. Do Mr. Stanhope and his advisers think a medical officer requires no rest in England after frequent and prolonged tours of service in unhealthy climates? Do they think he has no bones to be racked by fever, and no inside to be rent by dysentery?

Surely retired officers, the officers of the auxiliary forces, and our civilian professional brethren will exert themselves to save us from this unworthy fate, and not play the game of the War Minister, who invites them to enrol their names in the Army Medical Reserve. The latter, as at present formulated, is nothing more than an artful scheme to play them off against the Medical Staff, and by cutting down the latter to a minimum peace strength to reduce the home establishment to an insignificant number. "Times of great national emergency" would soon be toned down to little frontier wars, and once the thin edge of the wedge was inserted, almost any expedition would be held to constitute "a great national emergency," and serve as an excuse to send medical officers abroad. Constant breaches of faith have inspired us with such a deep feeling of distrust that we set little value on the assurances and promises of Royal Warrants. We therefore earnestly hope retired officers will hesitate to accept these appointments; they certainly cannot be compelled to do so.

Again, how can the Government, with any show of justice, make such a regulation as that proposed, "not to allow any medical officer to retire on the pension attached to his rank until he has served in it for a reasonable period?" What a farce this is! Who is to decide the question of "reasonable period?" The whole proposition is a distinct violation of the chief privileges granted by the Warrant of 1876, and, if carried out, the services of over 600 medical officers will have been obtained under false pretences.

THE ARMY MEDICAL RESERVE OF OFFICERS.

WHEN the Warrant seeking to create a reserve from medical officers of the auxiliary forces was issued about two months ago, we offered a few friendly criticisms on its provisions, although we confess to having had grave misgivings about it as a whole. Further consideration, in the light of many hostile criticisms which have reached us, now strengthens the opinion that the scheme is not likely to come to much, for the simple reason that it has, in truth, no substantial element of success in it.

We fail to find in the April *Army List* even a beginning of the Auxiliary Reserve List; but we hear some have actually joined, as against several volunteer surgeons who hastily sent in their names, but withdrew them equally quickly. We are not surprised; rightly read the scheme is wholly in favour of the War Office, at the expense of those who are expected to embrace it. Its authors must have curious notions as to who the great bulk of the auxiliary medical officers are, and how they get a living. Is it imagined they are idle medical gentlemen, anxious to serve for practically nothing, provided they can air their names prominently in the *Army List*? They are, indeed, mostly hard-working civilians, with large private interests wholly dependent on their individual exertions. What are they asked to do? They are invited to place—without retaining fee or any adequate prospective pecuniary advantage—their personal independence, their practice, patients, and private interests entirely on one side, and, with unheard-of disinterestedness, give their individual professional services at the cheapest rate whenever the War Office finds it convenient—or necessary, in a medical sense—to declare “national emergency.”

This is asking too much! We doubt not our medical volunteers are quite prepared to make great personal sacrifices alongside of the volunteers of all ranks when real national danger unfortunately comes about; but it is entirely another matter to ask them to risk private professional ruin when the emergency may be not national at all, but only medical and artificially brought about by reckless docking of the regular medical vote.

Many things indicate that Finance is at the bottom of this reserve scheme. It was, for instance, lately naively remarked

by one of the “Service” papers that the scheme would, at all events, be agreeable to the “taxpayers”! From this it appears that, although medical men of course pay taxes like other citizens, they are further coolly expected to tax themselves doubly by rendering military services at a personal loss in order to please the general taxpayer! Medical men, indeed, have too often to sacrifice themselves in civil life; but why should “doctors” alone be asked to offer themselves meekly on the altar of public economy? Lawyers, engineers, traders, and workmen are not asked to do so.

We before pointed out that the scheme was crude and unstatesmanlike, because it tried to stop a gap while actually creating another and a bigger one. The auxiliary forces will be in want of their own medical officers when real national emergency arises; they could not spare them to do duty with regular troops. This reflection forces the conclusion that the authors of the scheme could hardly have had a national, but only a factitious, “medical emergency” in view. The idea was less to support than, if difficulties arose with the medical profession, to altogether supplant the regular medical service. It was no doubt foreseen that, if the regular medical service be recklessly cut down at the bidding of one-eyed economists, our first small war will inevitably bring about a medical emergency, and full terms, under pressure, would then have to be made with civilian practitioners; so, it was meanwhile desired, under the conditions of a reserve, to secure the obligatory services of certain medical men on cheap terms which will prove wholly ruinous to those with even the smallest private practices. Very few men will risk such conditions. Volunteer medical officers, moreover, will not allow themselves to be played off so palpably against their regular brethren to merely help political financiers to starve the medical vote.

If no trace of the auxiliary reserve is to be found in the April *Army List*, we do find in it a change for the better in the recognition of the regular medical reserve. The list of retired officers in reserve used to be headed “retired medical officers eligible for temporary employment;” it is now worded “retired medical officers liable to be recalled to service.” This is a distinct improvement, exhibiting those officers in the true light of a genuine reserve, and more in accordance with the wording of the Warrant under which they have liability; but we think the words should have been added “under Article 23 of the Royal Warrant, December 2nd, 1879.”

The article runs thus: “23. Any officer of Class A who shall voluntarily retire before the age of 55 years shall be liable to be called upon to serve, in a case of national emergency, in a rank not lower than that from which he shall retire until he shall complete the age of 55.”

The Secretary of State’s instructions on the article are: “3. The name of a medical officer who retired voluntarily before the age of 55, and, under Article 23, is liable until then to be called upon to serve in any case of national emergency, will be retained in italics in the *Army List* with those of effective officers.”

We find the number of retired officers liable to be recalled, in the April *Army List* (whose names, however, are not in italics),

is stated at 133, of whom twenty-three are now actually temporarily employed. Now, this is a very valuable and true reserve; all are fully experienced and highly trained; not a few of them are well known as among the ablest men in the Department. The numbers will constantly vary no doubt, from death, ill-health, and attainment of 55, but others will yearly be added. When an agitation was lately attempted against the early retirement of medical officers, not a word was said about the existence of this most valuable and reliable reserve; it was carefully concealed from the public that the early retirements alone enabled this great reserve to be formed. The change in the *Army List* indicates that the authorities now mean that the Reserve List shall be clearly shown. Let them cultivate it; it will stop a gap in a *bona fide* manner during emergency, and not rob the auxiliary forces of their proper medical officers.

There are one or two points connected with this regular medical reserve we should like to see cleared up. Are retired medical officers liable to be recalled for service outside the United Kingdom? We see nothing in the articles quoted to show they are not, although it is universally understood they are only liable for service at home.

Then, why are some retired medical officers, apparently equally eligible and liable with the others, not put in the Reserve List, but shunted altogether away on the “Non-effective List”? This can no doubt be satisfactorily explained, but we cannot think of the reason in certain individual cases.

general officers, which were submitted to the Commander-in-Chief. This is, to say the least, a strange manner of encouraging medical officers to do their duty under all circumstances of difficulty and danger.

DUTIES OF ACTING SURGEON OF VOLUNTEERS.
M.D. asks: 1. What are the duties of an acting surgeon of volunteers? 2. Where can I obtain the best information about conducting an ambulance class or ambulance drill for volunteers? 3. What uniform does an acting surgeon of volunteers wear?

* 1. Duties of acting surgeons of volunteers: (a) Proficiency examination (Volunteer Regulations, 1887, Part I, Sec. II, Para. 144). (b) Camps with Regular Forces (Volunteer Regulations, 1887, Part I, Sec. IV, Para. 403; Medical Regulations for Army, 1885, Part I, Sec. III, Para. 55 to 82).
2. Training of Stretcher Bearers (Queen's Regulations for the Army, 1885, Sec. XIV, Para. 80; and Volunteer Regulations, 1887, Part I, Sec. VI, Para. 517).
3. Uniform (Volunteer Regulations, 1887, Part IV, Sec. III, Para. 1044).

ARE BATTALION SURGEONS NONCOMMISSIONED OFFICERS?
DR. WALTER PEARCE, Acting Surgeon, Artists R.V., writes: Volunteer surgeons have substantive rank (Volunteer Regulations, 1887, Part I, Sec. II, Para. 124 and 125) and are commissioned. Acting surgeons have no substantive rank, are not commissioned, and their appointments cease whenever the corps to which they belong is called out for active service.

PRECEDENCE OF ARMY MEDICAL OFFICERS IN INDIA.

AN ADMINISTRATIVE OFFICER writes: In the JOURNAL of February 18th, page 379, you published a letter on this subject. I now enclose a verbatim copy of the orders relating to precedence.

By the first paragraph 1399, vol. VI (The Medical Regulations), you will see that medical officers are only to be members of medical boards, and should, in all other cases, attend to give evidence. If this rule were adhered to, there would be no ground for complaint, as, if the president acted as described in your correspondent's letter, he would do so on his own responsibility, and it would be evident on the face of the proceeding that the medical officer's opinion had not been asked for or recorded.

It happens, however, that in paragraph 1399, vol. II of the Indian Army (Discipline) Regulations, power is given to the Government (really to the headquarters military staff) to nominate medical officers as members of mixed boards, and, when this is done, to my certain knowledge the medical officer is invariably nominated last, and has, therefore, to "sit and sign" junior to all the other members of the board.

Two instances have quite lately come under my observation, as principal medical officer of the division in which this has been done. In one case, a surgeon-major of twenty-five years' service, with rank as lieutenant-colonel of five years standing, had to sign below a junior captain; and in the second, a surgeon-major of twenty-three years' service had to sign below a subaltern. In both these cases the medical officers appealed to me, but my advice to them was (considering they were both rapidly approaching their turn for promotion) to accept the position, and "don't kick up a row."

Will no member of our profession take this matter up in the House, and call on the Secretary of State for India to amend the regulations to such an extent as to give medical officers their proper position on all boards?

Army Regulations, India (Medical), vol. VI, p. 1399.—"Medical officers will be detailed as members of medical boards only. Should a medical opinion be required by any other board, reference will be made to the medical officer detailed to attend it, who will, if necessary, furnish his report in writing, or give evidence in person."

Army Regulations, India (Discipline), vol. II, p. 1399.—"When committees are convened by Government composed of military and medical officers, or of these and civilians also, the relative precedence of the members is to be that in which they are named in the order convening the committee. In such cases the president may belong to any branch of the Service."

* "It seems to us the military authorities in India (and elsewhere) stick at nothing in their extravagant endeavours to deprive medical officers of any semblance of army rank and status. We have no difficulty in realising the utterly unworthy spirit which works in such a paragraph as 1399, Indian Army Regulations; but what is past our comprehension is that such an order can be promulgated without drawing a vigorous protest from the heads of the Medical Service in India. We never hear of any such protests."

RIGHT ORA YAMA BUT THE NEW WARRANT.
NEMO writes: The more the Warrant on the Reserve of Medical Officers is studied the more insidious do its terms appear; he considers the Warrant has been issued to afford the authorities a powerful lever against the regular service, should that again become unpopular; he trusts the influence of the British Medical Association will frustrate any such scheme; he thinks no medical man of any standing could accept the "Reserve" terms at the risk of ruining his civil practice.

A CORRESPONDENT, signing himself "Beware," thinks the Warrant creating the Army Medical Reserve of Officers "another mean fly-trap of the most approved War Office pattern," and says that medical men should be careful before they walk into it; the terms offered, he thinks, are beneath professional dignity.

REGULAR MEDICAL STAFF writes: The Royal Warrant for the establishment of an Army Medical Reserve will be read with interest by all who have long recognised the necessity for such provision being made. It only remains to be seen how the new Warrant will be accepted by the medical staff of the Auxiliary Forces, who it is presumed will carefully weigh all the conditions of service before joining.

The Secretary of State's instructions are practically the Warrant. In the light of these instructions, what does a medical officer gain by joining the Reserve?

1. According to Paragraph 1, a medical officer may presumably be unfit for service in the Reserve, yet fit for service with the present corps. Clearly he will better remain with his corps.

Besides, Mr. Stanhope's statement as to the cause of the largeness of the non-effective vote is founded on error. It is first to be attributed to the great number (about 800) of medical officers who were commissioned at the time of the Crimean war and the Indian Mutiny, over thirty years ago, the natural consequence of such augmentation in the hour of danger being an increase in the number of non-effectives after so many years. The cause is, therefore, the lapse of time, and not the operation of the Warrant of 1876.

The abolition of relative rank was bad enough in all conscience, but these contemplated changes are beyond all endurance.

Are medical officers to be eternally subjected to these shameful changes of warrants and regulations by successive War Ministers, who, armed with a little brief authority, are pitched into power in the varying struggles of political party strife? Is there to be always this constant feeling of anxiety and unrest? Is there to be no finality—no guarantee for the permanence of any provisions made by a Royal Warrant, the privileges awarded in one year being modified or withdrawn in the next?

The services rendered by medical officers in the recent campaigns in Africa, Afghanistan, Egypt, and Burnah are now conveniently forgotten, and the suitable rewards for such services are to be continuous foreign service and modifications of the privilege to retire on a pension after twenty years. Such ingratitude cannot fail to create the strongest feeling of discontent, and will largely tend to destroy the efficiency of the most important department in the army.

2. Publication of his name in an Army List, however useful to the Government, is no advantage to him.

3. Compulsory service as a surgeon-major up to the advanced age of 65, is certainly a doubtful advantage, yet no provision is made for any higher rank, which means higher pay.

4. If a real great national emergency should occur, all the auxiliary forces will naturally be called out, when the medical officer of a corps will necessarily draw the pay and allowances of his rank, and will have a better chance of serving with his regiment, instead of being knocked about the country as a Medical Reserve officer.

5. To a question whether the terms offered are sufficient remuneration for the duties to be performed, most officers of the regular Medical Staff acquainted with these duties will say most decidedly they are not.

6. Prior claims to hard work and insufficient pay can hardly be considered an advantage.

7. What would appear to be a provision for medical officers retaining their present regimental appointments. Should they join a reserve, they would soon find out that they would be sent just wherever their services were required.

Finally, the Warrant is clearly an attempt to play off a medical reserve against the present Medical Staff. Whether our professional brethren will come to the assistance of a Government which has persistently treated the regular medical officers of the army with flagrant injustice and scant courtesy, whether they will accept terms all the advantages of which are on the side of the Government, and whether they will not be far wiser to wait until the emergency arises, when bearing in mind the treatment now being experienced by the Medical Staff, these terms will be what the medical profession chooses to demand, are questions deserving the careful consideration of those now being tempted to join the Medical Reserve.

As a Medical Reserve, the provision made by the Warrant is utterly inadequate, and does not bring us one step nearer to the solution of the questions how to provide for one or two army corps in the field. A more unstatesmanlike Warrant was never issued. One thing is certain, that with the present strength of the regular Medical Staff, our first small war will have to constitute in the opinion of the authorities a great national emergency, and the new Medical Reserve will be called on to give up practice and home, and undertake duties for which the remuneration is totally inadequate. Let medical men, more particularly at this moment, bide their time if hereafter they wish to serve the Government; their market value will be three or four times what the Government now offers.

THE ARMY MEDICAL STAFF.

UNION IS STRENGTH writes: The time has come when the medical officers of the army will have to offer, in the defence of their own interests, the most strenuous opposition to the proposed changes in the Medical Department contained in the memorandum recently issued by the Secretary of State for War. Their vested rights are seriously threatened, and if they do not now speak out, they will have only themselves to blame if the proposed changes be carried into effect. These changes mainly refer to conditions of service, pension, and the formation of an Army Medical Reserve, the latter to be composed of retired officers, officers of the auxiliary forces, and civilian surgeons. Naturally, they are calculated to excite the gravest apprehensions in the minds of medical officers, affecting as they do most seriously their privileges and prospects.

The Medical Service has been already transferred by a recent order from the War Office to the Home Guard, following their old traditions, may be expected to treat our grievances with scanty consideration. In its struggle for the recognition of our claims combined representation is denied us, and individual representation, though allowed, is perilous; hence we have to depend altogether on external support, and on the influence which can be most powerfully exercised in our behalf by the various licensing bodies, the universities, and the members of the British Medical Association.

Under the present system there is already intense dissatisfaction existing as to the very short period of home service permitted to medical officers; not if the proposed scheme of the addition of an extra year abroad to each tour be adopted, the inevitable result will be such an increase of prolonged and continuous service in tropical climates as will leave us practically no home service to recruit our health. What is the good of life under such conditions of perpetual exile? And what are likely to be the consequences? The answer is easy: a greater amount of sickness, temporary half-pay on the expiration of six months' sick leave, followed six months later by removal from the service, with a small bonus for permanent ill-health, and an increase in the death-rate of the medical officers, already considerably higher than that of the combatant branch, together with the loss of all the advantages conferred by the Royal Warrant of 1876 while serving in India. This is a fearful outlook. Do Mr. Stanhope and his advisers think a medical officer requires no rest in England after frequent and prolonged tours of service in unhealthy climates? Do they think he has no bones to be racked by fever, and no inside to be rent by dysentery?

Surely retired officers, the officers of the auxiliary forces, and our civilian professional brethren will exert themselves to save us from this unworthy fate, and not play the game of the War Minister, who invites them to enrol their names in the Army Medical Reserve. The latter, as at present formulated, is nothing more than an artful scheme to play them off against the Medical Staff, and by cutting down the latter to a minimum peace strength to reduce the home establishment to an insignificant number. "Times of great national emergency" would soon be toned down to little frontier wars, and once the thin edge of the wedge was inserted, almost any expedition would be held to constitute "a great national emergency," and serve as an excuse to send medical officers abroad. Constant breaches of faith have inspired us with such a due feeling of distrust that we set little value on the assurances and promises of Royal Warrants. We therefore earnestly hope retired officers will hesitate to accept these appointments; they certainly cannot be compelled to do so.

Again, how can the Government, with any show of justice, make such a regulation as that proposed, "not to allow any medical officer to retire on the pension attached to his rank until he has served in it for a reasonable period?" What a farce this is! Who is to decide the question of "reasonable period?" The whole proposition is a distinct violation of the chief privileges granted by the Warrant of 1876, and, if carried out, the services of over 600 medical officers will have been obtained under false pretences.

SIR,—In page 760 of the JOURNAL of April 7th, you mention my name among the candidates for the Lectureship in Forensic Medicine in Trinity College, Dublin, vacated by the death of the late Dr. Travers. Kindly permit me to state through your columns that such is not the case. I have not in any way sought the position in question.—I am, etc.,
F. J. B. QUINLAN, M.D.
29, Lower Fitzwilliam Street, Dublin,
April 7th.

NAVAL AND MILITARY MEDICAL SERVICES.

THE ARMY MEDICAL WARRANT OF 1879 AND MR. STANHOPE.

WE are glad to acknowledge the conciliatory spirit in which Mr. Stanhope replied to Dr. Tanner's question, as to whether it was intended to tamper with or set aside the Warrant of 1879, especially the right of medical officers to retire after twenty years' service. The Secretary of State for War went out of his way to answer the question, which had remained unput for four days on the notice paper. We welcome this changed attitude to a great army department, and to the civil medical profession, who are deeply interested in the rights and status of their military brethren. He intimated that "it is not intended to prevent medical officers retiring after twenty years' service, but it is proposed to require a reasonable service in a given rank before allowing retirement on the rates permitted for that rank."

This statement, which is most important, at first sight seems

clear enough; yet, reflection suggests that much depends upon the interpretation of the term "reasonable service;" and perhaps even more, as regards the medical officer, on what is meant by "that rank." For instance, a medical officer on completion of twenty years' full pay service, acquires a new army rank, in ranking as or with a Lieutenant-Colonel, but does not alter his departmental title of Surgeon-Major; but, on being promoted Brigade-Surgeon, he changes his departmental title without gaining any addition to his army rank.

What, then, is "that rank" to which Mr. Stanhope refers? Is it Departmental, or Army, or both? If the former, then, as the medical officer at twenty years will already have served eight years as Surgeon-Major, the "reasonable service" cannot apply, and he may retire at once; if the latter, then, as the Brigade-Surgeon, who will be at least of twenty-five years' service, gets no increase thereof, he, too, may go at once after promotion.

The "reasonable service" becomes bound up, therefore, in the question of "rank." We gathered from Mr. Stanhope's memorandum on the Estimates that a "reasonable period" was to be exacted in a given rank throughout all branches of the service, and we presume, therefore, the rank referred to must be army rank; if so, how is a medical officer who gets a step at twenty years able to claim retirement at once, and at the same time serve a "reasonable period" in this rank?

We advise Mr. Stanhope to clear up all the doubts and difficulties created by the late miserable tampering with the rank and status of medical officers before modifying the right of retirement. The War Secretary further admitted that retirement at twenty years was undoubtedly granted as an "inducement to candidates" to enter the service; and that "no restrictions" would be placed "on retirement on £1 a day." Good; but, if so, why at the same time speak of requiring a "reasonable service" in each rank before retirement? A continuation of service beyond twenty years will clearly be a "restriction."

His announcement that an officer's "vested rights," according to Lord Penzance's Royal Commission of 1876, "are limited to the rank he holds" is no doubt good law as applied to the question of compensation in the curtailment of prospective advantages; but we would venture to think this decision does not bear on the right or justice of limiting the vested rights in a given rank, deliberately created by Royal Warrant, by merely setting them aside, at convenience, in another Royal Warrant.

The further developments of Mr. Stanhope's plans will be watched with much interest.

THE BURMAH MEDAL.

A CORRESPONDENT complains that the officers and men on board the hospital ship during the late Burmese war have been refused the medal, whereas medals were granted to those on board similar ships during the Abyssinian, Ashantee, and Egyptian expeditions. The official grounds of refusal were that the ship did not cross the frontier—a physical impossibility. But we believe the authorities maintain with no little force that the Burmah ship was so far removed from the scene of hostilities in Upper Burmah, that it was not on all fours with the ships in the other expeditions, which were located directly on the seaboard of operations.

ADMINISTRATIVE MEDICAL OFFICERS OF THE ARMY AND THEIR RESPONSIBILITIES.

WE regret to learn of the retirement from the service of a surgeon-general owing to a decision recently arrived at by the military and medical authorities. Judging from the facts of the case, this appears to mean that an administrative medical officer in visiting a hospital is personally responsible for the correct diagnosis of every case in it, whether reported to him or not, which is certainly a new departure. If this be so, we are strongly of opinion that the sooner the medical regulations of the army are revised the better, both in the interest of the soldier and of the medical officer; as at present, by all existing regulations, the senior medical officer specially appointed to the charge of the hospital is held responsible for this duty.

This strange decision as regards responsibility appears to us contrary to the spirit of the Queen's Regulations for the Army, and the "chain of responsibility" there laid down, and also to the usages of the medical and military professions, and to the true interest of the sick or wounded soldier. It is the more unjust and inexplicable in this case as the Secretary of State for War, while declining to alter the decision of the authorities, at the same time officially and "fully recognises the excellent services performed" by this medical officer. The surgeon-general referred to holds seven special letters of approval and thanks for his services received at various times up to the date of leaving the army, at home and abroad, from as many directors-general and

DEFENCE FUND FOR THE ARMY MEDICAL DEPARTMENT.

OBSERVER writes: I hope the suggestion in a recent issue of the JOURNAL will not be lost sight of, and that a defence fund may be started to protect the interests of the medical staff. I have no doubt sufficient funds will be available, if some person in an independent position, will only set the "ball rolling."

ARMY MEDICAL STAFF.

VERBUM SAP. writes: The only way for medical men to put an end to the treatment they now receive in the service is to agitate for being formed into a corps on the lines of the Royal Engineers. No other course is open to them, and they must be prepared to accept the regimental allowances and pay of a scientific corps. If one such corps can take care of itself, why should not another?

A civilian not content with his position had better enter the service, but let him beware of the reserve, or any half-and-half measures, as dangerous. When Mephistopheles cajoles and is tolerated, the dungeon is high and the shackles soon riveted.

THE MEDICAL RESERVE.

A CORRESPONDENT, "Vigilant," asks the profession and all who may contemplate joining the Army Medical Reserve, to consider, while the warrants relating to the regular medical service are so easily set aside or played ducks and drakes with, what assurance would be reservists have that they may not be tripped up and befooled with equal disregard of terms? They may think they are safe under certain conditions, but the "exigencies of the service" under Mr. Stanhope's Bill for extended powers over the militia and volunteers will place them completely in the clutches of the War Office, and send them for general duty all over the country; they will have no hold over their corps, or their corps over them. Any of them who have private practices worth conserving will find them absorbed on their return home by rivals, who, not entrapped by vain military medical titles, have an eye to real business in civil life.

CLASS BLACKBALLING.

SIR.—With reference to the announcement in your issue of April 28th that an extraordinary general meeting would be held at the Junior United Service Club on May 7th, to vote concerning the rejection of four officers at a former ballot, your readers will be glad to hear that the four gentlemen, two of whom were medical officers of the army, were elected almost unanimously. The "clique" who amuse themselves by blackballing medical officers made a most ridiculous and feeble display, and it is quite evident that the great majority of the members are determined to permit no class prejudices to operate in the working of the club. The meeting was a large and representative one, and, it is hoped, will do much to eradicate the objectionable practice which has prevailed for some time past of blackballing officers for no other reason than that they belonged to the medical profession.—I am, etc.,

A CORRESPONDENT.

NAVAL AND MILITARY MEDICAL SERVICES.

THE ESTIMATES COMMITTEE.

Mr. Knox, the able and impartial Accountant-General, underwent cross-examination before the Estimates Committee a few days ago on Vote 4, "Medical Establishments." In reply to Mr. Brodrick he said that while it was a "moot point" whether it was necessary to give medical officers £1 a day retirement after twenty years' service, "it was a bargain with the medical profession in order to get competent men to serve in the army."

This is a plain fact well known to all the War Office permanent officials; and as a bargain is a bargain all the world over it must be honourably adhered to. To another question by Mr. Fowler he prudently refrained from committing himself to the suggestion that "the whole (medical) expenditure is on too high a scale, and could be reduced without impairing the efficiency;" he simply said, that while the number of officers employed does appear large, "they have multifarious duties to perform, and abroad it is necessary to be prepared for emergencies." Mr. Knox here clearly recognises another plain fact, that medical attendance on the sick

is but a part of a multitude of military duties and responsibilities which devolve upon the army medical officer.

Mr. Knox so far was on safe ground, but when closely pressed by Mr. Fowler on the question, "As permanent financial head of the department (Accountant-General), in the public interest do you think this branch (medical) of the service could be managed more economically?" he replied, "I think the number of medical officers certainly might be reduced." This was probably the answer such a stern economist as Mr. Fowler wanted to extract, but we fear it is an admission Mr. Knox will have some difficulty in demonstrating. Mere reduction of numbers is a very rough and ready method of practising economy in a public department, but it too often leads to lavish expenditure afterwards. How does Mr. Knox propose to meet "emergencies abroad" and carry on the "multifarious duties" everywhere with a diminished Medical Staff? We are presuming that up to this hour the responsible advisers of the War Office have not needlessly kept up a redundant number of medical officers. It would be possible no doubt by making medical officers do double work, and by increasing their spells of foreign service, to diminish their numbers; but that would not meet such "emergencies" as the sudden mobilisation of an army corps, or of even a division or two to carry on some of our small wars in unhealthy countries.

We fear that Mr. Knox, able as he is, is not in a position to be oracular on such a purely military question as the organisation of an army corps, or the medical necessities of our world-spread army; these are hardly questions for a civilian to determine.

We notice that Mr. Fowler embalms in his question that now venerable phrase of the Manchester school of economists, "the public interest," as against an army, or navy, or civil service interest. As if there could in these days be any such divided interests in the nation! It is vital to the "public interest" that the public services should be maintained in efficiency; there can be no antagonism; mere blind economy is often directly against the "public interest."

CLASS BLACKBALLING.

SIR.—The following notice has been put up at the Junior United Service Club, Charles Street, St. James's.

"Notice is hereby given that an extraordinary general meeting of the Club will be held on Monday, 7th May, 1888, at 2.30 P.M., to consider the following motion of the Committee: 'That the undermentioned candidates, who were rejected at the ballot on 7th instant, being in every way eligible, and their rejection constituting class blackballing, they be elected members of the club.' (Here follow the names of two army medical officers, one officer of Militia, and one officer of the Commissariat and Transport Staff.)

From correspondence in your columns your readers will remember that certain officers, particularly army medical officers, have been lately blackballed at this Club; and the Club Committee have very properly now taken up the question, which is prejudicial to the interests, and contrary, it is believed, to the wishes, of the majority of the members; and when it is remembered that one black ball in ten excludes, you will easily understand how a few narrow-minded men can operate against a particular class of officers. Through your columns I wish to ask such of your readers as are members of the Club to be present, if possible, on May 7th, and endeavour to break down the influence of a "clique"—I am, etc.,

A CORRESPONDENT.

THE ARMY MEDICAL RESERVE.

RESERVE writes: I have read the last Warrant, and the Secretary of State's Instructions thereon, also your editorial comments, etc., in the JOURNAL of March 17th. Precisely as it appears to me you have clearly and consistently and justly upheld the cause of the officers of the Medical Staff in the grave questions at issue between them and the War Office; so now, by the caution you inculcate upon medical officers of the reserve forces as to accepting the terms of the new Warrant, it is apparent that your views on this, the latest move of the authorities are sound and worthy of universal adoption by all whom it may concern.

At all army stations it is the custom to prepare a list of all medical officers in the district. This list is arranged in order of precedence, and whenever help has been needed it has been readily forthcoming. The help to which I allude is that described under Article (2) of the Warrant, and further detailed under Articles (5) and (6) of the "Instructions." Such help I can personally attest is given at great individual disadvantage to the civilian practitioner, and is not of a remunerative character. If any practitioner doubts this, let him try for himself when occasion offers, and he will soon be convinced.

Yet this is the only bait held out as an inducement to make a display of cheap patriotism on our part. I venture to assert that if we yield to the temptation we shall incur the charge of preferring our own superficial and unreal advantage to the interests of our medical brethren on the regular Medical Staff.

ARMY MEDICAL DEFENCE FUND.

SIR.—In the JOURNAL of April 14th you say that the time has come when the medical officers of the army will have to offer, in the defence of their own interests, the most strenuous opposition to the changes which are now in contemplation. In order to do this effectually I would suggest the formation of an Army Medical Defence Fund, with a paid secretary, and a committee formed of pensioned officers of the department, the officers now in the service subscribing a small sum for the purposes of the committee.

The committee would endeavour to interest members of Parliament, issue printed letters and circulars setting forth the grievances of medical officers, and endeavouring to induce editors of professional as well as non-professional journals and newspapers to bring the subject before their readers.

One of the most effective ways of bringing pressure to bear on the authorities is to stop the supply of candidates, and this may be done by issuing a notice of the grievances of the department, which should be posted in every medical school in Great Britain and Ireland, setting forth that the service is not worth entering till the grievances complained of are redressed. I was a member of the Indian Medical Defence Fund, and we issued such a notice to every medical school in the kingdom, with the result that the number of candidates fell off to such an extent that at one or more of the competitions there were not men qualified to fill the vacancies which were before eagerly sought after. After this very great concessions were made and the status of the service was greatly improved, the committee being told that, but for their interference, all this would have been granted long before. This, of course, we believed!

If this idea meets with approval, I shall be very glad to give any information I can as to the mode of working the agitation. I need hardly say that the names of subscribers to the fund would be known to the committee and secretary only, and that merely a small sum of money would be necessary, which might be obtained by the secretary issuing a circular to every member of the service, setting forth the object of the committee and the amount required.—I am, etc.

JAMES IRVING, M.D., Surgeon-General
Fowey, Cornwall, April 16th. Bengal Army, retired.

CHAIN OF RESPONSIBILITY IN MILITARY HOSPITALS.

REFERRING to a late instance in which the chain of responsibility for an incorrect diagnosis in a military hospital was stretched to its utmost, a correspondent points out that the said chain is very clearly and fairly laid down in paragraph 111 of the Army Medical Regulations, defining the duties of medical officers in hospitals as follows:—"They will invariably draw the attention of the medical officer in charge to all serious and important cases in their wards, immediately on such coming under their observation; and will, in all cases of professional doubt and difficulty, seek his advice, and consult with him as to the course to be pursued, and it must be clearly understood that each medical officer will be held personally responsible for the proper treatment of patients under his care."

This judicious regulation is, with reference to the fact that, while the medical officer in charge diagnoses, as far as possible, the nature of each case on admission, such diagnosis is necessarily subject to revision on a fuller investigation in the wards. Consultation by the whole hospital staff is often necessary in obscure cases, and should always be carried out, both for the patients' sake and for the mutual support and safety of the medical officers.

AIDE-TOI, LE CIEL T'AIDERA" takes exception to the action of an "Administrative Officer" in the appeal of two medical officers who had to sign on a mixed board in India under their juniors in the army. Instead of saying "Don't kick up a row," the "Administrative Officer" ought to have taken up the cudgels on behalf of those under him against the unjust Indian Army order. He contrasts this laissez faire attitude with the vigorous action under similar circumstances of, say, a Commanding Royal Engineer. The Medical Department must learn to fight its own battles or submit to be sat upon.

ARMY MEDICAL POLITICS IN INDIA.—A correspondent sends a cutting from the Indian Pioneer, from which we see the press that country fully grasps the points at issue between the War Secretary and the Medical Department. The questions of the reductions in the active list, the restrictions placed on retirement, and the proposed increase of the periods of foreign service, are all cleverly handled. The full significance of the Army Medical Reserve Warrant is also realised, and pronounced to be a shabby endeavour to inveigle medical men in the auxiliary forces to place themselves and their practices at the disposal of the War Office—literally, nothing!

SPREADING THE NET FOR VOLUNTEER SURGEONS.

"A CAUGHTY BIRD," himself ensnared into the Medical Staff, expresses his surprise that any volunteer surgeons could be caught by such a naked pinch of salt as the Army Medical Reserve Warrant seeks to place on their tails. He thinks they, in joining the so-called Reserve, incur obligations scarcely realised, or they would pause. They will not be able to back out of these obligations when pounced upon to do duty anywhere in a factitious "national emergency."

THE QUALIFICATIONS OF VOLUNTEER MEDICAL OFFICERS.

MEMBER asks: Can a practitioner holding only the L.S.A. Lond. be appointed acting-surgeon of a volunteer regiment? If so, is it not time for the Volunteer Medical Association to move "that volunteer surgeons should possess two qualifications," and have the same inserted in the Volunteer Medical (S) Regulations? I have looked through the Volunteer Regulations, but cannot find any reference as to the necessary medical qualifications. I ask this question as I know of a case wherein a practitioner having only the L.S.A. Lond. has been nominated for this appointment, his name being sent to the War Office for confirmation of appointment.

*A certificate of proficiency is only granted to a volunteer medical officer "who is registered under the Medical Act of 1858 as qualified to practise medicine and surgery in Great Britain and Ireland" (Army Form, E 564; Volunteer Regulation, 1887, Part I, sec. II, para. 144). Volunteer medical officers have been appointed who have only one qualification, and the certificate of proficiency has been withheld by the War Office in such cases. Officers are now required to become proficient within one year of their appointment.

THE ARMY MEDICAL RESERVE.

H. FRASER STOKES (Surgeon, the London Rifle Brigade) writes: As a volunteer medical officer, I have read with interest your leading article upon this subject in the JOURNAL of April 28th. Since the issue of the Warrant I have been hesitating about joining, but at present have not done so, there being too many adverse opinions to the scheme. Doubtless, as your article states, "volunteer medical officers are quite prepared to make great personal sacrifices, together with volunteers of all ranks, when real national danger unfortunately comes about, but it is entirely another matter to ask them to risk private professional ruin when the emergency may be not national at all."

With this I entirely agree, but it seems to me that if the War Office wishes to see this Army Medical Reserve become a success, and be thoroughly well taken up, it should make the Warrant more adapted to the position and occupation of the man whose services it is seeking to enlist. For instance, if it were to guarantee that volunteer medical officers should be placed in charge of troops only in those barracks situated in the immediate neighbourhood of the towns in which they reside, and at the same time to allow them to devote some part of the day to the supervision of their own private practice, I believe the scheme would be warmly supported. As matters stand at present it would appear, for example, that an officer resident in London is liable to be ordered to Portsmouth or Chatham, and kept there for an unlimited period, during which time his private practice must be seriously damaged. Perhaps the War Office will see fit to so modify the Warrant as to make it more adapted to the professional life of volunteer surgeons.

*We fear the writer of the above hardly grasps the absolutely necessary conditions of a Reserve which shall be other than a merely bogus one. In any "national emergency," real or factitious, the military authorities would very soon show they care nothing for the private practice or personal convenience of a reservist who is bound under penalties to fulfil a contract. He must go where ordered—the "London resident" to Chatham, or, for that matter, to Tregantle Fort or Tralee if required. If he repents and refuses at the last moment, we doubt not he would discover he was under the penalties of the Volunteer and other enactments. Crude and unworkable as the Warrant is, it could certainly not be made more impracticable by guaranteeing reservists they should only have such duties as suited their private interest or convenience. If the writer is in any doubt on this subject, then, we say, do not join the Reserve.

PLEA FOR HONORARY RANK.

XXX YEARS writes: I think the familiarity with which medical officers of long service and high position are treated by young military officers is very galling and humiliating. I have seen Senior Surgeons-Major, Brigade Surgeons, and administrative medical officers of the highest position addressed without any prefix to the surname by officers young enough to be their sons. In civil life such a thing could not occur. Military officers respect military rank only, and treat Dr. Browne, the Surgeon-General, as they do Dr. Browne, the Surgeon, not condescending to inquire what their respective ranks may be.

There is no doubt that socially we have lost position since the abolition of the regimental system. We are a large body of officers, brought in intimate contact with military officers, and dependent on them for all that constitutes social life in the army. We have no messes, and no means of making, as a body, any return for hospitality. Naturally, regiments look down on a body of officers without any position, and we sink lower every day in the social

scale. This cannot be denied; it is evidenced by the neglect of regiments to make us honorary members of their messes, and by the exclusion of medical officers from regimental entertainments. I do not say every regiment excludes us, but the number of those that do is steadily increasing. We are growing more unpopular every day. There is a strange want of independence amongst us. Many an act of grave injustice has been done medical officers; for instance, sweeping us with one stroke out of our regiments, but a Director-General resigning his chair, no matter how snubbed and insulted, has never been known. A short time ago the "aiguillette" was taken from honorary surgeons to the Viceroy; any other body of officers would have resigned the degraded position, but I have not heard that any one of those gentlemen has acted with becoming spirit and independence, a public insult to the Department should be publicly resented. The position of a medical staff officer is intolerable to men of gentlemanly feeling; snubs, slights, and humiliations are daily served out to us with an unsparing hand. The remedy is obvious—honorary rank. There is a slavish respect for military titles in the army, and no matter who the persons are, they rise at once to weight and consideration when granted military titles. I need only point to paymasters and Commissariat officers. Can any one deny that their position in the army has been marvellously improved by honorary rank?

We are deeply indebted to you, Sir, for fighting our battles, but we are a numerous body, and I think should do something for ourselves. We should establish in London a Medical Staff Defence Association, appoint a paid secretary; plenty of medical officers on retired pay suitable for the post. I shall be happy to subscribe liberally. The medical officers of the Indian Service adopted this plan, and got their grievances redressed. I do not see why we should not do the same. Our position is bad, and will, unless we exert ourselves to improve it, become intolerable.

MR. STANHOPE'S MEMORANDUM.

A SENIOR SURGEON-MAJOR, writing from India, says the alterations in the terms of retirement foreshadowed in Mr. Stanhope's memorandum have produced positive consternation among the Medical Staff serving in that country. He asks: Can it be possible that the British Government, hitherto distinguished for its absolute good faith, would deliberately break its contracts with its servants? It is surely impossible.

DEFENCE FUND FOR THE ARMY MEDICAL DEPARTMENT.

OBSERVER writes: I hope the suggestion in a recent issue of the JOURNAL will not be lost sight of, and that a defence fund may be started to protect the interests of the medical staff. I have no doubt sufficient funds will be available, if some person in an independent position, will only set the "ball rolling."

ARMY MEDICAL STAFF.

VERBUM SAP. writes: The only way for medical men to put an end to the treatment they now receive in the service is to agitate for being formed into a corps on the lines of the Royal Engineers. No other course is open to them, and they must be prepared to accept the regimental allowances and pay of a scientific corps. If one such corps can take care of itself, why should not another?

A civilian not content with his position had better enter the service, but let him beware of the reserve, or any half-and-half measures, as dangerous. When Mephistopheles cajoles and is tolerated, the dungeon is high and the shackles soon riveted.

THE MEDICAL RESERVE.

A CORRESPONDENT. "Vigilant," asks the profession and all who may contemplate joining the Army Medical Reserve, to consider, while the warrants relating to the regular medical service are so easily set aside or played ducks and drakes with, what assurance would the reservists have that they may not be tripped up and befooled with equal disregard of terms? They may think they are safe under certain conditions, but the "exigencies of the service" under Mr. Stanhope's Bill for extended powers over the militia and volunteers will place them completely in the clutches of the War Office, and send them for general duty all over the country; they will have no hold over their corps, or their corps over them. Any of them who have private practices worth conserving will find them absorbed on their return home by rivals, who, not entrapped by vain military medical titles, have an eye to real business in civil life.

CLASS BLACKBALLING.

SIR.—With reference to the announcement in your issue of April 28th that an extraordinary general meeting would be held at the Junior United Service Club on May 7th, to vote concerning the rejection of four officers at a former ballot, your readers will be glad to hear that the four gentlemen, two of whom were medical officers of the army, were elected almost unanimously. The "clique" who amuse themselves by blackballing medical officers made a most ridiculous and feeble display, and it is quite evident that the great majority of the members are determined to permit no class prejudices to operate in the working of the club. The meeting was a large and representative one, and, it is hoped, will do much to eradicate the objectionable practice which has prevailed for some time past of blackballing officers for no other reason than that they belonged to the medical profession.—I am, etc.,

A CORRESPONDENT.

NAVAL AND MILITARY MEDICAL SERVICES.

THE ESTIMATES COMMITTEE.

MR. KNOX, the able and impartial Accountant-General, underwent cross-examination before the Estimates Committee a few days ago on Vote 4, "Medical Establishments." In reply to Mr. Brodrick he said that while it was a "moot point" whether it was necessary to give medical officers £1 a day retirement after twenty years' service, "it was a bargain with the medical profession in order to get competent men to serve in the army."

This is a plain fact well known to all the War Office permanent officials; and as a bargain is a bargain all the world over it must be honourably adhered to. To another question by Mr. Fowler he prudently refrained from committing himself to the suggestion that "the whole (medical) expenditure is on too high a scale, and could be reduced without impairing the efficiency;" he simply said, that while the number of officers employed does appear large, "they have multifarious duties to perform, and abroad it is necessary to be prepared for emergencies." Mr. Knox here clearly recognises another plain fact, that medical attendance on the sick

is but a part of a multitude of military duties and responsibilities which devolve upon the army medical officer.

Mr. Knox so far was on safe ground, but when closely pressed by Mr. Fowler on the question, "As permanent financial head of the department (Accountant-General), in the public interest do you think this branch (medical) of the service could be managed more economically?" he replied, "I think the number of medical officers certainly might be reduced." This was probably the answer such a stern economist as Mr. Fowler wanted to extract, but we fear it is an admission Mr. Knox will have some difficulty in demonstrating. Mere reduction of numbers is a very rough and ready method of practising economy in a public department, but it too often leads to lavish expenditure afterwards. How does Mr. Knox propose to meet "emergencies abroad" and carry on the "multifarious duties" everywhere with a diminished Medical Staff? We are presuming that up to this hour the responsible advisers of the War Office have not needlessly kept up a redundant number of medical officers. It would be possible no doubt by making medical officers do double work, and by increasing their spells of foreign service, to diminish their numbers; but that would not meet such "emergencies" as the sudden mobilisation of an army corps, or of even a division or two to carry on some of our small wars in unhealthy countries.

We fear that Mr. Knox, able as he is, is not in a position to be oracular on such a purely military question as the organisation of an army corps, or the medical necessities of our world-spread army; these are hardly questions for a civilian to determine.

We notice that Mr. Fowler embarks in his question that now venerable phrase of the Manchester school of economists, "the public interest," as against an army, or navy, or civil service interest. As if there could in these days be any such divided interests in the nation! It is vital to the "public interest" that the public services should be maintained in efficiency; there can be no antagonism; mere blind economy is often directly against the "public interest."

CLASS BLACKBALLING.

SIR.—The following notice has been put up at the Junior United Service Club, Charles Street, St. James's.

"Notice is hereby given that an extraordinary general meeting of the Club will be held on Monday, 7th May, 1888, at 2.30 p.m., to consider the following motion of the Committee: 'That the undermentioned candidates, who were rejected at the ballot on 7th instant, being in every way eligible, and their rejection constituting class blackballing, they be elected members of the club.' (Here follow the names of two army medical officers, one officer of Militia, and one officer of the Commissariat and Transport Staff.)

From correspondence in your columns your readers will remember that certain officers, particularly army medical officers, have been lately blackballed at this Club; and the Club Committee have very properly now taken up the question, which is prejudicial to the interests, and contrary, it is believed, to the wishes, of the majority of the members; and when it is remembered that one black ball in ten excludes, you will easily understand how a few narrow-minded men can operate against a particular class of officers. Through your columns I wish to ask such of your readers as are members of the Club to be present, if possible, on May 7th, and endeavour to break down the influence of a "clique."—I am, etc.,

A CORRESPONDENT.

THE ARMY MEDICAL RESERVE.

RESERVE writes: I have read the last Warrant and the Secretary of State's instructions thereon, also your editorial comments, etc., in the JOURNAL of March 17th. Precisely as it appears to me you have clearly and consistently and justly upheld the cause of the officers of the Medical Staff in the grave questions at issue between them and the War Office; so now, by the caution you inculcate upon medical officers of the reserve forces as to accepting the terms of the new Warrant, it is apparent that your views on this, the last, move of the authorities are sound and worthy of universal adoption by all when it may concern.

At all army stations it is the custom to prepare a list of all medical officers in the district. This list is arranged in order of precedence, and whenever help has been needed it has been readily forthcoming. The help to which I allude is that described under Article (2) of the Warrant, and further detailed under Articles (3) and (6) of the "Instructions." Such help I can personally attest is given at great individual disadvantage to the civilian practitioner, and is not of a remunerative character. If any practitioner doubts this, let him try for himself when occasion offers, and he will soon be convinced. Yet this is the only bait held out as an inducement to make a display of cheap patriotism on our part. I venture to assert that if we yield to the temptation we shall incur the charge of preferring our own superficial and unreal advantage to the interests of our medical brethren on the regular Medical Staff.

ARMY MEDICAL DEFENCE FUND.

SIR.—In the JOURNAL of April 14th you say that the time has come when the medical officers of the army will have to offer, in the defence of their own interests, the most strenuous opposition to the changes which are now in contemplation. In order to do this effectually I would suggest the formation of an Army Medical Defence Fund, with a paid secretary, and a committee formed of pensioned officers of the department, the officers now in the service subscribing a small sum for the purposes of the committee.

The committee would endeavour to interest members of Parliament, issue printed letters and circulars setting forth the grievances of medical officers, and endeavouring to induce editors of professional as well as non-professional journals and newspapers to bring the subject before their readers.

One of the most effective ways of bringing pressure to bear on the authorities is to stop the supply of candidates, and this may be done by issuing a notice of the grievances of the department, which should be posted in every medical school in Great Britain and Ireland, setting forth that the service is not worth entering till the grievances complained of are redressed. I was a member of the Indian Medical Defence Fund, and we issued such a notice to every medical school in the kingdom, with the result that the number of candidates fell off to such an extent that at one or more of the competitions there were not men qualified to fill the vacancies which were before eagerly sought after. After this very great concessions were made and the status of the service was greatly improved, the committee being told that, but for their interference, all this would have been granted long before. This, of course, we believed!

If this idea meets with approval, I shall be very glad to give any information I can as to the mode of working the agitation. I need hardly say that the names of subscribers to the fund would be known to the committee and secretary only, and that merely a small sum of money would be necessary, which might be obtained by the secretary issuing a circular to every member of the service, setting forth the object of the committee and the amount required.—I am, etc., JAMES IRVING, M.D., Surgeon-General
Fowey, Cornwall, April 16th. Bengal Army, retired.

CHAIN OF RESPONSIBILITY IN MILITARY HOSPITALS.

REFERRING to a late instance in which the chain of responsibility for an incorrect diagnosis in a military hospital was stretched to its utmost, a correspondent points out that the said chain is very clearly and fairly laid down in paragraph 111 of the Army Medical Regulations, defining the duties of medical officers in hospitals as follows:—"They will invariably draw the attention of the medical officer in charge to all serious and important cases in their wards, immediately on such coming under their observation; and will, in all cases of professional doubt and difficulty, seek his advice, and consult with him as to the course to be pursued, but it must be clearly understood that each medical officer will be held personally responsible for the proper treatment of patients under his care."

This judicious regulation is, with reference to the fact that, while the medical officer in charge diagnoses, as far as possible, the nature of each case on admission, such diagnosis is necessarily subject to revision on a fuller investigation in the wards. Consultation by the whole hospital staff is often necessary in obscure cases, and should always be carried out, both for the patients' sake and for the mutual support and safety of the medical officers.

MR. STANHOPE'S MEMORANDUM. AIDE-TOI, LE CIEL T'AIDERA takes exception to the action of an "Administrative Officer" in the appeal of two medical officers who had to sign on a mixed board in India under their juniors in the army. Instead of saying "Don't kick up a row," the "Administrative Officer" ought to have taken up the cudgels on behalf of those under him against the unjust Indian Army order. He contrasts this laissez faire attitude with the vigorous action under similar circumstances of, say, a Commanding Royal Engineer. The Medical Department must learn to fight its own battles or submit to be sat upon.

ARMY MEDICAL POLITICS IN INDIA.—A correspondent sends us a cutting from the Indian Pioneer, from which we see the press in that country fully grasps the points at issue between the War Secretary and the Medical Department. The questions of the reductions in the active list, the restrictions placed on retirement, and the proposed increase of the periods of foreign service, are all cleverly handled. The full significance of the Army Medical Reserve Warrant is also realised, and pronounced to be a shabby endeavour to inveigle medical men in the auxiliary forces to place themselves and their practices at the disposal of the War Office—for, literally, nothing!

SPREADING THE NET FOR VOLUNTEER SURGEONS.

"A CAUGHT BIRD," himself ensnared into the Medical Staff, expresses his surprise that any volunteer surgeons could be caught by such a naked pinch of salt as the Army Medical Reserve Warrant seeks to place on their tails. He thinks they, in joining the so-called Reserve, incur obligations scarcely realised, or they would pause. They will not be able to back out of these obligations when pounced upon to do duty anywhere in a factitious "national emergency."

THE QUALIFICATIONS OF VOLUNTEER MEDICAL OFFICERS.

MEDICUS asks: Can a practitioner holding only the L.S.A.Lond. be appointed acting-surgeon of a volunteer regiment? If so, is it not time for the Volunteer Medical Association to move "that volunteer surgeons should possess two qualifications," and have the same inserted in the Volunteer Medical (I) Regulations? I have looked through the Volunteer Regulations, but cannot find any reference as to the necessary medical qualifications. I ask this question as I know of a case wherein a practitioner having only the L.S.A.Lond. has been nominated for this appointment, his name being sent to the War Office for confirmation of appointment.

"A certificate of proficiency is only granted to a volunteer medical officer who is registered under the Medical Act of 1858 as qualified to practise medicine and surgery in Great Britain and Ireland" (Army Form, E 564; Volunteer Regulation, 1887, Part I, sec. II, para. 144). Volunteer medical officers have been appointed who have only one qualification, and the certificate of proficiency has been withheld by the War Office in such cases. Officers are now required to become proficient within one year of their appointment.

THE ARMY MEDICAL RESERVE.

H. FRANK STOKES (Surgeon, the London Rifle Brigade) writes: As a volunteer medical officer, I have read with interest your leading article upon this subject in the JOURNAL of April 28th. Since the issue of the Warrant I have been hesitating about joining, but at present have not done so, there being too many adverse opinions to the scheme. Doubtless, as your article states, "volunteer medical officers are quite prepared to make great personal sacrifices, together with volunteers of all ranks, when real national danger unfortunately comes about, but it is entirely another matter to ask them to risk private professional ruin when the emergency may be not national at all."

With this I entirely agree, but it seems to me that if the War Office wishes to see this Army Medical Reserve become a success, and be thoroughly well taken up, it should make the Warrant more adapted to the position and occupation of the man whose services it is seeking to enlist. For instance, if it were to guarantee that volunteer medical officers should be placed in charge of troops only in those barracks situated in the immediate neighbourhood of the towns in which they reside, and at the same time to allow them to devote some part of the day to the supervision of their own private practices, I believe the scheme would be warmly supported. As matters stand at present it would appear, for example, that an officer resident in London is liable to be ordered to Portsmouth or Chatham, and kept there for an unlimited period, during which time his private practice must be seriously damaged. Perhaps the War Office will see fit to so modify the Warrant as to make it more adapted to the professional life of volunteer surgeons.

"We fear the writer of the above hardly grasps the absolutely necessary conditions of a Reserve which shall be other than a merely bogus one. In any "national emergency," real or factitious, the military authorities would very soon show they care nothing for the private practice or personal convenience of a reservist who is bound under penalties to fulfil a contract. He must go where ordered—the "London resident" to Chatham, or, for that matter, to Tregantle Fort or Tralee if required. If he repents and refuses at the last moment, we doubt not he would discover he was under the penalties of the Volunteer and other enactments. Crude and unworkable as the Warrant is, it could certainly not be made more impracticable by guaranteeing reservists they should only have such duties as suited their private interest or convenience. If the writer is in any doubt on this subject, then, we say, do not join the Reserve."

PLEA FOR HONORARY RANK.

XXX YEARS writes: I think the familiarity with which medical officers of long service and high position are treated by young military officers is very galling and humiliating. I have seen Senior Surgeon-Major, Brigade Surgeons, and administrative medical officers of the highest position addressed without any prefix to the surname by officers young enough to be their sons. In civil life such a thing could not occur. Military officers respect military rank only, and treat Dr. Browne, the Surgeon-General, as they do Dr. Browne, the Surgeon, not condescending to inquire what their respective ranks may be.

There is no doubt that socially we have lost position since the abolition of the regimental system. We are a large body of officers, brought in intimate contact with military officers, and dependent on them for all that constitutes social life in the army. We have no messes, and no means of making, as a body, any return for hospitality. Naturally, regiments look down on a body of officers without any position, and we sink lower every day in the social

scale. This cannot be denied; it is evidenced by the neglect of regiments to make us honorary members of their messes, and by the exclusion of medical officers from regimental entertainments. I do not say every regiment excludes us, but the number of those that do is steadily increasing. We are growing more unpopular every day. There is a strange want of independence amongst us. Many an act of grave injustice has been done medical officers; for instance, sweeping us with one stroke out of our regiments, but a Director-General resigning his chair, no matter how snubbed and insulted, has never been known. A short time ago the "aiguillette" was taken from honorary surgeons to the Viceroy; any other body of officers would have resigned the degraded position, but I have not heard that any one of those gentlemen has acted with becoming spirit and independence, a public insult to the Department should be publicly resented. The position of a medical staff officer is intolerable to men of gentlemanly feeling; snubs, slights, and humiliations are daily served out to us with an unsparing hand. The remedy is obvious—honorary rank. There is a slavish respect for military titles in the army, and no matter who the persons are, they rise at once to weight and consideration when granted military titles. I need only point to paymasters and Commissariat officers. Can any one deny that their position in the army has been marvellously improved by honorary rank?

We are deeply indebted to you, Sir, for fighting our battles, but we are a numerous body, and, I think, should do something for ourselves. We should establish in London a Medical Staff Defence Association, appoint a paid secretary; plenty of medical officers on retired pay suitable for the post. I shall be happy to subscribe liberally. The medical officers of the Indian Service adopted this plan, and got their grievances redressed. I do not see why we should not do the same. Our position is bad, and will, unless we exert ourselves to improve it, become intolerable.

MR. STANHOPE'S MEMORANDUM.

A SENIOR SURGEON-MAJOR, writing from India, says the alterations in the terms of retirement foreshadowed in Mr. Stanhope's memorandum have produced positive consternation among the Medical Staff serving in that country. He asks: Can it be possible that the British Government, hitherto distinguished for its absolute good faith, would deliberately break its contracts with its servants? It is surely impossible.

Pressing emergency at the present time, there is none. "Grave national emergency" is a phrase that requires definition. We are all animated by patriotic sentiments, else why should we give our time and trouble as we do for nothing? In the hour of danger and trial we are all ready to do our best for the country, but whilst the atmosphere is serene let us not forget the obligations of professional brotherhood. If only we can act unanimously in declining to help Mr. Stanhope out of a scrape, we need fear no reproaches from any quarter save from the unseen but not unfelt advisers of that right hon. gentleman, who seem to pursue the unfortunate officers of Her Majesty's Medical Staff with unrelenting spite and malignity.

THE QUEEN has been pleased to give and grant unto Surgeon William Henry Phillips Lewis, Army Medical Staff, Her Majesty's royal licence and authority to accept and wear the insignia of the Order of the Osmanieh of the Fourth Class, conferred upon him by His Highness the Khedive of Egypt, authorised by His Imperial Majesty the Sultan.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

A course of six lectures will be delivered in the headquarters of the London Scottish Rifle Volunteers, commencing Monday, April 22nd, at 7.30, by Leslie Ogilvie, M.B., and Walter Pearce, M.D., Acting Surgeon Artists Rifle Volunteers, of which the following is the syllabus: 1. The Air we Breathe; Breathing Space and Ventilation. 2. The Water we Drink; Bathing and Personal Cleanliness. 3. The Food of the Soldier; Cooking; the True Value of Alcohol. 4. The Clothing and Equipment of the Soldier; Climate. 5. Exercise. 6. Training. Diseases liable to occur in field service will be described, with their probable causes and methods of prevention.

THE RANK OF MEDICAL OFFICERS.

"JUSTICE" suggests that the pamphlet issued from the office of this JOURNAL on the rank question should be more freely circulated by medical officers to those friends who are working to secure the just recognition of the status of the medical profession in the army. These good friends should have their hands in every way strengthened.

A CORRESPONDENT sends us a letter cut from the *Irish Times* disclosing the following: After a recent Castle levee the medical officers who attended were grouped together in the official lists simply as "Surgeons" at the tail end of everything; not only was their army rank and precedence absolutely ignored, but even their departmental rating among themselves was treated with contemptuous indifference, as the Principal Medical Officer figured well down the list below the latest joined surgeon from Netley. This is the last outcome of the persistent endeavours to civilise the department. Ireland used to furnish a large proportion of medical recruits to the service; we wonder what the proportion will be in the future?

PENSIONS TO ARMY MEDICAL OFFICERS.

AN INTERESTED ONE writes: Should the intention of the Government of not allowing medical officers to retire on a pension after twenty years' service be carried out, it will be most unfair and a breach of agreement to the great number who came into the service under the Royal Warrant of November, 1879, and who entered solely for the privilege of being able to retire after twenty years' service. I would recommend that a vigorous protest be at once set on foot.

THE NAVY.

THE following appointments have been made at the Admiralty: R. E. BRAY, Surgeon, to the *Duke of Wellington*; J. L. AHERNE, Surgeon, to the *Ferron*; W. M. CHASE, Surgeon, to the *Invincible*; G. A. DREAPER and G. H. FOOT, M.D., Surgeons, to the *Sultan*; J. J. M'DONNELL, Surgeon, to the *Agincourt*; R. E. BIDDLEPH, Surgeon, to the *Tenacious*; C. S. WOODWRIGHT, Surgeon, to the *Zealous*.

Surgeon W. C. SPILLER, who entered the service August 20th, 1886, has been placed on the retired list of his rank with a gratuity.

THE MEDICAL STAFF.

SURGEON-MAJOR G. E. DORSON, M.B., F.R.S.; E. V. MCSWINEY, M.D.; A. H. L'ESTRANGE, P. T. FRAZER, and P. A. L'ESTRANGE have been granted retired pay. The commissions of all these gentlemen were contemporaneous, namely: Assistant-Surgeon, March 31st, 1868; Surgeon, March 1st, 1873; and Surgeon-Major, March 31st, 1880. Surgeon-Major Dorson served in India and in the Zulu campaign of 1879 (medal). He is well known as a distinguished zoologist and comparative anatomist, and graduated B.A.T.C.D. 1866 (1st gold medal in Experimental and Natural Science at the Degree Examination and 1st Senior Moderator); M.B. and Ch.M. 1867; and M.A. 1873. He is a Fellow of the Royal Linnean and Zoological Societies, a member of the Senate of the University of Dublin, and author of numerous contributions to various scientific journals, and of separate works, among which may be noted: Essay "On the Diagnosis and Pathology of the Injuries and Diseases of the Shoulder-joint" (awarded gold medal of Pathological Society of Dublin); *Medical Hints to Travellers* (published by the Royal Geographical Society); *Catalogue of Chiroptera in the British Museum*; *Monograph of the Insectivora, Systematic and Anatomical*, 4to, 1882-83; "Insectivora," "Chiroptera," "Rodentia," in article Mammalia, *Espey, Birds*, 1880; and articles "Mole," "Shrew," and "Vampire," in the same publication. Surgeon-Major A. H. L'ESTRANGE was engaged in the operations in the Malay Peninsula in 1875-76 (medal with clasp). Surgeon-Major Fraser was in the Afghan war in 1878-80, first in medical charge of Royal Artillery at Lundi Kotah during the occupation of the Khyber Pass, and afterwards with the 12th Hussars at Candahar and with the Southern Afghanistan Field Force until the evacuation of the country in 1881 (medal). Surgeon-Major P. A. L'ESTRANGE had medical charge of the 1st West India Regiment during the Antislavery war in 1873-74, and was at the battle of Amosaf and the capture of Coomassie, and was afterwards Transport Medical Officer for the embarkation of the sick and wounded (medal with clasp); he also served with the Nile Ex-

ARMY MEDICAL DEFENCE FUND.

SIR.—In the JOURNAL of April 14th you say that the time has come when the medical officers of the army will have to offer, in the defence of their own interests, the most strenuous opposition to the changes which are now in contemplation. In order to do this effectually I would suggest the formation of an Army Medical Defence Fund, with a paid secretary, and a committee formed of pensioned officers of the department, the officers now in the service subscribing a small sum for the purposes of the committee.

The committee would endeavour to interest members of Parliament, issue printed letters and circulars setting forth the grievances of medical officers, and endeavouring to induce editors of professional as well as non-professional journals and newspapers to bring the subject before their readers.

One of the most effective ways of bringing pressure to bear on the authorities is to stop the supply of candidates, and this may be done by issuing a notice of the grievances of the department, which should be posted in every medical school in Great Britain and Ireland, setting forth that the service is not worth entering till the grievances complained of are redressed. I was a member of the Indian Medical Defence Fund, and we issued such a notice to every medical school in the kingdom, with the result that the number of candidates fell off to such an extent that at one or more of the competitions there were not men qualified to fill the vacancies which were before eagerly sought after. After this very great concessions were made and the status of the service was greatly improved, the committee being told that, but for their interference, all this would have been granted long before. This, of course, we believed!

If this idea meets with approval, I shall be very glad to give any information I can as to the mode of working the agitation. I need hardly say that the names of subscribers to the fund would be known to the committee and secretary only, and that merely a small sum of money would be necessary, which might be obtained by the secretary issuing a circular to every member of the service, setting forth the object of the committee and the amount required.—I am, etc., JAMES IRVING, M.D., Surgeon-General

Fowey, Cornwall, April 16th. Bengal Army, retired.

CHAIN OF RESPONSIBILITY IN MILITARY HOSPITALS.

REFERRING to a late instance in which the chain of responsibility for an incorrect diagnosis in a military hospital was stretched to its utmost, a correspondent points out that the said chain is very clearly and fairly laid down in paragraph 111 of the Army Medical Regulations, defining the duties of medical officers in hospitals as follows:—"They will invariably draw the attention of the medical officer in charge to all serious and important cases in their wards, immediately on such coming under their observation; and will, in all cases of professional doubt and difficulty, seek his advice, and consult with him as to the course to be pursued, but it must be clearly understood that each medical officer will be held personally responsible for the proper treatment of patients under his care."

This judicious regulation is, with reference to the fact that, while the medical officer in charge diagnoses, as far as possible, the nature of each case on admission, such diagnosis is necessarily subject to revision on a fuller investigation in the wards. Consultation by the whole hospital staff is often necessary in obscure cases, and should always be carried out, both for the patients' sake and for the mutual support and safety of the medical officers.

AIDE-TOI, LE CIEL T'AIDERA" takes exception to the action of an "Administrative Officer" in the appeal of two medical officers who had to sign on a mixed board in India under their juniors in the army. Instead of saying "Don't kick up a row," the "Administrative Officer" ought to have taken up the cudgels on behalf of those under him against the unjust Indian Army order. He contrasts this *laissez faire* attitude with the vigorous action under similar circumstances of, say, a Commanding Royal Engineer. The Medical Department must learn to fight its own battles or submit to be sat upon.

ARMY MEDICAL POLITICS IN INDIA.—A correspondent sends us a cutting from the Indian Pioneer, from which we see the press in that country fully grasps the points at issue between the War Secretary and the Medical Department. The questions of the reductions in the active list, the restrictions placed on retirement, and the proposed increase of the periods of foreign service, are all cleverly handled. The full significance of the Army Medical Reserve Warrant is also realised, and pronounced to be a shabby endeavour to inveigle medical men in the auxiliary forces to place themselves and their practices at the disposal of the War Office—*for, literally, nothing!*

SPREADING THE NET FOR VOLUNTEER SURGEONS.

"A CAUGHT BIRD," himself ensnared into the Medical Staff, expresses his surprise that any volunteer surgeons could be caught by such a naked pinch of salt as the Army Medical Reserve Warrant seeks to place on their tails. He thinks they, in joining the so-called Reserve, incur obligations scarcely realised, or they would pause. They will not be able to back out of these obligations when pounced upon to do duty anywhere in a factitious "national emergency."

THE QUALIFICATIONS OF VOLUNTEER MEDICAL OFFICERS.

MEDICUS asks: Can a practitioner holding only the L.S.A. Lond. be appointed acting-surgeon of a volunteer regiment? If so, is it not time for the Volunteer Medical Association to move "that volunteer surgeons should possess two qualifications," and have the same inserted in the Volunteer Medical (i) Regulations? I have looked through the Volunteer Regulations, but cannot find any reference as to the necessary medical qualifications. I ask this question as I know of a case wherein a practitioner having only the L.S.A. Lond. has been nominated for this appointment, his name being sent to the War Office for confirmation of appointment.

* A certificate of proficiency is only granted to a volunteer medical officer "who is registered under the Medical Act of 1858 as qualified to practise medicine and surgery in Great Britain and Ireland" (Army Form, E 364; Volunteer Regulation, 1887, Part I, sec. II, para. 144). Volunteer medical officers have been appointed who have only one qualification, and the certificate of proficiency has been withheld by the War Office in such cases. Officers are now required to become proficient within one year of their appointment.

THE ARMY MEDICAL RESERVE.

H. FRASER STOKES (Surgeon, the London Rifle Brigade) writes: As a volunteer medical officer, I have read with interest your leading article upon this subject in the JOURNAL of April 28th. Since the issue of the Warrant I have been hesitating about joining, but at present have not done so, there being too many adverse opinions to the scheme. Doubtless, as your article states, "volunteer medical officers are quite prepared to make great personal sacrifices, together with volunteers of all ranks, when real national danger unfortunately comes about, but it is entirely another matter to ask them to risk private professional ruin when the emergency may be not national at all."

With this I entirely agree, but it seems to me that if the War Office wishes to see this Army Medical Reserve become a success, and be thoroughly well taken up, it should make the Warrant more adapted to the position and occupation of the man whose services it is seeking to enlist. For instance, if it were to guarantee that volunteer medical officers should be placed in charge of troops only in those barracks situated in the immediate neighbourhood of the towns in which they reside, and at the same time to allow them to devote some part of the day to the supervision of their own private practice, I believe the scheme would be warmly supported. As matters stand at present it would appear, for example, that an officer resident in London is liable to be ordered to Portsmouth or Chatham, and kept there for an unlimited period, during which time his private practice must be seriously damaged. Perhaps the War Office will see fit to so modify the Warrant as to make it more adapted to the professional life of volunteer surgeons.

* We fear the writer of the above hardly grasps the absolutely necessary conditions of a Reserve which shall be other than a merely bogus one. In any "national emergency," real or factitious, the military authorities would very soon show they care nothing for the private practice or personal convenience of a reservist who is bound under penalties to fulfil a contract. He must go where ordered—the "London resident" to Chatham, or, for that matter, to Tregentle Fort or Tralee if required. If he repents and refuses at the last moment, we doubt not he would discover he was under the penalties of the Volunteer and other enactments. Crude and unworkable as the Warrant is, it could certainly not be made more impracticable by guaranteeing reservists they should only have such duties as suited their private interest or convenience. If the writer is in any doubt on this subject, then, we say, do not join the Reserve.

PLEA FOR HONORARY RANK.

XXX YEARS writes: I think the familiarity with which medical officers of long service and high position are treated by young military officers is very galling and humiliating. I have seen Senior Surgeons-Major, Brigade Surgeons, and administrative medical officers of the highest position addressed without any prefix to the surname by officers young enough to be their sons. In civil life such a thing could not occur. Military officers respect military rank only, and treat Dr. Browne, the Surgeon-General, as they do Dr. Browne, the Surgeon, not condescending to inquire what their respective ranks may be.

There is no doubt that socially we have lost position since the abolition of the regimental system. We are a large body of officers, brought in intimate contact with military officers, and dependent on them for all that constitutes social life in the army. We have no messes, and no means of making, as a body, any return for hospitality. Naturally, regiments look down on a body of officers without any position, and we sink lower every day in the social

scale. This cannot be denied; it is evidenced by the neglect of regiments to make us honorary members of their messes, and by the exclusion of medical officers from regimental entertainments. I do not say every regiment excludes us, but the number of those that do is steadily increasing. We are growing more unpopular every day. There is a strange want of independence amongst us. Many an act of grave injustice has been done medical officers; for instance, sweeping us with one stroke out of our regiments, but a Director-General resigning his chair, no matter how snubbed and insulted, has never been known. A short time ago the "Aiguillette" was taken from honorary surgeons to the Viceroy; any other body of officers would have resigned the degraded position, but I have not heard that any one of those gentlemen has acted with becoming spirit and independence, a public insult to the Department should be publicly resented. The position of a medical staff officer is intolerable to men of gentlemanly feeling; snubs, slights, and humiliations are daily served out to us with an unsparing hand. The remedy is obvious—honorary rank. There is a slavish respect for military titles in the army, and no matter who the persons are, they rise at once to weight and consideration when granted military titles. I need only point to paymasters and Commissariat officers. Can any one deny that their position in the army has been marvellously improved by honorary rank?

We are deeply indebted to you, Sir, for fighting our battles, but we are a numerous body, and I think should do something for ourselves. We should establish in London a Medical Staff Defence Association, appoint a paid secretary; plenty of medical officers on retired pay suitable for the post. I shall be happy to subscribe liberally. The medical officers of the Indian Service adopted this plan, and got their grievances redressed. I do not see why we should not do the same. Our position is bad, and will, unless we exert ourselves to improve it, become intolerable.

MR. STANHOPE'S MEMORANDUM.

A SENIOR SURGEON-MAJOR, writing from India, says the alterations in the terms of retirement foreshadowed in Mr. Stanhope's memorandum have produced positive consternation among the Medical Staff serving in that country. He asks: Can it be possible that the British Government, hitherto distinguished for its absolute good faith, would deliberately break its contracts with its servants? It is surely impossible.

THE MEDICAL STAFF IN INDIA.

- A "RETIRED MEDICAL OFFICER" sends us the following account of an inquiry which he made into medical politics during a recent visit to India.
1. A feeling of dissatisfaction and discontent pervades all ranks at the delay in definitely settling the question of the status of medical officers.
 2. There is no little despondency over the threatened addition of a year to the tour of service.
 3. The paucity in numbers of medical officers makes it very difficult to obtain leave of absence.
 4. The youth and frequent changing of medical officers in charge of regiments is the subject of grave complaint by military officers at large. Out of a total of 200 officers of the Medical Staff in Bengal, there are only 55 senior officers; while of 140 surgeons, 100 draw the lowest rates of pay. The object in

employing this very large proportion of junior and less experienced officers is simply to save the Government money.

5. Medical officers cannot properly discharge their duties without horses, but they get no forage allowance.

6. Except at Rawul Pindi there are no medical messes, and as medical officers are nowadays very often not made honorary members of regimental messes, the mode of living by many is very unsatisfactory.

7. No charge pay is given to brigade-surgeons or others for greatly increased responsibilities and work in charge of large hospitals. This is a breach of faith, as it was one of the promises made when unification and station hospitals were introduced.

8. Medical officers are moved about often very unnecessarily, and at great expense to themselves.

9. Exchanges are not allowed after the reliefs are published in July until next troop season, no matter how urgent may be the officer's private affairs at home.

10. It is very difficult for a junior surgeon to live on his pay; he receives 317 rupees a month, though ranking as captain, while veterinary surgeons receive 400 rupees, staff corps lieutenants in infantry 325, and cavalry 355 rupees per month respectively.

Our correspondent vouches for the above plain statement of facts.

ARMY MEDICAL DEFENCE FUND.

SIR,—In the JOURNAL of June 9th "Medical Staff" has written to you regarding the grievances of the Army Medical Department, and thus concludes his letter: "It only remains for Surgeon-General Irving to lay the details of his scheme before the medical officers of the army through the columns of the JOURNAL, calling for the names of those willing to subscribe, and the necessary financial support will be at once secured him." To this I reply that in my letter to you published in the JOURNAL of May 5th, all that I intended was to make a suggestion as to the means of redressing grievances in the Army Medical Department which had had a good effect when carried out in reference to the Indian Service. From the letter of "Medical Staff," and from others which I have received, however, it seems to be taken for granted that I am anxious to enter into the controversy. But this is not the case, as I should be quite out of place if I did. The cause of the officers of the Army Medical Department must be taken up by retired officers of their own service, of whom no doubt there are many in London able and willing to fight for their brethren whose mouths are closed. If anything is to come of it, men in the service must at once get retired officers to form a Committee, and this Committee should engage a paid secretary and hire a room for an office in town. An appeal should then be made to members on the active list for a small subscription towards the carrying out the objects of the Committee. All this was done in the case of the Indian Medical Department, and should be as easy of accomplishment in the case of the Army Medical Department if the members of the latter service really wish it. But writing is of little use until some action is taken so as to secure the names of men to serve on the Committee. The secretary need not necessarily be a medical man. What is wanted is a good man of business who will receive his instructions from the Committee, and carry them out.

No doubt it is true, as "Medical Staff" says, that officers on the active list cannot appear as initiators of the movement, but they can induce those on the retired list to take up the matter, and through the latter bring forward all that it is desired to have redressed. Except this be done it is hardly likely that retired officers will take the initiative or act unless they perceive that those

concerned are in earnest. The matter at issue concerns those in the service, and not those out of it.—I am, etc.

JAMES IRVING, M.D., Surgeon-General
Bengal Army, Retired.

Fowey, Cornwall, June 12th.

ARMY MEDICAL RESERVE OF OFFICERS.

SIR,—I think that your remarks in respect to the Army Medical Reserve of Officers are calculated to spread erroneous ideas as to the causes of the formation of this particular class of officers. It may be true that the necessity of this class has been hastened by the late cry of retrenchment, and by the opportunity of using volunteer medical officers for home service if necessary, and so freeing the Medical Staff of the army for more active service. In doing so the authorities have obviated the necessity of establishing a large medical department, which would be uselessly large, expensive, and over-numbered in time of peace. All they do is to be prepared for times of emergency, and to have the Medical Department ready in its effectiveness for any necessities which may arise. Surely it is not unfair to ask the volunteer surgeons to help their Government, should national emergencies arise, especially as the Royal Warrant tends to blend together the medical officers of the army with those in the new reserve, in the same way as the reserve of combatant officers are associated with the regular officers of the army. Volunteer medical officers have undoubtedly gained by the step accorded to them,

and in no way do the officers of the Medical Staff lose any privileges by those granted to us.

As you observe, in case of invasion, the regimental medical officers would be required to attend their regiments in the field; but this applies only to a very limited extent, since all volunteer regiments have several medical officers, and most two at the least; consequently, in case of need, there would be sufficient officers ready to do regimental field work, and a surplus number who would fairly be employed at the departmental centres where most work and attention is required. Without some such supplemental work as is proposed, the bulk of the medical service would be from necessity ineffective from paucity of the number of those officers who could be spared from the army staff, and it behoves us all, as a profession, to be jealous of our honour, and to show to the public at least that the part of the army which affects our interests is ready and prepared in its details should any grave emergency arise.

To my mind, the idea of the reserve is the offspring of common sense, and is conceived in the true desire to render the defences of the country efficient in their medical arrangements, and it would be well if the country could be as well assured of the efficiency of the commissariat and transport departments as it may hope to expect from its Medical Reserve of officers. Such a reserve of officers was shadowed out by myself three or four years ago, and was favourably received by the press and commended by the *Volunteer Review*; but it fell through until its promulgation last month under the Royal Warrant.

We volunteer medical officers do not want to flutter under an army rank; but we have asked for our position to be recognised, and this the authorities have graciously accorded, though in a different way to that which the Volunteer Medical Association asked. We have, however, received army rank with all its privileges, but we have saddled ourselves with certain duties which doubtless would be so arranged, should the time of such a necessity for service ever arise, to meet each medical officer's convenience, as far as would be consistent with the exigency of the need, as would also be the distribution of the volunteers generally throughout the country.

If wanted, let us medical officers of the volunteer force do the work which may be required of us rather than introduce into the medical service of the country so large an influx of civilian element as occurred during the last Crimean war; and it would be as well if the present volunteer medical officers entered into the present reserve with the same patriotic spirit as that which attracted us when, during the scare of a possible war with Russia during Lord Beaconsfield's ministry, most of us volunteered to supplement the Medical Staff, should Government require our services during its continuance.—I am, etc.,

M. BAINES, M.D. Lond.,
Surgeon-Major Army Medical Reserve of Officers,
and 1st Middlesex and Engineer Volunteers, R.E.
Junior Athenaeum Club.

THE ARMY MEDICAL RESERVE OF OFFICERS.

We publish elsewhere a letter from Dr. Baines—and we do so the more readily because no one can doubt his absolute honesty of intention, while he may also be fairly considered a representative man—first and generally of those

medical volunteers who have seen their way to join this Reserve, and secondly and particularly as being the first strictly metropolitan medical volunteer who, as a reservist, has placed himself unreservedly at the disposal of the War Office. Few medical volunteers in London and other great centres have as yet joined the Reserve; its recruits hitherto have mostly come from outlying parts and the now somewhat ancient Militia Medical Service.

Our sorrow would indeed be deep and heartfelt could we believe with Dr. Baines that our criticisms hitherto on the Reserve were "calculated to spread erroneous ideas;" on the contrary, we imagined and still think we were letting daylight into a scheme which appeared not only singularly crude, but even dark, and possibly in its scope deceptive. We have no cause to regret the note of caution we sounded, and some may probably feel grateful we did so.

According to Dr. Baines, the promulgation of the Reserve Warrant, which had been hatching for some time, was "hastened" by the late rather factitious "cry of retrenchment." Now, what is this but an admission that the scheme, if not a part of, had at least a direct bearing upon and connection with, reckless economies meditated against the regular medical vote? We have always suspected the true inception of the scheme was in finance, not in military efficiency. If the scheme was an honest endeavour to create a *bona fide* reserve in support of the Army Medical Department, and not an attempt to cut down and supplant it, then why weave into the Warrant the clauses about "contract rates," and charge of troops at home? Dr. Baines talks—without reference, be it noted, to any particular national emergency—of "freeing" the Medical Staff for "more active service," by employing volunteer reservists at home in their place. This is undoubtedly the main drift of the scheme; volunteers are to be bound beforehand to undertake charge of troops at home at "contract," or, in other words, pauper-like rates, in order that the Medical Staff at home may be reduced to the lowest possible peace limits, whilst its members abroad are saddled with an addition to the already grievous burden of tropical service! We feel assured that the vast majority of our medical volunteers will not lend their aid to so disastrous a policy. We have always insisted that our regular medical service must be kept up at home in sufficient numbers to meet the sudden mobilisation of at least one, if not two, army corps; and when the full pay men are so employed they might be "freed" by calling out the reserve of retired-pay medical officers.

We would remind Dr. Baines that "the reserve of combatant officers" is composed of those who have already served in the regular army—not of *quasi*-civilians; the combatant reserve is entirely similar to the retired-pay medical reserve.

Dr. Baines evidently recognises the validity of our contention that, in the extreme "case of invasion," the proper place for medical volunteers is with volunteer, not regular, troops. True, as he says, a certain number of regimental medical officers might be detached from their corps; but not, we maintain, to join regular troops, but to form field hospitals and bearer companies for the mobilised volunteer army. They would thus, equally with regular troops, demonstrate their "jealous honour" as patriots.

To Dr. Baines the "idea of the reserve is the offspring of

common sense;" if he had said "a reserve," we would readily agree with him; but as he means this particular reserve, we can only say we are not alone in differing from him.

Dr. Baines does not see, or refuses to admit, the extremely anomalous position in which, as we and many others capable of judging consider, the acceptance of the Warrant puts him and his fellow reservists. The argument is this: The auxiliary forces exist and serve under certain Acts of Parliament, supplemented by Orders in Council; what, then, we want to know authoritatively is the exact legal position which the medical reservists occupy under these Acts? Dr. Baines signs himself "Surgeon-Major, Army Medical Reserve of Officers, and 1st Middlesex Engineer Volunteers, R.E." How, we would ask, can he be both? Under what authority can he hold at the same time two active commissions in Her Majesty's forces? Can he fulfil simultaneously the duties pertaining to both? How can he be reckoned an efficient volunteer, earning a capitation grant for his corps, and at the same time hold a commission rendering him liable for military service, not only not connected with his corps, but not even connected with the volunteers? Did he seek or obtain the sanction of his immediate commanding officer in joining the reserve? We will not rashly assume that these questions cannot be answered in his favour, but as ordinary laymen we demand some elucidation.

But, outside the serious, we even see a comical side to the dual existence assumed or claimed by the medical reservists. Suppose the medical reserve from the auxiliary forces suddenly called out and mustered, in what uniform would they appear? Why, in every shape and shade of red, blue, green, and grey—from Surgeon-Major Jones, as a Royal Engineer, to Surgeon-Major Mactavish, in the full war-paint of the "Stuart" Highlanders. Such a piebald gathering would no doubt be highly successful in a burlesque, but we can hardly afford to have a medical reserve laughed at.

Dr. Baines declares he does not want to "flutter under an army rank;" nevertheless, he expresses no little satisfaction in having received "army rank with all its privileges." Would that his brethren of the regular service thought likewise! But they persist in saying that their army rank is only a mockery, a delusion, and a snare. They, of course, have to bear it about with them every day of their lives; Dr. Baines puts it on and off at civilian convenience!

PROTEST BY RETIREMENT.

JUSTITIA writes: Allusions have recently been made in the columns of the JOURNAL to the injustice of the decision which resulted in the retirement of a Surgeon-General from the service, but it does not appear to be generally known how unprecedented were the means adopted to bring about that end. The officer in question was ordered to Bermuda, an appointment always before and now held by a deputy Surgeon-General. To such an insult he could not submit, and accordingly he retired. That the head of the Medical Department should lend himself to such a course of action (for his worst enemies cannot believe that he originated it) will be the subject of universal regret. A parallel case in the combatant branch of the service would be the removal of a major-general from his command and the appointing him to a colonel's command on the grounds that a lieutenant-colonel in his district had fallen in his duty! How different is the treatment accorded to the two branches of the service! While we have not infrequently seen the incompetent general rewarded, we now have an example of how a competent Surgeon-General can be bullied out of the service. The authorities would seem to desire that the Medical Staff of the army should no longer be a service which a gentleman who expects fair and honourable treatment can enter. If this be their end, they are going the surest way to attain it.

THE MEDICAL STAFF IN INDIA.

A "RETIRED MEDICAL OFFICER" sends us the following account of an inquiry which he made into medical politics during a recent visit to India.

1. A feeling of dissatisfaction and discontent pervades all ranks at the delay in definitely settling the question of the status of medical officers.
2. There is no little despondency over the threatened addition of a year to the tour of service.
3. The paucity in numbers of medical officers makes it very difficult to obtain leave of absence.
4. The youth and frequent changing of medical officers in charge of regiments is the subject of grave complaint by military officers at large. Out of a total of 200 officers of the Medical Staff in Bengal, there are only 55 senior officers; while of 140 surgeons, 100 draw the lowest rates of pay. The object in

employing this very large proportion of junior and less experienced officers is simply to save the Government money.

5. Medical officers cannot properly discharge their duties without horses, but they get no forage allowance.

6. Except at Rawul Pindi there are no medical messes, and as medical officers are nowadays very often not made honorary members of regimental messes, the mode of living by many is very unsatisfactory.

7. No charge pay is given to brigade-surgeons or others for greatly increased responsibilities and work in charge of large hospitals. This is a breach of faith, as it was one of the promises made when unification and station hospitals were introduced.

8. Medical officers are moved about often very unnecessarily, and at great expense to themselves.

9. Exchanges are not allowed after the reliefs are published in July until next trooping season, no matter how urgent may be the officer's private affairs at home.

10. It is very difficult for a junior surgeon to live on his pay; he receives 317 rupees a month, though ranking as captain, while veterinary surgeons receive 400 rupees, staff corps lieutenants in infantry 325, and cavalry 365 rupees per month respectively.

Our correspondent vouches for the above plain statement of facts.

ARMY MEDICAL DEFENCE FUND.

SIR,—In the JOURNAL of June 9th "Medical Staff" has written to you regarding the grievances of the Army Medical Department, and thus concludes his letter: "It only remains for Surgeon-General Irving to lay the details of his scheme before the medical officers of the army through the columns of the JOURNAL, calling for the names of those willing to subscribe, and the necessary financial support will be at once secured him." To this I reply that in my letter to you published in the JOURNAL of May 5th, all that I intended was to make a suggestion as to the means of redressing grievances in the Army Medical Department which had had a good effect when carried out in reference to the Indian Service. From the letter of "Medical Staff," and from others which I have received, however, it seems to be taken for granted that I am anxious to enter into the controversy. But this is not the case, as I should be quite out of place if I did. The cause of the officers of the Army Medical Department must be taken up by retired officers of their own service, of whom no doubt there are many in London able and willing to fight for their brethren whose mouths are closed. If anything is to come of it, men in the service must at once get retired officers to form a Committee, and this Committee should engage a paid secretary and hire a room for an office in town. An appeal should then be made to members on the active list for a small subscription towards the carrying out the objects of the Committee. All this was done in the case of the Indian Medical Department, and should be as easy of accomplishment in the case of the Army Medical Department if the members of the latter service really wish it. But writing is of little use until some action is taken so as to secure the names of men to serve on the Committee. The secretary need not necessarily be a medical man. What is wanted is a good man of business who will receive his instructions from the Committee, and carry them out.

No doubt it is true, as "Medical Staff" says, that officers on the active list cannot appear as initiators of the movement, but they can induce those on the retired list to take up the matter, and through the latter bring forward all that it is desired to have redressed. Except this be done it is hardly likely that retired officers will take the initiative or act unless they perceive that those

concerned are in earnest. The matter at issue concerns those in the service, and not those out of it.—I am, etc.

JAMES IRVING, M.D., Surgeon-General
Bengal Army, Retired.

Fowey, Cornwall, June 12th.

ARMY MEDICAL RESERVE OF OFFICERS.

SIR,—I think that your remarks in respect to the Army Medical Reserve of Officers are calculated to spread erroneous ideas as to the causes of the formation of this particular class of officers. It may be true that the necessity of this class has been hastened by the late cry of retrenchment, and by the opportunity of using volunteer medical officers for home service if necessary, and so freeing the Medical Staff of the army for more active service. In doing so the authorities have obviated the necessity of establishing a large medical department, which would be uselessly large, expensive, and over-numbered in time of peace. All they do is to be prepared for times of emergency, and to have the Medical Department ready in its effectiveness for any necessities which may arise. Surely it is not unfair to ask the volunteer surgeons to help their Government, should national emergencies arise, especially as the Royal Warrant tends to blend together the medical officers of the army with those in the new reserve, in the same way as the reserve of combatant officers are associated with the regular officers of the army. Volunteer medical officers have undoubtedly gained by the step accorded to them,

and in no way do the officers of the Medical Staff lose any privileges by those granted to us.

As you observe, in case of invasion, the regimental medical officers would be required to attend their regiments in the field; but this applies only to a very limited extent, since all volunteer regiments have several medical officers, and most two at the least; consequently, in case of need, there would be sufficient officers ready to do regimental field work, and a surplus number who would fairly be employed at the departmental centres where most work and attention is required. Without some such supplemental work as is proposed, the bulk of the medical service would be from necessity ineffective from paucity of the number of those officers who could be spared from the army staff, and it behoves us all, as a profession, to be jealous of our honour, and to show to the public at least that the part of the army which affects our interests is ready and prepared in its details should any grave emergency arise.

To my mind, the idea of the reserve is the offspring of common sense, and is conceived in the true desire to render the defences of the country efficient in their medical arrangements, and it would be well if the country could be as well assured of the efficiency of the commissariat and transport departments as it may hope to expect from its Medical Reserve of officers. Such a reserve of officers was shadowed out by myself three or four years ago, and was favourably received by the press and commended by the *Volunteer Review*; but it fell through until its promulgation last month under the Royal Warrant.

We volunteer medical officers do not want to flatter under an army rank; but we have asked for our position to be recognised and this the authorities have graciously accorded, though in a different way to that which the Volunteer Medical Association asked. We have, however, received army rank with all its privileges, but we have saddled ourselves with certain duties which doubtless would be so arranged, should the time of such a necessity for service ever arise, to meet each medical officer's convenience, as far as would be consistent with the exigency of the need as would also be the distribution of the volunteers generally throughout the country.

If wanted, let us medical officers of the volunteer force do the work which may be required of us rather than introduce into the medical service of the country so large an influx of civilian element as occurred during the last Crimean war; and it would be as well if the present volunteer medical officers entered into the present reserve with the same patriotic spirit as that which attracted us when, during the scare of a possible war with Russia, during Lord Beaconsfield's ministry, most of us volunteered to supplement the Medical Staff, should Government require our services during its continuance.—I am, etc.,

M. BAINES, M.D. Lond.,
Surgeon-Major Army Medical Reserve of Officers
and 1st Middlesex and Engineer Volunteers, Rd
Junior Athenaeum Club.

THE ARMY MEDICAL RESERVE OF OFFICERS.

We publish elsewhere a letter from Dr. Baines—and we do so the more readily because no one can doubt his absolute honesty of intention, while he may also be fairly considered a representative man—first and generally of those

medical volunteers who have seen their way to join this Reserve, and secondly and particularly as being the first strictly metropolitan medical volunteer who, as a reservist, has placed himself unreservedly at the disposal of the War Office. Few medical volunteers in London and other great centres have as yet joined the Reserve; its recruits hitherto have mostly come from outlying parts and the now somewhat ancient Militia Medical Service.

Our sorrow would indeed be deep and heartfelt could we believe with Dr. Baines that our criticisms hitherto on the Reserve were "calculated to spread erroneous ideas;" on the contrary, we imagined and still think we were letting daylight into a scheme which appeared not only singularly crude, but even dark, and possibly in its scope deceptive. We have no cause to regret the note of caution we sounded, and some may probably feel grateful we did so.

According to Dr. Baines, the promulgation of the Reserve Warrant, which had been hatching for some time, was "hastened" by the late rather factitious "cry of retrenchment." Now, what is this but an admission that the scheme, if not a part of, had at least a direct bearing upon and connection with, reckless economies meditated against the regular medical vote? We have always suspected the true inception of the scheme was in finance, not in military efficiency. If the scheme was an honest endeavour to create a *bona fide* reserve in support of the Army Medical Department, and not an attempt to cut down and supplant it, then why weave into the Warrant the clauses about "contract rates," and charge of troops at home? Dr. Baines talks—without reference, be it noted, to any particular national emergency—of "freeing" the Medical Staff for "more active service," by employing volunteer reservists at home in their place. This is undoubtedly the main drift of the scheme; volunteers are to be bound beforehand to undertake charge of troops at home at "contract," or, in other words, pauper-like rates, in order that the Medical Staff at home may be reduced to the lowest possible peace limits, whilst its members abroad are saddled with an addition to the already grievous burden of tropical service! We feel assured that the vast majority of our medical volunteers will not lend their aid to so disastrous a policy. We have always insisted that our regular medical service must be kept up at home in sufficient numbers to meet the sudden mobilisation of at least one, if not two, army corps; and when the full pay men are so employed they might be "freed" by calling out the reserve of retired-pay medical officers.

We would remind Dr. Baines that "the reserve of combatant officers" is composed of those who have already served in the regular army—not of *quasi*-civilians; the combatant reserve is entirely similar to the retired-pay medical reserve.

Dr. Baines evidently recognises the validity of our contention that, in the extreme "case of invasion," the proper place for medical volunteers is with volunteer, not regular, troops. True, as he says, a certain number of regimental medical officers might be detached from their corps; but not, we maintain, to join regular troops, but to form field hospitals and bearer companies for the mobilised volunteer army. They would thus, equally with regular troops, demonstrate their "jealous honour" as patriots.

To Dr. Baines the "idea of the reserve is the offspring of

common sense;" if he had said "a reserve," we would readily agree with him; but as he means this particular reserve, we can only say we are not alone in differing from him.

Dr. Baines does not see, or refuses to admit, the extremely anomalous position in which, as we and many others capable of judging consider, the acceptance of the Warrant puts him and his fellow reservists. The argument is this: The auxiliary forces exist and serve under certain Acts of Parliament, supplemented by Orders in Council; what, then, we want to know authoritatively is the exact legal position which the medical reservists occupy under these Acts? Dr. Baines signs himself "Surgeon-Major, Army Medical Reserve of Officers, and 1st Middlesex Engineer Volunteers, R.E." How, we would ask, can he be both? Under what authority can he hold at the same time two active commissions in Her Majesty's forces? Can he fulfil simultaneously the duties pertaining to both? How can he be reckoned an efficient volunteer, earning a capitation grant for his corps, and at the same time hold a commission rendering him liable for military service, not only not connected with his corps, but not even connected with the volunteers? Did he seek or obtain the sanction of his immediate commanding officer in joining the reserve? We will not rashly assume that these questions cannot be answered in his favour, but as ordinary laymen we demand some elucidation.

But, outside the serious, we even see a comical side to the dual existence assumed or claimed by the medical reservists. Suppose the medical reserve from the auxiliary forces suddenly called out and mustered, in what uniform would they appear? Why, in every shape and shade of red, blue, green, and grey—from Surgeon-Major Jones, as a Royal Engineer, to Surgeon-Major Mactavish, in the full war-paint of the "Stuart" Highlanders. Such a piebald gathering would no doubt be highly successful in a burlesque, but we can hardly afford to have a medical reserve laughed at.

Dr. Baines declares he does not want to "flutter under an army rank;" nevertheless, he expresses no little satisfaction in having received "army rank with all its privileges." Would that his brethren of the regular service thought likewise! But they persist in saying that their army rank is only a mockery, a delusion, and a snare. They, of course, have to bear it about with them every day of their lives; Dr. Baines puts it on and off at civilian convenience!

PROTEST BY RETIREMENT.

JUSTITIA writes: Allusions have recently been made in the columns of the JOURNAL to the injustice of the decision which resulted in the retirement of a Surgeon-General from the service, but it does not appear to be generally known how unprecedented were the means adopted to bring about that end. The officer in question was ordered to Bermuda, an appointment always before and now held by a deputy surgeon-general. To such an insult he could not submit, and accordingly he retired. That the head of the Medical Department should lend himself to such a course of action (for his worst enemies cannot believe that he originated it) will be the subject of universal regret. A parallel case in the combatant branch of the service would be the removal of a major-general from his command and the appointing him to a colonel's command on the grounds that a lieutenant-colonel in his district had failed in his duty! How different is the treatment accorded to the two branches of the service! While we have not infrequently seen the incompetent general rewarded, we now have an example of how a competent surgeon-general can be bullied out of the service. The authorities would seem to desire that the Medical Staff of the army should no longer be a service which a gentleman who expects fair and honourable treatment can enter. If this be their end they are going the surest way to attain it.

SIR.—When the Royal Warrant was first issued, I was much disposed to join the new reserve; but a little consideration, and consultation with several officers of large experience in my district, caused me to pause and to ask some questions before taking so important and, I may now add, so serious a step. Now, nearly two months ago I applied to the officer commanding my regiment for a definition of the term, "great national emergency," referred to in paragraph 4 of the Secretary of State's instructions on the Warrant. The question in due course gravitated to the Horse Guards, to the Director-General of the Army Medical Department, and finally to His Royal Highness the Commander-in-Chief.

After much delay and more than one reminder, I have, by request of H.R.H. the Commander-in-Chief, been honoured with the following reply from the Director-General:

"It has been decided that, if the National Defence Bill (read a first time in the House of Commons) becomes law, the criterion of a 'great national emergency' will be the embodiment of the militia."

This information may, I think, be of no small importance and interest to brother medical officers who have joined or who contemplate joining the new Army Medical Reserve of officers. To my mind the definition is a most dangerous and serious one for civil practitioners having large professional and domestic responsibilities. Army Medical Reserve service might possibly suit a few junior practitioners who have but little to risk, either professionally or domestically, and who long for military fame at any

price; but even they, I think, would do better to join the regular medical staff out and out than to place themselves in a position so uncertain and so insecure. It is, however, I take it, the services of experienced medical officers of auxiliary forces that the Government wish to secure (as evidenced by the proficiency examination certificate being a necessary qualification), and it is to such men, I repeat, that the terms of the Royal Warrant, as at present defined, might prove not only most disastrous, but even ruinous.

For example, if some colonial war, or even the scare of a Continental war, were to occur, and a few battalions of militia were embodied, no other legal authority would be required to enable the Government to at once call out officers of the Army Medical Reserve, and to send them to any duty, or to any place they might deem fit, utterly regardless, of course, of all private or professional inconvenience or sacrifice to them.

The fact is, Government are endeavouring to provide for a possible great emergency without any cost to themselves. They seek to reduce the medical personnel of the army below an efficient standard, regardless of the hardships of entailing an extra amount of foreign duty on those who are now serving in the regular forces. But, lest their device should be too transparent, Government cover their claims on the Medical Reserve by the ambiguous and comprehensive expression, "great national emergency," perfectly well aware that, should pressure arise, those who had unwarily enrolled themselves must obey orders, at whatever cost to themselves. It will be difficult to understand how, after their declaration as to the nature of a great national emergency has been made, men can, with their eyes wide open, rush headlong into such needless and heedless obligations.

Nor ought we, I hold, as a medical body, either on professional or military grounds, by joining the Army Medical Reserve of officers, to help Government in opposing the reasonable claims of the regular Army Medical Staff to have their rank and status definitely established and recognised in Her Majesty's Army, in which they should always consider it an honour and a privilege to serve.

I will only add that this letter is not written without much consideration and careful investigation, and that in enunciating my views I have had accorded to me the advantage of large and eminent military experience.—I am, etc.,

June 5th. SERGEANT-AUXILIARY FORCE.

GRIEVANCES OF OFFICERS OF THE A.M.D.

I.I. writes: I observe in the *Home Guard* that "a weighty memorial to Parliament in favour of the existing rules for contentment sanitation has already been signed by more than one hundred doctors." In India, suppose officers of the A.M.D., taking this as a precedent, signed a "weighty memorial to Parliament," setting forth their grievances, would this be permitted by the powers that be, as the former must have been? I know not. The aggrieved officers would very speedily be told that such action savoured of insubordination, and it would be put down at once. Yet in the one case the Indian memorial is against a decision of the highest authority in the land; on the other the appeal is made against a mere department which is subject to Parliament. Why should a memorial to Parliament, signed by a number of medical officers, be allowable in the one case and not in the other?

TABLE I.—Annual Changes in the Numerical State of the Personnel of the Army Medical Department during the Twenty-three Years 1865-87 inclusive.

COMPLETED YEARS OF SERVICE.										Total Loss.	Total Strength (approximate).	Position on the Executive List of an Officer			
YEARS.	To Half-pay.			Deaths.		Resignations.		Loss.							
	Under 10.	10 to 20.	Over 20.	Under 10.	Over 10.	Under 10.	Over 10.	Under 20.	Over 20.						
1865.	Adm. 1	Exc. 4	429	6	3	...	...	...	1	55	1,092	86	250	
1866.	Adm. 2	Exc. 2	10	9	7	2	10	2	32	12	44	1,074	92	343	
1867.	Adm. 1	Exc. 1	11	8	8	1	6	29	19	56	1,069	86	412
1868.	Adm. 4	Exc. 4	9	6	9	2	8	40	11	53	1,069	90	414
1869.	Adm. 3	Exc. 6	1	3	5	1	4	2	28	2	37	1,094	94	436	
1870.	Adm. 3	Exc. 3	1	3	6	15	1	1	29	6	44	1,041	92	490	
1871.	Adm. 2	Exc. 7	3	3	8	2	5	2	28	14	44	1,001	98	522	
1872.	Adm. 3	Exc. 9	1	4	9	2	1	5	...	26	11	44	1,000	100	536

Regimental System abolished March, 1873.

1873.	Adm. 2	Exc. 16	3	2	10	2	3	...	...	33	10	44	973	105	521
1874.	Adm. 4	Exc. 9	1	3	4	8	3	1	...	26	14	45	943	180	500
1875.	Adm. 3	Exc. 9	1	1	1	1	1	...	...	23	13	50	925	218	502
1876.	Adm. 5	Exc. 8	10	1	2	7	3	1	1	24	23	63	863	191	516
1877.	Adm. 1	Exc. 1	14	9	1	3	5	1	...	19	20	40	874	253	527
1878.	Adm. 5	Exc. 11	6	3	3	2	1	5	1	19	20	39	874	253	527
1879.	Adm. 2	Exc. 8	8	1	2	4	6	1	3	1	20	30	815	273	530

Warrant of November 27th, 1879, in force.

1880.	Adm.	1	4	30	22	6	5	2	4	...	1	16	59	83	837	272	523
1881.	Adm.	1	13	12	23	9	10	1	3	2	...	35	36	76	892	213	468
1882.	Adm.	1	6	12	18	2	8	4	1	2	...	19	35	62	868	204	418
1883.	Adm.	1	2	6	13	5	4	1	1	...	...	19	24	50	803	199	415
1884.	Adm.	2	14	19	...	...	...	...	...	1	2	8	36	54	841	207	382
1885.	Adm.	1	...	...	...	...	...	...	...	3	...	25	51	77	870	199	354
1886.	Adm.	1	...	...	...	...	...	...	...	4	...	...	8	49	900	190	330
1887.	Adm.	1	23	13	6	2	4	1	2	...	...	12	29	48	934	176	325

TABLE II.—Average Annual Changes in the Numerical State of the Personnel of the Army Medical Department during the Twenty-three Years 1865-87, compiled from the details given in Table I.

COMPLETED YEARS OF SERVICE.													Average Total Loss.	Total Approximate Strength.
YEARS.	To Half-pay.			Deaths.			Resignations, etc.			Loss.				
	Under 10.	10 to 20.	20 to 30.	Over 30.	Under 10.	10 to 20.	20 to 30.	Over 30.	Under 10.	Over 10.	Under 20.	Over 20.		
A. Adm. ...	...	...	...	4.2	...	...	...	1	...	...	...	5.2	52	940
A. Exc. ...	2	6.4	8.7	11.3	5.5	5.9	2.1	1	3.7	1	24	23		
B. Adm. ...	...	...	...	...	...	...	...	0.7	...	...	...	4.4	48	960
B. Exc. ...	2.6	7.9	5.3	7.7	5.5	6.7	2.1	0.9	4.5	1.3	28	16		
C. Adm. ...	...	...	...	5	...	...	...	1.5	...	...	...	6.5	61	870
C. Exc. ...	0.9	4.3	13.1	1.6	8.5	4.3	2.1	1.8	2.1	0.4	17.5	37		

A. Averages of the twenty-three years 1865-87.

B. Averages of the fifteen years prior to 1880.

C. Averages of the last eight years (Warrant of 1879 in force).

STATISTICS OF THE ARMY MEDICAL DEPARTMENT.

INQUIRER writes: Surgeon-Major Boleau tells us in the *Journal* of July 7th, the average total loss in the Medical Staff from 1880 to 1887 is 61, and that a medical officer of twelve years' service in 1887 had 325 steps between him and consulting the *Army List* for June, 1888, I find 210 between the medical officer of twelve years' service and the junior brigade-surgeon. Now without speculating on an increasing average, if the average of 61 be taken, the medical officer of twelve years' service will be in a position to expect his promotion to the rank of brigade-surgeon in between three and four years, or when he is under sixteen years' service. I should like to ask Surgeon-Major Boleau if this is his view, or, if a wrong deduction, to kindly point out the mistake.

MILITARY MEDICINE IN FRANCE.

We have before us a late issue of the *Bulletin du Service du Santé Militaire*, giving the new organisations of the School of Military Medicine of the Val-de-Grâce. Without giving in detail what may be called the hospital and administrative staff of that great establishment, the purely teaching staff is made up as follows:

1. Un Professeur et un Agrégé—Maladies et Epidémies des Armées.
2. Un Professeur et un Agrégé—Chirurgie d'Armée (blessures du guerre).
3. Un Professeur et deux Agrégés—Anatomie Chirurgicale, opérations et appareils.
4. Un Professeur et un Agrégé—Hygiène et Médecine légale Militaires.
5. Un Professeur et un Agrégé—Legislation, Administration Militaires.
6. Un Professeur et un Agrégé—Chimie appliquée aux Expertises de l'Armée et Toxicologie.

Our readers will note the fact that the officers who are put through this elaborate course of special instruction before they are thought fit to serve as military surgeons are all qualified as medical practitioners before they enter upon it. It is necessary

to emphasise this fact, because it would appear to be a growing opinion in this country, in and out of Parliament, and even in the official mind, that anyone who has obtained the ordinary qualifications for civil practice is, *ipso facto*, fit to enter the army and discharge the multifarious duties of an army surgeon in peace and war in every quarter of the globe where the British drum is heard. This is evidently not the opinion of those responsible for the well-being of the French army; this was not the opinion of the late Lord Herbert and his experienced advisers when they organised the Army Medical School, that has done so much to raise the tone and professional status of our army medical officers at home and in India. It is well known that the Army Medical School, since the death of its founder, has had a struggling existence. It has been coldly regarded by successive War Ministers, and sometimes even by the Directors-General of the Medical Department of the Army, jealous of its independent government under its own senate; and it has been a favourite object of dislike on the part of military financial reformers, many of whom were tolerant enough of the shameful waste of millions of public money in the maintenance of the smallest, the most costly, and except in the splendid qualities of its fighting personnel for rapid mobilisation, the least efficient army in Europe.

We invite especial attention to the teaching of military hygiene in the French school. Not only is a professor and an assistant-professor appointed for this branch, but a professor of chemistry and an assistant are deemed necessary to teach the all-important chemical branch of this science. There is no doubt that no part of the course in our Army Medical School was thought of more importance than hygiene. As we all know, Parkes was the first professor appointed; how this great teacher discharged the duties of his chair, the scientific world knows. When he died, his famous pupil, De Chaumont, took up the torch as it fell from the hands of his master; in his hands it burned brightly until death once more appeared on the scene and extinguished it. The question: Who is to fill the Chair of Military Hygiene at Netley? has been often asked. As yet no answer has been given. When a rumour, and something more than a mere rumour, prevailed, that an officer without the essential qualification of being a master of chemical science was about to be appointed, we ventured to enter a protest against such an appointment. Meanwhile, the chair is vacant. We have been at some pains to inquire how the duties of this important chair are carried on. In France, as we have seen, two professors and two assistants are not thought too many for the purpose. In the opinion of the British War Office and its advisers, one comparatively young medical officer who was Dr. De Chaumont's able assistant, is now charged to deliver the course of systematic lectures on this wide subject, and single-handed to carry on the onerous laboratory duties: superintending the work, not only of the young surgeons on probation, but of a large class of medical officers sent to Netley to refresh their knowledge of this and other important branches of military medical knowledge. Nor is this all. As if this officer's hands were not full enough, he is called upon to undertake the duties of chemical examiner to Government, and to find time to analyse and report on anything and everything sent to the War Office in the way of "inventions," supposed to be required for military medical use. Our readers are capable of supplying the obvious comment on this curious example of War Office economy, and of admiring this fresh example of the administrative ability of its officials.

RELATIVE RANK.

SURGEON-GENERAL (RETIRED) writes: After a perusal of the entire controversy on the rank question, nothing has struck me more forcibly than the way the War Office authorities and their apologists have been driven from pillar to post in framing excuses for denying the medical officers of the army the rank which is their due.

Did the medical officers of the British army possess the military rank and titles bestowed by other nations, is it at all likely that such slights would be offered to them by those in authority as have been made known from time to time in the columns of the *Journal*?

The idea that the military surgeon must depend upon individual energy and force of character to combat for and maintain his personal influence and status in the army is simply preposterous. A very large majority of army medical officers have expressed a wish for military rank and titles as a protection against personal slights, and as a means of stopping the attempts of any class in the army to degrade them. They also believe the possession of military rank and titles to be necessary for the due maintenance of authority and discipline in their corps and hospitals.

The consolidation of our forces and the creation of a so-called army medical reserve of officers is the order of the day. If the authorities would only look into the Swiss army medical organisation they would find something worthy of study, with a view to an amended army medical reserve warrant. From the Italian army, too, something might be learnt to guide the Committee promised by the War Minister on the important questions of rank and organisation.

The United States army medical organisation has already furnished the model for our present station hospital system, and the regulations regarding management and discipline. We have only to turn to the medical and surgical history of the Secession War to see what good organisation enabled the United States Army Medical Staff to achieve. We know, too, from the official reports of the head of the medical department, as well as from the testimony of a United States officer of distinction (in the *Journal* of July 9th, 1887), that the bestowal of actual, in the place of so-called relative, rank on the military surgeons of the United States army has been attended with the happiest consequences, although precisely the same arguments had been urged beforehand against granting it as in the case of our own, namely, that "the bitterness of the former were given substantive rank." We are told that since the important point was gained by them "all contentions and jealousy, which up to that time had been kept alive by the encroachments of the line officers upon the surgeons' authority within their own department, has subsided, the authority of each officer in his own province is definitely established and respected, and good feeling and contentment have been secured without any decrease of efficiency in any branch, or injury to discipline."

It will thus be seen that in the matter of rank as well as of organisation the Americans have (as in most other things) shown themselves a highly practical people, allowing neither caste, privileges, nor antiquated military notions and prejudices to stand in the way of reform, by which medical initiative and efficiency have been promoted and good feeling and contentment secured to all concerned.

OUR MILITARY HOSPITALS.

Justice writes: In the special supplement of the *Army and Navy Gazette* of June 30th, 1888, there is an article emanating from the pen of General the Hon. P. Feilding, entitled, "The Army Medical Department," in which there are most serious reflections thrown on the management of our military hospitals.

The following is a verbatim copy of a portion of the article: "Not many years ago, whilst stationed at an important garrison where there were several hospitals, it was my custom to visit one or other of them almost daily, and I did so in the afternoon, at an hour when the medical officers were most likely to be away. At the largest of these station hospitals I rarely failed to find men smoking in the wards, and frequently in their beds. I invariably found brandy by the bedside of fever patients, and more than once found men drunk in their beds. I also had complaints made to me by patients (and once by a sergeant) that they were ordered by the medical officers to lag for them at lawn tennis. As a combatant officer I was powerless to interfere."

Let us deal with the most serious charge first, namely, that of invariably finding brandy by the bedside of fever patients, and of finding patients drunk in bed. It occurred to me to be serving in the garrison with General Feilding when one of those cases took place, and I remember very distinctly the points that were elicited by the inquiry made at the time. The facts of the case were as follows: General Feilding, visiting the hospital one afternoon, as he himself states, "the hour when the medical officers were most likely to be away," found a patient suffering from enteric fever in one of the beds, and this man was delirious from the fever. By his bedside stood a "brandy bottle" (not a bottle of brandy, as General Feilding thought) containing a cool lotion ordered by the medical officer in charge of the case, to be applied to the shaven scalp of the patient. The orderly had left the ward for the purpose of emptying the bed-pan. General Feilding left the hospital without sending for the medical officer on duty, or the senior medical officer. Why did he not ask an explanation from one of these officers, and be perfectly sure of the true state of the patient before reporting that he had seen a patient drunk in bed with brandy beside him? At that station empty brandy, port wine, lemonade, and ginger beer bottles were constantly used for mixtures and lotions when the ordinary supply of medicine bottles (a small supply at best) was exhausted.

Another of his charges, that of patients being compelled to lag for the medical officers at lawn tennis, puzzles me, so little lagging can be done except by the actual players. At that station the tennis courts were of asphalt, so it could not refer to cutting of grass, etc. I remember the case of the sergeant to whom he refers. This man was standing watching the game at a little distance; a ball fell at his feet, which he was asked to throw up; he did so, protested against being asked to field for balls afterwards, and was never asked to do so again.

As regards smoking in military hospitals, it rests almost entirely in the hands of the combatant officers to stop this. All that a medical officer can do is to send a charge against a patient detected smoking in hospital. When he is discharged he goes before his commanding officer for punishment, which is always of so nominal a description that it does not deter him from repeating the offence in the smallest degree.

The most astonishing part of all is General Feilding's remark, after stating all the irregularities of which he was an eye-witness: "As a combatant officer I was powerless to interfere."

General Feilding was in command of the infantry brigade of that garrison, and it was part of his duty to visit that hospital officially, according to regulation; if it was not in his power to interfere and prevent irregularities, of what use is it that a military officer should be detailed to visit the hospitals daily? Why are commanding officers directed to visit the hospitals frequently, and general officers the same?

General Feilding saw was true, he was grossly negligent as well as

ARMY MEDICAL RESERVE OF OFFICERS.

THE following remarks have been sent to us by a civil surgeon, well able to gauge the opinion of the profession generally on the above subject; his observations are worthy of attention by all concerned:—

To judge by the late tone of the medical papers, there can be little doubt that the general consensus of opinion in the profession is adverse to the new Medical Reserve; and this opinion is fully justified if the conditions of the scheme be examined with even a moderate degree of attention, for if ever Government has attempted to play the old game of "Heads I win, tails you lose" with its servants, it is doing so on the present occasion.

The services of officers of the Medical Reserve are to be called for "only in cases of great national emergency," a term which possesses in itself a considerable degree of elasticity, and which will be undoubtedly made to possess considerably more in the hands of a not over-scrupulous Government. Discontent amongst officers of the Army Medical Staff and a consequent falling off in the required number of candidates may be called a "great national emergency." In former times, when abuses were rife in the Medical Staff, a ready remedy was at hand. The supply of candidates ceased, and, in consequence, the abuses had to be remedied; but now, strong in the possession of a Medical Reserve, the authorities may snap their fingers at the profession in general, and while holding a tight rein on the medical officers of the army, who may now cry in vain to their civilian brethren for help, will call on the Medical Reserve to supply the gaps caused in the ranks of the Medical Staff by the deficient number of entries.

It is astonishing that any medical man can be childish enough to embark in such a scheme as the proposed one for the mere pleasure of styling himself surgeon or surgeon-major, as the case may be, and of seeing his name in an official army list; for these, indeed, appear to be about the only advantages which are held forth by the authorities, against which dubious attractions may be balanced the disadvantages of being liable to be torn away from a practice, sent to another part of the country for no specified length of time, without any retaining fee whatever to compensate for the annoyance and loss which will, in all probability, accrue. Those short-sighted aspirants for military honours who propose accepting the one-sided terms offered to them will do well to consider that not only are they inflicting an injury on themselves, but are strengthening the hands of the Government against their professional brethren of the regular service. The position of these gentlemen has of late not been exactly a bed of roses, and frequent and numerous are the complaints that have been uttered. To these complaints Government has, under pressure from the profession outside, been obliged to pay a certain degree of attention, which it will certainly cease to do should the proposed scheme be a success.

Members of the medical profession are in general, from the very nature of their calling, endowed with a certain amount of practical, every-day common sense, the possession of which will certainly prove an effective barrier to the entrance of any beyond a limited number, into the new Medical Reserve. To the remainder, it may be suggested, that their martial ardour to obtain medico-military titles, and to see their names emblazoned in the monthly Army List, could as easily be gratified by their enrolment in the local volunteer force of their respective townships, as by the infliction of a direct injury, not only on themselves, but on their brethren of the Medical Staff.

ARMY MEDICAL DEFENCE FUND.

A VOICE FROM INDIA writes: At the request of many—very many—medical officers out here, I acknowledge with joy, on their behalf, the proposal of Surgeon-General James Irving. I would suggest that a subscription of, say, sixteen rupees, be sent to Messrs. Grindlay Gunn, of Bombay, and that the sum collected by them be sent to the secretary appointed at home; and I would beg to call for an early supply through the same source of the method proposed of carrying on any agitation affecting the department or individuals. It seems to be the universal opinion that unless some such steps be taken our interests will grow less and less, and we shall be still further trampled upon. It seems sad, furthermore, that the gazeteting of medical officers to the Reserve is increasing, and a sad blow is being delivered at us by our brother medical officers; this is bitterly felt out in India.

PROMOTION.

FIAT JUSTITIA writes: In two months' time the officers who, in August, 1876, competed for commissions in the Army, Navy, and Indian Medical Services, will all have completed their twelve years' service, when the regulations prior to the change made by the Secretary of State's instructions in the warrant of 1880, provides for their promotion to the rank of surgeon-major. From information derived from Parliamentary reports I learn that it is the intention of the present Government to promote all the officers of the Naval and Indian Medical Services over the heads of their seniors in the Army Medical Staff. This is felt to be a grave injustice and unmerited; and as the Treasury refuse to incur further expense, I would suggest that all these officers be promoted at the same time, but that a warrant or other authority be issued providing that the pay and allowances be not according to rank, but be governed entirely by length of service. This would get over the present slight, and provide for those cases of half-pay owing to sickness or wounds incurred in and by the service, without any cost to the country.

STATISTICS OF THE ARMY MEDICAL DEPARTMENT.

SURGEON-MAJOR J. P. H. BOILEAU writes: In reply to "Inquirer" the tables quoted do not contain the data necessary for the calculation, and the application of the figures made by "Inquirer" is not admissible; hence the conclusion that a medical officer, now of twelve years' service, may be in a position to expect his promotion in less than four years is erroneous. An officer now in his twelfth year of service may expect his turn for promotion to arrive in less than ten years, or, if the changes amongst the senior officers continue to be as they have been since 1870, in eight years, or less.

BRIGADE-SURGEONS IN INDIA.

THE Indian Pioneer recently pointed out the continued injustice meted out to these officers in withholding all extra pay from them, even although at one time virtually promised. Although these officers (there are only about fifteen belonging to the Medical Staff) are specially selected, and occupy an intermediate position between the executive and administrative grades, and are consequently saddled with heavy responsibilities, they get no more pay than any unselected or unpromoted surgeon-major. Their "just claims" have been at different times admitted by both the Indian Government and the Secretary of State, but between these two stools the question of extra pay has fallen, and all representations are now met with a practical *non possumus*, in the shape of such pleas as "unable to support," "cannot exceed," and such-like. The *Pioneer* calls upon the Governor-General in Council to see justice done.

DATE OF COMMISSIONS.

THE following is a copy of the reply of the Secretary of State for War to the memorial of the Royal College of Surgeons in Ireland:—

Parliament, London, W.

August 17th, 1888.

SIR,—I am directed by the Secretary of State for War to acknowledge your letter of the 6th instant, forwarding a memorial which has been adopted by the President and Council of the Royal College of Surgeons in Ireland, upon the subject of alleged grievances under which the Medical Staff officers are said to suffer by reason of their commissions being dated at a later period than those of Indian and Naval Medical officers of similar standing. In reply I am to acquaint you, for the information of the President and Council of the above College, that the question of assimilating the manner of granting commissions in the British and Indian Medical Services is still under consideration. With reference to Naval Medical officers, I am to state that, as these officers do not now study at Netley, the alleged grievances in regard to the more liberal treatment of that service cannot, in Mr. Stanhope's opinion, be further insisted upon.—I have the honour to be, Sir, your obedient servant, RALPH THOMPSON. The Secretary of the Council, Royal College of Surgeons in Ireland, Dublin.

PRECEDENCE OF ARMY MEDICAL OFFICERS.

SURGEON BENGAL ARMY, writes: In a recent issue of the JOURNAL, a correspondent showed how in the Army List the names of medical officers are placed below those of their juniors in rank and seniority who belong to the combatant or commissariat departments; for example, a Deputy Surgeon-General being lower down in the list than Captains or Lieutenants. Perhaps it is not generally known that at a regimental dinner a medical officer is not to preside so long as there is an officer of another department present, whether he be senior or junior in rank to the medical officer. I believe it is the custom at levees, held in India, for the officers of a regiment to be introduced by their Colonel, whom they follow according to rank, but the Surgeon-Major or Surgeon of the regiment comes, as usual, last on the list, the other officers preceding him, whatever their rank.

In the case of native officers of the Indian Army, they however come after the medical service.

NEW ARMY CORPS TABLES.

A "DISMOUNTED SURGEON-MAJOR" offers adverse criticisms on these tables, which he says are retrograde so far as medical organisation is concerned. The "sanitary officer," once supposed to be an important functionary in the field, is "abolished," so is the "principal medical officer of the cavalry brigade." Further, the "medical officers with an army corps in the field, are reduced from 164 to 118," not the smallest margin is allowed for inevitable casualties; these officers are allowed "121 horses among them," medical

officers are no longer allowed horses, servants, or baggage, according to any scale of relative rank; that has gone along with their rank. The climax of absurdity is reached, when a solitary "ubiquitous surgeon" is placed in charge of three batteries of artillery; "like a bird," he will of course accompany each battery when the three go separately into action. A break down is courted. Where, he asks, are the medical advisers of the War Office?

* * The tendency, we understand, a few years ago was to overload army corps with impediments; in the laudable endeavour to secure lightness and mobility, the other extreme is now to be feared; no reserve or backbone will be left in the force. We suspect, however, the purely military spirit considers all medical establishments as but obnoxious impediments.

RELATIVE RANK.

MEDICUS ET MILITES writes: Since Mr. Stanhope's reply to the remonstrance addressed to him by the Council of the Association, after the "great analysis," I have looked in vain week after week, in hopes of seeing some further decisive steps had been taken to remedy the grievances of the army medical officers. It is about eighteen months since the obnoxious Warrant was introduced abolishing relative rank, and yet a remedy seems as far off as ever. Why cannot the plan suggested by Surgeon-General Irving be carried out, and a committee formed of retired army medical officers, with an energetic paid secretary? I am sure there would be no difficulty in obtaining sufficient funds by subscriptions, and for one would be very glad to give any reasonable sum. I have only recently returned to England after a period of foreign service. Since then I have spoken with several members of Parliament upon the matter, and I found them all quite favourably disposed to the granting of a proper rank and status to medical officers, but all were deplorably ignorant of the subject. I would at once suggest that even if the proposed committee could not be formed in time to do it, some means should be taken to supply every member of the House with a copy of the analysis, before the army estimates again come up for discussion.

* * We hear that one, if not two Committees are now sitting upon the Army and Naval Medical Services.

CURTAINMENT OF HOME SERVICE.

E. F., writing from India, suggests that, as the formation of an army medical reserve to take up home duties may become an accomplished fact, and service in the Medical Staff entirely foreign, would it not be well to accept service on a foreign basis if combined with periods of furlough or extended leave, such as is granted to medical officers in the Indian and West African Services? This might have its advantages to the officers, without extra expense to a government bent on economies.

"CONTRACT RATES."

A "RETIRED" OFFICER writes, that he learns every effort will be made to extend the "contract rates" system by the War Office, so dear to it, yet so fatal to the dignity of the profession. The "three halfpence a week" is easily managed, and staves off the bothering solution of the army medical rank question. No serious attempt will be made to employ retired medical officers on the so-called "non-effective list," the medical service must be kept entirely civilian and subordinate in the army at all hazards.

NAVAL AND MILITARY MEDICAL SERVICES.

FOREIGN MEDICAL REGULATIONS.

M.S. asks: 1. Whether the Regulations of the Medical Departments of the various European armies and of the American army can be obtained; and, if so, where? 2. What are the best French works on military surgery, and especially on hospital administration?

* * The Medical Regulations of foreign armies are, like our own, "published by authority." No doubt Messrs. Harrison, of Pall Mall, would be able to say whether the books in question could be obtained, and we advise our correspondent to apply to that firm. We are not prepared to say which is the "best French work on military surgery."

THE VOLUNTEER MEDICAL SERVICE.

DR. JNO. W. COOK (Acting-Surgeon 2nd Volunteer Battalion, Essex Regiment) writes: I have just seen the letter of Surgeon Crookwell in the JOURNAL of October 6th, and entirely differ from him in his consideration of the, as he designates them, three burning questions therein referred to. In point of fact, those three are similar to the three points raised in the circular letter issued from Colonel Eyre to volunteer medical men, asking for suggestions thereon for the information of a committee about to sit at the War Office to inquire into the Volunteer Medical Service. In order that all readers of the JOURNAL may fully understand these points, as many of them may not have seen the latter, I will copy them *verbatim*, and add the suggestions I sent to my senior officer to be, by him, forwarded to the War Office in accordance with instructions.

1. The regimental organisation for volunteer corps, as far as it affects the rank and position of medical officers in such corps.
2. The Army Medical Reserve, as far as commissions in it affect the status and position of volunteer medical officers.
3. The condition under which all classes of volunteer medical officers are, or should be, made liable to be called upon for service with volunteers or with troops generally.

I ventured to forward the following suggestions:—

1. That each volunteer battalion should have a surgeon-major, and a surgeon or surgeons in accordance with its strength. That these officers should have the rank and position of similar officers of the Army Medical Department. That each battalion should have an ambulance detachment of the average strength of two men per company, such detachment to be under the command of the medical officer in charge; hence medical officers ought to attend battalion and other drills, and be bound to be present at the annual regimental encampment.
2. That the Army Medical Reserve should consist of officers retired from the Army Medical Department, and only be supplemented by volunteer medical officers when the numbers of such retired officers are insufficient for the needs of the service.
3. That volunteer medical officers should serve only with their own battalions or regiments, and not be called upon to serve with troops generally, unless in the event of a very pressing emergency.

In my opinion, it would be impossible to work the Volunteer Medical Service as a department. It must continue to be regimental or it would soon prove a failure. Of course, when serving, volunteer medical officers should be under the command and orders, in a professional point of view, of the principal medical officer of the district in which their duties are performed.

I should much like to see this question settled satisfactorily, both to the Army Medical Department and the Volunteer Medical Service, and that the officers of each branch should work together, not for selfish ends, but for the common good and welfare of our Queen and country.

PRECEDENCE OF MEDICAL OFFICERS.

THE SURGEON-MAJOR OF A NATIVE INFANTRY REGIMENT IN INDIA writes that his name appears in every regimental list, printed or written, official or private, invariably beneath that of the youngest subaltern doing duty with the battalion; there is nothing whatever to show his relative rank, which an outsider would naturally conclude was junior to the most junior "combatant."

* * This complaint is not a new one, and it is difficult to suggest a remedy. We have heard that, some time before this century, the names of the surgeons of regiments were inserted in the regimental army lists among those of the combatant officers at the point where they took rank or precedence. But such a custom must have ceased long ago, and for many years the medical officers of regiments were put at the bottom of all in the regimental lists; their real status then being, as was cynically observed, just that where their names appeared! We do not think the position of a name in a regimental list is of very much importance; what is wanted is a clear title expressing the actual military rank of the medical officer; it would not then matter much where his name appeared in a list.

THE RANK QUESTION.

WE quote the following from the editorial columns of the *Englishman* (Calcutta):—

"The BRITISH MEDICAL JOURNAL has published an analysis of statements by medical officers of the Army Medical Department of their views on the rank question. The report concludes in the following words: 'It has been a difficult matter to select from the immense mass of able replies before us those which typically represent the "reasons" and "suggestions" of the great majority voting under the different proposals, but we have endeavoured to do so, and we hope with success. We reserve to ourselves the right of independent criticism, but it is perfectly certain the vast majority of the Medical Service of all grades demand rank which shall be nameable and definitive, and titles which shall clearly set forth that rank in the army and in society at large.' That is to say, they demand that they shall have the military titles of Captain, Major, Colonel, etc., without the prefix of Surgeon, just as the Commissariat, Ordnance Store, Paymaster, and Quartermaster's Departments have, and even Inspecting Schoolmasters; and there is no reason why the Surgeons, who are more intimately connected with the army than any of them, should not have the same privilege. I know a general officer who never had a red coat on his back since he was an ensign. He was quitted driving for five-and-thirty years in the Mysore Commission as a so-called military civilian. The doctors do go into action and spend their lives among soldiers. If any non-combatants are entitled to military rank the surgeons are *primus ante omnes*. If they wish to have it, it should be granted at once, withheld from everyone who does not draw a sword on parade. That is what it ought to be; but as long as military rank is dealt out broadcast to everyone or to anyone, there is no logic in withholding it from the officers of the Medical Staff."

THE TITLE QUESTION.

SURGEON-GENERAL RETIRED writes: The favourable comments of the Secretary of State for War on the rank question, in response to Dr. Parquharson's able speech on the Estimates, ought to afford ground for congratulation. Colonel Nolan also thought the granting of military titles to medical officers a harmless privilege, which ought to be frankly conceded, and which no thoughtful "combatant" would object to. The army could not long exist without an efficient medical staff, and there is no good reason whatever why our medical services should be treated differently in the matter of rank from those of other nations. Although the "analysis" showed that the great majority of medical officers gave cogent reasons for a simple instead of a compound military title, it is apparent the latter, beginning with Surgeon-Captain, is likely to be held out for acceptance. The great professions of engineering and medicine have taken the first rank in the advancement of civilisation; and Sir Neville Chamberlain says the work done by medical officers on the frontiers of India in consolidating our power has been "in political importance equivalent to the presence of thousands of bayonets." Time was when the Royal Engineers had no military rank, and were addressed as plain "Mister;" but their position became so intolerable that they had to petition Parliament by bill of rights for the redress of their grievances. Would they have accepted or been pleased with a compound title? The *Calcutta Englishman* says in a late article, "If any non-combatants are entitled to military rank, the surgeons are *primus ante omnes*."

THE NEW ARMY MEDICAL WARRANT.

A. B. C., speculating on the above subject, writes: The rearrangement of the duties of the General Staff of the Army leaves the medical department in a more anomalous position than ever. A recent warrant redistributes the duties of the Adjutant-General and Quartermaster-General's staff, and the Commissariat is embraced in the latter under Part B, but the other departments are not yet included or dealt with. The relation of the Medical Staff to the Medical Staff Corps was identical with that of the Commissariat and the Transport Staff. By the rearrangement the administrative officers of the Commissariat are brought on the General Staff of the Army, and the executive are transferred to the Army Service Corps, and thus become essentially regimental officers. But the latter suffer no loss in pay and allowances, which is made good in the shape of corps pay, command pay, etc. Such allowances, however, are not reckoned in estimating pensions, which are regulated in reference to pay proper. Will any such scheme come to be applied to the medical service? If so, the Principal Medical Officer of a division in the field would become an Assistant Adjutant-General. It is to be feared that in any forthcoming medical warrant some blow will be struck, directly or indirectly, at the present favourable pension rules. The outlook for those compelled to remain on in the service is certainly not all that can be desired; they see before them slower promotion, extended foreign service, and curtailment of voluntary retirement.

MODIFIED REGIMENTAL SYSTEM.

EXECUTIVE regrets that in a criticism on Surgeon-General Mount's new old pamphlet we appear to advocate a modified regimental system. Such a step would be retrograde, and not 5 per cent. probably, of the present executive would vote for it. Unification would have worked just as well in the English as in the American army, if the officers of the former had, like the latter, been granted proper military rank and titles. Form a corps of Royal Surgeons, give substantive rank and military titles, and everything will work smoothly.

* * Surgeon-General Mount's pamphlet was forwarded to us for notice; we merely put the case on the *quid alternis partem* principle; we frankly recognise that matters have probably far outgrown the proposals in the pamphlet.

DR. W. BAINES, Surgeon-Major Army Medical Reserve of Officers, and 1st Middlesex Engineer Volunteers, R.E. (Retired), writes: The letters published in your last and previous numbers of the JOURNAL compelled me to state I have resigned my commission, as has been announced, not from any unexpected discovery of unfair treatment, nor from dissatisfaction of any kind, but because I had reached the limit allowed in paragraph 3 of the Warrant, and also because I had sent in the resignation of my commission in the volunteer corps to which I have belonged since its first enrolment. It is with considerable regret that I have been induced to do so after twenty-eight years' service, which step alone would have necessitated the resignation of my army commission, as the fact of being gazetted out of a volunteer regiment renders the Reserve one void. When I first applied for the commission in the Reserve, I knew my position, and accepted it, *homois causa*, in the hope that the rule would not have been so rigorously carried out, but it was otherwise; and, being so, it would appear that the authorities were not so anxious "to make a show" as your correspondent would lead the public to believe. In fact, what happened to me is constantly done in the army, as is probably unknown to your correspondent, namely, I was allowed the privilege of the new Warrant, even though it had permitted me to be gazetted for only a single day.

With respect to the Army Medical Reserve (and I feel that I speak for all who have joined it), I may say that there is no desire or intention to prejudice in any way the Army Medical Staff; indeed, what it wanted is to consolidate the medical arrangements of the service on one broad basis during peace, so as to be ready and prepared for action in the time of national emergency. By this means, it is hoped to avoid the errors of past administrations, so that, when the time of action comes, our great volunteer army will be as fully equipped in the hospital as in the field.

It is clear that a great deal of nonsense is written on the subject, and about private interests being interfered with, and duties being insisted on which will ruin private practitioners, as will be apparent on studying the Warrant, in which it is stated that each Reserve officer shall accept the charge of any station, etc., "at which they reside." At present, during peace, that charge is not even compulsory, as I myself can testify, having been offered duties in the army, temporarily, which I was unable to accept; and we must bear in mind that the discharge of these duties has been accorded to volunteer medical officers at their own request, they asking to be selected for army work in preference to civil practitioners. But in time of war things would be different, and every officer must be prepared to accept his liability, and sink his convenience for the good of his country. Even in that case, the volunteer

medical officer, supposing him to be detached away for hospital duties, will be in no way differently placed from what he would be were he to remain with his regiment, since it is well known that each battalion has its special locality throughout the country allotted to it, at which centre, probably far away from home, medical aid must be provided, and a surgeon stationed. Besides, should the duties asked of us during peace be irksome or unacceptable, there is always the alternative to resign, which privilege there is no reason to believe would be refused; though, if it were, the resignation of the officer commission at fourteen days' notice would compulsorily carry with it that of the Reserve.

As to Surgeon Crookwell's suggestion that the only way to improve the Volunteer Medical Service would be to absorb all regimental surgeons into the Medical Staff Corps, I am sure that such a proposal would be very decidedly objected to by the whole service of volunteer surgeons, who value the present association and fellowship they enjoy with the other officers of their respective regiments. The two branches of the service must, under present conditions, be entirely separate, and no amalgamation must be contemplated, and any rapprochement that occurs between them must be on equal footing through the Reserve.

Before concluding I take this opportunity of correcting an error which you made in your remarks on my previous letter. The reserve of combatant officers is on the same footing exactly as that of the medical officers—that is to say, the service is open to all officers of the army or of the auxiliary forces (which includes volunteers), and not, as you stated, confined to retired army officers only.

Again you ask (and expressed your anxiety to know) whether I had the permission of my commanding officer to accept my late commission in the army. Considering that the Warrant states that application for such commissions must be made through the officers commanding, I conclude that in so doing I had his full sanction when he forwarded my application.

Again you wished to know how I could hold two commissions at the same time, such being contrary to regulations. These regulations, however, apply only to volunteer commissions, and the Warrant instituting the Reserve distinctly gives the permission and allows the holding of the two commissions.

With these remarks I conclude, regretting much the unfair abuse which has been thrown on the authorities in their action as regards the Reserve, and the unworthy motives which have been attributed to them in the promulgation of the Warrant, and hoping that our intentions may be respected as regards their relation to our fellow Army officers and to duties which our country may require of us. If anyone thought that by his action in joining the Reserve the Army Medical Staff would be prejudiced, or its prospects injured, or its officers unduly expropriated, as has been persistently stated, I am sure there is no one on the list who would not regret his step and immediately resign. We wish, however, in organising the Volunteer Medical Service to work in harmony and good fellowship with our brethren in the army in all that pertains to the advantage of the cause which we are called upon to serve together.

*. No one has a better right to be heard on volunteer medical matters than Dr. Baines (should we still style him Surgeon-Major?). He is a sort of *doyen* among medical volunteers, and has ever had, according to his lights, their interests truly at heart. Yet we venture to think he is mistaken on the broad points of the reserve scheme. We are glad to think his resignation was for a reason always to be honoured, but also find the resignation of his active commission as a volunteer necessarily ended his passive commission as a reservist; the two hang together. It is precisely this absurd system of concurrent commissions to which we wholly object; we know it had been partially carried out—not without strong protest—in the Army Reserve of Officers, but in the Medical Reserve it is made the absolute rule, not the exception. If it be right to count officers twice over, why not the rank and file? In either case the result is a mere paper army.

We confess to be in the dark as to the "privileges" our correspondent considers medical volunteers secure by even "a single day's service" in the Reserve. Do they consist of the liberal gaozing, "rapid promotion," and skipping of ranks to which another correspondent called attention?

We most willingly believe that no one who has joined the Reserve had any deliberate or malign desire or intention to prejudice the Army Medical Staff, yet injury may be unintentionally done; the unwitting reservist may become the means in the hands of others of inflicting injustice on that Staff, and grievous loss of efficiency in the regular medical service.

We cannot quite follow Dr. Baines when he speaks of the Reserve scheme as it stands putting medical organisation on one broad basis, that not only "will" errors of past administration be avoided, but, "when the time of action comes our great volunteer army will be as fully equipped in the hospital as in the field." How, we ask, will these desirable results be brought about by the futile expedient of stripping the volunteers of their officers to do duty with regular troops?

He further says no reservist will be compelled during peace to assume a charge inconvenient to his private interests, and that if such compulsion is attempted he can at once fall back on the summary remedy—resignation.

Prudent policy would doubtless prevent any approach to compulsion during peace, but in so-called "national emergency" it must necessarily be rigorously enforced, and we hardly think the remedy of resignation will then be allowed.

We quite agree that it would be most injudicious to abolish the regimental volunteer surgeons; we rather expect a partial return to the regimental system in the regular army.

We heartily concur in the wish that all the medical branches of the army may be—not jumbled up—but harmoniously co-ordinated into a workable whole; only the enemies of the medical profession seek to create antagonism.

Oct 6, 1888.]

THE BRITISH MEDICAL JOURNAL

791

NAVAL AND MILITARY MEDICAL SERVICES.

NAVAL AND MILITARY MEDICAL SERVICES.

RELATIVE RANK.

SURGEON-MAJOR writes: I notice in the *JOURNAL* of September 24th Surgeon-Major Vacy Ash's second letter on the above subject, in which he replies to a query of mine as to what rank he at present holds in the army. He informs us that he holds the rank of Surgeon-Major, which, as he states, is "now for the first time in the history of the Medical Department recognised as a definite rank in the army as much as the rank of Quartermaster-General (and similar titles) is recognised."

Although I have carefully searched, I have been unable to find any Warrant, Army Circular, or Memorandum in which it is laid down that the so-called rank of Surgeon-Major is in any way different from what it has been for the last twenty years, so that the latter part of Dr. Vacy Ash's answer is decidedly new to me. It is true we are "classified" with the other ranks and departments for the purpose of regulating our allowances, choice of quarters, etc., but classification or precedence is a very different thing from army rank. Surely an officer of Surgeon-Major Vacy Ash's service must know that the title of Quartermaster-General, or Assistant Quartermaster-General, does not indicate the officer's rank, who may be of any rank, from a Major to a Lieutenant-General; it merely indicates that for the time being the officer holds a staff appointment, and when he signs his name he invariably puts his rank of Major, or Colonel, or whatever it may be, and then the title showing his staff appointment.

My reply to Dr. Vacy Ash's challenge to quote the paragraph which abolishes relative rank of medical officers—if by that he means to insinuate that relative rank has not been abolished—I beg to refer him to his own letter of August 27th, in which the following sentence occurs: "I wish to record my distress at the blow the Department has received in the abolition of relative rank, a blow greater and deeper than many of your correspondents (enthusiasts as they may be) even imagine, for it is a blow dealt at our social position," etc.

My letter makes no mention of "insults or slights" being offered to medical officers under present regulations. Officers of the army are, happily, gentlemen who would never insult us, and who, with very few exceptions, are most careful to avoid making us feel our position, or rather our want of it, in the army. I would be rather glad to hear a little of the "severe criticism" to which I have left myself open, and which Dr. Vacy Ash so kindly spares me.

I am sorry I must decline to sign my name, for the same reasons that has prevented so many others who have written on this subject from doing so. I am sure Dr. Vacy Ash quite understands them.

THEBRAW writes: As an Indian officer of some twenty years' service, I have not myself experienced the annoyances of which some of your correspondents complain. If military rank is desired, I wonder insistence is not made on the parallel case of the Royal Engineers, another scientific corps. The grant of military rank to engineer officers is Her Majesty's army is comparatively recent, and the employment of many of them in India on canals, roads, and railways is as peaceful as a civil engineering. The engineer, from lieutenant to colonel, may lead as non-militant a life, yet to him accrue successive military titles. The parallel is the more complete that engineer and medical officer are alike liable to recall from civil to military duty.

These remarks apply to India and its medical service. *A fortiori*, the parallel holds for the Medical Staff whose officers do not hold civil surgeoncies or sanitary commissions, or go to or mist appointments, as compared with the officers of the Royal Regiment of Engineers, who build barracks, survey hills, manage railways, and control accounts, duties which neither require nor foster sappers or field engineers. I would invite the attention of those desirous of obtaining military rank for medical officers to two facts.

1. There is not a company of Royal Engineers in all India.
2. There are in Bengal alone some 230 officers of the corps of Royal Engineers. Of the first 90 of these, more than half are in the Public Works Department, sharing duties with civil engineers, besides those of the Military Works Department, who repair railways, whitewash barracks, and re-seat latrines. Of the said 90 not 10 are performing duties that require military knowledge or military rank any more, or as much as, required by a brigade-surgeon.

"**SHIR-ALIGHT**" writes: Is it reasonable to expect that a surgeon on joining will be given the rank of captain? or is it reasonable to ask for this rank for young officers? Rank of captain is only given to combatant officers after several years of service, and after examination. It would be on the face of it unjust to other officers for surgeons to be commissioned at first as captain. If a surgeon on joining were commissioned as lieutenant, it is hardly likely that he would be entitled to draw the pay and allowances of a captain?

It is reasonable to suppose that if rank be granted to army surgeons, they will only be entitled to the pay and allowances of such rank. It is also, I think, reasonable to suppose that more examinations will be instituted to test men for promotion to higher grades, and probably many subjects would be introduced for examination which are not taken up at present. I allude to military subjects.

It appears to me that the pockets of the surgeons will suffer by the grant of real rank, especially during the first few years of service, when the surgeon draws pay of a lieutenant, and it is during this time that money is desirable. Would not a combination of relative and honorary rank meet all requirements—on joining, a surgeon to have relative and honorary rank of captain?

DOCTOR (Burmah) writes: Will you allow me a few words on the subject of the relative rank of army surgeons? You have already received so many letters on this subject, that I feel an apology is due for troubling you again; but your *JOURNAL* is now so well known as the only reliable expression of the wants and wishes of army medical men, that I am sure you will excuse me. Unless you help us to continue the agitation you have so vigorously assisted in, our own authorities will not do much. Imagine the Director-General himself pleading ignorance of the very existence of such a heart-burning question!

Well, what is the agitation all about? what do we want? Do we really wish to sink our own profession to masquerade in a combatant coat? By no means. Had we wished so there are very few of us who could not have passed the easy examination required from combatants, and entered the army through Sandhurst. The real thing is that in the army we find our profession on all and every occasion, and in all and every rank, subordinated to the combatant one, whether there is any necessity for it or not.

abolition of the regimental hospital system in 1882 this allowance was withdrawn; the result is that a brigade-surgeon in medical charge of all the British troops of a station has the pecuniary and professional responsibility that was formerly divided amongst all the medical officers in charge of the

You in your leaders seem not to understand how relative rank could mean nothing. In the army, though one may not like to say so, the meaning is clear enough. In other words, any medical officer of any rank is liable at any time to be put under the absolute command of a sub-lieutenant on whose commission the ink is not dry. In Burmah hundreds of such instances have occurred. Within the last few months a senior Surgeon-Major ranking with a Lieutenant-Colonel was sent out to a small station, and placed at the absolute orders of a Lieutenant of two or three years' service. Not long ago a medical detachment under the command of a Surgeon-Major was going by sea on foreign service with no combatants on board. At Suez a combatant officer came on as a passenger on duty, and though junior, at once assumed the command. This is what relative rank means. Will honorary combatant rank mend the matter? By no means. We shall be only crows with peacocks' tails. Then what do we want? A clear order that no combatant is to assume command over a medical officer senior to himself, except in the face of the enemy, or by the direct orders of the general officer commanding the force to which they are both attached.

ANOTHER correspondent writes: As well as this rank question, there are other points giving rise to great discontent and disappointment in the Medical Staff; one is the positive injustice and unfairness of never intimating (as it is laid down in the Queen's Regulations it should be) in any way to an officer that he will be superseded when his turn for promotion comes round. Why keep a man ignorant of the fact if his record of service, failure to pass the examination, or what not are against his fitness for promotion? Why should the Director-General dread to do so when the grounds for superseding an officer are presumably just?

I know an instance of an officer who was allowed to go abroad, and then found out his supersession merely by leisurely reading a newspaper at breakfast, and finding his juniors promoted over his head, and his name absent from the *Gazette*. This is not the treatment men of twenty-five and twenty-six years' service deserve. Again, why debar a medical officer from a second trial at the examination?

EXAMINATION FOR THE RANK OF BRIGADE-SURGEON.

The following case is forwarded to us as an example of the harshness which some of the senior surgeons-major have had to suffer owing to the introduction of this examination. "Although the notice for the first examination was so short, and although I had no time to obtain the necessary books, and never had any opportunity of acquiring any knowledge of military law, I volunteered to present myself for examination, fearing that if I did not do so I might be considered as showing a contumacious spirit, and not knowing, or having any possible means of knowing, that the examination would be considered final. The papers were sent to me, and a major, very many years my junior in age, and a step junior to me in grade, was detailed to superintend the examination, to see, in fact, that, in schoolboy parlance, I did not 'crib.' Some twelve months after I was informed through a friend that I had failed to pass. I at once wrote, asking for another examination, and was then for the first time informed that the examination had undergone was to be considered final. The Deputy Surgeon-General of the Division protested, the Surgeon-General of the Presidency protested, and even the Major-General, under whose command I am, wrote a strong letter in my favour to the Director-General; all their representations were, however, disregarded, so that, after twenty-five years' good service (of which twenty have been spent abroad) I find myself about to be superseded, and my prospects in the service ruined. In addition to what I lose while on full pay, my supersession will make to me a difference in pension of certainly £295, and probably £250, a year.

"Surely, Sir, this is a monstrous state of things, which would not be tolerated for a moment in any other branch of the service. No wonder the non-effective list has become so large of recent years."

ANOTHER ADMIRAL OF JUSTICE writes: You have placed the Medical Staff under further obligation by your remarks in the *JOURNAL* of August 6th on the examination for promotion to brigade-surgeon, and, as a sufferer, may I ask the favour of a hearing?

My case is so similar to that of an "Admiral of Justice," detailed in the *JOURNAL* of September 3rd, that it is unnecessary to state it at length, and I would add that I have been well reported on during my long service (chiefly foreign), and at a remote foreign station. Neither the Principal Medical Officer nor I had any intimation previous to the examination that no second trial would be allowed. While many of the senior officers are smarting under such a manifest injustice, there is little hope of that peace and unanimity that any well-wisher of the Medical Staff would desire.

INDIAN MEDICAL SERVICE: A CORRECTION CORRECTED.

MR. W. DESSAN writes: I beg to bring to your notice a correction which ought to be made in the "Students' Number" with reference to the Indian Medical Service. On page 601 it is stated: "12. The position of the candidates on the list of surgeons will be determined by the combined results of the preliminary and of the final examinations." If you will be pleased to examine the lists in 1863, it will be ascertained this rule has not been carried out.

"Our correspondent is in error. The rule to which he refers has never (as regards the service of India) been relaxed in a single instance from the foundation of the Army Medical School to the present time. For some years surgeons on probation for the Medical Department of the Army left the School in the order in which they entered it after the London examination. This was found to work so badly that for some seasons past the good old rule has been reverted to, and they take their final places from the combined results of the London and Netley examinations.

THE PUBLICATION OF NAMES.

DISCIPLINE writes: There is something truly "childlike and bland" about Surgeon-Major Ash's letter in the *JOURNAL* of September 24th. He asks "Surgeon-Major" to come boldly forward if he really believes in this agitation for rank, and sign his name. How comes it, Sir, that officers holding the opinions of Surgeons-Major Boileau and Ash have the hardihood to publish their names? Can it be owing to the fact that these officers hold the same opinions as the Director-General? Surgeon-Major Ash asks for an authenticated case of a slight being offered to an officer of the Medical Staff under present regulations. In a

DR. W. BAINES, Surgeon-Major Army Medical Reserve of Officers, and 1st Middlesex Engineer Volunteers, R.E. (Retired), writes: The letters published in your last and previous numbers of the JOURNAL compel me to state I have resigned my commission, as has been announced, not from any unexpected discovery of unfair treatment, nor from dissatisfaction of any kind, but because I had reached the limit allowed in paragraph 3 of the Warrant, and also because I had sent in the resignation of my commission in the volunteer corps to which I have belonged since its first enrolment. It is with considerable regret that I have been induced to do so after twenty-eight years' service, which step alone would have necessitated the resignation of my army commission, as the fact of being gazetted out of a volunteer regiment renders the Reserve one void. When I first applied for the commission in the Reserve, I knew my position, and accepted it, *amoris causa*, in the hope that the rule would not have been so rigorously carried out, but it was otherwise; and, being so, it would appear that the authorities were not so anxious "to make a show" as your correspondent would lead the public to believe. In fact, what happened to me is constantly done in the army, as is probably unknown to your correspondent, namely, I was allowed the privilege of the new Warrant, even though it had permitted me to be gazetted for only a single day.

With respect to the Army Medical Reserve (and I feel that I speak for all who have joined it), I may say that there is no desire or intention to prejudice in any way the Army Medical Staff; indeed, what is wanted is to consolidate the medical arrangements of the service on one broad basis during peace, so as to be ready and prepared for action in the time of national emergency. By this means, it is hoped to avoid the errors of past administrations, so that, when the time of action comes, our great volunteer army will be as fully equipped in the hospital as in the field.

It is clear that a great deal of nonsense is written on the subject, and about private interests being interfered with, and duties being insisted on which will ruin private practitioners, as will be apparent on studying the Warrant, in which it is stated that each Reserve officer shall accept the charge of any station, etc., "at which they reside." At present, during peace, that charge is not even compulsory, as I myself can testify, having been offered duties in the army, temporarily, which I was unable to accept; and we must bear in mind that the discharge of these duties has been accorded to volunteer medical officers at their own request, they asking to be selected for army work in preference to civil practitioners. But in time of war things would be different, and every officer must be prepared to accept his liability, and sink his conveniences for the good of his country. Even in that case, the volunteer

medical officer, supposing him to be detached away for hospital duties, will be in no way differently placed from what he would be were he to remain with his regiment, since it is well known that each battalion has its special locality throughout the country allotted to it, at which centre, probably far away from home, medical aid must be provided, and a surgeon stationed. Besides, should the duties asked of us during peace be irksome or unacceptable, there is always the alternative to resign, which privilege there is no reason to believe would be refused; though, if it were, the resignation of the volunteer commission at fourteen days' notice would compulsorily carry with it that of the Reserve.

As to Surgeon Crookwell's suggestion that the only way to improve the Volunteer Medical Service would be to absorb all regimental surgeons into the Medical Staff Corps, I am sure that such a proposal would be very decidedly objected to by the whole service of volunteer surgeons, who value the present association and fellowship they enjoy with the other officers of their respective regiments. The two branches of the service must, under present conditions, be entirely separate, and no amalgamation must be contemplated, and any rapprochement that occurs between them must be on equal footing through the Reserve.

Before concluding I take this opportunity of correcting an error which you made in your remarks on my previous letter. The reserve of combatant officers is on the same footing exactly as that of the medical officers—that is to say, the service is open to all officers of the army or of the auxiliary forces (which includes volunteers), and not, as you stated, confined to retired army officers only.

Again you ask (and expressed your anxiety to know) whether I had the permission of my commanding officer to accept my late commission in the army. Considering that the Warrant states that application for such commissions must be made through the officers commanding, I conclude that in so doing I had his full sanction when he forwarded my application.

Again you wished to know how I could hold two commissions at the same time, such being contrary to regulations. These regulations, however, apply only to volunteer commissions, and the Warrant instituting the Reserve distinctly gives the permission and allows the holding of the two commissions.

With these remarks I conclude, regretting much the unfair abuse which has been thrown on the authorities in their action as regards the Reserve, and the unworthy motives which have been attributed to them in the promulgation of the Warrant, and hoping that our intentions may be respected as regards their relation to our fellow Army officers and to duties which our country may require of us. If anyone thought that by his action in joining the Reserve the Army Medical Staff would be prejudiced, or its prospects injured, or its officers unduly expropriated, as has been persistently stated, I am sure there is no one on the list who would not regret his step and immediately resign. We wish, however, in organising the Volunteer Medical Service to work in harmony and good fellowship with our brethren in the army in all that pertains to the advantage of the cause which we are called upon to serve together.

"No one has a better right to be heard on volunteer medical matters than Dr. Baines (should we still style him Surgeon-Major?). He is a sort of *doyen* among medical volunteers, and has ever had, according to his lights, their interests truly at heart. Yet we venture to think he is mistaken on the broad points of the reserve scheme. We are glad to think his resignation was for a reason always to be honoured, but also find the resignation of his active commission as a volunteer necessarily ended his passive commission as a reservist; the two hang together. It is precisely this absurd system of concurrent commissions to which we wholly object; we know it had been partially carried out—not without strong protest—in the Army Reserve of officers, but in the Medical Reserve it is made the absolute rule, not the exception. If it be right to count officers twice over, why not the rank and file? In either case the result is a mere paper army.

We confess to be in the dark as to the "privileges" our correspondent considers medical volunteers secure by even "a single day's service" in the Reserve. Do they consist of the liberal gazing, "rapid promotion," and "skipping of ranks" to which another correspondent called attention?

We most willingly believe that no one who has joined the Reserve had any deliberate or malign desire or intention to prejudice the Army Medical Staff, yet injury may be unintentionally done; the unwitting reservist may become the means in the hands of others of inflicting injustice on that Staff, and grievous loss of efficiency in the regular medical service.

We cannot quite follow Dr. Baines when he speaks of the Reserve scheme as it stands putting medical organisation on one broad basis, that not only will "errors of past administration" be avoided, but, "when the time of action comes our great volunteer army will be as fully equipped in the hospital as in the field." How, we ask, will these desirable results be brought about by the futile expedient of stripping the volunteers of their officers to do duty with regular troops?

He further says no reservist will be compelled during peace to assume a charge inconvenient to his private interests, and that if such compulsion is attempted he can at once fall back on the summary remedy—resignation.

Prudent policy would doubtless prevent any approach to compulsion during peace, but in so-called "national emergency" it must necessarily be rigorously enforced, and we hardly think the remedy of resignation will then be allowed.

We quite agree that it would be most injudicious to abolish the regimental volunteer surgeons; we rather expect a partial return to the regimental system in the regular army.

We heartily concur in the wish that all the medical branches of the army may be—not jumbled up—but harmoniously co-ordinated into a workable whole; only the enemies of the medical profession seek to create antagonism.

NAVAL AND MILITARY MEDICAL SERVICES.

RELATIVE RANK.

SURGEON-MAJOR writes: I notice in the *JOURNAL* of September 24th Surgeon-Major Vacy Ash's second letter on the above subject, in which he replies to a query of mine as to what rank he at present holds in the army. He informs us that he holds the rank of Surgeon-Major, which, as he states, is "now for the first time in the history of the Medical Department recognised as a definite rank in the army as much as the rank of Quartermaster-General (and similar titles) is recognised."

Although I have carefully searched, I have been unable to find any Warrant, Army Circular, or Memorandum in which it is laid down that the so-called rank of Surgeon-Major is in any way different from what it has been for the last twenty years, so that the latter part of Dr. Vacy Ash's answer is decidedly news to me. It is true we are "classified" with the other ranks and departments for the purpose of regulating our allowances, choice of quarters, etc., but classification or precedence is a very different thing from army rank. Surely an officer of Surgeon-Major Vacy Ash's service must know that the title of Quartermaster-General, or Assistant Quartermaster-General, does not indicate the officer's rank, who may be of any rank, from a Major to a Lieutenant-General; it merely indicates that for the time being the officer holds a staff appointment, and when he signs his name he invariably puts his rank of Major, or Colonel, or whatever it may be, and then the title showing his staff appointment.

My reply to Dr. Vacy Ash's challenge to quote the paragraph which abolishes relative rank of medical officers—if by that he means to insinuate that relative rank has not been abolished—I beg to refer him to his own letter of August 27th, in which the following sentence occurs: "I wish to record my distress at the blow the Department has received in the abolition of relative rank, a blow greater and deeper than many of your correspondents (enthusiasts as they may be) even imagine, for it is a blow dealt at our social position," etc.

My letter makes no mention of "insults or slights" being offered to medical officers under present regulations. Officers of the army are, happily, gentlemen who would never insult us, and who, with very few exceptions, are most careful to avoid making us feel our position, or rather our want of it, in the army. I would be rather glad to hear a little of the "severe criticism" to which I have left myself open, and which Dr. Vacy Ash so kindly spares me.

I am sorry I must decline to sign my name, for the same reasons that has prevented so many others who have written on this subject from doing so. I am sure Dr. Vacy Ash quite understands them.

THEREAW writes: As an Indian officer of some twenty years' service, I have not myself experienced the annoyances of which some of your correspondents complain. If military rank is desired, I wonder insistence is not made on the parallel case of the Royal Engineers, another scientific corps. The grant of military rank to engineer officers in Her Majesty's army is comparatively recent, and the employment of many of them in India on canals, roads, and railways is as peaceful as a civil surveyor. The engineer, from lieutenant to colonel, may lead as non-militant a life, yet to him accrue successive military titles. The parallel is the more complete that engineer and medical officer are alike liable to recall from civil to military duty.

These remarks apply to India and its medical service. *A fortiori*, the parallel holds for the Medical Staff whose officers do not hold civil surveyorships or sanitary commissionerships, or gaol or mint appointments, as compared with the officers of the Royal Regiment of Engineers, who build barracks, survey hills, manage railways, and control accounts, duties which neither require nor foster sappers or field engineers. I would invite the attention of those desirous of obtaining military rank for medical officers to two facts.

1. There is not a company of Royal Engineers in all India.
2. There are in Bengal alone some 230 officers of the corps of Royal Engineers. Of the first 90 of these, more than half are in the Public Works Department, sharing duties with civil engineers, besides those of the Military Works Department, who repair tables, whitewash barracks, and re-seat latrines. Of the said 90 not 10 are performing duties that require military knowledge or military rank any more, or as much as, required by a brigade-surgeon.

"**SIDE-LIGHT**" writes: Is it reasonable to expect that a surgeon on joining will be given the rank of captain? or is it reasonable to ask for this rank for young officers? Rank of captain is only given to combatant officers after several years of service, and after examination. It would be on the face of it unjust to other officers for surgeons to be commissioned at first as captain. If a surgeon on joining were commissioned as lieutenant, it is hardly likely that he would be entitled to draw the pay and allowances of a captain?

It is reasonable to suppose that if rank be granted to army surgeons, they will only be entitled to the pay and allowances of such rank. It is also, I think, reasonable to suppose that more examinations will be instituted to test men for promotion to higher grades, and probably many subjects would be introduced for examination which are not taken up at present. I allude to military subjects.

It appears to me that the pockets of the surgeons will suffer by the grant of real rank, especially during the first few years of service, when the surgeon draws pay of a lieutenant, and it is during this time that money is desirable. Would not a combination of relative and honorary rank meet all requirements—on joining, a surgeon to have relative and honorary rank of captain?

DOCKEN (Burmah) writes: Will you allow me a few words on the subject of the relative rank of army surgeons? You have already received so many letters on this subject, that I feel an apology is due for troubling you again; but your *JOURNAL* is now so well known as the only reliable expression of the wants and wishes of army medical men, that I am sure you will excuse me. Unless you help us to continue the agitation you have so vigorously assisted in, our own authorities will not do much. Imagine the Director-General himself pleading ignorance of the very existence of such a heart-burning question!

Well, what is the agitation all about? what do we want? Do we really wish to sink our own profession to masquerade in a combatant coat? By no means. Had we wished so there are very few of us who could not have passed the easy examination required from combatants, and entered the army through Sandhurst. The real thing is that in the army we find our profession on all and every occasion, and in all and every rank, subordinated to the combatant one, whether there is any necessity for it or not.

You in your leaders seem not to understand how relative rank could mean nothing. In the army, though one may not like to say so, the meaning is clear enough. In other words, any medical officer of any rank is liable at any time to be put under the absolute command of a sub-lieutenant on whose commission the ink is not dry. In Burmah hundreds of such instances have occurred. Within the last few months a senior Surgeon-Major ranking with a Lieutenant-Colonel was sent out to a small station, and placed at the absolute orders of a Lieutenant of two or three years' service. Not long ago a medical detachment under the command of a Surgeon-Major was going by sea on foreign service with no combatants on board. At Suez a combatant officer came on as a passenger on duty, and, though junior, at once assumed the command. This is what relative rank means. Will honorary combatant rank mend the matter? By no means. We shall be only crows with peacocks' tails. Then what do we want? A clear order that no combatant is to assume command over a medical officer senior to himself, except in the face of the enemy, or by the direct orders of the general officer commanding the force to which they are both attached.

ANOTHER correspondent writes: As well as this rank question, there are other points giving rise to great discontentment and disappointment in the Medical Staff; one is the positive injustice and unfairness of never intimating (as it is laid down in the Queen's Regulations it should be) in any way to an officer that he will be superseded when his turn for promotion comes round. Why keep a man ignorant of the fact if his record of service, failure to pass the examination, or what not are against his fitness for promotion? Why should the Director-General dread to do so when the grounds for superseding an officer are presumably just?

I know an instance of an officer who was allowed to go abroad, and then found out his supersession merely by leisurely reading a newspaper at breakfast, and finding his juniors promoted over his head, and his name absent from the *Gazette*. This is not the treatment men of twenty-five and twenty-six years' service deserve. Again, why debar a medical officer from a second trial at the examination?

EXAMINATION FOR THE RANK OF BRIGADE-SURGEON.

The following case is forwarded to us as an example of the hardship which some of the senior surgeons-major have had to suffer owing to the introduction of this examination. "Although the notice for the first examination was so short, and although I had no time to obtain the necessary books, and never had any opportunity of acquiring any knowledge of military law, I volunteered to present myself for examination, fearing that if I did not do so I might be considered as showing a contumacious spirit, and not knowing, or having any possible means of knowing, that the examination would be considered final. The papers were sent to me, and a major, very many years my junior in age, and a step junior to me in grade, was detailed to superintend the examination, to see, in fact, that, in schoolboy parlance, I did not 'crib.' Some twelve months after I was informed through a friend that I had failed to pass. I at once wrote, asking for another examination, and was then for the first time informed that the examination I had undergone was to be considered final. The Deputy Surgeon-General of the Division protested, the Surgeon-General of the Presidency protested, and even the Major-General, under whose command I am, wrote a strong letter in my favour to the Director-General; all their representations were, however, disregarded, so that, after twenty-five years' good service (of which twenty have been spent abroad) I find myself about to be superseded, and my prospects in the service ruined. In addition to what I lose while on full pay, my supersession will make to me a difference in pension of certainly £90, and probably £250, a year.

"Surely, Sir, this is a monstrous state of things, which would not be tolerated for a moment in any other branch of the service. No wonder the non-effective list has become so large of recent years."

ANOTHER ADMIRER OF JUSTICE writes: You have placed the Medical Staff under further obligation by your remarks in the *JOURNAL* of August 6th on the examination for promotion to brigade-surgeon, and, as a sufferer, may I ask the favour of a hearing?

My case is so similar to that of an "Admirer of Justice," detailed in the *JOURNAL* of September 3rd, that it is unnecessary to state it at length, and I would add that I have been well reported on during my long service (chiefly foreign), and at a remote foreign station. Neither the Principal Medical Officer nor I had any intimation previous to the examination that no second trial would be allowed. While many of the senior officers are smarting under such a manifest injustice, there is little hope of that peace and unanimity that any well-wisher of the Medical Staff would desire.

INDIAN MEDICAL SERVICE: A CORRECTION CORRECTED.

MR. W. DUNCAN writes: I beg to bring to your notice a correction which ought to be made in the 'Students' Number' with reference to the Indian Medical Service. On page 601 it is stated: "12. The position of the candidates on the list of surgeons will be determined by the combined results of the preliminary and of the final examinations." If you will be pleased to examine the lists in 1865, it will be ascertained this rule has not been carried out.

* * Our correspondent is in error. The rule to which he refers has never (as regards the service of India) been relaxed in a single instance from the foundation of the Army Medical School to the present time. For some years surgeons on probation for the Medical Department of the Army left the School in the order in which they entered it after the London examination. This was found to work so badly that for some sessions past the good old rule has been reverted to, and they take their final places from the combined results of the London and Netley examinations.

THE PUBLICATION OF NAMES.

DISCIPLINE writes: There is something truly "childlike and bland" about Surgeon-Major Ash's letter in the *JOURNAL* of September 24th. He asks "Surgeon-Major" to come boldly forward if he really believes in this agitation for rank, and sign his name. How comes it, Sir, that officers holding the opinions of Surgeons-Major Boileau and Ash have the hardihood to publish their names? Can it be owing to the fact that these officers hold the same opinions as the Director-General? Surgeon-Major Ash asks for an authenticated case of a slight being offered to an officer of the Medical Staff under present regulations. In a

But it is on his own opinions that Brigade-Surgeon Godwin mainly relies in criticising my proposition, and they really involve the main issues. He inclines to the belief that a Syme or a Pirogoff is much more hazardous and much less preferable than a Chopart or a Hey, and urges a caution about performing the former, which would be more than justified were his view correct. But is Brigade-Surgeon Godwin's view correct, more particularly in these days of anaesthetics and antiseptics? Are not opinions precisely contrary expressed in our text-books on operative surgery? Not to take a number, I will quote simply and without controversial straining those of one of the most distinguished teachers and successful surgeons of the Edinburgh School, Joseph Bell. He says of Hey's, "it is now comparatively rarely performed." Of Chopart's, "it has been so completely superseded by the infinitely preferable amputation at the ankle-joint of Mr. Syme as rarely, if ever, to be practised in this country. Indeed, amputation at the ankle-joint (and Pirogoff is classed as a modification) may be said to have taken the place of all these amputations through the tarsus; for though cases are occasionally met with in which the limitation of the disease or injury may render Chopart's possible, and though at first sight it appears to have the advantage of removing less of the body, still the following objections are nearly fatal to its chance of being selected," etc. Of Symes, "it is wonderfully free from danger to life," a statement he fortifies both by his own extended experience and by statistics.

In the face, then, of such strongly expressed opinions, backed as they are by such experience, I do not altogether see how Brigade-Surgeon Godwin's views are tenable. There is no doubt about the advantage of the Syme's and Pirogoff's stumps mechanically; are they so strongly contraindicated surgically as to render the other operations preferable? From what I have quoted, precisely the reverse seems to be the case.

At the present juncture, however, all these questions as to what operations combine the greatest safety with the best stumps are of paramount importance, and deserve to be fairly and impartially discussed. It is especially the case in military surgery, and more so when raised by one who holds the eminent position at Netley that Brigade-Surgeon Godwin does, because his views would naturally guide future army surgeons. In private practice a surgeon performing amputation has probably the opportunity of watching the after-results for years, of estimating the relative advantages of various stumps, and of acting in future accordingly. With army surgeons the case is different, because when once the maimed soldier has recovered and is discharged, he passes over to the permanent care of the Lords Commissioners of Chelsea Hospital for the issue and maintenance of an appropriate allowance. The Commissioners have recently expressed their intention of making what improvements are possible in the substitutes granted to maimed soldiers; and at their request I have drawn up a report on the subject. It would be particularly felicitous if, while the appliances are being improved, the operations which afford the best stumps were definitely determined by unbiased discussion among competent authorities.—I am, etc.,

Wimpole Street.

HEATHER HIGG.

THE ADMINISTRATION OF NITROUS OXIDE AND ETHER IN COMBINATION OR SUCCESSION.

SIR,—In reference to a letter by Dr. Buxton in the *JOURNAL* of September 24th, in which he alludes to small, light steel bottles for compressed nitrous oxide, I shall be glad if you will allow me, as a partner in the firm of Messrs. Barth and Co., to call attention to a matter which I have reason to believe has not been taken into consideration by some makers of liquid nitrous oxide bottles. Liquid nitrous oxide has a very high coefficient of expansion, one volume at 0°C. (32°F.) becoming 1.12 volumes at 20°C. (68°F.); as far as I know, the rate of expansion above this temperature has not been determined; but assuming it to be at the same rate, one volume at 0°C. would become 1.60 volumes at 100°C., the boiling point of water. Fifteen ounces of liquid nitrous oxide (which is the amount sold as fifty gallons) occupies a space of 27.7 cubic inches at 0°C., at 20°C. it would occupy a space of 31.02 cubic inches, and at 100°C. (212°F.) a space of 44.32 cubic inches.

Assuming liquid nitrous oxide to be practically incompressible, like water, iron or steel bottles tested to 4,000 lbs. to the square inch, would not be strong enough to stand the pressure of the expanding liquid. I should therefore recommend those who use small light bottles (unless a fallacy in my argument can be pointed out) to ascertain the capacity of the bottles they use; and if the capacity of a fifty gallon bottle is much less than 40 cubic inches, they should be very careful not to place the bottle near a fire, or in any way raise the temperature, when full.

I call attention to this matter in the interest of the public, and also in the interest of our firm, as, if an accident was to happen, it would in all probability lead, in a great measure, to the abandonment of the use of the compressed gas.—I am, etc.,
E. G. B. BARLOW,
Fellow of the Chemical Society, and Mem. Soc. Chem. Industry.

SIR,—It is most gratifying to me to find that my paper on the above subject has afforded material for so much discussion. I have read the letters of Dr. Silk and Dr. Buxton with considerable interest, inasmuch as they emanate from gentlemen who are equally qualified to express opinions on the administration of the two anaesthetics in question. Dr. Silk's conclusions are practically identical with my own; and I need hardly do more than thank him for his courteous letter. With regard to the views expressed by Dr. Buxton, I am somewhat less happily situated; for although I cannot read his letter without appreciating the truly scientific spirit in which it was written, I find myself unable to agree with the conclusions at which he has arrived.

When preparing my paper it seemed to me superfluous to refer to the well-known labours of Clover—labours which were productive of such beneficent results; nor did I see any necessity for referring to the hospital with which the name of Clover still continues to be associated. I trust I may be excused for these omissions; my paper was intended to precisely define the advantages which may be secured by the combined and successive administration of nitrous oxide and ether, and to describe in detail the methods which I had found by experience to be the most trustworthy. The best way to conduct the administration of the two anaesthetics is, I would submit, purely a matter of opinion; and I desired rather to give prominence to certain methods of procedure which I had fully tried than to enter upon the ungracious but easy task of discovering faults in the mechanical contrivances of others. But since Dr. Buxton has so strongly espoused the claims of Clover's nitrous oxide and ether apparatus, and expresses surprise that I have not alluded to it, I fear I have no other alternative than to give my own impressions concerning it.

In the administration of a general anaesthetic, I hold that as much attention should be bestowed upon the preliminaries of the administration as upon the subsequent narcosis; in other words, the anaesthetist who is desirous of artificially inducing sleep with the minimum amount of mental disturbance, should exert all his ingenuity and tact in establishing confidence and calm in the mind of his patient. Now, to a nervous individual about to undergo an operation I know of nothing more terrifying—save perhaps the sight of the instruments—than the appearance of the anaesthetist, equipped with Clover's nitrous oxide and ether apparatus. The mental inquietude occasioned by the sight of the ungainly apparatus is not lessened when the anaesthetist commences to work the gas bottle, and the hissing noise warns his victim that his time (for operation) has come. I will not fill in this bare sketch; I have over and over again felt much sympathy for hospital patients thus anaesthetised, and I have on a corresponding number of occasions resolved never to employ the apparatus which Dr. Buxton has characterised as unrivalled. I pointed out in my paper the manner in which nitrous oxide may most advantageously be given prior to etherisation, for a prolonged operation. If the administration be conducted precisely as I have described, the patient hardly knows the moment at which the administration commences, and he sinks quietly but quickly to sleep with as little mental disturbance as it is possible to secure.

In conclusion, I would state that the method of administration which I have advocated for ordinary surgical operations has not, so far as I can ascertain, been employed before, although many apparently similar plans have been recommended. With proper care the patient never detects any smell of ether; in dental practice the apparatus can be readily held in one hand, and when once the patient is deeply etherised the gas bag may be replaced by the smaller bag usually supplied with Clover's portable inhaler, and the narcosis maintained as with the latter apparatus. Apologising for again trespassing upon your space, I am, etc.,
FREDERIC HEWITT.

George Street, Hanover Square, W.

INTRACAPSULAR INJECTION IN THE EXTRACTION OF CATARACT.

SIR,—In my letter published in the *JOURNAL* of September 17th, the sentence "the incision was much more peripheral than now, and hence escape of vitreous was very uncommon," should have read: "the incision was much more peripheral than now, and hence escape of vitreous was not very uncommon."—I am, etc.,
DUBLIN, September 27th.

H. R. SWANZY.

Oct 6, 1888.]

THE BRITISH MEDICAL JOURNAL

791

NAVAL AND MILITARY MEDICAL SERVICES.

SURGEON-GENERAL SINCLAIR.

On September 20th, on the eve of his departure, Surgeon-General Sinclair was entertained at a dinner given by the members of the medical staff at Malta, at the Auberge de Provence, on the completion of his five years' tour of duty, as principal medical officer of the island. Brigade-Surgeon O'Dwyer, in a few well-chosen remarks, proposed the health of Surgeon-General Sinclair, expressed the regret of the medical staff in Malta at his departure, and paid a just tribute to the merits and accomplishments of the principal medical officer. The toast was drunk with all the honours, and Surgeon-General Sinclair replied.

POST-GRADUATE INSTRUCTION FOR NAVAL MEDICAL OFFICERS.

R.N. writes: The subject of giving naval surgeons on their return from foreign service opportunities of recruiting their professional powers, which perforce may have become slightly rusty from want of practice, has been on the tapis of late, and I see in the JOURNAL of September 29th that the Admiralty have approved of a course of instruction in practical analysis at Haslar. This I think alone would be a little behind the present date. Haslar Hospital has a magnificent laboratory, and good instruction in chemistry, but this will be almost useless to us when once more at sea, where not only have we no apparatus for prosecuting study in that subject, but where we should probably go a whole commission without occasion to test for anything more deleterious than chloride of sodium in the condensed water used as a rule in our ships. A small box of tests is supplied to every ship, and during my experience in the service I have never required anything more; and as printed instructions are supplied with each box, the course proposed at Haslar appears to me to be useless, and if insisted on, only a tie on the medical officers at Portsmouth. The opportunity of attending post-mortem examinations is an excellent idea, if boats could be obtained to suit their hours, a thing I doubt where much work is going on.

What is required, and nothing less, is leave for a few months to attend some large medical school or hospital in the United Kingdom, where practical and clinical medicine and surgery can be studied *ad lib.* with more post-mortem examinations in one month than can be seen at any naval hospital in twelve; where the out-patient rooms can be attended, with practice with the ophthalmoscope and laryngoscope, and lastly, where the diseases of women and children can be seen, so that a surgeon may not forget absolutely that such diseases exist.

The more equal division of hospital and sea service, as is being carried out at present, is a step in the right direction, but as few operations are performed in naval hospitals except operations of emergency, and no diseases of women or children are to be seen, it does not effect everything. Another point is worthy of notice. I think that surgeons on board ship should be supplied with the latest drugs, and instructed to report on their use. This would not only be useful to ourselves, but to the whole profession generally. At present no such drugs as cocaine and antipyrin, and indeed none of the latest drugs, are supplied to us, but if required we must buy them privately, which naturally is not an encouragement.

In conclusion, what is wanted is leave to attend a civil hospital, and means to keep up what we have learnt there to a certain extent by a supply of the latest drugs, etc., and as I said before, the more equal distribution of hospital billets to be continued as begun.

If these points be carried out, the rusty naval surgeon would soon become a thing of the past.

BRIGADE-SURGEONS IN INDIA.

BRIGADE-SURGEON writes: In March, 1887, every brigade-surgeon serving in India forwarded a memorial, through the Government of India, to the Secretary of State for India, praying for recognition of the rank of brigade-surgeon in India, and for the increase of pay granted to the rank by the Royal Warrant of 1879, which created and established the rank of brigade-surgeon in the army.

The memorials were forwarded by all the brigade-surgeons in conformity with instructions from Lord Cross, communicated to them by several members of Parliament who interested themselves in the matter. The reply has only now, June, 1888, been received, and every brigade-surgeon in India has been informed "that the Secretary of State for India has intimated that he is unable to reconsider the existing regulations governing the pay and position of brigade-surgeons in India."

This reply is very disheartening, and tends to deaden all interest in the welfare of the service; the refusal would appear to come from the Secretary of State, but in reality it is the Government of India that has refused to grant what the Under-Secretary of State for India, Sir John Gorst, hesitates not to characterise as our just claims. In a letter to a prominent member of Parliament he says: "I shall be glad to do all I can to assist the just claims of these officers, but I am not sanguine that the result will be favourable, as the Government of India state that they are unable to support the prayer of the memorialists, and no arguments seem to have been brought forward which have not been considered already."

It is well known that General Wilson, when military member of the Government of India, sent home a despatch to the Secretary of State advocating in the strongest manner our claims, and recommending, on the part of the Government of India, a special rate of pay for brigade-surgeons. On that occasion the Secretary of State refused, but now, while the Secretary of State admits that our claims are just, the Government of India are "unable to support the prayer of the memorialists"—the very recommendation they made some years ago.

In every part of Her Majesty's possessions except India, the rank of brigade-surgeon is recognised. The hardship of our position is otherwise felt; formerly all brigade-surgeons in medical charge of regiments of the mounted branches drew 90 rupees per month extra for horse allowance. Upon the

abolition of the regimental hospital system in 1882 this allowance was withdrawn; the result is that a brigade-surgeon in medical charge of all the British troops of a station has the pecuniary and professional responsibility that was formerly divided amongst all the medical officers in charge of the regiments composing the garrison, whilst at the same time he receives from 57 to 90 rupees per month less than he drew when serving in India five or six years ago as a surgeon-major in medical charge of a single regiment of cavalry or battery of artillery—57 rupees per month less in the case of brigade-surgeons of over twenty-five years' full pay service, and 90 rupees per month less in the case of brigade-surgeons of under twenty-five years' service. This anomalous state will scarcely be credited, but it is the actual condition of every brigade-surgeon in India.

To enable you to judge of the extent of his responsibility, I may mention that the station hospital at Rawul Pindi is equipped for 442 patients, whilst those at Umballa, Lucknow, Meerut, Peshawar, Secunderabad, Poona, Mhow, etc., are equipped for from 200 to 300 patients and over; and though every other branch of the service in India, combatant and departmental, receives command or charge pay or allowance of some kind, the senior executive officers of the medical staff alone receive nothing for their great responsibility.

This simple statement of facts is laid before you in the hope that the British Medical Association, in their representative capacity, will consider the hardship of our position, and take such action as they may deem expedient to induce the Secretary of State for India to reconsider his decision and to grant our just claims.

AN ATTENUATED MEDICAL STAFF.

NON-EFFECTIVE thinks it is time our medical, in the same way as our military and naval, experts, should show the public the insufficiency of our medical organisation to meet the wants of a great war. The Commander-in-Chief and Lord Wolseley speak out plainly on the shortcomings of the services, and why should not medical experts? The Medical Department as now constituted could assuredly not cope with any grave national emergency. He pictures our entering on a war with a first-class power:

1. Reserves called out.
2. Colonies and garrisons abroad reinforced by, say, 15,000 men.
3. European army in India increased by 30,000 men (Lord Napier's opinion).
4. Home forts and garrisons put into a state of defence.
5. Two or more army corps mobilised.
6. Militia embodied.
7. Volunteers warned or called out.

To meet this the present state of the Medical Service is as follows:

To meet this the present state of the Medical Service is as follows:	
1. Full-pay medical officers in the United Kingdom (including Guards ...)	400
2. Retired medical officers liable to be recalled and fit, say ...	150
3. Militia medical officers fit, say ...	50
4. Volunteer Medical Reserve willing and fit, say ...	100
Total ...	700

Number actually required for the above state of war:	
1. Colonies and reinforcements abroad (15,000 men) ...	50
2. Indian reinforcements (30,000) ...	100
3. Two army corps and base ...	150
4. Garrisons and fortresses at home, say ...	350
Total ...	1,100

Here at once is a 65 per cent. deficit for simple mobilisation, without provision for speedy and inevitable wear and tear. And our Volunteer Medical Reserve is a very unknown quantity; how many of them would leave home and practice for from 10s. to 20s. pay a day? Besides, what is to become of the volunteers if called out; many of their medical officers already forcibly drafted away as reservists?

It is needless to say a full-pay medical staff could not be kept up in peace to meet such a war emergency; but financial restraints might well pause before they clamour for the reduction of the regular medical staff to a point unfit even to meet ordinary peace duties and reliefs. If such is done, a raw and scratch medical service in war is inevitable, with a repetition of the miserable breakdown of the Crimean war. The old cry would be raised, "It is all the doctors' fault." Little do our medical volunteer reservists, thirsting for military titles and prominence in the Army List, think what is before them when they "heedlessly and needlessly" bind themselves beforehand to the chariot wheels of the War Office.

THE ARMY MEDICAL RESERVE.

A BATTALION SURGEON writes: The letter you publish in the JOURNAL of September 29th from "A Volunteer Surgeon-Major" is full of the best advice to surgeons of all ranks holding appointments in the volunteer force, respecting the "Army Medical Reserve" delusion. As volunteer surgeons we spend a lot of time and money in order to carry out the duties imposed upon us as such. I am certain that, taking one year with another, I am quite £20 annually out of pocket by holding the post. I am content with that because, putting patriotism aside, I am under the impression that the week camping and positive change of living from the humdrum life of country practice is beneficial to myself in many ways, and as it falls in with my way of thinking, I am not averse to the expense. As far, therefore, as volunteering proper is concerned I do not think a medical man is far wrong in doing all he can to assist to keep the force up to as high a standard as his time and means will allow. The "Army Medical Reserve," however, is quite another matter; when the Warrant came out I thought it a good thing, and hastily sent in my papers to join, but before many hours were over my head I asked to have them returned. I began after mature consideration to see the delusion, and I came to the conclusion that the whole scheme was one brought about simply to undermine the position of our medical brethren, who have worked so hard through competitive examinations to obtain a means of living in the army; and further than that, a volunteer surgeon in civil practice holding union and public appointments, probably married and with a young family, would find himself in a pretty predicament if by being in the "Army Medical Reserve" he were called upon to do duty as an army surgeon. I take it there would be no chance of escape; he would have to go, and if he returned in a few months would probably find very little of the old work left him to do, for in these days of competition it is difficult enough to keep a practice together

DR. W. BAINES, Surgeon-Major Army Medical Reserve of Officers, and 1st Middlesex Engineer Volunteers, R.E. (Retired), writes: The letters published in your last and previous numbers of the JOURNAL compel me to state I have resigned my commission, as has been announced, not from any unexpected discovery of unfair treatment, nor from dissatisfaction of any kind, but

because I had reached the age of 45, and I had sent corps to which I have been able to regret that I have which step alone would mission, as the fact of Reserve one void. I knew my position, and would not have been being so, it would appear a show as your correspondence, I even thought it had per With respect to the who have joined it, I die in any way the A solidate the medical peace, so as to be ready agency. By this means, so that, when the time fully equipped in the I It is clear that a private interests being will ruin private practice in which it is stated station, etc., at which is not even compulsion the army, temporarily mind that the discharge medical officers at the in preference to civil ferent, and every officer convenes for the

medical officer, as he is in no way diff his regiment, at locality through away from home Besides, should it be, there is also in to believe after commi that of the Res As to Surgeon Volunteer Medics the Medical Sta chiefly objected present associati respective regim conditions, be er and any regim through the Res Before conclus made in your officers is on the to say, the serv which includes officers only.

Again you ask mission of my army. Consider missions must I as doing I had I Again you will time, such being only to volunteer tively gives th With these re has been through the unworthy a tion of the W regards their country may re the Reserve the jured, or its off sure there is n lately resign. Service to work army in all the upon to serve to

But it is on his own opinions that Brigade-Surgeon Godwin mainly relies in criticising my proposition, and they really involve the main issues. He inclines to the belief that a Syme or a Pirogoff is much more hazardous and much less preferable than a Chopart or a Hey, and urges a caution about performing the former, which would be more than justified were his view correct. But is Brigade-Surgeon Godwin's view correct, more particularly in these days of anaesthetics and antiseptics? Are not opinions precisely contrary expressed in our text-books on operative surgery? Not to take a number, I will quote simply and without controversial straining those of one of the most distinguished teachers and successful surgeons of the Edinburgh School, Joseph Bell. He says of Hey's, "it is now comparatively rarely performed." Of Chopart's, "it has been so completely superseded by the infinitely preferable amputation at the ankle-joint of Mr. Syme as rarely, if ever, to be practised in this country. Indeed, amputation at the ankle-joint (and Pirogoff is classed as a modification) may be said to have taken the place of all these amputations through the tarsus; for though cases are occasionally met with in which the limitation of the disease or injury may render Chopart's possible, and though at first sight it appears to have the advantage of removing less of the body, still the following objections are nearly fatal to its chance of being selected," etc. Of Syme's, "it is wonderfully free from danger to life," a statement he fortifies both by his own extended experience and by statistics.

In the face, then, of such strongly expressed opinions, backed as they are by such experience, I do not altogether see how Brigade-Surgeon Godwin's views are tenable. There is no doubt about the advantage of the Syme's and Pirogoff's stumps mechanically; are they so strongly contraindicated surgically as to render the other operations preferable? From what I have quoted, precisely the reverse seems to be the case.

At the present juncture, however, all these questions as to what operations combine the greatest safety with the best stumps are of paramount importance, and deserve to be fairly and impartially discussed. It is especially the case in military surgery, and more so when raised by one who holds the eminent position at Netley that Brigade-Surgeon Godwin does, because his views would naturally guide future army surgeons. In private practice a surgeon performing amputation has probably the opportunity of watching the after-results for years, of estimating the relative advantages of various stumps, and of acting in future accordingly. With army surgeons the case is different, because when once the maimed soldier has recovered and is discharged, he passes over to the permanent care of the Lords Commissioners of Chelsea Hospital for the issue and maintenance of an appropriate allowance. The Commissioners have recently expressed their intention of making what improvements are possible in the substitutes granted to maimed soldiers; and at their request I have drawn up a report on the subject. It would be particularly felicitous if, while the appliances are being improved, the operations which afford the best stumps were definitely determined by unbiased discussion among competent authorities.—I am, etc.,

Wimpole Street.

HEATHER BRIGGS.

THE ADMINISTRATION OF NITROUS OXIDE AND ETHER IN COMBINATION OR SUCCESSION.

SIR,—In reference to a letter by Dr. Buxton in the JOURNAL of September 24th, in which he alludes to small, light steel bottles for compressed nitrous oxide, I shall be glad if you will allow me, as a partner in the firm of Messrs. Barth and Co., to call attention to a matter which I have reason to believe has not been taken into consideration by some makers of liquid nitrous oxide bottles. Liquid nitrous oxide has a very high coefficient of expansion, one volume at 0°C. (32°F.) becoming 1.12 volumes at 20°C. (68°F.); as far as I know, the rate of expansion above this temperature has not been determined; but assuming it to be at the same rate, one volume at 0°C. would become 1.60 volumes at 100°C., the boiling point of water. Fifteen ounces of liquid nitrous oxide (which is the amount sold as fifty gallons) occupies a space of 27.7 cubic inches at 0°C., at 20°C. it would occupy a space of 31.02 cubic inches, and at 100°C. (212°F.) a space of 44.32 cubic inches.

Assuming liquid nitrous oxide to be practically incompressible, like water, iron or steel bottles tested to 4,000 lbs. to the square inch, would not be strong enough to stand the pressure of the expanding liquid. I should therefore recommend those who use small light bottles (unless a fallacy in my argument can be pointed out) to ascertain the capacity of the bottles they use; and if the capacity of a fifty gallon bottle is much less than 40 cubic inches, they should be very careful not to place the bottle near a fire, or in any way raise the temperature, when full.

*. No one has a better right to be heard on volunteer medical matters than Dr. Baines (should we still style him Surgeon-Major?). He is a sort of *doyen* among medical volunteers, and has ever had, according to his lights, their interests truly at heart. Yet we venture to think he is mistaken on

I call attention to this matter in the interest of the public, and also in the interest of our firm, as, if an accident was to happen, it would in all probability lead, in a great measure, to the abandonment of the use of the compressed gas.—I am, etc., E. G. B. BARLOW, Fellow of the Chemical Society, and Mem. Soc. Chem. Industry.

SIR,—It is most gratifying to me to find that my paper on the above subject has afforded material for so much discussion. I have read the letters of Dr. Silk and Dr. Buxton with considerable interest, inasmuch as they emanate from gentlemen who are equally qualified to express opinions on the administration of the two anaesthetics in question. Dr. Silk's conclusions are practically identical with my own; and I need hardly do more than thank him for his courteous letter. With regard to the views expressed by Dr. Buxton, I am somewhat less happily situated; for although I cannot read his letter without appreciating the truly scientific spirit in which it was written, I find myself unable to agree with the conclusions at which he has arrived.

When preparing my paper it seemed to me superfluous to refer to the well-known labours of Clover—labours which were productive of such beneficial results; nor did I see any necessity for referring to the hospital with which the name of Clover still continues to be associated. I trust I may be excused for these omissions; my paper was intended to precisely define the advantages which may be secured by the combined and successive administration of nitrous oxide and ether, and to describe in detail the methods which I had found by experience to be the most trustworthy. The best way to conduct the administration of the two anaesthetics is, I would submit, purely a matter of opinion; and I desired rather to give prominence to certain methods of procedure which I had fully tried than to enter upon the ungracious but easy task of discovering faults in the mechanical contrivances of others. But since Dr. Buxton has so strongly espoused the claims of Clover's nitrous oxide and ether apparatus, and expresses surprise that I have not alluded to it, I fear I have no other alternative than to give my own impressions concerning it.

In the administration of a general anaesthetic, I hold that as much attention should be bestowed upon the preliminaries of the administration as upon the subsequent narcosis; in other words, the anaesthetist who is desirous of artificially inducing sleep with the minimum amount of mental disturbance, should exert all his ingenuity and tact in establishing confidence and calm in the mind of his patient. Now, to a nervous individual about to undergo an operation I know of nothing more terrifying—save perhaps the sight of the instruments—than the appearance of the anaesthetist, equipped with Clover's nitrous oxide and ether apparatus. The mental inquietude occasioned by the sight of the ungainly apparatus is not lessened when the anaesthetist commences to work the gas bottle, and the hissing noise warns his victim that his time (for operation) has come. I will not fill in this bare sketch; I have over and over again felt much sympathy for hospital patients thus anaesthetised, and I have on a corresponding number of occasions resolved never to employ the apparatus which Dr. Buxton has characterised as unrivalled. I pointed out in my paper the manner in which nitrous oxide may most advantageously be given prior to etherisation, for a prolonged operation. If the administration be conducted precisely as I have described, the patient hardly knows the moment at which the administration commences, and he sinks quietly but quickly to sleep, with as little mental disturbance as it is possible to secure.

In conclusion, I would state that the method of administration which I have advocated for ordinary surgical operations has not, so far as I can ascertain, been employed before, although many apparently similar plans have been recommended. With proper care the patient never detects any smell of ether; in dental practice the apparatus can be readily held in one hand, and when once the patient is deeply etherised the gas bag may be replaced by the smaller bag usually supplied with Clover's portable inhaler, and the narcosis maintained as with the latter apparatus. Apologising for again trespassing upon your space, I am, etc., FREDERIC HEWITT, George Street, Hanover Square, W.

INTRACAPSULAR INJECTION IN THE EXTRACTION OF CATARACT.

SIR,—In my letter published in the JOURNAL of September 17th, the sentence "the incision was much more peripheral than now, and hence escape of vitreous was very uncommon," should have read: "the incision was much more peripheral than now, and hence escape of vitreous was not very uncommon."—I am, etc., H. R. SWANEY, Dublin, September 27th.

NAVAL AND MILITARY MEDICAL SERVICES.

SURGEON-GENERAL SINCLAIR.

On September 20th, on the eve of his departure, Surgeon-General Sinclair was entertained at a dinner given by the members of the medical staff at Malta, at the Auberge de Provence, on the completion of his five years' tour of duty, as principal medical officer of the island. Brigade-Surgeon O'Dwyer, in a few well-chosen remarks, proposed the health of Surgeon-General Sinclair, expressed the regret of the medical staff in Malta at his departure, and paid a just tribute to the merits and accomplishments of the principal medical officer. The toast was drunk with all the honours, and Surgeon-General Sinclair replied.

POST-GRADUATE INSTRUCTION FOR NAVAL MEDICAL OFFICERS.

R.N. writes: The subject of giving naval surgeons on their return from foreign service opportunities of recruiting their professional powers, which perforce may have become slightly rusty from want of practice, has been on the tapis of late, and I see in the JOURNAL of September 29th that the Admiralty have approved of a course of instruction in practical analysis at Haslar. This I think alone would be but a poor way of brushing up one whose surgical and medical ideas are getting a little behind the present date. Haslar Hospital has a magnificent laboratory, and good instruction in chemistry, but this will be almost useless to us when once more at sea, where not only have we no apparatus for prosecuting study in that subject, but where we should probably go a whole commission without occasion to test for anything more deleterious than chloride of sodium in the condensed water used as a rule in our ships. A small box of tests is supplied to every ship, and during my experience in the service I have never required anything more; and as printed instructions are supplied with each box, the course proposed at Haslar appears to me to be useless, and if insisted on, only a tie on the medical officers at Portsmouth. The opportunity of attending *post-mortem* examinations is an excellent idea, if boats could be obtained to suit their hours, a thing I doubt where much work is going on.

What is required, and nothing less, is leave for a few months to attend some large medical school or hospital in the United Kingdom, where practical and clinical medicine and surgery can be studied *ad lib.*, with more *post-mortem* examinations in one month than can be seen at any naval hospital in twelve; where the out-patient rooms can be attended, with practice with the ophthalmoscope and laryngoscope, and lastly, where the diseases of women and children can be seen, so that a surgeon may not forget absolutely that such diseases exist.

The more equal division of hospital and sea service, as is being carried out at present, is a step in the right direction, but as few operations are performed in naval hospitals except operations of emergency, and no diseases of women or children are to be seen, it does not effect everything. Another point is worthy of notice. I think that surgeons on board ship should be supplied with the latest drugs, and instructed to report on their use. This would not only be useful to ourselves, but to the whole profession generally. At present no such drugs as cocaine and antipyrin, and indeed none of the latest drugs, are supplied to us, but if required we must buy them privately, which naturally is not an encouragement.

In conclusion, what is wanted is leave to attend a civil hospital, and means to keep up what we have learnt there to a certain extent by a supply of the latest drugs, etc., and as I said before, the more equal distribution of hospital billets to be continued as begun.

If these points be carried out, the rusty naval surgeon would soon become a thing of the past.

BRIGADE-SURGEONS IN INDIA.

BRIGADE-SURGEON writes: In March, 1887, every brigade-surgeon serving in India forwarded a memorial, through the Government of India, to the Secretary of State for India, praying for recognition of the rank of brigade-surgeon in India, and for the increase of pay granted to the rank by the Royal Warrant of 1879, which created and established the rank of brigade-surgeon in the army.

The memorials were forwarded by all the brigade-surgeons in conformity with instructions from Lord Cross, communicated to them by several members of Parliament who interested themselves in the matter. The reply has only now, June, 1888, been received, and every brigade-surgeon in India has been informed "that the Secretary of State for India has intimated that he is unable to reconsider the existing regulations governing the pay and position of brigade-surgeons in India."

This reply is very disheartening, and tends to deaden all interest in the welfare of the service; the refusal would appear to come from the Secretary of State, but in reality it is the Government of India that has refused to grant what the Under-Secretary of State for India, Sir John Gorst, hesitates not to characterise as our just claims. In a letter to a prominent member of Parliament he says: "I shall be glad to do all I can to assist the just claims of these officers, but I am not sanguine that the result will be favourable, as the Government of India state that they are unable to support the prayer of the memorialists, and no arguments seem to have been brought forward which have not been considered already."

It is well known that General Wilson, when military member of the Government of India, sent home a despatch to the Secretary of State advocating in the strongest manner our claims, and recommending, on the part of the Government of India, a special rate of pay for brigade-surgeons. On that occasion the Secretary of State refused, but now, while the Secretary of State admits that our claims are just, the Government of India are "unable to support the prayer of the memorialists"—the very recommendation they made some years ago.

In every part of Her Majesty's possessions except India, the rank of brigade-surgeon is recognised. The hardship of our position is otherwise felt; formerly all surgeons-major in medical charge of regiments of the mounted branches drew 90 rupees per month extra for horse allowance. Upon the

abolition of the regimental hospital system in 1882 this allowance was withdrawn; the result is that a brigade-surgeon in medical charge of all the British troops of a station has the pecuniary and professional responsibility that was formerly divided amongst all the medical officers in charge of the regiments composing the garrison, whilst at the same time he receives from 57 to 90 rupees per month less than he drew when serving in India five or six years ago as a surgeon-major in medical charge of a single regiment of cavalry or battery of artillery—57 rupees per month less in the case of brigade-surgeons of over twenty-five years' full pay service, and 90 rupees per month less in the case of brigade-surgeons of under twenty-five years' service. This anomalous state will scarcely be credited, but it is the actual condition of every brigade-surgeon in India.

To enable you to judge of the extent of his responsibility, I may mention that the station hospital at Rawul Pindi is equipped for 442 patients, whilst those at Umballa, Lucknow, Meerut, Peshawur, Secunderabad, Poona, Mhow, etc., are equipped for from 200 to 300 patients and over; and though every other branch of the service in India, combatant and departmental, receives command or charge pay or allowance of some kind, the senior executive officers of the medical staff alone receive nothing for their great responsibility.

This simple statement of facts is laid before you in the hope that the British Medical Association, in their representative capacity, will consider the hardship of our position, and take such action as they may deem expedient to induce the Secretary of State for India to reconsider his decision and to grant our just claims.

AN ATTENUATED MEDICAL STAFF.

NON-EFFECTIVE thinks it is time our medical, in the same way as our military and naval, experts, should show the public the insufficiency of our medical organisation to meet the wants of a great war. The Commander-in-Chief and Lord Wolseley speak out plainly on the shortcomings of the services, and why should not medical experts? The Medical Department as now constituted could assuredly not cope with any grave national emergency. He pictures our entering on a war with a first-class power:

1. Reserves called out.
 2. Colonies and garrisons abroad reinforced by, say, 15,000 men.
 3. European army in India increased by 30,000 men (Lord Napier's opinion).
 4. Home forts and garrisons put into a state of defence.
 5. Two or more army corps mobilised.
 6. Militia embodied.
 7. Volunteers warned or called out.
- To meet this the present state of the Medical Service is as follows:
- | | |
|---|------------|
| 1. Full-pay medical officers in the United Kingdom (including Guards ...) | 400 |
| 2. Retired medical officers liable to be recalled and fit, say ... | 150 |
| 3. Militia medical officers fit, say ... | 50 |
| 4. Volunteer Medical Reserve willing and fit, say ... | 100 |
| Total ... | 700 |

- Number actually required for the above state of war:
- | | |
|--|--------------|
| 1. Colonies and reinforcements abroad (15,000 men) ... | 50 |
| 2. Indian reinforcements (30,000) ... | 100 |
| 3. Two army corps and base ... | 350 |
| 4. Garrisons and fortresses at home, say ... | 350 |
| Total ... | 1,100 |

Here at once is a 65 per cent. deficit for simple mobilisation, without provision for speedy and inevitable wear and tear. And our Volunteer Medical Reserve is a very unknown quantity; how many of them would leave home and practice for from 10s. to 20s. pay a day? Besides, what is to become of the volunteers if called out; many of their medical officers already forcibly drafted away as reservists?

It is needless to say a full-pay medical staff could not be kept up in peace to meet such a war emergency; but financial zealots might well pause before they clamour for the reduction of the regular medical staff to a point unfit even to meet ordinary peace duties and reliefs. If such is done, a raw and scratch medical service in war is inevitable, with a repetition of the miserable breakdown of the Crimean war. The old cry would be raised, "It is all the doctors' fault." Little do our medical volunteer reservists, thirsting for military titles and prominence in the *Army List*, think what is before them when they "heedlessly and needlessly" bind themselves beforehand to the chariot wheels of the War Office.

THE ARMY MEDICAL RESERVE.

A BATTALION SURGEON writes: The letter you publish in the JOURNAL of September 29th from "A Volunteer Surgeon-Major" is full of the best advice to surgeons of all ranks holding appointments in the volunteer force, respecting the "Army Medical Reserve" delusion. As volunteer surgeons we spend a lot of time and money in order to carry out the duties imposed upon us as such. I am certain that, taking one year with another, I am quite £200 annually out of pocket by holding the post. I am content with that because, putting patriotism aside, I am under the impression that the week camping and positive change of living from the humdrum life of country practice is beneficial to myself in many ways, and as it falls in with my way of thinking, I am not averse to the expense. As far, therefore, as volunteering proper is concerned I do not think a medical man is far wrong in doing all he can to assist to keep the force up to as high a standard as his time and means will allow. The "Army Medical Reserve," however, is quite another matter; when the Warrant came out I thought it a good thing, and hastily sent in my papers to join, but before many hours were over my head I asked to have them returned. I began after mature consideration to see the delusion, and I came to the conclusion that the whole scheme was one brought about simply to undermine the position of our medical brethren, who have worked so hard through competitive examinations to obtain a means of living in the army; and further than that, a volunteer surgeon in civil practice holding union and public appointments, probably married and with a young family, would find himself in a pretty predicament if by being in the "Army Medical Reserve" he were called upon to do duty as an army surgeon. I take it there would be no chance of escape; he would have to go, and if he returned in a few months would probably find very little of the old work left him to do, for in these days of competition it is difficult enough to keep a practice together

when one is constantly on the ground and religiously working it. Now to a volunteer surgeon matters would be very different: the condition and state of the country would be desperate indeed before our citizen army would be called to take the field, and then not only enrolled volunteer surgeons but civil surgeons would find it to be their duty to do all and go forward for the sake of their Queen and country. I am perfectly certain that patriotism would come to the front then, and then only do I consider that volunteer surgeons should go to the assistance of their army brethren.

I know for a fact that army surgeons are very much sat upon, so much so that I am very much astonished at the well-qualified and well-educated men joining; and although I am a very loyal subject I would rejoice to see the whole Army Medical Staff strike for a better state of things, and as far as I could I would assist them.

The question of rank offered to the "Army Medical Reserve" is childish and absurd, and yet that appears to me to be the only bait offered.

I hope, Sir, before many issues of your JOURNAL we shall see a string of retirements; that those volunteer surgeons who have left the beaten track will once more return to it, having seen the error of their ways.

A CORRESPONDENT sends us the following *jeu d'esprit*, entitled:

LAY OF THE "MEDICAL RESERVE."

Ye doctors of our native land
Who ne'er from duty swerve,
Arise! and join the noble band,
The "Medical Reserve."
Come! show your deep devotion
In Britain's extremity,
Give her soldiers pill and potion
In "great emergency."
We do not seek to bind you
By money obligation,
Oh no; we expect to find you
Voluntarily serve the nation;
"Good doctors" sacrifice your all
Without retaining fee;
Throw private practice to the wall
In "great emergency."
You see, dear sirs, we're in a fix,
The Medical Vote is heavy;
Grandolph falls like a load of bricks
Upon each reg'lar levy.
Up, volunteers! and make a show
Fore Estimates Committee;
Let's quote you, vote you, in a row
For "great emergency."
'Tis true, there's some conditions
On which we must insist,
Ere your names in proud positions
Figure in the *Army List*;
But terms you'd deem of small account,
With the glorious certainty
Of the patriot height your fame will mount
In "great emergency."
First, you must all be sound and strong;
In morals, spotless, clear,
Before to the "Reserve" you can belong,
With self-denial sincere.
Your character and qualifications
Must be of high degree;
'Gainst cavil and contradictions
In "great emergency."
All "doctors good" grind at the mill
As long as they're alive,
But we want you only reserved until
The age of sixty-five.
Bad luck—if then you're clean worn out,

Perchance in poverty;
You'll have still the boast of brave
turn out
In "great emergency."
When the pension-pampered A.M.D.
Embark to fight our foes,
You'll pitch your practice in the sea
And step into their shoes;
From wife and child you'll quick away
Where'er you order'd be,
Then back home to work as best you
may,
After "great emergency."
But we've another little job for you—
'Bove all you must observe
'Twas the object chief we had in view
In framing the "Reserve";
At "contract rates" you'll service give
In your kind charity,
To troops who near you chance to live
In any "emergency."
Think of the clean crisp "fivers"
Which thus to you will fall,
While mercenaries roast their livers
In climates tropical.
We mean to make the hirelings toil
In exile constantly,
While you at home can bag the spoil
In all "emergency."
No sev'ring from your corps we need,
Rifles, gunners, engineers:
Though in *Reserve* you'll still indeed
Be active volunteers.
We've deftly planned that for the nonce
By some hankee-pankee
In two spots (like birds) you'll be at
once
In "great emergency."
Send in your names, time never waits;
Secure the "prior claim";
To be employed at "contract rates"
Should be your highest aim.
Save! save! the State, surgeon volun-
teers
From impending bankruptcy,
And help us to dish your proud com-
frères
In "great emergency!"

RELATIVE RANK QUESTION.

VETERAN writes: The annual Highland gathering or "Northern meeting" took place at Inverness on September 20th and 21st. In publishing the list of names of gentlemen present in the local newspapers, it is usual to arrange military officers in the order of their army rank, and this rule was followed on the present occasion. Hitherto it was the practice to enter the names of medical officers present according to the relative rank which they formerly held. On this occasion I observe that the names of a brigade-surgeon and a surgeon are placed at the bottom of the list, below those of lieutenants of the regular army, militia, and volunteers. So much for the opinion of the general public of the effect of the abolition of relative rank on the position of medical officers in Her Majesty's service.

If junior members of the profession voluntarily place themselves in such a degraded position they will have only themselves to blame, but it is very gallant to those who entered the service under different circumstances. From personal experience, extending over upwards of a quarter of a century, I can assure intending candidates that as they rise in the service they will feel more and more the disadvantages under which they labour from the want of a distinctly recognisable army rank and title.

SOLDIERS' RATIONS.

BRIGADE-SURGEON (Alexandria) writes: In order to get as much as possible out of these, why not introduce prizes for good cooking in regiments? Rewards are given for good shooting, good conduct, skill at arms, soldiers' gardens,

educational proficiency, but none for best adapting the food of the men to their bone and muscle. If these did nothing else, they would have the effect of stirring up competition, and so draw constant attention to the matter, and keep contractors on the qui vive. A scheme for inspection at certain intervals might easily be drawn up.

RAPID PROMOTION.

A CORRESPONDENT "M.D." draws attention to what he calls the "rapid promotion" in recent gazettes of certain officers of the Army Medical Reserve, who are suddenly advanced from the status of "Surgeon," ranking with "Captains," to that of "Surgeon-Major," ranking as "Lieutenant-Colonels," and asks, How is this?

"* We really cannot say; probably the gentlemen in question have been connected with the volunteers for twenty years, and the intervening rank Major is conveniently skipped in order to attract recruits to the Reserve, and make things pleasant all round."

THE NAVY.

MR. R. S. THOMSON, M.B., is appointed Surgeon to the Clyde Brigade of the Royal Naval Artillery Volunteers.

Staff-Surgeon G. B. MURRAY has been promoted to be Fleet-Surgeon, entered the service as Surgeon July 11th, 1868, and became Staff-Surgeon December 24th, 1879.

Staff-Surgeon CHRISTOPHER PEARSON, M.A., M.D., has been appointed to *Gazet* when recommissioned, and Surgeon F. W. STERICKER to the *Cockatrice*.

THE MEDICAL STAFF.

SURGEON-MAJOR M. L. WHITE is granted retired pay. His commissions dated as follows: Assistant-Surgeon, September 22nd, 1858; Surgeon, May 1st, 1873; and Surgeon-Major, April 1st, 1873. He has no war record.

Surgeon W. A. MORRIS is appointed Adjutant to the Volunteer Medical Staff, vice Surgeon J. L. HALL, whose term of office has expired.

Surgeon B. H. L. BELL, serving in the Bengal Command, has leave to England for six months on private affairs.

Surgeon F. D. ELDERTON, serving in the Bengal Command, has leave to Canada (British Columbia) for four months on private affairs.

Surgeon C. E. NICHOL, M.B., serving on general duty, Bombay District Northern Division, and Aden, is transferred to general duty in the Po Division.

The undermentioned officers on the Bombay Establishment, whose tour of foreign service will expire during the trooping season of 1888-9, will proceed to England in Her Majesty's Indian troopships, doing duty with troops on voyage: Brigade-Surgeon C. H. GIRAUD, Surgeons-Major H. C. GUINNESS, WAGHORN, J. WILLIAMSON, M.B., D. B. BROWN, and Surgeons A. F. RUSSELL, M.B., C. E. NICHOL, M.B., H. E. DEANE.

The following officers of the Medical Staff, on the Bengal Establishment whose tour of foreign service will expire during the trooping season of 1888-9, will proceed to England during the ensuing trooping season, and will be detailed by the Surgeon-General, Her Majesty's Forces, for duty with troops barking in the several troopships. Brigade-Surgeons T. WALSH, W. TERN, M.B., V.C., and J. A. SCOTT (in exchange with Surgeon-Major T. RAME, Surgeons-Major J. GOOD, A. SANDERSON, W. H. B. CLAPP, M.D., C. A. ATT, J. L. NOTTER, M.D. (already ordered to return to England), H. COMEY, M.D., J. P. ROONEY, E. J. FAIRLAND, E. TOWNSEND, M.D., J. H. MOORE, BARRY, M.D., J. WALKER, M.B., R. ANDERSON, M. KNOX, J. D. EDGE (in exchange with Surgeon-Major F. B. SCOTT), J. M. BEAMISH, M.D., and B. BLENNERHASSETT (in exchange with Surgeon-Major R. BLOOD, who exchanges with Surgeon-Major H. STANNARD); Surgeons J. F. WILLIAMSON, M.B. (in exchange with Surgeon A. SHARPE), A. KEDGE, M.D., E. H. MYLES, M.B. (in exchange with Surgeon E. O. WIGHT), P. MULVANY (in exchange with Surgeon Hickman), R. F. ADAMS, M.B. (in exchange with Surgeon F. J. LAMBIN), WOODHOUSE, C. J. ADDISON, A. G. KAY, M.B., S. J. RENNIE, H. O. TREVO, W. JEROME, L. H. TRUEFIT, M.B., S. WESTCOTT, H. R. WHITEHEAD, I. SKINNER, C. R. BARTLETT, C. R. TYRRELL, and J. R. STUART, M.B.

ARMY MEDICAL RESERVE.

SURGEON and HONORARY SURGEON-MAJOR S. A. JULIUS, 1st Cinque Ports Volunteers, and Surgeon A. D. MACDONALD, M.D., of the 3rd Volunteer Battalion, King's Own Scottish Borderers (late the 1st Dumfries), to be Surgeon-Major (ranking as Majors).

Acting-Surgeon J. G. SAVILLE, 5th Volunteer Battalion, Manchester Regiment (late the 20th Lancashire), to be Surgeon (ranking as Captain).

INDIAN MEDICAL SERVICE.

THE undermentioned Surgeons of the Bengal Establishment are appointed the officiating medical charge of the regiments specified:—A. E. ROBERT, Bengal Cavalry, vice Surgeon A. W. DAWSON, on sick leave; J. MORWOOD, from the 30th Punjab Infantry to the 19th Punjab Infantry, vice Surgeon Major J. W. JOHNSTONE, on sick leave; A. C. DEARE, 23rd Pioneers, vice Surgeon W. L. PRICE, temporarily transferred to civil employ.

Surgeon J. M. MACNAMARA, M.D., who is serving in the Bengal Command has passed the examination in Hindustani, by the lower standard.

Surgeon-Major J. J. MONTEATH, M.D., of the Bengal Establishment, Surgeon of Hooghly, died at Chinsura, of heart disease, on September 1st. He entered the service as Assistant Surgeon, April 1st, 1868, and became Surgeon-Major, April 1st, 1880.

THE VOLUNTEERS.

ACTING-SURGEON E. B. DE B. ROBERTSON, 2nd Volunteer Battalion, West Regiment (late the 3rd Kent), has resigned his commission, which bore date June 5th, 1878.

Acting-Surgeon J. F. ARLIDGE, 3rd Volunteer Battalion, West Riding Regiment (late the 9th West Riding), is promoted to be Surgeon in the same.

ST. THOMAS'S HOSPITAL.—Open Scholarships in Natural Science have been awarded to Mr. E. M. HARRIS with (125 guineas) and Edwin Smith (£60).

--	--	--	--	--

NAVAL AND MILITARY MEDICAL SERVICES.

REFORM IN THE MEDICAL STAFF.

"REFORM" draws our attention to a letter in a contemporary, dated from Lucknow, which he considers exhibits at once a true and sad picture of medical affairs in India. Compared with all other officers—even with veterinary surgeons—the younger medical officers are underpaid; the surgeon ranking as captain draws Rs. 317, the veterinary as lieutenant Rs. 400 as a minimum *per mensem*. Evidently horses and cattle are of more value than human lives. The juniors have no regimental connection—no society, no messes—and are left to "pig it in their bungalows as best they can." The men of twenty years' service are leaving as fast as they can; their seniors hang on in disgust, hoping against hope for promotion to the administrative grades; of the latter it is well known that "several are unfit for active work," "not two-thirds" probably fit for active service, broken down through climate. Why are men physically unfit allowed to serve on indefinitely?

Our correspondent hails with joy the probable "partial return to the regimental system in the regular army," casually mentioned in a note on page 831 of this JOURNAL. It would go far to repair the breach. The unification system, pure and simple, has done much to cause the present lamentable estrangement between the combatant and medical ranks. The two sets of officers are no longer in healthy touch. He hopes that, with a clear and definite solution of the rank question, the introduction of a modified regimental system, worked in unison with station hospitals, will be adopted. This, more than anything else, would probably restore mutual harmony and good fellowship between the Medical Staff and the army at large.

* * We hear that a partial return to the regimental system is now engaging the attention of the authorities, and we sincerely hope it will meet with unbiassed deliberation.

THE ALEXANDER PRIZE.

BOXER FINE writes: Referring to your notice regarding the "Alexander Medical Prize," could you manage to ask the committee to publish a short explanation in the JOURNAL as to what they mean by the title of the essay? As it reads at present, it is very hard indeed for intending competitors to clearly understand the subject and its scope.

FOREIGN MEDICAL REGULATIONS.

MR. E. TENISON COLLINS (Edinburgh) writes: In answer to inquiry of "M.S.," *Traité de Chirurgie de Guerre, L'Histoire de la Chirurgie Militaire Française*, par E. Delorme, Médecin-Major, Professeur de Clinique Chirurgicale au Val de Grace, published by Félix Alcan, Paris. Vol. I only out at present.

THE VOLUNTEER MEDICAL SERVICE.

MR. EDWARD L. FRIER (Acting-Surgeon 1st Volunteer Battalion Royal Warwick Regiment, Honorary Secretary Midland Volunteer Medical Association) writes: I was very pleased to read your leader in the JOURNAL of October 6th, and the letters of "A Volunteer Surgeon-Major" and others on the subject of Army Medical Reserve. I subjoin a copy of the answers given by the medical officers of the 1st Volunteer Battalion Royal Warwick Regiment to the circular letter sent out from the War Office, and sincerely hope that the inquiry may have the effect of placing volunteer medical officers on a harmonious footing with their confrères of the Medical Staff, and at the same time of improving the military status of both services.

"1. The regimental organisation for volunteer corps, so far as it affects the rank and position of medical officers in such corps?—Most unsatisfactory. Relative rank acknowledged to be a dead letter. Volunteer Surgeons are in the same anomalous position as officers of the Medical Staff, without any rank at all (that is, military rank, the only one recognised in the army). Acting-Surgeons, irrespective of strength of battalions, age, position in civil practice, and length of service (which, if rendered properly, involves as much, or even more, work than that of a company officer) have no commission at all, and continue to rank junior to newly gazetted subalterns, often boys fresh from school.

"2. The Army Medical Reserve, so far as commissions in it affect the status and position of volunteer medical officers?—The status and position of volunteer medical officers do not appear to be one whit improved by commissions in the Army Medical Reserve. The only effect it may have will be to cause possibly invidious distinctions among officers of the Volunteer Medical Service. The 'step of rank' (which is no rank, as before stated) should be too transparent a bait to be greedily swallowed.

"3. The condition under which all classes of volunteer medical officers are, or should be made, liable to be called upon for service with volunteers or with troops generally?—All volunteer medical officers are, and should be, called upon for service only in accordance with the Volunteer Act, 1903, section 11, and not be liable to be called away from their civil practices whenever a Government might think fit to create a 'national emergency,' which would be possible under the Royal Warrant for Army Medical Reserve. At the same time it is competent for such officers as could arrange to do so to be enrolled in a reserve which would not be used as a lever to weaken the status and position of officers of the Medical Staff, or keep them on continuous foreign service. In the absence of officers of the Medical Staff, volunteer officers, irrespective of reserve, should have priority over civil surgeons in examinations of recruits, etc."

As an instance of the unsatisfactory state of the present regimental

Mr. A. GATHORNE HARDY stated that he was a member of the Committee on the Army Estimates, but he had only given a modified assent to the recommendations of the Committee in regard to this vote. He entirely dissented from their recommendation that the regimental system for the medical officers of the Guards should be abolished. He was not in favour of retaining any special privileges for the Guards in regard to brevet rank and other questions, but he believed that the regimental system was the best, wherever it could be carried out. In many cases, when they were dealing with small numbers of men, it was impracticable to retain the regimental system, but where, as in the case of the Guards, a large number of men were quartered in one place, it was quite practicable to retain it. He expressed his regret that the Committee should have arrived at their decision without having called the commanding officers of the Guards before them, and heard what they had to say.

Mr. STANHOPE declined to discuss the question raised by the hon. member, as the recommendations of the Committee on the Estimates was still under the consideration of the Government.

Mr. HARDY said he had not expected a reply from the right hon. gentleman, but as some of the recommendations of the Committee might have been carried out before the estimates were discussed next session, he only wished to enter his protest against the recommendations of the Committee in this particular instance.

Dr. TANNER said that if they desired to keep the Army in a satisfactory state of health they must have medical officers. It appeared from the vote that there was a reduction of no less than £5,000 for drugs, and the entire vote for the Medical Department showed a reduction of £9,200.

The FINANCIAL SECRETARY to THE ARMY (Mr. BRODRICK) said the matter was easy of explanation. There had been a considerable return into store this year of the medicines sent out to Egypt.

Dr. TANNER said his only desire was to get at the facts of the case, and to ensure that the Medical Department of the Army had a proper supply of medicine. He should like to know what was the value of the medicines returned from Egypt, and by whom they were valued.

Mr. STANHOPE said he was afraid the hon. gentleman required too much. He must rest content with the fact that, although there had been a reduction in the estimate, it had not been brought about by any deterioration in the quality of the medicines supplied.

The vote was then agreed to.

OBITUARY.

WILLIAM HENRY BARLOW, M.D., ST. ANDREWS.

At the comparatively early age of 51 years death has removed from amongst the medical profession in Manchester one of its hardest-working members. Dr. Barlow received his professional education at the Manchester Royal School of Medicine, and after fighting his way through many obstacles which beset his early path he succeeded in obtaining, in 1867, the appointment of Physician to the Dispensary of the Pendlebury Hospital, which was at this time developing from a minor institution into one of the largest hospitals for children in the country. By his assiduous and careful work amongst the out-patients he aided in the rapid rise in popularity of the hospital, and soon made a reputation as an able and painstaking observer. His contributions to medical literature were marked by accuracy in detail and a thorough study of the cases on which they were founded, and their value was enhanced by the originality and scientific spirit they always showed. The most important of them was an able essay on *Regressive Paralysis*, which was afterwards translated into Italian by Dr. Bompiani, and a paper on Granular Contracted Kidney in an Infant; but he wrote valuable articles likewise on pseudo-hypertrophic paralysis, whooping-cough, and other ailments pertaining specially to childhood.

On his retirement from active work at the Dispensary in 1878 he was appointed Consulting Physician to the institution, and subsequently devoted himself to private practice.

The Medico-Ethical Society of Manchester owes much to Dr. Barlow, for he acted as its secretary for five years, and for a much longer period was one of its most active members, devoting his best energies to render it useful as well as popular.

Dr. Barlow passed away in the very midst of that work to which he had so long been devoted, for death came quite suddenly at last, though indications of failing health had not been entirely wanting.

FREDERICK FREEMAN ALLEN, M.D., C.B.

Surgeon-General, Indian Medical Service.

SURGEON-GENERAL ALLEN, M.D., C.B., honorary physician to the Queen, whose death occurred at Tunbridge December 28th, 1888, entered the service in 1848, and served in medical charge of the 4th Regiment, Irregular Cavalry, and hospital of 2nd Bengal Fusiliers during the siege operations before Delhi in 1857, and was present at the assault and final capture of Delhi (medal and clasp) in October 1857. He proceeded in medical charge of the 2nd Bengal Fusiliers and Brigade Staff forming part of Brigadier Showers' column, into Mewatee country, and was present at the capture of Forts Rewaree, Jhujur, and Kamound. In October, 1858, he

That great Administrator, Sir Henry Lawrence, trusted, however, to other means than force for quieting and civilizing the trans-Indus territory.

THE MEDICAL ORGANIZATION OF OUR ARMY.

FOR PRIVATE CIRCULATION.

a stop to this feudal folly.

Adjutant-General's Office, Simla, November 1st, 1888.
Army Regulations.—The following corrections are made to Army Regulations, India, vol. II, "Discipline,"
2310 (a). Native officers, non-commissioned officers, and men, whose senses and mental perceptions and general intelligence have become so dull and impaired as to render them unable to perform their military duties to the satisfaction of their commanding officers and up to the requirements of the service, and those whose presence is more or less an encumbrance so long as they occupy the place of able-bodied men, will be brought before special boards, to be convened under the orders of the general officer commanding. These boards will be composed of two field officers and one medical officer in attendance. If it can be avoided no officer of the regiment to which the men appearing before the board belong is to sit thereon, nor in any case is more than one officer of such regiment to be a member of the board. The medical officer in attendance is considered as one of the board for the purposes of this order.

NAVAL AND MILITARY MEDICAL SERVICES.

MEMORANDUM ON RANK FOR ARMY MEDICAL OFFICERS.

In view of the promise of the Secretary of State for War to take up, early next session, the question of rank for the medical officers of the Army, the following are submitted for consideration in support of their claims to having rank conferred upon them:—

1. It has been found necessary in the interests of the service that medical officers should have command of their own men—the Medical Staff Corps and all military hospitals during peace as well as on active service. They are now in the anomalous position of having disciplinary powers and the command over men who have substantive rank, when they themselves have no rank whatever.

2. The medical is the only combatant, so to speak, of all the departments of the Army, as, from the nature of their military calling they are compelled to perform their professional duties under fire, side by side with the fighting line; nevertheless rank has been denied to the medical officers, who run all the risks of battle, and yet it has been conferred on the officers of departments whose duties seldom, if ever, require them to be at the front.

3. A portion of the officers of the Medical Staff, namely, quartermasters, have been recently granted honorary rank, while their immediate commanding officers have no rank. Surely this is an anomaly!

4. It has been put forward that if the rank were given to medical officers it would interfere with the proper performance of their professional duties; quite the contrary, a contented department cognisant of an assured position in the Army is more likely to carry out its duties satisfactorily than one continually unsettled by substantial grievances.

The military rank granted to the Royal Engineers has in no way interfered with the proper performance of their professional duties as engineers, nor is it anticipated that by granting rank to the Army Service Corps the Army will suffer in a commissariat point of view.

5. The great majority of the best professional men of the Army Medical Staff are unanimous in their opinion that rank should be conferred upon the officers of their department; having in view the multifarious military duties they have to perform, in addition to their professional work.

Medical officers do not aspire to command outside their own corps, but consider that the time has arrived for them to obtain a definite military position, especially as rank has been conferred upon the more purely civil departments of the Army.

It is, moreover, advisable that the officers of the Medical Staff and the non-commissioned officers and men of the Medical Staff Corps should be thoroughly and completely amalgamated into one corps, as has been recently done in the case of the Army Service Corps.

* * We have received the above memorandum of this important subject, which we believe is being circulated in influential quarters; it fairly summarises much, if not the bulk, that has been written on the rank question.

CORPS OF ROYAL SURGEONS.

MEDICAL STAFF sees no difficulty in forming such a corps; there has been no difficulty in converting the Commissariat from a department into a corps. A Royal Medical Corps or a Corps of Royal Surgeons would, of course, be represented at headquarters by an assistant adjutant-general, and placed under one of the military departments instead of its present isolation under departmental officials; such would increase its status and efficiency.

PAY OF MEDICAL STAFF.

MEDICAL STAFF writes: The supposed enormous (?) pay of medical officers does not bulk largely beside that of another technical corps—the Royal Engineers. Officers of that corps are trained at the expense of the State, and have assured military status and titles, and a large number of lucrative appointments open to them, to all of which medical officers are strangers. Yet a subaltern of engineers receives £200 a year, and a captain £350, without allowances, the latter being £5 more than the supposed big pay of a surgeon-major!

EXTENSION OF FOREIGN SERVICE.

ONE ABROAD protests against the new six years' tour being made retrospective, which, by its coming into operation on April 1st, 1889, is the case. The ruling of its application to officers already serving in India is most inequitable. The rule will simply deplete the active and crowd the retired list, for medical officers are not insensible to the effects of Indian climate, and the exacting duties demanded of them. It is earnestly to be hoped that our friends in Parliament will contend against the retrospective application of the new rule.

NAVAL AND MILITARY MEDICAL SERVICES.

REFORM IN THE MEDICAL STAFF.

"REFORM" draws our attention to a letter in a contemporary, dated from Lucknow, which he considers exhibits at once a true and sad picture of medical affairs in India. Compared with all other officers—even with veterinary surgeons—the younger medical officers are underpaid; the surgeon ranking as captain draws Rs. 317, the veterinary as lieutenant Rs. 400 as a minimum *per mensem*. Evidently horses and cattle are of more value than human lives. The juniors have no regimental connection—no society, no messes—and are left to "pig it in their bungalows as best they can." The men of twenty years' service are leaving as fast as they can; their seniors hang on in disgust, hoping against hope for promotion to the administrative grades; of the latter it is well known that "several are unfit for active work," "not two-thirds" probably fit for active service, broken down through climate. Why are men physically unfit allowed to serve on indefinitely?

Our correspondent hails with joy the probable "partial return to the regimental system in the regular army," casually mentioned in a note on page 301 of this JOURNAL. It would go far to repair the breach. The unification system, pure and simple, has done much to cause the present lamentable estrangement between the combatant and medical ranks. The two sets of officers are no longer in healthy touch. He hopes that, with a clear and definite solution of the rank question, the introduction of a modified regimental system, worked in union with station hospitals, will be adopted. This, more than anything else, would probably restore mutual harmony and good fellowship between the Medical Staff and the army at large.

* * We hear that a partial return to the regimental system is now engaging the attention of the authorities, and we sincerely hope it will meet with unalloyed deliberation.

THE ALEXANDER PRIZE.

BONNIE FIVE writes: Referring to your notice regarding the "Alexander Medical Prize," could you manage to ask the committee to publish a short explanation in the JOURNAL as to what they mean by the title of the essay? As it stands at present, it is very hard indeed for intending competitors to clearly understand the subject and its scope.

FOREIGN MEDICAL REGULATIONS.

MR. R. TENSION COLLINS (Edinburgh) writes: In answer to inquiry of "M.S.," *Précis de Chirurgie de Guerre, d'Histoire de la Chirurgie Militaire Française*, par B. Delorme, Médecin-Major, Professeur de Clinique Chirurgicale au Val de Grâce, published by Félix Alcan, Paris. Vol. 1 only out at present.

THE VOLUNTEER MEDICAL SERVICE.

MR. EDWARD L. FRIEZE (Acting Surgeon 1st Volunteer Battalion Royal Warwick Regiment, Honorary Secretary Midland Volunteer Medical Association) writes: I was very pleased to read your leader in the JOURNAL of October 6th, and the letters of "A Volunteer Surgeon-Major" and others on the subject of Army Medical Reserve. I submit a copy of the answers given by the medical officers of the 1st Volunteer Battalion Royal Warwick Regiment to the circular letter sent out from the War Office, and sincerely hope that the inquiry may have the effect of placing volunteer medical officers on a harmonious footing with their comrades of the Medical Staff, and at the same time of improving the military status of both services.

"1. The regimental organization for volunteer corps, so far as it affects the rank and position of medical officers?—The status and position of volunteer medical officers do not appear to be one what improved by commissions in the Army Medical Reserve. The only effect it may have will be to cause possibly invidious distinctions among officers of the Volunteer Medical Service. The "step of rank" (which, as before stated, should be too transparent a bait to be greedily swallowed).

"2. The Army Medical Reserve, so far as commissions in it affect the status and position of volunteer medical officers?—The status and position of volunteer medical officers do not appear to be one what improved by commissions in the Army Medical Reserve. The only effect it may have will be to cause possibly invidious distinctions among officers of the Volunteer Medical Service. The "step of rank" (which, as before stated, should be too transparent a bait to be greedily swallowed).

"3. The condition under which all classes of volunteer medical officers are, or should be, liable to be called upon for service with volunteers or with troops generally?—All volunteer medical officers are, and should be, called upon for service only in accordance with the Volunteer Act, 1862, section 11, and not be liable to be called away from their civil practices whenever a Government might think fit to create a "national emergency," which would be possible under the Royal Warrant for Army Medical Reserve. At the same time it is competent for such officers as could arrange to do so to be enrolled in a reserve which would not be used as a lever to weaken the status and position of officers of the Medical Staff, or keep them on continuous foreign service. In the absence of officers of the Medical Staff, volunteer officers, irrespective of reserve, should have priority over civil surgeons in examinations of recruits, etc."

As an instance of the unsatisfactory state of the present regimental

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, December 10th.

SUPPLY. ARMY ESTIMATES. THE ARMY MEDICAL DEPARTMENT.

On the vote of £294,900 for the Army Medical Department, Dr. FARGHARSON

said that he could not avoid the expression of some regret that an opportunity so favourable in some respects for discussing army medical matters

should be lost. This vote usually came on in the small hours, or was so

pushed into a corner that it could find no elbow room, and its present favourable

place on the orders of the day might have been utilised with some advantage.

But at the leaders on both sides of the House had agreed to postpone the

consideration of the evidence taken before Lord Randolph Churchill's Committee, and as a pledge had been given that the estimates should be brought

forward early in next session, he would do nothing to disturb the honourable

understanding which had been arrived at, but he would like to draw attention

to two questions of pressing importance. The first of these was that of relative

rank, of which the right honourable gentleman (Mr. Stanhope) had

already heard enough, or perhaps he might think more than enough, and at

the outset he would like to ask him why its abolition had taken place, and

what good had been done to anyone by a change which had aroused so much

bitterness and ill-feeling? In support of his contention that the withdrawal of

this rank was unpopular in the service, he would direct the attention of the

House to the analysis recently made by the *BRITISH MEDICAL JOURNAL* of the

opinions of nine hundred medical officers of every rank recently submitted to

the Editor in response to an appeal for information, to the unanimity of feeling

in the law they had sustained, and to the various remedies proposed. In

addition to this, he might state that he had himself received a large number

of letters from correspondents all over the world, pointing how this recent change

had injuriously affected their interests, and giving practical illustrations of

the serious blow which their social position has sustained. Combination is held

in such righteous horror throughout the public services that Mr. Stanhope was

unable to receive this collective expression of opinion, and although he was

technically right, he may perhaps be able to study the analysis privately, and

give it due weight to the intervention of such a powerful and representative

body as the British Medical Association. It is all very well to say that medical

officers have their individual remedy, and that each of them may lay his case

or his views before the Principal Medical Officer of his district, or even before

the Director-General. But, putting aside the enormously increased influence

of protest when made collectively and with organised force, it must be admitted

that he would be a bold man indeed who would venture alone and unsupported

within the precincts of Pall Mall or Whitehall Yard for the purpose of finding

fault with a regulation recently issued under the sanction of the highest

authority. He hoped that the mind of the right hon. gentleman was not yet

finally closed on this subject, and, in conclusion, he would thank him for having

partially removed the grievance by placing the distinctive military rank along

side of the actual medical rank in the *Army List*. The second grievance to

which he would refer is that of surgeons-major who fall in their

examination for promotion, and who are not allowed a second chance.

He was able to tell the House that several gentlemen of long service

and of first class qualifications had been suddenly called upon to

pass this examination in hot climates, removed from books, and with-

out any warning that one failure would be fatal to their professional

advancement. It is of course essential to test the capacity of applicants for the

junior ranks, but when an officer has served for twenty-five or thirty years, and

naturally hopes for promotion to the rank of brigade-surgeon, he has a right

to expect that special consideration shall be given to his previous record of

service, and to his general character for practical knowledge and common sense.

A man may not have the literary faculty sufficiently developed to enable him

to put what he knows on paper, but he may at the same time have those very

qualities of presence of mind and natural shrewdness, which are far superior to

mere book learning, and which are so necessary for success either in the field or

in camp. Combatant officers are allowed at least a second chance after failure;

there is no examination for the command of a regiment, for it is rightly held

that at this period of service the evidence of capacity can be more safely

afforded in other ways. He would therefore appeal to the right hon. gentleman

to soften down a regulation which has caused much discontent, and not

to extinguish a promising career of service on the verdict of a single failure to

answer questions which may or may not afford a satisfactory criterion of pro-

fessional merit.

Sir W. CROSSMAN asked for an explanation why the privileges now enjoyed at

Netley were in future to be transferred to the medical schools in India.

Dr. TANNER thought the Secretary for War would do well to solve the

difficulties in connection with the Army Medical Department, which were alleged

to have been productive of very bad results. Medical officers who had been

stationed in South Africa or in some of the hill stations in India, when they

returned home rusty after long service abroad, should have some consideration

paid to them. Why should the principle be adopted that existed in Berlin

of allowing medical officers to renew their studies in the national institutions,

such as the *Leiden hospitals*? When he was studying in Berlin he found that

the institutions there were full of both army and naval medical officers. He

had received a distinct assurance from the First Lord of the Admiralty that

this would be done in connection with the navy, and he was of opinion that

what could be done in reference to the navy could be still more easily done in

regard to the army. He hoped the Government on this particular would con-

sult some of the heads of the medical profession and some of the retired army

medical officers. If they would form a Committee to deal with the question,

he believed that a great amount of good might be done. He did not propose to

enter into the question of relative rank, or into the vexed question of pro-

motion to the rank of brigade-surgeon, but he hoped they would receive the con-

sideration they deserved. He could not conceive how it was that an army

medical officer did not receive the relative rank to which he was fairly entitled.

The case of brigade-surgeons in India was a particularly absurd one. They

were called upon to perform arduous duties, to travel about the country, and

they received a higher sounding title, while, practically speaking, they were

worse paid, and even the gorgeous uniform they were required to wear made

steadily inroad upon their finances. There was another point which he had

already considered it his duty to bring under the notice of the Government, namely, the sending out of young medical officers to India immediately after they joined the service. The result was that there was a considerable amount of mortality among young medical officers who had had no period of probation and were sent out at once to a warm climate, and being the junior medical officers were allotted the worst stations. If it were desirable to send out young medical officers to India, they ought at least to be located for some time in a more healthy locality until they became acclimatised. As to the burning question of the transference of the medical school to the new schools which were to be created in India, he did not think that sufficient attention had been paid to the subject. If the right hon. gentleman discredited his statement, he would refer him to the columns of the *BRITISH MEDICAL JOURNAL*, where the question had been discussed at considerable length. He did not know whether the idea was to effect economy, but it was certainly a very extraordinary thing that they were going to create these large schools in India.

The CHAIRMAN said the question of the administration of the medical depart-

ment in India did not apply to the present vote.

Dr. TANNER said he understood that the vote contemplated the transference

of the medical schools from Netley, and that the expenditure which had

hitherto been borne under the head of Netley would now be distributed over

a very much larger area. If those gentlemen who had hitherto received their

education at Netley were to be transferred to India, there would undoubtedly

be a considerable increase of expenditure, because, although there were at

Netley all the requirements of this higher education, that would not be the

case elsewhere; they would have to be created at great and wholly unnecessary

expense. As far as he had heard, no fault had been found with the system of

education which had hitherto prevailed at Netley. On the contrary, it had

been found very workable and satisfactory. Tropical diseases could be studied

just as well at Netley as in India. In India, of course, there were opportunities

of seeing special cases, but that was not the point, and he hoped what he said

would be repeated again and again by officers of the army medical department,

who had all their life paid attention to the matter. He did not think that the

Secretary for War and his colleagues had paid sufficient attention to the

demands of the department, or otherwise this change would never have been

contemplated without, at any rate, some specially expressed opinion from the

officers at the head of the department.

Sir W. ROBERTSON said he had desired to say a word upon the question of

medical rank which had been raised by the hon. member for Aberdeenshire,

but would abstain from doing so after the general expression of opinion that

the discussion of this estimate should be postponed until next year. He had

only risen to emphasise the importance of the subject, and he trusted that

before the estimates were discussed at the beginning of next year the Secretary

for War would give an undertaking that it should be carefully inquired into.

The question of the relative rank of army medical officers was certainly one

which demanded serious consideration.

The SECRETARY FOR WAR (Mr. R. STANHOPE) said that several questions had

been put to him in the course of debate to which he would endeavour to reply.

So far as the scheme put forward by the hon. member for Mid. Cork (Dr.

Tanner) was concerned, in reference to the education of army medical officers,

he had not been able to follow the views of the hon. member completely, and

would be glad if the hon. member would lay it before him in writing. He

would promise that any suggestion made by the hon. member should be fairly

considered. The point raised by the hon. member for Portsmouth (Sir W.

Crossman) had not yet been placed before him, although a somewhat cognate

question had. He was certainly of opinion that army medical officers should

have an opportunity of refreshing their scientific knowledge by going to Net-

ley. The hon. member for West Aberdeenshire (Dr. Fargherson) had raised

two questions. The first was that of relative rank, which, no doubt, was of

interest to the medical department of the army. He had had occasion to hear

a good deal of it, and at one time he received a deputation of gentlemen who

wanted upon him to represent the injury they thought they had sustained.

But he was bound to say that, having heard all the statements they had to

make, he could not discover that they had established any grievance at all.

There could be no doubt, that the grievance, if there was one, was of a senti-

mental character, but he agreed that sentiment had to be reckoned with as

well as anything else. The main object, however, appeared to be not so much

to obtain relative rank as what might be called substantive rank. The notion

was that the titles of surgeon-colonel and surgeon-major should be conferred.

At the present moment he was inclined not to depart very far from the attitude

he took at the time he received the deputation. He had done his best by an

alteration of the *Army List* to prevent any misconception in the matter. He

had arranged that in case a medical officer failed to pass an examination,

a college degree should be admitted as an equivalent.

Dr. FARGHERSON asked if that was to be prospective only.

Dr. STANHOPE said that he was afraid that he could not answer that ques-

tion, but he would communicate privately with the hon. member. He wished

to say generally upon this vote, that some important suggestions had been

made by the Committee on the Army Estimates. Those suggestions were being

taken into consideration, and he hoped next year when the estimates were

again before the Committee, to be able to show what had been done in regard

to them.

Colonel NOLAN did not think that the Secretary for War had given a very

satisfactory answer as to the assumption of relative military rank by surgeons.

He thought that seniority ought to be taken into account, and it would be a

comparatively harmless privilege to allow them more closely to resemble the

colonels and majors in the army, which were the titles they desired to assume.

He thought the rank might be more definitely laid down in the *Army List*.

For himself he should feel very much inclined to grant the medical officers of

the army whatever they wished in this respect. Upon the question of economy

he was of opinion that at present we paid an extravagant sum for our medical

establishment; he would suggest that pensions on retirement were given at

too early an age, and that the medical officers should be required to serve for a

longer period. He did not think they were overpaid, and he was not in favour

of reducing the pay, but he knew of one instance where a surgeon-major re-

ceiving £250 a year, and only 44 years of age, retired, and became a surgeon-

general with £300 a year. Real economy might be effected by prolonging the

term of office and increasing the efficiency of the officers; the titles they re-

ceived should rest upon age and length of service. He believed that if his

suggestions were carried out, they might knock off £10,000 a year without

doing much injury to the medical service. That was the direction in which

economy ought to be pushed.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, December 14th.

SUPPLY: ARMY ESTIMATES; THE ARMY MEDICAL DEPARTMENT.

ON the vote of £304,900 for the Army Medical Department, Dr. FARQUHARSON said that he could not avoid the expression of some regret that an opportunity so favourable in some respects for discussing army medical matters should be lost. This vote usually came on in the small hours, or was so pushed into a corner that it could find no elbow room, and its present favourable place on the orders of the day might have been utilised with some advantage. But as the leaders on both sides of the House had agreed to postpone the consideration of the evidence taken before Lord Randolph Churchill's Committee, and as a pledge had been given that the estimates should be brought forward early in next session, he would do nothing to disturb the honourable understanding which had been arrived at, but he would like to draw attention to two questions of pressing importance. The first of these was that of relative rank, of which the right honourable gentleman (Mr. Stanhope) had already heard enough, or perhaps he might think more than enough, and at the outset he would like to ask him why its abolition had taken place, and what good had been done to anyone by a change which had aroused so much bitterness and ill-feeling? In support of his contention that the withdrawal of this rank was unpopular in the service, he would direct the attention of the House to the analysis recently made by the *BRITISH MEDICAL JOURNAL* of the opinions of nine hundred medical officers of every rank recently submitted to the Editor in response to an appeal for information, to the unanimity of feeling as to the loss they had sustained, and to the various remedies proposed. In addition to this, he might state that he had himself received a large number of letters from correspondents all over the world, pointing how this recent change had injuriously affected their interests, and giving practical illustrations of the serious blow which their social position has sustained. Combination is held in such righteous horror throughout the public services that Mr. Stanhope was unable to receive this collective expression of opinion, and although he was technically right, he may perhaps be able to study the analysis privately, and give its due weight to the intervention of such a powerful and representative body as the British Medical Association. It is all very well to say that medical officers have their individual remedy, and that each of them may lay his case or his views before the Principal Medical Officer of his district, or even before the Director-General. But, putting aside the enormously increased influence of protest when made collectively and with organised force, it must be admitted that he would be a bold man indeed who would venture alone and unsupported within the precincts of Pall Mall or Whitehall Yard for the purpose of finding fault with a regulation recently issued under the sanction of the highest authority. He hoped that the mind of the right hon. gentleman was not yet finally closed on this subject, and, in conclusion, he would thank him for having partially removed the grievance by placing the distinctive military rank alongside of the actual medical rank in the *Army List*. The second grievance to which he would refer is that of surgeons-major who fail in their examination for promotion, and who are not allowed a second chance. He was able to tell the House that several gentlemen of long service and of first class qualifications had been suddenly called upon to pass this examination, in hot climates, removed from books, and without any warning that one failure would be fatal to their professional advancement. It is of course essential to test the capacity of applicants for the junior ranks, but when an officer has served for twenty-five or thirty years, and naturally hopes for promotion to the rank of brigade-surgeon, he has a right to expect that special consideration shall be given to his previous record of service, and to his general character for practical knowledge and common sense. A man may not have the literary faculty sufficiently developed to enable him to put what he knows on paper, but he may at the same time have those very qualities of presence of mind and natural shrewdness, which are far superior to mere book-learning, and which are so necessary for success either in the field or in camp. Combatant officers are allowed at least a second chance after failure; there is no examination for the command of a regiment, for it is rightly held that at this period of service the evidence of capacity can be more safely afforded in other ways. He would therefore appeal to the right hon. gentleman to soften down a regulation which has caused much discontent, and not to extinguish a promising career of service on the verdict of a single failure to answer questions which may or may not afford a satisfactory criterion of professional merit.

Sir W. CROSSMAN asked for an explanation why the privileges now enjoyed at Netley were in future to be transferred to the medical schools in India.

Dr. TANNER thought the Secretary for War would do well to solve the difficulties in connection with the Army Medical Department, which were alleged to have been productive of very bad results. Medical officers who had been stationed in South Africa or in some of the hill stations in India, when they returned home rusty after long service abroad, should have some consideration paid to them. Why should not the principle be adopted that existed in Berlin of allowing medical officers to renew their studies in the national institutions, such as the London hospitals? When he was studying in Berlin he found that the institutions there were full of both army and naval medical officers. He had received a distinct assurance from the First Lord of the Admiralty that this would be done in connection with the navy, and he was of opinion that what could be done in reference to the navy could be still more easily done in regard to the army. He hoped the Government on this particular would consult some of the heads of the medical profession and some of the retired army medical officers. If they would form a Committee to deal with the question, he believed that a great amount of good might be done. He did not propose to enter into the question of relative rank, or into the vexed question of promotion to the rank of brigade-surgeon, but he hoped they would receive the consideration they deserved. He could not conceive how it was that an army medical officer did not receive the relative rank to which he was fairly entitled. The case of brigade-surgeons in India was a particularly absurd one. They were called upon to perform arduous duties, to travel about the country, and they received a higher sounding title, while, practically speaking, they were worse paid, and even the gorgeous uniform they were required to wear made a steady inroad upon their finances. There was another point which he had

already considered it his duty to bring under the notice of the Government, namely, the sending out of young medical officers to India immediately after they joined the service. The result was that there was a considerable amount of mortality among young medical officers who had had no period of probation and were sent out at once to a warm climate, and being the junior medical officers were allotted the worst stations. If it were desirable to send out young medical officers to India, they ought at least to be located for some time in a more healthy locality until they became acclimatised. As to the burning question of the transference of the medical school to the new schools which were to be created in India, he did not think that sufficient attention had been paid to the subject. If the right hon. gentleman discredited his statement, he would refer him to the columns of the *BRITISH MEDICAL JOURNAL*, where the question had been discussed at considerable length. He did not know whether the idea was to effect economy, but it was certainly a very extraordinary thing that they were going to create these large schools in India.

The CHAIRMAN said the question of the administration of the medical department in India did not apply to the present vote.

Dr. TANNER said he understood that the vote contemplated the transference of the medical schools from Netley, and that the expenditure which had hitherto been borne under the head of Netley would now be distributed over a very much larger area. If those gentlemen who had hitherto received their education at Netley were to be transferred to India, there would undoubtedly be a considerable increase of expenditure, because, although there were at Netley all the requirements of this higher education, that would not be the case elsewhere; they would have to be created at great and wholly unnecessary expense. As far as he had heard, no fault had been found with the system of education which had hitherto prevailed at Netley. On the contrary, it had been found very workable and satisfactory. Tropical diseases could be studied just as well at Netley as in India. In India, of course, there were opportunities of seeing special cases; but that was not the point, and he hoped what he said would be repeated again and again by officers of the army medical department, who had all their life paid attention to the matter. He did not think that the Secretary for War and his colleagues had paid sufficient attention to the demands of the department, or otherwise this change would never have been contemplated without, at any rate, some specially expressed opinion from the officers at the head of the department.

Sir W. ROBERTSON said he had desired to say a word upon the question of medical rank which had been raised by the hon. member for Aberdeenshire, but would abstain from doing so after the general expression of opinion that the discussion of this estimate should be postponed until next year. He had only risen to emphasise the importance of the subject, and he trusted that before the estimates were discussed at the beginning of next year the Secretary for War would give an undertaking that it should be carefully inquired into. The question of the relative rank of army medical officers was certainly one which demanded serious consideration.

The SECRETARY FOR WAR (Mr. E. Stanhope) said that several questions had been put to him in the course of debate to which he would endeavour to reply. So far as the scheme put forward by the hon. member for Mid. Cork (Dr. Tanner) was concerned, in reference to the education of army medical officers, he had not been able to follow the views of the hon. member completely, and would be glad if the hon. member would lay it before him in writing. He would promise that any suggestions made by the hon. member should be fairly considered. The point raised by the hon. member for Portsmouth (Sir W. Crossman) had not yet been placed before him, although a somewhat cognate question had. He was certainly of opinion that army medical officers should have an opportunity of refreshing their scientific knowledge by going to Netley. The hon. member for West Aberdeenshire (Dr. Farquharson) had raised two questions. The first was that of relative rank, which, no doubt, was of interest to the medical department of the army. He had had occasion to hear a good deal of it, and at one time he received a deputation of gentlemen who waited upon him to represent the injury they thought they had sustained. But he was bound to say that, having heard all the statements they had to make, he could not discover that they had established any grievance at all. There could be no doubt that the grievance, if there was one, was of a sentimental character, but he agreed that sentiment had to be reckoned with as well as anything else. The main object, however, appeared to be not so much to obtain relative rank as what might be called substantive rank. The notion was that the titles of surgeon-colonel and surgeon-major should be conferred. At the present moment he was inclined not to depart very far from the attitude he took at the time he received the deputation. He had done his best by an alteration of the *Army List* to prevent any misconception in the matter. The hon. member had also referred to the examinations for promotion. It had been arranged that in case a medical officer failed to pass an examination, a college degree should be admitted as an equivalent.

Dr. FARQUHARSON asked if that was to be prospective only.

Mr. STANHOPE said that he was afraid that he could not answer that question, but he would communicate privately with the hon. member. He wished to say generally upon this vote, that some important suggestions had been made by the Committee on the Army Estimates. Those suggestions were being taken into consideration, and he hoped next year when the estimates were again before the Committee, to be able to show what had been done in regard to them.

Colonel NOLAN did not think that the Secretary for War had given a very satisfactory answer as to the assumption of relative military rank by surgeons. He thought that seniority ought to be taken into account, and it would be a comparatively harmless privilege to allow them more closely to resemble the colonels and majors in the army, which were the titles they desired to assume. He thought the rank might be more definitely laid down in the *Army List*. For himself he should feel very much inclined to grant the medical officers of the army whatever they wished in this respect. Upon the question of economy he was of opinion that at present we paid an extravagant sum for our medical establishment; he would suggest that pensions on retirement were given at too early an age, and that the medical officers should be required to serve for a longer period. He did not think they were overpaid, and he was not in favour of reducing the pay, but he knew of one instance where a surgeon-major receiving £450 a year, and only 44 years of age, retired and became a surgeon-general with £500 a year. Real economy might be effected by prolonging the term of office and increasing the efficiency of the officers; the titles they received should rest upon age and length of service. He believed that if his suggestions were carried out, they might knock off £10,000 a year without doing much injury to the medical service. That was the direction in which economy ought to be pushed.

system I may cite my own position, which, doubtless, is similar to that of many of my brother officers. I was gazetted in December, 1879, and immediately afterwards our ambulance department was instituted. We have continued to hold ambulance drills and lectures every week during the volunteer season, and fortnightly during the winter months, also having three drills a day during camp, as well as hospital duties. In addition to this we have for the last four years medically examined all recruits before enrolment to the battalion, with the effect that the physique of the rank and file has been greatly enhanced. We have given prizes yearly for attendance, manual field hospital work, etc., the expense of which has been chiefly borne by ourselves; and now, at the end of nine years' service, my military status is below that of the junior subaltern, aged 18, and my only chance of the commission of surgeon, "ranking as" captain, is by the resignation of my senior, which I should much regret, or by joining the Reserve, which I am certainly at present not inclined to do for the reasons stated in the resolution of the Midland Volunteer Medical Association. In the meantime one of my late colleagues, who was junior to me by about four years, now holds a captain's commission; and another, gazetted acting-surgeon three years ago, is now creeping up the roster of lieutenants.

Instead of "rising" to the bait of "bogus rank" in the Reserve, if volunteer medical officers will only show their *esprit de corps* by working in harmony with the Medical Staff, I feel sure it will not only be more beneficial to themselves, but eventually, also, to the medical administration of the army and reserve forces generally.

THE NAVY.

FLEET-SURGEON T. G. WILSON has been placed on the retired list at his own request with the rank of Deputy Inspector-General. He entered the service as Surgeon August 4th, 1857; became Staff-Surgeon October 4th, 1864; and Fleet-Surgeon October 6th, 1878. He was Fleet-Surgeon of the *Inconstant* during the Egyptian war in 1882, and received the medal and Khedive's bronze star granted for the campaign.

The following appointments have been made at the Admiralty:—W. BELL, Surgeon, to the *Alecto*; J. A. ROBERTSON, Staff-Surgeon, to the *Penelope*.

THE MEDICAL STAFF.

DEPUTY SURGEON-GENERAL RANDOLPH WEBB has been granted retired pay. His commissions bear date: Assistant-Surgeon, December 15th, 1854; Surgeon, October 23rd, 1867; Surgeon-Major, March 1, 1873; Brigade-Surgeon, April 4th, 1880; and Deputy Surgeon-General, July 16th, 1884. He served in the Crimea in 1854-55, and was at the bombardment of Sebastopol and the battle of the Tchernaya (medal with clasp and Turkish medal). During the Indian Mutiny in 1857-58 he was at the battle of Banda and at the capture of Kirwee; he was mentioned in despatches, and received the medal with clasp. He also served in the war in Abyssinia in 1867-68 (medal).

Surgeon G. J. A. TUKE, who is serving in Bengal, and Surgeon W. H. BEAN, serving in the Madras Command, have leave of absence for six months on medical certificate.

Surgeon-Major R. M. CRAIG, serving in the Bombay Command, is appointed to the medical charge of the station hospital at Kurrachee, *vice* Brigade-Surgeon C. H. Giraud, transferred.

ARMY MEDICAL RESERVE.

SURGEON AND HONORARY SURGEON-MAJOR W. W. COLEMAN, 3rd Kent (Royal Arsenal) Artillery Volunteers, to be Surgeon-Major, ranking as Lieutenant-Colonel.

Acting Surgeon T. F. DEWAR, M.B., 1st Volunteer Brigade Western Division Royal Artillery (late the 1st Devonshire Artillery), to be Surgeon, ranking as Captain.

INDIAN MEDICAL SERVICE.

SURGEON C. W. OWEN, C.M.G., C.I.E., Bengal Establishment, officiating Agency Surgeon in Beloochistan, is appointed Honorary Surgeon in the Beloochistan Volunteer Rifles.

Surgeon-Major K. M'LEOD, M.D., Bengal Establishment, who entered the service as Assistant-Surgeon, March 31st, 1865, and became Surgeon-Major twelve years after, is now promoted to be Brigade-Surgeon.

Surgeon C. E. SUNDER, Bengal Establishment, is appointed to the officiating medical charge of the 4th Punjab Infantry, *vice* Surgeon A. R. Jolliffe, deceased.

Surgeon E. HUDSON, Bengal Establishment, is transferred from the officiating medical charge of the 11th Native Infantry to the officiating medical charge of the 10th Cavalry, *vice* Surgeon C. H. Beaton, appointed Acting-Secretary to the Surgeon-General of Her Majesty's Forces.

Surgeon L. A. WADDELL, M.B., Bengal Establishment, officiating Deputy Sanitary Commissioner, Darjeeling Circles, is confirmed in that appointment.

Surgeon-Major A. B. R. STEPHENS and Surgeon W. L. PRICE, M.B., both of the Bengal Establishment, are posted to Seonee and Chinwara respectively as Civil Surgeons and Superintendents of Gaols.

The services of Surgeons J. W. T. ANDERSON and G. H. BULL, M.D., Bombay Establishment, are placed at the disposal of the Government for temporary employment in the Civil Department.

Surgeon G. C. W. LOWDELL, Bombay Establishment, is permitted to return to duty from furlough granted him November 18th, 1887.

THE VOLUNTEERS.

MR. ALFRED REES is appointed Acting Surgeon to the Severn Division of Royal Engineers, Submarine Miners.

Honorary Assistant-Surgeon H. LAYER has resigned his commission, which was dated May 12th, 1864; he is permitted to retain his rank and uniform.

Surgeon and Honorary Surgeon-Major J. TRAILL has resigned his commission, which dates from April 29th, 1864; he retains his rank and uniform.

Acting Surgeon J. B. GREWCOCK, 2nd Volunteer Battalion, Worcester Regiment (late the 2nd Worcester) retires on account of ill-health; his commission is dated November 27th, 1872.

EPIDEMIC OF RÖTHELN. — A serious epidemic of German measles is just now raging in the Potteries; nearly a thousand cases and over fifty deaths are reported to have occurred in one district.

system I may cite my own position, which, doubtless, is similar to that of many of my brother officers. I was gazetted in December, 1879, and immediately afterwards our ambulance department was instituted. We have continued to hold ambulance drills and lectures every week during the volunteer season, and fortnightly during the winter months, also having three drills a day during camp, as well as hospital duties. In addition to this we have for the last four years medically examined all recruits before enrolment to the battalion, with the effect that the physique of the rank and file has been greatly enhanced. We have given prizes yearly for attendance, manual field hospital work, etc., the expense of which has been chiefly borne by ourselves; and now, at the end of nine years' service, my military status is below that of the junior subaltern, aged 18, and my only chance of the commission of surgeon, "ranking as" captain, is by the resignation of my senior, which I should much regret, or by joining the Reserve, which I am certainly at present not inclined to do for the reasons stated in the resolution of the Midland Volunteer Medical Association. In the meantime one of my late colleagues, who was junior to me by about four years, now holds a captain's commission; and another, gazetted acting-surgeon three years ago, is now creeping up the roster of lieutenants.

Instead of "rising" to the bait of "bogus rank" in the Reserve, if volunteer medical officers will only show their *esprit de corps* by working in harmony with the Medical Staff, I feel sure it will not only be more beneficial to themselves, but eventually, also, to the medical administration of the army and reserve forces generally.

THE NAVY.

FLEET-SURGEON T. G. WILSON has been placed on the retired list at his own request with the rank of Deputy Inspector-General. He entered the service as Surgeon August 4th, 1857; became Staff-Surgeon October 4th, 1864; and Fleet-Surgeon October 6th, 1878. He was Fleet-Surgeon of the *Inconstant* during the Egyptian war in 1882, and received the medal and Khedive's bronze star granted for the campaign.

The following appointments have been made at the Admiralty:—W. BELL, Surgeon, to the *Alecto*; J. A. ROBERTSON, Staff-Surgeon, to the *Penelope*.

THE MEDICAL STAFF.

DEPUTY SURGEON-GENERAL RANDOLPH WEBB has been granted retired pay. His commissions bear date: Assistant-Surgeon, December 15th, 1854; Surgeon, October 23rd, 1867; Surgeon-Major, March 1, 1873; Brigade-Surgeon, April 4th, 1880; and Deputy Surgeon-General, July 16th, 1884. He served in the Crimea in 1854-55, and was at the bombardment of Sebastopol and the battle of the Tchernaya (medal with clasp and Turkish medal). During the Indian Mutiny in 1857-58 he was at the battle of Banda and at the capture of Kirwee; he was mentioned in despatches, and received the medal with clasp. He also served in the war in Abyssinia in 1867-68 (medal).

Surgeon G. J. A. TUKE, who is serving in Bengal, and Surgeon W. H. BEAN, serving in the Madras Command, have leave of absence for six months on medical certificate.

Surgeon-Major R. M. CRAIG, serving in the Bombay Command, is appointed to the medical charge of the station hospital at Kurrachee, *vice* Brigade-Surgeon C. H. Giraud, transferred.

ARMY MEDICAL RESERVE.

SURGEON AND HONORARY SURGEON-MAJOR W. W. COLEMAN, 3rd Kent (Royal Arsenal) Artillery Volunteers, to be Surgeon-Major, ranking as Lieutenant-Colonel.

Acting Surgeon T. F. DEWAR, M.B., 1st Volunteer Brigade Western Division Royal Artillery (late the 1st Devonshire Artillery), to be Surgeon, ranking as Captain.

INDIAN MEDICAL SERVICE.

SURGEON C. W. OWEN, C.M.G., C.I.E., Bengal Establishment, officiating Agency Surgeon in Beloochistan, is appointed Honorary Surgeon in the Beloochistan Volunteer Rifles.

Surgeon-Major K. M'LEOD, M.D., Bengal Establishment, who entered the service as Assistant-Surgeon, March 31st, 1865, and became Surgeon-Major twelve years after, is now promoted to be Brigade-Surgeon.

Surgeon C. E. SUNDER, Bengal Establishment, is appointed to the officiating medical charge of the 4th Punjab Infantry, *vice* Surgeon A. R. Jolliffe, deceased.

Surgeon E. HUDSON, Bengal Establishment, is transferred from the officiating medical charge of the 11th Native Infantry to the officiating medical charge of the 10th Cavalry, *vice* Surgeon C. H. Beatson, appointed Acting-Secretary to the Surgeon-General of Her Majesty's Forces.

Surgeon L. A. WADDELL, M.B., Bengal Establishment, officiating Deputy Sanitary Commissioner, Darjeeling Circles, is confirmed in that appointment.

Surgeon-Major A. B. R. STEPHENS and Surgeon W. L. PRICE, M.B., both of the Bengal Establishment, are posted to Seonee and Chinwara respectively as Civil Surgeons and Superintendents of Gaols.

The services of Surgeons J. W. T. ANDERSON and G. H. BULL, M.D., Bombay Establishment, are placed at the disposal of the Government for temporary employment in the Civil Department.

Surgeon G. C. W. LOWDELL, Bombay Establishment, is permitted to return to duty from furlough granted him November 18th, 1887.

THE VOLUNTEERS.

MR. ALFRED REES is appointed Acting Surgeon to the Severn Division of Royal Engineers, Submarine Miners.

Honorary Assistant-Surgeon H. LAYER has resigned his commission, which was dated May 12th, 1864; he is permitted to retain his rank and uniform.

Surgeon and Honorary Surgeon-Major J. TRAILL has resigned his commission, which dates from April 29th, 1864; he retains his rank and uniform.

Acting Surgeon J. B. GREWCOCK, 2nd Volunteer Battalion, Worcester Regiment (late the 2nd Worcester) retires on account of ill-health; his commission is dated November 27th, 1872.

EPIDEMIC OF RÖTHELN. — A serious epidemic of German measles is just now raging in the Potteries; nearly a thousand cases and over fifty deaths are reported to have occurred in one district.

NAVAL AND MILITARY MEDICAL SERVICES.

REFORM IN THE MEDICAL STAFF.

"REFORM" draws our attention to a letter in a contemporary, dated from Lucknow, which he considers exhibits at once a true and sad picture of medical affairs in India. Compared with all other officers—even with veterinary surgeons—the younger medical officers are underpaid; the surgeon ranking as captain draws Rs. 317, the veterinary as lieutenant Rs. 400 as a minimum *per mensem*. Evidently horses and cattle are of more value than human lives. The juniors have no regimental connection—no society, no messes—and are left to "pig it in their bungalows as best they can." The men of twenty years' service are leaving as fast as they can; their seniors hang on in disgust, hoping against hope for promotion to the administrative grades; of the latter it is well known that "several are unfit for active work;" "not two-thirds" probably fit for active service, broken down through climate. Why are men physically unfit allowed to serve on indefinitely?

Our correspondent hails with joy the probable "partial return to the regimental system in the regular army," casually mentioned in a note on page 851 of this JOURNAL. It would go far to repair the breach. The unification system, pure and simple, has done much to cause the present lamentable estrangement between the combatant and medical ranks. The two sets of officers are no longer in healthy touch. He hopes that, with a clear and definite solution of the rank question, the introduction of a modified regimental system, worked in unison with station hospitals, will be adopted. This, more than anything else, would probably restore mutual harmony and good fellowship between the Medical Staff and the army at large.

* * We hear that a partial return to the regimental system is now engaging the attention of the authorities, and we sincerely hope it will meet with unbiased deliberation.

THE ALEXANDER PRIZE.

BONÀ FIDE writes: Referring to your notice regarding the "Alexander Medical Prize," could you manage to ask the committee to publish a short explanation in the JOURNAL as to what they mean by the title of the essay? As it reads at present, it is very hard indeed for intending competitors to clearly understand the subject and its scope.

FOREIGN MEDICAL REGULATIONS.

MR. E. TENISON COLLINS (Edinburgh) writes: In answer to inquiry of "M.S.," *Traité de Chirurgie de Guerre, L'Hygiène de la Chirurgie Militaire Française*, par E. Delorme, Médecin-Major, Professeur de Clinique Chirurgicale au Val de Grâce, published by Félix Alcan, Paris. Vol. I only out at present.

THE VOLUNTEER MEDICAL SERVICE.

MR. EDWARD L. FREER (Acting Surgeon 1st Volunteer Battalion Royal Warwick Regiment, Honorary Secretary Midland Volunteer Medical Association) writes: I was very pleased to read your leader in the JOURNAL of October 6th, and the letters of "A Volunteer Surgeon-Major" and others on the subject of Army Medical Reserve. I subjoin a copy of the answers given by the medical officers of the 1st Volunteer Battalion Royal Warwick Regiment to the circular letter sent out from the War Office, and sincerely hope that the inquiry may have the effect of placing volunteer medical officers on a harmonious footing with their confrères of the Medical Staff, and at the same time of improving the military status of both services.

"1. The regimental organisation for volunteer corps, so far as it affects the rank and position of medical officers in such corps?—Most unsatisfactory. Relative rank acknowledged to be a dead letter. Volunteer Surgeons are in the same anomalous position as officers of the Medical Staff, without any rank at all (that is, military rank, the only one recognised in the army). Acting Surgeons, irrespective of strength of battalions, age, position in civil practice, and length of service (which, if rendered properly, involves as much, or even more, work than that of a company officer) have no commission at all, and continue to rank junior to newly gazetted subalterns, often boys fresh from school.

"2. The Army Medical Reserve, so far as commissions in it affect the status and position of volunteer medical officers?—The status and position of volunteer medical officers do not appear to be one whit improved by commissions in the Army Medical Reserve. The only effect it may have will be to cause possibly invidious distinctions among officers of the Volunteer Medical Service. The 'step of rank' (which is no rank, as before stated) should be too transparent a bait to be greedily swallowed.

"3. The condition under which all classes of volunteer medical officers are, or should be made, liable to be called upon for service with volunteers or with troops generally?—All volunteer medical officers are, and should be, called upon for service only in accordance with the Volunteer Act, 1863, section 17, and not be liable to be called away from their civil practices whenever a Government might think fit to create a 'national emergency,' which would be possible under the Royal Warrant for Army Medical Reserve. At the same time it is competent for such officers as could arrange to do so to be enrolled in a reserve which would not be used as a lever to weaken the status and position of officers of the Medical Staff, or keep them on continuous foreign service. In the absence of officers of the Medical Staff, volunteer officers, irrespective of reserve, should have priority over civil surgeons in examinations of recruits, etc."

As an instance of the unsatisfactory state of the present regimental

Mr. A. GATHORNE HARDY stated that he was a member of the Committee on the Army Estimates, but he had only given a modified assent to the recommendations of the Committee in regard to this vote. He entirely dissented from their recommendation that the regimental system for the medical officers of the Guards should be abolished. He was not in favour of retaining any special privileges for the Guards in regard to brevet rank and other questions, but he believed that the regimental system was the best, wherever it could be carried out. In many cases, when they were dealing with small numbers of men, it was impracticable to retain the regimental system, but where, as in the case of the Guards, a large number of men were quartered in one place, it was quite practicable to retain it. He expressed his regret that the Committee should have arrived at their decision without having called the commanding officers of the Guards before them, and heard what they had to say.

Mr. STANHOPE declined to discuss the question raised by the hon. member, as the recommendations of the Committee on the Estimates was still under the consideration of the Government.

Mr. HARDY said he had not expected a reply from the right hon. gentleman, but as some of the recommendations of the Committee might have been carried out before the estimates were discussed next session, he only wished to enter his protest against the recommendations of the Committee in this particular instance.

Dr. TANNER said that if they desired to keep the Army in a satisfactory state of health they must have medical officers. It appeared from the vote that there was a reduction of no less than £5,000 for drugs, and the entire vote for the Medical Department showed a reduction of £9,290.

The FINANCIAL SECRETARY TO THE ARMY (Mr. BRODRICK) said the matter was easy of explanation. There had been a considerable return into store this year of the medicines sent out to Egypt.

Dr. TANNER said his only desire was to get at the facts of the case, and to ensure that the Medical Department of the Army had a proper supply of medicine. He should like to know what was the value of the medicines returned from Egypt, and by whom they were valued.

Mr. STANHOPE said he was afraid the hon. gentleman required too much. He must rest content with the fact that, although there had been a reduction in the estimate, it had not been brought about by any deterioration in the quality of the medicines supplied.

The vote was then agreed to.

OBITUARY.

WILLIAM HENRY BARLOW, M.D. ST. ANDREWS.

At the comparatively early age of 51 years death has removed from amongst the medical profession in Manchester one of its hardest-working members. Dr. Barlow received his professional education at the Manchester Royal School of Medicine, and after fighting his way through many obstacles which beset his early path he succeeded in obtaining, in 1857, the appointment of Physician to the Dispensary of the Pendlebury Hospital, which was at this time developing from a minor institution into one of the largest hospitals for children in the country. By his assiduous and careful work amongst the out-patients he aided in the rapid rise in popularity of the hospital, and soon made a reputation as an able and painstaking observer. His contributions to medical literature were marked by accuracy in detail and a thorough study of the cases on which they were founded, and their value was enhanced by the originality and scientific spirit they always showed. The most important of them was an able essay on *Regressive Paralysis*, which was afterwards translated into Italian (by Dr. Bompiani), and a paper on Granular Contracted Kidney in an Infant; but he wrote valuable articles likewise on pseudo-hypertrophic paralysis, whooping-cough, and other ailments pertaining specially to childhood.

On his retirement from active work at the Dispensary in 1878 he was appointed Consulting Physician to the institution, and subsequently devoted himself to private practice.

The Medico-Ethical Society of Manchester owes much to Dr. Barlow, for he acted as its secretary for five years, and for a much longer period was one of its most active members, devoting his best energies to render it useful as well as popular.

Dr. Barlow passed away in the very midst of that work to which he had so long been devoted, for death came quite suddenly at last, though indications of failing health had not been entirely wanting.

FREDERICK FREEMAN ALLEN, M.D., C.B.

Surgeon-General, Indian Medical Service.
SURGEON-GENERAL ALLEN, M.D., C.B., honorary physician to the Queen, whose death occurred at Tunbridge December 28th, 1888, entered the service in 1848, and served in medical charge of the 4th Regiment, Irregular Cavalry, and hospital of 2nd Bengal Fusiliers during the siege operations before Delhi in 1857, and was present at the assault and final capture of Delhi (medal and clasp) in October 1857. He proceeded in medical charge of the 2nd Bengal Fusiliers and Brigade Staff forming part of Brigadier Showers's column, into Mewatee country, and was present at the capture of Forts Rewaree, Jhujur, and Kamound. In October, 1858, he

THE
MEDICAL ORGANIZATION
OF OUR ARMY.

by
Surgeon Wm. Rogers D.S.O.
—•— *Wm. D.*
Wm. D.

FOR PRIVATE CIRCULATION.

THE
MEDICAL ORGANIZATION
OF OUR ARMY

PRINTERS: ARMY AND NAVY CO-OPERATIVE SOCIETY, LIMITED, 117, VICTORIA
STREET, WESTMINSTER, LONDON, S.W

FOR PRIVATE CIRCULATION

THE MEDICAL ORGANIZATION OF OUR ARMY.

1A
CONSIDERABLE public interest having recently been aroused on questions of Army organization, more especially as to our preparedness to put two Army Corps in the field, I would propose to consider one of the most important of these questions, viz.: Army Medical organization, its present efficiency, and whether the necessary provision exists for two Army Corps.

The idea is too prevalent, not only outside, but unfortunately even in the Service, that an efficient Army consists only of fighting units, as highly trained as possible in their special duties, it being completely lost sight of that the success of a campaign is no less dependent on effective organization of the so called non-combatant departments—Commissariat and Transport, Medical, Ordnance, &c., than on the tactical skill of the commanders, and the individual gallantry of the rank and file.

However important an efficient Medical organization may be for the armies of continental nations, whose

wars are as a rule carried on in civilized countries, much more so is it necessary that England should be perfect in this respect, for of late years at all events our little wars have been waged against more or less savage people to whom the Geneva convention is unknown, and who judging from our experiences at Maiwand and Isandlwana, have but little respect for sick and wounded, not yet having been educated up to the distinction between combatants and non-combatants.

The Departments of the Army are integral portions of the Military machine, they must be regarded as such, treated as such, and organized as such, if we are to have an efficient Army.

The more perfect the Military organization of the Departments, the more efficient will their work be in time of war.

This principle is being recognized in the recent change of the Commissariat and Transport, and Ordnance, from practically civil departments, to highly organized Military units, a change which, when completed, will enormously increase their efficiency, and which, if necessary for them, is equally, if not more necessary for the Medical Department of the Army.

To urge the importance of a thoroughly efficient Medical organization would be unnecessary, were it not that there appears to be a feeling abroad that the cost of the Army Medical Department is too great; that the Medical estimates must be cut down, and that, after all, in time of war we can fall back on civilian doctors to work the Medical organization at home and in the field.

Provision for sick and wounded in a campaign, and sanitary measures for the prevention of disease in the field are Army questions, the importance of which is not sufficiently recognized by the combatant branches of the Service and the public in general.

Military education is still defective, in that the study of Departmental organization is almost totally neglected. The Regimental Officer knows nothing of it, the Staff Officer who has passed through the Staff College, but little. A certain number of the Staff qualify for Staff appointments, without ever passing through the Staff College, while a certain proportion of General Officers are appointed from the list of Regimental Officers, who may never have served on the Staff, we have in fact the large majority of Regimental Officers, and a certain proportion of General and Staff Officers, who are ignorant of the Medical organization of the Army, any one of whom may one day be called on to report on and criticise the working of an organization, of the details of which he is in complete ignorance.

This is not the fault of the Officers, but of the system on which they are educated, a system which tends to minimize, if not altogether nullify the importance of any question not purely combatant, and to foster the belief that the Army consists of fighting units only.

To such as are educated in this school, the Medical Officer is simply a private practitioner dressed in uniform, a sort of necessary encumbrance in case any one should fall sick, or be wounded; that he should have the working of a complicated Military system, requiring powers of organization and command; that

in fact he should be an Officer of a scientific Corps of the Army, is a view of the case that seldom crosses the average combatant mind.*

The General Officer commanding an Army Corps in the field should be as well acquainted with the organization and duties of a Bearer Company, Field Hospital, or Base Hospital, as he is with those of the various fighting units he commands, otherwise we shall find him expecting impossibilities, such as the comforts of a Base Hospital in a Movable Field Hospital at the front, or mobility in a Field Hospital whose transport has never been provided.

This is no exaggeration—in the Egyptian Campaign of 1882 many of the complaints originated from military ignorance of the organization and duties of the different units of the Medical Department.

As an example, on the occupation of Ismailia a large building was handed over for hospital purposes, but

* The military mind is influenced in regard to the profession of medicine applied to Armies by the traditions of the middle ages. There is also reason to suspect that the despotic element which exists in connection with supreme command, although by no means necessary to its highest and most complete exercise, takes offence at the independence of judgment which, in his own sphere, is one of the attributes of the Medical Officer. The military mind fails to apprehend the change which has been wrought in the profession of medicine, or to understand how essential its honour and influence are to the well being of the troops, the efficiency of the service, the principles of humanity and real heroism. It would hardly seem to require the assertion that the Medical Department should be on a level, so far as rank, pay, and military respect are concerned, with the most honourable Staff Departments, and that Medical Officers individually should be required to correspond in attainments, character, and soldier-like qualities with that standard.—*Report of Medical Director, Army of Ohio, 1864*

the only unit available to occupy it was a section of a movable Field Hospital, yet complaints were numerous because the comforts of a Base Hospital were not found in a movable Field Hospital, whose proper place was the front, though the military authorities knew that in accordance with their own instructions the Base Hospitals were established at Gozo and Cyprus, and that the perfectly equipped Hospital Ship, *Carthage*, was through some mistake delayed at Alexandria for 40 hours; while the Bearer Companies and Movable Field Hospitals, urgently required at the front, were unable to move, their transport having been taken away for military needs elsewhere.

War cannot be made with rose water, and it is a question whether we have not attempted to introduce too much comfort into our Field Hospitals of late years.

It is quite certain such a standard cannot be maintained, should we engage in any European War, with two Army Corps in the field.

Lord Wolseley remarks, "Iced champagne in the middle of the desert would be, without doubt, an admirable medicine, and I have known Medical Officers propose impossibilities of that kind."

Medical Officers are unanimous in recognizing the impossibility and unreasonableness of such a luxury being supplied, but they are also cognizant, not of the impossibility, for they know it has occurred, but certainly of the unreasonableness of such a luxury being demanded, and not only demanded but expected to be found in their Field Hospitals.

If anything, the Medical Department has been weak in endeavouring to meet demands of this nature, and hence, in proposing what Lord Wolseley very properly characterises as impossibilities.

The experience of recent European Wars has taught us that no medical organization, however perfect, can cope with the enormous number of wounded, and the terrible sufferings inseparable from modern warfare; and if our sick and wounded complained, as some of them did in 1882, that special surgical appliances to which they were accustomed were not available, and that special bulky medicines, for which they had a predilection were not always forthcoming, they will have a wholesome lesson to learn should they ever have to face the privations and sufferings of sick and wounded in any European War.

At Sedan wounded were in such numbers that in some cases they had to be turned away from the doors of the hospitals.

On other occasions two days elapsed before they could be attended to; while, as to food, patients were content with, and grateful for, a meal of horse flesh.

Yet we have Sir William MacCormac's evidence that under such circumstances there was no grumbling, and no complaint, because all felt that everything possible was being done.

All we can do is to endeavour by perfect organization to mitigate, as far as possible, the unavoidable sufferings of sick and wounded in war.

What then is our organization for this purpose, and does it meet this end?

No greater advance in army medical organization has been made than the abolition of Regimental Hospitals, and the unification of the Medical Department of the Army.

Up to the year 1873, a Medical Department, properly so-called, did not exist. Medical organization was in its infancy, and medical shortcomings in the field were more or less common; due, not to any fault of the Medical Officers, but to a want of system of organization.

Lord Wolseley writes as follows, "The Medical History of the Crimea is a shameful story, and tells us how an Army may be destroyed by a Ministry through want of ordinary forethought, and through culpable ignorance of military science; the General can learn from its pages the important lesson that the greater attention he pays to the health of his men, the stronger will be his battalions in the day of battle."

The old Crimean days have happily passed away, never we hope to come again; and the creation of an unified Medical Department in 1873 is the surest guarantee against the possibility of their recurrence.

Sanitary science has made great strides in the Army, since the days, only so far back as 1859-60, when the average mortality of our troops serving in India was 79 per 1,000, reduced in 1882 to 13·07 per 1,000; a result in a great measure attained by the study of army sanitation by Army Medical Officers, and by their labours on behalf of the personal hygiene of the soldier.

In the Egyptian Campaign of 1882 the death rate amongst the European land force, during the period of active operations, was only 1·32 per cent.

The mortality amongst our wounded was 3.02 per cent.; while of 1,494 cases of ophthalmia not a single man lost his eyesight.

Compare this with Sir James Macgregor's account of the expedition from India to Egypt, published in 1804, when in three weeks the number of sick exceeded over 1,000; of the Indian Contingent 50 were invalided blind; while the French were said to have sent home 1,000 blind men from Egypt.

Since 1873 various important advances have been made, until we now have practically a scientific Corps of the Army, numbering 1,000 Officers, and 2,600 Men; the Officers exercising disciplinary powers within their own Corps, and in all Military Hospitals studying with more and more attention every day the problem, how by the prevention of disease, the efficiency of the Army may be increased, and charged with all the Medical arrangements for sick and wounded in a campaign; a Corps the Officers and Men of which alone, amongst so called non-combatants, share all the dangers of combatants in the field, besides the risks inseparable from this special calling; a Corps with a Record equal to that of the most distinguished Regiment in the Service, but still defective in organization, in that its Officers and the Men whom they command are disassociated by dissimilarity of title and Army rank, and remain without a distinctive name, notwithstanding the recommendations of two successive War Office Committees that they should be united in one Corps, as worthy of being created a Royal one as any other in the Service.

The present organization worked by this Corps is directed to immediate provision for sick and wounded

at the front, and the evacuation to the base of operation and home of all, who from wounds or sickness, are unlikely to be again fit for service with the Army during the campaign.

Under existing Regulations the 1st Line of Medical assistance consists of Medical Officers with Corps, and Bearer Companies; the 2nd Line of Movable Field Hospitals, and the 3rd Line of Stationary Field Hospitals; but the following would appear to me a clearer classification, more easily understood by the general public.

1st Line, or provision for sick and wounded at the immediate front.

1. Medical Officers with Corps,
2. Bearer Companies.
3. Movable Field Hospitals.
4. Advanced Dépôt of Medical Stores.

2nd Line, or provision for Line of communication, and for evacuation of sick and wounded to the base.

5. Stationary Field Hospitals.

3rd Line, or provision for sick and wounded at the base.

6. General Hospitals.
7. General Dépôt of Medical Stores.
8. Hospital Ships at base.

4th Line, or provision for evacuation of sick and wounded to England.

9. Hospital Ships and Transports.

Briefly the duties of the above units are as follows—

1. The Medical Officer in charge of a Corps renders the first aid to sick and wounded. He has under his orders the Regimental transport for wounded—one stretcher per company. He accompanies his Corps into action, and arranges the transfer of wounded to the advanced parties of the Bearer Company.

2. The Bearer Company collects the wounded as they fall out, or are sent to the rear, establishes dressing stations for succouring the wounded, searches for wounded after an engagement, and, finally, conveys them to the Movable Field Hospitals in the vicinity.

The Bearer Company is essentially a mobile unit, provided with pack or wheeled transport, according to the physical features of the country in which war is being carried on.

3. Movable Field Hospitals are organized with a special view to mobility; if not mobile they are useless. As it was stated in the Report of the War Office Committee of 1883: "Under all circumstances Field Hospitals attached to troops should be as light as possible. Mobility must be obtained for the Movable Field Hospital, even if it is necessary to sacrifice to it some articles which might conduce to the comfort of the sick."

As well land the personnel and materiel of a Horse Artillery Battery without its horses, and expect it to be efficient, as put a Movable Field Hospital in the field without its transport, and expect it to answer the purpose for which it is organized.

A Field Hospital is equipped for 100 beds, divisible into two half Hospitals of 50 each.

It is non-dieted, that is to say, the sick receive their ordinary Field Ration, supplemented by medical comforts, such as Milk, Beef Tea, Brandy, &c.

Only cases likely to be fit for duty within a short period are retained in the Movable Field Hospitals. All others are transferred to the Stationary Field Hospitals on the line of communication, or the base as may be decided on.

The Movable Field Hospital is equipped with tents, and should move with the Army.

4. The Advance Dépôt of Medical stores supplies all the Medical and Surgical requirements of the Movable Field Hospitals, Bearer Companies, and Medical Officers with Corps, drawing its supplies from the General Dépôt of Medical Stores at the base.

5. The Stationary Field Hospitals are more fully equipped than the Movable Field Hospitals, though still with a view to mobility if necessary. They are scattered along the line of communication, buildings being used if available. Each Hospital accommodates 200 sick, and is dieted if possible. They receive the sick passing down from the front, as well as the sick of the troops employed in the line of communication.

6. General Hospitals are organized and administered in a similar manner to such Hospitals in time of peace, that is to say, with all the necessities, and many of the luxuries of civil Hospitals at home. A General Hospital accommodates 500 sick.

7. The General Dépôt of Medical Stores at the base supplies all the Medical and Surgical requirements of the Army in the field, as well as of the Hospital ships and transports.

8. Hospital ships are practically floating Hospitals at the base, they generally remain stationary, evacuating their sick to England. A Hospital ship accommodates 200 to 250 sick.

9. Hospital ships for conveyance of sick and wounded to England are fast steamers, specially equipped. Each accommodating 60 sick.

Transports with temporary fittings are also used for this purpose.

The above is a brief sketch of the individual units, each unit is especially organized for the service for which it is intended, and a Movable Field Hospital is as far removed from a Base Hospital as a Cavalry regiment is from a division of the Army.

The Medical Officers command the personnel of all these units, as well as all patients in Military Hospitals. The whole organization is worked by the administrative Officers of the Medical Staff in consultation with, but under the orders of, the General Officer commanding.

The above being the units, the following is the provision for an Army Corps, consisting of a Cavalry Brigade, 3 Divisions, and Corps, Troops. For the Cavalry Brigade—1 Bearer Company and 1 Movable Field Hospital. For each of the 3 Divisions—2 Bearer

Companies and 4 Movable Field Hospitals. For Corps Troops—1 Bearer Company and 1 Movable Field Hospital.

For each fighting unit, 1 Medical Officer.

A total of—

49 Medical Officers with Corps,

8 Bearer Companies,

14 Movable Field Hospitals,

1 Advanced Dépôt Medical Stores,

with the Army Corps in the field.

For the line of communications—

8 Stationary Field Hospitals,

which, however, may be increased or diminished in numbers according to the length of the line of communication.

For the base—

2 General Hospitals,

1 General Dépôt of Medical Stores,

3 Hospital Ships, *i.e.*, 1 for each Division.

For evacuation of sick to England, such steamers or transports as may be decided on.

Such then is the organization, on paper at all events, to which we have advanced of late years, and compared with what preceded it, from the Crimean days up to 1873, the importance of the progress made cannot be over-estimated.

The Medical Officers have cheerfully accepted the increased work and responsibility thrown on them by their being entrusted with the working of this system,

recognizing the importance of their being independent as a scientific Corps if they are to be efficient as a service.

There is no doubt but that the general system on paper is good, but the individual units are still far from complete in personnel and equipment, while in one or two cases a redistribution or increase of one or more units is advisable, if not absolutely necessary.

Space will not permit me to enter in detail into the changes necessary for efficiency, generally speaking it may be stated that the personnel is quite insufficient, while the equipment in many cases is excessive and cumbersome. The whole system, however, labours under a grave defect in that, while organized for war, it is seldom or never practised in time of peace. Base Hospitals, being organized alike in peace or war, are of course an exception.

In the case of such units as Bearer Companies, Movable and Stationary Field Hospitals, no opportunity is given to the Officers and Men, who have to work them in time of war, of studying their organization and practical working in time of peace.

In a dissent by Sir Redvers Buller and others to the general report of Lord Morley's Committee of 1883, we find the following—

“ The Medical Officers acted throughout with
 “ great zeal and devotion, but there were signs
 “ of want of experience and practice in
 “ administrative work, both of Stationary and
 “ Field Hospitals, and an absence of thorough
 “ mastery over the details of the work.

"The highest professional attainments are of comparatively little avail when there is a neglect of a systematic arrangement for Hospital Administration." Again, "no opportunities are offered to them" (the Non-Commissioned Officers and Men of the Medical Staff Corps), "or to Medical Officers generally in peace, for making themselves acquainted with the organization and working of a Field Hospital, or of performing their duties under conditions similar to those which exist in War."

If, then, there be signs of want of experience in the working of the different units, is it possible it could be otherwise under the present system?

Take, for instance, the case of a Bearer Company or Movable Field Hospital ordered on field service.

A number of Officers and Men are assembled at Aldershot, they have never probably met before, nor yet worked together. The Officer commanding is ignorant of the character and capabilities of his subordinates; a large amount of equipment is handed over before sailing, which both Officers and Men are unaccustomed to utilize if even they have seen it before. They embark with or without their transport, and on landing at the seat of War are at once expected to be efficient. If the transport be handed over on arrival, we may have a Bearer Company with a lot of untrained animals who may have never had a saddle on their backs before, much less a cacolet or litter, and yet, who are

expected to carry severely wounded men in comfort and security within a day or two of the Bearer Company being landed. No provision being made for fitting the heavy saddles for cacolets and litters, sore backs, general inefficiency, if not break down of transport, and considerable discomfort if not danger to the wounded must be the result.

At the present moment there is not a Bearer Company or Movable Field Hospital organized and equipped in the United Kingdom or abroad.

The wonder is, not that there should be inefficiency, but that the efficiency should even be what it is.

Only economy stands in the way of having Field Hospitals and Bearer Companies mobilized at all our large stations once a year, and the Officers and Men of the Medical Corps of the Army properly trained in peace for their duties in War.

We have war games in which every unit is represented, but the Field Hospital and Bearer Company do not exist.

Commanding Officers must learn in peace all the necessities of real war, and provision for sick and wounded is not one that can be ignored, otherwise, when the day comes the provision, as has been known to occur, may be totally insufficient if not completely forgotten.

Military organization cannot stand still, no more can Medical organization. Changes and improvements in both are being made every day. The Medical Officers of the Army should be given every opportunity of studying the Medical organization

of foreign armies, both in peace and war; no foreign manœuvres should take place without a Medical Officer being detailed to attend them, while in time of war as many Medical Officers as possible should be attached to the Medical departments of the Armies in the field. The experience thus gained would be invaluable, and would largely increase the Medical efficiency of our own Army.

The Medical Staff of the War Office should be augmented by a certain number of specially selected Officers, who would not only constitute a Medical Intelligence branch of the War Office, but whose duty also would be the consideration of the various questions which daily crop up by which Medical efficiency can be increased, of which the following are the more urgent.

1. The annual mobilization of Bearer Companies, Movable Field Hospitals, and other units of Medical organization.
2. Reduction of equipment of Bearer Companies and Field Hospitals, with a view to greater mobility with less transport.
3. Reduction of the variety of drugs now taken into the field, and their preparation in a more concentrated form.
4. The whole question of transport of sick and wounded, and the consideration of the best form of light ambulance cart capable of following mounted troops anywhere.
5. The organization of Bearer Companies and Movable Field Hospitals for the Cavalry Brigade, with

a view to special mobility. No such organization now exists.

6. The consideration of the increased personnel absolutely required for the efficiency of the various units.

7. Any alterations in the present organization, such as the further amalgamation of Bearer Companies and Field Hospitals, and the necessity for a Bearer Company at the base.

I would next propose to consider how we stand as regards the Medical personnel for two Army Corps in the field.

The total personnel of the Medical department with an Army Corps in the field and on the line of communication and base is as follows—

DETAIL.	MEDICAL STAFF.		MEDICAL STAFF CORPS.		
	Medical Officers.	Quarter-masters.	W.O.'s, N.C.O.'s, and Men.	From Reserves.	
				Batmen.	Bearers.
Total with Army Corps in Field. { Administrative } { Executive }	6	—	—	—	—
	136	22	701	143	256
Total on Line and at Base { Administrative } { Executive }	6	—	—	—	—
	114	12	788	152	—
Grand Total, all Ranks	262	34	1489	295	256

This does not include Staff of Hospital ships and transports.

The establishments of the Medical Staff and Medical Staff Corps is laid down in the Army Estimates,

1887—88, as 1010 Officers, and 2600 Warrant Officers, Non-Commissioned Officers, and Men.

Of the 1010 Officers, 54 are shown as Acting Medical Officers, 40 as Quartermasters, and 1 Apothecary, deducting these latter we have 915 Medical Officers as the establishment.

Their ranks are as follows—

10 Surgeon Generals,	} Administrative Officers.
27 Deputy Surgeon Generals,	
878 Brigade Surgeons, Surgeon Majors, and Surgeons,	} Executive Officers.

Their distribution is as follows—

RANK.	India.	Colonies.	Home.
Surgeon Generals	3	3	4
Deputy Surgeon Generals	10	5	12
Brigade Surgeons, Surgeon Majors, and Surgeons	322	150	406
TOTAL	335	158	422

In the event of an European war we cannot possibly count on being able to withdraw any of our Medical Establishment from India or the Colonies. It is, indeed, a question whether we would not be obliged to increase our Establishment abroad, more particularly in the case of India; we have, therefore, only left our Home Establishment to supply 2 Army Corps in the Field, and to provide for the performance of all duties at home.

For 2 Army Corps we require—

4 Surgeon Generals,
16 Deputy Surgeon Generals,
504 Brigade Surgeons, Surgeon Majors, and
Surgeons,

that is to say, putting our entire Home Establishment in the field, we are still short of 4 Administrative and 98 Executive Medical Officers for our 2 Army Corps, while we have not one Administrative or Executive Officer left to carry on the organization at home, on the efficient working of which would to a certain extent depend the efficiency of the Medical arrangements of the Army in the field.

To complete our Establishment in the field we must employ 102 civilians, while to replace our 16 Administrative and 406 Executive Officers we must fall back on retired Medical Officers, Militia Surgeons, and civilian practitioners. It is much to be feared that a general break down at home at all events would result, while the above does not include any provision for casualties in the field, usually a heavy item, nor yet for the Hospital ships and transports.

This state of affairs is quite in accordance with the evidence given by Sir Thomas Crawford, Director General, Medical Staff, before the recent Committee on Army Estimates; as follows—

“I calculate that with such assistance as we could procure from our own Service and the Colonies, we should only require 100 civilians for assistance in the field, we would require between 300 and 400 civilians for duty at home.”

Later on in his evidence he states, "Indeed we could not even provide for 1 Army Corps without assistance from the civil members of the profession."

This leads us to the general question of the advisability of employing civil doctors with an Army in the field. Were the work of Army Medical Officers purely professional, that is to say, did no duties devolve on them beyond the treatment of sick and wounded, there could be no possible objection to the employment of civilians, but Army Medical organization has made such strides of late years that it requires from those who have to work it, a special technical training in many matters hitherto considered purely Military, and the efficiency of a Medical unit in the field depends altogether on each individual being thoroughly conversant with the details of the unit to which he may belong during a campaign.

We have the opinion of such a Military authority as Sir Redvers Buller, "that the highest professional attainments are of comparatively little avail when there is a neglect of systematic arrangements for Hospital administration."

If, then, we have to fall back on untrained civilians to work any portion of our Military Medical units, a loss of efficiency must result, no matter how high may be the professional attainments of those whose services we secure.*

* "The most serious impediment in the way of the success of my Department was undoubtedly the want of Military habits and training in the Medical Officers.

"The general impression among the people seems to be that a good civilian physician is fully competent to discharge the duties

Complaints were made of the conduct of the Men of the Army Hospital Corps, as it was then styled in the war in South Africa, with reference to which Surgeon General Woolfryes reported as follows—

“When the Medical Staff was for a great part composed of civil Surgeons, complaints were frequent of the irregular conduct of the Orderlies, and of their want of attention to the sick at the out stations where proper discipline and control were not exercised.”

Briefly, the best doctor may be the most useless Army Medical Officer, and if employed in a campaign may be a drawback rather than an aid to efficiency.

An Army Surgeon in the present day is as distinct from a Civil Surgeon, as a Royal Engineer is from a Civil Engineer, and it would be as reasonable to Officer a Pontoon Troop or Telegraph Company of the Royal Engineers with Civil Engineers, as it would be to Officer Bearer Companies, Field or Base Hospitals with Civil Surgeons, engaged haphazard. In neither case could efficiency be expected.

So much for the Medical Officers for our 2 Army Corps.

For our Quartermasters we are even worse off, as we have no one to fall back on in civil life to perform the responsible duties of these valuable Officers.

For 2 Army Corps we require 68 Quartermasters, while our total establishment is only 40, where are the

of a Regimental Surgeon, and I have no idea that anything I can say will be effective in disabusing the public mind of a notion, which I believe to be as mischievous as it is erroneous.”—*Report of the Medical Director, Army of the Potomac, American War, 1864.*

28 to come from for duties in the field, and who is to perform the duties of the 31 now serving at home, and the 9 abroad? As regards our Warrant Officers, Non-Commissioned Officers, and Men, our present establishment is laid down at 2600, of whom 551 are in the Colonies, and 2049 at home.

For 2 Army Corps we require 2978 trained Warrant and Non-Commissioned Officers, and Men, from the Medical Staff Corps, besides 1102 Bearers and Batmen from the Reserves—a total of 4080. Assuming that we cannot withdraw 551 from abroad, which we most certainly cannot, we are then short of 929 Warrant Officers, Non-Commissioned Officers, and Men, all supposed to be thoroughly trained and disciplined for special duties, while the Reserves must supply 1102 Batmen and Bearers.

This position can hardly be pronounced satisfactory.

As a matter of fact, in no campaign of recent years, has the personnel as laid down in Regulations been available, and Medical Officers have had to fall back on Regimental Orderlies for the additional assistance required. This system is most unsatisfactory, as it is impossible to expect Commanding Officers to detail their best Men for Hospital work, and consequently it often happens that the inefficient and useless are sent to perform duties requiring a specially good class of man, and a special training to carry out efficiently, while if any breakdown occurs the blame is most unjustly thrown on the Medical Department.

What then is our present position? We have on paper a system of Medical Organization which with certain modifications may be pronounced satisfactory,

but which never can be efficient in war, as long as no opportunity is given to the Officers and Men of studying its organization and working in time of peace.

To provide for 2 Army Corps we must engage over 100 civil practitioners for service in the field, and over 400 for service at home. Provision for casualties, Hospital ships, &c., will require at least another 100, a total of about 600.

We are short of about 30 Quartermasters for the field, and 40 for home work and the Colonies, a total of 70, not allowing for casualties. While for Warrant Officers, Non-Commissioned Officers, and Men, we have to fall back on the Militia and Reserves for 2031, 929 of whom are required to be thoroughly trained, and this only for 2 Army Corps; we would in addition require about 2000 for home duties, a total of over 4000. This is assuming that the present personnel is sufficient, which it most certainly is not. Lord Wolseley would double the present nursing staff, that is, allow 1 Orderly for 5 sick, instead of 1 for 10, the present scale; taking into account casualties, night duties, and attendance on special cases, most Medical Officers will thoroughly agree with him. The present personnel is so insufficient that in every campaign Officers and Men are overworked, and a certain amount of inefficiency is unavoidable, not to mention the high rate of sickness and mortality amongst the Medical Staff from overwork.

In our recent little wars we have not had a sufficiency of Senior Officers of the rank laid down in Regulations for the appointments they held. Our nearest

approach to putting a diminutive Army Corps in the field was in the Egyptian expedition of 1882, when instead of 2 Surgeon Generals, the proper complement, we had not even one, the principal Medical Officer of the force was a Deputy Surgeon General, as was also the case in the Nile expedition.

Yet, this is the moment that is selected for attacking the present insufficient Establishment, and for proposing reductions, more particularly in the higher ranks. In the general outcry for economy, the question of efficiency seems to have been completely forgotten. This year's estimates show a reduction of 1 Surgeon General and 2 Deputy Surgeon Generals, while judging from the tone of the enquiry by Lord Randolph Churchill's Committee on Army Estimates still further reductions are contemplated in the immediate future.*

It may be well that these facts and figures should be considered not only by the public, but also by the Military authorities, so that when the time comes—if ever—for our taking the field, blame may not once more, as so often in the past, be laid at the door of the Medical Department, for an inefficiency which seems inevitable, and which will arise from causes beyond its control.

If our utmost efforts are to be directed to put 2 complete Army Corps in the field, their Medical

* While writing this the Estimates for 1888 and 1889 have been introduced, and a further reduction of about 30 Officers Medical Staff, and 200 Men Medical Staff Corps, has been made in the strength of the Medical Department.

organization should be as complete as their Artillery or Transport, and the country should not be satisfied with less.

Finally, no efficiency can be obtained if a service be discontented, and unfortunately there never was a time when such universal discontent existed amongst the Officers of the Medical Staff as the present moment. Various causes, into which I do not now propose to enter, have brought about this. Suffice it to say that the history of the Medical Department has been one long struggle for ordinary justice. Such concessions as have been made from time to time, have been entirely due to the strong representations made by the Medical profession outside, combined with the pressure brought to bear on the authorities, owing to the dearth of candidates, the conditions of service not being accepted as satisfactory.

With the highest rate of mortality the Medical Officers combine the lowest per centage of honors and rewards for their services in the field.

was The following calculations made by actuaries as to the relative risk to life of Combatant and Medical Officers, ~~was~~ laid before a War Office Committee assembled in 1878—

	Combatant.	Medical Officers.
Start at age 20 ...	1000	1000
Live till 30 ...	888	849
" " 40 ...	792	684
" " 50 ...	689	538
" " 60 ...	571	423

In the Nile expedition the following was the percentage of deaths to strength of the Officers in various branches of the service—

	Per cent.
Artillery	0'00
Engineers	0'00
Commissariat and Transport Corps	0'00
Ordnance Department	0'00
Pay Department	0'00
Veterinary Department	0'00
General Staff	4'48
Infantry	4'89
Medical Staff	6'93

That their death rate should be higher, is easily explained by the fact that they share all the dangers of so-called combatants in the field, besides the risks inseparable from their own profession, that their percentage of honours and rewards should be lowest is an injustice inexplicable on any grounds.

The percentage to strength of promotions for the Nile campaign in the Departments of the Army was as follows—

	Per cent.
Chaplains' Department	44'4
Pay Department	41'6
Ordnance Department	30'0
Veterinary Department	22'2
Commissariat Department	13'8
Medical Staff	7'9

Yet there never was a campaign in which the Medical arrangements were acknowledged on all sides to have been so complete.

The *Burmah Gazette* of the 25th November, 1887, gives the following figures—

HONOURS AND REWARDS.	Combatants.	Medical Officers.
Promoted	43	0
K.C.B. and C.B.	26	0
Distinguished Service Order ...	51	6

These are only typical examples of the uniform injustice meted out to the Medical Officers on every occasion. No wonder that they return after each successive campaign disheartened and disgusted at their work being unrecognized, and at seeing their juniors in every other branch of the Service passing over their heads, and no wonder that they embrace the first opportunity of leaving such a Service.

Injustice they had long been accustomed to, and had borne with more or less patience, but when a blow was recently struck at their efficiency by the abolition of their Army rank, a storm of indignation was aroused throughout the whole Department.

Briefly, what happened was as follows :—

Three forms of Army Rank existed, viz., Substantive, Honorary, and Relative, the latter being the only one held by the Medical Officers.

On January 1st, 1887, Relative Rank was abolished in the Army, and logically with it disappeared the Rank of the Medical Officers.

The authorities have endeavoured to show that no injury was either intended to, or virtually inflicted on the Medical Officers, but they have signally failed to convince those most concerned, viz., the Medical Officers themselves. Exercising command in their own Corps, and all Military Hospitals, they felt not only that it was anomalous that they should have no Army Rank, but that it was impossible that efficiency could exist, and discipline be maintained in a Corps or Department of the Army in which the Commanding Officer had no Rank, his Quartermaster Honorary Rank, and his Warrant Officers, Non-Commissioned Officers, and Men, Substantive Rank, for such is the organization of the Medical Department of the Army at the present moment.

The question was warmly taken up by the profession, and the British Medical Association, the Parliamentary Bills Committee of which issued a circular calling for an expression of opinion from individual Medical Officers as to the best solution of the question with a view to efficiency.

Nine hundred and twenty-two answers were received, over 90 per cent. expressed themselves as dissatisfied with the existing state of affairs, while 75 per cent. declared the granting of Substantive or Honorary Rank as absolutely essential to efficiency.

So the Rank question stands at the present moment, meanwhile the Medical schools have spoken with no indistinct voice, and it is certain that a period is being

entered on similar to that which existed from 1872 to 1878, when 354 vacancies were offered in the Army Medical Service, for which only 215 candidates came forward.

This became such a grave public scandal, that a War Office Committee was appointed in 1878 to consider the causes which led to this dearth of candidates, and the report of the Committee fully established the justice of the complaints made by the Medical Officers, and the grievances under which they laboured.

Many recommendations were made, the majority of which were carried out, but on others, such as those touching Honours and Rewards, and the advisability of the Service being created a Royal one, no action has been taken.

The Warrant issued on the recommendation of this Committee regulated the present rates of pay and pension, which it is understood are most unwisely to be attacked this Session.

A deficiency of candidates, and consequently a want of competition, leads naturally to a lower standard of efficiency in a Service recruited by competitive examination, and what the Medical Officers now fear is that when the time comes their ranks will be recruited from the refuse of the schools, and that the efficiency of their Service will be damaged for a generation.

Sir William MacCormac, a Member of the War Office Committee for 1883, foreshadows this in the following words—

“Owing to the continued injustice shown to
 “the Medical Officers of the Army, their
 “position has become intolerable, and those
 “unfortunately in the Service are only
 “looking forward to the day they can
 “leave, while in the future the Medical
 “Service of the Army will be recruited
 “from the residuum of the Schools.”

The solution of the whole question is not a difficult one, and will not cost the country anything.

Unite the present Medical Staff and Medical Staff Corps into one Corps of Royal Surgeons on similar lines to the “Royal Engineers,” with Substantive Rank, but powers of Military command only as at present exercised. In time, the value of such a Corps will come to be recognized, and Honours and Rewards in due proportion will follow.

The Medical Officers being contented will not be in a hurry to leave, and the non-effective vote will be decreased. The principle of selection and promotion by brevets for merit will be introduced as in other branches of the Service, and the present system which offers no incentive to special ability, and which tends to reduce the Medical Service to a dead level of mediocrity, will be abolished.

The titles Combatant and Non-combatant as now used in the invidious sense that the former constitutes a special caste, for which all honours and rewards are to be reserved, the latter merely a necessary appendage of the former, entitled neither to consideration nor reward will gradually disappear as they should do in these days of long range rifle fire.

As long ago as February, 1856, Lord Dalhousie, when Viceroy of India, recognized the injustice of such a distinction in the following terms—

“The absurdity of regarding a Medical Officer as a Non-combatant is I believe abandoned. The Medical Officer comes constantly under fire, like other men. Every campaign which is fought exhibits the names of Medical Officers in the lists of killed and wounded, and the returns invariably show they still more often fall victims to their own exertions in behalf of their suffering comrades.”

The record of Army Surgeons is one of which they may well be proud. It was of them that the Duke of Wellington remarked—

“The Medical Department is the only one that will obey orders, on them I can rely for doing their duty!”

It was an Army Surgeon, Mr. Guthrie, that the same commander complimented declaring “that his conduct was worthy of the imitation of the whole Army.”

In moving the vote of thanks in the House of Lords to the Army in the Crimea, the Duke of Newcastle spoke as follows—

“The other body of men to whom I allude are the Medical Officers of the Army. I speak not now, of course, of the medical organization upon which so much was said the other night, but I must state in justice to an honourable profession, that never were greater exertions made, never was more humanity evinced, than by the Doctors of the British Army in the Crimea,” and having alluded to an individual case, he concludes as follows—

"I must say, my Lords, if it has not been usual for Parliament to thank men such as these, I consider it is not wrong for a Minister of the Crown in this House to acknowledge their services."

Judging from the treatment now experienced by Medical Officers, the days for such generous consideration of their services would appear to have passed away.

I cannot better conclude than in the words of a recent writer in *The British Medical Journal*—

"Do the critics of the Army Medical Department ask for the scientific achievements of its Officers? Let them read the works of Guthrie, of McCleod, of Sayer, of Maclean, of Parker, of De Chaumont, of Porter, and of a score more belonging to its ranks. Do they require the examples of the bravery of these men? Let them read the instances we have quoted, only selections from the record of our brave. Are instances of devotion and endurance wanted? What said Sir Charles Wilson of the Medical Staff during the Soudan Campaign—

"'For three days and three nights none of the Surgeons of the Camel Corps had any sleep at all, for they were engaged all the time performing operations or attending to the sick and wounded. No body of men could possibly have carried on their duties with such devotion as the Doctors did during the Nile Campaign.'

"Is such an instance of self-sacrifice and abnegation required as can scarcely be found out of sacred history, again we can refer to the annals of the Medical Department.

“Read of Surgeon Landon upon Majuba Hill:—

“‘Mortally wounded, with the agony of death closing in, in the midst of his own pain and weakness, he heard a wounded man shrieking aloud in his sufferings, and creeping, forgetful of self, to where this man lay, gave him a morphine injection to relieve his distress, and giving it—died. Sir Philip Sidney did scarce as noble an act as this, for he only deprived himself of a comfort, but Landon increased his own sufferings, and spent his remaining strength by his exertions. In loneliness and weakness he remembered duty and pity. Of the like of his deed there are indeed few recorded in the annals of any age and country.’

“To these men we may apply in an especial sense the fine words of Sir J. Paget.

“‘And so in toil, yet not in weariness, they pursue their way, sowing seed of which they reckon not whether they shall reap any fruit, content because they are in the path of duty, blest if only they see or think that they are ministering to the welfare of their fellow men.’”

Whether the country will deny justice to such men as these, a justice which will increase the efficiency of the Army, remains yet to be seen. Appreciation of their work must precede any such concession, and it is to conduce to this end that these pages have been written.

May, 1888.

POSTSCRIPT.

Since writing the foregoing, two events have occurred, viz:—

1. The issue of a warrant for the creation of a Medical Reserve.

2. The publication of the New Army Corps tables.

1. That a reserve is urgently needed has long been recognised; that the present scheme will meet our requirements is somewhat doubtful.

A "great national emergency" has been defined as a time when it may be necessary to embody the Militia. Should Militia and Volunteers be called on to take part in the defence of the country, and be mobilized to enable us to put two Army Corps in the Field, the new Medical Reserve will be employed with the Auxiliary Forces, and will not be available as a real Reserve for the Regular Medical Staff of the Army which will remain without one, and, consequently, must break down. Rightly or wrongly, the feeling is prevalent that financial considerations have largely entered into the creation of this Medical Reserve, that, in fact, Volunteer Surgeons are in future to undertake charge of troops at home, thus enabling a reduction to be made in the home establishment of the Medical Staff, and condemning the latter to a gradually increasing period

of foreign service, a term of which has been already prolonged from 3 and 5 years, to 4 and 6 respectively, while the suspicion that the whole scheme is an attempt to play off the Surgeons of the Auxiliary Forces against the Regular Medical Staff of the Army though, probably unfounded, will by its mere existence damage the prospects of obtaining a sufficient supply of candidates, not only for the Reserve, but when the time comes for the Medical Staff also.

The present position is eminently unsatisfactory, the sooner a Departmental Committee be assembled to consider the many questions involved the better will it be for our efficiency when next we have to take the field in anything like a real war.

2. The TOTAL establishment of the Medical Staff and Medical Staff Corps has been so little altered as regards numbers, that the deductions drawn from the old Establishment still hold good as to our position with regard to our being able to put 2 Army Corps in the Field, but other changes made are of such importance that a consideration of them in as brief a manner as possible is desirable.

Practical experience went to prove that if anything the old Establishment was insufficient, and that a considerable increase in personnel was necessary to attain efficiency.

The publication of a new Army Corps organization was therefore looked forward to, as it was hoped that the experience gained of late years would have led to the remedy of the defects which were known to exist in this direction.

Unfortunately the organization would appear to have been under consideration when the attacks of would-be economists were specially directed against the Medical Department, and the result has been a reduction in the already insufficient personnel, and a step backward in the efficiency of the Medical Organization of the Army.

Glancing at the military side of the new organization, we find the chief changes to be :—

1. The addition of 1 Infantry Battalion to the Infantry Division, thus increasing the battalions to 8.
2. Considerable addition to Corps Troops in Infantry, Artillery, and Engineers.
3. The organization of a Cavalry Division instead of a Cavalry Brigade, and the addition to it of a Battalion of Mounted Infantry.
4. The organization of the Lines of Communication and the Base on a proper footing.

In fact, a general advance in efficiency and strength, the Army Corps having been increased from 36,000 to 41,583, composed as follows :

3 Divisions and Corps Troops	...	34,984
1 Cavalry Division	... ..	6,599
		<hr/>
Total		41,583

With this increase in strength we naturally look for a proportionate increase in the Medical Establishment. But it would appear that no matter what increase may be made in the fighting strength the Medical Department must be cut down, and the following are the changes which we find from the old organization.

1. The abolition of the Sanitary Officer from the Army Corps Staff, and the removal of 1 Orderly Medical Officer from the Surgeon-General's Staff.
2. The abolition of the principle that each unit required 1 Medical Officer attached in the Field.
3. The reduction of the Field Hospitals of a Division from 4 to 3, though the Division is increased by 1 Battalion of Infantry.
4. The abolition of the Bearer Company with Corps Troops.
5. The abolition of the P.M.O. of the Cavalry Brigade.
6. The abolition of the Quartermaster with Bearer Companies.
7. The abolition of the right of Medical Officers to be mounted in the Field according to their rank, and the cutting down the number of chargers to an utterly insufficient proportion.

These retrograde changes enable the largely increased Army Corps to be provided for by about 3 Medical Officers and several Quartermasters less than before, that is as far as can be gathered from the new tables, which are somewhat sketchy as to Medical provision for the lines of communication.

1. The first of these changes was to be expected by anyone who had studied the last edition of the "Soldier's Pocket Book." A Sanitary Officer of the type described by Lord Wolseley must have been somewhat of a trial, but the individual was to blame,

not the appointment, and its abolition can only be regretted as a retrograde step.

2. If one fact has been established above another it is that each unit should have a Medical Officer attached. Such Officers, in addition to their Corps duties, are constantly required in the Field Hospitals of their Division in times of pressure, yet the new organization provides but 1 Surgeon for charge of 3 Horse Artillery Batteries! No doubt Military arrangements will be so perfect that they will be taken to the seat of war in 1 transport, and that under no circumstances will they ever be detached from one another in the Field; should it be otherwise the powers of ubiquity of the 1 Surgeon will be somewhat severely tested. No arrangement could possibly be more inadequate and unpractical, and it only requires the test of experience in the Field to break down completely. Similarly 2 Batteries of Field Artillery have but 1 Surgeon, while the Field Company Engineers, and the Reserve Ammunition Column share the services of 1 Medical Officer, while some units are left altogether without even a share of one.

3. No evidence has ever been brought to prove that the Field Hospital accommodation was in excess of the requirements; on the contrary, it had generally been considered hardly adequate. Yet, though the strength of the Division has been increased, the Field Hospital accommodation has been cut down 100 beds.

In the Division, strength 10,059, we have now but 3 Field Hospitals accommodating 300 sick, or a trifle under 3 per cent.

That this will be adequate no one with practical experience can for a moment believe.

4. The abolition of the Bearer Company with Corps Troops is only a portion of a scheme which seems to have forgotten the needs of the Corps Troops almost altogether.

The following table explains this more clearly—

CORPS TROOPS WITH 1 ARMY CORPS.

CORPS.	Strength.	Medical Officers.
Cavalry	187	1
Artillery Staff	21	None.
3 Batteries Royal Horse Artillery ...	556	1
2 Batteries Royal Artillery	353	1
Reserve Ammunition Column ...	812	1
Royal Engineer Staff	8	None.
1 Field Company	217	1
1 Pontoon Troop	216	1
Head-Qrs. Half Telegraph Battalion	245	None.
Field Park	45	None.
1 Battalion Infantry	1,000	1
Machine Guns	13	
Signallers... ..	64	None.
1 Company Commissariat & Transport	267	None.
2 Companies ditto Bakery	624	None.
Total Strength	4,728	7

Hospital Provision—1 Field Hospital; 100 beds.

It does not require much experience to see that the above provision is totally inadequate, being only for about 2·1 per cent. of sick, while leaving many important units with no Medical Officer attached. It is a

matter of astonishment how such a provision should ever have been proposed by the Medical, and accepted by the Military Authorities, or *vice versa*; for in these days it is hard to say how far Military Authority regulates Medical proposals for efficient organization.

A breakdown here is inevitable, and, in fact, desirable; for it is only when there is a public outcry against the inefficiency of the Medical Department that the necessity for adequate and efficient Medical organization will be recognized.

5. The abolition of the P.M.O. of the Cavalry Brigade is another retrograde step, leaving a Cavalry Brigade without any administrative Officer in case of the Brigade being detached from the Division.

The Medical requirements of this Arm of the Service require fuller consideration, and a more efficient provision.

6. The abolition of the Quartermaster with the Bearer Company is much to be regretted. He was a most important and responsible Officer, and yet no extra Non-Commissioned Officer is allowed for the performance of his duties.

7. Hitherto Medical Officers have been allowed chargers in the field according to their Army rank, with the addition of the mounting of all Surgeons who in peace were not entitled to chargers.

This has been completely ignored in the new organization.

It is a well established fact that there is no class of Officer whose duties require his being well mounted in

the field more than the Medical Officer, as also that he should not be worse mounted than the Officers of the Corps to which he may be attached.

Yet the new tables show a cutting down of the number of chargers with an utter disregard to, or complete ignorance of, the work devolving on Medical Officers.

A Surgeon is given charge of 3 Batteries of Horse Artillery, every Subaltern of which has 2 horses, yet he is allowed but 1.

The Lieutenant of the Pontoon Troop is allowed 2; the Surgeon in charge but 1.

The Surgeon-Majors in command of the Bearer Company and Field Hospital of the Cavalry Brigade, every Subaltern of which has 2 horses, are only allowed 1, though the Surgeons attached to the Regiments are allowed 2.

The Deputy Surgeon-General, P.M.O. of a Division, previously allowed 3, is cut down to 1; while the Inspecting Veterinary Surgeon and the Senior Commissariat Officer are each allowed 2, and a Deputy Assistant-Adjutant-General and Aide-de-Camp 3.

The Surgeon-General of the Army Corps is cut down from 4 to 2.

The Surgeon-Majors serving in the General Hospital, any one of whom may be required at the front in case of necessity, are deprived of even 1.

Should they be ordered to the front, where are the chargers to be procured?

The above are examples of our new organization as regards the mounting of Medical Officers. That they can perform their duties efficiently under such conditions is impossible. Neither their so-called rank, nor the nature of their duties, would appear to have ~~needed~~ *needed* a moment's consideration; Veterinary Surgeons, the Commissariat, and, of course, the General Staff, are all well provided for, but the Medical Department has to bear the brunt of the attack in the number of horses in the Field, and where economy is to be exercised it must be at the expense of the Medical Officer.

Though the Surgeon-Major at the base is dismounted we find all other Officers mounted; the Inspecting-Veterinary Surgeon is allowed 2 horses, the Chaplain 1, and the Commissariat Officer 2.

To the efficient performance of the duties of the Medical Officer little attention is paid, to his comfort and health none.

We are, unfortunately, too well acquainted with instances which occurred in the Egyptian War of 1882, and elsewhere, of Medical Officers who should have been mounted being dismounted, and breaking down under the strain of beginning their work at the close of a heavy march, or after an engagement, when all other Officers were taking their rest.

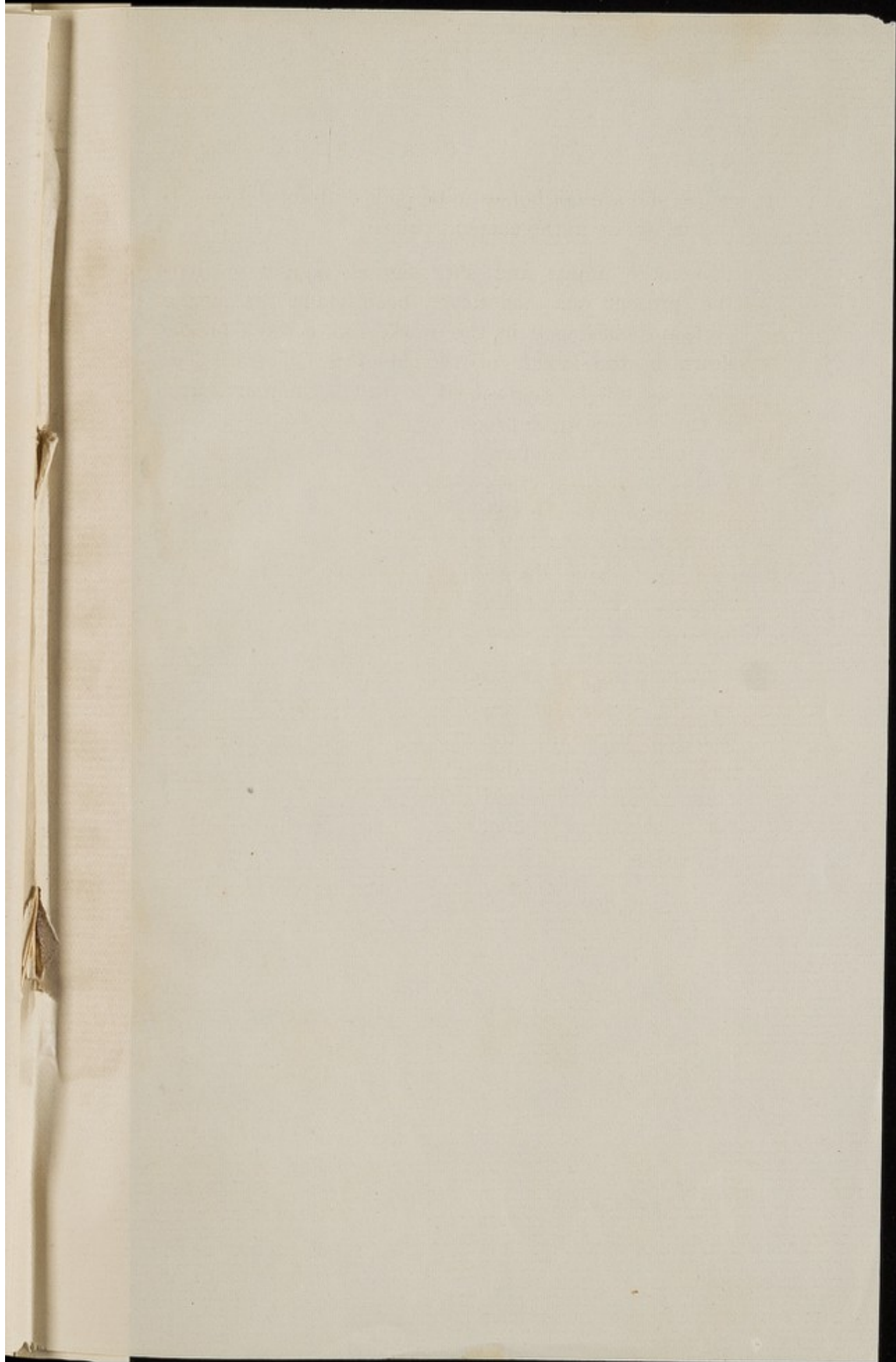
What did it matter? When the Government was unable or unwilling to provide the horse to which the Surgeon was entitled before embarkation, did it not allow him the Government rate to purchase a horse on arrival at the seat of

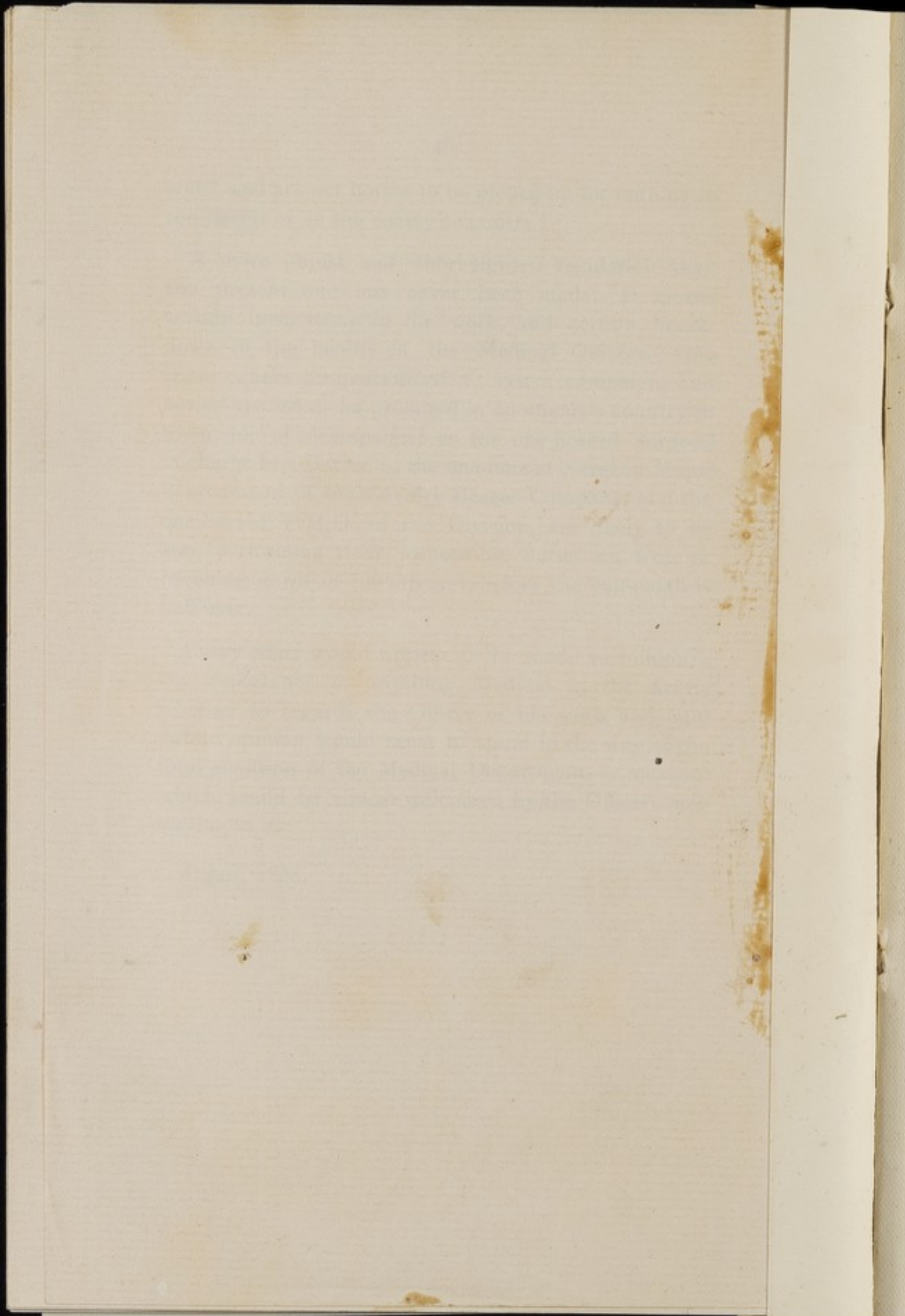
war? and are not horses to be picked up for nothing in the desert or in the enemy's country?

A more unjust and short-sighted regulation than the present one has never been made. It means certain inefficiency in the work, and certain breakdown in the health of the Medical Officers. One horse cannot be guaranteed to last a campaign, and horses are not to be procured in an enemy's country in the middle of a campaign; so the one-horsed Surgeon in charge of 3 Batteries, the one-horsed Surgeon-Major in command of the Cavalry Bearer Company, and the one-horsed P.M.O. of the Division, are likely to be seen performing their responsible duties on foot, or breaking down in the attempt, before the campaign is half over.

Every effort would appear to be made to minimize the importance of anything Medical in the Army, whether as regards the Officer or his work, and only public opinion would seem to stand in the way of the total abolition of the Medical Department—a measure which would be almost welcomed by the Officers now serving in it.

August, 1888.





That great Administrator, Sir Henry Lawrence, trusted, however, to other means than force for quieting and civilizing the trans-Indus territory.

As the first regiments settled down along the border, Sir Henry Lawrence impressed on Medical Officers the necessity of establishing dispensaries. All Officers were specially instructed to seize every opportunity of making these institutions popular. The consequence of this was many a strange scene of war and confidence: men wounded on the hill-side fighting against us were brought to our picquets, and shouts came across the rocks for permission to bring their wounded to our hospital—even while the fight was going on. It so happened that a few days after our first occupation of Kohat, we had many casualties, and many wounded prisoners fell into our hands. Chloroform, then a new introduction in science, was used; and the fame of its soothing power spread far and wide. For months afterwards, men journeyed from long distances, merely to see the Doctor Sahib who sent people to sleep and then did what he liked with them without giving pain.

The Medical Officers of the Force, upon whose tact and capacity the success of the civilizing influence of medicine and surgery depended, were men selected for their energy and ability; and well and broadly did they lay the foundation of trust in the Englishman's skill and kindness. As the Chief Commissioner subsequently wrote to Lord Dalhousie, "the presence of such men tends to strengthen our rule." In some cases, the English doctors so won the gratitude of the faithless Afghan that his life would have been safe and his wants attended to, where a dog, outside the camp, would have had no chance.

Vaccination all along the border was another source of power to us. Kafilas from distant countries coming through the passes with their

horses, camels, and merchandize; their women and children, were vaccinated by hundreds every year: they too carried the tale of the Englishman's power far and wide; and Hakims from Kabul and Kandahar came down to be instructed in the Englishman's art of escape from the sore disease, which carried disfigurement and death to so many of their countrymen.

Some more to come

The five battalions of the 38th brigade, which went into action with 95 Officers and 4,546 men, sustained a loss of 72 Officers and 2,542 men killed, wounded, and prisoners. The proportions between killed and wounded being 3 to 4!

THE INDIAN ARMY REGULATIONS.

"One Who Knows" sends us the following extract from these regulations, and asks: Does it not show determination in the highest quarters not to recognise the rank and position of medical officers? Civilians may well wonder why the medical officer is not made a regular member, but only to be in "attendance" on the board. The reason is that the so-called combatant declines to meet him on any terms of equality, which would necessitate recognition of his rank and seniority. Not even in cases of mental incapacity examined before it will a medical member be freely recognised on a mixed board. Surely the British public should put a stop to this feudal folly.

Adjutant-General's Office, Simla, November 1st, 1888.
Army Regulations.—The following corrections are made to Army Regulations, India, vol. II, "Discipline."
2319 (a). Native officers, non-commissioned officers, and men, whose senses and mental perceptions and general intelligence have become so dull and impaired as to render them unable to perform their military duties to the satisfaction of their commanding officers and up to the requirements of the service, and those whose presence is more or less an encumbrance so long as they occupy the place of able-bodied men, will be brought before special boards, to be convened under the orders of the general officer commanding. These boards will be composed of two field officers and one medical officer in attendance. If it can be avoided no officer of the regiment to which the men appearing before the board belong is to sit thereon, nor in any case is more than one officer of such regiment to be a member of the board. The medical officer in attendance is considered as one of the board for the purposes of this order.

NAVAL AND MILITARY MEDICAL SERVICES.

MEMORANDUM ON RANK FOR ARMY MEDICAL OFFICERS.

In view of the promise of the Secretary of State for War to take up, early next session, the question of rank for the medical officers of the Army, the following are submitted for consideration in support of their claims to having rank conferred upon them:—

1. It has been found necessary in the interests of the service that medical officers should have command of their own men—the Medical Staff Corps and all military hospitals during peace as well as on active service. They are now in the anomalous position of having disciplinary powers and the command over men who have substantive rank, when they themselves have no rank whatever.

2. The medical is the only combatant, so to speak, of all the departments of the Army, as, from the nature of their military calling they are compelled to perform their professional duties under fire, side by side with the fighting line; nevertheless rank has been denied to the medical officers, who run all the risks of battle, and yet it has been conferred on the officers of departments whose duties seldom, if ever, require them to be at the front.

3. A portion of the officers of the Medical Staff, namely, quartermasters, have been recently granted honorary rank, while their immediate commanding officers have no rank. Surely this is an anomaly!

4. It has been put forward that if the rank were given to medical officers it would interfere with the proper performance of their professional duties; quite the contrary, a contented department cognisant of an assured position in the Army is more likely to carry out its duties satisfactorily than one continually unsettled by substantial grievances.

The military rank granted to the Royal Engineers has in no way interfered with the proper performance of their professional duties as engineers, nor is it anticipated that by granting rank to the Army Service Corps the Army will suffer in a commissariat point of view.

5. The great majority of the best professional men of the Army Medical Staff are unanimous in their opinion that rank should be conferred upon the officers of their department; having in view the multifarious military duties they have to perform, in addition to their professional work.

Medical officers do not aspire to command outside their own corps, but consider that the time has arrived for them to obtain a definite military position, especially as rank has been conferred upon the more purely civil departments of the Army.

It is, moreover, advisable that the officers of the Medical Staff and the non-commissioned officers and men of the Medical Staff Corps should be thoroughly and completely amalgamated into one corps, as has been recently done in the case of the Army Service Corps.

* * * We have received the above memorandum of this important subject, which we believe is being circulated in influential quarters; it fairly summarises much, if not the bulk, that has been written on the rank question.

CORPS OF ROYAL SURGEONS.

MEDICAL STAFF sees no difficulty in forming such a corps; there has been no difficulty in converting the Commissariat from a department into a corps. A Royal Medical Corps or a Corps of Royal Surgeons would, of course, be represented at headquarters by an assistant adjutant-general, and placed under one of the military departments instead of its present isolation under departmental officials; such would increase its status and efficiency.

PAY OF MEDICAL STAFF.

MEDICAL STAFF writes: The supposed enormous (?) pay of medical officers does not bulk largely beside that of another technical corps—the Royal Engineers. Officers of that corps are trained at the expense of the State, and have assured military status and titles, and a large number of lucrative appointments open to them, to all of which medical officers are strangers. Yet a subaltern of engineers receives £209 a year, and a captain £370, without allowances, the latter being £5 more than the supposed big pay of a surgeon-major!

EXTENSION OF FOREIGN SERVICE.

ONE AUROUD protests against the new six years' tour being made retrospective, which, by its coming into operation on April 1st, 1889, is the case. The ruling of its application to officers already serving in India is most inequitable. The rule will simply deplete the active and crowd the retired list, for medical officers are not insensible to the effects of Indian climate, and the exacting duties demanded of them. It is earnestly to be hoped that our friends in Parliament will contend against the retrospective application of the new rule.

"NON-COMBATANTS."

THE campaign in Upper Burma has furnished, as former campaigns have done, an illustration of the fact which has often been stated in the discussion on the relative rank question, that the army medical officer is in no sense a non-combatant; that in action he shares equally with the combatant officer all the dangers of warfare. On December 9th last a medical officer (Surgeon Doyle, I.M.S.) was hit or wounded no less than three times in action; and on January 7th, 1889, Surgeon N. Manders, M.S., was severely and dangerously wounded under similar circumstances. A correspondent, referring to these facts, observes: "Surely these facts furnish one more argument in favour of real or honorary rank being conferred on army medical officers, and ought to meet any objections to conferring it, and to dispel the popular idea that a doctor on service with his base hospital, etc., is perfectly safe and never exposed to fire. There are doubtless some departments wherein officers bearing military titles can never be exposed to actual danger, but the medical service is not one of these, and the

day has passed where the term 'non-combatant' can be applied to men who share the brunt of the battle; and it must be remembered how peculiarly distressing such occurrences must be where, in attacks on Dacoits or in punitive expeditions in pursuit of them, two or three British officers (one, as a rule, being the medical officer) are in the very 'thick of it'; and, if the latter is wounded, he is unable to afford any assistance to himself or to his comrades. A surgeon wounded far away in the Burmese jungle, and perhaps hundreds of miles from medical help, would naturally succumb to any severe wound, or to one demanding capital operation.

THE ABOLITION OF RELATIVE RANK.

A "SURGEON MEDICAL STAFF," writing from India, says the ill-advised interference with the rank of medical officers has, in his own experience, produced very bad results. A military officer told him, "Now you are nothing at all." At a large mess in India it was actually discussed whether medical officers could or should be made honorary members now that they possessed no recognised rank. Such action takes the question altogether out of the region of "sentiment." He says much bad feeling has arisen from giving medical officers the rank of captain straight away; and that he, in common with many juniors, think it would be much better for the young medical officer to rank as Lieutenant for the first three years.

THE TITLE QUESTION.

"EXECUTIVE OFFICER" urges the speedy settlement of this burning question. Now that Commissariat officers, not a few of whom entered as pure civilian clerks, have combative rank and titles, surely it is time to recognise the claims of medical officers, who really go under fire, and face many dangers unknown to the Commissariat. He thinks the medical service, officers and men, should be organised into a Royal corps.

WHY I RETIRED FROM THE ARMY MEDICAL DEPARTMENT.

A CORRESPONDENT answers the questions thus:

1. Inferior position compared with other corps and departmental officers, for want of real military rank and titles.
 2. Want of sufficient encouragement—no honours or rewards for good or active service.
 3. Too much foreign service in unhealthy climates.
 4. Breaches of faith in increasing tours of foreign service, etc.
- * Candidates who contemplate the Army Medical Service as a career would do well to ponder the above succinctly put disadvantages.

energetically they may be advised and disposed to proceed, will not fail to remember that they cannot cite one Member of the College before their bar without standing their own trial on the same issues both before the Chancery Division and before the House of Commons. But we can hardly doubt that they will now be content at least to adjourn all retaliatory action until the vital questions of what the rights of the Members are and of what they ought to be, have been decided by the high judicial and legislative authority to which the Members have appealed.

THE ARMY AND NAVY MEDICAL SERVICES.

THE small Committee, under the presidency of Lord Camperdown, will, as already announced, sit and report on the "pay, status, and conditions, of service of the Medical Officers of the Army and Navy." We could almost wish the Indian Service had been included, but suppose that would have extended the inquiry much beyond the scope of a small committee. Although the storm of controversy has hitherto mainly raged round the Army, it has lately extended somewhat to the Naval Medical Service. Both branches, therefore, are to be considered together and included in one report, at least so we take it; and with this view the Committee is a mixed one of naval and military officials, but apparently does not include medical officers of either service. The latter, we presume, will be called to give evidence, for it is impossible to suppose their most vital interests will be adjudicated upon without giving them an opportunity of being officially heard. Much, indeed, could be gathered on medical grievances from the columns of this and other journals which have endeavoured impartially to set them forth; but the Committee will doubtless also require official evidence.

We have no doubt Mr. Stanhope is most desirous to settle matters on a just and reasonable basis; indeed, the eternal recurrence of medical service grievances must have proved a sheer weariness to successive War Ministers and made them long for a settlement. But we distinctly affirm that the long continued lamentable unrest of the medical services has not been brought about either by the medical services themselves, or the outside medical profession. It has arisen from the meddling of entire outsiders, who have from time to time attacked the rights and privileges of medical officers, now openly, at other times insidiously; their pay and pensions, Army rank and authority, have each in turn been attacked. Take the present controversy, the medical officers had nothing to do with the abolition of "relative," which was their only rank; they were likewise content with their present pay and pensions, which are now threatened by a section of economists. The truth is, in the weary fights of the past thirty years, ever since the lift given to the services by Lord Herbert's Committee, the "doctors" have always been on the defensive, and have only retaliated when assailed.

We have no desire, for one moment, to shield the medical services from the most searching and even hostile criticism, provided the hitting is fair and above the belt; opposition does good; but we deprecate insidious attack and the unfair allusions and misrepresentations which our brethren in the services have often been subjected to.

So too, we willingly say the guardians of the public purse

THE ARMY AND NAVY MEDICAL SERVICES.

II.

It is only possible to review the more salient points in the controversy on the medical services during the past two years. For this purpose the text of "pay, status, and conditions of

service" supplied to Lord Camperdown's Committee, now sitting, affords a terse and comprehensive summary.

The present rates of pay, including, of course, pension, which is merely deferred pay, have never, we think, been complained of by medical officers, who are apparently well satisfied with the settlement in the Warrant of 1879, which, however, was reached only after an agitation extending over twenty years. The rates therein laid down were the result of gradual concessions made only when it had been found impossible otherwise to attract sufficiently good medical men to the services for less money; and the necessity and wisdom of these concessions have been fully demonstrated in the superior class who have entered the army and navy since 1879. We recognise, of course, no absolute finality in any settlement, but this much we must hold to be fixed, that, whatever prospective action is taken in regard to these rates of pay and pension, retrospective application is barred, unless compensation be given to individuals affected; were it otherwise, confidence would be destroyed. The only present pay grievance we can recall is the withholding from brigade-surgeons in India of the increased pay to which they are most justly entitled according to all the highest authorities in that country.

It has been around the "status" of medical officers that controversy has recently centred. This arose from the sudden and, as we think, ill-advised abolition of "relative" rank, without conferring either "substantive" or "honorary"—the only other two known military ranks.

Since its abolition, relative rank has been somewhat decried, but this we consider a mistake, because, in the absence of the other two, it cannot really be got rid of. It is true there was a futile attempt to set up another rank for medical officers, called "departmental;" but it had never previously been heard of, and it was soon seen it could have no existence in any homogeneous army recognising only military rank, and in which medical officers were an integral part.

Status involves army rank, military titles, and seniority precedence, without which no officer can find a proper place in any organised army. In the expression of opinion elicited by this JOURNAL, it came out that, since relative rank had disappeared, the vast majority of medical officers considered their army position could not be sufficiently assured, and they would not be abreast of other departments unless either substantive or honorary rank with military titles were conferred upon them.

It was further logically seen that conferring substantive rank would practically involve the complete fusion of the Medical Staff and Medical Staff Corps, which, as a consolidated corps, might be rechristened under an appropriate "Royal" designation; but honorary rank could easily be conferred in the same way as it had been on commissariat officers and on paymasters, both of whom were actually much more "non-combatant" than medical officers whose duty led them under fire. But many who thus reasoned favoured a middle course of the nature of compromise in the giving of "compound titles," the first of which should mark the professional character, and the second the military status of medical officers; such, of course, involves a sort of revival of relative rank. There were also not a few who considered it desirable from many points of view that the

ARMY MEDICAL STAFF.

A. M. S. writes: In view of the promised debate in Parliament, and also of the Meetings of the Committee which the Secretary of State for War has appointed, I would ask you to publish the following in your columns, which have ever been open to promote the welfare of the Army Medical Staff.

1. *Date of Commission.*—The naval surgeons' commissions are dated from the last day of the London examination, the Indian surgeons' from the date of joining the Army Medical School at Netley, while the army surgeons' are not dated until leaving the Army Medical School, in this way making the army surgeon about five months and a half junior to the naval, and four months junior to the Indian surgeon, all of whom simultaneously passed the London examination.

2. *Promotions.*—In the Medical Staff promotion to Surgeon-Major is altogether by time, without respect to vacancies; this does not happen in any other branch of the service. In the Royal Engineers Lieutenants are promoted captains, and captains majors at eleven and twenty years respectively. If there are no vacancies, and earlier if there are vacancies, although it is reasonable to suppose that a lieutenant or captain Royal Engineers is just as well able to do a captain or major's work without the higher rank, as a surgeon is to do a surgeon-major's. Again, brevet rank might be given to medical officers for service, which would reward the medical officer obtaining it without any injustice being done to those who were not so fortunate; this is done in the combatant ranks, and was done in the late Commissariat and Transport Corps.

3. *Leave.*—Medical officers get sixty-one days a year where they can be spared, but the more fortunate regimental officer gets his two months and a half, and as much more as he can, although the medical officer gives fifty-two more working days a year to the State, as his duty must be done alike Sundays and week days; this is recognised in the Medical Staff Corps, which is the only corps allowed to draw departmental and extra-duty pay for Sundays; but the medical officer gets no recognition for his Sunday work, even in the way of extra leave. He is usually, after six months' sick leave, also put on half-pay, even if his disease or injury is contracted in the service at unhealthy stations and in epidemics, whereas the regimental officer is often allowed eighteen months on full pay while on sick leave.

4. *Roster for Service.*—The rigid observance of the roster, and its ready exposure for inspection by medical officers would do much to allay discontent in the department. The only means medical officers have now of finding out their relative positions on the roster is by employing the services of an army exchange agent.

The other important questions of rank, extension of foreign service, and status have been so often and ably discussed in your columns, that I will not trespass further on your space, but I hope all these points will not be lost sight of when the looked-for discussion takes place.

COMMITTEE ON THE PAY, STATUS, AND SERVICE OF ARMY MEDICAL OFFICERS.

MEDICUS A.M.D., writes: Considering the vital results to the medical department that the above committee may cause, permit me to urge on medical officers the importance of their making known their views without delay to some of the members of the Committee. I recommend them to address the representative nominated by the President of the Royal College of Surgeons, Mr. C. Macnamara, Surgeon Westminster Hospital, 13, Grosvenor Street, London, W. If they communicate with him under a private and confidential cover, their interests would, I am sure, be safe in his hands, and he probably would be glad to hear their views, so as to enable him to come to a conclusion.

HALF-PAY FROM ILL-HEALTH.

FIAT JUSTITIA points out that it will be seen, on reference to paragraph 1,298, part III, Royal Pay Warrant, 1887, that the time on half-pay, not exceeding one year, in the case of a combatant officer placed on half-pay on account of ill-health incurred in and by the service, counts as service towards retirement, pension, etc., whereas no such provision is made in the case of a medical officer, who runs far greater risks of incurring disease, and to whom half-pay is a dead loss. Such a distinction is entirely unfair.

SUBSTANTIVE RANK.

DR. A. LAPHORN SMITH, M.R.C.S. Eng. (Montreal) writes: I constantly notice correspondence from your readers on the subject of the relative rank of army medical officers, showing that the subject is a burning one. The United States Government seems to have solved the difficulty in the most satisfactory manner. In their army and navy the surgeons enter with the combatant rank of lieutenants, and rise, according to length of service, to the same ranks as combatant officers. Thus you will find in *New York Medical Record*, March 9th, 1889, p. 280—McKee, Jas. C., Lieut.-Colonel and Surgeon; Greenleaf, C. E., Major and Surgeon, etc. I feel sure that the same treatment to English army and navy surgeons would make the service more popular than it is, and that it would attract some of the best men.

Medical Service. The condition of service which at present seems to exercise most the latter is the curtailing the number and shortening the tenure of shore and harbour appointments; this will press heavily on the senior grades, who have heretofore looked forward to these appointments as prizes awaiting them after long sea-service. These appointments, moreover, sweetened the service by enabling the medical sailor to renew and maintain his family and domestic ties.

"NON-COMBATANTS."

This campaign in Upper Burma has furnished, as former campaigns have done, an illustration of the fact which has often been stated in the discussion on the relative rank question, that the army medical officer is in no sense a non-combatant; that in action he shares equally with the combatant officer all the dangers of warfare. On December 9th last a medical officer (Surgeon Doyle, I.M.S.) was hit or wounded no less than three times in action; and on January 7th, 1880, Surgeon N. Manders, M.S., was severely and dangerously wounded under similar circumstances. A correspondent, referring to these facts, observes: "Surely these facts furnish one more argument in favour of real or honorary rank being conferred on army medical officers, and ought to meet any objections to conferring it, and to dispel the popular idea that a doctor on service with his base hospital, etc., is perfectly safe and never exposed to fire. There are doubtless some departments wherein officers bearing military titles can never be exposed to actual danger, but the medical service is not one of these, and the

day has passed where the term 'non-combatant' can be applied to men who share the brunt of the battle; and it must be remembered how peculiarly distressing such occurrences must be where, in attacks on Dacoits or in punitive expeditions in pursuit of them, two or three British officers (one, as a rule, being the medical officer) are in the very 'thick of it'; and, if the latter is wounded, he is unable to afford any assistance to himself or to his comrades. A surgeon wounded far away in the Burmese jungle, and perhaps hundreds of miles from medical help, would naturally succumb to any severe wound, or to one demanding capital operation.

THE ABOLITION OF RELATIVE RANK.

A "SURGEON MEDICAL STAFF," writing from India, says the ill-advised interference with the rank of medical officers has, in his own experience, produced very bad results. A military officer told him, "Now you are nothing at all." At a large mess in India it was actually discussed whether medical officers could or should be made honorary members now that they possessed no recognised rank. Such action takes the question altogether out of the region of "sentiment." He says much bad feeling has arisen from giving medical officers the rank of captain straight away, and that he, in common with many juniors, think it would be much better for the young medical officer to rank as lieutenant for the first three years.

THE TITLE QUESTION.

"EXECUTIVE OFFICER" urges the speedy settlement of this burning question. Now that Commissariat officers, not a few of whom entered as pure civilians, have combative rank and title, surely it is time to recognise the claims of medical officers, who really go under fire, and face many dangers unknown to the Commissariat. He thinks the medical service, officers and men, should be organised into a Royal Corps.

WHY I RETIRED FROM THE ARMY MEDICAL DEPARTMENT.

A CORRESPONDENT answers the question thus:

1. Inferior position compared with other corps and departmental officers, for want of real military rank and titles.
2. Want of sufficient encouragement—no honours or rewards for good or active service.
3. Too much foreign service in unhealthy climates.
4. Breaches of faith in increasing tours of foreign service, etc.

*** Candidates who contemplate the Army Medical Service as a career would do well to ponder the above succinctly put disadvantages.

have a perfect right, nay, it is their bounden duty, to pay no more than market value for medical services, provided they get a genuine article and efficiency is not sacrificed. But having once made a bargain with certain medical men to secure the best of their working days on fixed conditions, the State cannot in honour or justice go behind such contract, either directly by lessening emolument, or indirectly by making the conditions of service unduly onerous, without compensating the individuals affected. Such has always been the practice followed hitherto, and we have no reason to suppose it will now be departed from; still it can be once more stated. The following is an instance of compensation; when surgeon-generals were compulsorily retired at 60 instead of 65 years the officers directly affected were compensated for the loss of the active pay and service which they had calculated on, and for which they had made private arrangements. It has been judicially declared, if we remember right, that an officer has only a vested right in the rank to which he may have attained; this is, no doubt, good law, but we think still leaves open the equity side of the question. Suppose an army or naval medical officer keeps slaving on in an executive capacity for, say, twenty-five or thirty years, in the hope of receiving, and with the distinct prospect of attaining, the increased dignity, rest, and emolument of an administrative appointment; and suppose, just as the latter is within his grasp, the State for its own objects abolishes it, would it be just to deny that officer compensation, even although he had no legal vested right in the abolished appointment? Considerations such as these cannot but influence the recommendations and decisions of fair-minded men and officials. The medical is a most onerous and exacting profession; no mere honorary calling, but sternly real; and the men who enter it make a hard living by it; medical men enter the service to make a living thereby, as well as provision for the future; so all contracts of pay and conditions of service are to them grave realities not to be lightly handled. In a subsequent article we propose to review the aspects of the controversy as they have lately appeared in many letters and communications in our columns.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

While the rich grow richer the poor become poorer, and this not only among the general population, but also in the special classes. The great operating surgeon or Court physician, for instance, may increase daily in wealth and importance, but the general practitioner, and especially the general practitioner in London, finds himself jostled and pushed on every side by the miserable competitors, both qualified and unqualified, by general and special hospitals, by dispensaries, and by all the hundred and one means the benevolent provide for doing cheap charity at the expense of the medical profession, until even to live becomes a difficulty, and to save an impossibility, so that, when the time comes for resigning his weary life, the delicate widow and the helpless children are thrust out to gain a livelihood as they best can in that world whose boast it is that only the fittest survive, while the weak go to the wall. Unfit in every way, they must enter on the great battle of

have a perfect right, nay, it is their bounden duty, to pay no more than market value for medical services, provided they get a genuine article and efficiency is not sacrificed. But having once made a bargain with certain medical men to secure the best of their working days on fixed conditions, the State cannot in honour or justice go behind such contract, either directly by lessening emolument, or indirectly by making the conditions of service unduly onerous, without compensating the individuals affected. Such has always been the practice followed hitherto, and we have no reason to suppose it will now be departed from; still it can be once more stated. The following is an instance of compensation; when surgeon-generals were compulsorily retired at 60 instead of 65 years the officers directly affected were compensated for the loss of the active pay and service which they had calculated on, and for which they had made private arrangements. It has been judicially declared, if we remember right, that an officer has only a vested right in the rank to which he may have attained; this is, no doubt, good law, but we think still leaves open the equity side of the question. Suppose an army or naval medical officer keeps slaving on in an executive capacity for, say, twenty-five or thirty years, in the hope of receiving, and with the distinct prospect of attaining, the increased dignity, rest, and emolument of an administrative appointment; and suppose, just as the latter is within his grasp, the State for its own objects abolishes it, would it be just to deny that officer compensation, even although he had no legal vested right in the abolished appointment? Considerations such as these cannot but influence the recommendations and decisions of fair-minded men and officials. The medical is a most onerous and exacting profession; no mere honorary calling, but sternly real; and the men who enter it make a hard living by it; medical men enter the services to make a living thereby, as well as provision for the future; so all contracts of pay and conditions of service are to them grave realities not to be lightly handled. In a subsequent article we propose to review the aspects of the controversy as they have lately appeared in many letters and communications in our columns.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

WHILE the rich grow richer the poor become poorer, and this not only among the general population, but also in the special classes. The great operating surgeon or Court physician, for instance, may increase daily in wealth and importance, but the general practitioner, and especially the general practitioner in London, finds himself jostled and pushed on every side by innumerable competitors, both qualified and unqualified, by general and special hospitals, by dispensaries, and by all the hundred and one means the benevolent provide for doing cheap charity at the expense of the medical profession, until even to live becomes a difficulty, and to save an impossibility, so that, when the time comes for resigning his weary life, the delicate widow and the helpless children are thrust out to gain a livelihood as they best can in that world whose boast it is that only the fittest survive, while the weak go to the wall. Unfit in every way, they must enter on the great battle of

"NON-COMBATANTS."

THE campaign in Upper Burma has furnished, as former campaigns have done, an illustration of the fact which has often been stated in the discussion on the relative rank question, that the army medical officer is in no sense a non-combatant; that in action he shares equally with the combatant officer all the dangers of warfare. On December 9th last a medical officer (Surgeon Doyle, I.M.S.) was hit or wounded no less than three times in action; and on January 7th, 1889, Surgeon N. Manders, M.S., was severely and dangerously wounded under similar circumstances. A correspondent, referring to these facts, observes: "Surely these facts furnish one more argument in favour of real or honorary rank being conferred on army medical officers, and ought to meet any objections to conferring it, and to dispel the popular idea that a doctor on service with his base hospital, etc., is perfectly safe and never exposed to fire. There are doubtless some departments wherein officers bearing military titles can never be exposed to actual danger, but the medical service is not one of these, and the

day has passed where the term 'non-combatant' can be applied to men who share the brunt of the battle; and it must be remembered how peculiarly distressing such occurrences must be where, in attacks on Dacoits or in punitive expeditions in pursuit of them, two or three British officers (one, as a rule, being the medical officer) are in the very thick of it; and, if the latter is wounded, he is unable to afford any assistance to himself or to his comrades. A surgeon wounded far away in the Burmese jungle, and perhaps hundreds of miles from medical help, would naturally succumb to any severe wound, or to one demanding capital operation.

THE ABOLITION OF RELATIVE RANK.

A "SURGEON MEDICAL STAFF," writing from India, says the ill-advised interference with the rank of medical officers has, in his own experience, produced very bad results. A military officer told him, "Now you are nothing at all." At a large mess in India it was actually discussed whether medical officers could or should be made honorary members now that they possessed no recognised rank. Such action takes the question altogether out of the region of "sentiment." He says much bad feeling has arisen from giving medical officers the rank of captain straight away; and that he, in common with many juniors, think it would be much better for the young medical officer to rank as lieutenant for the first three years.

THE TITLE QUESTION.

"EXECUTIVE OFFICERS" urges the speedy settlement of this burning question. Now that Commissariat officers, not a few of whom entered as pure civilian clerks, have combative rank and titles, surely it is time to recognise the claims of medical officers, who really go under fire, and face many dangers unknown to the Commissariat. He thinks the medical service, officers and men, should be organised into a Royal corps.

WHY I RETIRED FROM THE ARMY MEDICAL DEPARTMENT.

A CORRESPONDENT answers the questions thus:

1. Inferior position compared with other corps and departmental officers, for want of real military rank and titles.
2. Want of sufficient encouragement—no honours or rewards for good or active service.
3. Too much foreign service in unhealthy climates.
4. Breaches of faith in increasing tours of foreign service, etc.

* * * Candidates who contemplate the Army Medical Service as a career would do well to ponder the above succinctly put disadvantages.

energetically they may be advised and disposed to proceed, will not fail to remember that they cannot cite one Member of the College before their bar without standing their own trial on the same issues both before the Chancery Division and before the House of Commons. But we can hardly doubt that they will now be content at least to adjourn all retaliatory action until the vital questions of what the rights of the Members are and of what they ought to be, have been decided by the high judicial and legislative authority to which the Members have appealed.

THE ARMY AND NAVY MEDICAL SERVICES.

THE small Committee, under the presidency of Lord Camperdown, will, as already announced, sit and report on the "pay, status, and conditions, of service of the Medical Officers of the Army and Navy." We could almost wish the Indian Service had been included, but suppose that would have extended the inquiry much beyond the scope of a small committee. Although the storm of controversy has hitherto mainly raged round the Army, it has lately extended somewhat to the Naval Medical Service. Both branches, therefore, are to be considered together and included in one report, at least so we take it; and with this view the Committee is a mixed one of naval and military officials, but apparently does not include medical officers of either service. The latter, we presume, will be called to give evidence, for it is impossible to suppose their most vital interests will be adjudicated upon without giving them an opportunity of being officially heard. Much, indeed, could be gathered on medical grievances from the columns of this and other journals which have endeavoured impartially to set them forth; but the Committee will doubtless also require official evidence.

We have no doubt Mr. Stanhope is most desirous to settle matters on a just and reasonable basis; indeed, the eternal recurrence of medical service grievances must have proved a sheer weariness to successive War Ministers and made them long for a settlement. But we distinctly affirm that the long continued lamentable unrest of the medical services has not been brought about either by the medical services themselves, or the outside medical profession. It has arisen from the meddling of entire outsiders, who have from time to time attacked the rights and privileges of medical officers, now openly, at other times insidiously; their pay and pensions, Army rank and authority, have each in turn been attacked. Take the present controversy, the medical officers had nothing to do with the abolition of "relative," which was their only rank; they were likewise content with their present pay and pensions, which are now threatened by a section of economists. The truth is, in the weary fights of the past thirty years, ever since the lift given to the services by Lord Herbert's Committee, the "doctors" have always been on the defensive, and have only retaliated when assailed.

We have no desire, for one moment, to shield the medical services from the most searching and even hostile criticism, provided the hitting is fair and above the belt; opposition does good; but we deprecate insidious attack and the unfair allusions and misrepresentations which our brethren in the services have often been subjected to.

So too, we willingly say the guardians of the public purse

THE ARMY AND NAVY MEDICAL SERVICES.

II.

It is only possible to review the more salient points in the controversy on the medical services during the past two years. For this purpose the text of "pay, status, and conditions of

medical officers should, as in former days, begin their service as subaltern officers; and so the compound titles suggested would commence as Surgeon Lieutenant, and, rising consecutively, end with Surgeon Major-General. In any case, nearly all agreed that revision of titles is strongly called for, as the present are not only misleading, but in some instances positive misnomers, such as when a Surgeon-Major is said to rank as a Lieutenant-Colonel. Further, that without some self-interpreting consecutive military titles, medical officers would continue, as now, constantly exposed in army and civil life, to intentional or ignorant mystification and misrepresentation of their army status.

Under "conditions of service" it would be possible to pass in review nearly every phase of the officer's existence; but we doubt not strict limits will be placed on this branch of the inquiry. The following occur to us: Will any attempt be made to revive limited engagement and retirement with gratuity? All we can say is, it was tried some years ago and failed. The truth is, young medical men either take to the services or remain civilians, not as temporary makeshifts, but as life careers; experience has demonstrated that if they do not settle down quickly after obtaining qualifications they are very liable to be distanced in the race, and apt to become unprofitable rolling stones. The conditions embracing an extension of foreign tours is already a fact; we have never been able to see how the extra year abroad will lengthen the tour at home or simplify the roster, unless a full home establishment is kept up; it will certainly increase wear and tear, and the risks to health and life, already heavy in the medical services; we all know how many lives India has claimed through the remaining out "one year more."

The right of retirement voluntarily after twenty years' full-pay service is a condition very highly prized by medical officers; we rejoice it has not yet been touched, and hope it may not be. Even if a "reasonable period" of service in a rank be applied to the higher appointments, for which men are supposed to be selected, we trust it will not be imposed on surgeons-major of twenty years' service. Such early retirements, moreover, are neither wasteful nor prejudicial, but all in favour of the State; for by them it secures a real reserve of officers on whom it has a proper claim and hold. A reserve of retired officers is very different from that of volunteer civilian practitioners bound down in civil employment, in no way their own masters, and in no proper sense servants of the country.

Equally with voluntary, the present conditions of compulsory retirements are of much value, both to the State and to individuals; by them a reasonable and necessary flow of promotion is maintained; they clear the lists of men really unfit for active duties. We are assured on competent authority that scarcely a single medical officer after fifty-five years of age is wholly fit for all executive duties at home, abroad, or in the field; and that very few administrative officers after sixty are physically fit to face a campaign. We can well believe it, considering the heavy percentage of breakdowns and mortality known to prevail in the medical services; it is very necessary, therefore, that the lists be compulsorily weeded, in order to maintain efficiency for foreign and war service.

The foregoing observations, though chiefly referring to the army, are in most respects equally applicable to the Naval

MR. STANHOPE AND THE ARMY MEDICAL DEPARTMENT

Sir,—Although Mr. Stanhope did not refer to the Medical Department in his speech the other night, he might reasonably enough have taken credit for the lines of policy laid down in his memorandum. Discontent is now so rife in the service, grumbling has become so general and well founded, grievances are so continually under discussion, that something must be done, and done quickly, and a full and comprehensive inquiry will, at all events, bring out facts, if it does not suggest appropriate remedies.

Some of the more advanced politicians of the economical school would have preferred, I believe, to apply the pruning-knife at once to the medical vote, and fight out the resulting difficulties in a spirit of no compromise with the medical schools. This has been tried before, and it has invariably ended in one way: the flow of candidates has been cut off at its source, and an ignominious surrender on the part of the authorities has shown how complete and disastrous their failure has been. The terms offered must be good enough to direct the attention of senior students from a civil to a military career, and the supply of an essential and highly-finished article must be equalised to the demand by means which commend themselves to the judgment of those who hold the key of the situation. The Government have taken the prudent resolution of carefully looking round every side of the question before they attempt to carry out organic changes, and I congratulate them on a step which is both wise and conciliating.

But something more than actual pay and position are needed. Faith must be kept, promises must not be broken, and benefits given to-day with an apparently free hand must not be taken away to-morrow with the other. Unrest and uncertainty have ever been the lot of the Department since they obtained their Magna Charta in 1858, and although the result of change has often been for good, the lingering fear has never been far distant, that benefits may be short-lived, that new warrants may supersede old, and that the last state of those men may be worse than the first. I sincerely hope that the result of this investigation may be to establish something like finality, and a condition of things which may induce the flower of our medical schools to embrace a career which will be stable and dependable, and in which such alterations as time renders necessary will be made to their advantage.

May I express a strong personal hope that some means may be found to justify a partial return to the old regimental system? The comfort of the medical officer's life has been so diminished, and his social position so seriously impaired by the scrambling

kind of existence he is too often compelled to lead, that some concession in the way of fixity of tenure seems to be urgently needed, and the necessity is now becoming recognised. The pleasant home life of a good regiment, the warm friendships, and the social brotherhood which used to be the rule, have now become so exceptional as to be practically non-existent, and the establishment here and there of departmental messes has hardly filled the gap. I believe that the advantages of the old and the economy of the new could be easily combined by the medical officer seeing the men reporting themselves sick regimentally in the early morning, and then following them up for treatment at the station hospital attached to the district where he is doing duty.

One word on the composition of the Committee. Proper respect has been shown to the leading corporations, by the appointment of Mr. Macnamara and Dr. Balfour, who are both able and experienced, and Sir William Crossman, who has also consented to serve, holds advanced views on medical matters. But I hope that the Court is not to be packed with old men, high in departmental position, and with War Office officials. What we want is some sufficient representation of the rank and file, of those who are now serving as surgeons-major and surgeons, and who are practically familiar with the requirements of the service in all parts of the world. They will be better able than anyone else to direct the inquiry into the needed channels, and their presence will be an encouragement to their younger brethren to come forward, boldly and freely, to state their case and suggest the proper treatment.

There is no doubt that the Medical Department of the Guards is doomed to extinction; and, as a matter of fact, I believe that appointments under the new system have already been made, and that one or more surgeons are now serving out a three years' tour of London duty. After the report of Lord Randolph Churchill's Committee, this change was inevitable; but, apart from questions of pure sentiment, I doubt whether it is judicious. The old arrangement has worked economically and well, and no real reason for its supersession has been given, save the desire for a dull and dead level uniformity, and the wish to give young medical men the opportunities for professional culture which the metropolis affords.

I fear that they may be doomed to disappointment. Unless things have changed very much since my day, I can tell them that they will find their routine official work so hard that it will be difficult for them to get away in time for hospital attendance; and I fear that the absorbing social charms of London life may turn the scale in the end. In my humble judgment, it would have been far better to arrange short occasional spells of study, to be spent in some definite way, and duly authenticated by certificates of ward and other work. In any case, something of the kind must come sooner or later, and I have no doubt that this and other important questions will be duly considered by the Committee.—I am, etc.,

ROBERT FARQUHARSON.

THE ARMY MEDICAL ESTABLISHMENT.

SURGEON-MAJOR J. P. H. BOILEAU, M.S., writes: The following tabular notes on the Army Estimates (so far as the Army Medical Department is affected by them) may be acceptable to your readers. The first set of the figures given below is taken from the estimates for 1888-9, the second from those just published.

ALLOTMENT AND DETAIL OF THE MEDICAL STAFF, 1888-90.

Districts and Stations.	Surgeons-General.	Dep. Surgeons-General.	Executive Officers.	Retired Officers.
Home.....	—	1 & 1	28 & 27	7 & 8
North-east & North-west.....	—	1 & 1	31 & 22	17 & 24
South-eastern.....	—	1 & 1	26 & 26	3 & 3
Southern.....	1 & 1	—	34 & 29	3 & 5
Western.....	—	1 & 1	26 & 21	6 & 10
Aldershot.....	1 & 1	—	37 & 24	0 & 1
Channel Islands.....	—	—	8 & 5	0 & 3
Eastern.....	—	1 & 1	18 & 16	4 & 5
Chatham and Woolwich.....	—	1 & 1 & 1	15 & 21 & 24	1 & 1
North Britain.....	—	1 & 1	10 & 8	8 & 10
Netley.....	1 & 1	—	13 & 17	0 & 0
Ireland.....	1 & 1	4 & 3	87 & 84	6 & 9
Reliefs & Miscellaneous.....	—	—	45 & 33	—
Total.....	4 & 4	12 & 10	305 & 322	55 & 79

Colonial (page 168).

Districts and Stations.	Surgeons-General.	Dep. Surgeons-General.	Executive Officers.	Retired Officers.
Bahamas.....	—	—	2 & 2	—
Bermuda.....	—	1 & 1	5 & 7	—
Halifax.....	—	1 & 1	6 & 4	0 & 1
Jamaica.....	—	—	6 & 6	—
W. and L. Islands.....	—	1 & 0	6 & 7	—
Cape and Natal.....	—	1 & 1	15 & 15	—
St. Helena.....	—	—	2 & 1	—
Mauritius.....	—	—	3 & 3	—
Sierra Leone.....	—	—	6 & 6	—
Gold Coast.....	—	—	6 & 6	—
Hong Kong.....	—	1 & 1	5 & 5	—
Straits Settlement.....	—	—	4 & 4	—
Ceylon.....	—	—	7 & 7	—
Gibraltar.....	1 & 1	—	16 & 14	—
Malta.....	1 & 1	—	20 & 20	—
Cyprus.....	—	—	6 & 4	—
EGYPT.....	—	1 & 1	17 & 15	—
Total.....	2 & 2	6 & 5	135 & 126	0 & 1

The Indian Establishment consists of 3 Surgeons-General, 10 Deputy Surgeons-General, and 322 Executives.

The total establishment is, therefore, Surgeons-General, 9 and 9; Deputy Surgeons-General, 25* and 25; Executives, 532 and 530, or 32 less than last year.

The Director-General, 1 Surgeon-General, 1 Brigade-Surgeon, and 2 Surgeons-Major at head quarters, are not included in above. They are provided for under Vote 16.

The total pay and servants' allowance of Medical Officers and Quarter-masters is £296,700 and £232,400, showing a decrease this year of £24,300; but the net decrease of the medical establishment and pay, etc., is £5,400. Last year it was £19,100, and the previous year, £9,000.

The pay of Militia Surgeons and Civilian Medical Practitioners, is decreased by £400, the estimates being £11,400 and £11,000.

The cost of medicines is decreased by £1,000, the estimates being £20,000 and £19,000.

In the retired pay of medical officers there is an increase of £4,000, the estimates being £191,000 and £195,000, but a footnote on page 104 informs us that the current estimate is relieved of a charge of £29,936, by the employment of 71 medical officers with salaries provided for by Vote 4. In this footnote there seems to be a twofold error, as 71 should, I think, be 80; and as the £29,936 includes the honorarium of £150 per annum to each employed retired officer, the relief would seem to be overcredited by £12,000 (150 x 80).

Ten probationers at Netley are estimated for in the Appendix, but they do not appear under Vote 4, which seems strange.

The reduction of the Deputy Surgeons-General from 33 (in 1876) to 25, is of serious import. We can ill-afford to lose any of the few "prizes" (?) the department offers to those who choose in it a life career.

* There were 28 Deputy Surgeons-General last year, but 3 were supernumerary and absorbed.

Thursday, March 11th.

THE COMMITTEE ON THE NAVAL AND MILITARY MEDICAL SERVICES.
In reply to a question by Dr. FARQUHARSON, the SECRETARY OF STATE FOR WAR said that the Committee of Inquiry into the Pay, Status, and Conditions of Service of the Medical Officers of the Army and Navy, had held a preliminary meeting (Thursday) afternoon. In reply to questions by Mr. SEXTON and Mr. MURPHY, who inquired whether Mr. Stanhope would reconsider his refusal to appoint a representative of the Royal College of Surgeons of Ireland, in the same way as representatives of the Royal College of Physicians of London and the Royal College of Surgeons of England had been appointed, Mr. STANHOPE said that he did not know any nationality in science; he added that Mr. Macnamara, though nominated by the Royal College of Surgeons of England, might be considered in one sense a representative of Ireland, since he was a Fellow of the Royal College of Surgeons of Ireland. Mr. SEXTON said that he would draw attention to the subject on the Army Medical Vote. Dr. FARQUHARSON further asked the Secretary of State for War "whether he could not strengthen this Committee by putting on it a medical officer or officers with recent practical experience of the services, who knew the wants of the departments, and could lead the evidence into practical channels." Mr. STANHOPE replied that it was undesirable to have a large Committee, as it was apt to lead to delay. The facts with regard to the existing circumstances of the services would be best brought out in evidence. He proposed to add another civilian to the Committee, who, however, would not be a medical man.

THE COMMITTEE ON THE NAVAL AND MILITARY MEDICAL SERVICES.

A WELL-INFORMED correspondent writes:—Mr. Stanhope's answers in the House of Commons as to the composition of this Committee are eminently unsatisfactory, and they have not served to allay the bitter discontent which exists. The statement that Mr. Macnamara is a Fellow of the Irish College, and that he, therefore, can represent Irish interests, is a poor quibble. It appears that in the year 1887 the Council of the Irish College did give the Honorary Fellowship to Mr. Macnamara, amongst others. But the conferring of that honour upon him did not bring with it any knowledge of Irish medical schools; and it is ridiculous to suggest that it did. The other medical member, Dr. T. G. Balfour, obtained his degree of M.D. just fifty years ago; his diploma in surgery fifty-six years ago. For a long time he has been on half-pay of his rank, and must be out of touch with the department to which he belonged. Do the Government, then, think that the medical representation on this Committee is adequate, or that the decision which may be arrived at is likely to command approval? The medical officers of the two services have a right to demand that whatever grievances they have shall be dealt with by a competent tribunal. As at present constituted, the Committee is a mere makeshift, and the medical members in the House of Commons ought to see that some justice is done to their brethren in the services.

COMMITTEE ON THE NAVAL AND MILITARY MEDICAL SERVICES.
MEDICAL STAFF writes: A word on Dr. Farquharson's able letter in the JOURNAL of March 16th. It is singularly in touch with the feelings of the officers of the medical staff on all subjects but one, and that is a return even to a modified regimental system. Not five per cent. of those now serving would vote for such a retrograde measure. We do not hear of officers of the Royal Engineers or the Royal Artillery, suffering either socially or otherwise, although their messes are smaller than need be those of the medical staff at most stations.

Convert the Medical Staff into a corps of Royal Surgeons, and the esprit de corps, which already strongly exists will be further developed, and more than replace the very doubtful advantages of the old regimental system, even in its best days. The clear views held by Dr. Farquharson as to the composition of the committee will meet with the cordial support of all.

It is absolutely necessary that the Medical Staff should be represented in the committee by officers of the rank of Brigade-Surgeon or Surgeon-Major, now serving, for they alone know the requirements and aspirations of a service, the seniors in which, owing to their high departmental position and their previous regimental education, are either unacquainted with, or wilfully ignore the views held by the rank and file, on whom will in the future depend the efficiency of the service. Failing such an addition to the committee, a senior officer, known to hold the views of the majority (such as Surgeon-General Maclean, C.B.), should be appointed, if only to remove any suspicion of one-sidedness in the investigation about to be held.

DATE OF FIRST COMMISSIONS.

B. W. sends us the following valuable and apparently new contribution on this important subject. He says the question will doubtless occupy the attention of Lord Camperdown's Committee.

For many years previous to the Warrant of 1876, which introduced the abortive "ten years' system," medical officers had their first commissions gazetted from the date of their joining the Army Medical School; that Warrant made the commissions date from the time of their passing the final examination. This was probably a necessary step from the limitation of service to ten years. The ten years' system proving a failure, the interim Warrant, as it may be called, of 1876 was annulled by the Warrant of 1879, in every way to the advantage of the medical officers, except in the matter of antedating their commissions. But with the abrogation of the Warrant of 1876 the very raison d'être of the change it made in the old custom of antedating the commissions also disappeared. No interim Warrant ever altered the life service system of the Indian Medical Department, and so the officers of that service have their commissions antedated as of old. Both in the nature of the case and on precedent the officers of the Medical Staff should have their commissions antedated as they always were before 1876. The positioners at Netley, being already duly qualified and selected by competition, actually do the work of assistant surgeons in the hospital, and therefore

their services should count as formerly towards promotion and retirement. There is a precedent and parallel in the case of the Royal Engineer officer, who, on leaving Woolwich, proceeds to Chatham for a course of technical instruction, without which he could not become an efficient military engineer. His commission dates not from the end but from the beginning of the course.

Un banquet d'adieu de 80 convits, organisé par souscription, a été offert, avant-hier, à l'hôtel Shephard, au major général Hallam Parr, par les officiers de l'armée égyptienne.

Le repas a été servi dans le jardin de l'hôtel sous une immense tente, dont les parois étaient ornées de trophées d'armes et de drapeaux aux couleurs égyptiennes et anglaises, entourés de feuillages. Deux de ces trophées, se faisant face, servaient d'encadrements au portrait de S.M. la Reine d'Angleterre et à celui de S.A. le Khédive, Rehaussée par l'éclat d'une profusion de lumières, la décoration était très réussie et du plus gracieux effet.

Nous citerons au nombre des convives : Le Ministre de la Guerre, S. E. Moustapha pacha Fehmy, Sir Evelyn Baring, LL. EE. le lieutenant-général Ismaïl pacha Kamel, aide-de-camp en chef de S.A. le Khédive, S. E. le Sirdar, LL. EE. Tonino pacha, premier maître des cérémonies, et le général Osman pacha Rafaat, aide-de-camp de Son Altesse, accompagné des aides-de-camp Abdallah bey Fauzy et Ahmed bey Hamdi ; LL. EE. le Gouverneur du Caire et Baker pacha, chef de la division de la sécurité publique, les généraux Larmée pacha, Sir Edward Zohrab pacha, Rogers pacha, Moukhtar pacha, Youssef pacha Choudy, Osman pacha, etc.

Plusieurs toasts ont été portés : le premier, par S. E. le Sirdar, auquel a répondu S. E. le général Moukhtar pacha ; par Sir Evelyn Baring, qui a fourni à S. E. Hallam Parr pacha, dans la réponse qu'il lui a adressée, l'occasion d'exprimer les regrets que lui cause son départ d'un pays dont il pourra être éloigné, mais où les sympathies dont il y a été entouré resteront toujours gravées dans sa mémoire.

Une musique militaire égyptienne a joué pendant toute la durée du repas, empreint de la plus franche cordialité et du plus sympathique entrain.

S. E. le major général Hallam Parr pacha quittera demain le Caire, par l'express du soir, pour se rendre à Alexandrie où il prendra passage à bord du paquebot de la Compagnie Russe, pour Constantinople.

S. A. le Khédive a donné l'ordre à S. E. le vice-amiral Hussein Pacha de mettre à la disposition de l'honorable général, pour le conduire de l'arsenal à bord, une embarcation du yacht khédivial le *Mahroussah*.

Journal Officiel

am

ARMY MEDICAL STAFF, INDIA, writes: As the question of the army medical service will in a short time be raised when the estimates are brought on for discussion, it is greatly to be desired that some united action should be taken by the leading members of the Army Medical Staff at home, with a view to support and assist those members of the House of Commons who are likely to befriend us in respect to our subordinate position under deprivation of rank, and to the weakness of the department in consequence of the reductions in both the executive and administrative ranks.

From what has been foreshadowed of late, it is feared that the Secretary of State is under the belief that the compound title with the military affix would meet our requirements and satisfy our demands, but it should be made to be clearly understood that the issue of a warrant conferring such hybrid titles as surgeon-captain, brigade surgeon, lieutenant-colonel, etc., which are unusable and unpronounceable, instead of allaying the present discontent, would tend to increase and perpetuate it. Mongrel titles of this description, which could not be used except in writing, would only excite a feeling of disgust.

It is well known that for a department to be efficient it must be contented. The medical department is undoubtedly in a most discontented state at having been deprived of all semblance of rank. The evil effects of the want of rank are becoming more manifest every day. Not only in social arrangements is our inferior relative position felt, but on public duties the same is constantly apparent. I could adduce many instances. We are in exactly the same anomalous position as the officers of the Royal Engineers formerly were when they were without rank and title, and without any recognised military position. To make the department efficient, and to remove the existing and increasing discontent, there is only one remedy and one solution of the present difficulty, and that is, to give ordinary military rank on the same principle as has been given to the officers of the commissariat and transport staff, this military rank, as in their case, to involve no military command except over men of the Medical Staff Corps and others as at present defined. The time is past when any composite title, or even honorary rank, would be considered as satisfactory. The notion is advancing steadily in military progress, and every day the necessity of ordinary military rank for officers in the service is becoming more absolute. It is universally admitted that, of all the departments, the medical department is pre-eminently deserving of rank, as its officers are exposed to all the hardships and incur all the dangers of war to a greater degree even (as has again and again been conclusively proved) than the officers of any other corps or branch of the service.

The time is coming when ordinary military rank must be given; the sooner it is given, the better for the efficiency and welfare of the service. In this connection it may be stated that the granting of the rank of captain, as was done a few years ago to surgeons on joining, serves no useful purpose, and should be discontinued; it is contrary to principle and is unsatisfactory; the former practice should be reverted to.

As regards the diminution of the administrative appointments, it should be

borne in mind that these are rewards of experience, and of long and faithful service, and that to abolish so many of them is to deprive certain officers of all prospects of attaining to the pay and position which they had a right to expect in accordance with the regulations under which they entered. Again, to make the pension of a rank depend solely upon serving in that rank for three years is contrary to the letter and spirit of the regulations under which most of the officers entered the department, and is, to such an extent, a direct breach of faith. In the Royal Warrant of 1858, and all other subsequent warrants till 1879, it was enacted that ten years' service abroad in any rank was, in connection with the right to retire, considered the equivalent of three years' service in the ranks.

The department is now being reduced to what has been styled a fair weather minimum; but should we be involved in what Lord Wolsey lately described at Birmingham as the greatest war that history has ever seen, it would be hard to tell what the consequences to the sick and wounded would be with our present diminished strength. The medical department, like all other branches of the service, is not kept up for peace purposes solely, but for service in war; therefore, to be efficient, it must have an establishment of sufficient strength to meet the strain of war. It is a very simple matter to reduce the department to its present and proposed lowest ebb; but with the appearance of war in the near future, and the increase of all armaments both at home and abroad, the wisdom of such a policy is very questionable, and the responsibility very grave.

kind, and threaten serious notice being taken. This is a false position for a man holding the civilian title of "Surgeon" to be placed in. The responsibility for military discipline has been thrown upon medical officers, and they are bound to receive a title which will make them respected and known as officers having such responsibility. The scientific title of "Doctor" may be far more noble and to be respected than that conveyed by any military title; but that is not the question when it becomes mixed up with army rank and functions.

"CAPTAIN M.S." writes: There is a strong feeling against half measures, against titles such as Captain-Surgeon, or even Captain and Surgeon. The department must either be organised as a corps with real rank and titles, or drop uniform, and become civilians. The former would be infinitely cheaper, for civilians would not be prepared to act as camp followers in all climates or campaigns for the pay now grudgingly to medical officers.

THE NAVY.

DEPUTY INSPECTOR-GENERAL E. T. MONTIMER is promoted to be Inspector-General. Entering the service as Surgeon March 16th, 1854, he became Staff-Surgeon April 25th, 1862; Fleet-Surgeon December 7th, 1876; and Deputy Inspector-General June 11th, 1884. He was at the capture of Canton in 1857, when he was specially mentioned for his services, and was sent to the *Coromandel* to attend the wounded after the taking of the Pehlo Fort in May, 1858; he has received the China medal with clasps of Canton and the Taku Forts.

Fleet-Surgeon HENRY HADLOW is promoted to be Deputy Inspector-General. His commission as Surgeon dates from July 22nd, 1859. Staff-Surgeon December 8th, 1868; and Fleet-Surgeon September 20th, 1880. He was Assistant-Surgeon of the *Cassiope* at the attack on the batteries in the Straits of Simunowaki, Japan, from September 1st to the 8th, 1864. He has Sir Gilbert Blane's gold medal.

Fleet-Surgeon T. S. BURNETT is also promoted to be Deputy Inspector-General. His previous commissions are dated:—Surgeon, January 15th, 1859; Staff-Surgeon, December 16th, 1870; and Fleet-Surgeon, October 26th, 1880. He has no war record.

The following appointments have been made at the Admiralty:—W. W. WILLIAMS to be Surgeon and Agent at St. David's, April 30th; GEORGE CURTIS, Fleet-Surgeon, to the *Leeds*, May 2nd; F. J. LEE, Surgeon, to the *Asia*, additional, May 2nd; C. DICKINSON, Surgeon, to the *London*, May 7th; J. H. WHITMAN, M.D., Surgeon, to the *Wolver*, May 8th; H. G. JACOB, Surgeon, to the *Indus*, additional, May 7th.

MEDICAL STAFF.

DEPUTY SURGEON-GENERAL J. A. MARSTON, M.D., C.B., F.R.C.S., is promoted to be Surgeon-General ranking as Major-General, vice W. A. Mackinnon, C.B., who has been appointed Director-General. Dr. Marston entered the army as Assistant-Surgeon November 24th, 1854; became Surgeon June 8th, 1867; and Deputy Surgeon-General November 18th, 1882. He is now in his 58th year, having been born on December 2nd, 1824. During the war in Egypt, in 1882, he was Sanitary Officer there, and was present at the battle of Tel-el-Kebir; he was mentioned in despatches for his services; promoted to be Deputy Surgeon-General; received the medal with clasps; was nominated to the 3rd class of the order of the Ottoman, and awarded the Egyptian bronze star.

Brigade-Surgeon C. H. GIRAUD is promoted to be Deputy Surgeon-General. His previous commissions are thus dated:—Assistant-Surgeon March 10th, 1858; Surgeon March 1st, 1873; Surgeon-Major April 1st, 1874; and Brigade-Surgeon April 2nd, 1884. He served with a flying column in the North-West Provinces of India in 1882, including the action at Tangku (medal with clasp). Also with the 31st Regiment during the action at Sissaghat (medal with clasp) in 1860, including the action of Shaghae, including service with the storming parties at the capture of the walled towns of Rahding, Najow, Cholia, and Tainpoo, taking of the stockaded fort at Nansiang, relief and recapture of Rahding. With the 2nd Brigade, 1st Division, in the Zulu war of 1879, and afterwards as Senior Medical Officer throughout the operations of Clarke's column (medal with clasp).

Surgeon-Major R. W. DAVIES is promoted to be Brigade-Surgeon ranking as Lieutenant-Colonel, vice B. C. KERR, M.D., granted retired pay. Brigade-Surgeon Davies' former commissions bear date:—Assistant-Surgeon March 31st, 1864; Surgeon March 1st, 1873; and Surgeon-Major April 28th, 1876. During the war in Afghanistan in 1878-80 he was engaged in the Khyber line of communications, and was in several small expeditions against the neighbouring tribes (mentioned in despatches, medal).

Brigade-Surgeon G. C. GARRISON, M.B., is granted retired pay. His commissions bear date:—Assistant-Surgeon, April 28th, 1859; Surgeon, March 1st, 1873; Surgeon-Major, April 19th, 1874; and Brigade-Surgeon, May 25th, 1885. He served in the Afghan war in 1878-79 (medal), and in the campaign in the Sudan in 1885 (mentioned in despatches, medal with clasp and Egyptian bronze star).

Surgeon J. B. W. BUCHANAN, M.B., serving in the Bombay Command, having returned from furlough, is appointed to the medical charge of the station hospital at Sattara, vice Surgeon J. F. Brodie, M.D., proceeding on leave.

Surgeons R. T. POWELL, M.D., OFD, BRADSHAW, M.B., W. G. MACPHERSON, M.B., and W. B. STOKES, M.B., who are serving in the Bengal Command, have leave named on medical certificate in extension of leave already granted.

Surgeon-Major F. A. TURTON, M.D., F.R.C.S., died at Edgbaston, Birmingham, on April 30th, at the age of 52. He entered the service as Assistant-Surgeon, October 3rd, 1858; became Surgeon March 1st, 1873; and Surgeon-Major June 14th, 1875. He was granted retired pay so recently as April 17th. He served in the Ashanti war in 1817-74, and was Sanitary Officer from December 17th, 1873. He volunteered and was present at the capture and destruction of Adiguard engagements of February 2nd and 3rd, at the battle of Ordahau, and the capture of Oomassie. He was several times mentioned in despatches, and received the medal with clasp. He was also engaged in the operations in the Malay Peninsula in 1875-76, and in the Afghan war in 1878-79 with the Southern Afghanistan Field Force.

April 27, 1889.]

THE MEDICAL PROFESSION IN THE ARMY, AND LORD WOLSELEY'S "SOLDIER'S POCKET-BOOK."

No one who has any intimate acquaintance with matters which concern the army at the present time can fail to notice the prevailing depreciation in military estimation of medical officers and their special functions. The contrast between the prestige which formerly belonged to the medical profession in the army and the position occupied by it to-day is so noticeable that, obviously, if the state of things should continue unchanged, it must react unfavourably on the profession at large. The subject therefore assumes a character of general importance, and this consideration seems to make it worth inquiring how far the change which has taken place may be due to causes originating in the medical service itself and its officers, and how far, if such causes really exist, they may admit of remedy. The prevailing tone of detraction is all the more remarkable inasmuch as, notwithstanding that we hear persons holding high positions in the State declaring the remuneration of the medical officers is extravagant, and that the medical establishment is excessive and should be largely reduced in its numbers, there is no accusation brought against the medical officers as a body of professional incapacity, or of deterioration in those high qualities of courage and devotion in the field which have at all times formed one of the characteristics of the soldier-surgeons of the British military service. The question arises whether the army surgeons have fallen back in some other respects, and so have lost ground in the estimation of their comrades of the combatant ranks, and of others associated with them.

Nowhere, perhaps, do we find stronger illustrations of the small worth attributed to the army medical officers and their sanitary functions, than in the well-known book by General Viscount Wolseley, entitled *The Soldier's Pocket-Book for Field Service*, which is in almost every combatant officer's possession. Lord Wolseley is the Adjutant-General of the Army, and practically, though always acting in the name of the Commander-in-Chief, is in most matters regarded as the ruler and director of its concerns. His opinions consequently carry the greatest weight, and must influence those of every officer and soldier in the army. It cannot be supposed that he can have any other desire than that all the parts of the great military machine under his control should move together smoothly and harmoniously, and it might be presumed that he would certainly not entertain any prejudicial views in disparagement of the medical part, as one of his own brothers was serving in it until recently, when a lamentable accident unhappily caused his decease. We can only regard, therefore, the expressions used by Lord Wolseley in the work above mentioned, as the result of careful thought and matured conviction.

On turning to the portion of the book which particularly relates to the medical service of the army, we are at once made aware of the antagonism between the opinions of the author and the conclusions arrived at by the Royal Commissioners who were appointed to inquire into the sanitary affairs of the army subsequently to the sad events which so greatly distressed the nation at the time of the Crimean war. As is well known to all who have taken an interest in the proceedings of that time, one of the outcomes of the prolonged inquiries which followed the war was a very strong conviction of the need for special study of sanitary science by military medical officers, in addition to the knowledge of medicine and surgery possessed by them in common with all medical practitioners. An accurate acquaintance with hygiene in its general sense, and with its practical applications in all the varying conditions under which an army might have to act, was therefore insisted upon as one of the qualifications of all military surgeons, and adequate means for imparting the necessary information to them on these topics were provided. Among other administrative changes resulting from the recommendations of the Royal Commissioners already alluded to was the appointment of a sanitary officer to be attached to the staff of the quartermaster-general of an army in the field, who was to be prepared for giving advice on any sanitary question that might arise. This arrangement has since been carried out in most of the wars in which a British force has been engaged since that date. Lord Wolseley regards this innovation as an act of folly, a "fad," and recommends, rather contemptuously, that any such sanitary func-

THE VOLUNTEER MEDICAL STAFF.

tionary, if hereafter appointed, should be left in the rear. "In future, as long as this fad continues," he writes, "my recommendation is to leave him at the base," where he may find some useful occupation as a member of the Sanitary Board" (p. 110). But this suggestion is not given without also giving reasons for it. "In the numerous campaigns," Lord Wolseley adds, "where I have served with a sanitary officer, I can conscientiously state I have never known him make any useful suggestion, whereas I have known him make many silly ones." On reading this remark, one is prompted to ask how the sanitary officers referred to by Lord Wolseley have been selected. Accepting this statement, we say that great blame rests with the authorities that made the selection of his lordship's sanitary officers. If his description be true, it is clear that the mischievous principle that "One man is as good as another" must have governed the selection. It is certain that in the list of officers in the Medical Staff there is no lack of capable men well versed in military sanitation whose advice it would not be safe even for Lord Wolseley to reject with contempt.

But it is not only the hygienic functions of the army medical officers that are discounted in Lord Wolseley's book; the medical department itself is regarded with any but a favourable eye by the noble author. The medical staff with the army is said to be too large, and the medical officers have advantages beyond what their duties entitle them to. One of the indications of the rank and position of military officers has hitherto been the number of horses allotted to them in the service. It seems to be an arrangement hardly consistent with common sense, but so it always has been, though it is difficult to find a satisfactory reason for it.

On turning to the Forage Regulations of the Army issued in 1887, we find, for example, an officer commanding, if he be a full General, is entitled to forage for eight horses, if a Lieutenant-General for six, if a Major-General for five, if a Brigadier-General for four. With regard to the Medical Department, Lord Wolseley observes (p. 109): "The medical staff laid down in regulations for an army corps is too large" (it comprises six officers), and adds, "Thirteen chargers are allotted by regulation to this staff, four of which are alone intended for the principal medical officer. The principal medical officer might have two chargers, and all the other medical officers one each; this would be ample for the work they have to do." Elsewhere in a table (p. 131) showing the detail of the staff of an army corps and officers attached, the six officers of the Medical Department nominated for the corps are thus referred to: "The number of officers and chargers here allotted to the Medical Department is absurd, and should not exceed three officers and four chargers; indeed three chargers would be ample." Whether the reduction in the medical staff here recommended is practicable without entailing overwork and perhaps inefficiency, must depend upon the extent to which the noble author is really acquainted with all the details of the medical duties to be done, and the amount of official correspondence which devolves on the medical officers concerned. We are not aware of any particular difficulties that would result from the reduction proposed in the number of horses, but as no less than forty horses are allotted to the eleven staff-officers who head the list, it certainly seems open to question whether, on like

Medical Staff held Thomas Crawford, Reserve Auxiliary ranks about 2,000 privates when called that he had at his disposal 400,000 fighting men. The General of the Army would be the Navy was in a

¹ *The Soldier's Pocket-Book for Field Service*, by General Viscount Wolseley, K.P., G.C.B., G.C.M.G., Adjutant-General to the Forces. Fifth Edition, Revised and Enlarged. London: Macmillan and Co. 1886.

² The survivors of the war with China in 1840-41, ending with Sir Henry Pottinger's treaty of Nankin, are now few. It seems from this passage that Lord Wolseley is very imperfectly, if at all, acquainted with the history of the first occupation of Chusan, one of the most lamentable episodes in our military annals. Here was an example of the noble lord's ideal. The "fad" of military sanitation and a sanitary officer at headquarters had then no existence. The officer in command had a free hand, and did as he thought fit in all things. The senior medical officer, Superintending-Surgeon Dr. King, of the Bengal Army, was not armed with the right to tender advice on questions affecting the health of the troops. Nevertheless, seeing the result—that every principle of common sense in its application to health was set at defiance, with the inevitable result, a shocking amount of sickness, horrible suffering and mortality, culminating in pretty nearly wiping the 26th Regiment (Camerons) off the face of the earth—he did offer advice. It may be news to Lord Wolseley, but the fact is painfully remembered by the few survivors, that Dr. King's advice was rejected, according to the fashion then in vogue, with insolent contempt. Dr. King was not technically "sent to the base" (Chusan was the base), but, unwilling to subject himself a second time to have his "fads" contemptuously rejected, he took advantage of falling health and retired from a scene of misery he was not permitted to alleviate. If a fearless *Times* correspondent had been on the island of Chusan in the year 1840, and had given to the public of England the details of that horrible summer, it is probable that at least some of the Chusan shameful scenes would not have been repeated on a greater scale in the Crimea. Viscount Wolseley, it would appear, desires to return to the mode of carrying on military operations in vogue in 1840. Will nothing short of another Chusan episode satisfy the gallant officer that military sanitation is something more than a "fad"? Does his lordship desire the power to say to a sanitary officer, as Sir Archibald Campbell did in the first war in Burma: "Medical advice is a good thing, when it is asked for?"

ARMY MEDICAL STAFF, INDIA. writes: As the question of the army medical service will in a short time be raised when the estimates are brought on for discussion, it is greatly to be desired that some united action should be taken by the leading members of the Army Medical Staff at home, with a view to support and assist those members of the House of Commons who are likely to befriend us in respect to our subordinate position under deprivation of rank, and to the weakness of the department in consequence of the reductions in both the executive and administrative ranks.

From what has been foreshadowed of late, it is feared that the Secretary of State is under the belief that the compound title with the military staff would meet our requirements and satisfy our demands, but it should be made to be clearly understood that the issue of a warrant conferring such hybrid titles as surgeon-captain, brigade-surgeon, lieutenant-colonel, etc., which are unusable and unrepresentable, instead of allaying the present discontent, would tend to increase and perpetuate it. Mangled titles of this description, which could not be used except in writing, would only excite a feeling of disgust.

It is well known that for a department to be efficient it must be contented. The medical department is undoubtedly in a most discontented state at having been deprived of all semblance of rank. The evil effects of the want of rank are becoming more manifest every day. Not only in social arrangements is our inferior relative position felt, but on public duties the same is constantly apparent. I could adduce many instances. We are in exactly the same position as the officers of the Royal Engineers formerly were when they were without rank and title, and without any recognised military position. To make the department efficient, and to remove the existing and increasing discontent, there is only one remedy and one solution of the present difficulty, and that is, to give ordinary military rank on the same principle as has been given to the officers of the commissariat and transport staff, this military rank, as in their case, to involve no military command except over men of the Medical Staff Corps and others as at present defined.

The time is past when any composite title, or even honorary rank, would be considered as satisfactory. The notion of advancing steadily in military progress, and every day the necessity of ordinary military rank for officers in the service is becoming more absolute. It is universally admitted that, of all the departments, the medical department is pre-eminently deserving of rank, as its officers are exposed to all the hardships and incur all the dangers of war to a greater degree even than has again and again been conclusively proved that the officers of any other corps or branch of the service.

The time is coming when ordinary military rank must be given; the sooner it is given, the better for the efficiency and welfare of the service. In this connection, it may be stated that the granting of the rank of captain, as was done a few years ago to surgeons on joining, serves no useful purpose, and should be discontinued; it is contrary to principle and is unsatisfactory; the former practice should be reverted to.

As regards the diminution of the administrative appointments, it should be borne in mind that these are rewards of experience, and of long and faithful service, and that to abolish so many of them is to deprive certain officers of all prospects of attaining to the pay and position which they had a right to expect in accordance with the regulations under which they entered. Again, to make the pension of a rank depend solely upon serving in that rank for three years is contrary to the letter and spirit of the regulations under which most of the officers entered the department, and is, to such an extent, a direct breach of faith. In the Royal Warrant of 1858, and all other subsequent warrants till 1879, it was enacted that ten years' service allowed in any rank was, in connection with the right to retire, considered the equivalent of three years' service in the ranks.

The department is now being reduced to what has been styled a fair weather minimum; but should we be involved in what Lord Wolseley lately described at Birmingham as the greatest war that history has ever seen, it would be hard to tell what the consequences to the sick and wounded would be with our present diminished strength. The medical department, like all other branches of the service, is not kept up for peace purposes solely, but for service in war; therefore, to be efficient, it must have an establishment of sufficient strength to meet the strain of war. It is a very simple matter to reduce the department to its present and proposed lowest state; but with the appearance of war in the near future, and the increase of all armaments both at home and abroad, the wisdom of such a policy is very questionable, and the responsibility very grave.

MEDICAL OFFICER OF HEALTH IN BERMUDA.

A CORRESPONDENT from Bermuda complains that an officer of the army medical staff has been appointed to the post of health officer there. Our correspondent should remember that there is a garrison on the island for whose health the authorities are responsible, and that unless he, or some other civil medical practitioner there, holds a health diploma, his claims to act as health officer will not bear comparison with those of a military medical officer specially trained in hygiene.

ARMY VOLUNTEER MEDICAL STAFF CORPS.

THE Surgeon-Commandant and officers of the Volunteer Medical Staff Corps regret that, in consequence of the death of Lord Walter Campbell, the distribution of prizes at the Guildhall by H.R.H. the Princess Louise is postponed to Saturday, June 1st, at 4 P.M. The annual dinner is also postponed to the same date.

THE MEDICAL SERVICE AND LORD WOLSELEY.

THEIR, alluding to what he calls the very important criticisms of Lord Wolseley's *Pocket Book*, which lately appeared in this JOURNAL, says: The idea of leaving principal medical officers at the base was carried out at Korti (Dongola), and lately in Burma and Suddie; no one more senior than a surgeon-major went with Stewart's desert, or Korti's river, column; the feeling in the army, from his lordship downward, is that doctors are a nuisance—necessary, perhaps, but not to be encouraged, but rather put down. No doubt, during some recent campaigns, the medical chiefs have not always played very useful sender, and the careful selection of principal medical officers, while a difficult, is a most necessary task resting on the Director-General. The exclusion of some of the best men in the service continues; they will not submit to indignities.

D. S. G. writes: Will you permit me to assure you that you take Lord Wolseley's opinions on the Army Medical Service far too seriously. Look through his *Pocket Book*, and see what he says as to the worthlessness of field artillery. That they achieve almost nothing, kill hardly anyone, and only make smoke and noise.

And when Graves took to task on those paragraphs in a lecture by General Owen, Bedford, Royal Artillery, at the Royal Fined. Service Institution, he said, Colonel Maurice, C.B., to explain, in a most lame and unbecoming fashion, that he did not mean what he wrote, but only wished to encourage the infantry not to be frightened at the noise of the guns. Probably he also alluded to the fact that the medical staff are not to be sent to the front, but to encourage amongst combatant officers such a care for sanitary matters as would render them independent of professional aid.

STEWART-MACRAE (Belmont) writes: Young medical men now know what they have to expect if they enter the army. They will find that officers and men have been taught on the highest military—whose posse also as the highest army medical—authority that the functions of a medical officer are more or less of a sham. Perhaps there may be other generals—if there are any such—who do not subscribe to that view, and may have something to say in defence of army medical work. Meanwhile, our civil brethren, through lack of knowledge, do not show us the keen sympathy they would if better informed; the existence of discontent and real grievance in the Army Medical Department has even been denied on authority, but the civil profession at large should not be misled by such manifest *ex parte* statements.

EXAMINATION OF SURGEONS-MAJOR AND SURGEONS FOR PROMOTION.

OVERSEER protests against the abolition of what he calls the military portion of the examination for promotion. A man may be a brilliant Fellow of a College, but a very incompetent medical officer. Knowing nothing of the regulations, interior economy, or command or discipline. The object is apparent, it will tend to exalt the medical department, and the officers will then be declared unfit for any position or authority in the service, and reduced to cipher in their own hospitals. How this will promote efficiency or contentment, let the authors of the civilising policy say.

FAIR PLAY wants to know how in the world the purely professional examination for a Fellowship or a university degree can, possibly, qualify for the rank of brigade-surgeon, in which the chief object is to ascertain whether the officer knows the regulations, and has a competent knowledge of military administration generally? He quite agrees with a certain distinguished authority that if an officer's fitness or otherwise for promotion is an undetermined quantity after twenty years' service, it ought not to be, and no examination will reveal it.

A LESSON FROM THE NEW COMMISSARIAT WARRANT.

A CORRESPONDENT writes: After much shuffling of the cards, the Commissariat Warrant seems at last to have been placed on a satisfactory footing, under the title of the Army Service Corps. And why? Simply because it has at last been safely landed on the "combatant" side of the army. There was constant friction between the old "control" and the combatant officers, and remains of them are received with open arms, being no longer "mere clerks," but having the hall mark of "combatants" on them by royal warrant. From the time the commissariat was thrown open to combatants, who doctored to it to receive better pay, the so-called "clerks" became real officers, and the department was no longer despised. Since the combatants got a hold of it, it has successfully developed into the Army Service Corps. All through the weary changes of the commissariat, when its officers called for better position and status, they were told that mere sentiment was at the bottom of their grievances; they had nothing to complain of, etc. Medical officers are at present told the identical same thing. If the Medical Staff could only be offered the commissariat from the combatant ranks, what a change would come over the spirit of the dream. Equality would speedily be demanded, and conceded, on the ground that Her Majesty's Commission conferred on one man made him as good as another. The medical officer at present is in the position of the old control officer, only a civilian in uniform, not an officer at all, but a "doctor." When it is found that the medical officer is officially and socially snubbed, and not treated as a gentleman, of course medical men will, as in

former days, shun the army, and the supply of candidates cease. Their remarks are beginning to apply fully to the Indian Service also. The service is to be cut down, and rendered less and less attractive; but the last straw breaks the camel's back, and the misguided authorities will soon find themselves in a hole with the medical profession. Let them study the lesson of the commissariat difficulty; as disappointed authorities can work in the army without impartial equality; let the War Minister take a bold step, and grant it. Make the medical staff a royal corps, on the lines of the Royal Engineers, give substantive rank and titles, and the highest and best class will come in.

HONOURS AND REWARDS TO MEDICAL OFFICERS.

MENORS draws attention to the rewards for services in the Honours and Sashin Field Forces, according to the *Gazette* of April 21st; and the difference between the treatment of so-called combatant and medical officers. The allotments of honours and rewards were as follows:

	Combatant.	Medical.
K.C.B.	1	0
C.B.	1	0
D.S.O.	1	0
Pres.-dions	12	1

Comment is unnecessary; medical officers are now more camp followers, and the department, we are told, will soon be administered wholly by real "soldiers."

A MODIFIED REGIMENTAL SYSTEM.

ARMY MEDICAL OFFICERS say: As the regiments of Guards are to have one medical officer permanently attached to them, so, in fairness, all regiments should have the same. It is essential the men should know their doctor, and be known of by him. The regiments would not be the only gainers by a modified regimental system; it would be of great benefit to the medical officers, and bring them into better touch with the army, both in a military and social sense.

"ROYAL" MEDICAL STAFF.

A SURGEON strongly urges that the Committee now sitting should recommend the above title. It would link the department more closely to the army, and cost nothing. The term Medical Staff really is ambiguous; it might mean that of a hospital or a college, unless the word army is prefixed.

RETIRED SURGEON-MAJOR writes that he was formerly in favour of a compound title for medical officers, but since the Commissariat has been changed into the "Army Service Corps," and granted substantive rank and titles, the rank and titles too, but command confined to their own corps. The Naval Medical Service is so distinct from that of the army, he does not think they should even be considered together. He thanks this JOURNAL for consistently advocating the legitimate claims of medical officers of the service.

HORSES FOR MEDICAL OFFICERS IN THE FIELD.

MR. E. H. HARE, F.R.C.S., writes his experiences while serving temporarily with the Army Medical Department in South Africa in 1879. He formed the opinion that a horse—and a good one, too—was absolutely necessary for the medical officer in the performance of his duties in the field. The unsuitability of Mr. Hare's experiences supply an answer. A day's work may be in this wise: Late in the evening the medical officer receives an order to proceed at daylight next morning with a conveyance of sick towards the base, perhaps a hundred miles off. He must see that his stock is well found in food and saddle, or a breakdown will result. He must see that the sick are all properly accommodated in the conveyance, and that rations are provided. A start is made with a long train of wagons, a hitch will probably occur down to keep things straight, and so on it goes during a long journey. How is a medical officer to do this work, trading on foot? The medical officer has to do everything—prevent, struggling, or breaking off to some longer sick and then many wants when the day's march is done. Mr. Hare doubts the value of a "word" to a medical officer.

"Despite Lord Wolseley's ungenerous carping at the horses allowed to medical officers in the field, they must be supplied if the work is to be done; there is no doubt of that fact. The sword is not merely for defence, but is a sign and symbol of military function. Surely Mr. Hare would not leave the medical officer without the means of defending himself if attacked? Our many savage enemies have not all yet recognised the sacredness of the Geneva cross, nor the subtle distinction between "combatant" and "non-combatant" which the expediency of the "fighting case" theory would establish. Military status, as represented by a sword, is just what our medical services are contending for, and what they must have. The sword might well also be supplemented by a good revolver.

THE INDIAN MEDICAL SERVICE.

KIRKED writes: The expressed in one of your leading articles that the Indian had been included in the home medical service in the scope of Lord Campbell's Committee seems to express some fear that the former will be left out in the cold; but both services must share equally in any improvement, just as both have suffered from the abolition of relative rank; both are bound up together. He says the granting of captain's rank to young medical officers has done much mischief, and he thinks it very unfair to old subalterns.

SUBSTANTIVE RANK AND TITLES. MR. E. H. HARE writes: It is a senseless calumny to say that medical officers were military titles for the sake of "peacocking," and are awarded by sentiment merely; it is not so. Military titles in the service have of late years been easily vulgarised in this country, and many do not respect them on that account. But to the medical officer, military status and titles are absolutely essential to make his army position secure, and thus enable him to carry out his functions of command and discipline. He lately had to be a camp follower of young soldiers in hospital relative to some conduct of a very inconsiderate

MEDICAL OFFICER OF HEALTH IN BERMUDA.

A CORRESPONDENT from Bermuda complains that an officer of the army medical staff has been appointed to the post of health officer there. Our correspondent should remember that there is a garrison on the island for whose health the authorities are responsible, and that unless he, or some other civil medical practitioner there, holds a health diploma, his claims to act as health officer will not bear comparison with those of a military medical officer specially trained in hygiene.

VOLUNTEER MEDICAL STAFF-CORPS.

THE Surgeon-Commandant and officers of the Volunteer Medical Staff Corps regret that, in consequence of the death of Lord Walter Campbell, the distribution of prizes at the Guildhall by H.R.H. the Princess Louise is postponed to Saturday, June 1st, at 4 P.M. The annual dinner is also postponed to the same date.

THE MEDICAL SERVICE AND LORD WOLSELEY.

TRUTH, alluding to what he calls the very important criticisms of Lord Wolseley's *Pocket Book*, which lately appeared in this JOURNAL, says: The idea of leaving principal medical officers at the base was carried out at Korti (Dongola), and lately in Burmah and Suakin; no one more senior than a surgeon-major went with Stewart's desert, or Barle's river, column; the feeling in the army, from his lordship downward, is that doctors are a nuisance—necessary, perhaps, but not to be encouraged, but rather put down. No doubt, during some recent campaigns, the medical chiefs have not always displayed very needful *suaviter*; and the careful selection of principal medical officers, while a difficult, is a most necessary task resting on the Director-General. The exodus of some of the best men in the service continues; they will not submit to indignities.

D. S. G. writes: Will you permit me to assure you that you take Lord Wolseley's opinions on the Army Medical Service far too seriously. Look through his *Pocket Book*, and see what he says as to the worthlessness of field artillery. That they achieve almost nothing, kill hardly anyone, and only make smoke and noise.

And when gravely taken to task on those paragraphs in a lecture by General Owen, Retired, Royal Artillery, at the Royal United Service Institution, he sent down Colonel Maurice, C.B., to explain, in a most lame and laboured fashion, that he did not mean what he wrote, but only wished to encourage the infantry not to be frightened at the noise of the guns. Probably he also aims at encouraging amongst combatant officers such a care for sanitary matters as would render them independent of professional advice.

SURGEON-MAJOR (Retired) writes: Young medical men now know what they have to expect if they enter the army. They will find that officers and men have been taught on the highest military—which poses also as the highest army medical—authority that the functions of a medical officer are more or less of a sham. Perhaps there may be other generals—if there are any such—who do not subscribe to that view, and may have something to say in defence of army medical work. Meanwhile our civil brethren, through lack of knowledge, do not show us the keen sympathy they would if better informed; the existence of discontent and real grievances in the Army Medical Department has even been denied on authority, but the civil profession at large should not be misled by such manifest *ex parte* statements.

EXAMINATION OF SURGEONS-MAJOR AND SURGEONS FOR PROMOTION.

OBSERVER protests against the abolition of what he calls the military portion of the examination for promotion. A man may be a brilliant Fellow of a College, but a very incompetent medical officer, knowing nothing of the regulations, interior economy, or command or discipline. The object is apparent; it will tend to civilianise the medical department, and the officers will then be declared unfit for any position or authority in the service, and reduced to ciphers in their own hospitals. How this will promote efficiency or contentment, let the authors of the civilianising policy say.

FAIR PLAY wants to know how in the world the purely professional examination for a Fellowship or a university degree can possibly qualify for the rank of brigade-surgeon, in which the chief object is to ascertain whether the officer knows the regulations, and has a competent knowledge of military administration generally? He quite agrees with a certain distinguished authority that if an officer's fitness or otherwise for promotion is an undetermined quantity after twenty years' service, it ought not to be, and no examination will reveal it.

A LESSON FROM THE NEW COMMISSARIAT WARRANT.

A CORRESPONDENT writes: After much shuffling of the cards, the Commissariat Department seems at last to have been placed on a satisfactory footing, under the title of the Army Service Corps. And why? Simply because it has at last been safely landed on the "combatant" side of the army. There was constant friction between the old "control" and the combatant officers, and, indeed, the former were said to be no officers at all, but civilians; now what remains of them are received with open arms, being no longer "mere clerks," but having the hall mark of "combatants" on them by royal warrant. From the time the commissariat was thrown open to combatants, who flocked to it to receive better pay, the so-called "clerks" became real officers, and the department was no longer despised. Since the combatants got a hold of it, it has successfully developed into the Army Service Corps. All through the weary changes of the commissariat, when its officers called for better position and status, they were told that mere sentiment was at the bottom of their grievances; they had nothing to complain of, etc. Medical officers are at present told the identical same thing. If the Medical Staff could only be officered like the commissariat from the combatant ranks, what a change would come over the spirit of the dream. Equality would speedily be demanded, and conceded, on the ground that Her Majesty's Commission conferred on one man made him as good as another. The medical officer at present is in the position of the old control officer, only a civilian in uniform, not an officer at all, but a "doctor." When it is found that the medical officer is officially and socially snubbed, and not treated as a gentleman, of course medical men will, as in

former days, shun the army, and the supply of candidates cease. These remarks are beginning to apply fully to the Indian Service also. The service is to be cut down, and rendered less and less attractive; but the last straw breaks the camel's back, and the misguided authorities will soon find themselves in a hole with the medical profession. Let them study the lesson of the commissariat difficulty; no department can work in the army without impartial equality; let the War Minister take a bold step, and grant it.

Make the medical staff a royal corps, on the lines of the Royal Engineers give substantive rank and titles, and the highest and best class will come in.

HONOURS AND REWARDS TO MEDICAL OFFICERS.

MEDICS draw attention to the rewards for services in the Hazara and Suakin Field Forces, according to the *Gazette* of April 8th; and the difference between the treatment of so-called combatant and medical officers. The allotments of honours and rewards were as follows:

	Combatant.	Medical.
K.C.B.	1	0
C.B.	7	10
D.S.O.	9	1
Promotions	12	0

Comment is unnecessary; medical officers are now mere camp followers; and the department, we are told, will soon be administered wholly by real "soldiers."

A MODIFIED REGIMENTAL SYSTEM.

ARMY MEDICAL OFFICER says: As the regiments of Guards are to have one medical officer permanently attached to them, so, in fairness, all regiments should have the same. It is essential the men should know their doctor, and be known of by him. The regiments would not be the only gainers by a modified regimental system; it would be of great benefit to the medical officers, and bring them into better touch with the army, both in a military and social sense.

"ROYAL" MEDICAL STAFF.

A SURGEON strongly urges that the Committee now sitting should recommend the above title. It would link the department more closely to the army, and cost nothing. The term Medical Staff really is ambiguous; it might mean that of a hospital or a college, unless the word army is prefixed.

RETIRED SURGEON-MAJOR writes that he was formerly in favour of a compound title for medical officers; but since the Commissariat has been changed into the "Army Service Corps," and granted substantive rank and titles, the medical service should be consolidated into a royal corps, with substantive rank and titles too, but command confined to their own corps. The Naval Medical Service is so distinct from that of the army, he does not think they should even be considered together. He thanks this JOURNAL for consistently advocating the legitimate claims of medical officers of the services.

HORSES FOR MEDICAL OFFICERS IN THE FIELD.

MR. E. H. HARE, F.R.C.S., writes his experiences while serving temporarily with the Army Medical Department in South Africa in 1879. He formed the opinion that a horse—and a good one, too—was absolutely necessary for the medical officer in the performance of his duties in the field. The uninitiated may ask: What connection is there between military medication and equitation? Mr. Hare's experiences supply an answer. A day's work may be in this wise: Late in the evening the medical officer receives an order to proceed at daybreak next morning with a convoy of sick towards the base, perhaps a hundred miles off. He must see that his steed is well found in food and saddle, or a breakdown will result. He must see that the sick are all properly accommodated in the ox-waggons, and that rations are provided. A start is made with a long train of waggons; a hitch will probably occur during the first mile, and the medical officer will have to canteer up and down to keep things straight; and so on it goes during a long journey. How is a medical officer to do this work trudging on foot? The medical officer has to do everything—prevent straggling or breaking off to some liquor store. After such a weary journey the medical officer has to attend to the sick and their many wants when the day's march is done. Mr. Hare doubts the value of a "sword" to a medical officer.

* * * Despite Lord Wolseley's ungenerous carping at the horses allowed to medical officers in the field, they must be supplied if the work is to be done; there is no doubt of that fact. The sword is not merely for defence, but is a sign and symbol of military function. Surely Mr. Hare would not leave the medical officer without the means of defending himself if attacked? Our many savage enemies have not all yet recognised the sacredness of the Geneva cross, nor the subtle distinction between "combatant" and "non-combatant" which the exponents of the "fighting caste" theory would fain like to establish. Military status, as represented by a sword, is just what our medical services are contending for, and what they must have. The sword might well also be supplemented by a good revolver.

THE INDIAN MEDICAL SERVICE.

KALEDA writes: The wish expressed in one of your leading articles that the Indian had been included in the home medical service in the scope of Lord Camperdown's Committee seems to express some fear that the former will be left out in the cold; but both services must share equally in any improved status, just as both have suffered from the abolition of relative rank; both are bound up together. He says the granting of captain's rank to young medical officers has done much mischief, and he thinks it very unfair to old subalterns.

SUBSTANTIVE RANK AND TITLES.

MEDICAL STAFF writes: It is a senseless calumny to say that medical officers want military titles for the sake of "peacocking," and are swayed by sentimentality; it is not so. Military titles in themselves have of late years been sadly vulgarised in this country, and many do not respect them on that account. But to the medical officer, military status and titles are absolutely essential to make his army position tolerable, and enable him to carry out functions of command and discipline. He lately had to handle a number of young soldiers in hospital relative to some conduct of a very insubordinate

ARMY MEDICAL STAFF, INDIA, writes: As the question of the army medical service will in a short time be raised when the estimates are brought on for discussion, it is greatly to be desired that some united action should be taken by the leading members of the Army Medical Staff at home, with a view to support and assist those members of the House of Commons who are likely to befriend us in respect to our subordinate position under deprivation of rank, and to the weakness of the department in consequence of the reductions in both the executive and administrative ranks.

From what has been foreshadowed of late, it is feared that the Secretary of State is under the belief that the compound title with the military affix would meet our requirements and satisfy our demands, but it should be made to be clearly understood that the issue of a warrant conferring such hybrid titles as surgeon-captain, brigade surgeon, lieutenant-colonel, etc., which are unusable and unpronounceable, instead of allaying the present discontent, would tend to increase and perpetuate it. Mongrel titles of this description, which could not be used except in writing, would only excite a feeling of disgust.

It is well known that for a department to be efficient it must be contented. The medical department is undoubtedly in a most discontented state at having been deprived of all semblance of rank. The evil effects of the want of rank are becoming more manifest every day. Not only in social arrangements is our inferior relative position felt, but on public duties the same is constantly apparent. I could adduce many instances. We are in exactly the same anomalous position as the officers of the Royal Engineers formerly were when they were without rank and title, and without any recognised military position. To make the department efficient, and to remove the existing and increasing discontent, there is only one remedy and one solution of the present difficulty, and that is, to give ordinary military rank on the same principle as has been given to the officers of the commissariat and transport staff, this military rank, as in their case, to involve no military command except over men of the Medical Staff Corps and others as at present defined. The time is past when any composite title, or even honorary rank, would be considered as satisfactory. The notion is advancing steadily in military progress, and every day the necessity of ordinary military rank for officers in the service is becoming more absolute. It is universally admitted that, of all the departments, the medical department is pre-eminently deserving of rank, as its officers are exposed to all the hardships and incur all the dangers of war to a greater degree even (as has again and again been conclusively proved) than the officers of any other corps or branch of the service.

The time is coming when ordinary military rank must be given; the sooner it is given, the better for the efficiency and welfare of the service. In this connection it may be stated that the granting of the rank of captain, as was done a few years ago to surgeons on joining, serves no useful purpose, and should be discontinued; it is contrary to principle and is unsatisfactory; the former practice should be reverted to.

As regards the diminution of the administrative appointments, it should be

borne in mind that these are rewards of experience, and of long and faithful service, and that to abolish so many of them is to deprive certain officers of all prospects of attaining to the pay and position which they had a right to expect in accordance with the regulations under which they entered. Again, to make the pension of a rank depend solely upon serving in that rank for three years is contrary to the letter and spirit of the regulations under which most of the officers entered the department, and is, to such an extent, a direct breach of faith. In the Royal Warrant of 1858, and all other subsequent warrants till 1879, it was enacted that ten years' service abroad in any rank was, in connection with the right to retire, considered the equivalent of three years' service in the ranks.

The department is now being reduced to what has been styled a fair weather minimum; but should we be involved in what Lord Wolseley lately described at Birmingham as the greatest war that history has ever seen, it would be hard to tell what the consequences to the sick and wounded would be with our present diminished strength. The medical department, like all other branches of the service, is not kept up for peace purposes solely, but for service in war; therefore, to be efficient, it must have an establishment of sufficient strength to meet the strain of war. It is a very simple matter to reduce the department to its present and proposed lowest ebb; but with the appearance of war in the near future, and the increase of all armaments both at home and abroad, the wisdom of such a policy is very questionable, and the responsibility very grave.

kind, and threaten serious notice being taken. This is a false position for a man holding the civilian title of "Surgeon" to be placed in. The responsibility for military discipline has been thrown upon medical officers, and they are bound to receive a title which will make them respected and known as far more noble and to be respected than that conveyed by any military title; but that is not the question when it becomes mixed up with army rank and functions.

"CAPTAIN M.S." writes: There is a strong feeling against half measures, against titles such as Captain-Surgeon, or even Captain and Surgeon. The department must either be organised as a corps with real rank and titles, or for civilians would not be prepared to act as camel followers in all climates or campaigns for the pay now grudged to medical officers.

THE NAVY.

DEPUTY INSPECTOR-GENERAL R. T. MORTIMER is promoted to be Inspector-General. Entering the service as Surgeon March 15th, 1864, he became Staff-Surgeon April 23rd, 1862; Fleet-Surgeon December 7th, 1876; and Deputy Inspector-General June 11th, 1884. He was at the capture of Canton in 1857; when he was specially mentioned for his services, and was sent to the *Coromandel* to attend the wounded after the taking of the Peiho Forts in May, 1860; he has received the China medal with clasps of Canton and the Taku Forts.

Fleet-Surgeon HENRY HADLOW is promoted to be Deputy Inspector-General. His commission as Surgeon dates from July 22nd, 1859; Staff-Surgeon December 23rd, 1868; and Fleet-Surgeon September 20th, 1880. He was Assistant-Surgeon of the *Conqueror* at the attack on the batteries in the Straits of Simunaki, Japan, from September 24th to the 28th, 1864. He has Sir Gilbert Blane's gold medal.

Fleet-Surgeon T. S. BURNETT is also promoted to be Deputy Inspector-General. His previous commissions are dated:—Surgeon, January 15th, 1859; Staff-Surgeon, December 16th, 1870; and Fleet-Surgeon, October 20th, 1880. He has no war record.

The following appointments have been made at the Admiralty:—W. W. WILLIAMS to be Surgeon, Agent at St. David's, April 30th; GEORGE CURTIS, Fleet-Surgeon, to the *Dardanelles*, May 2nd; F. J. LIA, Surgeon, to the *Asia*, additional, May 2nd; C. DICKINSON, Surgeon, to the *Leander*, May 4th; J. H. WHELAN, M.D., Surgeon, to the *Widder*, May 8th; H. G. JACOB, Surgeon, to the *Indus*, additional, May 7th.

MEDICAL STAFF.

DEPUTY SURGEON-GENERAL J. A. MARSTON, M.D., C.B., F.R.C.S., is promoted to be Surgeon-General ranking as Major-General, vice W. A. Mackinnon, C.B., who has been appointed Director-General. Dr. Marston entered the army as Assistant-Surgeon November 14th, 1854; became Surgeon June 8th, 1861; Surgeon-Major March 1st, 1873; Brigade-Surgeon November 27th, 1879; and Deputy Surgeon-General November 12th, 1882. He is now in his 34th year, having been born on December 2nd, 1848. During the war in Egypt in 1882 he was Sanitary Officer there, and was present at the battle of Tel-el-Kebir; he was mentioned in despatches for his services; promoted to be Deputy Surgeon-General; received the medal with clasps; was nominated to the 3rd class of the order of the Osmanieh, and awarded the Egyptian bronze star.

Brigade-Surgeon C. H. GIRAUD is promoted to be Deputy Surgeon-General ranking as Colonel, vice J. A. Marston, M.D., C.B., F.R.C.S. Deputy Surgeon-General Giraud's previous commissions are thus dated:—Assistant-Surgeon March 10th, 1858; Surgeon March 1st, 1873; Surgeon-Major April 1st, 1879; and West Provinces of India in 1882-83, including the campaign in North China with clasps. Also with the 31st Regiment during the action at Ssanghat (medal with clasp) in 1860, including the action of Sinbo and storming of Tientsin (medal with clasp for the Taku Forts). With the 31st Regiment in the operations against the Taipings in the vicinity of Shanghai, including service with the storming party at the capture of the walled town of Kahlung, Nanyang, Cholin, and Tsing-poo, taking of the stockaded fort at Nansiang, relief and recapture of Kahlung. With the 2nd Brigade, 1st Division, in the 20th war of 1875, and afterwards as Senior Medical Officer throughout the operations of Clarke's column (medal with clasp).

Surgeon-Major R. W. DAVIES is promoted to be Brigade-Surgeon ranking as Lieutenant-Colonel, vice B. C. Kerr, M.D., granted retired pay. Brigade-Surgeon Davies's former commissions bear date:—Assistant-Surgeon March 31st, 1864; Surgeon March 1st, 1873; and Surgeon-Major April 28th, 1876. During the war in Afghanistan in 1878-79 he was engaged in the Khyber line of communications, and was in several small expeditions against the neighbouring tribes (mentioned in despatches, medal).

Brigade-Surgeon G. C. GILFILLAN, M.B., is granted retired pay. His commissions bear date: Assistant-Surgeon, April 20th, 1859; Surgeon, March 1st, 1873; Surgeon-Major, April 19th, 1874; and Brigade-Surgeon, May 25th, 1885. He served in the Afghan war in 1878-79 (medal), and in the campaign in the Soudan in 1885 (mentioned in despatches, medal with clasp and Egyptian bronze star).

Surgeon J. B. W. BUCHANAN, M.B., serving in the Bombay Command, having returned from furlough, is appointed to the medical charge of the station hospital at Sattara, vice Surgeon J. P. Brodie, M.D., proceeding on leave.

Surgeons R. T. POWELL, M.D., O.D., BRADDELL, M.B., W. G. MACPHERSON, M.B., and W. B. STOKES, M.B., who are serving in the Bengal Command, have leave of absence for six months, the first three on urgent private affairs, the last named on medical certificate in extension of leave already granted.

Surgeon-Major P. A. TURTON, M.D., F.R.C.S., died at Edgbaston, Birmingham, on April 30th, at the age of 52. He entered the service as Assistant-Surgeon, October 2nd, 1858; became Surgeon March 1st, 1873; and Surgeon-Major June 14th, 1875. He was granted retired pay so recently as April 17th. He served in the Ashanti war in 1817-18, and was Sanitary Officer from December 17th, 1873. He volunteered and was present at the capture and destruction of Adubassie, at the battle of Amoaful, in the advanced guard engagements of February 2nd and 3rd, at the battle of Ordahau, and the capture of Coomassie. He was several times mentioned in despatches, and received the medal with clasps. He was also engaged in the operations in the Malay Peninsula in 1875-76, and in the Afghan war in 1878-79 with the Southern Afghanistan Field Force.

THE MEDICAL PROFESSION IN THE ARMY, AND LORD WOLSELEY'S "SOLDIER'S POCKET-BOOK."¹

No one who has any intimate acquaintance with matters which concern the army at the present time can fail to notice the prevailing depreciation in military estimation of medical officers and their special functions. The contrast between the prestige which formerly belonged to the medical profession in the army and the position occupied by it to-day is so noticeable that, obviously, if the state of things should continue unchanged, it must react unfavourably on the profession at large. The subject therefore assumes a character of general importance, and this consideration seems to make it worth inquiring how far the change which has taken place may be due to causes originating in the medical service itself and its officers, and how far, if such causes really exist, they may admit of remedy. The prevailing tone of detraction is all the more remarkable inasmuch as, notwithstanding that we hear persons holding high positions in the State declaring the remuneration of the medical officers is extravagant, and that the medical establishment is excessive and should be largely reduced in its numbers, there is no accusation brought against the medical officers as a body of professional incapacity, or of deterioration in those high qualities of courage and devotion in the field which have at all times formed one of the characteristics of the soldier-surgeons of the British military service. The question arises whether the army surgeons have fallen back in some other respects, and so have lost ground in the estimation of their comrades of the combatant ranks, and of others associated with them.

Nowhere, perhaps, do we find stronger illustrations of the small worth attributed to the army medical officers and their sanitary functions, than in the well-known book by General Viscount Wolseley, entitled the *Soldier's Pocket-Book for Field Service*, which is in almost every combatant officer's possession. Lord Wolseley is the Adjutant-General of the Army, and practically, though always acting in the name of the Commander-in-Chief, is in most matters regarded as the ruler and director of its concerns. His opinions consequently carry the greatest weight, and must influence those of every officer and soldier in the army. It cannot be supposed that he can have any other desire than that all the parts of the great military machine under his control should move together smoothly and harmoniously, and it might be presumed that he would certainly not entertain any prejudicial views in disparagement of the medical part, as one of his own brothers was serving in it until recently, when a lamentable accident unhappily caused his decease. We can only regard, therefore, the expressions used by Lord Wolseley, in the work above mentioned, as the result of careful thought and matured conviction.

On turning to the portion of the book which particularly relates to the medical service of the army, we are at once made aware of the antagonism between the opinions of the author and the conclusions arrived at by the Royal Commissioners who were appointed to inquire into the sanitary affairs of the army subsequently to the sad events which so greatly distressed the nation at the time of the Crimean war. As is well known to all who have taken an interest in the proceedings of that time, one of the outcomes of the prolonged inquiries which followed the war was a very strong conviction of the need for special study of sanitary science by military medical officers, in addition to the knowledge of medicine and surgery possessed by them in common with all medical practitioners. An accurate acquaintance with hygiene in its general sense, and with its practical applications in all the varying conditions under which an army might have to act, was therefore insisted upon as one of the qualifications of all military surgeons, and adequate means for imparting the necessary information to them on these topics were provided. Among other administrative changes resulting from the recommendations of the Royal Commissioners already alluded to was the appointment of a sanitary officer to be attached to the staff of the quarter-master-general of an army in the field, who was to be prepared for giving advice on any sanitary question that might arise. This arrangement has since been carried out in most of the wars in which a British force has been engaged since that date. Lord Wolseley regards this innovation as an act of folly, a "fad," and recommends, rather contemptuously, that any such sanitary func-

tionary, if hereafter appointed, should be left in the rear. "In future, as long as this fad continues," he writes, "my recommendation is to leave him at the base," where he may find some useful occupation as a member of the Sanitary Board" (p. 110). But this suggestion is not given without also giving reasons for it. "In the numerous campaigns," Lord Wolseley adds, "where I have served with a sanitary officer, I can conscientiously state I have never known him make any useful suggestion, whereas I have known him make many silly ones." On reading this remark, one is prompted to ask how the sanitary officers referred to by Lord Wolseley have been selected. Accepting this statement, we say that great blame rests with the authorities that made the selection of his lordship's sanitary officers. If his description be true, it is clear that the mischievous principle that "One man is as good as another" must have governed the selection. It is certain that in the list of officers in the Medical Staff there is no lack of capable men well versed in military sanitation whose advice it would not be safe even for Lord Wolseley to reject with contempt.

But it is not only the hygienic functions of the army medical officers that are discounted in Lord Wolseley's book; the medical department itself is regarded with any but a favourable eye by the noble author. The medical staff with the army is said to be too large, and the medical officers have advantages beyond their duties entitle them to. One of the indications of the rank and position of military officers has hitherto been the number of horses allotted to them in the service. It seems to be an arrangement hardly consistent with common sense, but so it always has been, though it is difficult to find a satisfactory reason for it.

On turning to the Forage Regulations of the Army issued in 1887, we find, for example, an officer commanding, if he be a full General, is entitled to forage for eight horses, if a Lieutenant-General for six, if a Major-General for five, if a Brigadier-General for four. With regard to the Medical Department, Lord Wolseley observes (p. 109): "The medical staff laid down in regulations for an army corps is too large" (it comprises six officers), and adds, "Thirteen chargers are allotted by regulation to this staff, four of which are alone intended for the principal medical officer. The principal medical officer might have two chargers, and all the other medical officers one each; this would be ample for the work they have to do." Elsewhere in a table (p. 131) showing the detail of the staff of an army corps and officers attached, the six officers of the Medical Department nominated for the corps are thus referred to: "The number of officers and chargers here allotted to the Medical Department is absurd, and should not exceed three officers and four chargers; indeed three chargers would be ample." Whether the reduction in the medical staff here recommended is practicable without entailing overwork and perhaps inefficiency, must depend upon the extent to which the noble author is really acquainted with all the details of the medical duties to be done, and the amount of official correspondence which devolves on the medical officers concerned. We are not aware of any particular difficulties that would result from the reduction proposed in the number of horses, but as no less than forty horses are allotted to the eleven staff-officers who head the list, it certainly seems open to question whether, on like

¹ The *Soldier's Pocket-Book for Field Service*, by General Viscount Wolseley, K.P., G.C.B., G.C.M.G., Adjutant-General to the Forces. Fifth Edition, Revised and Enlarged. London: Macmillan and Co. 1886.

² The survivors of the war with China in 1840-41, ending with Sir Henry Pottinger's treaty of Nankin, are now few. It seems from this passage that Lord Wolseley is very imperfectly, if at all, acquainted with the history of the first occupation of Chusan, one of the most lamentable episodes in our military annals. Here was an example of the noble lord's ideal. The "fad" of military sanitation and a sanitary officer at headquarters had then no existence. The officer in command had a free hand, and did as he thought fit in all things. The senior medical officer, Superintendent-Surgeon Dr. King, of the Bengal Army, was not armed with the right to tender advice on questions affecting the health of the troops. Nevertheless, seeing the result—that every principle of common sense in its application to health was set at defiance, with the inevitable result, a shocking amount of sickness, horrible suffering and mortality, culminating in pretty nearly wiping the 26th Regiment (Cameronians) off the face of the earth—he did offer advice. It may be news to Lord Wolseley, but the fact is painfully remembered by the few survivors, that Dr. King's advice was rejected, according to the fashion then in vogue, with insolent contempt. Dr. King was not technically "sent to the base" (Chusan was the base), but, unwilling to subject himself a second time to have his "fads" contemptuously rejected, he took advantage of failing health and retired from a scene of misery he was not permitted to alleviate. If a fearless *Times* correspondent had been on the island of Chusan in the year 1840, and had given to the public of England the details of that horrible summer, it is probable that at least some of the Chusan shameful scenes would not have been repeated on a greater scale in the Crimea. Viscount Wolseley, it would appear, desires to return to the mode of carrying on military operations in vogue in 1840. Will nothing short of another Chusan episode satisfy the gallant officer that military sanitation is something more than a "fad"? Does his lordship desire the power to say to a sanitary officer, as Sir Archibald Campbell did in the first war in Burmah: "Medical advice is a good thing, when it is asked for?"

grounds, the number of chargers might not also be curtailed in their instance. But the recommendation which is made at page 114 to deprive the medical officers doing duty in the hospitals on the lines of communication of all their horses seems certainly to be open to strong objection. The establishment of one of these hospitals includes ten officers, namely, one Brigade-Surgeon, four Surgeons-Major, four Surgeons, and one Quartermaster, and Viscount Wolseley remarks: "The officers have fifteen chargers! none are necessary, so some money allowance should be given in lieu." If the medical officers put on duty in one of these hospitals were discharging their professional functions on the same terms and under the same conditions as the medical staff of a civil fixed hospital in a town, the allowance of a horse for each surgeon might be superfluous, but, on active service in the field, when medical officers are constantly liable to be moved from place to place, marching with troops, on sick convoy duties, to fill gaps left by casualties in the field establishments or elsewhere, the service of the army might be gravely inconvenienced if the medical officers had to proceed on foot. A medical officer's duties in the field are often continued when other officers have few, if any, demands upon them, and are free to take their rest; and unless he is spared to some extent from bodily fatigue during the movements of the day, he can hardly be expected to be in a fit condition for his work at night. It is known that sickness and mortality are usually greater among medical than among other classes of army officers, and it can readily be understood why this is the case, seeing that they are not only exposed to the ordinary risks and accidents of field service, but are also subject to the special risks to which their calling among the sick in the hospitals exposes them. This being so, all the more should their strength be economised, and none the less because, unlike what occurs in most other branches of the army, medical officers when they break down in health in the course of a campaign are not readily replaced. An officer belonging to any other department, in a case of urgent need, can act as a combatant; but no other officer can act as a substitute for a medical officer.³

No doubt the severance of the close connection which existed between medical and other army officers, when the regimental hospital system prevailed, has interfered with the good fellowship and friendly relations which ought to be maintained between the combatant and medical officers of the service. It is also open to question whether there is not some foundation for the observation occasionally made by those officers who, like Lord Wolseley, speak slightly of medical officers, that the medical officers are in many instances inferior to them in literary acquirements. Certainly a change has occurred during recent years in the relations of the two sets of officers in this respect. In former days, when combatant officers obtained their commissions and steps of promotion by purchase, entering the army at a very early age, literary and scientific attainments were notably very deficient among them, while from the nature of the medical officer's education, his acquaintance with certain branches of science allied to his professional pursuits, as well as the longer duration of his studies, he held a far superior position in respect to general education than the majority of his military comrades. Now under the competitive system, a candidate for a combatant commission must be very fairly versed in general literature, mathematics, geography, modern languages, and other branches of knowledge that fall within the scope of what is called a "liberal education" in order to be successful in gaining the object he has in view. The competition among the candidates for medical commissions in the army is very severe, but it is confined to subjects peculiar to their own profession. It is true that before a medical student can commence the study of his profession he must pass an entrance examination in general education, but in some instances, owing to the diversity of the portals and the varying facilities of access by which admission to the medical profession can be obtained, this preliminary examination is a very superficial affair. The consequence is that while the combatant officers are, as a rule, conversant with subjects which are frequently introduced in ordinary discourse, and are usually capable of expressing their ideas with clearness in writing as well as in speaking, there can be no doubt that some medical officers are deficient in these qualifications, however well they may be informed in the technicalities

of their own profession. The military officers are competent to note deficiencies in literary accomplishments, though they are not capable of forming a correct judgment on the extent of a medical officer's surgical skill or other professional acquirements. The relatively lower standard of general education which exists in occasional instances among medical officers is a matter which seems to deserve the serious consideration of those who have the direction of medical education, for if the examinations into the educational acquirements of the young men who aspire to become medical practitioners are as defective as they are understood to be in some instances, for the honour and credit of the profession the defect ought to be remedied.

It is well known that there are great variations in the pecuniary outlay necessary for acquiring a title to practise medicine in different parts of the kingdom, owing to competition among the schools where a medical education can be obtained, as well as among the different bodies from whom licences to practise medicine and surgery can be got. While in London medical education is prolonged and expensive, licences for practice can be obtained elsewhere at comparatively little trouble or cost, and, as a consequence, the ranks of the profession are in such places occasionally recruited by youths whose social bringing up and surroundings have been of a very humble character. These facilities are perhaps necessary for meeting the wants of the community at large, especially of the poorer classes, who can afford but scanty remuneration for medical advice and attendance, but it may be readily comprehended that if the medical officers of the army were recruited from this class of young practitioners, there would be little in common between the ideas and habits of the medical and the other officers of the army. Yet it must be to this class that the army will have to look in future for its medical recruits if, on the one hand, the medical officers are treated with scant consideration in regard to their status and remuneration, while, on the other, the risks and service demanded from them are rendered excessive. Of late, the number of army medical officers on the active list employed in the United Kingdom has been considerably reduced; many of the more desirable appointments at home have been allotted to retired members of the department; the periods of foreign service have been extended, a serious matter as regards health and life, since nearly all the foreign stations in which the army is now employed are in relatively unhealthy climates, while through the reductions in the medical establishments, both at home and abroad, the work of the medical officers has been largely increased.

The recent changes in medical administration seem to have been chiefly based on the plan of trusting to the volunteer medical staff for enlarging the medical resources and meeting the wants that must occur in case of the country being not merely threatened with invasion, but also in case of it becoming involved in a war abroad. It will be a grave matter, indeed, if such a source of demand for medical aid should arise, and the trust be found to have been in any great degree misplaced. During the Crimean war, and on other occasions of British military operations, the medical establishments had to be augmented by civil practitioners; but it caused much inconvenience to the military authorities, and was effected at considerable cost, for the current pay of the civilians was very high by comparison with that of the regular staff, and the contracts included a large sum of remuneration at the termination of the engagement, as a compensation for the conditions and risks of service, and for the loss arising from the interference with their ordinary avocations. Their services could not have been otherwise obtained, and it is hardly to be expected that the aid of experienced and competent practitioners will be secured for war service on more favourable terms in the future.

No doubt plenty of young men who have much to learn and observe will be available on demand, but whether, with little knowledge of military ways and military subordination, and no acquaintance with the regulations of the army, the help of such persons will be of any great advantage to the sick and wounded, or the service at large, certainly admits of doubt. Even military medical officers, who are used to the ways of soldiers and acquainted with the army regulations, require, according to Lord Wolseley, a good deal of supervision and control in the discharge of some of their field duties. His lordship writes: "The commander will have to exercise a most careful watch over the medical department, to prevent soldiers being sent away who are either malingers, or whose state of health does not warrant their removal from the theatre of

³ At the beginning of a campaign the strength of the medical staff always appears excessive. Long before the end the reverse is invariably the case. Sir Charles Wilson records that such was the effect on the medical officers who had to march all day and work among the sick and wounded at night, that a staff-surgeon fell fast asleep from sheer exhaustion in the middle of a surgical operation.

THE VOLUNTEER MEDICAL STAFF.

At a dinner in connection with the Volunteer Medical Staff held at the Holborn Restaurant on Saturday last, Sir Thomas Crawford, M.D., in proposing "The Army, Navy, and Reserve Auxiliary Forces," said:—"They had enrolled in the ranks about 2,000 medical men, who were ready to give their services when called upon. They could assure the adjutant-general that he had at his disposal a medical force ready to take charge of 400,000 fighting men." Lord Wolseley having spoken, the Director-General of the Medical Department of the Navy observed that they would be glad to hear that the Medical Department of the Navy was in a thoroughly efficient condition.

Very much

war. It is the natural tendency of all medical officers to clear out their hospitals by sending home the sick with too little discrimination; unless this is checked, the fighting strength of an army will soon fall off. How will this be if medical practitioners unused to the habits of soldiers are called upon to act instead of army surgeons?

In most European armies the medical officers seem to be treated with the respect and distinction due to their profession and military status. In Russia a title of high nobility was recently conferred on the chief of the Army Medical Department, and only the other day the Grand Cross of the Legion of Honour, the highest distinction in France, was given to a medical officer on his retirement from active service (Médecin Inspecteur-Général Didot), amid the congratulations of officers of all branches of the service. Had he been a field-marshal, the French Government could not have given him a higher decoration. Such honourable distinctions give a prestige to the whole medical service, and are calculated to animate every medical officer to increased zeal in discharge of his military and medical duties.

It would be of immense advantage if the good feeling and impartiality which prompt from time to time such tributes to the worth of the medical profession in other countries were extended in a like degree to the members of the profession in Great Britain.

Moreover, I contend that honorary rank is required, not only to place the medical officer on a par with the other army officers, but also to make him equal with medical men in civil life, as he loses much by his perpetual moves. When he retires at, say, twenty or twenty-five years' service, he will find his contemporary in civil life has built himself up a local reputation and earned himself a position, which the army man, with his unknown rank, cannot attain unto. The public do not understand the terms "Surgeon-Major" or "Brigade-Surgeon," least of all the latter, which is generally thought an inferior designation. I have known an intelligent lady, in a superior social position, quite astonished at hearing that a retired Brigade-Surgeon ranked as Lieutenant-Colonel. I could fill your columns with similar examples, showing the disparity which his unknown rank has brought upon the retired doctor; but I will only remark in conclusion that I am sure that if the Army Medical Staff was polled, a majority of 20 to 1 would be in favour of honorary military rank.

THE TIMES OF INDIA, of May 2nd, says: We observe from recent home papers that the agitation which was predicted as likely to follow the clause of the new Warrant abolishing relative rank for the medical officers is a *fait accompli*. The deputations which interviewed Mr. Stanhope, the Secretary of State for War, at the House of Commons on the 22nd March, pretty emphatically expounded the position of the medical officers, and urged their claim with a distinctness and logic which it will be very difficult to dispute. The War Office is somewhat in a difficulty now; it has denied the Medical Staff "relative rank" which, it has been stated, was an unmeaning phrase. What then remains? Simply this, that if medical officers are to be placed on an equality with the officers of other army departments, in common with whom they exercise command over the officers, non-commissioned officers and men of their own corps (the Medical Staff Corps) honorary rank must also be conceded to them. There seems, in common sense, to be nothing anomalous in this, for honorary rank is ungrudgingly granted to quartermasters, and substantive rank to non-commissioned officers of the Medical Staff. Why, then, withhold honorary rank from the virtual commanding officers of these officers and non-commissioned officers? It has been reasonably enough argued that rank of some kind is a necessity in the army departments, and, as "relative rank" has been pronounced a thing of naught, there remains only honorary rank with the distinctive military medical titles to make the medical officers feel that they have a defined position, and are not at the mercy of what may be conceded merely by courtesy. A letter has, we hear, been received from one of the leading Surgeon-Generals at home, saying that there is great excitement among all the members of the Medical Staff. A large number of letters have also appeared in the *Barrat Medical Journal*, and the account of the deputation from their Association to the Secretary of State, in the *JOURNAL* of the 25th March, gives a good idea of the important state of affairs. Surgeon-General Maclean there states that the supply of candidates for the Medical Department is likely to come to a standstill with this recent ruling depriving medical officers of relative rank.

AN AMERICAN NAVAL SURGEON writes to us from Washington, D. C.: The medical officers of the American military and naval services, particularly those of the navy, whose position is somewhat similar to that of the English Army-Surgeons, are greatly interested in the struggle of your Army Medical Staff to secure a proper status in the service and have their just grievances redressed.

The same struggle is and has been going on for years in the American navy, and the question of "actual" in the place of so-called "relative" rank, will never cease to be agitated until all departments are placed upon a perfectly equal footing.

The Director-General of the English Army Medical Staff seems to fear that the bitterness of the strife between the surgeons and the line officers would be intensified if the former were given substantive rank. He has only to look abroad a little to see that exactly the reverse condition of affairs has followed the bestowal of such rank, with its corresponding titles, on the medical officers of the United States army, although precisely the same argument had been urged against it beforehand.

Since this important point was gained by our army-surgeons, all contention and jealousy, which up to that time had been kept alive by the encroachments of the line officers upon their—the surgeons—authority within their own department has subsided, the authority of each officer in his own province is definitely established and respected, and good feeling and contentment have been secured, without any decrease of efficiency in any branch, or injury to discipline.

That officers who incur all the perils and penalties of a dangerous service equally should be so unequally rewarded, certainly does not seem just or reasonable, and it is hardly doubtful that this condition of affairs is a survival of what should be an obsolete feature in the evolution of the service, and would never be deliberately created by the authorities, if the organisation were made anew, free from its ancient traditions.

While in our army there is so difficulty in keeping the medical staff up to its full complement, with men well fitted to perform their duties, in the navy, in which only relative rank is given them, the supply always falls short of the demand, and probably always will, until this unjust discrimination is abolished. It may be "sentiment" that deters qualified young practitioners from entering a service in which they do not think they will be justly treated, but this sentiment has a direct practical bearing upon the question of the supply of medical officers.

* The above communication from an officer in a position of distinction indicates the interest with which the present position of the Army Medical officers and their demand is regarded abroad as well as at home.

"NON-COMBATANTS."

THE *Indian Civil and Military Gazette* recently published an account of some operations carried on in Burmah against Saw-la-paw. A strong mixed European and native force under Brigadier-General Collett, C.B., advanced through thickly wooded hills to the plateau of Lwekaw, meeting with determined resistance; finally the column marched through a long defile which was most obstinately defended by the Karens, who inflicted considerable loss upon the British force; among the wounded was Surgeon N. Manders, Medical Staff, "severely wounded, shot through the thigh." Here we have once more a so-called "non-combatant" severely wounded! What business had this "doctor" under fire? Why, simply in the execution of his most ordinary and necessary functions in action. We commend these facts to the wretched and unmanly cliques in certain military clubs, who continue to blackball medical officers because, forsooth, they are not to be considered the military or social equals of their army brethren.

AN OLD SUBSCRIBER writes as follows: Since your issue of March 2nd two additional strong arguments for the abolition of this ridiculous term have transpired, and two more reasons for the granting of real military titles to medical officers. I allude to the services of Surgeon Le Queune, Medical Staff, and Surgeon Crimmin, Bombay Medical Service. The gallantry and courage of these officers, not to mention the wounds, ought to dispel the idea that medical officers in action are always somewhere in the rear out of harm's way. To call such officers non-combatant, or to deny them titular military rank, is really worse than absurd; it is in the last degree unfair and ungenerous. Surely the Commission now investigating the position of the medical services will duly weigh facts patent to all save the clique who seek to ignore the true position and functions of the Army Medical Service.

THE ARMY MEDICAL DEPARTMENT.

SIR THOMAS CRAWFORD writes: In an editorial note on page 86 of the *JOURNAL* of July 13th, relative to the existence of discontent in the Army Medical Service, I find the following:—"Surely after the absolute denial which was given officially by the late head of the Army Medical Department, to the existence of this discontent," etc. As I presume I am the late head alluded to, and as I have no recollection of ever having made such a statement, I beg you will favour me with an early reference to the official or other document or evidence on which you attribute this statement to me.

* At the annual meeting at Dublin Sir Thomas Crawford stated, by way of denial to the statement of the Chairman of the Parliamentary Bills Committee, that the Army Medical Service was "boiling with discontent": "There is not within my knowledge one single representation either to the Director-General, or the Commander-in-Chief, or the Secretary of State for War from any officer."

SURGEON OR SERGEANT.

VERB. SAP sends us an amusing story illustrating the hopeless confusion which the titles Surgeon-Major and Sergeant-Major seem to create in the pure civilian mind. A friend whom he calls Surgeon-Major "Nobbs," was invalided home and placed on half pay, to the utter ruin of his prospects; he sought for health in a delightful part of England, and soon came to be known there to all sorts and conditions of men, including a railway porter named "George," an ardent testotaller. Poor Nobbs, with his bad liver, was then an abstainer himself, and was asked to take part in a village temperance meeting, at which the worthy rector was in the chair. George managed the programme, and in due course the chairman announced that: "Sergeant-Major Nobbs will now address the meeting, and give his experience of the evils attendant on the use of alcohol in the Army."

Nobbs, who was in the body of the hall, was at first somewhat taken aback, but being a man of ready resource, proved equal to the occasion; on a sign from George, he made his way to the platform, and he delivered a most thrilling and eloquent address, descriptive of his career from the time he enlisted as a private until he was pensioned as a sergeant-major, with medals for meritorious conduct and gratuity. Especially were his barrack room and canteen anecdotes listened to with wrapt attention, broken only by bursts of applause. Nobbs wound up by thanking the rector and the audience for their kind attention, and to avoid awkward questions hastily left the room; a soldier and wiser man, deeply impressed with the idea that he had mistaken his career, and ought probably to have been a real sergeant-major. Nobbs recovered his health, and still lives to tell his experiences in the ranks.

RELATIVE RANK. CABLEGRAM FROM INDIA.

THE Chairman of the Parliamentary Bills Committee has received the following cablegram by the Indo-European Telegraph Company from a highly respected representative of the medical officers stationed at Allahabad:—"Assure the Secretary of State that the Medical Staff of India, while proud of their profession, consider that honorary rank would not dissociate them from it, and that it is the only possible final solution."

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY RELATIVE RANK.

DR. FARQUHARSON, in the House of Commons on Tuesday last, asked the Secretary of War with reference to his letter of June 6th, addressed to Mr. Ernest Hart as Chairman of the Parliamentary Bills Committee of the British Medical Association, whether he would take means to ascertain the ground of the present feeling of discontent among the medical officers of the Army with their anomalous position, which, they allege, affords them neither relative or substantive rank in the army; and whether he would enable them collectively to state their grievances to him, and to suggest the desired remedies.

Mr. E. Stanhope said he had already received a deputation from the civil branch of the medical profession on this subject. It would be a breach of military discipline for military medical officers to unite in any collective expression of complaint.

This somewhat dry official reply of course increases the difficulties of the petition. Every medical officer is individually afraid of expressing his opinion on the subject, inasmuch as (as has been pointed out to us by numerous correspondents) now promotion is made by selection, army medical officers fear that any individual prominence in bringing forward a view which is avowedly frowned upon by the authorities might prejudicially affect the immediate and remote prospects of such officer for selection in the ordinary course.

Under the circumstances, and with the view of affording means to each officer fully to express his views without this disturbing consideration, we purpose taking steps, by issuing a circular, to obtain, by synthesis of the replies and analysis of their respective versions, a reliable and complete view of the situation, and of the opinions, arguments, and wishes of the military medical officers on this subject. We shall be glad to receive suggestions as to the wording of this confidential circular, and of the various propositions on which it is most desirable to take the opinions of the individual members of the service. This step is taken as the result of the very numerous applications which have been made to us to that effect.

The Faculty of Medicine of the University of Edinburgh have sent the following communication to the Secretary for War:—

University of Edinburgh, June, 1887.

SIR,—I am desired by the Faculty of Medicine of the University of Edinburgh to express their deep regret at the position in which the medical officers of the Army have been placed by the warrant of recent date depriving them of relative rank. The Faculty represents the largest school of medicine in the United Kingdom, and every year sends forth a large number of graduates fully equipped for the practice of their profession, who are duly qualified for, and many of them desirous of, entering the army medical service. The Faculty is bound by the remembrance of its relations to those who have studied medicine at the University of Edinburgh, and by its duty to them as medical brethren, to watch over their interests in their professional life, and to promote these by every legitimate means; and the Faculty feels that it would be on its part a neglect of duty not to remonstrate in plain terms as to the anomalous and unfair position in which army medical officers of all grades are now placed. Although, for obvious reasons, the medical officers on the active list cannot ventilate their own grievances, it cannot have failed to have come to your knowledge that deep discontent exists among army medical officers on account of the position in which they are now placed, and it is incumbent on the members of the Medical Faculty and their other brethren in civil life to bring this circumstance clearly under your notice. So far as the position of army medical officers can be understood, it does not appear that they have any such rank as carries with it the privileges which belong to the officers of different grades respectively, and it is hardly necessary to say that the want of duly recognised rank is most unfavourable as regards the influence which army surgeons ought to have over the men whom they are called upon to treat, and that it thus is detrimental to the interests of the whole service. The Faculty believes that it can hardly be unknown to you that the relation of the Army Medical Department and the War Office have not for a length of time been of that cordial character which ought to exist, and the Faculty therefore begs to express the opinion that the warrant depriving

THE HORSE GUARDS AND THE MEDICAL STAFF.

WE feel more than justified in inviting the attention of our readers to the obituary notice of the late Professor David Boyes Smith, of the Army Medical School. It is a record of service most honourable to that distinguished army medical officer, and we think it points a moral for the serious consideration of the India Office and the Horse Guards Staff. It is a discredit to the former that Dr. Smith was allowed to go to a too early grave without one mark of honorary recognition, save only what is accorded to any gallant private soldier who has survived a tenth part of the battle risks to which Dr. Boyes Smith was exposed in the course of his service. It is matter of notoriety that from, we are sorry to say, His Royal Highness the Commander-in-Chief down to the least considerable of the Head-quarter Staff, a determined effort is being made to lower the status of the Medical Staff of the Army, to deny them any position, and to belittle them and their services to the State and to the Army. We are charitable enough to express our belief that the most ungenerous and the most prejudiced among them cannot read the record we publish to-day without some approach to a sense of shame for their unworthy treatment of a class of men of whom the late Dr. Boyes Smith, distinguished as he was, was only one of many.

THE MEDICAL DEPARTMENT IN THE HAZARA CAMPAIGN.

A "BRIGADE-SURGEON" sends us a cutting from the Indian Pioneer showing how complete the medical department in this campaign has been ignored in the distribution of honours and rewards. In vain, apparently, did the general officer in command write that the department worked smoothly and creditably and "without a hitch." Five medical officers were mentioned in despatches, but none were apparently worthy of any honour or advancement. To whom is the Medical Staff, British and Indian, indebted for this slight? Is it to the Indian authorities, or to that body of officials at the Horse Guards, so jealous of, and determined to oppose, all fair recognition of good work done by the medical services? Has the Director-General lost all influence, or does he seek to exercise it? Nothing but increased friction and bitterness can result from such slights and injustice.

HINTS TO ARMY MEDICAL CANDIDATES.

COTOPAXI writes: Just a few words to intending candidates, so that they may enter the service with their eyes open, instead of learning in the school of bitter experience.

1. Home pay and allowances are good, but bring with them little amenity, either of a social or military kind. The regiment whose sick you attend will usually carefully ignore you.
2. Your sojourn at home will be short. India will be your goal, with the magnificent pay of 31½ rupees a month all told, from which you must find everything—home, servants, tents, and meet a host of unavoidable incidental expenses. The exchange rupee is only worth about 1s. 4d., and its purchasing power in India lessens every year.
3. Whether at home or abroad, you must not look for any real military status. You will have less *bona fide* military rank than a warrant officer. The Adjutant-General says you are a mere hindrance to the military machine with your "silly" talk about health and sanitation. He knows much more on every subject than you. You are unfit for any military substantive rank, and in the very nature of things inferior to the "fighting caste."
4. You will not complain of stagnation. Your postmanteau must be always packed, for you will be sent flying from place to place on the shortest notice. These are some of the worries and troubles in store for you if you determine to enter the Army Medical Service as at present constituted.

ORIGIN OF THE RANK AGITATION.

MEDICAL STAFF writes: The origin of the agitation attributed by Lord Camperdown's Committee to the abolition of the regimental system is manifestly absurd. It did not even arise from the mere abolition of relative rank, although concurrently with that came other changes which roused the medical officers. The following is the true origin, and also gives the clue to the real remedy.

When the commissariat, ordnance, pay, etc., departments had relative rank, it was accepted by the medical department as sufficient; but on the abolition of relative rank these purely non-combatant departments were suddenly endowed with substantive or honorary rank and titles; the medical officers as commanding men and sharing the actual dangers of the battlefield, which the others do not, felt they could not for a moment submit to be placed on a lower level than clerical paymasters; they demand at least to be levelled up to these departments, and mean to continue their protest and agitation till they are. The agitation and its remedy are here in a nutshell. The recommendations of Lord Camperdown's Committee will not be accepted as final by 80 per cent. of the medical staff. They insist on a *bona fide* corps of "Royal" surgeons, of which they shall be the substantive officers.

medical officers of relative rank, as a source of fresh grievance, is much to be regretted. The Faculty therefore respectfully begs you to take the premises into your renewed consideration to devise such measures as shall allay the dissatisfaction of army medical officers, and thus to enable the Faculty to point out—what it cannot now do—the advantages of the army medical service to the best graduates of the university. In name and by authority of the Faculty of Medicine of the University of Edinburgh, THOMAS R. FRASER, M.D., F.R.S., Dean.

To the Right Hon. Edward Stanhope, M.P., War Secretary, War Office, Pall Mall, London, S.W.

SIR,—Medical officers are no longer engaged solely for health purposes. Although they are not responsible for all the duties which pertain to what is understood by military command, still they have to administer discipline and command the same as an officer commanding a regiment. "The Director-General (*vide* JOURNAL, May 28th, 1887, p. 1191) insisted much on the fact that, if such a demand as substantive military rank was granted, which he believed to be put forward only by a few, the effect would be to increase and intensify any existing jealousies between the combatant and medical ranks of the army, and he believed would act prejudicially on the minds of a portion of the department, leading them to subordinate their purely medical duties to their military positions."

Never before, to our mind, has the Director-General made a more erroneous statement. Such theory, no doubt, may prevail among the powers that be at 2, Craig's Court—a very small minority, but not an infallible minority. A very large majority of the officers of the Medical Staff are of a contrary opinion. No medical officer desires or wishes to see the noble profession to which he belongs subordinate to any military rank that could be conferred on him. The officers of the Medical Staff do not want to hide their profession behind a military uniform, nor do they intend to sink their profession by adopting military titles. Rank, position, and title are as much their right as it is that of any other commissioned officer in the service, and nothing short of honorary or substantive rank meets the justice of their case, and nothing less will satisfy them. At present a Surgeon-General ranks with a Major-General; some Surgeons-Major rank with Majors. These two ranks are about the only ones that give either to the military or civil communities an idea of these respective ranks; therefore, why not give to the whole what is applied to a few? Confer on each grade a title that will be known and recognised by the simplest tyro, as follows: General Jones, Director-General Medical Staff; Major-General Smith, Surgeon-General Medical Staff; Colonel Matthew, Brigade-Surgeon Medical Staff; Lieutenant-Colonel Black, Surgeon-Major Medical Staff; Major White, Surgeon-Major Medical Staff; Captain Pike, Surgeon Medical Staff; Lieutenant Wales, Surgeon Medical Staff—a Surgeon-Major over twenty years' service to have the rank of Lieutenant-Colonel; over twelve years' service, Major; a Surgeon over five years' service, Captain; and a Surgeon under five years' service, Lieutenant. Never was a greater mistake made in the Medical Department than when the rank of Captain was granted to young medical officers entering the service, and this is one of the few instances of jealousy existing between the combatant and medical ranks of the army, and it no doubt is a reasonable one. Of late the subject of rank has been so ably and exhaustively threshed out in the JOURNAL, with its *pros* and *cons*, its rights and its wrongs, it would be but waste of your valuable space to reiterate them. As suggested by "Medical Staff" in his letter published in the JOURNAL of June 18th: "To settle the matter as to the wishes of officers of the Medical Staff, let one thousand voting cards be printed and circulated to be filled up and returned to the Editor of the JOURNAL, marked 'confidential.' We should be happy to defray printing and postage, and by sanctioning this you would confer one more favour on the Medical Staff." It would settle the question at issue, namely, that but a few of the officers of the Medical Staff are desirous of honorary rank should be granted them.—I am, etc.,

HYBRID.
* * This suggestion has been urged by so many correspondents during the last week or two, that it appears to correspond to a general desire. We are anxious to take such steps as may enable army medical officers—whose mouths are sealed by the regulations, and who are placed at this moment by other circumstances in a very difficult position—to express their views, wishes, and opinions without incurring individual risks of offence and the injury to their prospects which so many seem to fear. After taking counsel with experienced officers, we will adopt some steps in the direction indicated.

J. G. (Medical Staff) writes: The views held by the Director-General on the rank of the medical officers of the army, published in the JOURNAL of May 28th, will

surprise but few. They have been well-known for some time past, and had they been other than what they are, the medical officers of the army would not now be in their present position.

That the Director-General should hold such views is perfectly natural, and easily explained. A Surgeon-General from his position hears but few expressions of the opinions of his juniors on such questions, a Director-General hears none. This is more particularly the case when the Surgeon-General or Director-General is known to hold views opposed to those of the officers serving under him. The present Director-General was promoted Surgeon-General in 1876 and Director-General in 1882, so that for six years he has partially, and for five years totally, lost touch of the views which have been gradually pervading the service to which he belongs. The present movement has sprung up within the last seven years, while it is only within the last four that it has attained its present dimensions. Seven years ago I, in common with a very large number of my brother officers, was strongly opposed to what we now equally strongly recognise the necessity of. As regards no complaints reaching the Director-General, the medical officers would naturally last of all complain to a chief who notoriously has no sympathy with the views they hold. He believes the demand for recognised rank (call it what you may) to be held only by the few; this is a fact which can easily be established, and surely, Sir, it is not too much to expect the head of a service numbering nearly one thousand officers to endeavour to obtain the opinions of those officers on such an important question. In 1883 a confidential memorandum was circulated, calling for the opinion of medical officers on certain points of interior economy and discipline of the corps. Let the Director-General now issue a similar memorandum calling on all the medical officers on the active list (not half-pay) for an expression of their opinion on the present question, and we who think differently from him are content to abide the issue by the answers he receives.

There is one statement coming from such a source which calls for remark, namely, that substantive rank belongs exclusively to those who have to administer discipline and military law, and that medical officers are not responsible for duties which pertain to all that is understood by military command, and yet no one knows better than the Director-General that his officers have not only to administer discipline and military law, but also are responsible for the military command of their own corps and military hospitals.

It is the present anomalous position we object to—a position which places us below our own quartermasters, and renders efficient work in peace or war impossible. We must have military rank and title; failing this we must be pure civilians, with no military powers or responsibilities of any description—no military rank, title, or uniform, simply "good doctors," but paid as such (and on this question of pay the Government must remember they did not consider £100 a month too much for young civilians to face a not very severe cholera epidemic). There are but two courses open; the medical officers of the army will be content with either.

BRACKENTHWAITE writes: Sooner or later, according to the influence brought to bear on the subject, officers of the Medical Staff must have honorary rank conferred on them, but there would not be great gain in substituting as complicated a system of titles as those of which they have been deprived.

The terms Surgeon-Lieutenant, Surgeon-Captain, and Surgeon-Major, etc., are not much easier to handle than the present Surgeon-Major, Brigade-Surgeon, and Deputy Surgeon-General, and in the case of both the service and society, the Medical Staff would again become Dr. and Mr. as at present, and having accepted such titles they could hardly begin to agitate again for the removal of the prefix Surgeon. The War Office probably would be only too glad to get out of the difficulty by granting such hybrid titles, but ought not to be allowed the opportunity. The United States Army system, which is as follows: General Crane, Surgeon; Colonel Baxter, Surgeon; Major Burrell, Surgeon—is the most satisfactory and most easily understood by society, both civil and military, as it indicates that every man entering military service is primarily a soldier, and that his social position and privileges are derived from his rank as such.

In conclusion, though Mr. Secretary Stanhope may say in the House that medical officers have lost nothing by the abolition of relative rank, such is not the opinion either of the service journals (*as Army and Navy Gazette*, May 14th), or of their brother officers. In any case, the authorities are on the "horns of a dilemma," for if relative rank was valuable, why were the Medical Staff deprived of it; and if it was of no value, why was it always named in warrants as one of the great inducements for surgeons to join the service?

H. M. writes: The special functions of those desirous of promoting the interests of the profession in the army is to obtain for the officers of the Medical Staff the same rank as that now granted recently to the Royal Engineers, and to more departments whose duty it is to feed, clothe, and pay the army. The object of the agitation is to lift the science of medicine and surgery upwards, in the social and political scale; to raise its self-esteem, and to show that it has been placed on an equality with other services of the State.

Your correspondent of June 18th, 1887, suggests that the profession be called upon by the circulation of voting papers, to record their opinion and settle this just claim. Now, as there are over 14,000 copies of the JOURNAL issued weekly, permit me to recommend that one single page be converted into a voting paper, upon which each member of the British Medical Association can record his vote and express his opinion, and return the same to Mr. Ernest Hart, who, under his supervision, would have the result recorded in due course, in the valuable pages of our JOURNAL.

RETIRED BRIGADE-SURGEON writes: I have read with the greatest interest the correspondence in your columns, and your able articles on this subject, and I hope you will not relax your exertions to obtain the concession of honorary rank, now imperatively demanded by the officers of the Medical Staff, to place them on a footing with their brethren in the combatant and other departmental ranks.

It is all very well for the Director-General to say that a medical officer's highest ambition should be to be known as a "good doctor." Certainly. But let him be an embryo Paget, and where is he to display his "good doctoring"? He is moved too frequently to gain even a local and garrison reputation; and when he retires, except he be one of the favoured few who have gained great distinction, how is his excellence to be known to the general public? He cannot be labelled on the back "good doctor." No, Sir; the "good doctor" argument is the failing and feeble one of a falling cause, and no one knows it better in his heart than the Director-General; but even a feeble argument is better than none, perhaps.

THE RANK AND TITLES QUESTION.

PILGRIM writes that some eighteen months ago he advocated in the JOURNAL, on reasons of experience and sound policy, that medical officers should have pure military rank and titles in a "Corps of Royal Physicians." Every medical officer is a physician and hygienist as well as a surgeon, and his duties, in fact, are more connected with the former than the latter. He considers all compound titles outlandish; but, if such are to be, why not major-general-physician down to lieutenant-physician? The latter titles would be both accurate and expressive, and more acceptable to those chiefly concerned; at least, so he gathers in correspondence with some distinguished old medical officers, who approve of his suggestions. Sooner or later the authorities will be compelled to concede purely military rank and titles, and he hopes any present concessions may therefore be made with a good grace.

* * The French have hitherto used the term "médecin" in army medical titles, but somehow it does not commend itself to English ears. As that nation, however, have now given their army medical officers pure military rank and titles, with complete departmental autonomy, let it be hoped we in this country may soon follow their example. But we fear the compulsion our correspondent speaks of will be applied later rather than sooner, for it is certain that any and all concessions to our Army Medical Service will be most desperately resisted in certain quarters.

LORD CAMPERDOWN'S COMMITTEE.

EVIDENCE urges that Mr. Macnamara and Surgeon-General Balfour should publish from their notes and memory a summary of the evidence given before the Committee, especially that of the principal military witnesses. He makes the suggestion under the impression that no principle of honour would thereby be involved. The public and the profession have a right to know the evidence upon which the department has been judged, and the grounds upon which decisions have been arrived at.

* * The action of Committees in publishing evidence must be collective, and under the sanction of the Minister to whom they make their report; individual members can only record dissents officially, not in a private capacity. At the same time, the evidence in question would undoubtedly have been interesting, perhaps even amusing.

EVIDENCE BEFORE THE COMMITTEE.

MEDICAL STAFF suggests that, the evidence given before Lord Camperdown's Committee not being representative of the views of medical officers on army rank and title, copies of the Report on Relative Rank should be circulated to members of Parliament, with an attached slip summarising the question. He offers to bear part of the expense of such a circulation.

SLOWNESS OF PROMOTION.

A SURGEON-MAJOR (India) writes, protesting against the proposed increase of age service to Surgeons General; it would irretrievably block promotion. The first five Brigade Surgeons on the list have already thirty-one years' service each, with only the relative rank of lieutenant-colonel; and two out of the five, one of whom has served with much distinction, are on the point of being compelled to retire under the age clause. Surely it cannot be contended these gentlemen have been fortunate in promotion. Promotion in the senior executive ranks is indeed excessively slow.

THE COMMISSION REPORT.

X writes: Your remarks on the report are so pertinent that they leave little to add, but there is one point I have not seen touched on, namely, the present system of allowing Surgeons-General to remain in that position in perpetuity, tempered only by senility. It was bad enough to see a Surgeon-General promoted soon after 50, remaining on till 60, but how much worse will it be if allowed to remain on till 62? Why should not the universal rule of the army be applied, namely, to make these five year appointments, or on completion of a certain age. Generals, Commissary Generals, and all staff officers have to vacate at the end of five years' tenure. Why should a Surgeon-General be the only man for whom an exception is made? The extension of the age to 62, if made universal, will press very heavily on a number of old officers, and they will never get their promotion in consequence.

The general feeling out here (India) is, that it would have been better to have left the age at 60, and to give power to the Commander-in-Chief, on the recommendation of the Director-General, in special cases, for the good of the service, to extend the age of any officer one or two years, provided always he was physically fit. The present Surgeon-General (Mr. Thomson) of H.M.F. in India is a case in point, and it would be for the benefit of the Service if he were retained one or two years longer, but there are a good many other old gentlemen we could well spare to make way for younger men.

MILITARY TITLES.

SCRUTATOR says: While every one of the military medical officers examined by the Camperdown Committee were dissatisfied with the present condition of the Medical Staff, it is worthy of note that the older ones who had ceased to do executive duty before 1878, when the discipline of the Medical Staff Corps came into the hands of the medical officers, recommended compound titles. Whereas those who had had practical experience since that date, all recommended ordinary military status in a separate corps.

THE CAMPERDOWN AND MORLEY COMMITTEES.

LEX remarks: Contrast the evidence given by the same combatant persons before the two Committees. Defective discipline in the Medical Staff Corps was the theme before Lord Morley's Committee; but not a word about that before Lord Camperdown's. Why? Because any reference to it before the latter would have tended to show that due military status and titles were necessary for medical officers in carrying out their limited command. Verily, these cunning witnesses, if not candid, are wise in their silence!

down Commission, however, the evidence of one at least of the eminent military witnesses was so likely to give serious umbrage to medical officers generally, that it is hardly likely it will appear in full or with verbal exactness in the text of the published evidence. Such at least is the opinion freely expressed in army circles likely to be very well informed.

THE spirit of Junkerism in dealing with the medical service which has long been a source of complaint against the Horse Guards appears to have spread to Pall Mall, as might be gathered from the passages in Lord Wolseley's "Pocket Book," on which we lately commented, and some of the evidence before the Commission bore very strong evidence of the spread of this sentiment. Unless checked and held in restraint by considerations such as we have already put forward, the results on the comfort of the medical officer and his sense of self-respect are likely to be serious; and the first effect will be seen in the sympathetic refusal of the schools to furnish officers to be snubbed and looked down upon. The evidence and report will be awaited with great interest.

JUNKERISM.

PED REGG, LEGG, GREGG writes: Your recent incisive memoranda on the subject of so-called "Junkerism" will go far to enlighten your civilian readers on the socio-military-medical situation, which just now threatens seriously to affect the relations of the army medical officer; none the less seriously because its development is due, more or less, to concerted action, the direct result of lofty inspiration.

There is, perhaps, a melancholy satisfaction attending the exhibition of the refined "boyottism" you allude to, in knowing that it is extended to all departmental officers.

The outcome of it in the case of the commissariat has been the concession of actual rank, inasmuch as it was found that no officers would enter and few remain in a position where an implied inferiority of social and military status was ever being forced on them.

In the Pay Department, many of whose officers have fought and bled for their country while in the "combatant" ranks, it is a sad outlook to find that the pursuit of light half-sovereigns, checking of travelling claims, and similar duties of their new career in the service, will for the future debar them from the society and the sympathy of those in whose company they have fought and bled.

In exemplification of the subject, as affecting the army medical officer, take the case of one, in his fourth decade of service, with a career undimmed by censure, the actual shaver of many a danger in many a clime and on many a hard fought field, the recipient of honours, decorations, rewards, noted for his courtesy, easiness, and tact, and of proved professional skill, deservedly a *persona grata* with all whom he may have to deal with, arriving at some large station as the representative of his new department. He receives no notice—nay, even no acknowledgment—whatever from the various military institutions and functionaries to whom he has, as in duty bound, accorded the recognised amenities of society.

Further, invited to a professional banquet, presided over by an eminent physician, the guests including many men of note, culture, and high degree, he attends clad in the distinctive garb of his rank rigidly prescribed for such occasions by regulation, and finds himself called on to speak to a toast, while seated several places below a very junior "combatant" officer, also wearing the insignia of his rank, and who was probably struggling with the tube of his feeding bottle when he—the "non-combatant," save the mark—was going into his first action with his battalion.

MEDICAL STAFF writes: The decision of the Committee on Rank and Title will naturally attract most attention. If the evidence given before the Committee pointed to all the conclusions on this subject, including the double title, why not publish it? Where are the large number of medical officers who would be displeased with a military title? Did not the famous analysis show that 80 per cent. desired substantive or honorary rank and titles? The dissent of the military members is probably the real cause for refusing military titles, because it would be displeasing to them. A warrant, framed on the report, will not be accepted as a final solution of medical grievances.

EXCHANGES.

A SURGEON-MAJOR draws attention to a recent circular in which great objection is taken to medical officers applying for an exchange after they have received orders of readiness for foreign service. It is understood it arose from an application of an officer to exchange when under orders for Egypt on what looked like active service. This naturally irritated the authorities. But, not content with promulgating the order, a local principal medical officer caps it with the following emphatic addition: "In future, exchanges (sic) will not be forwarded after the officers have received their orders." This is a practical prohibition of exchanges. Is the interpretation of this local functionary to supersede the regulations on exchanges?

I AM afraid, from all I hear, that the medical officers of the army will do well not to expect too much from the sittings of the Camperdown Commission. A very plain expression was given by several medical witnesses to the dissatisfaction now felt in the service at their present position in respect to rank, honours, and other material considerations, but the attitude of the military authorities has been for the most part one of such uncompromising position that it will, it is feared, be very difficult, in view of the uper shown, for the Committee to arrange matters satisfactorily.

For many civilians these questions of rank, title, and precedence are unimportant, and are sometimes even considered trivial, but those who are in contact with the actual facts all think very differently, and military society is regulated by such rigid conventions that what would in civil society be unimportant matters of social etiquette become in military circles distinct causes of annoyance and materially affect the self-respect and general consideration of the officers concerned. One or two instances may be better than much argument. Two illustrative stories have been mentioned to me lately. One is *à propos* of the late visit of a Shah, who is again about to become our guest. On the occasion of a ceremonial military function at which he was present and which all the officers of the command took part, the Surgeon-General of the district took his place in the preliminary proceedings due order. Subsequently the whole party went to lunch, the Surgeon-General with the rest. On reaching the door of the dining-room he was asked for his ticket. He then learnt for the first time that tickets had been issued to the luncheon from the War Office, but that he had been omitted. Having no ticket to produce he was turned back and was placed in the unpleasant and humiliating position of marching away from the luncheon in the presence of his distinguished combatant colleagues of the same and of inferior rank. Such incidents seem incredible, but this distinctly authenticated fact which was mentioned to me on the best authority with a natural feeling of soreness, not personal, in respect to the slight put upon his service in the person of the distinguished officer who was the subject of it. He was, as I know, an exceedingly popular officer, and the slight was in no sense personal. Again, an eminent member of the service mentioned to me as an illustration of the present position of the army medical officers and the social isolation due to the unsatisfactory official positions which they hold to the other officers of the service, that he had lately asked a near relative in the Engineer Corps, "Who is your medical officer?" The answer was: "I really don't know, we never see him, and I have no idea who he is, and what his name is." Of course there was a surgeon attached to the barracks, but under existing circumstances the surgeon is not always made an ordinary member of the mess. He does not meet therefore his military colleagues on the same social terms as they are accustomed to meet each other, and he is apt to be treated as altogether an outsider.

It is very noticeable and has been much remarked that in the most state functions of Buckingham Palace the names of the most distinguished medical officers of the service are noticeable only for their absence, while their brother officers attached to other departments abound. Quite recently at a military function at Windsor, the medical officer who had taken part in the proceedings had the annoyance of finding himself the only officer of his rank excluded from the social hospitalities following it, and reduced to *mess solus cum solo*. Such instances as those which I have mentioned above could only occur from the absence of adequate rank and substantive rank, which alone now in the army enables an officer to take place among his colleagues such as every gentleman in the service is entitled to take, and without which his position becomes most uncomfortable and often unendurable.

DISCOURAGED by the attitude of their military superiors, to which reference has recently been made in the review of Lord Seely's *Pocket Book*, and in the evidence known to have been given before Lord Camperdown's Commission, the black-balling of medical officers has been resumed at one, at least, of the military clubs. Two medical officers were last week black-balled at a well-known club solely by reason of their belonging to that department. A great deal of indignation was felt and expressed at the incident, which is by no means without precedent, but which, together with other things in relation to the service, will have to be dealt with very firmly by high authority if the efficiency and well-being of the army is to be promoted by the maintenance of the medical department in its position as a well organised and respected department, officered by gentlemen of capacity and desert.

THE complete contrast between this state of things, the exceedingly satisfactory relations of the medical officers of the navy with their colleagues, is worth notice. It will not be contended that

LORD CAMPERDOWN'S COMMITTEE.

MEDICAL STAFF writes: The leading military journals seem unanimous that the chief recommendations should be embodied in a Royal Warrant, and that the Quixotic objections of the dissentients on rank and title should not be allowed to block the way towards some settlement. As an old officer, he thinks the designation "Royal Medical Staff" with the compound military medical titles would improve matters. With distinctive belts, lace, and uniform generally, he sees no occasion for a "General" badge, which would be offensive to the majority, and is no longer worn by the quartermasters of the Medical Staff. Medical men, civil or military, do not require to be ticketed. If extra years are to be given to surgeons-general, will senior brigade-surgeons or deputies receive compensation for loss of promotion? He thinks the short service system advocated by Lord Camperdown and Mr. Macnamara should be tried. It would ultimately reduce the serious non-effective list. The numbers qualifying for retirement must be reduced. A check should be put upon the ill-regulated administration by which medical officers are hustled about within districts, to their own detriment and that of the service. The Medical Staff Corps wants reforming.

H. S. thinks the suggested titles of Royal Medical Staff or Royal Medical Staff Corps might be equally applied to the medical staff of some royal hospital. He thinks the only possible title is that of Royal Surgeons, which would have a close analogy to other royal corps, namely, Royal Artillery and Royal Engineers.

K. asks: Can nothing be done to stop the introduction of the new nomenclature? The new titles will never be understood by the people and never used. Why not give the only understandable military title, which would cost the State nothing? The retention of surgeons-general till 62 will but further crowd the retired list by men who see their way blocked. This will be the real outcome, not a reduction of the non-effective vote. The title, which costs nothing, is just the one for which the opponents of medical organisation would rather pay any amount than give to medical officers.

SURGEON-MAJOR (retired) fully endorses the suggestion that retired officers should have the benefit of the new titles recommended by the Committee, especially brigade-surgeons and surgeons-major over twenty years' service. Their present titles mean nothing in civil life. All of us are under a debt of gratitude for your advocacy of our rights.

MR. J. P. HUNT, Barrister (Lincoln's Inn) writes: In the *JOURNAL* of September 21st you are good enough to devote considerable space to the recommendations of the Camperdown Committee, and I am pleased to see the just rights, which I have never ceased to bring to the notice of the War Office and the public, form, one and all, recommendations on which the Committee are unanimous. So far as I understand the report, medical officers will now be permitted to reckon one year on half-pay, the result of ill-health caused in and by the service, towards promotion and retirement, as provided for in Article 71, Pay Warrant, 1884, which the Secretary of State for War then refused on the ground that medical officers were non-combatants, but which the recommendations of the Committee in paragraph 4 "Service" now strongly urge. "Admissions into the service," paragraph 7, recommends the abolition of the unjust precedence granted to the Indian and naval medical officers, and paragraph 8 will no longer permit the payment of medical officers in India at a lower rate than at home. These are substantial recommendations, and will remove much bitter feeling at present existing in the department, and prevent men who have done good service being passed over for promotion merely because their zeal had led them to sacrifice their health to the calls of duty.

LORD CAMPERDOWN'S COMMITTEE.

MEDICAL STAFF writes: From all one can learn, the present military influence at the Horse Guards is too powerful and hostile to permit concession of the just claims of army medical officers. Our course, however, is clear. We have through the Association formulated what we want; let us nail that flag to the mast, and take nothing less; and as it will involve no extra expense to the taxpayers, it will be granted in time, if not by the Government now in office, by their successors, or by some future Government. Compromises have been always the ruin of the medical service. Let us have all or nothing. If the medical schools, as in duty bound, point out to intending candidates the actual state of the question, I shall be much surprised if members of the profession will subject themselves to insults and vituperation which a small clique at the Horse Guards is now endeavouring to inflict on them.

THE RECOMMENDATIONS OF THE COMMITTEE.

X. writes that he doubts if these recommendations will be acceptable to medical officers, as they would leave them in the same hybrid position as heretofore. He does not think the witnesses examined before the Committee, and who gave evidence in favour of a double title, were altogether representative of the feeling of the department. As Brigade-Surgeons would simply be Surgeon-Lieutenant-Colonels, the same as all those over twenty years' service, it would look as if these officers were put back into a rank out of which they had been promoted. All promotion will be seriously retarded by the increased age allowed Surgeons-General, which will especially hit Brigade-Surgeons, who will be shelved at 55. He suggests that Deputies and Brigade-Surgeons should be classed together as Surgeons-Colonel, the former being on the staff, and the age retirement of Brigade-Surgeons increased. He has compared the ages of the fifty junior Colonels in the *Army List* with the fifty Brigade-Surgeons, and finds the former have the average age of 47 and the latter of 51.

*. There is a good deal to be said in favour of placing the Deputies and Brigade-Surgeons in one list, and it has been already suggested that the former should be called Surgeons-Colonel on the Staff.

LORD CAMPERDOWN'S COMMITTEE.

MEDICAL STAFF writes: We are stated not to require military rank because we belong to a profession of "dignity" and "eminence." But surely these high civil qualities ought to be the very reason for conferring an equally good status in the army. We cannot possess dignity and eminence and yet be unworthy. The truth is the talk of dignity in connection with the medical profession in this country is sheer humbug; else, how come it that none of its members are considered eligible for the peerage? We cannot live on mere impressions and expressions of greatness; let us have something tangible after these lip compliments.

THE RANK AND TITLES QUESTION.

PILGRIM writes that some eighteen months ago he advocated in the JOURNAL, on reasons of experience and sound policy, that medical officers should have pure military rank and titles in a "Corps of Royal Physicians." Every medical officer is a physician and hygienist as well as a surgeon, and his duties, in fact, are more connected with the former than the latter. He considers all compound titles outlandish; but, if such are to be, why not major general-physician down to lieutenant-physician? The latter titles would be both accurate and expressive, and more acceptable to those chiefly concerned; at least, so he gathers in correspondence with some distinguished old medical officers, who approve of his suggestions. Sooner or later the authorities will be compelled to concede purely military rank and titles, and he hopes any present concessions may therefore be made with a good grace.

"* The French have hitherto used the term "médecin" in army medical titles, but somehow it does not commend itself to English ears. As that nation, however, have now given their army medical officers pure military rank and titles, with complete departmental autonomy, let it be hoped we in this country may soon follow their example. But we fear the compulsion our correspondent speaks of will be applied later rather than sooner, for it is certain that any and all concessions to our Army Medical Service will be most desperately resisted in certain quarters.

LORD CAMPERDOWN'S COMMITTEE.

EVIDENCE urges that Mr. Macnamara and Surgeon-General Balfour should publish from their notes and memory a summary of the evidence given before the Committee, especially that of the principal military witnesses. He makes the suggestion under the impression that no principle of honour would thereby be involved. The public and the profession have a right to know the evidence upon which the department has been judged, and the grounds upon which decisions have been arrived at.

"* The action of Committees in publishing evidence must be collective, and under the sanction of the Minister to whom they make their report: individual members can only record dissents officially, not in a private capacity. At the same time, the evidence in question would undoubtedly have been interesting, perhaps even amusing.

EVIDENCE BEFORE THE COMMITTEE.

MEDICAL STAFF suggests that the evidence given before Lord Camperdown's Committee not being representative of the views of medical officers on army rank and title, copies of the Report on Relative Rank should be circulated to members of Parliament, with an attached slip summarising the question. He offers to bear part of the expense of such a circulation.

SLOWNESS OF PROMOTION.

A SURGEON-MAJOR (India) writes, protesting against the proposed increase of age service to Surgeons General; it would irrevocably block promotion. The first five Brigade Surgeons on the list have already thirty-one years' service each, with only the relative rank of lieutenant-colonel; and two out of the five, one of whom has served with much distinction, are on the point of being compelled to retire under the age clause. Surely it cannot be contended these gentlemen have been fortunate in promotion. Promotion in the senior executive ranks is indeed excessively slow.

THE COMMISSION REPORT.

X. writes: Your remarks on the report are so pertinent that they leave little to add, but there is one point I have not seen touched on, namely, the present system of allowing Surgeons-General to remain in that position in perpetuity, tempered only by senility. It was bad enough to see a Surgeon-General promoted soon after 50, remaining on till 60, but how much worse will it be if allowed to remain on till 62? Why should not the universal rule of the army be applied, namely, to make these five year appointments, or on completion of a certain age. Generals, Commissary Generals, and all staff officers have to vacate at the end of five years' tenure. Why should a Surgeon-General be the only man for whom an exception is made? The extension of the age to 62, if made universal, will press very heavily on a number of old officers, and they will never get their promotion in consequence.

The general feeling out here (India) is, that it would have been better to have left the age at 60, and to give power to the Commander-in-Chief, on the recommendation of the Director-General, in special cases, for the good of the service, to extend the age of any officer one or two years, provided always he was physically fit. The present Surgeon-General (Mr. Thomson) of I.M.F. in India, is a case in point, and it would be for the benefit of the Service if he were retained one or two years longer, but there are a good many other old gentlemen we could well spare to make way for younger men.

MILITARY TITLES.

SCRUTATOR says: While every one of the military medical officers examined by the Camperdown Committee were dissatisfied with the present condition of the Medical Staff, it is worthy of note that the older ones who had ceased to do executive duty before 1876, when the discipline of the Medical Staff Corps came into the hands of the medical officers, recommended compound titles. Whereas those who had had practical experience since that date, all recommended ordinary military status in a separate corps.

THE CAMPERDOWN AND MORLEY COMMITTEES.

LEX remarks: Contrast the evidence given by the same combatant persons before the two Committees. Defective discipline in the Medical Staff Corps was the theme before Lord Morley's Committee; but not a word about that before Lord Camperdown's. Why? Because any reference to it before the latter would have tended to show that due military status and titles were necessary for medical officers in carrying out their limited command. Verily, these cunning witnesses, if not candid, are wise in their silence!

down Commission, however, the evidence of one at least of the eminent military witnesses was so likely to give serious umbrage to medical officers generally, that it is hardly likely it will appear in full or with verbal exactness in the text of the published evidence. Such at least is the opinion freely expressed in army circles likely to be very well informed.

THE spirit of Junkerism in dealing with the medical service which has long been a source of complaint against the Horse Guards appears to have spread to Pall Mall, as might be gathered from the passages in Lord Wolseley's "Pocket Book," on which we lately commented, and some of the evidence before the Commission bore very strong evidence of the spread of this sentiment. Unless checked and held in restraint by considerations such as we have already put forward, the results on the comfort of the medical officer and his sense of self-respect are likely to be serious; and the first effect will be seen in the sympathetic refusal of the schools to furnish officers to be snubbed and looked down upon. The evidence and report will be awaited with great interest.

JUNKERISM.

PRO REGE, LEGE, GREGG writes: Your recent incisive memoranda on the subject of so-called "Junkerism" will go far to enlighten your civilian readers on the socio-military-medical situation, which just now threatens seriously to affect the relations of the army medical officer: none the less seriously because its development is due, more or less, to concerted action, the direct result of lofty inspiration.

There is, perhaps, a melancholy satisfaction attending the exhibition of the refined "boycottism" you allude to, in knowing that it is extended to all departmental officers.

The outcome of it in the case of the commissariat has been the concession of actual rank, inasmuch as it was found that no officers would enter and few remain in a position where an implied inferiority of social and military status was ever being forced on them.

In the Pay Department, many of whose officers have fought and bled for their country while in the "combatant" ranks, it is a sad outlook to find that the pursuit of light half-sovereigns, checking of travelling claims, and similar duties of their new career in the service, will for the future debar them from the society and the sympathy of those in whose company they have fought and bled.

In exemplification of the subject, as affecting the army medical officer, take the case of one, in his fourth decade of service, with a career undimmed by censure, the actual sharer of many a danger in many a clime and on many a hard-fought field, the recipient of honours, decorations, rewards, noted for his courtesy, bonhomie and tact, and of proved professional skill, deservedly a *persona grata* with all whom he may have to deal with, arriving at some large station as the representative of his new department. He receives no notice—nay, even no acknowledgment—whatever from the various military institutions and functionaries to whom he has, as in duty bound, accorded the recognised amenities of society.

Further, invited to a professional banquet, presided over by an eminent physician, the guests including many men of note, culture, and high degree, he attends clad in the distinctive garb of his rank rigidly prescribed for such occasions by regulation, and finds himself called on to speak to a toast, while seated several places below a very junior "combatant" officer, also wearing the insignia of his rank, and who was probably struggling with the tube of his feeding bottle when he—the "non-combatant," save the mark—was going into his first action with his battalion.

MEDICAL STAFF writes: The decision of the Committee on Rank and Title will naturally attract most attention. If the evidence given before the Committee pointed to all the conclusions on this subject, including the double title, why not publish it? Where are the large number of medical officers who would be displeased with a military title? Did not the famous analysis show that 80 per cent. desired substantive or honorary rank and titles? The dissent of the military members is probably the real cause for refusing military titles, because it would be displeasing to them. A warrant, framed on the report, will not be accepted as a final solution of medical grievances.

EXCHANGES.

A SURGEON-MAJOR draws attention to a recent circular in which great objection is taken to medical officers applying for an exchange after they have received orders of readiness for foreign service. It is understood it arose from an application of an officer to exchange when under orders for Egypt on what looked like active service. This naturally irritated the authorities. But, not content with promulgating the order, a local principal medical officer caps it with the following emphatic addition: "In future, exchanges (sic) will not be forwarded after the officers have received their orders." This is a practical prohibition of exchanges. Is the interpretation of this local functionary to supersede the regulations on exchanges?

I AM afraid, from all I hear, that the medical officers of the army will do well not to expect too much from the sittings of the Camperdown Commission. A very plain expression was given by several medical witnesses to the dissatisfaction now felt in the service at their present position in respect to rank, honours, and

other material considerations, but the attitude of the military authorities has been for the most part one of such uncompromising opposition that it will, it is feared, be very difficult, in view of the temper shown, for the Committee to arrange matters satisfactorily.

To many civilians these questions of rank, title, and precedence seem unimportant, and are sometimes even considered trivial, but those who are in contact with the actual facts all think very differently, and military society is regulated by such rigid conditions that what would in civil society be unimportant matters of social etiquette become in military circles distinct causes of annoyance and materially affect the self-respect and general consideration of the officers concerned. One or two instances may serve better than much argument. Two illustrative stories have been mentioned to me lately. One is *à propos* of the late visit of the Shah, who is again about to become our guest. On the occasion of a ceremonial military function at which he was present and in which all the officers of the command took part, the Surgeon-General of the district took his place in the preliminary proceedings in due order. Subsequently the whole party went to lunch, the Surgeon-General with the rest. On reaching the door of the luncheon-room he was asked for his ticket. He then learnt for the first time that tickets had been issued to the luncheon from the War Office, but that he had been omitted. Having no ticket to produce he was turned back and was placed in the unpleasant and humiliating position of marching away from the luncheon-room in the presence of his distinguished combatant colleagues of like and of inferior rank. Such incidents seem incredible, but this is a distinctly authenticated fact which was mentioned to me on the best authority with a natural feeling of soreness, not personal, but in respect to the slight put upon his service in the person of the distinguished officer who was the subject of it. He was, as I know an exceedingly popular officer, and the slight was in no sense personal. Again, an eminent member of the service mentioned to me as an illustration of the present position of the army medical officers and the social isolation due to the unsatisfactory official relations which they hold to the other officers of the service, that he lately asked a near relative in the Engineer Corps, "Who is your medical officer?" The answer was: "I really don't know, we never see him, and I have no idea who he is, and what his name is." Of course there was a surgeon attached to the barrack, but under existing circumstances the surgeon is not always made an honorary member of the mess. He does not meet therefore his military colleagues on the same social terms as they are accustomed to meet each other, and he is apt to be treated as altogether an outsider.

It is very noticeable and has been much remarked that in the recent state functions of Buckingham Palace the names of the most distinguished medical officers of the service are noticeable chiefly for their absence, while their brother officers attached to other departments abound. Quite recently at a military function at Windsor, the medical officer who had taken part in the proceedings had the annoyance of finding himself the only officer of his rank excluded from the social hospitalities following it, and returned to mess *solus cum solo*. Such instances as those which I have described above could only occur from the absence of adequate titular and substantive rank, which alone now in the army enables an officer to take place among his colleagues such as every gentleman in the service is entitled to take, and without which his position becomes most uncomfortable and often unendurable.

ENCOURAGED by the attitude of their military superiors, to which reference has recently been made in the review of Lord Wolseley's *Pocket Book*, and in the evidence known to have been given before Lord Camperdown's Commission, the black-balling of medical officers has been resumed at one, at least, of the military clubs. Two medical officers were last week black-balled at a well-known club solely by reason of their belonging to that department. A great deal of indignation is felt and expressed at this incident, which is by no means without precedent, but which, together with other things in relation to the service, will have to be dealt with very firmly by high authority if the efficiency and well-being of the army is to be promoted by the maintenance of the medical department in its position as a well organised contented department, officered by gentlemen of capacity and desert.

THE complete contrast between this state of things, the exceedingly satisfactory relations of the medical officers of the navy with their colleagues, is worth notice. It will not be contended that

LORD CAMPERDOWN'S COMMITTEE.

MEDICAL STAFF writes: The leading military journals seem unanimous that the chief recommendations should be embodied in a Royal Warrant, and that the Quixotic objections of the dissentients on rank and title should not be allowed to block the way towards some settlement. As an old officer, he thinks the designation "Royal Medical Staff" with the compound military medical titles would improve matters. With distinctive belts, lace, and uniform generally, he sees no occasion for a "Geneva" badge, which would be offensive to the majority, and is no longer worn by the quartermasters of the Medical Staff. Medical men, civil or military, do not require to be ticketed. If extra years are to be given to surgeons-general, will senior brigade-surgeons or deputies receive compensation for loss of promotion? He thinks the short service system advocated by Lord Camperdown and Mr. Macnamara should be tried. It would ultimately reduce the serious non-effective list. The numbers qualifying for retirement must be reduced. A check should be put upon the ill-regulated administration by which medical officers are hustled about within districts, to their own detriment and that of the service. The Medical Staff Corps wants reforming.

K. S. thinks the suggested titles of Royal Medical Staff or Royal Medical Staff Corps might be equally applied to the medical staff of some royal hospital. He thinks the only possible title is that of Royal Surgeons, which would have a close analogy to other royal corps, namely, Royal Artillery and Royal Engineers.

K. asks: Can nothing be done to stop the introduction of the new nomenclature? The new titles will never be understood by the people and never used. Why not give the only understandable military title, which would cost the State nothing? The retention of surgeons-general till 62 will but further crowd the retired list by men who see their way blocked. This will be the real outcome, not a reduction of the non-effective vote.

The title, which costs nothing, is just the one for which the opponents of medical organisation would rather pay any amount than give to medical officers.

SURGEON-MAJOR (retired) fully endorses the suggestion that retired officers should have the benefit of the new titles recommended by the Committee, especially brigade-surgeons and surgeons-major over twenty years' service. Their present titles mean nothing in civil life. All of us are under a debt of gratitude for your advocacy of our rights.

Mr. J. P. HUNT, Barrister (Lincoln's Inn) writes: In the JOURNAL of September 21st you are good enough to devote considerable space to the recommendations of the Camperdown Committee, and I am pleased to see the just rights, which I have never ceased to bring to the notice of the War Office and the public, form, one and all, recommendations on which the Committee are unanimous. So far as I understand the report, medical officers will now be permitted to reckon one year on half-pay, the result of ill-health caused in and by the service, towards promotion and retirement, as provided for in Article 71, Pay Warrant, 1884, which the Secretary of State for War then refused on the ground that medical officers were non-combatants, but which the recommendations of the Committee in paragraph 4 "Service" now strongly urge. "Admissions into the service," paragraph 7, recommends the abolition of the unjust precedence granted to the Indian and naval medical officers, and paragraph 8 will no longer permit the payment of medical officers in India at a lower rate than at home. These are substantial recommendations, and will remove much bitter feeling at present existing in the department, and prevent men who have done good service being passed over for promotion merely because their zeal had led them to sacrifice their health to the calls of duty.

LORD CAMPERDOWN'S COMMITTEE.

MEDICAL STAFF writes: From all one can learn, the present military influence at the Horse Guards is too powerful and hostile to permit concession of the just claims of army medical officers. Our course, however, is clear. We have through the Association formulated what we want; let us nail that flag to the mast, and take nothing less; and as it will involve no extra expense to the taxpayers, it will be granted in time, if not by the Government now in office, by their successors, or by some future Government. Compromises have been always the ruin of the medical service. Let us have all or nothing. If the medical schools, as in duty bound, point out to intending candidates the actual state of the question, I shall be much surprised if members of the profession will subject themselves to insults and vituperation which a small clique at the Horse Guards is now endeavouring to inflict on them.

THE RECOMMENDATIONS OF THE COMMITTEE.

X. writes that he doubts if these recommendations will be acceptable to medical officers, as they would leave them in the same hybrid position as heretofore. He does not think the witnesses examined before the Committee, and who gave evidence in favour of a double title, were altogether representative of the feeling of the department. As Brigade-Surgeons would simply be Surgeons-Lieutenant-Colonel, the same as all those over twenty years' service, it had been promoted. All promotion will be seriously retarded by the increased age allowed Surgeons-General, which will especially hit Brigade-Surgeons, who will be shelved at 55. He suggests that Deputies and Brigade-Surgeons should be classed together as Surgeons-Colonel, the former being on the staff, and the age retirement of Brigade-Surgeons increased. He has compared the ages of the fifty junior Colonels in the Army List with the fifty Brigade-Surgeons, and finds the former have the average age of 47 and the latter of 51.

"* There is a good deal to be said in favour of placing the Deputies and Brigade-Surgeons in one list, and it has been already suggested that the former should be called Surgeons-Colonel on the Staff.

LORD CAMPERDOWN'S COMMITTEE.

MEDICAL STAFF writes: We are stated not to require military rank because we belong to a profession of "dignity" and "eminence." But surely these high civil qualities ought to be the very reason for conferring an equally good status in the army. We cannot possess dignity and eminence and yet be unworthy. The truth is the talk of dignity in connection with the medical profession in this country is sheer humbug; else, how come it that none of its members are considered eligible for the peerage? We cannot live on mere impressions and expressions of greatness; let us have something tangible after these lip compliments.

THE RANK AND TITLES QUESTION.

PILGRIM writes that some eighteen months ago he advocated in the JOURNAL, on reasons of experience and sound policy, that medical officers should have pure military rank and titles in a "Corps of Royal Physicians." Every medical officer is a physician and hygienist as well as a surgeon, and his duties, in fact, are more connected with the former than the latter. He considers all compound titles outlandish; but, if such are to be, why not major-general-physician down to lieutenant-physician? The latter titles would be both accurate and expressive, and more acceptable to those chiefly concerned; at least, so he gathers in correspondence with some distinguished old medical officers, who approve of his suggestions. Sooner or later the authorities will be compelled to concede purely military rank and titles, and he hopes any present concessions may therefore be made with a good grace.

* * The French have hitherto used the term "médecin" in army medical titles, but somehow it does not commend itself to English ears. As that nation, however, have now given their army medical officers pure military rank and titles, with complete departmental autonomy, let it be hoped we in this country may soon follow their example. But we fear the compulsion our correspondent speaks of will be applied later rather than sooner, for it is certain that any and all concessions to our Army Medical Service will be most desperately resisted in certain quarters.

LORD CAMPERDOWN'S COMMITTEE.

EVIDENCE urges that Mr. Macnamara and Surgeon-General Halford should publish from their notes and memory a summary of the evidence given before the Committee, especially that of the principal military witnesses. He makes the suggestion under the impression that no principle of honour would thereby be involved. The public and the profession have a right to know the evidence upon which the department has been judged, and the grounds upon which decisions have been arrived at.

* * The action of Committees in publishing evidence must be collective, and under the sanction of the Minister to whom they make their report; individual members can only record dissents officially, not in a private capacity. At the same time, the evidence in question would undoubtedly have been interesting, perhaps even amusing.

EVIDENCE BEFORE THE COMMITTEE.

MEDICAL STAFF suggests that, the evidence given before Lord Camperdown's Committee not being representative of the views of medical officers on army rank and title, copies of the Report on Relative Rank should be circulated to members of Parliament, with an attached slip summarising the question. He offers to bear part of the expense of such a circulation.

SLOWNESS OF PROMOTION.

A SURGEON-MAJOR (India) writes, protesting against the proposed increase of age service to Surgeons-General; it would irrevocably block promotion. The first five Brigade Surgeons on the list have already thirty-one years' service each, with only the relative rank of lieutenant-colonel; and two out of the five, one of whom has served with much distinction, are on the point of being compelled to retire under the age clause. Surely it cannot be contended these gentlemen have been fortunate in promotion. Promotion in the senior executive ranks is indeed excessively slow.

THE COMMISSION REPORT.

X. writes: Your remarks on the report are so pertinent that they leave little to add, but there is one point I have not seen touched on, namely, the present system of allowing Surgeons-General to remain in that position in perpetuity, tempered only by senility. It was bad enough to see a Surgeon-General promoted soon after 50, remaining on till 60, but how much worse will it be if allowed to remain on till 62? Why should not the universal rule of the army be applied, namely, to make these five year appointments, or on completion of a certain age. Generals, Commissary Generals, and all staff officers have to vacate at the end of five years' tenure. Why should a Surgeon-General be the only man for whom an exception is made? The extension of the age to 62, if made universal, will press very heavily on a number of old officers, and they will never get their promotion in consequence.

The general feeling out here (India) is, that it would have been better to have left the age at 60, and to give power to the Commander-in-Chief, on the recommendation of the Director-General, in special cases, for the good of the service, to extend the age of any officer one or two years, provided always he was physically fit. The present Surgeon-General (Mr. Thomson) of H.M.F. in India is a case in point, and it would be for the benefit of the Service if he were retained one or two years longer, but there are a good many other old gentlemen we could well spare to make way for younger men.

MILITARY TITLES.

SCRUTATOR says: While every one of the military medical officers examined by the Camperdown Committee were dissatisfied with the present condition of the Medical Staff, it is worthy of note that the older ones who had ceased to do executive duty before 1879, when the discipline of the Medical Staff Corps came into the hands of the medical officers, recommended compound titles. Whereas those who had had practical experience since that date, all recommended ordinary military status in a separate corps.

THE CAMPERDOWN AND MORLEY COMMITTEES.

LEX remarks: Contrast the evidence given by the same combatant persons before the two Committees. Defective discipline in the Medical Staff Corps was the theme before Lord Morley's Committee; but not a word about that before Lord Camperdown's. Why? Because any reference to it before the latter would have tended to show that due military status and titles were necessary for medical officers in carrying out their limited command. Verily, these cunning witnesses, if not candid, are wise in their silence!

down Commission, however, the evidence of one at least of the eminent military witnesses was so likely to give serious umbrage to medical officers generally, that it is hardly likely it will appear in full or with verbal exactness in the text of the published evidence. Such at least is the opinion freely expressed in army circles likely to be very well informed.

THE spirit of Junkerism in dealing with the medical service which has long been a source of complaint against the Horse Guards appears to have spread to Pall Mall, as might be gathered from the passages in Lord Wolsley's "Pocket Book," on which we lately commented, and some of the evidence before the Commission bore very strong evidence of the spread of this sentiment. Unless checked and held in restraint by considerations such as we have already put forward, the results on the comfort of the medical officer and his sense of self-respect are likely to be serious; and the first effect will be seen in the sympathetic refusal of the schools to furnish officers to be snubbed and looked down upon. The evidence and report will be awaited with great interest.

JUNKERISM.

PRO REGE, LEGE, GREGE writes: Your recent incisive memoranda on the subject of so-called "Junkerism" will go far to enlighten your civilian readers on the socio-military-medical situation, which just now threatens seriously to affect the relations of the army medical officer: none the less seriously because its development is due, more or less, to concerted action, the direct result of lofty inspiration.

There is, perhaps, a melancholy satisfaction attending the exhibition of the refined "boycottism" you allude to, in knowing that it is extended to all departmental officers.

The outcome of it in the case of the commissariat has been the concession of actual rank, inasmuch as it was found that no officers would enter and few remain in a position where an implied inferiority of social and military status was ever being forced on them.

In the Pay Department, many of whose officers have fought and bled for their country while in the "combatant" ranks, it is a sad outlook to find that the pursuit of light half-sovereigns, checking of travelling claims, and similar duties of their new career in the service, will for the future debar them from the society and the sympathy of those in whose company they have fought and bled.

In exemplification of the subject, as affecting the army medical officer, take the case of one, in his fourth decade of service, with a career undimmed by censure, the actual sharer of many a danger in many a clime and on many a hard-fought field, the recipient of honours, decorations, rewards, noted for his courtesy, besonnet, and tact, and of proved professional skill, deservedly a *persona grata* with all whom he may have to deal with, arriving at some large station as the representative of his new department. He receives no notice—nay, even no acknowledgment—whatever from the various military institutions and functionaries to whom he has, as in duty bound, accorded the recognised amenities of society.

Further, invited to a professional banquet, presided over by an eminent physician, the guests including many men of note, culture, and high degree, he attends clad in the distinctive garb of his rank rigidly prescribed for such occasions by regulation, and finds himself called on to speak to a toast, while seated several places below a very junior "combatant" officer, also wearing the insignia of his rank, and who was probably struggling with the tube of his feeding bottle when he—the "non-combatant," save the mark—was going into his first action with his battalion.

MEDICAL STAFF writes: The decision of the Committee on Rank and Title will naturally attract most attention. If the evidence given before the Committee pointed to all the conclusions on this subject, including the double title, why not publish it? Where are the large number of medical officers who would be displeased with a military title? Did not the famous analysis show that 80 per cent. desired substantive or honorary rank and titles? The dissent of the military members is probably the real cause for refusing military titles, because it would be displeasing to them. A warrant, framed on the report, will not be accepted as a final solution of medical grievances.

EXCHANGES.

A SURGEON-MAJOR draws attention to a recent circular in which great objection is taken to medical officers applying for an exchange after they have received orders of readiness for foreign service. It is understood it arose from an application of an officer to exchange when under orders for Egypt on what looked like active service. This naturally irritated the authorities. But, not content with promulgating the order, a local principal medical officer caps it with the following emphatic addition: "In future, exchanges (sic) will not be forwarded after the officers have received their orders." This is a practical prohibition of exchanges. Is the interpretation of this local functionary to supersede the regulations on exchanges?

I AM afraid, from all I hear, that the medical officers of the army will do well not to expect too much from the sittings of the Camperdown Commission. A very plain expression was given by several medical witnesses to the dissatisfaction now felt in the service at their present position in respect to rank, honours, and

medical officers of the army are at all deserving of less courtesy, social consideration, and less generous official recognition than the officers of the navy; but in the one case the satisfactory position accorded to them has not been tampered with by repeated changes of warrant, while in the other (the army), no sooner has a satisfactory arrangement been come to than its effects are destroyed by some subsequent measure of revocation or annulment. Most of the questions at issue do not involve financial considerations, but seem to depend mainly upon an unhappy spirit, which we have ventured to describe as Junkerism, which has for some time been gaining the upper hand in the military departments in their treatment of medical officers, and which threatens to lead to very unsatisfactory consequences. The facts have been placed pretty clearly before Lord Camperdown's Committee, and, as the report has not yet been completed or considered, it may be hoped that some steps will be taken by the Committee which will lead to a happy conclusion to a very disagreeable state of things.

It will be noticed that the answer to the Secretary of State for War to a question from Dr. Farquharson in the House of Commons leaves much reason to doubt whether the Government will have the courage to print the evidence which has been given before Lord Camperdown's Committee. It is of the highest importance in the interests of the whole department that the evidence should be printed, and we hope that any doubts on the subject which Mr. Stanhope may entertain will be removed by further consideration, and, in any case, that a strong effort will be made to secure the printing of this evidence.

MASSAGE BATHS AT BATH.

THE City of Bath was *en fête* last Thursday, on the occasion of the opening of a new series of baths by H.R.H. the Duchess of Albany, who took the place of H.R.H. the Princess Louise, who was prevented by indisposition from attending. These baths not only provide accommodation which was felt to be needed, in addition to the famous hot mineral baths, which date back, as is well known, to Roman times, but the new erection includes methods of utilizing the thermal waters by means of the most modern appliances, such as those which have done so much to create the fame of Aix-les-Bains and other Continental spas. A sum of £25,000 has been wisely expended by the corporation, and in the new building, which is highly ornate from the architectural point of view, are to be found a complete set of bath-rooms. On the basement are five reclining baths, a massage bath, and a Berthollet vapour bath. On the floor above, to which a broad staircase ascends, is found a cooling-room of ample dimensions and handsomely furnished. In close contiguity are two douches, as at Aix-les-Bains, and apartments fitted with apparatus for atomising the thermal waters, and inhalation sprays. There are three reclining and two deep baths, with dressing-rooms, a needle-douche and lavement supplied with hot and cold douches, sprays, and a combined vapour and douche bath. The hot-air bath can be warmed with dry heat to 150°, or with a moist air to about 114°, while all necessary apparatus are provided for treating diseases of the throat, nose, and eyes, by means of vapour and water.

A special train from London conveyed several hundred guests, among whom were a great number of leading medical men, including Drs. Pavy, Broadbent, Douglas Powell, Radcliffe, Harley, Morris, Bastian, Burney Yeo, S. Mackenzie, Brodie Sewell, MacLagan, Sir W. MacCormac, Sir Charles Cameron, R. Crocker, Edis, Macpherson, Myers, Coupland, Carter, and many others. Dr. Peel Ritchie (President of the Royal College of Physicians, Edinburgh), Mr. Lawson Tait (Birmingham), Dr. Whipple (Plymouth), Dr. Jowers (Brighton), Dr. Spencer (St. Leonards-on-Sea), Dr. Fortescue Fox (Strathpeffer), Dr. Dolan (Halifax), Mr. Wheeler (Dublin), Mr. Teale (Scarborough), and Dr. Maurice (Reading), were also present.

The town was gaily decorated. There were the usual celebrations, speeches, and public statements. The profession from Bath, Bristol, and Clifton were very largely represented. The whole proceedings were of an unusually important character, and in every way worthy of an occasion of considerable public as well as local interest.

The example set by Bath of completing on so liberal a scale the necessary appliances for the curative use of thermal waters according to the latest data of medical knowledge is of happy augury not only for the future of this great therapeutic centre, but also as a further step towards the amelioration of the conditions of life and the

SATURDAY, AUGUST 31st, 1889.

THE REPORT OF LORD CAMPERDOWN'S COMMITTEE.

In another part we give a condensed summary of this anxiously looked for Report, in which the chief points of interest are set forth, for the benefit of those of our readers who may not be able to peruse the full text.

It might be rash to assume that the recommendations submitted by the Committee to the Secretary of State for War will be wholly approved or accepted by any large body of the medical officers; yet we think the majority will consider them on the whole quite as favourable as could have been looked for. However fair-minded and impartial the members of the Committee were well known to be, it was nevertheless felt that the majority of them had no particular interest in, much less leaning towards, medical officers. The Parliamentary members, it was expected, would be likely to view the questions submitted mainly as economists, while the naval and military combatant members would hardly suddenly divest themselves of their traditional and customary attitude towards medical officers. It is satisfactory, then, to find the claims and contentions of the medical officers practically admitted in the body of the Report; but that must, at the same time, be read in connection with some serious "dissents" at the end, in which these claims are absolutely traversed in very important particulars.

In a preliminary article it would be impossible exhaustively to analyse the various matters in the Report and recommendations, so we can only now notice a few more salient points.

It is stated in Mr. Stanhope's Instructions to the Committee that the contention of the War Office has always been that it (the abolition of relative rank) made no practical difference to medical officers; from which we infer the late agitation concerning it was held officially to spring from mistaken sentiment. We by no means allow such a contention, though we readily admit that sentiment was a factor. We have said before, and now repeat, that sentiment is the very life breath of an army, and can no more be ignored among medical than any other class of officers. Around it centres *esprit de corps*, sense of discipline, and all the cardinal military virtues. It is around questions of rank and title that sentiment was supposed to revolve; but in addition to these the Committee had also to

report upon the sadly prosaic and thoroughly practical matters of pay, retirement, and conditions of service.

At the outset they report that the rates of pay and retirement fixed in 1879 have been found adequate, but not more than necessary; and they see no way whatever of reducing them. We hope this will satisfy the economists pure and simple, and bring home to them the fact that high-classed medical, like other labour, commands its price in the market. They admit with sorrow that the non-effective vote must always be proportionately heavy, but how to keep it down is beset with great difficulty. To extend the period of retirement to twenty-five years would scarcely alter the total of the medical vote, and they are therefore unwilling, without very strong reasons, to recommend any alterations in the conditions of service which were laid down in 1879.

As regards rank and title, they admit that the abolition of relative rank enabled the medical officers to say, with "a certain amount of logical correctness," that they now had no army rank at all. That is an important admission. They think the grievance of medical officers originated in great part from the abolition of the regimental system. Therein they are more or less right, for it was when cast loose from regimental ties that the medical officers felt the want of real independent army status. They consider the majority of medical officers would prefer, and they therefore recommend, a compound title, commencing with Surgeon-Lieutenant and ending with Surgeon-General; the title of Deputy Surgeon-General would be merged in that of Surgeon-Colonel; relative rank to be practically restored, and the whole body to be called "The Royal Medical Staff." We are far from saying these new titles will satisfy the bulk of the younger officers, but we must admit they are a distinct advance on the present unmeaning and misleading titles. As such, we think they should be accepted. Although departmental, they undoubtedly express the holder's equivalent military rank. The Committee recommend that there should be no ambiguity in the Regulations regarding the rank of medical officers, which should be explicitly stated therein, as well as in Commissions.

They condemn the frequent moving about to which medical officers have been subjected, and think such cannot be inherent in the station hospital system, but rather the result of ill-regulated administration.

They explicitly point out that a continuous tour of foreign service should not exceed five years. We sincerely trust this will be acted upon. The heavy mortality in the department can be clearly traced to the never-ending strain of duty, combined with the trying tropical foreign service, which it would be positively cruel to increase.

They condemn the indiscriminate filling up of home appointments by retired-pay officers, as tending to intensify and prolong the already exhausting tours of foreign service for those on the active list.

They recognise the gross absurdity and injustice of not extending the advantages of Home Warrants to India, where such a large proportion of the medical officers are constantly employed. They recommend the abolition of examinations for promotion, except that between Surgeon and Surgeon-Major. We are heartily glad of this; the examination for Brigade-Surgeon had become a byword and an absurdity. They think

it inadvisable to introduce a short-service system into the medical department, as tending to place the army almost permanently in the hands of medical officers of the least experience. They have no alterations to suggest regarding the Naval Medical Service, which they say is in a satisfactory and contented condition.

Mr. Stanhope would have a comparatively easy task before him if he had had only the body of the Report to consider, which doubtless is the finding of the majority of the Committee; but at several points powerful dissents come in.

About retirement Mr. Bartley does not think the Report goes far enough; and even questions the accuracy of the actuarial reports on the effect of the extension of voluntary retirement to twenty-five years. He would abolish the right to retire after twenty years, and even for future appointments would extend the period to thirty years, or 55 years of age. This is, of course, the view of the pure economist, who looks only at the money side of the question, without thought of efficiency, or whether medical men will accept the hard terms he would give them.

THE CORPS OF ROYAL ENGINEERS.

On April 25, 1787, a King's Warrant was issued conferring the title of "Royal" to the then existing Corps of Engineers. This grant only ratified and officially recognised a prefix which had for some years been either assumed by the Corps or given to it as a matter of courtesy, for we find in the Army List for 1778 the heading of "The Corps of Royal Engineers." It is an error somewhat popular amongst such of us as have not made its history a study to talk of April 25, 1887, as its Centenary, whereas it is, in fact, nothing more than that of its officially receiving the prefix of "Royal."

To trace the actual date of the birth of the Corps is somewhat difficult. Engineers existed as such, more or less, from the earliest times. Indeed, in the Roman armies every soldier was an Engineer, and performed, as a matter of course, duties which are now relegated to that branch of the service. In later times, as war became more and more scientific, a body of men gradually arose who made that branch of military duty their especial study, and who, though ordinarily serving with troops, were from time to time appointed to take charge of the Engineering department.

Prior to the invention of gunpowder these Engineers were the sole representatives of the scientific element in war. To them appertained not only the fortification of towns, the entrenching of camps, the bridging of rivers, and other cognate duties, but also the construction and working of the military engines, which in those days were the fore-runners of the cannon of later times. The introduction of gunpowder led to a considerable change. The science of gunnery, elementary as it seems to our modern notions, became a study by itself, and we find Engineers gradually turning their attention to that branch and many of them developing into Artillerymen. Thus, although there was no such complete division in the scientific corps as has of later years taken place, we find Artillerymen and Engineers taking up distinct and separate duties. In those days Engineers as such, and as distinguished from Artillerymen, appear in a twofold capacity: first, those who were attached to the general staff of the army to aid in all matters connected with their own branch of duty; and, secondly, those who formed part of the trains of artillery which were created as a separate portion of the army, doing duty with them not as Artillerymen but as Engineers.

As a specimen of the former class we may take the force raised under the Royal Warrant of 1620. This was issued for the purpose of creating an army of 30,000 men for the recovery and protection of the Palatinate, and in it were included the following appointments, all more or less connected with Engineering duties, viz.:—

6 Engineers for Fortification	at 6s. 8d. per diem each.
1 Clerk and 3 Conductors of the Works	" 2s. 6d. "
3 Conductors of Pioneers of Works	" 1s. 6d. "
2 Chief Petardiers	" 6s. 8d. "
3 Captains of Pioneers	" 4s. "
3 Lieutenants of Pioneers	" 2s. "

As a specimen of the second class let us take the following from "A List of the Train of Artillery under John Earle of Peterborough, General of the Ordnance," at a slightly later date:—

1 Engineer, and 6 other Engineers as Assistants, 3 Captains of Pioneers, 3 Lieutenants of Pioneers, 1 Bridge-master, 1 Assistant Bridge-master.

The duties of these Train Engineers are thus defined by Digges in his "Stratagicoes":—

"Pioneers to make ready the way for his carriages, and to entrench the place in the Campe that shall be assigned for the munition."

In this number of the ROYAL ENGINEERS JOURNAL there appears a plate entitled "A View of the most Material Instruments used in Fortification and Gunnery." This gives us a very good representation of the state of the science of Engineering about the middle of the seventeenth century, and it will be observed that the two branches of scientific warfare, the Artillery and the Engineer, are intimately blended therein.

Such, then, was the position of the Engineer at the close of the seventeenth century; but it would be in vain to look in those days for anything like an organised Corps, consisting of men who had entered the service and had passed from grade to grade always as Engineers. Indeed, there was then no such thing as a standing army. It is true that Charles II. had maintained a body of guards of about 5,000 men at his own cost for the purpose of garrisoning certain stations in Great Britain, which force was largely increased under James II.; but no Engineers were ever attached to these troops. It was not until after the passing of the Bill of Rights in 1689 that a permanent Parliamentary army was formed, and this step was soon followed by the appointment of a certain number of Engineers as a necessary accessory to it. Even then they appear only to have existed as a part of the Train of Artillery, with the exception of a few who held the titles either of Chief, Second, or Third Engineers, and who were attached to the general staff of the army. The rank of Chief Engineer seems to have been created long before these days, as we find Thomas Rudd holding that post as far back as 1627.

In the year 1715 complaints were made by the then existing Engineers that their numbers were too few and their salaries too small. At that time they consisted of the following, viz.:—

1 Chief Engineer with a salary of 300l.	
N.B.—This officer's salary in 1683 had been 800l. It is to be presumed that the economies consequent on the peace of Ryswick had caused the reduction.	
1 Second Engineer at 250l.	
1 Third " " 150l.	
11 Engineers " 100l. each.	
4 Sub-Engineers " 50l. "	

The Master-General and Board of Ordnance having investigated the complaint, submitted a scheme for its remedy which was sanctioned by Royal Warrant dated May 26, 1716. This Warrant created new ranks and increased both numbers and pay as follows:—

1 Chief Engineer	at 27s. 6d. per diem.
3 Directors	" 20l. " each.
6 Engineers in Ordinary	" 12s. " "
6 Engineers Extraordinary	" 8s. " "
6 Sub-Engineers	" 5s. " "
6 Practitioner Engineers	" 3s. " "

I think that we may take the date of this Warrant as the real creation of the Corps as a Corps, and I trust that those of our number who may be alive on May 26, 1916, will celebrate our Bicentenary with all befitting honours. It may be worthy of record that at this auspicious time John Armstrong was our Chief Engineer, he having received the appointment in 1714.

Four years later—viz. in 1720—another Warrant was issued, creating the rank of Sub-Director, of whom four were appointed with pay of 15s., that of the Engineers in Ordinary being reduced to 10s., Extraordinary to 6s., and Sub-Engineers to 4s.

The Corps remained without important change until the year 1757, when relative military rank was given to it by Royal Warrant, dated May 14, as follows:—Chief Engineer as Colonel, Director as Lieutenant-Colonel, Sub-Director as Major, Engineer in Ordinary as Captain, Engineer Extraordinary as Captain-Lieutenant, Sub-Engineer as Lieutenant, Practitioner Engineer as Ensign. The two titles were coupled thus: "Director and Lieutenant-Colonel Archibald Patoun."

The number of the Corps was on this occasion fixed at 50. This was by Warrant of March 3, 1759, increased to 61, and for the first time we find a kind of foreign extra pay recognised—viz.:—

Director and Sub-Director	at 5s. per diem.
Engineer in Ordinary	" 2s. 6d. "
And the other ranks	" 2s. "

In 1782 a new Warrant was issued abolishing the relative rank for all grades below that of Engineer-in-Chief, and bestowing a military rank only. In this Warrant the number and pay stand as under:—

1 Engineer-in-Chief	at 44s. per diem.
6 Colonels	" 17s. " each.
6 Lieutenant-Colonels	" 15s. " "
9 Captains	" 10s. " "
9 Captain-Lieutenants	" 6s. " "
22 First Lieutenants	" 4s. 8d. " "
22 Second Lieutenants	" 4s. " "

In 1784 yet another Warrant appeared, laying down a

from which
which
red of
to be
also

remember

otion of
bject in
y to the
needed

r in the
1 differ-
tion is,
cussion
simply
a junior
h is the
ows the
are just
iter all

rement of
the would
of the
sure of
ments
will be
late;
other

the great
as witness
bury, and
it officers,
of that
ly should
explain
medical
brother
on active
nistrative
ipulating
until close
eased age
physical
pariment
at if the
d all our
ere dead
continue
to bring
ill seems
surgeons
the sum-
m which
d simply

India, is
mission be
the in-
be army,
of these
are not
non-effec-
tively
y and, to

1 Increase
will shut
affect the
increase of
promotion
of every
ture will
initialised
career in
lacement

SATURDAY, AUGUST 31st, 1889.

THE REPORT OF LORD CAMPERDOWN'S COMMITTEE.

In another part we give a condensed summary of this anxiously looked for Report, in which the chief points of interest are set forth, for the benefit of those of our readers who may not be able to peruse the full text.

It might be rash to assume that the recommendations submitted by the Committee to the Secretary of State for War will be wholly approved or accepted by any large body of the medical officers; yet we think the majority will consider them on the whole quite as favourable as could have been looked for. However fair-minded and impartial the members of the Committee were well known to be, it was nevertheless felt that the majority of them had no particular interest in, much less leaning towards, medical officers. The Parliamentary members, it was expected, would be likely to view the questions submitted mainly as economists, while the naval and military combatant members would hardly suddenly divest themselves of their traditional and customary attitude towards medical officers. It is satisfactory, then, to find the claims and contentions of the medical officers practically admitted in the body of the Report; but that must, at the same time, be read in connection with some serious "dissents" at the end, in which these claims are absolutely traversed in very important particulars.

In a preliminary article it would be impossible exhaustively to analyse the various matters in the Report and recommendations, so we can only now notice a few more salient points.

It is stated in Mr. Stanhope's Instructions to the Committee that the contention of the War Office has always been that it (the abolition of relative rank) made no practical difference to medical officers; from which we infer the late agitation concerning it was held officially to spring from mistaken sentiment. We by no means allow such a contention, though we readily admit that sentiment was a factor. We have said before, and now repeat, that sentiment is the very life breath of an army, and can no more be ignored among medical than any other class of officers. Around it centres *esprit de corps*, sense of discipline, and all the cardinal military virtues. It is around questions of rank and title that sentiment was supposed to revolve; but in addition to these the Committee had also to

report upon the sadly prosaic and thoroughly practical matters of pay, retirement, and conditions of service.

At the outset they report that the rates of pay and retirement fixed in 1879 have been found adequate, but not more than necessary; and they see no way whatever of reducing them. We hope this will satisfy the economists pure and simple, and bring home to them the fact that high-classed medical, like other labour, commands its price in the market. They admit with sorrow that the non-effective vote must always be proportionately heavy, but how to keep it down is beset with great difficulty. To extend the period of retirement to twenty-five years would scarcely alter the total of the medical vote, and they are therefore unwilling, without very strong reasons, to recommend any alterations in the conditions of service which were laid down in 1879.

As regards rank and title, they admit that the abolition of relative rank enabled the medical officers to say, with "a certain amount of logical correctness," that they now had no army rank at all. That is an important admission. They think the grievance of medical officers originated in great part from the abolition of the regimental system. Therein they are more or less right, for it was when cast loose from regimental ties that the medical officers felt the want of real independent army status. They consider the majority of medical officers would prefer, and they therefore recommend, a compound title, commencing with Surgeon-Lieutenant and ending with Surgeon-General; the title of Deputy Surgeon-General would be merged in that of Surgeon-Colonel; relative rank to be practically restored, and the whole body to be called "The Royal Medical Staff." We are far from saying these new titles will satisfy the bulk of the younger officers, but we must admit they are a distinct advance on the present unmeaning and misleading titles. As such, we think they should be accepted. Although departmental, they undoubtedly express the holder's equivalent military rank. The Committee recommend that there should be no ambiguity in the Regulations regarding the rank of medical officers, which should be explicitly stated therein, as well as in Commissions.

They condemn the frequent moving about to which medical officers have been subjected, and think such cannot be inherent in the station hospital system, but rather the result of ill-regulated administration.

They explicitly point out that a continuous tour of foreign service should not exceed five years. We sincerely trust this will be acted upon. The heavy mortality in the department can be clearly traced to the never-ending strain of duty, combined with the trying tropical foreign service, which it would be positively cruel to increase.

They condemn the indiscriminate filling up of home appointments by retired-pay officers, as tending to intensify and prolong the already exhausting tours of foreign service for those on the active list.

They recognise the gross absurdity and injustice of not extending the advantages of Home Warrants to India, where such a large proportion of the medical officers are constantly employed. They recommend the abolition of examinations for promotion, except that between Surgeon and Surgeon-Major. We are heartily glad of this; the examination for Brigade-Surgeon had become a byword and an absurdity. They think

it inadvisable to introduce a short-service system into the medical department, as tending to place the army almost permanently in the hands of medical officers of the least experience. They have no alterations to suggest regarding the Naval Medical Service, which they say is in a satisfactory and contented condition.

Mr. Stanhope would have a comparatively easy task before him if he had had only the body of the Report to consider, which doubtless is the finding of the majority of the Committee; but at several points powerful dissents come in.

About retirement Mr. Bartley does not think the Report goes far enough; and even questions the accuracy of the actuarial reports on the effect of the extension of voluntary retirement to twenty-five years. He would abolish the right to retire after twenty years, and even for future appointments would extend the period to thirty years, or 55 years of age. This is, of course, the view of the pure economist, who looks only at the money side of the question, without thought of efficiency, or whether medical men will accept the hard terms he would give them.

THE ROYAL ENGINEERS JOURNAL.

FRIDAY, APRIL 1, 1887.

THE CORPS OF ROYAL ENGINEERS.

ON April 25, 1787, a King's Warrant was issued conferring the title of "Royal" to the then existing Corps of Engineers. This grant only ratified and officially recognised a prefix which had for some years been either assumed by the Corps or given to it as a matter of courtesy, for we find in the Army List for 1778 the heading of "The Corps of Royal Engineers." It is an error somewhat popular amongst such of us as have not made its history a study to talk of April 25, 1887, as its Centenary, whereas it is, in fact, nothing more than that of its officially receiving the prefix of "Royal."

To trace the actual date of the birth of the Corps is somewhat difficult. Engineers existed as such, more or less, from the earliest times. Indeed, in the Roman armies every soldier was an Engineer, and performed, as a matter of course, duties which are now relegated to that branch of the service. In later times, as war became more and more scientific, a body of men gradually arose who made that branch of military duty their especial study, and who, though ordinarily serving with troops, were from time to time appointed to take charge of the Engineering department.

Prior to the invention of gunpowder these Engineers were the sole representatives of the scientific element in war. To them appertained not only the fortification of towns, the entrenching of camps, the bridging of rivers, and other cognate duties, but also the construction and working of the military engines, which in those days were the forerunners of the cannon of later times. The introduction of gunpowder led to a considerable change. The science of gunnery, elementary as it seems to our modern notions, became a study by itself, and we find Engineers gradually turning their attention to that branch and many of them developing into Artillerymen. Thus, although there was no such complete division in the scientific corps as has of later years taken place, we find Artillerymen and Engineers taking up distinct and separate duties. In those days Engineers as such, and as distinguished from Artillerymen, appear in a twofold capacity: first, those who were attached to the general staff of the army to aid in all matters connected with their own branch of duty; and, secondly, those who formed part of the trains of artillery which were created as a separate portion of the army, doing duty with them not as Artillerymen but as Engineers.

As a specimen of the former class we may take the force raised under the Royal Warrant of 1620. This was issued for the purpose of creating an army of 30,000 men for the recovery and protection of the Palatinate, and in it were included the following appointments, all more or less connected with Engineering duties, viz.:-

6 Engineers for Fortification	at 6s. 8d. per diem each.
1 Clerk and 3 Conductors of the Works	" 2s. 6d. "
3 Conductors of Pioneers of Works	" 1s. 6d. "
2 Chief Petardiers	" 6s. 8d. "
3 Captains of Pioneers	" 4s. "
3 Lieutenants of Pioneers	" 2s. "

As a specimen of the second class let us take the following from "A List of the Train of Artillery under John Earle of Peterborough, General of the Ordnance," at a slightly later date:-

1 Engineer, and 6 other Engineers as Assistants, 3 Captains of Pioneers, 3 Lieutenants of Pioneers, 1 Bridg-master, 1 Assistant Bridge-master.

The duties of these Train Engineers are thus defined by Digges in his "Stratagems":-

"Pioneers to make ready the way for his carriages, and to entrench the place in the Campe that shall be assigned for the munition."

In this number of the ROYAL ENGINEERS JOURNAL there appears a plate entitled "A View of the most Material Instruments used in Fortification and Gunnery." This gives us a very good representation of the state of the science of Engineering about the middle of the seventeenth century, and it will be observed that the two branches of scientific warfare, the Artillery and the Engineer, are intimately blended therein.

Such, then, was the position of the Engineer at the close of the seventeenth century; but it would be in vain to look in those days for anything like an organised Corps, consisting of men who had entered the service and had passed from grade to grade always as Engineers. Indeed, there was then no such thing as a standing army. It is true that Charles II. had maintained a body of guards of about 5,000 men at his own cost for the purpose of garrisoning certain stations in Great Britain, which force was largely increased under James II.; but no Engineers were ever attached to these troops. It was not until after the passing of the Bill of Rights in 1689 that a permanent Parliamentary army was formed, and this step was soon followed by the appointment of a certain number of Engineers as a necessary accessory to it. Even then they appear only to have existed as a part of the Train of Artillery, with the exception of a few who held the titles either of Chief, Second, or Third Engineers, and who were attached to the general staff of the army. The rank of Chief Engineer seems to have been created long before these days, as we find Thomas Rudd holding that post as far back as 1627.

In the year 1715 complaints were made by the then existing Engineers that their numbers were too few and their salaries too small. At that time they consisted of the following, viz.:-

1 Chief Engineer with a salary of 300*l*.

N.B.—This officer's salary in 1683 had been 800*l*. It is to be presumed that the economies consequent on the peace of Ryswick had caused the reduction.

1 Second Engineer	at 250 <i>l</i> .
1 Third	" 150 <i>l</i> .
11 Engineers	" 100 <i>l</i> . each.
4 Sub-Engineers	" 50 <i>l</i> . "

The Master-General and Board of Ordnance having investigated the complaint, submitted a scheme for its remedy which was sanctioned by Royal Warrant dated May 26, 1716. This Warrant created new ranks and increased both numbers and pay as follows:-

1 Chief Engineer	at 27 <i>l</i> . 6 <i>s</i> . per diem.
3 Directors	" 20 <i>l</i> . " each.
6 Engineers in Ordinary	" 12 <i>l</i> . " "
6 Engineers Extraordinary	" 8 <i>l</i> . " "
6 Sub-Engineers	" 5 <i>l</i> . " "
6 Practitioner Engineers	" 3 <i>l</i> . " "

I think that we may take the date of this Warrant as the real creation of the Corps as a Corps, and I trust that those of our number who may be alive on May 26, 1916, will celebrate our Bicentenary with all befitting honours. It may be worthy of record that at this auspicious time John Armstrong was our Chief Engineer, he having received the appointment in 1714.

Four years later—viz. in 1720—another Warrant was issued, creating the rank of Sub-Director, of whom four were appointed with pay of 15*l*., that of the Engineers in Ordinary being reduced to 10*l*., Extraordinary to 6*l*., and Sub-Engineers to 4*l*.

The Corps remained without important change until the year 1757, when relative military rank was given to it by Royal Warrant, dated May 14, as follows:-Chief Engineer as Colonel, Director as Lieutenant-Colonel, Sub-Director as Major, Engineer in Ordinary as Captain, Engineer Extraordinary as Captain-Lieutenant, Sub-Engineer as Lieutenant, Practitioner Engineer as Ensign. The two titles were coupled thus: "Director and Lieutenant-Colonel Archibald Patoun."

The number of the Corps was on this occasion fixed at 50. This was by Warrant of March 3, 1759, increased to 61, and for the first time we find a kind of foreign extra pay recognised—viz.:-

Director and Sub-Director	at 5 <i>l</i> . per diem.
Engineer in Ordinary	" 2 <i>l</i> . 6 <i>s</i> . "
And the other ranks	" 2 <i>l</i> . "

In 1782 a new Warrant was issued abolishing the relative rank for all grades below that of Engineer-in-Chief, and bestowing a military rank only. In this Warrant the number and pay stand as under:-

1 Engineer-in-Chief	at 44 <i>l</i> . per diem.
6 Colonels	" 17 <i>l</i> . " each.
6 Lieutenant-Colonels	" 15 <i>l</i> . " "
9 Captains	" 10 <i>l</i> . " "
9 Captain-Lieutenants	" 6 <i>l</i> . " "
22 First Lieutenants	" 4 <i>l</i> . 8 <i>s</i> . " "
22 Second Lieutenants	" 4 <i>l</i> . " "

In 1784 yet another Warrant appeared, laying down a

scale of extra pay for both home and foreign service. This scale remained in force, with a single exception, until the abolition of extra pay, and the introduction in its place of engineer pay a few years back. The exception referred to is that Gibraltar was originally treated as a home station, and only received extra pay on that scale.

By this Warrant was also created the Corps of Invalid Engineers, which were limited in number to 7.

We now come to the Warrant of April 25, 1787, referred to at the commencement of this article, which ran as follows:—

GEORGE R.

Whereas you have represented to us that it would be of advantage to our service that our Corps of Engineers should be distinguished by the name of the Corps of Royal Engineers, and that the rank and post of the said Corps in our army should be established.

We, having taken the same into our consideration, do hereby direct that our said Corps of Engineers shall in future take the name of the Corps of Royal Engineers, and be so stiled and called. And we are further pleased to direct that our said Corps of Royal Engineers shall rank in our army with our Royal Regiment of Artillery, and whenever there shall be occasion for them to take post with any other corps of our army, the post of the Corps of Royal Engineers shall be on the right with the Royal Regiment of Artillery according to the respective dates of the commissions of the officers belonging to the Royal Regiment of Artillery and Corps of Royal Engineers. And for so doing, this shall be as well unto you as unto all other officers and ministers herein concerned, a sufficient warrant.

Given at our Court at St. James's, the twenty-fifth day of April, 1787, in the twenty-seventh year of our reign.

To our Right Trusty and right entirely beloved Cousin and Councillor, Charles Duke of Richmond, Lennox and Aubigny, Master-General of our Ordnance.

By His Majesty's Command,
SYDNEY.

In a letter to Major-General Sir William Green, Bart., R.E., the Master-General explains that this posting only relates to when officers are paraded without men, and that when companies or detachments of the Royal Military Artificers and Labourers were paraded their post would be next the Royal Artillery on their left, officers of Royal Engineers to take post with the several companies or detachments.

The appointment of Inspector-General of Fortifications was created by Royal Warrant of April 21, 1802. The establishment of the Corps was then fixed as follows:—

2 Colonels-Commandant	at 44s. per diem each.
2 Colonels	" 24s. " "
2 " "	" 20s. " "
4 Lieutenant-Colonels	" 17s. " "
2 " "	" 15s. " "
20 Captains	" 10s. " "
20 Captain-Lieutenants	" 7s. " "
40 First Lieutenants	" 6s. " "
20 Second Lieutenants	" 5s. " "
1 Brigade-Major	" 10s. " "

The Corps of Invalid Engineers was raised to—

1 Colonel	at 24s. per diem.
1 Lieutenant-Colonel	" 20s. " "
1 " "	" 17s. " "
4 Captains	" 10s. " each.
1 Captain-Lieutenant	" 7s. " "
1 First Lieutenant	" 6s. " "
1 Second Lieutenant	" 5s. " "

The Royal Warrant of March 1, 1805, changed the rank of Captain-Lieutenant into that of Second Captain, and raised the pay from 7s. to 10s. It also augmented the Corps from a total of 113 to 137 by an addition to all ranks. This was carried still further by Warrant of August 8, 1806, raising the numbers to 155, and giving sundry increases of pay. The war with France, doubtless, was the cause of these beneficial changes.

The alterations that have been made of later years are sufficiently well known to render it unnecessary to recapitulate them here.

W. P.

THE R.A. AND R.E. MATCHES.

We have been requested to publish the following correspondence:—

From the Secretary R.E. Games Fund Committee to the Secretary R.A. Games Committee.

Junior United Service Club, London, S.W.: July 6, 1886.

SIR,—I have the honour to inform you that at the recent annual meeting of the corps of R.E. it was unanimously decided to accept the proposal of your committee that "the Annual Racquet and Billiard Matches be abandoned for the present, each regiment to retain one cup."

In order to provide for the continuance of the matches in the future, and to preserve the special characteristics of the cups as

"Challenge Cups," for which purpose they were originally purchased, the following scheme is submitted for the consideration of your committee, viz:—

1. The cups to be held subject to being challenged for by the regiment not holding them.
2. The holders of the cup (or cups) to accept the challenge or give up the cup (or cups).
3. The challenge to be given by January 1, and to be accepted by January 31 in each year, the match to be played before July 1.
4. Details as to the places where the matches shall be played, &c., to be arranged by a joint committee of the two regiments.

The above suggestions were also unanimously approved at the R.E. Corps Meeting. Will you be so good as to bring them before your committee at an early date?

I have the honour to be,

Your obedient Servant,
(Signed) G. W. ADDISON, Capt. R.E.,
Hon. Sec. R.E. Games Fund.

From Hon. Sec. R.A. Games Fund to Hon. Sec. R.E. Games Fund.
R. A. Barracks, Woolwich: December 10, 1886.

SIR,—I beg to acknowledge the receipt of your letter of July last informing the committee R.A. Games Fund that at your Corps meeting it had been unanimously decided to accept the proposal of our committee (arrived at after ascertaining the views of subscribers serving in Great Britain and Ireland), that "the Annual Racquet and Billiard Matches be abandoned for the present, each regiment to retain one cup."

With regard to the suggestions offered in your letter for the continuation of the matches at a future date our committee is strongly of opinion that, in face of the arrangement so recently arrived at between the two regiments, it is not competent to act till such future time as the regiments have decided to recommence the matches.

Our committee propose to send down at the earliest convenient date one of the cups to Chatham.

I have the honour to be, sir,

Your obedient Servant,
P. MACGREGOR SKINNER, Major R.A.,
Hon. Sec. R.A. Games Fund.

From Sec. R.E. Games Fund Committee to Sec. R.A. Games Committee.
Feb. 24, 1887.

SIR,—In acknowledging the receipt of your letter of December 10, 1886, the R.E. Games Fund committee desire me to point out that they do not consider their ratification of your proposal to abandon the matches "for the present" should be construed in the manner now suggested by your committee.

In view of the opinions recently expressed by your committee, and of the answers received to the circular which you sent out to the regiment, we were reluctantly obliged to believe that the matches were unpopular with you in their present form, although it will probably be within your recollection that the arrangements for playing "home and home" were accepted by us in 1879 in deference to a very general and strong wish to that effect on the part of the officers of R.A. We therefore asked the corps to approve of the suspension of the matches for the present, with a view to arriving at some arrangement more acceptable to you, and, as a basis for discussion, we suggested the scheme detailed in my letter of July 6 last.

I should add that when the challenge cups were purchased a distinct understanding was entered into that there should be an annual competition, and to leave the matches in abeyance for an indefinite period would be contrary alike to the spirit and letter of the conditions under which the necessary funds were subscribed.

If, then, we are to understand that you decline to discuss any proposals for the continuance of the matches, we hold that the *raison d'être* of the cups as challenge cups no longer exists—each cup becomes the absolute property of the original purchaser, and the matches must be considered as finally and definitely abandoned.

I need scarcely say that such a termination of the friendly rivalry between the two regiments, which has now extended over some years, would be greatly regretted by the corps of R.E.

I am, &c.
G. W. ADDISON.

"OLD ENGLISH" ARCHITECTURE, ANCIENT AND MODERN.

THE style of architecture in which the great majority of country houses, and very many town houses, from the cottage to the mansion, have been built during the past fifteen years is a very great improvement upon the nameless mode—for which no better title could be invented than the "factory style"—which prevailed in house-architecture during great part of last century and the first half of this. And it is a yet greater improvement upon the falsification of that simple though sordid way of building, by attempting to change its misery into magnificence by "compo" mockeries of stone construction and a style of ornament created to express the thickness of the wall or the weight of roof of a Renaissance palace. Most persons are contented with describing the improved mode as Old English, fancying that it is a real return to the way in which houses were built in the reign of Elizabeth or James or thereabouts. But there is a notable distinction between ancient and modern "Old English." It is this: the "variety" in form

But of even more significance is the dissent on rank and title, signed by Sir William Crossman, Admiral Hotham, and Mr. Bartley. This may be considered the combatants' dissent, although Mr. Bartley, as a civilian, attaches his name. They think medical officers have really no just ground of complaint with their army status; to confer on them pure army titles would be displeasing to a large number of medical officers and to the army generally; and they see no reason why any alteration should be made in existing medical titles. They adopt a sort of *non possumus* attitude, except that they would make

ment deferred to such an advanced age, with the risks and chances all against him, as to render it worthless for all purposes of life and enjoyment. These are points which responsible administrators must weigh when urged to exact more severe daily duties, or longer foreign service, or to defer optional retirement until 30 years' service or 55 years of age.

The recommendation that surgeons-general should serve until 62 years of age originated in a proposal of the Director-General, made on very sufficient grounds, and would assimilate their retirement to that of majors-general; but it will deprive some deputies and brigade-surgeons of promotion, especially the latter, who are retired compulsorily at 55 years of age. It must be borne in mind that the scheme of retirement in force was carefully calculated out in 1879 by actuaries, and interference with it, especially at the top, may derange the whole. Indeed, we fear the rank of brigade-surgeon will in future fare badly, for if three years' service in it be made a condition of earning the pension thereof, many who reach it will, nevertheless, have to retire on the lower pension of a surgeon-major.

We are extremely glad to find that, with the exception of Mr. Bartley, who can have little practical knowledge of the department, the Committee are not prepared to recommend interference with, and see no strong reasons for vetoing, the voluntary retirement of surgeons-major after 20 years' service.

To do so would in many cases only revive the very objectionable system of retirement by Medical Board; and by thus also declaring medical officers physically unfit seriously weaken the retired reserve. We lately have noticed a very ill-judged disposition in some quarters to minimise the importance of this admirable reserve; while at the same time it has been the cue of one-eyed economists to represent the retired vote as expended for wholly non-effective services. This is an absolute mis-statement; as well say the army reserve vote is for non-effectives, seeing the men are seldom embodied. We are persuaded the reserve of retired medical officers will readily prove of immense service during real emergency; but Mr. Bartley's proposals would entirely destroy it by preventing its formation.

At the end of the report on retirement, in view of reductions in establishments, and increasing the amount of work required from every officer, the Committee recommend the employment of civil practitioners at small home stations. Surgeon-General Balfour enters an effective dissent from this, as it is far better a medical officer should keep his men in health by sanitary vigilance than toil in a full hospital; besides which the employment of civilians would increase the amount of foreign service. But the proposal of the Committee is most effectively condemned out of their own mouths in another part, where they deprecate the employment of retired officers on the very ground on which they recommend the employment of civil surgeons. We are far from saying the moderate employment of both retired officers and civil practitioners is not of advantage, but the protest is against the indiscriminate filling up of home appointments to the grievous detriment and loss of efficiency in the active list.

We shall return to a consideration of the other recommendations in the report, especially on the subject of rank and titles, so full of interest and importance to all concerned.

THE COMMISSION.

COTOPAXI writes: A most uneasy feeling is spreading throughout India from reports received that Mr. Stanhope will ignore the recommendations which would raise and advance the department, and give effect to those designed to lower and humiliate it. Apart from the injustice involved, let politicians

remember the medical profession have votes, and are getting a little tired of being played fast and loose with.

* * * We feel every confidence that Mr. Stanhope will not allow himself to be swayed by unworthy advice or motives.

THE BURMAH GAZETTE.

CRITIC writes: The following is compiled from the *London Gazette* of November 12th, 1889:

Promotions and Decorations for Operations in Burma.			
	Combatants.		Medical.
C.B.	...	3	...
D.S.O.	...	3	...
Promotions	...	9	...
	...	10	...

Nice treatment for a profession of "dignity and eminence." Promotion of medical officers for service in the field has practically ceased. The object of every branch but the medical seems to be to bring young men of ability to the top of the tree. Why the exception? Is vigour of mind and body less needed in the medical than combatant branches?

MUST BE A CORPS.

COMPS writes: While thanking you for supporting the views so popular in the Medical Staff, you do not appear to fully appreciate the fundamental difference between a corps and a department. The key to the whole question is, make a corps, and other grievances must necessarily disappear. Discussion on hybrid titles, which are merely departmental and electro-plate, are simply unprofitable. The university degree of M.D. enables the possessor, if a junior surgeon, to take rank at a royal *levée* before a surgeon-general. If a junior ruling of the highest authorities on rank and precedence, and shows the utter want of value of departmental medico-military titles; doctors are just considered as civilian camp followers. A corps formation would alter all that.

THE NEW SIXTY-TWO YEARS RULE.

M.S. points out that to extend the age of surgeons-general to 62 for retirement would simply dish about one-third of the deputies and one-half of the brigade-surgeons in the matter of promotion. Surely such a prospect would prove a premium on inefficiency and discontent. In no other branch of the service are administrative officers allowed to exceed five years' tenure of double and treble that period. Reform is urgently needed here, and will be best initiated by amalgamating the deputies' and brigade-surgeons' lists; these staff appointments could then only be held for five years, as in other branches. It is certain the present anomaly cannot last.

SURGEONS-GENERAL AND AGE.

COMMON SENSE writes: I contend that considerably before 62 the great majority of surgeons-general are quite unfit for active service, as witness recent campaigns. In Egypt in 1882 Deputy Surgeon-General Hambury, and both with temporary rank of Surgeon-General, were the principal medical officers. rank were considered necessary, though none were available. Why should this have been? Let Tables 13 and 14 of Lord Campbell's Report explain. Through professional wear and tear in unhealthy climates the medical officer at 62 is, as a rule, much more played out than his combatant brother of the same age. Yet no old general officer would be employed on active service nowadays; then why a worn-out medical officer? Is administrative discredit and disaster courted? No doubt there is difficulty in manipulating the rank, as at present constituted, where men do not get the step until close on age of retirement. But this should be met, not by an increased age extension, but by a rigid system of selection of officers with sufficient physical and mental "go" in them. In the higher ranks of the medical department the groove of dead level seniority has seldom been departed from; but if the same system had been applied in the combatant branch, where would all our level seniority be maintained in the Medical Department, it must continue the poor service it is. It was the late Sir William Moir's pet idea to bring younger men into the administration of the department, but that still seems far off from realisation. In our next big war deputies and brigade-surgeons will at once be pushed to the front. It is certainly not the fault of the surgeons-general that they are unfit for active service, but of the system which keeps them from the rank until old and worn out, and which would simply be aggravated by an extension of the age retirement.

X writes: Rumour has it that the Surgeon-General, Medical Staff, in India, is to be granted an extension until 62 years of age. Should such extension be indiscriminately granted, I trust you will raise your voice against the injustice which would follow to the senior medical officers of the army. Through the introduction of a new rule the promotion prospects of these officers will simply be blasted, and a gross injustice inflicted if they are not compensated. The extended age retirement would not lessen the non-effective vote or benefit the taxpayer, but would force a number of comparatively young officers, deprived of all prospects of advancement, into early and, to them, premature retirement.

FORESHADOWED CHANGES.

F.H.W. writes: Stress must be put on the following points: the age increase for surgeon-generals and the three years' qualification for pension will shut out certain deputies absolutely, and adversely, though variably, affect the promotion of all brigade-surgeons. The general effect would be an increase of four to five years' service for pension. Will this top-blocking of promotion conduce to efficiency? Certainly not. The effect will be the exodus of every man who can at twenty years' service; all the stimulus to self-culture will be taken away, and the dead level of professional mediocrity maintained through the absence of all prospects of advancement.

First-class professional men should pause before they adopted a career in the army so full of change and uncertainty, and offering so little inducement for competition and ability.

scale of extra pay for both home and foreign service. This scale remained in force, with a single exception, until the abolition of extra pay, and the introduction in its place of engineer pay a few years back. The exception referred to is that Gibraltar was originally treated as a home station, and only received extra pay on that scale.

By this Warrant was also created the Corps of Invalid Engineers, which were limited in number to 7.

We now come to the Warrant of April 25, 1787, referred to at the commencement of this article, which ran as follows:—

GEORGE R.

Whereas you have represented to us that it would be of advantage to our service that our Corps of Engineers should be distinguished by the name of the Corps of Royal Engineers, and that the rank and post of the said Corps in our army should be established.

We, having taken the same into our consideration, do hereby direct that our said Corps of Engineers shall in future take the name of the Corps of Royal Engineers, and be so stiled and called. And we are further pleased to direct that our said Corps of Royal Engineers shall rank in our army with our Royal Regiment of Artillery, and whenever there shall be occasion for them to take post with any other corps of our army, the post of the Corps of Royal Engineers shall be on the right with the Royal Regiment of Artillery according to the respective dates of the commissions of the officers belonging to the Royal Regiment of Artillery and Corps of Royal Engineers. And for so doing, this shall be as well unto you as unto all other officers and ministers herein concerned, a sufficient warrant.

Given at our Court at St. James's, the twenty-fifth day of April, 1787, in the twenty-seventh year of our reign.

To our Right Trusty and right entirely beloved Cousin and Councilor, Charles Duke of Richmond, Lenox and Aubigny, Master-General of our Ordnance.

By His Majesty's Command,
SYDNEY.

In a letter to Major-General Sir William Green, Bart., R.E., the Master-General explains that this posting only relates to when officers are paraded without men, and that when companies or detachments of the Royal Military Artificers and Labourers were paraded their post would be next the Royal Artillery on their left, officers of Royal Engineers to take post with the several companies or detachments.

The appointment of Inspector-General of Fortifications was created by Royal Warrant of April 21, 1802. The establishment of the Corps was then fixed as follows:—

2 Colonels-Commandant	at 44s. per diem each.
2 Colonels	" 24s. " "
2 " "	" 20s. " "
4 Lieutenant-Colonels	" 17s. " "
2 " "	" 15s. " "
20 Captains	" 10s. " "
20 Captain-Lieutenants	" 7s. " "
40 First Lieutenants	" 6s. " "
20 Second Lieutenants	" 5s. " "
1 Brigade-Major	" 10s. " "

The Corps of Invalid Engineers was raised to—

1 Colonel	at 24s. per diem.
1 Lieutenant-Colonel	" 20s. " "
1 " "	" 17s. " "
4 Captains	" 10s. " each.
1 Captain-Lieutenant	" 7s. " "
1 First Lieutenant	" 6s. " "
1 Second Lieutenant	" 5s. " "

The Royal Warrant of March 1, 1805, changed the rank of Captain-Lieutenant into that of Second Captain, and raised the pay from 7s. to 10s. It also augmented the Corps from a total of 113 to 137 by an addition to all ranks. This was carried still further by Warrant of August 8, 1806, raising the numbers to 155, and giving sundry increases of pay. The war with France, doubtless, was the cause of these beneficial changes.

The alterations that have been made of later years are sufficiently well known to render it unnecessary to recapitulate them here.

W. P.

THE R.A. AND R.E. MATCHES.

We have been requested to publish the following correspondence:—

From the Secretary R.E. Games Fund Committee to the Secretary R.A. Games Committee.

Junior United Service Club, London, S.W.: July 6, 1886.

SIR,—I have the honour to inform you that at the recent annual meeting of the corps of R.E. it was unanimously decided to accept the proposal of your committee that "the Annual Racquet and Billiard Matches be abandoned for the present, each regiment to retain one cup."

In order to provide for the continuance of the matches in the future, and to preserve the special characteristics of the cups as

"Challenge Cups," for which purpose they were originally purchased, the following scheme is submitted for the consideration of your committee, viz.:—

1. The cups to be held subject to being challenged for by the regiment not holding them.
 2. The holders of the cup (or cups) to accept the challenge or give up the cup (or cups).
 3. The challenge to be given by January 1, and to be accepted by January 31 in each year, the match to be played before July 1.
 4. Details as to the places where the matches shall be played, &c., to be arranged by a joint committee of the two regiments.
- The above suggestions were also unanimously approved at the R.E. Corps Meeting. Will you be so good as to bring them before your committee at an early date?

I have the honour to be,

Your obedient Servant,

(Signed) G. W. ADDISON, Capt. R.E.,
Hon. Sec. R.E. Games Fund.

From Hon. Sec. R.A. Games Fund to Hon. Sec. R.E. Games Fund.
R. A. Barracks, Woolwich: December 10, 1886.

SIR,—I beg to acknowledge the receipt of your letter of July last informing the committee R.A. Games Fund that at your Corps meeting it had been unanimously decided to accept the proposal of our committee (arrived at after ascertaining the views of subscribers serving in Great Britain and Ireland), that "the Annual Racquet and Billiard Matches be abandoned for the present, each regiment to retain one cup."

With regard to the suggestions offered in your letter for the continuation of the matches at a future date our committee is strongly of opinion that, in face of the arrangement so recently arrived at between the two regiments, it is not competent to act till such future time as the regiments have decided to recommence the matches.

Our committee propose to send down at the earliest convenient date one of the cups to Chatham.

I have the honour to be, sir,

Your obedient Servant,

P. MACGREGOR SKINNER, Major R.A.,
Hon. Sec. R.A. Games Fund.

From Sec. R.E. Games Fund Committee to Sec. R.A. Games Committee.
Feb. 24, 1887.

SIR,—In acknowledging the receipt of your letter of December 10, 1886, the R.E. Games Fund committee desire me to point out that they do not consider their ratification of your proposal to abandon the matches "for the present" should be construed in the manner now suggested by your committee.

In view of the opinions recently expressed by your committee, and of the answers received to the circular which you sent out to the regiment, we were reluctantly obliged to believe that the matches were unpopular with you in their present form, although it will probably be within your recollection that the arrangements for playing "home and home" were accepted by us in 1879 in deference to a very general and strong wish to that effect on the part of the officers of R.A. We therefore asked the corps to approve of the suspension of the matches for the present, with a view to arriving at some arrangement more acceptable to you, and, as a basis for discussion, we suggested the scheme detailed in my letter of July 6 last.

I should add that when the challenge cups were purchased a distinct understanding was entered into that there should be an annual competition, and to leave the matches in abeyance for an indefinite period would be contrary alike to the spirit and letter of the conditions under which the necessary funds were subscribed.

If, then, we are to understand that you decline to discuss any proposals for the continuance of the matches, we hold that the *raison d'être* of the cups as challenge cups no longer exists—each cup becomes the absolute property of the original purchaser, and the matches must be considered as finally and definitely abandoned.

I need scarcely say that such a termination of the friendly rivalry between the two regiments, which has now extended over some years, would be greatly regretted by the corps of R.E.

I am, &c.

G. W. ADDISON.

"OLD ENGLISH" ARCHITECTURE, ANCIENT AND MODERN.

THE style of architecture in which the great majority of country houses, and very many town houses, from the cottage to the mansion, have been built during the past fifteen years is a very great improvement upon the nameless mode—for which no better title could be invented than the "factory style"—which prevailed in house-architecture during great part of last century and the first half of this. And it is a yet greater improvement upon the falsification of that simple though sordid way of building, by attempting to change its misery into magnificence by "compo" mockeries of stone construction and a style of ornament created to express the thickness of the wall or the weight of roof of a Renaissance palace. Most persons are contented with describing the improved mode as Old English, fancying that it is a real return to the way in which houses were built in the reign of Elizabeth or James or thereabouts. But there is a notable distinction between ancient and modern "Old English." It is this: the "variety" in form

But of even more significance is the dissent on rank and title, signed by Sir William Crossman, Admiral Hotham, and Mr. Bartley. This may be considered the combatants' dissent, although Mr. Bartley, as a civilian, attaches his name. They think medical officers have really no just ground of complaint with their army status; to confer on them pure army titles would be displeasing to a large number of medical officers and to the army generally; and they see no reason why any alteration should be made in existing medical titles. They adopt a sort of *non possumus* attitude, except that they would make clear any corresponding army rank medical officers possess. They further recommend that young medical officers should, during their first years of service, be attached to regiments, and that all medical officers should wear on their uniform some distinguishing badge, such as the Geneva Cross, so as to prevent their being mistaken for any other class of officers.

The Chairman and Mr. Macnamara enter a dissent in favour of admitting a certain small proportion of medical officers for a short term of service of five or six years.

We will conclude by mentioning one very suggestive recommendation in which all concur: it is to the effect that in preparing Royal Warrants affecting the military status or position of officers, the official representatives of the officers affected should be duly consulted before anything is done. Can it be that the abolition of relative rank was carried out without consulting the heads of departments?

THE REPORT OF LORD CAMPERDOWN'S COMMITTEE.

I.

We lately gave a summary of the report, and in a review indicated the chief recommendations, which we now examine more in detail.

It is certain that, whatever may be the outcome, Mr. Stanhope will neither hastily adopt nor summarily reject the recommendations; so that the medical services in particular and the profession at large will have an opportunity of offering criticisms on them for his consideration, which we are confident he will frankly accept in a judicial spirit. He will, indeed, have to hold the balance between conflicting opinions and interests; and we can assure him that, while medical officers have no desire to encroach upon the rights and functions of any class in the service, they, at the same time, claim that traditional prejudices, or the mere spirit of Junkerism, shall no longer be permitted to make their position unbearable or efficiency impossible in the army. They merely ask a fair field and equality of military status to enable them to carry out their duties satisfactorily to themselves, and with due advantage to the army.

We regret there should have been an unfortunate, though not unlooked for, want of unanimity in the councils of the Committee; but we trust due weight will be given to the body of the report, which doubtless represents the finding of the majority.

At every stage of his deliberations, Mr. Stanhope will be confronted with the contingent effect which changes carried out in the Army may have on the Naval, and especially on the Indian Medical Services. For, while the Naval in many respects stands alone, the Home and Indian Medical Services are now so intimately connected, that it would be no surprise if coming changes did not hasten or even at once force on amalgamation. At all events, the report shows that the two services cannot well be legislated for apart; and it was a pity the Indian was not brought within the scope of the Committee's investigation, even if its labours had been thereby greatly extended.

A due analysis of the report must begin with Sir Ralph Thompson's letter of instructions. From that it is clear the Committee had its origin not merely in the complaints of

economists, or from questions in the House; but also from the agitation out of doors, and largely in these columns, following the abolition of relative rank: for, in the opening sentences of the report, it is stated that the proceedings of the Committee had been materially shortened by the large quantity of evidence, and "other public information," lying ready to their hands. While Mr. Stanhope instructs the Committee to report upon the pay, status, and conditions of service, he particularly tells them that the numbers or establishment of medical officers will not come within the scope of their inquiry, as he has considered and settled that himself. This is right, because numbers and efficiency are bound up together, and the War Minister cannot shift his personal responsibility for both.

Nevertheless, the Committee think it right to report that "financial saving must be effected chiefly by limiting as much as possible the establishment of officers"—a ready and easy method of reducing estimates, no doubt, if the awkward question of efficiency would only not come in!

The instructions further state that the War Office has always contended that the abolition of relative rank made no "pecuniary" difference to medical officers, which nobody, as far as we know, ever said it did; but when it is further stated that it also made no "practical difference" to them, we distinctly demur. The position of an officer by no means chiefly depends on his pay and allowances, but largely on the official and social status which military rank confers, a matter of very "practical" importance in the performance of his duties and in his every-day life.

Under such instructions, and with the mass of already existing evidence at hand, the Committee proceeded to take oral evidence from representative officers and officials. We are sorry the evidence they thus received is not published, as it would have thrown light upon the true nature and source of the opposition to granting definitive rank and titles to medical officers, and thereby probably removed misapprehensions.

The Committee are unanimous that the present rates of pay and retirement, dating from 1879, while adequate are also necessary; they, in fact, duly recognise that, in fixing the price the State must pay for high-class medical services the comprehensive views of Sir Ralph Thompson's Committee in 1878 cannot be gainsaid. It will no doubt be suggested to Mr. Stanhope that during the past decade the medical profession has become so overcrowded that he might now make lower terms with suitable candidates for the services. We do not believe it; let him not be misled; pressure may and does exist within the profession, and medical men do closely compete in civil life; but their energies are free, and distinct prizes are before them. It is otherwise in the public services; individualism goes for little; there are no prizes, but only great risks for a present competency and a very prospective annuity.

It must be remembered that adequate pay and retirement is only relative and not absolute; the adequacy depends wholly upon the conditions of service demanded. For instance, establishments might be so reduced, and the work imposed upon individuals so increased, that relative adequacy would no longer remain. We can easily foresee that such would be the case if the medical officer had imposed upon him severe grinding daily duty, prolonged tours in unhealthy climates, or retire-

questionably is, desirable to bring the medical into parallel lines with the general army staff, here is an opportunity of doing so. The position of surgeons-colonel on the staff would thus be closely assimilated to those of commanding colonels of artillery and engineers on the staff. The enlarged surgeon-colonel list would also be of very great administrative advantage in the selection of principal medical officers both in peace and war, and would give comparatively young officers a chance of showing administrative ability before the very fag end of their service was reached.

All will give unqualified approval to the recommendation, from which there is no dissent, that the corresponding army rank of medical officers be made clear in all regulations, warrants, and commissions, and that no change be made in these regulations without the full concurrence of the heads of departments. The recommendation made in the dissent, that young medical officers should for a time be attached to regiments, will, we think, meet with general approval. Most old medical officers look back with much pleasure to the time spent with regiments, which they feel was advantageous both to themselves and their corps. Such attachment would also largely bridge over the present much to be regretted estrangement between regimental and medical officers. There are other points, especially those on conditions of service, which we must defer for future consideration.

INSANITY IN IRELAND.

In looking over the last Commissioners' Blue Book for Ireland we find the total number of lunatics under care and treatment in the various institutions to have been 15,685 on January 1st last, an increase of 422 for the previous year. Of the total number, 7,923 were males and 7,762 females, actually 161 more males than females. This is a striking contrast to the proportion of males and females in England and Wales, which stands at 38,455 males to 45,885, or nearly 9.1 females to 7.5 males.

No less than 951 more males than females were in the Irish district asylums, and 200 more men than women had been admitted during the year. The poorhouses, on the other hand, show a preponderance of 779 females (including idiots) over the males, the excess in the former class in these institutions making up, to some extent, for the enormous difference in the asylums.

Apart, however, from this balancing of numbers, we should still have expected to find a much larger proportion of females to males in the district asylums, more especially when we consider the immense emigration which has been going on for so many years. During the last decade it is stated that no less than 776,000 individuals have emigrated (presumably the greater part of these would be men), and that 78,600 emigrated during the last year.

That this emigration has produced an important change in the proportion of the insane to the sane population is only what we should expect. Such a serious drain as we have indicated upon the strongest and healthiest part of the population must tell upon the quality of those left behind. The infirm and insane go to swell the numbers in asylums and poorhouses, and a comparatively large number of weakly ones remain to

accounted for in the nature of the duties and character of the service which fall to medical officers. Surely a branch of the army which encounters such risks should not be dealt with in a niggardly manner as regards pay, status, or sick leave!

There are other interesting and important points in the report which we will refer to in due course.

THE DISCUSSION ON CATARACT EXTRACTION AT THE LEEDS MEETING.

ALTHOUGH Mr. Crichtett, in his eloquent address dealt exclusively with the treatment of immature cataract (than which it would be difficult to find a subject of more practical interest to surgeon and patient), the papers and discussion that followed entirely ignored this question. With the exception of Dr. W. J. Collins's exhaustive paper on the Analysis of Cataractous Lenses (which was evidently the outcome of much hard work), and Mr. Berry's on Intraocular Suppuration, the whole day was devoted to a consideration of the best method of operating on mature cataract, especially as to whether iridectomy should or should not be performed. Leeds appears to be a stronghold of extraction without an iridectomy, or, as the advocates of the operation love to call it, "simple extraction." Mr. Teale, Mr. Hartley, and Mr. Hewetson all perform this operation, and an immense number of cases which had been operated on were exhibited by them, as well as some by Mr. Snell, of Sheffield, who also operates without an iridectomy. It was unfortunate that members had not an opportunity of seeing these cases before the termination of the discussion, as they illustrate many points referred to in several of the speeches, and about some of them further information would have been desirable.

Mr. Teale's operation is, we believe, performed only by himself and Mr. Hartley; he uses a knife which resembles Graefe's, but is twice as broad; the puncture and counter-puncture are in the cornea in the horizontal meridian. As soon as the counter-puncture has been made, the edge is turned forwards and made to cut out at right angles to the surface of the cornea. A rectangular flap is thus made, its free edge being quite straight and lying midway between the centre and periphery of the cornea. It is much to be regretted that no opportunity was afforded of seeing Mr. Teale perform this operation; judging from its description alone it seemed to many present that it would be extremely difficult to obtain a flap of the specified shape in all cases, and with a knife such as described, without causing considerable bruising and displacement of the parts. But an actual demonstration might have shown both these opinions to be erroneous.

We much doubt whether the discussion led to the alteration of a single opinion as to the desirability of performing or omitting iridectomy. The "central, circular, movable pupil" as opposed to the "mutilated iris" no doubt sounds well, but among the Leeds cases were a large proportion of irregular pupils, more or less adherent to the corneal cicatrix. One of the most striking favourable points about the cases was the narrowness of the scar left by the incision. It is possible that this was due to its having been made at right angles to the surface instead of obliquely, although this does not appear to have been Mr. Teale's object

THE report of the Committee on Relative Rank is now being drawn up by Lord Camperdown, who may be trusted to do his best to reconcile the smart conflict of opinions on the subject of titles which has been developed in the evidence of the purely military authorities on the one hand and the army medical officers on the other. It is pretty openly stated that the most intense opposition has been expressed by high military authorities to the giving of military titles to army medical officers. On the other hand, there is a certain experience in favour of it in some of the foreign armies which will not be lost sight of. Lord Camperdown has shown much tact and ability as chairman of the Commission, and it is probable that some of the evidence which was given will be found to be considerably softened in the process of revision. The Duke of Cambridge and Sir Redvers Buller are, it is said, among the uncompromising opponents of military titles. General Donald Stewart has shown himself thoroughly appreciative of the difficulties of the position of the medical officers of the army in India; and on the whole it may be hoped that good will come of this Commission. At any rate, it no longer lies in the mouth of anyone to say that the actual feeling of the Army Medical Department was in any way overrated by the BRITISH MEDICAL JOURNAL or the Parliamentary Bills Committee of the British Medical Association. The whole of the documents collected by the

Committee have been put thoroughly before this Committee, and everyone is agreed that Mr. Macnamara has fought a gallant battle for the medical officers of the department. It is much to be regretted that neither Sir Joseph Fayrer, Sir Thomas Longmore, nor Surgeon-General Maclean—three men removed by their high position from any influences but those of pure love for the good of their service, and having vast experience and constant contact with a large body of medical officers of the service—should not have been summoned to give evidence before the Committee. I regard this as a serious loss to the service, and one which is irreparable, and which will tend to diminish the value of the report. Their evidence would have been vital to the case, and the loss of it cannot fail to be severely felt.

THE ARMY MEDICAL DEPARTMENT.

FOR the first time since the issue of the last Warrant an examination will be shortly held for the Army Medical Service. The present unpopularity of the service in medical schools will undoubtedly operate greatly to reduce the quality and probably also the number of candidates for such appointments. It is much to be hoped, therefore, that the Camperdown Commission now sitting will issue its report with as little delay as possible as to the causes of the present discontent, and the remedies which it is proposed to apply to it. We may add that there is a very strong feeling in the service, which will, we believe, be entirely shared by the public and the medical profession, that it is only fair and just that the evidence given before that Commission should be published, and that the doubtful answer on that point, recently given by the Secretary of State for War in the House of Commons, is of a character in itself to cause dissatisfaction and discontent. Surely after the absolute denial which was given officially by the late head of the Army Medical Department to the existence of this discontent, and

the refusal to allow the army medical officers to give any sort of collective evidence on the subject, it would be eminently unwise and unjust that the evidence tendered, whether for or against their views, before the Royal Commission should also be suppressed. In such a case perfectly open dealing is the surest and best remedy for the existing evil, and the continuous suppression of evidence on either side will be regarded with considerable distrust and natural displeasure.

THE REPORT OF LORD CAMPERDOWN'S COMMITTEE.

II.

WHILE the recommendations on pay and retirement will give general satisfaction, we fear those relating to rank and title will evoke considerable divergence of opinion.

They will probably be considered by some medical officers, who looked for more finality, as practically useless; but many others, less sanguine, will regard them as steps forward in the general position, which it were wise to make the best of at present. Nearly all would doubtless have been pleased had the Committee boldly advised the formation of a Royal Medical Corps, with definitive military rank and titles, such as we believe are now actually being created in the French and Russian armies. But in this country our army ideas are less advanced, and the Medical Department finds itself still confronted with social jealousies, and a sort of feudal caste spirit, which obstinately opposes comprehensive organisation.

The remarkable nature of this obstruction is illustrated in the curiously lame and inconsequent "dissent" on rank and title appended to the report by three members of the Committee. These gentlemen admit discontent, especially among the younger officers, but trace it back almost entirely to the abolition of the regimental system—of which, unfortunately for the argument, these officers never had any experience at all! They evidently do not like to say that the abolition of relative rank was really at the bottom of the agitation. In any case, they do not seek to allay it by genuine remedies, for they consider it unreasonable; see no necessity for better titles, simple or compound; and, instead of giving increased status or authority, suggest rather that medical officers should be "relieved," as it is delicately put, from the heavy burden of modest command which at present they exercise over their immediate hospital establishments! This extraordinary proposal, worthy of the dark era preceding Sidney Herbert's Commission, would, of course, be fatal to efficiency, and is directly contrary to all advances in military organisation during the past thirty years; yet it unmistakably shows the persistent reactionary spirit still at war with medical organisation.

While there is no denying that the report, as a whole, falls far short of the true ideal, which time alone will evolve, it nevertheless, we think, materially strengthens the urgent demand of

medical officers for an intelligible army status. It recognises the existence of grievances, and proposes remedies. The exigencies of the situation, we suppose, compelled the suggested rehabilitation of relative rank—we do not say restoration—because we have always thought that so long as any other than substantive rank exists the actual abolition of relative rank is, in the very nature of things, an impossibility.

We have no wish to cause embarrassment by recalling unfortunate official utterances on the value of the rank, but would only remark that whether in its essence a sham or a reality it was at one time well accepted, and long did good service in the army. But the chief point in the report is that the revived relative rank shall in future be expressed in self-interpreting compound titles. We are aware that there are considerable differences of opinion as to their value; they have been described as cumbersome and un-English, yet they are combinations identical with the existing titles of Surgeons-Major and General, which have not been found objectionable. They would, at all events, have the merit of clearly expressing, in definite and intelligible form, the equivalent military rank of the holder, which we certainly think a distinct advance. Perhaps their very simplicity is distasteful to the three dissentients who apparently seek to distract Mr. Stanhope's attention from the recommendation by dragging the red-herring of similar terrible naval titles across his path. We, indeed, never heard of anyone who proposed similar naval titles, simply because they could have no parallel application in the two services; the rank value of such titles as lieutenant and captain is, of course, wholly different in the army and navy.

There is a difficulty in the application of the proposed new titles in the half-and-half position occupied by the departmental rank of brigade-surgeon. We regret that rank, which is of the first importance to the mass of medical officers, should have received such scant recognition from the Committee. It was specially created in 1879 by way of compensation to a large body who, from various causes, are practically debarred from ever reaching the purely administrative grades. But though conferring increased departmental status, pay, and pension, it was from the beginning fatally marred by carrying no increase in relative military rank, a blot which was made the unjust excuse for withholding the pay of the rank in India. Yet the Committee, perhaps inadvertently, would stereotype the blot by including the so-called brigade-surgeons among surgeons-lieutenant-colonel instead of the surgeons-colonel, a position to which we think they are clearly entitled, first, from being selected, and, secondly, as being semi-administrative officers. As, under the new designations, the title of deputy surgeon-general would disappear, we strongly recommend Mr. Stanhope to make one rank and title of deputies and brigade-surgeons. We believe such a proposal was placed before the Committee in evidence, with the practical suggestion that, from such a consolidated list, all purely administrative officers under the rank of surgeon-general should be selected and gazetted as surgeons-colonel on the staff, with, of course, extra pay during tenure of appointment, and increased pension after so many years in it, if not meanwhile promoted to the rank of surgeon-general. If it be, as it un-

accounted for in the nature of the duties and character of the service which fall to medical officers. Surely a branch of the army which encounters such risks should not be dealt with in a niggardly manner as regards pay, status, or sick leave!

There are other interesting and important points in the report which we will refer to in due course.

THE DISCUSSION ON CATARACT EXTRACTION AT THE LEEDS MEETING.

ALTHOUGH Mr. Critchett, in his eloquent address dealt exclusively with the treatment of immature cataract (than which it would be difficult to find a subject of more practical interest to surgeon and patient), the papers and discussion that followed entirely ignored this question. With the exception of Dr. W. J. Collins's exhaustive paper on the Analysis of Cataractous Lenses (which was evidently the outcome of much hard work), and Mr. Berry's on Intraocular Suppuration, the whole day was devoted to a consideration of the best method of operating on mature cataract, especially as to whether iridectomy should or should not be performed. Leeds appears to be a stronghold of extraction without an iridectomy, or, as the advocates of the operation love to call it, "simple extraction." Mr. Teale, Mr. Hartley, and Mr. Hewetson all perform this operation, and an immense number of cases which had been operated on were exhibited by them, as well as some by Mr. Snell, of Sheffield, who also operates without an iridectomy. It was unfortunate that members had not an opportunity of seeing these cases before the termination of the discussion, as they illustrate many points referred to in several of the speeches, and about some of them further information would have been desirable.

Mr. Teale's operation is, we believe, performed only by himself and Mr. Hartley; he uses a knife which resembles Graefe's, but is twice as broad; the puncture and counter-puncture are in the cornea in the horizontal meridian. As soon as the counter-puncture has been made, the edge is turned forwards and made to cut out at right angles to the surface of the cornea. A rectangular flap is thus made, its free edge being quite straight and lying midway between the centre and periphery of the cornea. It is much to be regretted that no opportunity was afforded of seeing Mr. Teale perform this operation; judging from its description alone it seemed to many present that it would be extremely difficult to obtain a flap of the specified shape in all cases, and with a knife such as described, without causing considerable bruising and displacement of the parts. But an actual demonstration might have shown both these opinions to be erroneous.

We much doubt whether the discussion led to the alteration of a single opinion as to the desirability of performing or omitting iridectomy. The "central, circular, movable pupil" as opposed to the "mutilated iris" no doubt sounds well, but among the Leeds cases were a large proportion of irregular pupils, more or less adherent to the corneal cicatrix. One of the most striking favourable points about the cases was the narrowness of the scar left by the incision. It is possible that this was due to its having been made at right angles to the surface instead of obliquely, although this does not appear to have been Mr. Teale's object

THE report of the Committee on Relative Rank is now being drawn up by Lord Camperdown, who may be trusted to do his best to reconcile the smart conflict of opinions on the subject of titles which has been developed in the evidence of the purely military authorities on the one hand and the army medical officers on the other. It is pretty openly stated that the most intense opposition has been expressed by high military authorities to the giving of military titles to army medical officers. On the other hand, there is a certain experience in favour of it in some of the foreign armies which will not be lost sight of. Lord Camperdown has shown much tact and ability as chairman of the Commission, and it is probable that some of the evidence which was given will be found to be considerably softened in the process of revision. The Duke of Cambridge and Sir Redvers Buller are, it is said, among the uncompromising opponents of military titles. General Donald Stewart has shown himself thoroughly appreciative of the difficulties of the position of the medical officers of the army in India; and on the whole it may be hoped that good will come of this Commission. At any rate, it no longer lies in the mouth of anyone to say that the actual feeling of the Army Medical Department was in any way overrated by the BRITISH MEDICAL JOURNAL or the Parliamentary Bills Committee of the British Medical Association. The whole of the documents collected by the

Committee have been put thoroughly before this Committee, and everyone is agreed that Mr. Macnamara has fought a gallant battle for the medical officers of the department. It is much to be regretted that neither Sir Joseph Fayrer, Sir Thomas Longmore, nor Surgeon-General Maclean—three men removed by their high position from any influences but those of pure love for the good of their service, and having vast experience and constant contact with a large body of medical officers of the service—should not have been summoned to give evidence before the Committee. I regard this as a serious loss to the service, and one which is irreparable, and which will tend to diminish the value of the report. Their evidence would have been vital to the case, and the loss of it cannot fail to be severely felt.

THE ARMY MEDICAL DEPARTMENT.

FOR the first time since the issue of the last Warrant an examination will be shortly held for the Army Medical Service. The present unpopularity of the service in medical schools will undoubtedly operate greatly to reduce the quality and probably also the number of candidates for such appointments. It is much to be hoped, therefore, that the Camperdown Commission now sitting will issue its report with as little delay as possible as to the causes of the present discontent, and the remedies which it is proposed to apply to it. We may add that there is a very strong feeling in the service, which will, we believe, be entirely shared by the public and the medical profession, that it is only fair and just that the evidence given before that Commission should be published, and that the doubtful answer on that point, recently given by the Secretary of State for War in the House of Commons, is of a character in itself to cause dissatisfaction and discontent. Surely after the absolute denial which was given officially by the late head of the Army Medical Department to the existence of this discontent, and

the refusal to allow the army medical officers to give any sort of collective evidence on the subject, it would be eminently unwise and unjust that the evidence tendered, whether for or against their views, before the Royal Commission should also be suppressed. In such a case perfectly open dealing is the surest and best remedy for the existing evil, and the continuous suppression of evidence on either side will be regarded with considerable distrust and natural displeasure.

questionably is, desirable to bring the medical into parallel lines with the general army staff, here is an opportunity of doing so. The position of surgeons-colonel on the staff would thus be closely assimilated to those of commanding colonels of artillery and engineers on the staff. The enlarged surgeon-colonel list would also be of very great administrative advantage in the selection of principal medical officers both in peace and war, and would give comparatively young officers a chance of showing administrative ability before the very fag end of their service was reached.

All will give unqualified approval to the recommendation, from which there is no dissent, that the corresponding army rank of medical officers be made clear in all regulations, warrants, and commissions, and that no change be made in these regulations without the full concurrence of the heads of departments. The recommendation made in the dissent, that young medical officers should for a time be attached to regiments, will, we think, meet with general approval. Most old medical officers look back with much pleasure to the time spent with regiments, which they feel was advantageous both to themselves and their corps. Such attachment would also largely bridge over the present much to be regretted estrangement between regimental and medical officers. There are other points, especially those on conditions of service, which we must defer for future consideration.

INSANITY IN IRELAND.

IN looking over the last Commissioners' Blue Book for Ireland we find the total number of lunatics under care and treatment in the various institutions to have been 15,685 on January 1st last, an increase of 422 for the previous year. Of the total number, 7,923 were males and 7,762 females, actually 161 more males than females. This is a striking contrast to the proportion of males and females in England and Wales, which stands at 38,455 males to 45,885, or nearly 9.1 females to 7.5 males.

No less than 951 more males than females were in the Irish district asylums, and 200 more men than women had been admitted during the year. The poorhouses, on the other hand, show a preponderance of 779 females (including idiots) over the males, the excess in the former class in these institutions making up, to some extent, for the enormous difference in the asylums.

Apart, however, from this balancing of numbers, we should still have expected to find a much larger proportion of females to males in the district asylums, more especially when we consider the immense emigration which has been going on for so many years. During the last decade it is stated that no less than 776,000 individuals have emigrated (presumably the greater part of these would be men), and that 78,600 emigrated during the last year.

That this emigration has produced an important change in the proportion of the insane to the sane population is only what we should expect. Such a serious drain as we have indicated upon the strongest and healthiest part of the population must tell upon the quality of those left behind. The infirm and insane go to swell the numbers in asylums and poorhouses, and a comparatively large number of weakly ones remain to

THE REPORT OF LORD CAMPERDOWN'S COMMITTEE.

III.

ALTHOUGH pay and status take precedence in the inquiry, yet the conditions of service really are of more primary significance. We have already pointed out that pay, retirement, nay, even rank and title, can only be considered adequate relatively to the conditions of service; for the value of the former may be reduced or even destroyed by imposing unduly onerous terms upon the latter. It is a commonplace of those who would, intentionally or thoughtlessly, seek to grind the faces of medical officers, to quote as an argument the usually exacting character of civil practice. It is unfortunately too true that the general practitioner, in many instances, undergoes an amount of day and night work such as neither falls nor would be submitted to by any other educated man in the community; yet he faces it as a free agent, with some power of regulating visits and fees. But the service medical officer has neither freedom nor optional powers; and any attempt to exact from him for a fixed salary, and under rigorous regulations, similar hard duties, would not be long endured. Let economists, therefore, clearly recognise the principle that in the services limited pay will not stand against unlimited duties, or fixed remuneration against indefinitely increased work. Such considerations make it evident that the conditions of service must and will in the end dominate and determine every other question.

The Committee condemn the frequent changes in stations and duties to which medical officers have been subjected, and which undoubtedly were aggravated by the complete unification of the department. The necessity for these changes, though partly inherent in the new system, was, we fear, increased through reductions in numbers, and in some instances intensified by ill-regulated administration on the part of principal medical officers. The Committee suggest that "a plan should be devised" to obviate frequent changes; but it is easier said than done. In any plan, however, it will be necessary to carefully regulate the primary posting at headquarters of medical officers to districts and commands. In recent years we have heard of a good many misfits through posting unsuitable men to particular duties and stations, under an absurd administrative theory that all medical officers are, or should be,

equally fit for any or every duty or vacancy turning up. Such uniformity never yet was or will be; and it is just as necessary in the medical department as in other walks of life to select individuals for posts, duties, and stations, which personally and professionally they best fit into. Careful initial selection would therefore go some way towards lessening the necessity of recurring changes when round men find their way into square holes.

We fear that, unless a sufficiently strong establishment of medical officers is kept up, the proposal of the Committee to fix a certain number in regiments would only increase the mobility of those unattached. In the old regimental days, the unattached staff assistant-surgeon of the period bitterly complained of being knocked about in order to give his regimental brother fixity of tenure. Care must be taken that this old grievance is not reproduced.

The recommendation that medical officers should enjoy the same privileges as so-called combatants, when incapacitated by disease contracted in and by the service, is but simple justice and common sense. How any distinction came to be drawn between them in the matter of sick leave passes comprehension, but it is none the less glaringly absurd, offensive, and unjust. The proverbial tenacity with which inequitable regulations, based on finance, are adhered to should not deter Mr. Stanhope from carrying out this recommendation.

The contemplated increase in tours of foreign service to six years is condemned by the Committee, who very properly say that continuous foreign service should not exceed five. We never could understand how adding a year to tours of foreign service could in the end alter the proportion between it and home service; it looks merely on a par with a certain famous expedient for lengthening a blanket. But if carried out, it could not fail to increase the already heavy risks to health and life in the department. That such risks are grave realities is well shown in certain tables appended to the report. In Table 13 we find that, during the five years 1883-87, the deaths among medical officers were in the ratio of 13.28 per 1,000, against 7.87 among officers of the Line; and in Table 14, over the wider range of twenty years, 1868 to 1887, the same ratios stood at 14.63 and 10.48. Would these serious figures be improved by exacting heavier duties and longer tropical service from medical officers?

But the gravity of the risks is not fully expressed in the heavy mortality of those actually serving, for we find in Table 15, calculated by actuaries over a period of forty years, that even medical officers who weather the storm and seek shelter in retirement carry with them up to old age a less "expectation of life," at every period, than combatant officers and government annuitants. The odds against medical officers on the non-effective list, between thirty and forty years of age, is simply appalling, showing that those retired through invaliding during the first half of their service must, as a rule, be utterly broken down. It is thus painful to reflect that the proposals to exact more work from individuals, both by piling up the daily duties and increasing the length of the foreign tours, simply means a still heavier death-rate in the active list, and a further lessening of the expectation of life among those retired. For the sad facts in these tables are only to be

THE THREE YEARS' RANK.

STATISTICS writes: The late order that all officers must serve three years in a rank before they can claim the pension of it hits medical officers very hard. No others are called upon to spend 60 per cent. of their service abroad. The result is the heavy mortality in tables 13 and 14 of Lord Camperdown's report. The order will no doubt relieve the taxpayer by killing off the medical officers. In nine cases out of ten, foreign service means service in unhealthy climates, and the result is a heavy mortality.

DOUBLE TITLES.

P. M. O. writes: In a leading article in the JOURNAL of September 21st it is stated that "the proposed new titles are combinations identical with existing titles of Surgeon-Major and Surgeon-General, which have not been found objectionable." Surely this is at variance with the report on relative rank, in which 15 per cent. of medical officers condemned compound titles. Such will never be used in official or social life in the army, and so are utterly useless; let them, then, not have the support of the JOURNAL, which throughout all

the agitation has so ably represented the views of the officers of the Medical Staff.

"We trust that amid conflicting opinions we shall continue impartially to reflect the views of medical officers. We merely reasoned that the proposed compound titles could not fairly be condemned as outlandish and un-English innovations, seeing they were really amplifications of existing titles. We are well aware the majority of medical officers are against them, while at the same time admitting their consecutive application would be a clear advance on the present disjointed nomenclature. We look upon them as mere stepping stones, and as such not to be hastily rejected in the present critical condition of the department. Nothing, indeed, would give us more pleasure than speedily to see that which must ultimately come—the formation of a 'Royal' medical corps, in which the medical officers shall have substantive rank and military titles; but in aiming at that, care must be taken not to reject recommendations leading to such a goal. The Committee did not see fit to recommend radical measures of reorganisation, which we fear they saw would have been summarily rejected; but in not a few respects they have defended the department from an agitation which might have destroyed it, and which at least would have wrought much hardship and injustice to individuals. We speak of the recommendations in the body of the report, not of some of the 'disents'."

TITLES OF MEDICAL OFFICERS.

VIVE DE VIVAS writes: The supreme ignorance and indifference of civilians towards the titles of army medical officers is well shown in the following recent examples:—

In an Aldershot newspaper (I) he read of Sergeant-Major A. for a well-known Surgeon-Major; in the post office of a large provincial town, on a list displayed of those holding licences to kill game, he saw, among a number of officers of the garrison, the name of Sergeant-Major F. for Surgeon-Major. He himself has been so often called Sergeant that he begins to doubt whether after all he really is a commissioned officer. With such glaring examples of the application of alphanumerical titles, it is simply a grim joke to talk of the dignity of the medical profession in the army. Why not at once cut short these misnomers by giving well-understood titles, as Captain or Major, and Surgeon? What artillery or engineer officer would take to, or even tolerate, such compound titles as Gunner-Captain or Sapper-Major.

MEDICAL REORGANISATION.

ROYAL SURGEON hopes the letter of "Medical Staff" in a late number of the JOURNAL expresses the feeling of practically the whole body of army medical officers. While recognising their own helplessness and urgent need of outside assistance in struggling for their rights, at the same time they most gratefully appreciate the efforts made by friends and this JOURNAL in their behalf.

The recommendations of the Camperdown Committee, if carried out in a liberal spirit, would, even with the cumbersome double titles, be a great improvement. It is probably too much to expect that the present War Office and Horse Guards authorities are prepared to treat the rank and titles question radically once for all, and to generously recognise the true position of medical officers in the army. This, however, can only be done by organising the medical service into a corps on the lines of the Royal Engineers.

GOOD ADVICE.

M.D. writes: The Adjutant-General of the Forces (Lord Wolseley) gave some excellent advice to the cadets at the Royal Military Academy on February 13th, saying: "The British soldier was, as regarded soldiering, what the British officer made him; and if they would get as much out of him as was possible, he would impress upon them to treat him well, to treat him as a friend and as a comrade. If they wanted him to be true to them and to stand by them at the post of danger, the best way to secure his goodwill was to treat him well. They should remember that the British soldier had ambitions the same as they themselves had; and they should teach him to be a good soldier, proud of the uniform he wore, truthful, and to love his country."

Now, let us substitute the words "army surgeon" for soldier, and how true and just also would be the advice. What a great pity it is that Lord Wolseley (one of whose brothers was an excellent army surgeon, under whom the writer served) does not indicate the same method of treatment toward those medical men whose business it is to look after the health and efficiency of the British army and its soldiers.

RANK AND TITLES.

INDIAN MEDICAL SERVICE writes: I am serving abroad in a large Indian station, and have thus had an opportunity of comparing notes with many brother officers on the effect of Lord Camperdown's Committee on the medical services. The general feeling is that of disappointment and a conviction that the Committee has put forward some slight concessions as a sop to, for the time, allay the intensity of our present discontent without attempting or desiring once for all to wipe out root and branch the numerous grievances their deliberations could not have failed to discover. Especially is this the case with respect to the subject of the rank and titles of officers. Here the almost unanimous voice of the service is calmly ignored, and we are expected to accept, with gratitude, a new and cumbersome nomenclature, which will, equally with the now existing designations, fail to convey any definite meaning either in the ranks of the army itself or to the general public. The fact that it would be impossible to make use of these titles colloquially, socially, or in any form except upon an official docket is of itself quite sufficient to condemn them utterly. Double titles are not uncommon in the army. We have Lieutenant-Colonel, Major-General, and the like, but the colloquial use of even a double title is opposed to the genius of the English language, and, in consequence, the possessors of such titles are on all occasions spoken of and addressed as "Colonel" or "General" unless when written to officially. Were this unwritten law in the army followed with the proposed titles to be given to medical officers, it would be possible to make use of them in every-day life, but the objection would at once be raised (did a Surgeon-Lieutenant-Colonel drop the Surgeon-Lieutenant, and follow the custom of an officer of similar rank in the combatant branch by permitting himself to be addressed as Colonel) that he was desirous of sinking his profession with a view to conceal the branch of the service to which he belonged.

Nothing short of the formation of the medical services into a Royal Corps and the granting of military titles pure and simple after the lines of the Royal Engineers will produce an efficient and contented service. Short of this, any rank, however exalted, remains no rank at all, and fails to carry with it any military respect. Imagine the position of the Royal Engineers were they suddenly to be given the titles of "Engineer-Captain," "Engineer-Major," "Engineer-Lieutenant-Colonel," etc. I for one should consider their military rank as very much wanting the true ring, and Engineer officers would shortly find their position in the army to be a very anomalous one.

Our professional civil brethren should understand that this desire on our part for military rank and titles is really a struggle to maintain the dignity of our common profession owing to the impossibility of obtaining by any other means that military respect which is a necessity if service in the army is to be performed with honour and a maintenance of self-respect. We are portions of a machine which is incapable of measuring distinction except when gauged by a military standard. A military title per se carries with it the military respect attached to the rank it describes, quite apart from any personal qualities of the bearer. In the medical services this is not the case, for the rest of the army steadily refuses to accept the titles borne by the medical branches as being really military titles at all, and it will continue to refuse recognition to any modification of such titles. A medical officer may thus serve his Queen and country during a lifetime, be present at a dozen battles, be wounded in some foreign clime, and yet meet with no increase of rank or popular estimation any more than if he had remained a civilian and never smelt powder or shared the hardships of a campaign. Make him an officer, with a title it does not require a special education to understand, of the Royal Corps of Surgeons, and all this will at once be changed. He will then be placed on an equal footing with the other branches of the service and capable of gaining his share of that popular respect paid to one who risks life and health in his country's cause now exclusively reserved for the so-called combatant ranks.

A Royal Corps of Surgeons on the lines I have indicated would be an honour to our common profession as much as the present military status of the medical services is a disgrace to it.

MEDICAL OFFICERS' UNIFORM.

MEDICAL STAFF writes: Acknowledging the generous and persevering manner in which the JOURNAL has always maintained the rights and set forth the wants and aspirations of the Medical Staff, I submit the inadvisability of publishing such letters as the one received from India, on medical officers' uniforms, which appeared on October 28th; evidently it was your courtesy, and not concurrence, which prompted the insertion. The service from which the letter emanated can be inferred; for it is clear the writer, in publishing such fantastic and Quixotic ideas, if nominally a military medical officer, is practically a civilian, sharing little in the spirit of the gallant Indian Medical Service, and knowing nothing at all of the military position and duties of the Medical Staff. Probably he has never considered that the latter have other than merely "medical" duties to perform, and surely never could have pictured to himself the scene of a large body of the Medical Staff Corps marching past at a royal review, headed and commanded by an individual decked out in a costume similar to that of the mate of a penny steamboat. It is not in fear of such heretical and retrograde ideas as those of your correspondent being adopted that prompts me to write, but to point out their publication is calculated to bring discredit and ridicule upon medical officers who realise they are an integral part of, and wish to identify themselves with, the army in every possible way.

"Medical Staff" may rely that nothing designedly calculated to weaken the position and just claims of army medical officers would knowingly appear in these columns. We have always vigorously endeavoured to maintain the military position of medical officers whether as regards status, duties, or uniform; and at the same time strenuously opposed the absurd attempts to civilise them, whether by open foes outside or pseudo friends inside the department. In the mass of letters which reach us, while we endeavour to excise personalities and unworthy remarks, we see no harm, but rather benefit, in occasionally publishing comments, even if, although, as in the letter in question, they should be "fantastic and Quixotic." They often stimulate healthy criticism, and more clearly bring out the true bearings of a subject, as witness in this very instance. But for the "fantastic" letter of our Indian correspondent we should not have had the excellent comments of "Medical Staff," wherein is shown the glaring absurdity and fatuity of attempting to deal with medical officers, even in the matter of uniform, on any other footing than as ordinary military officers. To deck out men of the stamp of Surgeons Crimmins and Le Quenne—the two latest recipients of the Victoria Cross—in a bastard uniform would indeed be an outrage on common sense and the very fitness of things; these be "good doctors" in the highest military as well as civil sense of the term. The present letter, moreover, confirms what we were already well aware of, that medical officers will not submit to any offensive process of being "ticketed" or made "guys" of under specious pretexts of distinguishing them from the rest of their army brethren.

be bitterly resented. We believe, therefore, that competition and nomination for continuous service commissions could hardly be worked together harmoniously, especially in the medical department.

The Committee condemn the utterly indefensible system of dating commissions in the Medical Staff from the time of leaving instead of entrance into Netley; they recommend that henceforth the three medical services should be treated on a par in this respect.

The recommendations under the head of examinations for promotion seem eminently judicious. We have always advocated a mixed Board of Examiners, as likely to inspire confidence. It was a pity that the headquarter staff were ever mixed up with these examinations, especially that for the rank of brigade-surgeon, as it only engendered ill-feeling and probably groundless suspicion. It is, indeed, a matter for congratulation that the latter examination will henceforth be wholly dispensed with. It never was really necessary if the examination for the rank of surgeon-major had been amplified so as to include medical administration and military law, and latterly it was reduced to an utter absurdity by the civil fellowship of a college being accepted in lieu of it. The recommendation that medical officers should have inducements and opportunities afforded during their service for keeping up professional knowledge and for obtaining higher civil qualifications is entirely laudable, but it is bound up with the maintenance of sufficient establishments. If the latter are pared down to the quick for financial reasons, it is idle to speak of special leave for purposes of study which neither would nor could be given. As matters now stand, no inducements or prizes are held out for professional eminence in either the Army or Navy Medical Services; the tendency of the whole system is to keep men down at a common deal level.

The last army matter considered by the Committee is that of short service, which the majority condemn as tending to place the army in the hand of medical officers of the least experience, which is a very grave and weighty objection. An army medical officer's duties are by no means exclusively professional, but are in many ways bound up with general efficiency and discipline among the troops; every candid commanding officer will admit this, so that an experienced medical officer has always been considered the right hand of those in authority. But Lord Camperdown and Mr. Macnamara, in a valuable "dissent," try to show that there would be little objection to, and no small advantage in, having a limited proportion of short-service medical officers. While a short-service system has not worked badly among the men, strong objection has always been taken to applying it to officers. It has been argued that unless an officer accepts service as a life career and a profession, he will never have his heart in it or do good work; and we remember that was a strong point urged for the abolition of purchase.

It is unquestionably the case that the great majority of medical officers adopt the service as a life career, as was proved by the ill success and ultimate collapse of the late ten years' bonus system. But the two dissentients, while admitting the failure of the ten years' system, think there would be less objection to a shorter service of five or six years. We readily admit that this might be the case, and would advocate

trial of it on public grounds. Supposing such limited service, which would practically mean foreign service for the entire period, were acceptable to medical candidates, there can be no doubt of its advantage to the State. Under the present system of continuous service, the non-effective charges must always be proportionately very heavy; but any plan which, without serious detriment to efficiency, would lessen the numbers steadily qualifying for pension, would, of course, be of advantage to the State; it would also tend to relieve continuous service officers from the anxieties accompanying periodical outcries against bloated pension lists. In these democratic days it is good policy to keep such lists within bounds. We therefore trust the dissent of the Chairman, and of Mr. Macnamara, who has made a good stand on behalf of his profession, will not be lost sight of. Perhaps limited nomination might be made to go hand in hand with limited service.

The recommendations on the Naval Medical Service are very short, and do not call for detailed criticism. But there are points in the appendices to the report which are well worth study and analysis.

TITLES. M.D. remembers a regimental playbill of amateur theatricals in India wherein in the first piece a young drummer who took a female part was named as Dr. —; in the second piece an assistant-surgeon played the chief part, and he too was described as Dr. —. Of course, the rank and title of the other officers playing were very clearly indicated; only the doctor and the drummer were confounded. Comment is unnecessary.

MEDICAL COMMAND. VERTIS points out that when Colonel Peel lately relinquished the command of the 7th Hussars the high state of efficiency, order, and discipline in the regiment was the subject of high encomium by the Inspector-General of Cavalry. Let it be noted that the officer here so highly praised began soldiering as an assistant-surgeon. Clearly the study of medicine and surgery in his case did not unfit him for exercising military command and functions, which one would have suspected it ought necessarily to have done according to certain well-known theories.

SURGEON LE QUESNE AND THE VICTORIA CROSS.

The following is an account of the presentation of the Victoria Cross to Surgeon Le Quesne at Rangoon, as given in the *Pioneer*:—"The troops in garrison paraded in review order this morning for the purpose of witnessing the presentation of the Victoria Cross to Surgeon Le Quesne. The brigade was under the command of Major-General Rowlandson. The Commander-in-Chief and Staff, with General Gordon, arrived on the ground about 7.30. After the usual compliment paid, the brigade formed in line of quarter-column, and were inspected in that formation by his Excellency. The whole force then formed a square, advancing on the saluting point. After the officers and colours had taken post in review order, the Commander-in-Chief and Staff moved into the centre of the square and dismounted, and Surgeon Le Quesne was called to the front. Colonel Rolland then read the extract from the *London Gazette*, dated October 29th, awarding him the Victoria Cross for his conspicuous bravery during the attack on the village of Tartan by a column of the Chin Field Force on May 4th."

His Excellency, in addressing Surgeon Le Quesne, said he knew of no act more deserving the Cross than that of a medical officer who, regardless of his own life, when in an exposed condition under fire, at close range, attends to a wounded man with perfect calmness and self-possession. You (addressing Surgeon Le Quesne) not only did this in the case of Lieutenant Michel, who unfortunately died, but later on you attended to another wounded officer, also under fire, and were yourself severely wounded. It must, I think, be added, be a matter of great gratification to the Medical Service, both staff and departmental, to know that the two Victoria crosses which have been given during the Burmah operations have both been conferred on medical officers, for very similar and gallant acts. Having pinned the decoration on the breast of Surgeon Le Quesne, his Excellency shook hands with him, and the proceedings terminated.

THE THREE YEARS' RANK. Statistics writes: The late order that all officers must serve three years in a rank before they can claim the pension of 10 hits medical officers very hard. No others are called upon to spend 50 per cent. of their service abroad. The result is the heavy mortality in tables 13 and 14 of Lord Camperdown's report. The order will no doubt relieve the taxpayer by killing off the medical officers. In nine cases out of ten, foreign service means service in unhealthy climates.

DOUBLE TITLES. P. M. O. writes: In a leading article in the JOURNAL of September 21st it is stated that "the proposed new titles are combinations identical with existing titles of Surgeon-Major and Surgeon-General, which have not been found objectionable." Surely this is at variance with the report on relative rank, in which 75 per cent. of medical officers condemned compound titles. Such will never be used in official or social life in the army, and so are utterly useless; let them, then, not have the support of the JOURNAL, which throughout all

the agitation has so ably represented the views of the officers of the Medical Staff.

"* We trust that amid conflicting opinions we shall continue impartially to reflect the views of medical officers. We merely reasoned that the proposed compound titles could not fairly be condemned as outlandish and un-English innovations, seeing they were really amplifications of existing titles. We are well aware that the majority of medical officers are against them, while at the same time admitting their consecutive application would be a clear advance on the present disjointed nomenclature. We look upon them as mere stepping stones, and as such not to be hastily rejected in the present critical condition of the department. Nothing, indeed, would give us more pleasure than speedily to see that which must ultimately come—the formation of a "Royal" medical corps, in which the medical officers shall have substantive rank and military titles; but in aiming at that, care must be taken not to reject recommendations leading to such a goal. The Committee did not see fit to recommend radical measures of reorganisation, which we fear they saw would have been summarily rejected; but in not a few respects they have defended the department from an agitation which might have destroyed it, and which at least would have wrought much hardship and injustice to individuals. We speak of the recommendations in the body of the report, not of some of the "dissents."

TITLES OF MEDICAL OFFICERS. VIVE UT VIVAS writes: The supreme ignorance and indifference of civilians towards the titles of army medical officers is well shown in the following recent examples—

In an Aldershot newspaper (I) he read of Sergeant-Major A. for a well-known Surgeon-Major; in the post office of a large provincial town, on a list displayed of those holding licences to kill game, he saw, among a number of officers of the garrison, the name of Sergeant-Major F. for Surgeon-Major. He himself has been so often called Sergeant that he begins to doubt whether after all he really is a commissioned officer. With such glaring examples of the application of aliphath titles, it is simply a grim joke to talk of the dignity of the medical profession in the army. Why not at once short these misnomers by giving well-understood titles, as Captain or Major, and Surgeon? What artillery or engineer officer would take to, or even tolerate, such compound titles as Gunner-Captain or Sapper-Major.

MEDICAL REORGANISATION. ROYAL SURGEON hopes the letter of "Medical Staff" in a late number of the JOURNAL expresses the feeling of practically the whole body of army medical officers. While recognising their own helplessness and urgent need of outside assistance in struggling for their rights, at the same time they most gratefully appreciate the efforts made by friends and this JOURNAL in their behalf.

The recommendations of the Camperdown Committee, if carried out in a liberal spirit, would, even with the cumbersome double titles, be a great improvement. It is probably too much to expect that the present War Office and Horse Guards authorities are prepared to treat the rank and titles question radically once for all, and to generously recognise the true position of medical officers in the army. This, however, can only be done by organising the medical service into a corps on the lines of the Royal Engineers.

GOOD ADVICE. M.D. writes: The Adjutant-General of the Forces (Lord Wolseley) gave some excellent advice to the cadets at the Royal Military Academy on February 13th, saying: "The British soldier was, as regarded soldiering, what the British officer made him; and if they would get as much out of him as was possible, he would impress upon them to treat him well, to treat him as a friend and as a comrade. If they wanted him to be true to them and to stand by them at the post of danger, the best way to secure his goodwill was to treat him well. They should remember that the British soldier had ambitions the same as they themselves had; and they should teach him to be a good soldier, proud of the uniform he wore, truthful, and to love his country."

Now, let us substitute the words "army surgeon" for soldier, and how true and just also would be the advice. What a great pity it is that Lord Wolseley (one of whose brothers was an excellent army surgeon, under whom this writer served) does not inculcate the same method of treatment toward those medical men whose business it is to look after the health and efficiency of the British army and its soldiers.

BANK AND TITLES. INDIAN MEDICAL SERVICE writes: I am serving abroad in a large Indian station, and have thus had an opportunity of comparing notes with many brother officers on the effect of Lord Camperdown's Committee on the medical services. The general feeling is that of disappointment and a conviction that the Committee has put forward some slight concessions as a sop to, for the time, allay the intensity of our present discontent without attempting or desiring once for all to wipe out root and branch the numerous grievances their deliberations could not have failed to discover. Especially is this the case with respect to the subject of the rank and titles of officers. Here the almost unanimous voice of the service is calmly ignored, and we are expected to accept with gratitude a new and cumbersome nomenclature, which will, equally with the now existing designations, fail to convey any definite meaning either in the ranks of the army itself or to the general public. The fact that it would be impossible to make use of these titles colloquially, socially, or in any form except upon an official document is of itself quite sufficient to condemn them utterly. Double titles are not uncommon in the army. We have Lieutenant-Colonel, Major-General, and the like, but the colloquial use of even a double title is opposed to the genius of the English language, and, in consequence, the possessors of such titles are on all occasions spoken of and addressed as "Colonel" or "General" unless when written to officially. Were this unwritten law in the army followed with the proposed titles to be given to medical officers, it would be possible to make use of them in everyday life, but the objection would at once be raised (did a Surgeon-Lieutenant-Colonel drop the Surgeon-Lieutenant, and follow the custom of an officer of similar rank in the combatant branch by permitting himself to be addressed as Colonel) that he was desirous of sinking his profession with a view to conceal the branch of the service to which he belonged.

Nothing short of the formation of the medical services into a Royal Corps and the granting of military titles pure and simple after the lines of the Royal Engineers will produce an efficient and contented service. Short of this, any rank, however exalted, remains no rank at all, and fails to carry with it any military respect. Imagine the position of the Royal Engineers were they suddenly to be given the titles of "Engineer-Captain," "Engineer-Major," "Engineer-Lieutenant-Colonel," etc. For one should consider their military rank as very much wanting the true ring, and Engineer officers would shortly find their position in the army to be a very anomalous one.

Our professional civil brethren should understand that this desire on our part for military rank and titles is really a struggle to maintain the dignity of our common profession owing to the impossibility of obtaining by any other means that military respect which is a necessity if service in the army is to be performed with honour and a maintenance of self-respect. We are portions of a machine which is incapable of measuring distinction except when gauged by a military standard. A military title *per se* carries with it the military respect attached to the rank it describes, quite apart from any personal qualities of the bearer. In the medical services this is not the case, for the rest of the army steadily refuses to accept the titles borne by the medical branches as being really military titles at all, and it will continue to refuse recognition to any modification of such titles. A medical officer may thus serve his Queen and country during a lifetime, be present at a dozen battles, be wounded in some foreign clime, and yet meet with no increase of rank or popular estimation more than if he had remained a civilian and never smelt powder or shared the hardships of a campaign. Make him an officer, with a title it does not require a special education to understand, of the Royal Corps of Surgeons, and all this will at once be changed. He will then be placed on an equal footing with the other branches of the service, and capable of gaining his share of that popular respect paid to one who risks life and health in his country's cause now exclusively reserved for the so-called combatant ranks.

A Royal Corps of Surgeons on the lines I have indicated would be an honour to our common profession, as much as the present military status of the medical services is a disgrace to it.

MEDICAL OFFICERS' UNIFORM. MEDICAL STAFF writes: Acknowledging the generous and persevering manner in which the JOURNAL has always maintained the rights and set forth the wants and aspirations of the Medical Staff, I submit the inadvisability of publishing such letters as the one received from India, on medical officers' uniform, which appeared on October 28th; evidently it was your courtesy, and not concurrence, which prompted the insertion. The service from which the letter emanated can be inferred; for it is clear the writer, in publishing such fantastic and Quixotic ideas, is nominally a military medical officer. It is practically a civilian, sharing little in the spirit of the gallant Indian Medical Service, and knowing nothing at all of the military position and duties of the Medical Staff. Probably he has never considered that the latter have other than merely "medical" duties to perform, and surely never could have pictured to himself the scene of a large body of the Medical Staff Corps marching past at a royal review, headed and commanded by an individual decked out in a costume similar to that of the mate of a penny steamboat! It is not in fear of such heretical and retrograde ideas as those of your correspondent being adopted that prompts me to write, but to point out their publication is calculated to bring discredit and ridicule upon medical officers who realise they are an integral part of, and wish to identify themselves with, the army in every possible way.

"* Medical Staff" may rely that nothing designedly calculated to weaken the position and just claims of army medical officers would knowingly appear in these columns. We have always vigorously endeavoured to maintain the military position of medical officers whether as regards status, duties, or uniform; and at the same time strenuously opposed the absurd attempts to civilianise them, whether by open foes outside or pseudo friends inside the department. In the mass of letters which reach us, while we endeavour to excise personalities and unworthy remarks, we see no harm, but rather benefit, in occasionally publishing comments, even if, although, as in the letter in question, they should be "fantastic and Quixotic." They often stimulate healthy criticism, and more clearly bring out the true bearings of a subject, as witness in this very instance. But for the "fantastic" letter of our Indian correspondent we should not have had the excellent comments of "Medical Staff," wherein is shown the glaring absurdity and futility of attempting to deal with medical officers, even in the matter of uniform, on any other footing than as ordinary military officers. To deck out men of the stamp of Surgeons Crimmins and Le Quenne—the two latest recipients of the Victoria Cross—in a bastard uniform would indeed be an outrage on common sense and the very fitness of things; these be "good doctors" in the highest military as well as civil sense of the term. The present letter, moreover, confirms what we were already well aware of, that medical officers will not submit to any offensive process of being "ticketed" or made "guys" of under specious pretences of distinguishing them from the rest of their army brethren.

and the brigade-surgeons; the former, although ranking as captains, have to serve six years before they receive the full allowances of the rank; and the latter, having no increased military rank, are ignored altogether financially, although otherwise conveniently recognised when it suits the powers that be to heap work and responsibility upon them.

As nearly one-third of the surgeons and one-half of the brigade-surgeons constantly serve in India, the financial injustice above alluded to presses severely on a large number of officers, while the saving to the Government is comparatively trifling. The public may well feel surprised that such a state of things can exist, for they would naturally suppose that when Imperial officers are lent to the Indian Government, the home authorities would insist upon financial justice being done; but at all events, as far as the unfortunate medical department is concerned, that is not the case.

The manner in which the question of increased pay for brigade-surgeons was officially discussed was almost comic. The minutes on the subject were shuttlecocked between Home and Indian Secretaries and heads of Departments, who, while all individually admitting the justice of the case, never could agree collectively; after a time the whole correspondence was finally pigeon-holed by order, under the old but convenient official formula "that the question cannot be reopened"—as if, forsooth, it had ever been settled or closed! This is an excellent example of how the just claims of medical officers have too often been treated.

The question of admission into the service is next reported on. One would have supposed that it had been once for all finally settled when open competition was established; but the Secretary of State for War still possesses the power of nomination, and under it the Committee propose to reintroduce patronage to a limited extent. Much may be said in favour of an old system which placed many admirable selected officers in the department, men who often had hereditary connection with the service, and who were specially educated under promise of commissions. It is now suggested that a certain number of vacancies in the department might with advantage be filled by the medical schools being allowed to nominate medical men who had held the office of house surgeon or house-physician to a large hospital, and who would be accepted without examination.

We are far from pronouncing the scheme unworkable, but we see some obvious difficulties and drawbacks to its success. To what medical schools would this bit of patronage be extended? If to each and all of them in these kingdoms, then competition might as well be abolished altogether; if to a select few, would there not be ground for just and jealous complaint? But even if this difficulty were amicably surmounted, what number of high class hospital men would allow themselves to be nominated? We imagine very few; because the majority aim at civil practice through hospital connections; and for such men the Army Medical Department offers no prizes or attractions. Should they accept commissions, however, would they occupy a comfortable or enviable position among those who had entered by open competition? We fear not; they would probably be regarded as having come in by a back door, and any real or even supposed favour or consideration extended to them would

THE REPORT OF LORD CAMPERDOWN'S

COMMITTEE.

CONCERNING service in India, the Committee recommend that no Royal Warrants, affecting officers paid by the Government of that country, should be drafted or issued without previous arrangement and concurrence between the Home and Indian Treasuries. It is surprising that a purely business matter of this kind should need recommendation at all; yet, that it is required is proved by Appendices 23 and 24 of the report. Therein it is shown that, while candidates are induced to enter the medical staff under specific provisions in Royal Warrants, they speedily find themselves under new masters in India, who put their own interpretation upon such provisions. The officers who chiefly suffer in India are the junior surgeons

NOTES ON THE MEDICAL ORGANISATION OF THE EGYPTIAN ARMY.

By SURGEON-MAJOR J. G. ROGERS, D.S.O., M.S.,
Sewa and Principal Medical Officer, Egyptian Army.

At a moment when the organisation of the Medical Staff is still under discussion, perhaps a brief account of the medical organisation of the Egyptian Army may not be devoid of interest.

Organisation as a Corps.—The medical service is organised as a corps entitled "the Medical Corps of the Army," being thus similar in title to other corps, such as "The Camel Corps." It consists of English officers, English non-commissioned officers, Egyptian officers, and Egyptian non-commissioned officers and men.

English Officers.—The English officers, seconded from the Medical Staff, English Army, may be considered as administrative, or staff officers, although with the exception of the Principal Medical Officer, they also perform executive duties in charge of army hospitals. In their administrative capacity they are staff officers for medical questions to officers commanding districts or commands.

Principal Medical Officer.—The Principal Medical Officer is the staff officer for all medical questions in the head quarter staff of the army.

Recruiting.—Two officers Medical Corps are detailed as staff officers recruiting, to inspect the work of conscription by the Military Recruiting Commissioners in the provinces. They have the full powers of Deputy Assistant Adjutant-Generals Recruiting. In medical questions they report to the Principal Medical Officer, on all other questions to the Adjutant-General.

Egyptian Officers.—The Egyptian officers are chiefly executive, only the seniors acting as administrative officers in case of necessity. They are as it were the regimental officers of the corps.

Non-commissioned Officers and Men.—As in other corps these are conscripts, but the Medical Corps does not receive conscripts direct. It is recruited by transfers from other corps of men of good character and superior education. The pay being higher, and the position of the corps as good as that of any other branch of the service, there is no difficulty in obtaining good men.

Rank.—There is neither relative nor honorary rank in the Egyptian army; all have substantive rank.

Powers of Command.—Powers of command of officers Medical Corps are limited to their own corps, all officers and men attached for duty, and all patients in military hospitals. In case of necessity, however, they command drafts of other corps proceeding from one station to another.

Courts-martial.—They also serve on courts-martial or boards, taking their seniority according to their army rank.

Titles.—The titles of all officers are in Arabic, those of officers Medical Corps the same as those of officers of other corps. Thus: El Kaimukam (Lieutenant-Colonel), A. Assistant Adjutant-General; El Kaimukam (Lieutenant-Colonel), B. S.M.O., Cairo; El Dewa (Major-General), C. Adjutant-General; El Dewa (Major-General), D. P.M.O. The Adjutant-General, the Surveyor-General, and the Principal Medical Officer have all the same army rank, that of Major-General or Dewa.

Uniform.—There is a distinctive Medical Corps uniform, but all

the English officers being staff officers wear the staff uniform of the army.

Pay.—Their rank and position being equal, their pay is the same as that of other officers of the rank. As, however, promotion is slower in the Medical Corps owing to the small number of English officers, a provision is made for increase of pay after so many years' service in the rank.

Allowances.—Pay for English officers being consolidated, there are but few allowances—namely, travelling allowance, Sudan allowance, forage allowance. Officers of Medical Corps draw the same as all other officers according to army rank and pay.

General Principle.—The general principle throughout is equality of rank, status, and pay with all other branches of the service. This has resulted in equality of consideration from all, and equal distribution of honours and rewards in His Highness the Khedive's service. Promotion by brevet does not exist, but were it introduced in the Egyptian Army, it would apply to the Medical Corps as to any other corps. The result of this organisation has been that the officers of the Medical Corps having no grievances, are absolutely content, while I have no hesitation in stating that the efficiency of the Medical Service has been largely increased by the position given to the Medical Corps as a scientific corps of the Army.

The late Adjutant-General, Egyptian Army, wrote as follows when leaving: "As you remark, the Medical Corps of the Army is really organised as a corps, and the officers have army rank. The result of this has been absence of friction between officers of the Medical Corps and other corps and departments, and total absence of grievances or discontent amongst the officers Medical Corps." This is the opinion of a distinguished officer for three years Adjutant-General, and under whose enlightened administration the present organisation was finally adopted. It is by such a measure as this that the contentment of the Medical Staff of the English Army can alone be obtained, their efficiency largely increased, and the *esprit de corps* which already strongly exists be still further developed, to the good of the entire army. In the large-minded spirit in which medical organisation in the Egyptian Army has been dealt with the English Government and the English military authorities have an example well worthy of imitation.

RANK RETIREMENT.

JUSTICE says: Appendix E of the Camperdown Committee Report states the period of home service for surgeons-major is over two years, and for surgeons three years. This is much less than other departments, and the severe amount of foreign service has much to do with the excessive mortality of medical officers, as shown in Appendices 13 and 15 of the report. Yet Mr. Stanhope ignores these facts, and exacts the three years' service in a rank to qualify for pension, as in more fortunate branches of the service. Justice demands that the House of Commons should be informed of these facts; and that one year and a half to two years in the rank to qualify for pension would be a fair proportion to exact from medical officers.

PROMOTION BY SELECTION.

PROGRESS suggests that every third vacancy in the ranks of surgeon-general and deputy surgeon-general should be filled by selection, without reference to seniority. In this way the ablest brigade surgeons and deputies would find their way into the administrative ranks while still comparatively young, and would be promoted in a similar way as colonels now are to the rank of major-general. The extension of the age limit to surgeons-general is a testimony to the fact that promotion to the rank at present occurs much too late in life.

MILITIA MEDICAL DEPARTMENT.

W.L.C. writes: In your able and much appreciated advocacy of the claims of the Army Medical Staff I think one matter has never been noted, and perhaps you may think it worth alluding to on some occasion. For many years no appointments have been made to the Militia Medical Department, and this department is being allowed to die out. There are 128 battalions of Infantry Militia, and 34 batteries of Militia Artillery, 162 in all, each of which in former days had their own medical officer, who went out with them for their month's training, for which month he was paid at a higher rate than the army medical officer; he also was paid so much a head for recruiting.

At the present there are only 57 out of 162 militia medical officers remaining; some of these, I know, do not now go out for the training. Probably in the course of a few years none will remain, and the entire of the work formerly performed by them will be performed, as it is at present to a great extent, by the army medical officers. Thus there must be a very considerable annual saving of money to the public, and there ought to be a proportionate credit given to the Army Medical Staff, who, though curtailed in numbers, leave, and home service are now medically attending to an army 10,000 stronger than it was a few years ago, doing the work of 162 abolished militia medical officers, as well as medically examining a very much larger number of recruits, owing to the increased number of men passing through the ranks with the short service system, a duty which is by no means either easy or pleasant.

REDRESS OF GRIEVANCES.

CANTAB writes: Will you allow me to suggest further considerations as to the methods which should be adopted for redress of grievances in a dignified and constitutional manner.

Is it certain that the attempt to close the schools, as in 1878-79, would now succeed? Competition in civil life is now more severe than then. To infer the solid advantages of the service will be likely to outweigh the more sentimental, though real enough, grievances. The entrance of this class will tend to further humiliate the service and the profession, and foster the class prejudices against medical men.

Let us in future concentrate our efforts on three points: First, rank pure and simple; secondly, the formation of a corps on the model of the Royal Engineers; thirdly, treatment as combatants in the matter of sick leave. Let us take our stand on the higher ground of "sentiment," and drop the smaller items that tend to obscure the main question. Let us bring Parliamentary influence to work, and if possible enlist the advocacy of the lay press. Let us work on, assured that our claims are not merely just, but necessary for the good of the army and the country, and the elevation of our liberal profession in the body politic.

Dec. 21, 1889.]

BRITISH MEDICAL ASSOCIATION.

SUBSCRIPTIONS FOR 1889.

SUBSCRIPTIONS to the Association for 1889 became due on January 1st; and notice is hereby given, in accordance with by-law 5, that Branch Secretaries' subscription-accounts close on October 31st, and all unpaid subscriptions must be forwarded, after that date, to the General Secretary, 429, Strand, London. Post Office Orders should be made payable at the West Central District Office, High Holborn.

The British Medical Journal.

SATURDAY, DECEMBER 21st, 1889.

AUTONOMY OF THE MEDICAL SERVICE OF THE ARMY OF FRANCE.

We have before us, both in the original somewhat technical French and in a carefully written English translation, the official report on the above subject. It is entitled, *Report of the Commission ordered to report upon the Bill modifying the law of March 16th, 1882, regulating the administration of the Army, and having for its object the giving a complete autonomy to the Military Medical Service, brought before the Chamber of Deputies at the meeting of April 4th, 1889, by M. Gadaud, deputy.* The latter gentleman begins by stating that "the law of July 24th, 1873, and that of March 16th, 1882, have created the autonomy of the Military Medical Service; but the latter law has limited this autonomy in such a manner that it should only become complete by successive steps, so that experience might be able to decide upon the necessity of endowing the medical service with the very great powers desired for it."

It thus appears that the autonomy and corps independence conferred on the French Army Medical Service was not suddenly or inconsiderately thrust upon it, but was the outcome of successive steps and tentative measures as expressed in the law of 1882, but really dating from 1873. M. de Freycinet, in introducing the law of 1882, stated to the Senate that if, upon trial, the powers granted to the medical service should have been exercised with success, then, "we shall see if it will be prudent to go further and give to it this last degree of autonomy." The experiment thus made has proved wholly and unquestionably successful. M. Gadaud continues: "Since the trial of the limited autonomy, the outcome has been that, in the *Corps d'Armées* in France and in Algeria, the opinions expressed by the generals commanding the *Corps d'Armées*, and by the directors of the Intendance Service, the report of General Fay preceding the decree of December 28th, 1883, upon the medical service of the interior, the campaign of Tonkin, have proved in the most demonstrative manner the indefeasible necessity of giving the medical service the entire disposal of its staff, and of the means necessary for the performance of their duty—to endow them, in a word, under the military authority, with an autonomy as complete as that of the artillery and engineers."

It is impossible to conceive any report clearer or stronger than this. What do our own military hierarchs say to it?

Especially would we commend it to the three dissentients of the Camperdown Committee, who actually propose to strip our medical officers of the limited command and authority which they now possess, and without which it is impossible for duty to be carried on. These gentlemen have taken up a position which is directly against the experience and testimony of the entire French army. Are they prepared to defend it in the House of Commons?

The report goes on to say: "It is necessary for this (complete autonomy) to entrust it (the medical service) with the care of providing its special supplies, to assure its full authority over the purveyors and quartermasters of the hospitals, and over the military hospital orderlies; it is necessary also that it should receive by delegation from the Minister the vote which Parliament grants it, and that it should control its own expenditure. All these powers are now actually exercised in whole or part by the Intendance Service."

The powers conferred on the medical service have thus been taken from the Intendance, transferred, in fact, not newly created.

The report next discusses the relationship of the medical service to the subordinate hospital staff. It first shows that it exhibits features specially its own. "When," said M. le Duc d'Harcourt in 1875 in his report to the National Assembly, "we look at the medical service and the administrative services with a view of comparing them, we find nothing but differences—differences in the duties, in the necessary knowledge, in the results aimed at."

The necessity of autonomy was thus seen even then. "Nevertheless, the law of March 16th, 1882, has left," says M. Gadaud, "to the Intendance Service the provision of supply for the medical service, and superior authority over the purveyors and quartermasters of the hospitals, as well as over the sections of hospital orderlies. As regards the staff (*personnel*), the report of the Commission, which, under the presidency of General Fay, recommended the rule of December 28th, 1883, said expressly:

"The law in maintaining the sections of hospital orderlies under the authority of Intendance Service has placed the Commission under the necessity of creating a complicated mechanism; it necessitates a continual change of positions between the directors of the medical service and of the Intendance, through the medium of the general officers commanding the *Corps d'Armées*, and of applications to the latter for orders on the subject of constant moves, of little importance, between the dépôts of the sections and the detachments attached to the military hospitals. It is very true this mechanism offers the advantage of leaving to the director of the medical service the entire disposal of the unemployed (or disposable) hospital orderlies."

"But," says M. Gadaud, "the director of the medical service never knows if the hospital orderlies present at the dépôt are disengaged or not; such information being in the province of the Intendance Service, he can only express his demands without being able to enforce them." This is a very old experience, well known to our own medical officers.

"The inconveniences of this position," says the report, "are such that, to put an end to the difficulties which it produced daily in the central administration" (immediately under the

direction of many privileges which were accorded to other officers. The right hon. gentleman's Committee had reported in favour of the medical officers' claim in this respect, and unless some steps were taken to place the position of the medical officers upon a proper footing, only the raff of the medical profession would enter the service. He hoped that the right hon. gentleman would consider the points which he had indicated.

Thursday, March 13th.

Committee on the Army. Now that the motions I shall be in order at subject. My text will be Medical Department. I quite consent to raise matters of that the right hon. gentleman will not deal with this early stage of the proposition which have Medical Department, but the decision he has arrived of the Departmental Com-eman has missed a very ty of settling these ques- the report of the Com- the dissatisfaction which Medical Department for years ed state in which medical dition of perpetual change ason why the right hon. report was the expense it at that expense would be at that a heavy estimate; ntion of this sort he is unfortunate that he could anges in the duties of the been unable to see his way ntal system, with the de- such of the domestic com- medical officers. I think sented to proposals which hing to say that doctors in all very well for civilians, any questions, such as that kind of rank is absolutely tment, by a very large e kind of compound title. officers do not desire to o experience of the rank- I do not know why the l of giving some kind of mnot do them any harm, e something of the kind urgeon-Major. I do not ant these titles, they can- ies have already adopted feeling in France is low

the system works uncom- Medical Department on a d there is still too much it branch of the service right hon. gentleman's ad- as to be so great that I i the table the evidence tee was based.—Mr. E. ould reserve my remarks ection in Committee. I He says I have not put ave the evidence, and I t it; but I did not think ense of printing it.—Dr. has kindly given me the trict confidence. The ind was derived from other r the evidence before the r the medical officers in unjustly used compared term of foreign service is insufficient, owing to per cent. higher than a quite time that this ass of officers should be e admitted was one of of the medical officers h involved the depri- of many privileges which were accorded to other officers. The right hon. gentleman's Committee had reported in favour of the medical officers' claim in this respect, and unless some steps were taken to place the position of the medical officers upon a proper footing, only the raff of the medical profession would enter the service. He hoped that the right hon. gentleman would consider the points which he had indicated.

NOTES ON THE MEDICAL ORGANISATION OF THE EGYPTIAN ARMY.

BY SURGEON-MAJOR J. G. ROGERS, D.S.O., M.S.,
Sewa and Principal Medical Officer, Egyptian Army.

At a moment when the organisation of the Medical Staff is still under discussion, perhaps a brief account of the medical organisation of the Egyptian Army may not be devoid of interest.

Organisation as a Corps.—The medical service is organised as a corps entitled "the Medical Corps of the Army," being thus similar in title to other corps, such as "The Camel Corps." It consists of English officers, English non-commissioned officers, Egyptian officers, and Egyptian non-commissioned officers and men.

English Officers.—The English officers, seconded from the Medical Staff, English Army, may be considered as administrative, or staff officers, although with the exception of the Principal Medical Officer, they also perform executive duties in charge of army hospitals. In their administrative capacity they are staff officers for medical questions to officers commanding districts or commands.

Principal Medical Officer.—The Principal Medical Officer is the staff officer for all medical questions in the head quarter staff of the army.

Recruiting.—Two officers Medical Corps are detailed as staff officers recruiting, to inspect the work of conscription by the Military Recruiting Commissioners in the provinces. They have the full powers of Deputy Assistant Adjutant-Generals Recruiting. In medical questions they report to the Principal Medical Officer, on all other questions to the Adjutant-General.

Egyptian Officers.—The Egyptian officers are chiefly executive, only the seniors acting as administrative officers in case of necessity. They are as it were the regimental officers of the corps.

Non-commissioned Officers and Men.—As in other corps these are conscripts, but the Medical Corps does not receive conscripts direct. It is recruited by transfers from other corps of men of good character and superior education. The pay being higher, and the position of the corps as good as that of any other branch of the service, there is no difficulty in obtaining good men.

Rank.—There is neither relative nor honorary rank in the Egyptian army; all have substantive rank.

Powers of Command.—Powers of command of officers Medical Corps are limited to their own corps, all officers and men attached for duty, and all patients in military hospitals. In case of necessity, however, they command drafts of other corps proceeding from one station to another.

Courts-martial.—They also serve on courts-martial or boards, taking their seniority according to their army rank.

Titles.—The titles of all officers are in Arabic, those of officers Medical Corps the same as those of officers of other corps. Thus: El Kaimukam (Lieutenant-Colonel), A. Assistant Adjutant-General; El Kaimakam (Lieutenant-Colonel), B. S.M.O., Cairo; El Saw (Major-General), C. Adjutant-General; El Saw (Major-General), D. P.M.O. The Adjutant-General, the Surgeon-General, and the Principal Medical Officer have all the same army rank, that of Major-General or Saw.

Uniform.—There is a distinctive Medical Corps uniform, but all

the English officers being staff officers wear the staff uniform of the army.

Pay.—Their rank and position being equal, their pay is the same as that of other officers of the rank. As, however, promotion is slower in the Medical Corps owing to the small number of English officers, a provision is made for increase of pay after so many years' service in the rank.

Allowances.—Pay for English officers being consolidated, there are but few allowances—namely, travelling allowance, Soudan allowance, forage allowance. Officers of Medical Corps draw the same as all other officers according to army rank and pay.

General Principle.—The general principle throughout is equality of rank, status, and pay with all other branches of the service. This has resulted in equality of consideration from all, and equal distribution of honours and rewards in His Highness the Khedive's service. Promotion by brevet does not exist, but were it introduced in the Egyptian Army, it would apply to the Medical Corps as to any other corps. The result of this organisation has been that the officers of the Medical Corps having no grievances, are absolutely content, while I have no hesitation in stating that the efficiency of the Medical Service has been largely increased by the position given to the Medical Corps as a scientific corps of the Army.

The late Adjutant-General, Egyptian Army, wrote as follows when leaving: "As you remark, the Medical Corps of the Army is really organised as a corps, and the officers have army rank. The result of this has been absence of friction between officers of the Medical Corps and other corps and departments, and total absence of grievances or discontent amongst the officers Medical Corps." This is the opinion of a distinguished officer for three years Adjutant-General, and under whose enlightened administration the present organisation was finally adopted. It is by such a measure as this that the contentment of the Medical Staff of the English Army can alone be obtained, their efficiency largely increased, and the *esprit de corps* which already strongly exists be still further developed, to the good of the entire army. In the large-minded spirit in which medical organisation in the Egyptian army has been dealt with the English Government and the English military authorities have an example well worthy of imitation.

RANK RETIREMENT.

JUSTICE says: Appendix 6 of the Camperdown Committee Report states the period of home service for surgeons-major is over two years, and for surgeons three years. This is much less than other departments, and the severe amount of foreign service has much to do with the excessive mortality of medical officers, as shown in Appendices 13 and 15 of the report. Yet Mr. Stanhope ignores these facts, and exacts the three years' service in a rank to qualify for pension, as in more fortunate branches of the service. Justice demands that the House of Commons should be informed of these facts; and that one year and a half to two years in the rank to qualify for pension would be a fair proportion to exact from medical officers.

PROMOTION BY SELECTION.

Progress suggests that every third vacancy in the ranks of surgeon-general and deputy surgeon-general should be filled by selection, without reference to seniority. In this way the ablest brigade surgeons and deputies would find their way into the administrative ranks while still comparatively young, and would be promoted in a similar way as colonels now are to the rank of major-general. The extension of the age limit to surgeons-general is a testimony to the fact that promotion to the rank at present occurs much too late in life.

MILITIA MEDICAL DEPARTMENT.

W.L.C. writes: In your able and much appreciated advocacy of the claims of the Army Medical Staff I think one matter has never been noted, and perhaps you may think it worth alluding to on some occasion. For many years no appointments have been made to the Militia Medical Department, and this department is being allowed to die out. There are 128 battalions of Infantry Militia, and 34 batteries of Militia Artillery, 162 in all, each of which in former days had their own medical officer, who went out with them for their month's training, for which month he was paid at a higher rate than the army medical officer; he also was paid so much a head for recruiting.

At the present there are only 65 out of 162 militia medical officers remaining; some of these, I know, do not now go out for the training. Probably in the course of a few years none will remain, and the entire of the work formerly performed by them will be performed, as it is at present to a great extent, by the army medical officers. Thus there must be a very considerable annual saving of money to the public, and there ought to be a proportionate credit given to the Army Medical Staff, who, though curtailed in numbers, leave, and home service are now medically attending to an army 10,000 stronger than it was a few years ago, doing the work of 162 abolished militia medical officers, as well as medically examining a very much larger number of recruits, owing to the increased number of men passing through the ranks with the short service system, a duty which is by no means either easy or pleasant.

REDRESS OF GRIEVANCES.

CANTAB writes: Will you allow me to suggest further considerations as to the methods which should be adopted for redress of grievances in a dignified and constitutional manner.

Is it certain that the attempt to close the schools, as in 1878-79, would now succeed? Competition in civil life is now more severe than then. To interfere with the solid advantages of the service will be likely to outweigh the most sentimental, though real enough, grievances. The entrance of this class will tend to further humiliate the service and the profession, and foster the class prejudices against medical men.

Let us in future concentrate our efforts on three points: First, rank pure and simple; secondly, the formation of a corps on the model of the Royal Engineers; thirdly, treatment as combatants in the matter of sick leave. Let us take our stand on the higher ground of "sentiment," and drop the smaller items that tend to obscure the main question. Let us bring Parliamentary influence to work, and if possible enlist the advocacy of the lay press. Let us work on, assured that our claims are not merely just, but necessary for the good of the army and the country, and the elevation of our liberal profession in the body politic.

BRITISH MEDICAL ASSOCIATION.

SUBSCRIPTIONS FOR 1889.

SUBSCRIPTIONS to the Association for 1889 became due on January 1st; and notice is hereby given, in accordance with by-law 5, that Branch Secretaries' subscription-accounts close on October 31st, and all unpaid subscriptions must be forwarded, after that date, to the General Secretary, 429, Strand, London. Post Office Orders should be made payable at the West Central District Office, High Holborn.

The British Medical Journal.

SATURDAY, DECEMBER 21st, 1889.

AUTONOMY OF THE MEDICAL SERVICE OF THE ARMY OF FRANCE.

We have before us, both in the original somewhat technical French and in a carefully written English translation, the official report on the above subject. It is entitled, *Report of the Commission ordered to report upon the Bill modifying the law of March 16th, 1882, regulating the administration of the Army, and having for its object the giving a complete autonomy to the Military Medical Service, brought before the Chamber of Deputies at the meeting of April 4th, 1889, by M. Gadaud, deputy.* The latter gentleman begins by stating that "the law of July 24th, 1873, and that of March 16th, 1882, have created the autonomy of the Military Medical Service; but the latter law has limited this autonomy in such a manner 'that it should only become complete by successive steps, so that experience might be able to decide upon the necessity of endowing the medical service with the very great powers desired for it.'"

It thus appears that the autonomy and corps independence conferred on the French Army Medical Service was not suddenly or inconsiderately thrust upon it, but was the outcome of successive steps and tentative measures as expressed in the law of 1882, but really dating from 1873. M. de Freycinet, in introducing the law of 1882, stated to the Senate that if, upon trial, the powers granted to the medical service should have been exercised with success, then, "we shall see if it will be prudent to go further and give to it this last degree of autonomy." The experiment thus made has proved wholly and unquestionably successful. M. Gadaud continues: "Since the trial of the limited autonomy, the outcome has been that, in the *Corps d'Armées* in France and in Algeria, the opinions expressed by the generals commanding the *Corps d'Armées*, and by the directors of the Intendance Service, the report of General Fay preceding the decree of December 28th, 1883, upon the medical service of the interior, the campaign of Tonkin, have proved in the most demonstrative manner the indefeasible necessity of giving the medical service the entire disposal of its staff, and of the means necessary for the performance of their duty—to endow them, in a word, under the military authority, with an autonomy as complete as that of the artillery and engineers."

It is impossible to conceive any report clearer or stronger than this. What do our own military hierarchs say to it?

Especially would we commend it to the three dissentients of the Camperdown Committee, who actually propose to strip our medical officers of the limited command and authority which they now possess, and without which it is impossible for duty to be carried on. These gentlemen have taken up a position which is directly against the experience and testimony of the entire French army. Are they prepared to defend it in the House of Commons?

The report goes on to say: "It is necessary for this (complete autonomy) to entrust it (the medical service) with the care of providing its special supplies, to assure its full authority over the purveyors and quartermasters of the hospitals, and over the military hospital orderlies; it is necessary also that it should receive by delegation from the Minister the vote which Parliament grants it, and that it should control its own expenditure. All these powers are now actually exercised in whole or part by the Intendance Service."

The powers conferred on the medical service have thus been taken from the Intendance, transferred, in fact, not newly created.

The report next discusses the relationship of the medical service to the subordinate hospital staff. It first shows that it exhibits features specially its own. "When," said M. le Duc d'Harcourt in 1875 in his report to the National Assembly, "we look at the medical service and the administrative services with a view of comparing them, we find nothing but differences—differences in the duties, in the necessary knowledge, in the results aimed at."

The necessity of autonomy was thus seen even then. "Nevertheless, the law of March 16th, 1882, has left," says M. Gadaud, "to the Intendance Service the provision of supply for the medical service, and superior authority over the purveyors and quartermasters of the hospitals, as well as over the sections of hospital orderlies. As regards the staff (*personnel*), the report of the Commission, which, under the presidency of General Fay, recommended the rule of December 28th, 1883, said expressly:

"The law in maintaining the sections of hospital orderlies under the authority of Intendance Service has placed the Commission under the necessity of creating a complicated mechanism; it necessitates a continual change of positions between the directors of the medical service and of the Intendance, through the medium of the general officers commanding the *Corps d'Armées*, and of applications to the latter for orders on the subject of constant moves, of little importance, between the dépôts of the sections and the detachments attached to the military hospitals. It is very true this mechanism offers the advantage of leaving to the director of the medical service the entire disposal of the unemployed (or disposable) hospital orderlies."

"But," says M. Gadaud, "the director of the medical service never knows if the hospital orderlies present at the dépôt are disengaged or not; such information being in the province of the Intendance Service, he can only express his demands without being able to enforce them." This is a very old experience, well known to our own medical officers.

"The inconveniences of this position," says the report, "are such that, to put an end to the difficulties which it produced daily in the central administration" (immediately under the

Ministry of War) "the decree of February 11th, 1887, has reattached the purveyors and quartermasters of the hospitals, and the hospital orderlies, to the authority of the medical service established at the Ministry of War; but in the *Corps d'Armées*, by virtue of the law of March 16th, the dualism exists, and the unity of the Ministerial control is divided between the Intendance and the medical services. Also the staff (*personnel*), whom it concerns, is placed in a delicate situation: they cannot serve at the same time under two different authorities, the duality embarrasses those who ought to obey. To complete the reattachment of the purveyors and quartermasters of the hospitals, and the hospital orderlies to the medical service, for which they exist, is then a logical necessity; it will simplify immediately the performance of the duties of the service, and will put everyone in practical knowledge of his rights and duties."

Can anything be clearer? The "limited" command, the "superior" authority of the Intendance not only produced the usual circumlocution, confusion, and delay, fatal to all real efficiency, but was a stumbling-block alike to those in authority and to those whose duty it is to obey. The French have seen the "logical necessity" of complete autonomy; when will the like dawn on our War Office?

The report then discusses a question whether the complete separation of the medical service from the Intendance should not disqualify its purveyors and quartermasters from competing for the higher offices in the latter. This the Minister of War held to be a logical result, but the Commission says: "Having the greatest possible desire not to injure any acquired rights, it is well understood that the new law will have no retrospective effect."

The tenderness here shown to vested rights we would commend to those of our own reformers, law makers, and warrant framers who dabble with a light heart in altering conditions of service.

The report goes on to say: "That which has been said of the *administrative personnel* of the medical service ought to be understood also as applying to the departments." Of central dépôts and magazines of medical stores, it says: "Nothing is more natural than to leave to the competence and vigilance of the medical service the care of forming, keeping, and maintaining them by its own resources, and in its own magazines. This," it says, "will cut short the delays, the difficulties, and the complication of the actual work; it will fix the responsibility."

The decree of May 27th, 1882, had already fixed the control of reserve medical stores (Paris) at the Ministry of War, and it is added: "That which has been considered indispensable in the central management is not less so in the direction of the *Corps d'Armées*; in fact, the trial has been made at Tonkin." It goes on to say that from the dépôt at Hanoi, under the medical service, stores were issued just as successfully and easily as if it had been Paris, and urges that the reserve magazines at Marseilles and Algeria should also be taken from the Intendance, and administered by the medical service.

Having disposed of command of the hospital *personnel* and control of medical supplies, the report considers financial control. It points out that while the law of March 16th, 1882, "grants the assignment of the money vote to the directors of

the principal services of the army," it "makes the exception for the medical service, the votes of which are received and the expenses arranged by the Intendance service." Again the old story, whether in civil or military life. Any outsider, no matter who, can control the finances of a hospital, but the doctors—never!

"The result," says the report, "is that no expense, no matter what its object is, can be entertained without the permission of an outside authority, which—not in any way managing the medical service—can, however, stop its work." "In times of peace this system entails considerable delay.....in time of war.....grievous results." "It is a principle of administration that the financial control is one of the essential powers of direction. If the limited direction accorded to the medical service has already produced very notable economies everywhere, where the surgeons direct the hospital services one has a right to expect more from their direct intervention and from their personal responsibility over the daily expenses.....of the hospitals." Evidently in France it is beginning to be recognised that the average medical man is at least as capable of exercising financial control of his establishments as the average Tom, Dick, or Harry, who in this country is usually placed over him.

The report winds up with the following very interesting and suggestive paragraph: "These new powers would have the consequence of rendering complete and efficacious the direction of the medical service without interfering with the professional duties of the directors."

Now, our own military authorities, in order to keep medical officers down, are never weary of reiterating that to give them military status, command, control, would weaken or destroy professional efficiency; it would be, as they say in their delicate susceptibility towards the profession, like using a razor to chop wood; and even some weak-kneed professional brethren have endorsed the same argument in what has been nicknamed the "good doctor" talk. We never believed in it, and the French have evidently ceased to listen to it; the theory of professional degeneration resulting from the burden of command and control has, indeed, been deliberately invented to prejudice and throw dust in the eyes of the public, and so prevent the doctors getting either the one or other. In all experience the military medical man who is the best soldier is invariably the best doctor also; there is no incompatibility.

We have now set forth the nature of the great change which has just been effected in the French Army Medical Service as clearly as the somewhat intricate and technical nature of the report would allow. We commend it to the study of our own War Minister and all whom it may concern in this country. The Bill giving effect to the report, when discussed before the Chamber of Deputies on April 11th, 1889, was declared urgent and forthwith adopted.

THE CELIAC AFFECTION IN CHILDREN.

THE abdominal affections of children are, notwithstanding much good work that has been done in recent years, still involved in a good deal of obscurity, not to say confusion, and we therefore feel especially indebted to Dr. R. A. Gibbons for his paper, with the above heading, in the *Edinburgh Medical Journal* for October and November, in which he gives a concise

HOUSE OF COMMONS.—Thursday, March 13th.

Relative Rank.—On going into Committee on the Army Estimates, Dr. FARQUHARSON said: Now that the motions on the paper have been disposed of, I presume I shall be in order in making a few remarks on a different subject. My text will be the present condition of the Army Medical Department. I quite admit that it is a great deal more convenient to raise matters of this sort on the vote relating to them, and I will not deal with any point of detail; but I think it well that the right hon. gentleman (Mr. Stanhope) should know at this early stage of the proceedings the great dissatisfaction and disappointment which have been expressed, not only in the Army Medical Department, but in the medical profession outside, at the decision he has arrived at in regard to the recommendations of the Departmental Committee. I think the right hon. gentleman has missed a very valuable and perhaps unique opportunity of settling these questions once and for all. If he had adopted the report of the Committee he would have entirely settled all the dissatisfaction which has been seething around the Army Medical Department for years—dissatisfaction arising from the unsettled state in which medical officers have been left, and from the condition of perpetual change to which they are subjected. One reason why the right hon. gentleman was unable to adopt the report was the expense it would have involved. He has stated that that expense would be £100,000 a year. I should have thought that a heavy estimate; but, of course, I must admit that on a question of this sort he is better informed than I am. I think it unfortunate that he could not have put an end to the perpetual changes in the duties of the army medical officers, and that he has been unable to see his way to make some return to the old regimental system, with the destruction of which has disappeared so much of the domestic comfort, peace, and happiness of the army medical officers. I think it also a pity that he could not have consented to proposals which would cost nothing. It is a common thing to say that doctors in these days do not want titles. That is all very well for civilians, but in military life there are a great many questions, such as that of the choice of quarters, in which some kind of rank is absolutely necessary. The Army Medical Department, by a very large majority, have said that they want some kind of compound title. I know that a few of the old medical officers do not desire to have such a title, but they have had no experience of the rank-and-file life of the doctor of to-day. I do not know why the Government should be so much afraid of giving some kind of title to the doctor if he wants it; it cannot do them any harm, and it may do him some good. You have something of the kind in the title of Surgeon-General and Surgeon-Major. I do not know why, when the medical officers want these titles, they cannot have them. Two or three countries have already adopted them, notably America, and I think that feeling in France is now

tending in that direction. In America the system works uncommonly well, and has placed the Army Medical Department on a firm and satisfactory basis. I am afraid there is still too much jealousy on the part of the combatant branch of the service towards doctors. The hostility of the right hon. gentleman's advisers to the medical department seems to be so great that I believe he has not ventured to place on the table the evidence on which the report of the Committee was based.—Mr. E. STANHOPE: I think it better that I should reserve my remarks until the hon. gentleman raises the question in Committee. I may, however, just refer to one point. He says I have not put the evidence on the table. Anyone can have the evidence, and I believe the hon. gentleman himself has got it; but I did not think it necessary to put the House to the expense of printing it.—Dr. FARQUHARSON: The right hon. gentleman has kindly given me the evidence, but it has been given to me in strict confidence. The information on which my remarks were based was derived from other sources.—Dr. CLARK wished to ask whether the evidence before the Departmental Committee did not justify the medical officers in the army in complaining that they were unjustly used compared with the other officers, inasmuch as their term of foreign service was longer and that their sick leave was insufficient, owing to which the mortality among them was 33 per cent. higher than that of other officers in the service. It was quite time that this unnecessary expense of life among this class of officers should be put an end to. The second point, which he admitted was one of sentiment, was whether the present position of the medical officers in the army was not a degrading one, which involved the deprivation of many privileges which were accorded to other officers. The right hon. gentleman's Committee had reported in favour of the medical officers' claim in this respect, and unless some steps were taken to place the position of the medical officers upon a proper footing, only the riff-raff of the medical profession would enter the service. He hoped that the right hon. gentleman would consider the points which he had indicated.

RELATIVE RANK.

MR. STANHOPE AND THE ARMY MEDICAL DEPARTMENT.

DR. FARQUHARSON asked the Secretary of State for War on March 3rd what action he had taken, or intended to take, with reference to the recommendations contained in the report of the Committee appointed to inquire into the pay, status, and conditions of service of the medical officers of the army and navy which was laid upon the table of the House in August, 1889; and whether it was his intention to print the evidence taken before that Committee for the information of the House.—MR. E. STANHOPE replied as follows: The recommendations of the Committee would, if carried out, involve an annual increase of expenditure exceeding £100,000, for which no sufficient grounds appear to me to have been brought forward. I do not propose to give effect to the recommendations involving expenditure; and as regards the recommendation to confer combatant titles on medical officers, as I find that my military advisers are unanimously opposed to it, and the naval medical officers do not desire it, no change is proposed in the titles. It is not intended to publish the evidence, but, if the hon. member would like to see it, I shall be happy to show it to him or to any other hon. member who may be interested.

This statement of Mr. Stanhope's is of so serious a character, that it will be well briefly to review the events which have led up to the present situation.

It is just a year since Mr. Stanhope decided to appoint a Committee to "fully investigate and report" among other matters, on the status and rank of medical officers "in relation to their combatant brethren." The main reason for this step is stated to have been the diversity of opinion that had existed for some time between the War Office and the officers of the Medical Department of the Army on the question of rank. Mr. Stanhope and the military authorities at the War Office held that the Warrant of 1887, although it abolished relative rank in the army, made no practical difference to medical officers, because they were allowed to "rank as" combatant officers. On the other hand, a very large majority of the medical officers asserted that the term "ranking as" has no meaning to military officers or to anyone else unless it be children playing at soldiers. Medical officers state—and their statement has, we believe, been confirmed by Mr. Stanhope—that relative rank had substantially little more in it than "ranking as"; nevertheless, it was the only nameable rank they ever possessed, and when it was abolished they were left without any status in the army. Medical officers of experience assert that they find it is almost impossible, especially when on active service, to carry on the work of their department efficiently without substantive rank enabling them to command a definite position in a service which is absolutely regulated by titles giving precedence and rank.

So acutely do the medical officers of the army feel their position that, as Mr. Stanhope observed, repeated questions were raised in Parliament during the session of 1887 and 1888 as to their status in relation to their combatant brethren; but Mr. Stanhope omitted to mention that during that period the opinion of the medical officers of the army had been taken on this subject, and that 75 per cent. out of 922

officers stated that it is essential to the efficiency of the Medical Department that they should be granted substantive rank and corresponding army titles. In these circumstances the Secretary of State for War determined to refer the question to a Committee. After the most careful consideration, this Committee came to the decision that "the abolition of relative rank enabled medical officers to say, with a certain amount of logical correctness, that they had now no rank in the army," and to rectify this state of things the Committee recommended with reference to titles that "in the Queen's Regulations and the Army Pay Warrant it should be stated that officers of the Army Medical Department shall hold the following military rank with relative army rank, a table of which we append." Then follows the table, fixing the compound titles of Surgeon-General, Surgeon-Colonel, Surgeon-Major, and so on, with their relative army rank. We now have Mr. Stanhope's decision regarding the recommendations of the Committee which he had appointed and charged to "fully investigate and report on" this question. He states in Parliament that, as regards the "recommendations to confer combatant titles on medical officers, as I find that my military advisers are unanimously opposed to it, and the naval officers do not desire it, no change is proposed in the titles." He adds: "It is not intended to publish the evidence" on which the members of the Committee based their recommendations. It may well be asked, Why, then, have referred this question to a Committee? Mr. Stanhope knew perfectly well before March, 1889, that his military advisers were dead against the contention of the medical officers; why not have said so, at once, in place of keeping the latter in a state of suspense for a year, only to find their legitimate aspirations crushed at the end of that period? It must be borne in mind also that one and all of the principal military advisers of the War Office were examined at length by the Committee before its members arrived at the conclusion above quoted.

Mr. Stanhope's action has rendered the present position of this vexed question infinitely more difficult than it was a year ago, and to have widened the gap which exists between the "combatant" and the medical officers of the army. The Secretary of State for War deliberately submitted these differences to a Committee. He selected the Chairman of that Committee, one of the ablest and most competent members of the House of Lords, to inquire into the matter, aided by Sir Herbert Maxwell, one of the Lords of the Treasury, and Colonel Cotton, in conjunction with two retired army surgeons; these five gentlemen out of eight constituting the Committee were unanimous in recommending that compound definite titles should be granted to medical officers of the army, which, after all, was the chief matter in dispute; and Mr. Stanhope's reply is: "No change will be made in the titles." We assume that he means in existing titles; without definite titles there can be no expressed army rank, and consequently no real status for medical officers in the army.

It was one of the strong points of the argument of those members of the Committee who disagreed with the recommendations contained in the report as regards titles, that there was no lack of candidates for the Army Medical Service under existing circumstances. Wh-

March 8, 1890.

THE BRITISH

In reading through the book, one is impressed with the feeling that the writer is a careful observer, and that his advice as to treatment is sound, and based very largely on long experience.

A chapter on the use of hypnotics would have been a valuable addition to the work. As it is they are treated very incidentally, little is said regarding their relative values, and the newer hypnotics are barely mentioned. On page 75 the curious mistake is made of describing amylene hydrate as a "tertiary nitrite," whereas it is tertiary amyl alcohol.

NOTES ON BOOKS.

Leprosy and its Prevention, as illustrated by Norwegian Experience. By ROBSON ROOSE, M.D., etc. (London: H. K. Lewis, 1890.)—Dr. Roose, having made several visits to Norway in recent years, and having when there taken the opportunity of observing cases of leprosy and of studying the forms and clinical features of the disease in that country, has embodied the results of his observation and reading in a small volume. The author does not profess to offer anything really new for the consideration of his readers, but he has brought together in a small space abstracts from the writings of recent authors whose works may be considered authoritative. Leloir, Neisser, Cornil and others are quoted in illustration of certain practical points, whilst Hirsch is placed under contribution in connection with the more general questions concerning the disease. Dr. Roose states that all the physicians whom he met in Norway were unanimous in the opinion that segregation is the most important part in the treatment of leprosy. The monograph is short and readable, and to those who are not familiar with recent works on the subject it presents a good deal of useful information.

The Medical Annual and Practitioners' Index. (Bristol: John Wright and Co. London: Simpkin, Marshall and Co. 1890.)—The eighth issue of this *Annual* does not differ in general scope and aim from its predecessors. The first hundred pages contain a review of therapeutic progress during the year 1889. Dr. Sidney Martin has succeeded in giving in less than half this space a very complete summary of new facts with regard to drugs; the greater part of the remaining space, however, is occupied by a short treatise, mainly on warm baths, to which the author, Dr. Percy Wilde, applies a somewhat high sounding title—thermo-therapeutics. Dr. Rockwell, of New York, contributes a useful short article on electro-therapeutics. The next section of the book occupies about four hundred pages; it consists of a series of short articles, alphabetically arranged, containing notes on new methods of treatment. Among the contributors to this section we notice the names of Drs. George Harley, Sandby, C. L. Dana, De Havilland Hall, Shingleton Smith, and Fancourt Barnes; and of Messrs. Mayo Robson, Walter Pye, Hurry Fenwick, and Herbert Allingham. A useful article on sanitary science is contributed by Dr. D. S. Davies, medical officer of health, Bristol. There is the usual list of lunatic asylums, homes for inebriates, hydropathic establishments, medical and scientific societies, etc. Mention may also be made of a descriptive list of new pharmaceutical and dietetic preparations. The book is not free from defects, but as a handy work of reference for the consulting room table it will be found extremely convenient.

St. Bartholomew's Hospital Reports. Edited by W. S. CHURCH, M.D., and W. J. WALSHAM, F.R.C.S. Vol. XXV. (London: Smith, Elder and Co. 1889.)—These Reports appear in their usual form, including the proceedings of the Abernethian Society, a descriptive list of specimens added to the museum during the year 1889, and the medical and surgical registrars' statistical tables for 1888. The value of the latter is self-evident; the supplementary museum list is also a feature worthy of commendation. In this volume medical papers greatly preponderate, for, out of the twenty-nine articles, eighteen are purely medical, not including two devoted to obstetrical topics, and several of the remainder are on pathological questions. The students, again, showed special activity during last winter session in preparing medical papers for their Society. Sir Dyce Duckworth heads the series of articles in this volume by two good clinical papers. The first treats of Two Cases of Heart Disease (Aortic Reflux), which recovered from severe enteric fever and diphtheria respectively; the second discusses Some Anomalies of the Papular Eruption in Enteric Fever, urines, seeking everywhere to find that promised land where everything was efficient,

RD. [OCT. 1, 1890.

sonnel and material. But up to the hat search has not been successful, as say that there is any one country pre- and in military medical matters. ight notice the various countries in

States of America.—The great wars of tenped the American medical service hes gree. Enormous armies were in the art, corresponding arrangements had men the medical care of their sick adn des. The service has there the fullest butmmand of their hospitals, and no seny is at work over the medical Wy wor

one responsible, and they have the have clearly defined military s, are graded from generals down s, and are well paid, as are all the

DE presidents and members of courts- are associated in the closest way ary officers of other branches of

DE enquiries as to how the granting ank affects the military medical Surgeon-general of the army o difficulty whatever either in etice has arisen from the fact that ers have real rank, but, on the wisdom of the legislation by which d has been satisfactorily establish- undoubted fact that the law, giving ers the same military status as s, has done much to enhance the s, and to increase the efficiency of edical Service." These words have sound, and every officer, who has abject, must agree in their absolute

here is no doubt whatever that mits of an army, military rank and s are the only ones of any value. qualize the medical status of civil life y rank, is a matter of great diffi- the War Minister should simply itary officers of every class and itary rank, pure and simple.

al officers of the American Army eral army command, but they have ority to command all soldiers in

the fact of their sitting as presidents and members of courts-martial is also of much value

ke any change? Men in the service ; what their position would be; the aboli- rank created no new phase in the his- tment of the Army Medical Service. ions of Lord Camperdown's Committee main to testify the unbiassed opinion refully considered the matter, and who present military authorities of the War Office subject. Secretaries of State for War and age, but the recommendations of the Com- and if the medical service are true to them- a secure stepping stone on which to rest their right to be admitted as an integral e army.

the service forbid combination, and individual arly be expected to destroy their own pro- ward prominently as agitators. The members take an active and direct interest in these v to make their influence strongly felt—ready h they are to do what they can. But ming force outside, which, if skillfully organ- irresistible. Time after time has the medical e great Association to which most of them h pressure to bear on the Government that urrender at discretion. A crisis is now at as ranged itself against the department, not But we hold the trump card, and the time when it must be played.—I am, etc.,

M.D., M.P.

to Mr. Stanhope's reply on Monday, Dr. a second question on Thursday asking the or War which were the recommendations of he Army Medical Department which would reased expenditure. we learn that Mr. STANHOPE replied as fol- increase of charge is involved in each of the ndations:—That the 50 brigade-surgeons minor surgeons-major (or surgeons-lieutenant illed in the report). That medical officers on d be substituted for the retired officers em- at medical officers should be attached for a iments and corps. That the tour of foreign ceased. That three months' special leave seven years. That service should date from at higher pay should be given in India to

"MILITARY INSTINCTS."

For Service writes: I have read with pleasure the ence taken by Lord Camperdown's Committee, pub- of April 5th. There the Duke of Cambridge has been e can adduce no reason for refusing military rank and vers of the army. All he can say is that his "military cannot carry it." The Horse Guards clique, including ler, and Harman, of course follow lead; whilst General e Commander-in-Chief of the Army of India, would d title to the medical officers, pure and simple, just rs, and also "a place in the Army List, which would be them, and do no harm to anyone else." t the position advocated by Sir Donald Stewart the hich the medical officers, backed up by the civil pro- I along demanded, and not one which by any possi- as in any respect inferior to that of any other body s as that indicated by the compound title would, I avey. n of pampering Horse Guards prejudices and admini- e further expense of medical and military efficiency then, I think, the sooner it is settled once and for ever tution the better. I "military instincts," or rather, the "unreasoning and e official, however highly placed or connected, or of and inspired functionalities, that ought to be regarded, not common sense, past experience and knowledge, not rmy needs to render it as efficient as possible, but what mple, those of France, Italy, Switzerland, and the und it necessary to do towards this end; and all these s to accord to their medical officers military rank, title,

t, so to speak, of my dear old comrades the medical s, I regret to think, been an absurdly humble one. Had s civil profession with them, asserted themselves much done, I cannot but think that their position to-day y superior to what it is. In future I do hope that there eath and whispering humbleness "in their struggle for a more tolerable existence and a higher usefulness.

No profession has a better right to hold up its head manfully and self-respectingly, or to speak right out and demand a position second to no other class of officers in the army.

Reasons why I shouldn't Join the Indian Medical Service." Let us post up more, "Why we should not Join the Medical Staff." I would also propose that a retired medical officer should visit the schools and lecture on the subject. Money will be wanted, and I hope you will put me down for £1.

afforded was that such inspection was made by a thoroughly independent authority who had absolutely no interest in the report. The Association had also undertaken a further important department of work, namely, the examination of the accounts of plumbers and other tradesmen employed by the members, and the preparation of specifications for work in contemplation, and the supervision of work in progress.

GLASGOW HUMANE SOCIETY.

THE report of this Society for the past year gives the number of submersions in the river Clyde, within the area of the Society's operations, as 156. Of these 109 were accidental, 24 of these being drowned. There were 12 suicides and attempted suicides, of whom 5 were rescued; while 35 persons, 22 men, and 13 women were found drowned, it being uncertain whether the death had been by accident or design.

GLASGOW TRAINING HOME FOR NURSES.

EXCELLENT progress continues to be made in Glasgow by this institution. During the past year 71 nurses have been connected with it, 61 fully qualified and 18 under training. In the house 172 patients were treated, and nurses had been sent out to 483 cases of sickness in private families. For the first time for ten years the financial report for the year shows a balance in favour of the institution of nearly £150.

GLASGOW PHILOSOPHICAL SOCIETY.

UNDER the auspices of the Philosophical Society Mr. Eadweard Muybridge, of the University of Pennsylvania, delivered a lecture, on February 26th, on the Science of Animal Locomotion Applied to Design in Art. The lecture had been arranged for by the Philosophical Society in terms of the agreement made between it and the Glasgow Science Lectures Association, when the latter came to an end some years ago. Mr. Muybridge showed by lime light his photographs of animals in the act of walking, trotting, etc., illustrating how the movements could be analysed by a consecutive series of instantaneous photographs, which could then be made to undergo a synthesis. Applying the scientific facts thus acquired, he criticised modern representations of animals in motion as found in the works of some of the best artists, and showed how much they were in error. In ancient paintings and sculpture, on the other hand, there was found a most remarkable fidelity to nature. On a subsequent evening, at the Art Club, Mr. Muybridge exhibited a series of photographs of nude male figures engaged in wrestling, fencing, playing base ball, and cricket. These were not only very remarkable exhibitions of the various muscular movements but also showed in an exceptionally interesting manner the varieties of expression on the faces of the persons engaged in the course of the contest.

THE WEATHER AND THE DEATH-RATE.

THE last report of Dr. J. B. Russell, medical officer of health for Glasgow, shows a very considerable increase in the death-rate, which, for the fortnight ending February 22nd, was 32 per 1,000, instead of 24.7 for the same period last year. The exact increase on last year is 6.4 per 1,000; and coincident with it there was during the fortnight a mean temperature of 3.6° F. lower, and a rainfall 0.67 of an inch less. The chief increase is due to pulmonary disease, which caused 44 per cent. of the total deaths. Of the total of 117 deaths in excess of the same period last year, 104 were contributed by pulmonary diseases; and the increase was most marked in persons below 1 year of age and of the age of 60 and upwards. The number of pulmonary deaths has not been exceeded since January, 1885. The first week of the fortnight

had a mean temperature of 33.8°, the coldest week since February 18th, 1888, and the low temperature prevailed throughout the twenty-four hours, and was accompanied by sharp east wind and sunlessness. The effects on aged people are shown by the fact that 62 persons between 60 and 70, 45 between 70 and 80, 1 between 80 and 90, succumbed, a total of 121 above 60. This has not been exceeded or equalled since February, 1881, after a winter as severe as the present has been mild.

IRELAND.

HIS EXCELLENCY LORD ZETLAND has appointed Dr. Philip Smyly, one of the surgeons to the Viceregal court, to be physician in room of the late Dr. Hatchell; and Dr. Kendal Franks to be surgeon in room of Dr. Smyly.

INSPECTOR OF LUNATIC ASYLUMS.

It is now officially announced that Dr. Edward Mazière Courtenay, Medical Superintendent of the Asylum at Limerick, has been appointed Inspector of the Lunatic Asylums in Ireland, in room of John Nugent, M.B., resigned.

DR. NUGENT.

DR. NUGENT, Inspector of Lunatic Asylums, intimated to the governors of the Richmond District Asylum at their last meeting that he was about to retire, after forty years' service. On the motion of Sir E. H. Hudson-Kinahan, Bart., seconded by Sir Percy Grace, Bart., D.L., the following resolution was passed unanimously: "That the governors of the Richmond District Asylum record their high appreciation of the public services of Dr. Nugent as head of the Lunacy Department in Ireland for a period extending over forty-three years. They sincerely regret his meditated retirement, as by his judgment and experience he has amply and beneficially fulfilled the unceasing and onerous duties of his office. In his immediate connection with the Metropolitan Asylum the governors feel deeply indebted to Dr. Nugent, not only for his assiduous and personal attention to the efficient working of the institution and the well-being of its inmates, but for the courtesy exhibited by him at all times in his intercourse with the Board, and his desire to carry out its wishes. It is understood that Dr. Nugent's long services in the office which he has just resigned will be recognised by the honour of knighthood.

THE Duke of Devonshire has given £250 towards the proposed fund of £40,000 for erecting new buildings for the medical department and a library and examination hall for the Yorkshire College, Leeds. About £30,000 has now been subscribed.

A WELL-KNOWN London member of the Society of Friends, said the *Manchester Guardian*, has just given the sum of £25,000, to be applied—one-fifth to establish, and the remainder to endow a convalescent home for children at the seaside.

PRESENTATION.—On leaving the Western Fever Hospital, where he has been medical superintendent for ten years, Mr. Sweeting, the new Medical Inspector of the Local Government Board, was presented with a silver coffee pot by the staff. His late medical officers of the Asylums Board also entertained him at dinner, Mr. Collie in the chair, at the Café Verrey, in Regent Street.

BABY FARMING AT HOME AND ABROAD.—A woman was recently summoned by the London County Council, under the Infants Life Protection Act, for having "farmed" two infants, each under 12 months old, contrary to the provisions of the Act, her house not having been properly registered. Although it was shown that the defendant had treated the children with kindness and care, Mr. Partridge imposed a fine of £5 and 2s. cost, or default of distress one month. The bodies of sixteen children have been found bricked up in the wall of a house occupied by a woman in Warsaw, who took in children to nurse. An attempt was made to lynch the woman.

afforded was that such inspection was made by a thoroughly independent authority who had absolutely no interest in the report. The Association had also undertaken a further important department of work, namely, the examination of the accounts of plumbers and other tradesmen employed by the members, and the preparation of specifications for work in contemplation, and the supervision of work in progress.

GLASGOW HUMANE SOCIETY.

THE report of this Society for the past year gives the number of submersions in the river Clyde, within the area of the Society's operations, as 156. Of these 109 were accidental, 24 of these being drowned. There were 12 suicides and attempted suicides, of whom 5 were rescued; while 35 persons, 22 men, and 13 women were found drowned, it being uncertain whether the death had been by accident or design.

GLASGOW TRAINING HOME FOR NURSES.

EXCELLENT progress continues to be made in Glasgow by this institution. During the past year 71 nurses have been connected with it, 61 fully qualified and 18 under training. In the house 172 patients were treated, and nurses had been sent out to 483 cases of sickness in private families. For the first time for ten years the financial report for the year shows a balance in favour of the institution of nearly £150.

GLASGOW PHILOSOPHICAL SOCIETY.

UNDER the auspices of the Philosophical Society Mr. Edgewood Maybridge, of the University of Pennsylvania, delivered a lecture, on February 20th, on the Science of Animal Locomotion Applied to Design in Art. The lecture had been arranged for by the Philosophical Society in terms of the agreement made between it and the Glasgow Science Lectures Association, when the latter came to an end some years ago. Mr. Maybridge showed by lime light his photographs of animals in the act of walking, trotting, etc., illustrating how the movements could be analysed by a consecutive series of instantaneous photographs, which could then be made to undergo a synthesis. Applying the scientific facts thus acquired, he criticised modern representations of animals in motion as found in the works of some of the best artists, and showed how much they were in error. In ancient paintings and sculpture, on the other hand, there was found a most remarkable fidelity to nature. On a subsequent evening, at the Art Club, Mr. Maybridge exhibited a series of photographs of nude male figures engaged in wrestling, fencing, playing base ball, and cricket. These were not only very remarkable exhibitions of the various muscular movements but also showed in an exceptionally interesting manner the varieties of expression on the faces of the persons engaged in the course of the contest.

THE WEATHER AND THE DEATH-RATE.

THE last report of Dr. J. B. Russell, medical officer of health for Glasgow, shows a very considerable increase in the death-rate, which, for the fortnight ending February 22nd, was 32 per 1,000, instead of 24.7 for the same period last year. The exact increase on last year is 6.4 per 1,000; and coincident with it there was during the fortnight a mean temperature of 3.6° F. lower, and a rainfall 0.67 of an inch less. The chief increase is due to pulmonary disease, which caused 44 per cent. of the total deaths. Of the total of 117 deaths in excess of the same period last year, 104 were contributed by pulmonary disease; and the increase was most marked in persons below 1 year of age and of the age of 60 and upwards. The number of pulmonary deaths has not been exceeded since January 1885. The first week of the fortnight

had a mean temperature of 33.8°, the coldest week since February 18th, 1888, and the low temperature prevailed throughout the twenty-four hours, and was accompanied by sharp east wind and sunlessness. The effects on aged people are shown by the fact that 63 persons between 60 and 70, 45 between 70 and 80, and 20 between 80 and 90, succumbed, a total of 128 above 60. This has not been exceeded or equalled since February, 1881, after a winter as severe as the present has been mild.

IRELAND.

HIS EXCELLENCY LORD ZETLAND has appointed Dr. Philip Smyly, one of the surgeons to the Vice-regal court, to be physician in room of the late Dr. Hatchell; and Dr. Kendal Franks to be surgeon in room of Dr. Smyly.

INSPECTOR OF LUNATIC ASYLUMS.

It is now officially announced that Dr. Edward Maritz Courmay, Medical Superintendent of the Asylum at Limerick, has been appointed Inspector of the Lunatic Asylums in Ireland, in room of John Nugent, M.D., resigned.

DR. NUGENT.

DR. NUGENT, Inspector of Lunatic Asylums, intimated to the governors of the Richmond District Asylum at their last meeting that he was about to retire, after forty years' service. On the motion of Sir E. H. Hudson-Kinahan, Bart., seconded by Sir Percy Grace, Bart., D.L., the following resolution was passed unanimously: "That the governors of the Richmond District Asylum record their high appreciation of the public services of Dr. Nugent as head of the Lunacy Department in Ireland for a period extending over forty-three years. They sincerely regret his medical retirement, as by his judgment and experience he has amply and beneficially fulfilled the onerous and onerous duties of his office. In his immediate connection with the Metropolitan Asylum governors feel deeply indebted to Dr. Nugent, not only for his assiduous and personal attention to the efficient working of the institution and the well-being of its inmates, but for the courtesy exhibited by him at all times in his intercourse with the Board and his desire to carry out its wishes. It is understood that Dr. Nugent's long services in the office which he has just resigned will be recognised by the honour of knighthood.

THE Duke of Devonshire has given £500 towards the proposed fund of £40,000 for erecting new buildings for the medical department and a library and examination hall for the Yorkshire College, Leeds. About £30,000 has now been subscribed.

A WELL-KNOWN London member of the Society of Friends, as the *Manchester Guardian* has just given the sum of £25,000, be applied—one-fifth to establish, and the remainder to endow convalescent home for children at the seaside.

PARKINATION.—On leaving the Western Fever Hospital, where he has been medical superintendent for ten years, Mr. Sweetie, the new Medical Inspector of the Local Government Board, was presented with a silver coffee pot by the staff. His late medical officers of the Asylum Board also entertained him at dinner, 1 Collins in the chair, at the Café Verrey, in Regent Street.

BABY FARMING AT HOME AND ABROAD.—A woman was recently summoned by the London County Council, under the Infant Life Protection Act, for having "farmed" two infants, each under 12 months old, contrary to the provisions of the Act, her house not having been properly registered. Although it was shown that the defendant had treated the children with kindness and care, Mr. Partridge imposed a fine of £5 and 5s. cost, or default of distress one month. The bodies of sixteen children have been found bricked up in the wall of a house occupied by woman in Warsaw, who took in children to nurse. An attempt was made to break the wall.

his only chance of weakening it lay in introducing some irrelevant topic.

Mr. Stanhope has now definitely thrown down the gauntlet. His statement is a slap in the face to the whole service, and amounts to a declaration that the House of Commons is to override the whole medical organisation, and to defy even the decisions of a Departmental Committee. Under these circumstances it may be taken that the medical profession at large, the medical corporations, and medical schools will support this Association in the determination to carry on this contest until the claims which are acknowledged to be not only natural, and just, but which have now received official approval, shall be distinctly satisfied. The British Medical Association and the Parliamentary Bills Committee have done their part in definitely bringing under the notice of the Minister and of Parliament the existing grievances; the Commission have done their part in investigating these grievances, declaring them to be substantial, and setting out their remedies. The military advisers of Mr. Stanhope gave their evidence before the Committee, and after hearing and fully considering their evidence, the Committee decided against them; yet Mr. Stanhope falls back upon these military advisers, and permits them to override the decisions of the Committee before which they appeared as witnesses, and allows them to tear up the documents in which the Committee had affirmed the justice of the claims, and recommended reasonable remedies. It will now remain for the colleges and schools throughout England, Scotland, and Ireland to do their part by showing in the most decided manner what is their opinion of the attitude assumed by the military advisers of Mr. Stanhope, and of his weakness in yielding to that expression of professional prejudice. We greatly fear that the end of the struggle is not yet seen; but the claims of the Army Medical Department have now been formally approved by a strong Commission, and Mr. Stanhope has admitted that he is only restrained from yielding them, on the one hand by a sense of mistaken parsimoniousness, and on the other by military prejudices.

THE "MILITARY ADVISERS."

TRUTH wants to know who are the "military advisers" who unashamedly oppose the granting of military rank and titles to medical officers. Are they the same men who, on the plea of the "service going to the dogs," have persistently opposed every Army reform?

MEDICAL TITLES.

A CORRESPONDENT sends us the following: "To the Editor of the Irish Times: Sir,—The gentleman who so gallantly attempted the rescue of the two soldiers of the Manchester Regiment drowned off Fort Canby yesterday is Sergeant Hirt, of the Medical Staff, and not Sergeant Hirt as stated in your issue of this date.—Yours, etc., R. D. Lowe, Captain 1st Battalion, Middlesex Regiment, Fort Canby, March 17th."

The above speaks for itself. Our correspondent adds that a Sergeant General informs him he often gets letters addressed "Sergeant General." These newspaper mistakes arise from two causes, ignorant reporting and inefficient editing.

RELATIVE RANK.

MR. STANHOPE AND THE ARMY MEDICAL DEPARTMENT.

Dr. FARQUHARSON asked the Secretary of State for War on March 3rd what action he had taken, or intended to take, with reference to the recommendations contained in the report of the Committee appointed to inquire into the pay, status, and conditions of service of the medical officers of the army and navy which was laid upon the table of the House in August, 1889; and whether it was his intention to print the evidence taken before that Committee for the information of the House.—Mr. E. STANHOPE replied as follows: The recommendations of the Committee would, if carried out, involve an annual increase of expenditure exceeding £100,000, for which no sufficient grounds appear to me to have been brought forward. I do not propose to give effect to the recommendations involving expenditure; and as regards the recommendation to confer combatant titles on medical officers, as I find that my military advisers are unanimously opposed to it, and the naval medical officers do not desire it, no change is proposed in the titles. It is not intended to publish the evidence, but if the hon. member would like to see it, I shall be happy to show it to him or to any other hon. member who may be interested.

This statement of Mr. Stanhope's is of so serious a character, that it will be well briefly to review the events which have led up to the present situation.

It is just a year since Mr. Stanhope decided to appoint a Committee to "fully investigate and report," among other matters, on the status and rank of medical officers in relation to their "combatant brethren." The main reason for this step is stated to have been the diversity of opinion that had existed for some time between the War Office and the officers of the Medical Department of the Army on the question of rank. Mr. Stanhope and the military authorities at the War Office held that the Warrant of 1837, although it abolished relative rank in the army, made no practical difference to medical officers, because they were allowed to "rank as" combatant officers. On the other hand, a very large majority of the medical officers asserted that the term "ranking as" has no meaning to military officers or to anyone else unless it be children playing at soldiers. Medical officers state—and their statement has, we believe, been confirmed by Mr. Stanhope—that relative rank had substantially little more in it than "ranking as"; nevertheless, it was the only nameable rank they ever possessed, and when it was abolished they were left without any status in the army. Medical officers of experience assert that they find it is almost impossible, especially when on active service, to carry on the work of their department efficiently without substantive rank enabling them to command a definite position in a service which is absolutely regulated by titles giving precedence and rank.

So acutely do the medical officers of the army feel their position that, as Mr. Stanhope observed, repeated questions were raised in Parliament during the session of 1887 and 1888 as to their status in relation to their combatant brethren; but Mr. Stanhope omitted to mention that during that period the opinion of the medical officers of the army had been taken on this subject, and that 75 per cent. out of 922

officers stated that it is essential to the efficiency of the Medical Department that they should be granted substantive rank and corresponding army titles. In these circumstances the Secretary of State for War determined to refer the question to a Committee. After the most careful consideration, this Committee came to the decision that "the abolition of relative rank enabled medical officers to say, with a certain amount of logical correctness, that they had now no rank in the army," and to rectify this state of things the Committee recommended with reference to titles that "in the Queen's Regulations and the Army Pay Warrant it should be stated that officers of the Army Medical Department shall hold the following military rank with relative army rank, a table of which we append." Then follows the table, fixing the compound titles of Surgeon-General, Surgeon-Colonel, Surgeon-Major, and so on, with their relative army rank. We now have Mr. Stanhope's decision regarding the recommendations of the Committee which he had appointed and charged to "fully investigate and report on" this question. He states in Parliament that, as regards the "recommendations to confer combatant titles on medical officers, as I find that my military advisers are unanimously opposed to it, and the naval officers do not desire it, no change is proposed in the titles." He adds: "It is not intended to publish the evidence" on which the members of the Committee base their recommendations. It may well be asked, Why, then, have referred this question to a Committee? Mr. Stanhope knew perfectly well before March, 1889, that his military advisers were dead against the contention of the medical officers; why not have said so at once, in place of keeping the latter in a state of suspense for a year, only to find their legitimate aspirations crushed at the end of that period? It must be borne in mind also that one and all of the principal military advisers of the War Office were examined at length by the Committee before its members arrived at the conclusion above quoted.

Mr. Stanhope's action has rendered the present position of this vexed question infinitely more difficult than it was a year ago, and to have widened the gap which exists between the "combatant" and the medical officers of the army. The Secretary of State for War deliberately submitted these differences to a Committee. He selected the Chairman of that Committee, one of the ablest and most competent members of the House of Lords, to inquire into the matter, aided by Sir Herbert Maxwell, one of the Lords of the Treasury, and Colonel Cotton, in conjunction with two retired army surgeons; these five gentlemen out of eight constituting the Committee were unanimous in recommending that compound definite titles should be granted to medical officers of the army, which, after all, was the chief matter in dispute; and Mr. Stanhope's reply is: "No change will be made in the titles." We assume that he means in existing titles; without definite titles there can be no expressed army rank, and consequently no real status for medical officers in the army. It was one of the strong points of the argument of those members of the Committee who disagreed with the recommendations contained in the report as regards titles, that there was no lack of candidates for the Army Medical Service under existing circumstances. Wh

SATURDAY, MARCH 8TH, 1890.

OFFICIAL REFUSAL TO REMEDY THE ACKNOWLEDGED GRIEVANCES OF THE ARMY MEDICAL DEPARTMENT.

MR. STANHOPE has missed a golden opportunity of restoring confidence and popularity to the medical department of the army. The existence of definite grievances had been fully admitted by the appointment of a committee, and agitation and discussion had been suspended by common consent until its report had been received. A long period of incubation followed. Many months passed away, and expectancy was beginning to give way to hope, when Mr. Stanhope, in answer to a question by Dr. Farquharson, announced the intentions of the Government. The sinister forces which have been at work in the mean time are now too painfully evident. On the one hand the Treasury grimly tightened the purse-strings, and on the other "my military advisers" adopted their invariable tactics of jealousy and distrust towards their medical brethren. In the end "obscurantism" has prevailed, and nothing is to be done.

The first reason given by Mr. Stanhope for his decision was that some of the changes suggested by the Committee would cost £100,000 a year. Careful reading of the report is required to find out which these are, and it would have been well if he had gone a little more fully into detail. But it is quite evident that the financial sting which has wounded the economists is in the following recommendations.

1. The Committee advise that there should be fewer changes in stations and in the duties of medical officers. In the old regimental days these perpetual shifts mattered comparatively little, because the medical officer carried his home about with him, and had a family circle within which to seek refuge from the discomfort of moving and the stiffness of a new station. But all this has now been altered for the worse; he is a mere isolated unit in the framework of society, and at each different place he has to begin the laborious task of making fresh friends. These changes, therefore, more frequent as they are becoming year by year, are quite serious enough for the bachelor, but to the married man they are simply ruinous, and absolutely forbid any reasonable approach to domestic comfort. The Commissioners very properly suggest some modification of present arrangements and meet the objection that this would involve an increase of the Medical Staff with a wholesome scepticism. But, unfortunately Mr. Stanhope's advisers take an opposite

view, and it is understood that it is this proposal which has more particularly alarmed those who are so diligently counting the cost of the proposed changes.

2. The Commissioners advise the removal of a long standing grievance, by recommending that medical officers on leave in consequence of disease contracted in or by the service, should be entitled to the same privileges as combatant officers. This was specially approved by Mr. Thompson's Committee of 1878, and, although its justice is too clear to require argument, its adoption will cost something, and it will therefore be summarily pitched overboard. Nor is a happier fate in store for No. 3, which was particularly championed by Sir T. Crawford, and which proposes to carry out the natural idea that the advantages of pay and allowances granted to medical officers under recent Warrants when serving at home or in the colonies should be extended to them when serving in India.

4. Particular attention is drawn to the fact that seventy-one home appointments are to be filled up by retired men, and strong disapproval is expressed of this bit of cheese-paring policy, on the ground that these are in some sense the prizes of the service, and that they should be thrown open to all. The economy thus effected will be small, and the objectionable plan will hold good, and we fear that the dread of expense will also nullify the sensible recommendations by which the Commissioners seek to remedy admitted defects in the present system of examination for promotion. We have now shown that many of the principal reforms suggested by the tribunal to which the War Office referred the case of the department are to be rejected, because they might cause a trifling increase in the estimates. Perhaps Mr. Stanhope wishes to pose as an economist, and he may have taken this line of his own motion. It is more probable, however, that the Chancellor of the Exchequer has put his foot down, and has refused to sanction what the War Office has passed. We may give him the credit for good intentions under the difficult circumstances in which he is placed, and whilst regretting his decision we might have even sat down in patient resignation to bear the blame.

But worse has yet to come. The concession of all others which our military brethren wished was a military title of some kind. The granting of this at all events would not cost one farthing, the necessity for it has been caused by changes in recent Warrants, it is demanded by an overwhelming majority of medical officers, and it has been recommended by the Departmental Committee. All this would seem to make out an overwhelming case in its favour, and its rejection cannot but be viewed with indignation and dismay. Nor are these feelings likely to be lessened by the refusal of the War Office to publish the evidence. Rumour has it that statements and reflections derogatory to medical officers of the Army were freely made by military witnesses, and the persons most nearly concerned may be pardoned some suspicion when they find that all accessible record of these proceedings has been burked by the authorities. The introduction of the question of naval medical titles, in which no one has proposed to make any change, is simply a "red herring" dragged in to confuse the real issue. We cannot affect to be surprised that Mr. Stanhope should have stooped to this well-known device of the debater who has no case, for the logical position is so impregnable that

In reading through the book, one is impressed with the feeling that the writer is a careful observer, and that his advice as to treatment is sound, and based very largely on long experience.

A chapter on the use of hypnotics would have been a valuable addition to the work. As it is they are treated very incidentally, little is said regarding their relative values, and the newer hypnotics are barely mentioned. On page 75 the curious mistake is made of describing amylene hydrate as a "tertiary nitrite," whereas it is tertiary amyl alcohol.

NOTES ON BOOKS.

Leprosy and its Prevention, as illustrated by Norwegian Experience. By ROBSON ROOSE, M.D., etc. (London: H. K. Lewis, 1890.)—Dr. Roose, having made several visits to Norway in recent years, and having when there taken the opportunity of observing cases of leprosy and of studying the forms and clinical features of the disease in that country, has embodied the results of his observation and reading in a small volume. The author does not profess to offer anything really new for the consideration of his readers, but he has brought together in a small space abstracts from the writings of recent authors whose works may be considered authoritative. Leloir, Neisser, Cornil and others are quoted in illustration of certain practical points, whilst Hirsch is placed under contribution in connection with the more general questions concerning the disease. Dr. Roose states that all the physicians whom he met in Norway were unanimous in the opinion that segregation is the most important part in the treatment of leprosy. The monograph is short and readable, and to those who are not familiar with recent works on the subject it presents a good deal of useful information.

The Medical Annual and Practitioners' Index. (Bristol: John Wright and Co. London: Simpkin, Marshall and Co. 1890.)—The eighth issue of this *Annual* does not differ in general scope and aim from its predecessors. The first hundred pages contain a review of therapeutic progress during the year 1889. Dr. Sidney Martin has succeeded in giving in less than half this space a very complete summary of new facts with regard to drugs; the greater part of the remaining space, however, is occupied by a short treatise, mainly on warm baths, to which the author, Dr. Percy Wilde, applies a somewhat high sounding title—thermo-therapeutics. Dr. Rockwell, of New York, contributes a useful short article on electro-therapeutics. The next section of the book occupies about four hundred pages; it consists of a series of short articles, alphabetically arranged, containing notes on new methods of treatment. Among the contributors to this section we notice the names of Drs. George Harley, Saundby, C. L. Dana, De Havilland Hall, Shingleton Smith, and Fancourt Barnes; and of Messrs. Mayo Robson, Walter Pye, Hurry Fenwick, and Herbert Allingham. A useful article on sanitary science is contributed by Dr. D. S. Davies, medical officer of health, Bristol. There is the usual list of lunatic asylums, homes for inebriates, hydropathic establishments, medical and scientific societies, etc. Mention may also be made of a descriptive list of new pharmaceutical and dietetic preparations. The book is not free from defects, but as a handy work of reference for the consulting room table it will be found extremely convenient.

St. Bartholomew's Hospital Reports. Edited by W. S. CHURCH, M.D., and W. J. WALSHAM, F.R.C.S. Vol. XXV. (London: Smith, Elder and Co. 1889.)—These *Reports* appear in their usual form, including the proceedings of the Abernethian Society, a descriptive list of specimens added to the museum during the year 1889, and the medical and surgical registrars' statistical tables for 1888. The value of the latter is self-evident; the supplementary museum list is also a feature worthy of commendation. In this volume medical papers greatly preponderate, for, out of the twenty-nine articles, eighteen are purely medical, not including two devoted to obstetrical topics, and several of the remainder are on pathological questions. The students, again, showed special activity during last winter session in preparing medical papers for their Society. Sir Dyce Duckworth heads the series of articles in this volume by two good clinical papers. The first treats of Two Cases of Heart Disease (Aortic Reflux), which recovered from severe enteric fever and diphtheria respectively; the second discusses Some Anomalies of the Papular Eruption in Enteric Fever.

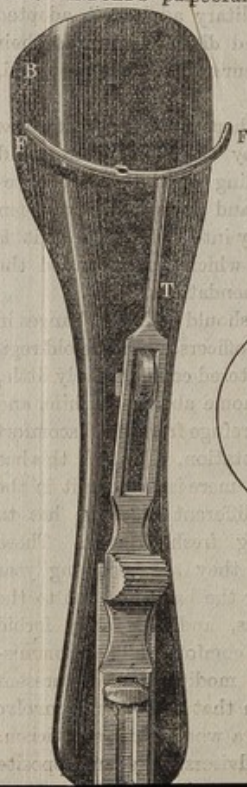
tended tendon sheath by a comparatively small incision over the head of the metacarpal bone, and not by a free incision exposing the tendon along the palmar aspect of the finger. Mr. Butlin's article on Malignant Disease of the Scrotum, Dr. A. R. Graham's memoir on The Duration of Pregnancy, and Dr. Vincent Harris's admirable monograph on The Antiseptic Treatment of Phthisis deserve the careful attention of physicians and practitioners. The illustrations in this volume can be counted on the fingers, but in quality they leave nothing to be desired. Three represent microscopical preparations, and are appended to Dr. E. T. Wynne's notes of a Case of Actinomycosis in Sir Dyce Duckworth's wards.

REPORTS AND ANALYSES

AND
DESCRIPTIONS OF NEW INVENTIONS
IN MEDICINE, SURGERY, DIETETICS, AND THE
ALLIED SCIENCES.

PALPEBRAL PLATE.

DR. LANDOLT'S palpebral plate greatly facilitates certain operations performed on the upper eyelid. A convex shoeing horn shaped plate (Fig. B.) constitutes the principal part of the instrument; it has a smooth surface, and is intended to be passed under the upper eyelid. Unlike other similar plates, it has the same dimensions and curvature (Fig. c) as that of the eyelid to which it is to be adapted; thus it stretches out the eyelid to its full extent, whereas with the instruments generally in use the extremities of the lid are unsupported. The smooth upper edge of the plate slips into the upper *cul-de-sac*; the lateral edges correspond to the inner and outer angles of the eye. The plate gradually merges into a stem long enough to be handled. The second part of the instrument consists of a metal crescent (FF), of the same length as the shoe-horn plate; it is about 1 millimètre wide, and is supported by a metallic stem (T); by a simple mechanical arrangement it can be fixed higher or lower on the plate, so that the operator can adjust it at whatever distance from the edge of the eyelid he wishes. The inner surface of the semicircle presents a series of notches which prevent it from slipping from the eyelid. This plate, invented by Dr. Landolt, ensures complete hæmorrhage, and does not limit the field of operation.



MEDICAL CORPS ORGANIZATION OF CONTINENTAL ARMIES.

By SURGEON-MAJOR G. J. H. EVATT, M.D.,
Medical Staff, Quetta.

It may be interesting at the present time to briefly review the medical corps organization of some foreign armies, as the question of the status of the army medical officer, is now attracting attention in our own service.

In every army, including our own, the medical service is in a state of evolution, gradually developing autonomy, gradually getting a clearer idea of its needs and aims, and gradually developing self-confidence and readiness for the exacting work demanded of it.

I have, up to the present time, seen the medical services of France, Germany, Saxony, Bavaria, Switzerland, Austria, Russia, Sweden, Norway and Turkey, and I can safely say that this spirit of unrest exists in everyone of them, and a distinct feeling that the means at their disposal, their organization, and their relation to the purely fighting portions of their service is unsatisfactory, is everywhere prevalent.

All are asking for the remedy—all are waiting for sunrise after a stormy night.

If asked which European service was the most content, I should unhesitatingly say that of Switzerland, as they have a very complete measure of autonomy and a perfectly defined military status within their national army. My first visit to any continental military hospital was made in 1865, a time very far away from to-day measured by progress in military medical development.

After leaving Netley in August 1865, I went to France, armed with a letter of introduction from the great Edmond Parkes, of Netley, to Professor Michel Levy, then Professor of Hygiene at the Military Medical School of the Val de Grace in Paris. There I saw everything working on the old French *Intendance* system, by which the powers of the medical officers were limited in the completest degree, and the medical service was in those days entirely subordinated to the French commissariat or supply department, which governed the great military hospitals, and not only governed them, but also lay like a nightmare on the whole French Army, requiring the terrible disasters of 1870 to rend the chains in which it bound the military service.

At later periods I was able to visit the other armies, seeking everywhere to find that promised land where everything was efficient,

both personnel and material. But up to the present, that search has not been successful, as I cannot say that there is any one country perfect all round in military medical matters.

We might notice the various countries in order:—

United States of America.—The great wars of 1860-65 developed the American medical service in a marked degree. Enormous armies were in the field, and corresponding arrangements had to be made for the medical care of their sick and wounded.

The medical service has there the fullest control and command of their hospitals, and no outside agency is at work over the medical officers.

They are alone responsible, and they have the power. They have clearly defined military rank and titles, are graded from generals down to lieutenants, and are well paid, as are all the American officers.

They sit as presidents and members of courts-martial, and are associated in the closest way with the military officers of other branches of the American army.

In reply to enquiries as to how the granting of military rank affects the military medical officers, the Surgeon-general of the army writes: "No difficulty whatever either in theory or practice has arisen from the fact that medical officers have real rank, but, on the contrary, the wisdom of the legislation by which it was effected has been satisfactorily established. It is an undoubted fact that the law, giving medical officers the same military status as other officers, has done much to enhance the *esprit de corps*, and to increase the efficiency of the Army Medical Service." These words have no uncertain sound, and every officer, who has studied the subject, must agree in their absolute truth.

I think there is no doubt whatever that within the limits of an army, military rank and military titles are the only ones of any value. To try and equalize the medical status of civil life with military rank, is a matter of great difficulty, and the War Minister should simply grade all military officers of every class and corps by military rank, pure and simple.

The medical officers of the American Army have not general army command, but they have special authority to command all soldiers in the ranks.

The fact of their sitting as presidents and members of courts-martial is also of much value

to make any change? Men in the service, what their position would be; the abolition of rank created no new phase in the history of the Army Medical Service. Members of Lord Camperdown's Committee remain to testify the unbiassed opinion fully considered the matter, and who present military authorities of the War Office subject. Secretaries of State for War and Peace, but the recommendations of the Committee if the medical service are true to them—a secure stepping stone on which to rest their right to be admitted as an integral part of the army.

The service forbids combination, and individual officers are expected to destroy their own power prominently as agitators. The members take an active and direct interest in these matters to make their influence strongly felt—ready to do what they can. But mingling force outside, which, if skillfully organized, is irresistible. Time after time has the medical great Association to which most of them are pledged to bear on the Government that pressure at discretion. A crisis is now at hand, ranged itself against the department, not that we hold the trump card, and the time when it must be played.—I am, etc.,
M.D., M.P.

to Mr. Stanhope's reply on Monday, Dr. a second question on Thursday asking the War which were the recommendations of the Army Medical Department which would raised expenditure. we learn that Mr. STANHOPE replied as follows:—That the 50 brigade-surgeons, senior surgeons-major (or surgeons-lieutenant) in the report. That medical officers on duty be substituted for the retired officers, and that medical officers should be attached for a limited time and corps. That the tour of foreign service, that three months' special leave for seven years. That service should date from the higher pay should be given in India to

"MILITARY INSTINCTS."

For *Sanctuary* writes: I have read with pleasure the speech taken by Lord Camperdown's Committee, published April 5th. There the Duke of Cambridge has been heard to adduce no reason for refusing military rank and titles of the army. All he can say is that his "military cannot carry it." The House Guards clique, including Lord and Harman, of course follow lead, whilst General the Commander-in-Chief of the Army of India, would add title to the medical officers, pure and simple, just as, and also "a place in the Army List, which would be theirs, and do no harm to anyone else."

It is the position advocated by Sir Donald Stewart that the medical officers, backed up by the civil profession along demanded, and not one which by any possibility as in any respect inferior to that of any other body, as that indicated by the compound title would, I have.

No of pampering Horse Guards' prejudices and administrative further expense of medical and military efficiency then, I think, the sooner it is settled once and for ever the better.

"Military instincts," or rather, the unreasoning and official, however highly placed or connected, or of inspired functionaries, that ought to be regarded, common sense, past experience and knowledge, not army needs to render it as efficient as possible, but what people, those of France, Italy, Switzerland, and the United States, to do towards this end; and all these to accord to their medical officers military rank, title,

and, so to speak, of my dear old comrades the medical officers, I regret to think, been an absurdly humble one. Had I a civil profession with them, asserted themselves much more, I cannot but think that their position to-day is superior to what it is. In future I do hope that there will be a more tolerable existence and a higher usefulness, in their struggle for

No profession has a better right to hold up its head manfully and self-respectingly, or to speak right out and demand a position second to no other class of officers in the army.

REASONS WHY I SHOULD NOT JOIN the Indian Medical Service. Let us put up more, "Why we should not join the Medical Staff." I would also propose that a retired medical officer should visit the schools and lecture on the subject. Money will be wanted, and I hope you will put me down for £1.

March 8, 1890

THE BRITISH

In reading through the book, one is impressed with the feeling that the writer is a careful observer, and that his advice as to treatment is sound, and based very largely on long experience.

A chapter on the use of hypnotics would have been a valuable addition to the work. As it is they are treated very incidentally, little is said regarding their relative values, and the newer hypnotics are barely mentioned. On page 75 the curious mistake is made of describing amylene hydrate as a "tertiary nitrite," whereas it is tertiary amyl alcohol.

NOTES ON BOOKS.

Leprosy and its Prevention, as illustrated by Norwegian Experience. By ROSSON ROOSE, M.D., etc. (London: H. K. Lewis, 1890).—Dr. Roose, having made several visits to Norway in recent years, and having when taken the opportunity of observing cases of leprosy and of studying the forms and clinical features of the disease in that country, has embodied the results of his observation and reading in a small volume. The author does not profess to offer anything really new for the consideration of his readers, but he has brought together in a small space abstracts from the writings of recent authors whose works may be considered authoritative. Leloir, Neisser, Cornil and others are quoted in illustration of certain practical points, whilst Hirsch is placed under contribution in connection with the more general questions concerning the disease. Dr. Roose states that all the physicians whom he met in Norway were unanimous in the opinion that segregation is the most important part in the treatment of leprosy. The monograph is short and readable, and to those who are not familiar with recent works on the subject it presents a good deal of useful information.

The Medical Annual and Practitioners' Index. (Bristol: John Wright and Co. London: Simpkin, Marshall and Co. 1890).—The eighth issue of this *Annual* does not differ in general scope and aim from its predecessors. The first hundred pages contain a review of therapeutic progress during the year 1889. Dr. Sidney Martin has succeeded in giving in less than half this space a very complete summary of new facts with regard to drugs; the greater part of the remaining space, however, is occupied by a short treatise, mainly on warm baths, to which the author, Dr. Percy Wilde, applies a somewhat high sounding title—thermo-therapeutics. Dr. Rockwell, of New York, contributes a useful short article on electro-therapeutics. The next section of the book occupies about four hundred pages; it consists of a series of short articles, alphabetically arranged, containing notes on new methods of treatment. Among the contributors to this section we notice the names of Drs. George Harley, Saundby, C. L. Dana, De Havilland Hall, Shingleton Smith, and Fancourt Barnes; and of Messrs. Mayo Robson, Walter Pye, Hurry Fenwick, and Herbert Allingham. A useful article on sanitary science is contributed by Dr. D. S. Davies, medical officer of health, Bristol. There is the usual list of lunatic asylums, homes for inebriates, hydropathic establishments, medical and scientific societies, etc. Mention may also be made of a descriptive list of new pharmaceutical and dietetic preparations. The book is not free from defects, but as a handy work of reference for the consulting room table it will be found extremely convenient.

St. Bartholomew's Hospital Reports. Edited by W. S. CHURCH, M.D., and W. J. WALSHAM, F.R.C.S. Vol. XXV. (London: Smith, Elder and Co. 1889).—These *Reports* appear in their usual form, including the proceedings of the Abernethian Society, a descriptive list of specimens added to the museum during the year 1889, and the medical and surgical registrars' statistical tables for 1888. The value of the latter is self-evident; the supplementary museum list is also a feature worthy of commendation. In this volume medical papers greatly preponderate, for, out of the twenty-nine articles, eighteen are purely medical, not including two devoted to obstetrical topics, and several of the remainder are on pathological questions. The students, again, showed special activity during last winter session in preparing medical papers for their Society. Sir Dyce Duckworth heads the series of articles in this volume by two good clinical papers. The first treats of Two Cases of Heart Disease (Aortic Reflux), which recovered from severe enteric fever and diphtheria respectively; the second discusses Some Anomalies of the Papular Eruption in Enteric Fever,

been taken on this subject, and that 75 per cent. out of 922

stated that it is essential to the efficiency of the Medical Department that they should be granted substantive rank and pending army titles. In these circumstances the Secretary of State for War determined to refer the question to a Committee. After the most careful consideration, this Committee came to the decision that "the abolition of relative rank enabled medical officers to say, with a certain amount of logical correctness, that they had now no rank in the army," and to rectify this state of things the Committee recommended with reference to titles that "in accordance with the Queen's Regulations and the Army Pay Warrant it should be intended to be a comparatively small incision over the head of the metacarpal bone, and not by a free incision exposing the tendons along the palmar aspect of the finger. Mr. Butlin's article on Malignant Disease of the Scrotum, Dr. A. R. Graham's memoir on The Duration of Pregnancy, and Dr. Vincent Harris's admirable monograph on The Antiseptic Treatment of Phthisis deserve the careful attention of physicians and practitioners. The illustrations in this volume can be counted on the fingers, but in quality they leave nothing to be desired. Three represent microscopical preparations, and are appended to Dr. E. T. Wynne's notes of a Case of Actinomycosis in Sir Dyce Duckworth's wards.

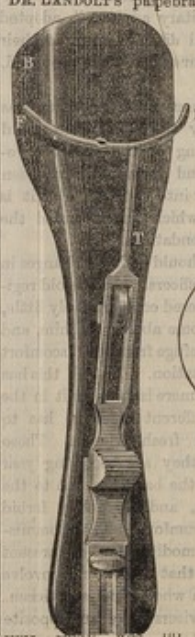
REPORTS AND ANALYSES

DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

PALPEBRAL PLATE.

DR. LANDOLT'S palpebral plate greatly facilitates certain operations performed on the upper eyelid. A convex shoeing horn shaped plate (Fig. B.) constitutes the principal part of the instrument; it has a smooth surface, and is intended to be passed under the upper eyelid. Unlike other similar plates, it has the same dimensions and curvature (Fig. c) as that of the eyelid to which it is to be adapted; thus it stretches out the eyelid to its full extent, whereas with the instruments generally in use the extremities of the lid are unsupported. The smooth upper edge of the plate slips into the upper cul-de-sac; the lateral edges correspond to the inner and outer angles of the eye. The plate gradually merges into a stem long enough to be handled. The second part of the instrument consists of a metal crescent (FF), of the same length as the shoe-horn plate; it is about 1 millimetre wide, and is supported by a metallic stem (T); by a simple mechanical arrangement it can be fixed higher or lower on the plate, so that the operator can adjust it at whatever distance from the edge of the eyelid he wishes. The inner surface of the semicircle presents a series of notches which prevent it from slipping from the eyelid. This plate, invented by Dr. Landolt, ensures complete hæmostasis, and does not limit the field of operation.



Army Medical Service under existing circumstances. Wh

MEDICAL CORPS ORGANIZATION OF CONTINENTAL ARMIES.

By SURGEON-MAJOR G. J. H. EVATT, M.D.,

Medical Staff, Quetta.

It may be interesting at the present time to briefly review the medical corps organization of some foreign armies, as the question of the status of the army medical officer, is now attracting attention in our own service.

In every army, including our own, the medical service is in a state of evolution, gradually developing autonomy, gradually getting a clearer idea of its needs and aims, and gradually developing self-confidence and readiness for the exacting work demanded of it.

I have, up to the present time, seen the medical services of France, Germany, Saxony, Bavaria, Switzerland, Austria, Russia, Sweden, Norway and Turkey, and I can safely say that this spirit of unrest exists in everyone of them, and a distinct feeling that the means at their disposal, their organization, and their relation to the purely fighting portions of their service is unsatisfactory, is everywhere prevalent.

All are asking for the remedy—all are waiting for sunrise after a stormy night.

If asked which European service was the most content, I should unhesitatingly say that of Switzerland, as they have a very complete measure of autonomy and a perfectly defined military status within their national army. My first visit to any continental military hospital was made in 1865, a time very far away from to-day measured by progress in military medical development.

After leaving Netley in August 1865, I went to France, armed with a letter of introduction from the great Edmond Parkes, of Netley, to Professor Michel Levy, then Professor of Hygiene at the Military Medical School of the Val de Grace in Paris. There I saw everything working on the old French *Intendance* system, by which the powers of the medical officers were limited in the completest degree, and the medical service was in those days entirely subordinated to the French commissariat or supply department, which governed the great military hospitals, and not only governed them, but also lay like a nightmare on the whole French Army, requiring the terrible disasters of 1870 to rend the chains in which it bound the military service.

At later periods I was able to visit the other armies, seeking everywhere to find that promised land where everything was efficient,

both *personnel* and material. But up to the present, that search has not been successful, as I cannot say that there is any one country perfect all round in military medical matters.

We might notice the various countries in order:—

United States of America.—The great wars of 1860-65 developed the American medical service in a marked degree. Enormous armies were in the field, and corresponding arrangements had to be made for the medical care of their sick and wounded.

The medical service has there the fullest control and command of their hospitals, and no outside agency is at work over the medical officers.

They are alone responsible, and they have the power. They have clearly defined military rank and titles, are graded from generals down to lieutenants, and are well paid, as are all the American officers.

They sit as presidents and members of courts-martial, and are associated in the closest way with the military officers of other branches of the American army.

In reply to enquiries as to how the granting of military rank affects the military medical officers, the Surgeon-general of the army writes: "No difficulty whatever either in theory or practice has arisen from the fact that medical officers have real rank, but, on the contrary, the wisdom of the legislation by which it was effected has been satisfactorily established. It is an undoubted fact that the law, giving medical officers the same military status as other officers, has done much to enhance the *esprit de corps*, and to increase the efficiency of the Army Medical Service." These words have no uncertain sound, and every officer, who has studied the subject, must agree in their absolute truth.

I think there is no doubt whatever that within the limits of an army, military rank and military titles are the only ones of any value. To try and equalize the medical status of civil life with military rank, is a matter of great difficulty, and the War Minister should simply grade all military officers of every class and corps by military rank, pure and simple.

The medical officers of the American Army have not general army command, but they have special authority to command all soldiers in the ranks.

The fact of their sitting as presidents and members of courts-martial is also of much value

to the soldier, as it secures a consideration of health conditions in, or the duration and severity of, imprisonments and other punishments.

The French Medical Service.—The French have the fortune or misfortune of being a logical people, and the principle of compromise so prominent in Englishmen is absent in the Gallic race. With them the pendulum swings with energy from one extreme to the other, and the compass, if it moves at all from the north, goes clean round to the south. Hence in organization questions the same extremes are evident. Thirty years ago their medical service was crippled and fettered in the most extreme degree. It required the sanction of the Intendance Authority to open a window to ventilate a ward. Acting on the theory that the issuing of physic or the writing of medical prescriptions was the true rôle of the doctor. Every vestige of power to deal with the surroundings of the soldier was removed from the physician. A more utterly false idea could not obtain.

We all know well how important are the life-surroundings of the healthy and the sick, and the questions of dieting, clothing, ventilation of wards, warming, exercise; all act with enormous force on the power of a sick man to fight his battle with disease. Every day we live we learn the lesson more and more of the *vis medicatrix nature*, and our aim should be not to interfere too much with Nature's effort to throw off a poison acting upon it.

The French Medical Service under this crippling rule became emasculated and enfeebled. The swathing bounds of a crushing intendance routine, administered by ignorant authority, paralysed its life, and into a service so crippled, energetic or able men refused to come.

There was no field for activity, and no active men came. The Italian Campaign of 1859 revealed the feebleness of the French Medical Service; and indeed the breakdown that occurred there, was the cause of Henri Dunant starting the movement which ended in the Geneva Convention of 1864.

The utter breakdown of the imperial system in 1870 was the first glimpse of liberty and freedom of action for the French Medical Service, and a very distinct factor in achieving that liberation, was the return of some 40 medical men to the French National Assembly, as well as a considerable number of medical men being either nominated or elected to the Senate.

Every year since 1870 the bonds that fettered the French army doctors have been more and

more loosened, until during the past two years the very fullest autonomy has been bestowed upon them, and they are to-day as free as any medical corps in Europe. No military authority interferes in any way in any hospital, and the direct command of medical officers and men is entirely in the hands of the medical officers. The Field Hospitals are entirely in medical control, and there is no doubt that under so free a *régime*, able men will come to that service in greater numbers than ever came in the past. I am unable to state whether definite military rank and titles have yet been given to these officers, but a report has just been issued by Surgeon-General Sir Thomas Longmore, C.B., dealing in a very full way with the French military medical organization, and from a review of the report, it seems as if definite military rank had been granted to these officers.

Any one who wishes to read a very clear account of the French Medical Service should obtain *Traité des Manœuvres D'Ambulance par Médecine-Principale*. A. Robert, Paris—Octave Doin, 8, Place L'Odeon—Price, 13 francs.

It can be obtained through any bookseller. It is written in easy non-idiomatic French and is illustrated.

No nation can beat the French in power of logical exposition of any subject, and Robert's treatise is no exception to the rule. Any medical officer passing through Paris would, I imagine, be permitted to visit the Val de Grace Hospital, the head-quarters and central training school of the French Military Medical Service.

In a letter recently received from Sir Thomas Longmore, he writes:—"No one could desire any better position as regards efficiency and official status than the position the French Medical Service now occupies." This is saying a very great deal, and it is said by the most competent of judges.

The Italian Medical Service.—The Italian Medical Service has a distinct corps organization, and its officers have military titles, as Lieutenants, Captains, Majors, Colonels and Generals, with the addition of the word "medico," meaning Doctor. They have also Adjutants and Brigade-Majors of the Medical Corps, and have a purely military organization.

In one of my campaigns I met the Italian Military Commissioner who was a Lieutenant-Colonel serving with our army. In speaking of his own service, he said the Lieutenant-Colonels of the Medical Service are exactly like myself, and have the same status in every

way, and he seemed to consider the English Medical Officers' status quite inferior to that of his own army medical officers.

In the formation of the Italian monarchy, the medical profession in Italy took a very prominent part, and they were largely represented in the Italian Parliament, and were able to obtain for the army medical officers a large measure of autonomy to enable them to carry out their work efficiently.

Switzerland.—I was fortunate to be able to attend at a mobilization of the Swiss Medical Corps at Tug, not far from Zurich, some years ago. I met there sixty officers of the Swiss Medical Corps mobilized under Colonel Goldlien, the Principal Medical Officer. I have already in the *British Medical Journal*, April 25th, 1885, given a very full account of their organization. Some years have passed by since then, and I have read and thought about medical organization to a certain extent, but I still think the Swiss system of organization as good as any in Europe; and the one I would rather serve in than any outside my own.

They have absolute equality of rank, are in no sense outsiders or followers, but are in the fullest way officers of the army with a mobilized corps of their own. The staff of the Divisional P. M. O. is a perfect model; the staff of the field hospitals excellent; the officers excellent men; the rank and file as good as any; and the whole medical service well worth studying.

I saw there the P. M. O. teaching his officers. Sixty officers present in a lecture room being taught by the P. M. O. It was a sight full of instruction to all present.

Later on I saw the officers and men take possession of a large school-house in the village, and turn it at once into a temporary hospital: an excellent practice parade which we might all copy with advantage in any army. After hearing the grumbling, the profound discontent, the smothered hopes for better days, in most of the European services, it was pleasant to find army doctors who had no grievances, and who seemed content with their position.

Switzerland is placed between three great military nations, *viz.*, France, Italy, and Germany. All have reacted upon her, and she has copied from all, and I venture to say that in the day of trial the Swiss Medical Service will never be found wanting, but will come to the front with absolute certainty as a corps of officers and men, second to none in Europe in efficiency.

By writing to the "*Medecin en chef*" of the army at Berne, and asking him the date of the next medical mobilization, one can, in an unofficial and friendly way, meet those very good fellows, the Swiss doctors, and learn much from them.

For *bonhomie*, frankness, geniality and comradeship they are only beaten by the Russian doctors, *facile princeps*, the most warm-hearted of military physicians to be met with anywhere.

The German Medical Service.—The management of the Army Hospitals of the German army is entirely in the hands of the medical officers, and no outside influence or power exists.

The responsibility rests entirely on the medical officers. The German medical officers have not titular military rank, but have a grading like the Civil Service in India relative to the military service. We owe to the German army the conception of the bearer company or *Sanitäts Detachment*, which they have brought very much to the front, although the original conception of the idea may be traced to Baron Percy, one of the French Military Surgeons of the Revolutionary and Napoleonic wars.

What makes the German Medical Service so ready for war is its perfect mobilization system, whereby in a few days after the declaration of war, she is able to send to the front perfectly equipped field hospitals and bearer companies. Perfect forethought is what is needed to make a mobilization rapid and efficient, and in this the German Medical Service may be said to excel. The easiest military hospital for the average visitor to see is the Templehope Hospital in the suburbs of Berlin. The Saxon and Bavarian armies are organized as army corps of the German army, and their medical services are practically the same in organization and administration as in Prussia proper. Surgeon-General Roth, of the Saxon army, is one of the great living authorities on medical war organization, and visitors to Dresden should call on him in the Alfredstadt at Dresden. They will see there splendid barracks and a hospital from which many good suggestions can be learned.

The Austrian Medical Service.—There is nothing to learn from the Austrian Service in the way of medical organization—their service is probably the least developed in Europe, considering the magnitude of their military forces. The medical officers are entirely in the background, and the military officers of the Army Hospital Corps really attempt to control every-

thing. I saw every evidence of this in a visit I made to some important Austrian Military Hospitals. There is no service where the medical officers are more dissatisfied, nor feel more keenly the effects of a crushing rule by non-medical persons.

The only thing worth copying from Austria is the perfectly equipped ambulance railway trains organized by Baron Minidy for the Austrian branch of the Knights of Malta.

These trains are the most perfect in Europe, and are not *official* in the fullest sense, but are organized by private or semi-private societies who work in unison with the State for the relief of the wounded in war.

One looks for many changes in Austrian medical affairs, feeling perfectly certain that its present condition is quite unsatisfactory, and must result in want of success in war.

There is one thing worth seeing at Vienna, viz., the Sub-officers' Hospital situated near the garrison Spittelhaus, and similar buildings are much wanted in London and some of our larger garrisons.

The Russian Medical Service.—The Russian Medical Officers are the nicest men I have met in any army—good fellows in every way.

Their service is organized on the system of "*dual control*," there being a military governor in every large hospital, and he is the responsible head.

A more ridiculous sight cannot be imagined than what this system leads to when accurately carried out.

I visited one day the Guard's Military Hospital at St. Petersburg, seeing everything from the top of the chimney to the bottom of the coal cellar. While I was visiting the kitchen, about 1-30 P.M., dinners were being issued out, and over the pot of very savoury soup, stood two officers, one a medical officer and one an officer of the Guards, both checking the quality of the soup.

Carry this system on through a large hospital and it leads to perfect paralysis of individual responsibility, and in the end a kind of dead lock occurs checking all progress. That the medical officers resent it acutely goes without saying, but still it exists. One finds amongst these Russian doctors, able linguists, all speaking English, well-informed—acquainted with other countries' methods of medical work, yet still standing fast on the old lines of dual control from which nothing but failure can result.

Of these excellent officers I expect any day to hear that they have gained complete emancipation.

The Swedish and Norwegian Services are small and not important. In the Norwegian services the medical officers have military rank and titles.

Military rank is also held by the Roumanian, Greek, Turkish, Servian and other smaller armies, as well as by the Italian, Swedish and Dutch medical officers. Japan also has followed the lead of America in grading her medical officers by military rank and titles. The non-definition of medical officers' rank by military titles, is a remnant of the now extinct system of regimental and battalion hospitals.

Under that system the discipline and command-power and final supervision of the hospital was in the hands of the battalion military commander, the battalion adjutant was its adjutant and the battalion quarter-master did its quarter-master's work.

Under such a system the purely medical treatment of the sick alone remained for the doctors, and as they could always fall back for assistance on their military commanding officer or quarter-master or adjutant, the want of defined military rank and command for the doctors was not much felt.

Regimental hospitals are, however, in modern war, as "*extinct as the Dodo*."

They have been replaced by field and general hospitals, quite apart from, and quite independent of, any battalion or regimental supervision or help. In some armies, where dual control exists as in Russia, military officers are detached from their battalions or batteries to act as military commandants of these field hospitals, that is to say, an infantry officer, who has perhaps failed in his own special line, or a gunner officer who cannot run a battery, is sent to try and run a far more technical and intricate organization needing special scientific knowledge, and he retains his military rank and status and commands the hospital.

But this system of dual control, leading to intense friction and failure in war, the discipline, the command, the responsibility, the power of making the machine a going concern, is gradually handed over to the medical officers, and they have to develop, from their own ranks, the commander, the adjutant, and the quarter-master, heretofore supplied from the battalion or the regiment, or other sources.

When thus loaded with new military responsibilities, when thus made the agents for discipline, for command, for driving-power to keep the military machine in motion, they legitimately and most logically claim the military titles and the military status heretofore

held by the Military Hospital Commanders—titles understood and accepted by the soldier and by the army, and implying definite command-power, and publishing to him that wants to know, the definite fact that in speaking to the chief doctor of the hospital, he is also speaking to the governor or commander, the military chief and medical head combined in one person, and whose orders must be obeyed.

This definite rank is needed to make the soldier patients obey some head; but it is also much more needed to make the technical working staff itself recognize that there is a technical chief or head or director or commander, whom the country holds responsible for the efficiency of the hospital, and who must be obeyed.

While in every battalion or battery in war time there is a "medical officer in charge" who is simply the physician prescribing for the sick soldier, and leaving to the battalion commander all discipline and command responsibilities, it is unfair to style the chief doctor of a detached military field hospital simply the "medical officer in charge," as it implies to every soldier who enters it, that there is somewhere a military head or chief or commander whose orders must be obeyed, and that the supreme power does not lie on the medical officers whom the country holds responsible.

Owing to this want of military titles in the present medical governing staff of military hospitals, the discipline is shaken and the power of the chief medical officer to make the machine work, greatly interfered with.

In certain countries, of course, military medical officers are not responsible for the discipline nor the administration, and there the urgency of the demand for military rank for medical officers is not much felt; but where the medical officers are held responsible by the State, and, at the same time, not given the status which would be an enormous aid in carrying out these duties, then there is a legitimate grievance on the part of those to whom that military status is denied.

The Russian medical officer standing with the Russian Guards captain, watching the issue of the soup in the hospital kitchen, knows that in case of necessity the Guards captain is there with his military rank and command-power, to enforce regularity and obedience to orders; but it is quite another affair to be in a detached field hospital responsible alone for everything, and to find that one's status is defective and one's authority ignored by those who should obey it.

It seems, therefore, quite evident that either military commandants should be posted to military hospitals, or the medical officers should be given so clear, so definite, so unmistakable a military position as to ensure as exact an obedience to their orders as would be given to the military commanders whom they have replaced.

To such military commanders as above referred to, no second rate status has been or would be given, but they would be military officers with all the status, powers and rights of military officers. To them no title of non-combatant would apply, they would be part and parcel of the army, and would have definite command over all junior officers. If such a status was given to the medical officers of an army, they should have no cause of complaint, and the medical service should work efficiently in peace and war.

It is the fashion to say that medical officers in thus claiming military status are fighting shy of the title of doctor and wish to ignore it.

Nothing could be further from the fact. In every nation the status of the physician is rapidly developing for two reasons: not only are these men better and more fully trained, but they are getting hold of every phase and condition of human life.

Better men demand better status, and it is being everywhere granted them, but in addition it cannot be denied that the power of older professions has been undermined by various causes, and they have been levelled up to and in some cases left behind. There is no cause why a man should be ashamed of the title of doctor, but there is much to urge against a man called "doctor" being asked to command and discipline, and keep in working order a purely military machine such as a field hospital or a bearer company is. It is then one needs the military status *plus* the technical knowledge, and hence the urgency of the claim for rank. One might as well try to separate the technical engineer versed in engineering detail, from the military commander of the engineer field company, and put in an infantry major to do the discipline—leaving the technical engineer to do the technical work unaided by military status. Failure and friction of a complete kind would ensue. One might as well separate the technical artillerist from the battery commander and expect friction not to occur. In an identical manner, the technically skilled doctor needs the military status to aid him in running that purely military machine—the field

or base hospital. Many people are so ignorant of military medical administration matters that they do not understand how much purely military knowledge is needed of a military surgeon, and they base their ideas on their previous knowledge of civil physicians, and they work two lines of duty both far apart from each other in a thousand details.

With a fuller knowledge of the duties and responsibilities of the army doctors of various countries, their urgent demands would be at once granted by all sensible people. I suppose there is no reason to doubt that American physicians are proud of their profession, yet they have been compelled to assume a military status to accomplish military ends, and certainly in Italy, Switzerland, and countries where it is the rule to give soldier-surgeons military titles, it is not to be imagined that so doing in any way interferes with the efficiency of the military machine. Quite the contrary, the medical officers then become preservers of the value of military rank, and it is not cheapened as it now is by conferring high nominal or paper rank on medical officers in various armies. I would strongly advise medical officers to take opportunities of visiting foreign medical services. Although

there is no one perfectly efficient country, yet all have special points of efficiency, and it is by copying as many of these good points as we can, that in the end we may achieve a near approach to that perfection which it is the and certain hope of the English soldier-surgeon to achieve.

QUETTA, Sept. 1890.

[*Note.*—Surgeon-Major Evatt puts this important topic in a new light. With the concurrent practices of other continental armies and the success and efficiency obtained from the purely military stand-point of its effect on the working of the medical organisation of an army, coupled with the gratification enjoyed by the consciousness of having contentment reign amongst a vitally important section of army officers, is, to say the least, a strong plea for reform in this direction. Dr. Evatt's paper will be widely read and appreciated, and we trust it will hasten the removal of a long-felt grievance among British Army Surgeons, the existence of which has often made them feel their positions as being undefined, irksome and intolerable. We thank Dr. Evatt for his valuable paper.—Ed. M. R.]

it was said, make any change? Men in the service entered it knowing what their position would be; the abolition of relative rank created no new phase in the history of the treatment of the Army Medical Service. The recommendations of Lord Camperdown's Committee will, however, remain to testify the unbiassed opinion of those who carefully considered the matter, and who heard all that the present military authorities of the War Office had to say on the subject. Secretaries of State for War and their advisers change, but the recommendations of the Committee remain; and if the medical service are true to themselves, it must be a secure stepping stone on which to rest while working out their right to be admitted as an integral part or corps of the army.

SIR.—The rules of the service forbid combination, and individual members of it can hardly be expected to destroy their own prospects by coming forward prominently as agitators. The members of Parliament who take an active and direct interest in these questions are too few to make their influence strongly felt—ready and willing though they are to do what they can. But there is an overwhelming force outside, which, if skilfully organised, may prove to be irresistible. Time after time has the medical profession, led by the great Association to which most of them belong, brought such pressure to bear on the Government that they have had to surrender at discretion. A crisis is now at hand. Militarism has ranged itself against the department, not for the first time. But we hold the trump card, and the time seems near at hand when it must be played.—I am, etc.,

M.D., M.P.

WITH reference to Mr. Stanhope's reply on Monday, Dr. FARQUHARSON put a second question on Thursday asking the Secretary of State for War which were the recommendations of the Committee on the Army Medical Department which would involve a largely increased expenditure.

As we go to press, we learn that Mr. STANHOPE replied as follows: Considerable increase of charge is involved in each of the following recommendations:—That the 50 brigade-surgeons should be the 50 senior surgeons-major (or surgeons-lieutenant colonel as they are called in the report). That medical officers on the active list should be substituted for the retired officers employed at home. That medical officers should be attached for a definite period to regiments and corps. That the tour of foreign service should be decreased. That three months' special leave should be given every seven years. That service should date from entry at Netley. That higher pay should be given in India to certain ranks.

"MILITARY INSTINCTS."

ONE WHO HAS SEEN MUCH SERVICE writes: I have read with pleasure the excerpts from the evidence taken by Lord Camperdown's Committee, published in the JOURNAL of April 5th. There the Duke of Cambridge has been fairly run to earth. He can adduce no reason for refusing military rank and title to the medical officers of the army. All he can say is that his "military instincts" (prejudices) cannot carry it. The Horse Guards clique, including Generals Wolseley, Buller, and Harman, of course follow lead; whilst General Sir Donald Stewart, late Commander-in-Chief of the Army of India, would give a military rank and title to the medical officers, pure and simple, just like the Royal Engineers, and also "a place in the Army List, which would be extremely popular with them, and do no harm to anyone else."

I have always thought the position advocated by Sir Donald Stewart the proper one, and that which the medical officers, backed up by the civil profession, should have all along demanded, and not one which by any possibility could be interpreted as in any respect inferior to that of any other body of military officers, such as that indicated by the compound title would, I fear, be too likely to convey.

If it is to be a question of pampering Horse Guards prejudices and administrative imbecility at the further expense of medical and military efficiency and national disaster, then, I think, the sooner it is settled once and for ever against that effete institution the better.

It is not the so-called "military instincts," or rather, the unreasoning and stupid prejudices of one official, however highly placed or connected, or of any other subordinate and inspired functionaries, that ought to be regarded, but hard facts, reason, common sense, past experience and knowledge, not only of what our own army needs to render it as efficient as possible, but what other armies—for example, those of France, Italy, Switzerland, and the United States—have found it necessary to do towards this end; and all these have found it necessary to accord to their medical officers military rank, title, and command.

Hitherto the attitude, so to speak, of my dear old comrades the medical officers of the army, has, I regret to think, been an absurdly humble one. Had they as a body, and the civil profession with them, asserted themselves much more than they have done, I cannot but think that their position to-day would have been greatly superior to what it is. In future I do hope that there will be less of "bated breath and whispering humbleness" in their struggle for a more tolerable existence and a higher usefulness.

No profession has a better right to hold up its head manfully and self-respectingly, or to speak right out and demand a position second to no other class of officers in the army.

THE REFUSAL.

No. 29 says: Mr. Stanhope's refusal to entertain the recommendations of the Committee, while probably meant as a blow, is really the best thing which could have happened. We now have official recognition of our grievances as just ones, and an absolute refusal to in any way meet them. We must make a new start by demanding as one man plain combatant titles, which, with the help of our civil *compères*, we must obtain.

Organisation of the schools is the key of the position. Some years ago I remember a paper posted on the notice board of my school: "Seventeen Reasons why I Shouldn't Join the Indian Medical Service." Let us post up more. "Why we should not Join the Medical Staff." I would also propose that a retired medical officer should visit the schools and lecture on the subject. Money will be wanted, and I hope you will put me down for £1.

SIR REDVERS BULLER.

RELATIVE RANK.

MR. STANHOPE AND THE ARMY MEDICAL STAFF.

We are enabled to lay before our readers the following official statement of the Government's intentions with regard to the recommendations of Lord Camperdown's Committee:

Recommendations.		Steps taken.
I.—ARMY.		
Constitution, Rank, etc.		
Present Title.	Relative Rank.	
Surgeon-General	Major-General.	
Surgeon-Colonel	Colonel.	
Surgeon-Lieutenant-Colonel	Lieutenant-Colonel.	
Surgeon-Major	Major.	
Surgeon (after 3 years' service)	Captain.	
Surgeon-Lieutenant	Lieutenant.	

(Sir W. Crossman, Rear-Admiral Hotham, and Mr. Bartley dissent.)

- The medical rank and relative Army rank of an Officer to be stated on his commission.
- Relative rank to hold for all purposes except military command.
- The first 50 Surgeons-Lieutenant-Colonel to have pay and allowances now given to Brigade Surgeons; but to lose their right to retire after 20 years' service.

APPOINTMENT.

- Candidates producing the diploma of the Society of Apothecaries not to be required to produce a second diploma.
- Some appointments to be given, without examination, to House Surgeons or House Physicians at Hospitals recognised by the General Medical Council.
- Commissions to date from the time of entering the service, not from that of leaving Netley.

PROMOTION.

- Examination for rank of Surgeon-Major to be conducted by a mixed Board; the Examiners in Medicine and Surgery to be chosen from outside the Medical Staff.
- Examinations for ranks above Surgeon-Major to be dispensed with.
- In promotion to Brigade-Surgeon and higher ranks, a preference to be given to Officers who have distinguished themselves.

(This seems not to agree with No. 5.)

- Promotion to highest ranks to be by very careful selection.

RETIREMENT.

- Retirement on gratuity of £500 after six years' service not recommended.

(Lord Camperdown and Mr. Macnamara dissent, and recommend that such optional retirement be allowed.)

- (Mr. Bartley recommends the substitution of 30 for 20 years' service for voluntary retirement.)

- Surgeons-General to serve till 62 years of age.

(Mr. Bartley would add that Brigade-Surgeons should serve till 57.)

- Two years' service in the rank of Surgeon-General and Deputy Surgeon-General and three years in that of Brigade Surgeon, to be required before allowing an Officer to retire on the retired pay of the rank, except in a case of permanent ill-health contracted in and by the Service.

(Mr. Bartley would require three years in every rank.)

SERVICE, DUTIES, ETC.

- Tour of foreign service not to exceed five years, except in case of emergency.
- On first appointment, a Medical Officer to be attached for a definite term to a regiment or other administrative unit.
- Once in seven years an Officer to have three months' special leave, to improve himself in professional knowledge.
- A Medical Officer on leave [query—on half-pay?] on account of illness contracted in and by the Service, to have the same privileges as a combatant Officer.
- Advantages as to pay and allowances given at Home also to be given in India.
- Employment of Retired Officers to fill medical appointments at Home is condemned.
- Officers in charge of Station Hospitals to take a fair share of executive duty.
- A careful inquiry to be made into establishments of Station Hospitals.
- At small Home Stations Civil Practitioners to be employed where practicable.

(Dr. Balfour dissents.)

II.—ROYAL NAVY.

- Inspectors of Hospitals and Fleets not to be compulsorily retired before age of 62.
- Officers to have opportunities from time to time for improving themselves by professional and scientific study.
- Yarmouth Hospital to be utilized more fully.

Result of agitation.
1. Compelled to give in

16. To be carried
19. passed

[March 22, 1890.]

THE INDIAN MEDICAL SERVICE AND THE NETLEY SCHOOL. The fate of Netley, as far as concerns the Indian Medical Service, is accurately, the fate of the Indian Medical Service as far as concerns it, says the *Indian Medical Gazette*, still trembling in the balance. It temporarily expresses a strong opinion, founded on personal experience and profound conviction, that the education and training obtainable at Netley is of the greatest use to medical officers serving in India, and of considerable value to the Government which employs them, and to the country placed under their professional care. We have not, it adds, during the progress of the discussion affecting this matter, encountered any fact which would induce us to modify or alter our opinion as to the utility of the Netley course, nor persuade us to believe that any substitution can be organised in India without a very large outlay of money and the sacrifice of many features which can be best or only preserved in a school open to the whole of the military medical services of the empire. Teaching imparted at Netley, which may be briefly described as the fusion of medical and sanitary science to the requirements of soldiers and war, cannot be obtained elsewhere, and the initiation into the life of military life and practice, which is here systematically

SATURDAY, MARCH 22ND, 1890.

MR. STANHOPE AND THE ARMY MEDICAL STAFF.

A BRIEF ANALYSIS OF THE RECOMMENDATIONS OF LORD CAMPERDOWN'S COMMITTEE.

We understand that Mr. Stanhope has now consented to lay on the table the evidence taken before the Committee on the Army Medical Department and to supply copies to those members of the House of Commons who are specially interested in the subject. It is stated that expense is the only objection to the general distribution of the Blue Book, and that after fifty copies had been printed the type was broken up. Mr. Stanhope has done well to yield in this matter, for ugly rumours were about, and strained relations might soon have sprung up between the doctors and their combatant brethren. The impression was pretty general that harsh and unfriendly things had been uttered about the department by highly-placed officials, and that it was necessary to keep what they had said "private and confidential." A glance over the *ipsissima verba* has convinced us that a good deal of misapprehension exists on this score. Arguments were undoubtedly used against the concession of relative rank, but they were usually qualified by cordial recognition of the services of medical officers, and of the social status which they have frequently won for themselves, and it is, therefore, best for all parties concerned that there should no longer be any mystery surrounding the evidence, but that the profession should be able to judge for itself how the matter stands.

Passing from this part of the subject, we turn to a brief analysis of some of the most important recommendations of the Committee, numbered as given at page 631 of the *JOURNAL* of March 15th.

1. Army rank to be relative, as at present; that is, the proposal to give substantive military rank is refused.

2 and 3. The medical rank and relative army rank are to be stated on his commission "wherever possible," and the rank to hold for all purposes except military command.

5. The War Office approves of the recommendation which proposes that candidates producing the diploma of the Society of Apothecaries are not to be required to produce another diploma. This we conceive to be a grave mistake. An army medical officer should be, before all things, a surgeon, and this qualification should only be accepted from one of the Royal Colleges of the kingdom.

7. Is refused, and most unjustly; it simply recommends that the medical officer for the British army should have his commission dated when he enters Netley, as is done in the case of those for Her Majesty's Indian army. Why this most invidious difference in treatment?

8. Is approved, which recommends that the examination for rank of surgeon-major should be conducted by a mixed board. This should silence all whispers about favouritism, which we believe to be without foundation.

9. Is approved, which abolishes all examinations for ranks above that of surgeon-major. It is believed that this will have retrospective effect, and let in all those who failed to pass the examination for the rank of brigade-surgeons—a more than doubtful measure as regards its retrospective action.

10 and 11. Are also approved, recommending a preference to be given for promotion to men of distinguished service. About this there can be no dispute.

14. Is carried out so far that power is taken in the Warrant to allow of it; under this surgeons-general can serve till 62 years of age.

15. Which recommends that two years in the rank of surgeon-general and deputy surgeon-general and three in that of brigade-surgeon be required before allowing an officer to retire on the retired pay of the rank, except in a case of permanent ill-health contracted in and by the service, is sanctioned with three years for all ranks. If this rule is made applicable in the army all round, no objection can be offered; if it is applied to medical officers alone, it will be invidious and unjust.

16. Which recommends that tours of foreign service shall not exceed five years, is not accepted by the War Office. This additional year of foreign service will tell severely on the health of medical officers, who even now are the greatest sufferers from foreign service.

17. This recommendation is not accepted, although it has always been a pet scheme of the "military advisers" of the War Office. It is to the effect that every medical officer on first appointment should serve for a definite period with a regiment or other administrative unit. It is refused presumably on the score of expense, which is to be regretted, as if carried into effect it would to some extent have restored "touch" between the combatant and medical officers so disastrously broken by the operation of the unification system, in other respects so admirable.

18. This recommendation is also refused; its object was to give medical officers three months' leave once in seven years, to improve themselves in professional knowledge. Here we have one rule for the combatant and another for the medical officer, who is never to be placed on a footing of equality with his brother officer, even when it is so obviously for the good of the service.

19. Shares the same fate. Medical officers when suffering from illness contracted in and by the service are not to have the same privileges as combatant officers. Comment on this flagrant injustice is not needed: it is simply shameful.

The above are the most important of the recommendations of the Committee, and Mr. Stanhope's judgment on them. We commend this brief analysis to the attention of intending

ON OF THE MEDICAL

long experience sends us the Army.

nant-General.
ranking Major-General.
nitiation, ranking Brigadier-

nitiation, ranking Colonel.
y Officer, over 20 years'

er 12 and under 20 years'

ver 3 and under 12 years'

under 3 years' service.

ith present Deputies and

rests of the nation the War

nce for all the question of

t centres in a single idea:

whose duties bring him in

dered a soldier both in rank

as such, but receive extra

departmental duties. Let

of our empire in a uniform

my would fall under the

g that bore upon the health

itals, but housing, clothing,

so the sanitary department.

erally the last consulted on

a should be the first.

DATES.

Minister should "sit upon" the

forward to enter it under any cir-

ed (purely as a test) last year not

could have received very different

the Army Medical Service while

PENSIONS.

pensions of £200 a year for flag

or general officers Royal Marines;

of Marines; yet the highest good

100 a year, and this is all the ex-

service receives. When will the

is in rank?

IONS.

tedly to divide and conquer the

r surgeons against their regular

claimed common cause with the

of their serving, that *land* *ade*

nurses as well as to their regular

y advisers" to their senses, and

und not to a factitious "fighting

service stand or fall together in

ES.

Standard of March 17th, giving

nt of Ireland, at a dinner given

College of Surgeons in Ireland,

be observed, that *Sergeant-Major*

ed with the Victoria Cross, etc."

is, V.C.

-edited paper like the *Standard*,

ilian mind in relation to medico-

of the necessity of well defined

candidates for commissions in the medical staff of the Army. If with such information before them on the conditions of service, and the hostile animus that prevails in high places against the department, they accept service in it, they cannot in after years say with truth that they took a leap in the dark.

SIR REDVERS BULLYE

Sir ROBERT BULLER, having said before the War Office Committee presided by Lord Lytton, Cambridge, that a statement that a medical officer (meaning Surgeon-General O'Neil) had, in the Egyptian expedition for the relief of Khartoum, refused a camel on the ground that it was "not good enough for a major-general," and having brought this forward as an instance of the evils of honorary military rank for medical officers, has had his attention called to the fact that this statement was totally without foundation. He has now expressed to Surgeon-General O'Neil his regret that he should have given currency to "an idle story, which he now knows to be without foundation in fact, and he authorizes the publication of his entire withdrawal and regret.

A "CAMEL STORY."

A "CAMEL STORY."

RESPONSIBLE officers in high position should be very careful of "illustrative" facts which are in evidence before public committees in order to form their opinions. The story which a Redvers Baller told before Lord Camperdown's Committee of a camel, which he alleged a surgeon-general refused in Egypt on the ground that it was not good enough for one of his relative rank was—as he has himself since acknowledged in writing—a baseless concoction without even a shadow of foundation in fact. He has withdrawn it, and expressed his regret. Nevertheless, it stands there in print, and it is this week repeated in the arms of officers and their claims. We speak to Sir Redvers Baller—and we believe we shall not appear in vain—to rectify as publicly in the

columns of that journal the groundless accusation which he now knows to be false, as he has done by correspondence with Surgeon-General O'Neil.

THE OLD CONTROL

SEADOWN CAPTAIN writes a letter from a book called the "Epistolary Day," by Major Arthur Griffiths. It is interesting to those who claim military titles for the officers of the Medical Staff. At page 93 of his work, the author says: "One of the chief flaws in the old conduct, and indeed of the administrative system of the army, was the complete absence of the military element. It was not alone that the officers of the various departments were scarcely alive to the relative importance of military and medical duties, but that the military element was almost entirely absent from the staff. The staff was composed of a few shabby and intangible kind. They did not carry weight always when in contact with troops, for the plain 'Mr.' even when borne by a Cabinet Minister, is not so effective as the military 'Colonel' or 'Major.' It is naturally harder much respect among the rank and file." If we substitute "plain Dr." for "plain Mr." in the above I think it exactly represents our

SURGEONS BUT NOT OFFICERS.

THIRTY YEARLY SERVICE—WHEN IS THE OFFICER'S machine coming off of officers and men for fighting purposes, who have to be paid, transported, supplied, and cared for in sickness. The officers and men of all grades and corps, from the Guards to the Medical Staff Corps, hold army rank, with one exception—the medical officers. Can any good reason be assigned for this unjust anomaly? Not one. They not only do the same work and save, but are also paid more than any other class in the army, and receive the same daily duties of the soldier than any other class. Under such circumstances, does the army desire the best medical aid, and deserve to get it?

THE Army and Navy Gazette, referring to the reply given by Mr. Stanhope to Mr. Parham's further question in the House of Commons on March 6th, says: "The reply of Mr. Stanhope may be an exceedingly simple way out of a difficulty, but we doubt whether the service will be perfectly satisfied with it. Lord Camperdown's Committee recommended several changes in the Stanhope, to save him from the charge of being a coward. Some of these changes are undoubtedly undesirable; but there was one which the whole service approved of, we refer to the proposal to attach medical officers to each regiment of cavalry and battalion of infantry. Whatever this change might have cost, it ought to have been carried out. It is a reform that the Army has been demanding for years past, and it is one that is urgently required by individuals and the service."

MAJOR STURGEON writes: While questioning the expediency of demanding purely military title, and since the Secretary of State for War refuses to carry out the recommendations of the Committee, I beg to suggest the following which it appears to me would be sufficient for the medical department and unobjectionable to fair-minded combatant officers. The military title precedes the medical title, thus: Lieutenant-Surgeon on to General-Surgeon. The rank of the present Deputies to be Brigadier-Surgeon, superior to all Colonels. Especially is the title Surgeon-Major objectionable from LINDSEY

*. The above has often been advocated, and is practically the American system; we fear it would find scant favour among the clique of so-called combatants, whose objection is not to one kind but to any military title simple or compound, being given to medical officers.

[illegible]

THE OLD CONTROL

K. writes: The following quotation from Henty's *March to Comrades* made w reference to the commissariat is so exceedingly apposite to the present condition of the Medical Department, that we have only to substitute medical parliament for control to make the parallel complete.

As long as one department is civil and the other military, the latter is bound to be more efficient, more energetic, more self-reliant, more resourceful, more daring, more adventurous, and more successful. The officers of the army and the civil are not the same persons. The army officers are trained in the art of war, and the civil officers are trained in the art of peace. The army officers are accustomed to the state of things in the army. In peace it discharges its duties, and in war it fights. The civil officers are accustomed to the state of things in the civil service. In peace it discharges its duties, and in war it fights. The army officers are trained in the art of war, and the civil officers are trained in the art of peace. The army officers are accustomed to the state of things in the army. In peace it discharges its duties, and in war it fights. The civil officers are accustomed to the state of things in the civil service. In peace it discharges its duties, and in war it fights.

Could anything more plainly describe the present position of the Medical Department? The remedy here so effectively pointed out by Mr. Henty stoutly resisted by the military, and it took sixteen years to convince them of their error. Will it take so long to convince our present obstructives, or Medical Council, that the only remedy is to be considered?

* * We thank our correspondent for drawing attention to the above; it is good to be more to the purpose in the present army medical controversy. Once more the obstructive jealousy of a clique have wrongly informed War Minister against, we cannot but think, his better judgment. The fight on the side of the Medical Department, and the reform must come but the question is how long? We will venture to prophesy it will be so than with the old control or commissariat branch.

AN ANOMALY.
RESERVE writes: The volunteer surgeon who joins the Army Medical Reserve every day as if full pay service for promotion, whilst the regular a surgeon, on the reserve list, is liable to be recalled to service till 55 years of age.

age, and shown on the active list like his volunteer *conferr*, is apparently treated as if no longer in the service. Why so? And if both are called out for service, will not some very considerable friction result?

ADMINISTRATIVE TENURE

THE following table has been sent to us from India, showing the anomalous position of the Medical Staff in the tenure of its administrative appointments as compared with the rest of the army. The age limit by itself works in a very haphazard and uneven manner, and gives to specially promoted officers, if young, a sort of monopoly of these appointments which cannot be defended in equity, and is probably neither good for individuals nor the service. Why cannot a tenure as well as an age limit be adopted, as they seem to staff appointments?

Promotion in the Administrative Grades of the Medical Staff.
The Senior officers of the Medical Staff are invited to consider their position as regards promotion, and for this purpose the accompanying table has been

Surgeon-Generals.		Date of Promotion.	Number of Years in Rank under 56 Years of Age Rule.	Number of Years in Rank if Age is Extended to 62.
Sinclair	...	27-3-82	X	XII
Madden	...	1-8-82	XI 1/2	XIII 1/2
Thomson	...	5-5-85	IX 1/2	VI 1/2
Hastbury	...	14-8-87	IX 1/2	VI 1/2
Frazer	...	31-8-87	IV 1/2	VII 1/2
Webb	...	20-12-87	IV 1/2	VII 1/2
Rossie	...	3-5-88	IV 1/2	VII 1/2
Ferguson	...	29-11-88	IV 1/2	IV 1/2
Menzies	...	10-9-89	IV 1/2	IV 1/2
Tarver	...	28-10-89	II	II

It will be observed that under the 60 years of age rule the two senior Surgeons-General can serve in the grade for X and XI years respectively, while if the age be extended to 62, those officers will have XII and XIII in the rank; under the 60 years rule no other Surgeon-General can serve VI years or less, while if the age be extended, one can serve for eight years, and for others from 10 to 12 years.

and senior executive officers as it delays promotion for some, and causes other persons to leave soon after obtaining the rank of Surgeon-General.

In no other branch of Her Majesty's service is such a system permitted. Generals and all other Staff Officers have to vacate commands or appointments

In the Medical Staff alone is an officer, ranking as Major-General, permitted to hold rank, pay, and position for a period terminable only by age (65). If th

The War Office Actuaries have declared that the extension of the age rule will cost the public £25,000, so this proposal will probably be dropped, except in the case where it may be distinctly to the advantage of the service.

The important question now is, how to remedy the present block, and this might partly be done by introducing a rule that the appointment of Surgeon General should only be tenable for five years, or terminable on attaining the age of 65.

The present senior Surgeons-General should certainly be retired on the pension of their rank, but should receive compensation for loss of pay allowances for the number of years they might have served on, as was done when the age of administrative officers was reduced from 65 to 60, some years ago.

Every Deputy Surgeon-General and Brigade-Surgeon is directly interested in this question, and it is to be hoped each one will bring to bear all the influence in his power to get the present rule modified.

cerned, and they should receive full compensation; at the same time they could not complain, if fairly compensated, at being retired after so many years of high rank and pay as Surgeons-General.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION

[illegible]

THE *Army and Navy Gazette*, referring to the reply given by Mr. Stanhope to Dr. Farquharson's further question in the House of Commons on March 6th, says: "The reply of Mr. Stanhope may be an exceedingly simple way out of a difficulty, but we doubt whether the service will be perfectly satisfied with it. Lord Camperdown's Committee recommended several changes. Mr. Stanhope, to save himself trouble, ignores them all. Some of them were undoubtedly undesirable, but there was one which the whole service approved of; we refer to the proposal to attach a medical officer to each regiment of cavalry and battalion of infantry. Whatever this change might have cost, it ought to have been carried out. It is a reform that the army has been demanding for years past, and it is one that is urgently required in the interests alike of individuals and the service."

MAJOR-SURGEON writes: While questioning the expediency of demanding a purely military title, and since the Secretary of State for War refuses to carry out the recommendations of the Committee, I beg to suggest the following, which it appears to me would be sufficient for the medical department and unobjectionable to fair-minded combatant officers. The military to precede the medical title, thus: Lieutenant-Surgeon on to General-Surgeon. The rank of the present Deputies to be Brigadier-Surgeon, superior to all Colonels. Especially is the title Surgeon-Major objectionable from liability to confusion with Sergeant-Major.

*. The above has often been advocated, and is practically the American system; we fear it would find scant favour among the clique of so-called combatants, whose objection is not to one kind but to any military titles simple or compound, being given to medical officers.

ARMY MEDICAL REFORM.

ROYAL MEDICAL CORPS sends the following heads of reform, which he suggests each member of the British Medical Association should tear out of the JOURNAL and send to their respective M.P.'s as the only way to bring the matter prominently forward. 1. Consolidation of Medical Staff and Medical Staff Corps into "Royal Medical Corps." 2. Substantive rank for the officers, to be commissioned as Lieutenants and Surgeons, etc., consecutively upwards to Lieutenant-General and Director-General. 3. Command limited to own corps and officers and men in hospital or attached. 4. To serve on boards and courts-martial (if necessary) according to army rank. 5. Regimental pay to be made up to present pay by the addition of departmental pay. 6. Foreign service five and three years as before. 7. Recognition of rank and pay in India; brigade-surgeons there to have Rs. 250 *per mensem* additional, consolidated. 8. The corps to be recruited from line regiments, of soldiers of good character, and of one year's service, except in special cases of clerks and chemists who could be directly enlisted.

THE OLD CONTROL.

K. writes: The following quotation from Henty's *March to Coomassie* made with reference to the commissariat is so exceedingly apropos to the present condition of the Medical Department, that we have only to substitute *medical department* for *control* to make the parallel complete.

"As long as one department is civil and the other military there will be an absence of unity, an absence of cohesion, and a host of mistakes, jealousies, rivalries, and breakdown. The officers of the army and the control are alike opposed to the system, and the latter are always ready to confess and deplore the weakness of the present state of things. In peace it discharges duties essential to the army, and more intimately connected with it than the greater portion of the duties of the Royal Engineers, and yet no one urges that because the latter are engaged on topographical work, perhaps for years, they should therefore have no right to be looked upon as military men. The responsibility thrown upon them is enormous, their work unceasing, and yet they are looked upon as civilians, and their difficulties immensely increased by the fact that they have no military rank. They have, indeed, a relative rank assigned to them, but as they are not called by it is altogether useless in giving them authority or influence. A soldier hears a person spoken of as Mr. Irvine, and consequently this 'Mr.' has in his mind a far less authority than Sergeant Thompson, although Mr. Irvine is a lieutenant-colonel with enormous responsibility. As long as the position is looked upon as civilian, and therefore in the eyes of military men an inferior one, so long will it be impossible for the department to carry out its duties efficiently. In time of war it is crippled and hampered by its want of definite position, by its civilian status, and by the consequent want of co-operation and sympathy from the purely military branch of the service. If it is ever to be an efficient branch of our army a thorough change is required. To be effectual it must be made a military instead of a civil department, and its officers must have a substantial rank."

Could anything more plainly describe the present position of the Medical Department? The remedy here so effectively pointed out by Mr. Henty was stoutly resisted by the military, and it took sixteen years to convince them of their error. Will it take so long to convince our present obstructives, or will Mr. Stanhope rise equal to his opportunities?

*. We thank our correspondent for drawing attention to the above; nothing could be more to the purpose in the present army medical controversy. Once more the obstructive jealousies of a clique have wrongly influenced the War Minister against, we cannot but think, his better judgment. Time fights on the side of the Medical Department, and the reform must come, but the question is how long? We will venture to prophesy it will be sooner than with the old control or commissariat branch.

AN ANOMALY.

RESERVE writes: The volunteer surgeon who joins the Army Medical Reserve counts every day as if full pay service for promotion, whilst the regular army surgeon on the reserve list, as liable to be recalled to service till 55 years of

age, and shown on the active list like his volunteer *confrère*, is apparently treated as if no longer in the service. Why so? And if both are called out for service, will not some very considerable friction result?

ADMINISTRATIVE TENURE.

THE following table has been sent to us from India, showing the anomalous position of the Medical Staff in the tenure of its administrative appointments as compared with the rest of the army. The age limit by itself works in a very haphazard and uneven manner, and gives to specially promoted officers, if young, a sort of monopoly of these appointments which cannot be defended in equity, and is probably neither good for individuals nor the service. Why cannot a tenure as well as an age limit be adopted, as in all other army staff appointments?

Promotion in the Administrative Grades of the Medical Staff.

The Senior officers of the Medical Staff are invited to consider their position as regards promotion, and for this purpose the accompanying table has been drawn up:—

Surgeon-Generals.	Date of Promotion.	Number of Years in Rank under 60 Years of Age Rule.	Number of Years in Rank if Age be Extended to 62.
Sinclair	27-3-82	X	XII
Madden	7-5-82	XI $\frac{1}{2}$	XIII $\frac{1}{2}$
Thomson	3-3-86	IV	VI
Hanbury	14-6-87	IV $\frac{1}{2}$	VI $\frac{1}{2}$
Fraser	21-6-87	IV $\frac{1}{2}$	VI $\frac{1}{2}$
Webb	31-12-87	VI	VIII
Reade	15-2-88	IV $\frac{1}{2}$	VI $\frac{1}{2}$
Ferguson	29-11-88	II $\frac{1}{2}$	IV $\frac{1}{2}$
Meadows	10-89	II $\frac{1}{2}$	IV $\frac{1}{2}$
Tarrant	28-10-89	II $\frac{1}{2}$	II $\frac{1}{2}$

It will be observed that under the 60 years of age rule the two senior Surgeons-General can serve in the grade for X and XI $\frac{1}{2}$ years respectively, while, if the age be extended to 62, these officers will have XII and XIII $\frac{1}{2}$ in the rank; under the 60 years rule one other Surgeon-General can serve VI years as such, while if the age be extended, one can serve for eight years, and four others from seven to ten years.

It must be evident that such a system is unjust to the junior administrative, and senior executive officers as it delays promotion for some, and causes others to retire very soon after obtaining the rank of Surgeon-General.

If the age be extended to 62, much hardship must be inflicted, and many deserving officers will be cut out of all chance of further promotion.

In no other branch of Her Majesty's service is such a system permitted; Generals and all other Staff Officers have to vacate commands or appointments at the end of five years.

Commissary Generals have also to retire after five years in the rank, and the same rule is in force in the Indian Medical Service.

In the Medical Staff alone is an officer, ranking as Major-General, permitted to hold rank, pay, and position for a period terminable only by age (60). If this age be extended, how much worse must it become for all below?

The question is, how is this to be remedied?

The War Office Actuaries have declared that the extension of the age rule to 62 will cost the public £25,000, so this proposal will probably be dropped, except in special cases where it may be distinctly to the advantage of the service that an extension of one or two years should be given.

The important question now is, how to remedy the present block, and this might partly be done by introducing a rule that the appointment of Surgeon-General should only be tenable for five years, or terminable on attaining the age of 60, whichever occurs first, except in special cases as noted above.

The present senior Surgeons-General should certainly be retired on the pension of their rank, but should receive compensation for loss of pay and allowances for the number of years they might have served on, as was done when the age of administrative officers was reduced from 65 to 60, some years ago.

Every Deputy Surgeon-General and Brigade-Surgeon is directly interested in this question, and it is to be hoped each one will bring to bear all the interest in his power to get the present rule modified.

There is no desire to inflict any injury or hardship on the senior officers concerned, and they should receive full compensation; at the same time they could not complain, if fairly compensated, at being retired after so many years of high rank and pay as Surgeons-General.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

THE following officers, who have been under instruction from Surgeon Walter Pearce, M.D., and the staff of the school, have recently passed the proficiency examination for volunteer medical officers, which is now compulsory for all acting-surgeons of the volunteer force, and is required before promotion as well as for commissions in the Army Medical Reserve:—Brigade-Surgeon P. P. Giles, Welsh Border Brigade and 1st Herefordshire R.V.; Surgeon-Major W. T. Colby, M.D., 2nd V.B. Princess of Wales's Own (Yorkshire) Regiment; Surgeon W. Chalmers-Cowan, 1st Forfar Artillery Vols.; Surgeon A. G. Bateman, M.B., Army Medical Reserve and 16th Middlesex R.V.; Surgeon W. H. Bull, F.R.C.S.Ed., 3rd (Bucks) V.B. Oxfordshire Light Infantry; Surgeon A. R. F. Evershed, 20th Middlesex (Artists') R.V.; Acting-Surgeon J. A. Adams, M.D., 1st (Lancashire) V.B. Scottish Rifles; Acting-Surgeon M. J. Fox, 3rd Lancashire Artillery Vols.; Acting-Surgeon W. Nettle, 2nd V.B. Duke of Cornwall's Light Infantry; Acting-Surgeon G. J. Bady, 1st

SIR REDVERS BULLER.

RELATIVE RANK.

MR. STANHOPE AND THE ARMY MEDICAL STAFF.

We are enabled to lay before our readers the following official statement of the Government's intentions with regard to the recommendations of Lord Camperdown's Committee:

Recommendations.

I.—ARMY.

Constitution, Rank, etc.

Present Title.	Relative Rank.
Surgeon-General	Major-General.
Surgeon-Colonel	Colonel.
Surgeon-Lieutenant-Colonel	Lieutenant-Colonel.
Surgeon-Major	Major.
Surgeon-Captain	Captain.
Surgeon-Lieutenant	Lieutenant.

Relative Rank.

Major-General.

Colonel.

Lieutenant-Colonel.

Major.

Captain.

Lieutenant.

Steps taken.

1. As at present.

2. Approved, wherever possible.

3. Approved. "Ranking with" being substituted for "Relative rank."

4. Not approved.

5. Approved.

6. Approved, when necessary.

7. Not approved, but will be further considered with India.

8. Approved.

9. Approved.

10. Approved.

11. Approved.

14. Carried out so far that power is taken in the Warrant to allow of it.

15. Carried out, with three years all ranks.

16. Not accepted.

17. Not accepted.

18. Not accepted.

19. Not accepted.

20. A matter for India.

21. Not accepted.

22. Approved, where possible.

23. Approved.

24. Approved, when practicable.

PROMOTION.

8. Examination for rank of Surgeon-Major to be conducted by a mixed Board; the Examiners in Medicine and Surgery to be chosen from outside the Medical Staff.
9. Examinations for ranks above Surgeon-Major to be dispensed with.
10. In promotion to Brigade-Surgeon and higher ranks, a preference to be given to Officers who have distinguished themselves.

(This seems not to agree with No. 5.)

11. Promotion to highest ranks to be by very careful selection.

RETIREMENT.

12. Retirement on gratuity of £500 after six years' service not recommended.

(Lord Camperdown and Mr. Macnamara dissent, and recommend that such optional retirement be allowed.)

13. (Mr. Bartley recommends the substitution of 30 for 20 years' service for voluntary retirement.)

14. Surgeons-General to serve till 62 years of age.

(Mr. Bartley would add that Brigade-Surgeons should serve till 57.)

15. Two years' service in the rank of Surgeon-General and Deputy Surgeon-General and three years in that of Brigade Surgeon, to be required before allowing an Officer to retire on the retired pay of the rank, except in a case of permanent ill-health contracted in and by the Service.

(Mr. Bartley would require three years in every rank.)

SERVICE, DUTIES, ETC.

16. Tour of foreign service not to exceed five years, except in case of emergency.
17. On first appointment, a Medical Officer to be attached for a definite term to a regiment or other administrative unit.
18. Once in seven years an Officer to have three months' special leave, to improve himself in professional knowledge.
19. A Medical Officer on leave [query—on half-pay?] on account of illness contracted in and by the Service, to have the same privileges as a combatant Officer.
20. Advantages as to pay and allowances given at Home also to be given in India.
21. Employment of Retired Officers to fill medical appointments at Home is condemned.
22. Officers in charge of Station Hospitals to take a fair share of executive duty.
23. A careful inquiry to be made into establishments of Station Hospitals.
24. At small Home Stations Civil Practitioners to be employed where practicable.

(Dr. Balfour dissents.)

II.—ROYAL NAVY.

25. Inspectors of Hospitals and Fleets not to be compulsorily retired before age of 62.
26. Officers to have opportunities from time to time for improving themselves by professional and scientific study.
27. Yarmouth Hospital to be utilized more fully.

Result of agitation.
1. Compelled to take in

16. to be considered
19. partial

SATURDAY, MARCH 22ND, 1890.

MR. STANHOPE AND THE ARMY MEDICAL STAFF.

A BRIEF ANALYSIS OF THE RECOMMENDATIONS OF LORD CAMPERDOWN'S COMMITTEE.

We understand that Mr. Stanhope has now consented to lay on the table the evidence taken before the Committee on the Army Medical Department and to supply copies to those members of the House of Commons who are specially interested in the subject. It is stated that expense is the only objection to the general distribution of the Blue Book, and that after fifty copies had been printed the type was broken up. Mr. Stanhope has done well to yield in this matter, for ugly rumours were about, and strained relations might soon have sprung up between the doctors and their combatant brethren. The impression was pretty general that harsh and unfriendly things had been uttered about the department by highly-placed officials, and that it was necessary to keep what they had said "private and confidential." A glance over the *ipsisima verba* has convinced us that a good deal of misapprehension exists on this score. Arguments were undoubtedly used against the concession of relative rank, but they were usually qualified by cordial recognition of the services of medical officers, and of the social status which they have frequently won for themselves, and it is, therefore, best for all parties concerned that there should no longer be any mystery surrounding the evidence, but that the profession should be able to judge for itself how the matter stands.

Passing from this part of the subject, we turn to a brief analysis of some of the most important recommendations of the Committee, numbered as given at page 631 of the JOURNAL of March 15th.

1. Army rank to be relative, as at present; that is, the proposal to give substantive military rank is refused.

2 and 3. The medical rank and relative army rank are to be stated on his commission "wherever possible," and the rank to hold for all purposes except military command.

5. The War Office approves of the recommendation which proposes that candidates producing the diploma of the Society of Apothecaries are not to be required to produce another diploma. This we conceive to be a grave mistake. An army medical officer should be, before all things, a surgeon, and this qualification should only be accepted from one of the Royal Colleges of the kingdom.

7. Is refused, and most unjustly; it simply recommends that the medical officer for the British army should have his commission dated when he enters Netley, as is done in the case of those for Her Majesty's Indian army. Why this most invidious difference in treatment?

8. Is approved, which recommends that the examination for rank of surgeon-major should be conducted by a mixed board. This should silence all whispers about favouritism, which we believe to be without foundation.

9. Is approved, which abolishes all examinations for ranks above that of surgeon-major. It is believed that this will have retrospective effect, and let in all those who failed to pass the examination for the rank of brigade-surgeons—a more than doubtful measure as regards its retrospective action.

10 and 11. Are also approved, recommending a preference to be given for promotion to men of distinguished service. About this there can be no dispute.

14. Is carried out so far that power is taken in the Warrant to allow of it; under this surgeons-general can serve till 62 years of age.

15. Which recommends that two years in the rank of surgeon-general and deputy surgeon-general and three in that of brigade-surgeon be required before allowing an officer to retire on the retired pay of the rank, except in a case of permanent ill-health contracted in and by the service, is sanctioned with three years for all ranks. If this rule is made applicable in the army all round, no objection can be offered; if it is applied to medical officers alone, it will be invidious and unjust.

16. Which recommends that tours of foreign service shall not exceed five years, is not accepted by the War Office. This additional year of foreign service will tell severely on the health of medical officers, who even now are the greatest sufferers from foreign service.

17. This recommendation is not accepted, although it has always been a pet scheme of the "military advisers" of the War Office. It is to the effect that every medical officer on first appointment should serve for a definite period with a regiment or other administrative unit. It is refused presumably on the score of expense, which is to be regretted, as if carried into effect it would to some extent have restored "touch" between the combatant and medical officers so disastrously broken by the operation of the unification system, in other respects so admirable.

18. This recommendation is also refused; its object was to give medical officers three months' leave once in seven years, to improve themselves in professional knowledge. Here we have one rule for the combatant and another for the medical officer, who is never to be placed on a footing of equality with his brother officer, even when it is so obviously for the good of the service.

19. Shares the same fate. Medical officers when suffering from illness contracted in and by the service are not to have the same privileges as combatant officers. Comment on this flagrant injustice is not needed: it is simply shameful.

The above are the most important of the recommendations of the Committee, and Mr. Stanhope's judgment on them. We commend this brief analysis to the attention of intending

Rosaceæ, less than three lines of description is given, and the gynæcium is said to be superior.

We have been rather severe, perhaps, in our criticism of this elementary book, but more because too much is attempted than because it contains no good; and class-books that are inadequate and inaccurate on points of fact are not commendable, however high their merit.

INTRODUCTION TO THE TREATMENT OF DISEASE BY GALVANISM.

By SKENE KEITH. London: Truslove and Shirley.

THE multiplication of books upon medicine and the kindred sciences is the necessary result of progress, but it does not tend to simplify knowledge. A book which can claim to do so is the more valuable for its comparative rarity. The merit belongs in an uncommon degree to the volume before us. It is what it purports to be—an elementary treatise on galvanism. The application of the science to the treatment of disease is not directly touched upon, but the ground is cleared for a thorough understanding of the special processes of electro-therapeutics.

The earlier notions about electrical properties are set forth in a few brief paragraphs.

The definition of terms is made more precise by tracing them to their origin, and by showing how far the analogy holds between frictional and voltaic electricity. The observations of Galvani and Volta are the subject of a brief historical sketch, which illustrates the transition stage of the science, and the theory of the voltaic cell is very clearly expressed. The phenomena of polarisation are represented in a most intelligible and attractive form, and in the chapters on cells the principles laid down are made the basis of sound criticism and practical suggestions. The questions of electromotive force, current, strength, and resistance are dealt with in a manner that leaves nothing to be desired. The principle of the galvanometer and the measurement of currents necessarily find their place in a work of the kind, and they are treated with the same judgment and lucidity of expression that characterise the book throughout.

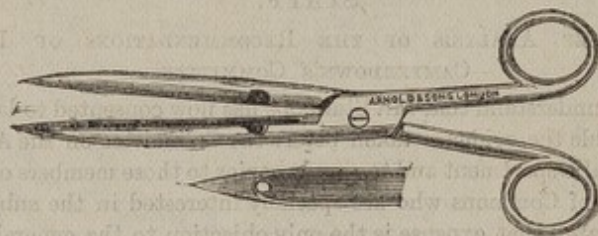
Finally, there is a description of the apparatus used in Apostoli's method of treating fibroid tumours. This is aptly chosen, as involving the highest development of *technique*. The book is of the character of a science primer, and answers the best purposes of its class. It contains in sixty-two largely printed pages all that is absolutely necessary, and there is nothing that could be omitted without loss. The style is clear and impressive, and the matter and the language equally well chosen. It would be understood by anyone, and might be read with profit by all. It is well illustrated, and contains several admirable diagrams.

NOTES ON BOOKS.

Prize Essay on the Suspension of Carriages. By WILLIAM PHILIPSON, Newcastle-on-Tyne. Revised Edition. (New York: The Hub Publishing Company of New York, 39-41, Gold Street. 1889.)—That science would ultimately thoroughly control the design and construction of carriages has been long apparent; but rule of thumb and unintelligent experimentation have been slow in disestablishment, even in the factories renowned for technical constructive skill. The small book before us exhibits a perfect mastery of the subject, theoretical and practical. It is crammed with facts, and the drawings are most clear and thoroughly illustrative of the text. Mr. William Philipson has produced an exhaustive and highly valuable treatise on a branch of manufacture hitherto neglected by highly-trained minds.

The Johns Hopkins Hospital Reports. Vol. II. Nos. 1 and 2 (Baltimore: Publication Agency of the Johns Hopkins Hospital. 1890.)—The medical staff of the Johns Hopkins Hospital are displaying remarkable activity in the production of literature. The issue of a weekly *Bulletin* was recently commenced, and we now have before us the first two numbers of a monthly series of hospital reports. It should be explained, perhaps, that Volume II has begun to appear while Volume I, which is to contain "studies from the pathological laboratory," is still in preparation. The first two fasciculi, in quarto, printed on good paper, with a cover of dark apple-green, appeal pleasantly to the eye with an indescribable air of old-fashioned sedateness. Of their contents we shall probably have opportunities to say more on future occasions.

I wish to draw the attention of the profession to an instrument which I think will be found very useful in suitable cases. I have named it the "New Expansion Trocar" (see illustration). It is sharp-pointed like a trocar, with an opening near the point. The body of the instrument is hollow, and is introduced into a swelling with the blades closed. Should there be fluid or pus there



will enter the opening near the point, run down the hollow portion of the instrument, and come out at the opening near the hinge. In this way an abscess may be tapped, or any fluid removed. If an extra opening is required the blades may be diverged, and thus cutting and loss of blood avoided.

My best thanks are due to Messrs. Arnold and Sons for the way they have carried out my suggestions. They can supply it in different sizes.

R. C. G. DURDIN.

INDEX REPOSITOR FOR CLINICAL THERMOMETERS.

THIS simple and inexpensive contrivance is the invention of Dr. James H. Aveling, who writes: By its use the difficulty which is not infrequently experienced in shaking down the index of a clinical thermometer is removed, and the breakage which results from the instrument slipping through the fingers during the attempt is avoided.

The index repositor, here represented in section, is four inches long. It is made of india-rubber tubing, closed at one end, A, which has a knob to prevent slipping; and open at the other, B, into which the non-bulbous extremity of the thermometer is thrust for about half an inch. The repositor is held between the finger and thumb at A, and the thermometer whirled rapidly round for a few seconds, when the index will be found replaced. Any one may try this experiment with a piece of drainage tube.

Centrifugal force may be made to act upon the mercury in other ways. The thermometer, or its case, may have a ring at the end, to which a piece of string may be tied and the necessary whirling effected, but the plan now suggested seems the most simple as it can be applied to any clinical thermometer. No fear of the thermometer slipping out of the tube need be entertained. The tube ought not to be pulled, but peeled off when removed.

This repositor may be obtained from Messrs. Mayer and Meltzer, Great Portland Street.

THE INDIAN MEDICAL SERVICE AND THE NETLEY SCHOOLS.
The fate of Netley, as far as concerns the Indian Medical Service, or, more accurately, the fate of the Indian Medical Service as far as concerns Netley, is, says the *Indian Medical Gazette*, still trembling in the balance. Our contemporary expresses a strong opinion, founded on personal experience and profound conviction, that the education and training obtainable at Netley are of the greatest use to medical officers serving in India, and of corresponding value to the Government which employs them, and to the communities placed under their professional care. We have not, it adds, during the progress of the discussion affecting this matter, encountered any fact or reason which would induce us to modify or alter our opinion as to the utility and value of the Netley course, nor persuade us to believe that any substitute or imitation can be organised in India without a very large outlay of money and the sacrifice of many features which can be best or only preserved in a school open to the whole of the military medical services of the empire. The teaching imparted at Netley, which may be briefly described as the adaptation of medical and sanitary science to the requirements of soldiers in peace and war, cannot be obtained elsewhere, and the initiation into the peculiarities of military life and practice, which is here systematically and quietly acquired, fits men to assume their proper position and duties without blundering or friction. The *Indian Medical Gazette* concludes by saying that while free to admit that the Netley course may be capable of being in many respects mended, it would be a misfortune to the Indian Medical Service if it were ended.

SCHEME FOR REORGANISATION OF THE MEDICAL STAFF.

A MEDICAL officer of high rank and long experience sends us the following outline scheme:—

Name: Royal Sanitary Department Army.

Administration and Designation:

1. Director-General, ranking Lieutenant-General.
2. Adjutant-General for Sanitation, ranking Major-General.
3. Deputy Adjutant-General for Sanitation, ranking Brigadier-General.
4. Assistant Adjutant-General for Sanitation, ranking Colonel.
5. Lieutenant-Colonel and Sanitary Officer, over 20 years' service.
6. Major and Sanitary Officer, over 12 and under 20 years' service.
7. Captain and Sanitary Officer, over 3 and under 12 years' service.
8. Lieutenant and Sanitary Officer, under 3 years' service.

Nos. 3 and 4 would correspond with present Deputies and Brigade-Surgeons. The time has come when in the interests of the nation the War Office must be called upon to settle once for all the question of departmental service in the army. It centres in a single idea: everyone who serves in the field and whose duties bring him in contact with the enemy must be considered a soldier both in rank and name. Let all be uniformly paid as such, but receive extra pay according to the nature of their departmental duties. Let this principle be applied in every part of our empire in a uniform manner. The departments of the army would fall under the Quartermaster-General; and everything that bore upon the health of the soldier, such as not merely hospitals, but housing, clothing, feeding, and conservancy would fall to the sanitary department. At present the medical officer is generally the last consulted on these matters, although as an expert he should be the first.

SUPPLY OF CANDIDATES.

DISGUSTED writes: It is not surprising the War Minister should "sit upon" the Medical Department while candidates come forward to enter it under any circumstances. Had the eight vacancies offered (purely as a test) last year not been filled up, the report of the Committee would have received very different treatment. There will be no amelioration of the Army Medical Service while the supply of candidates continues.

NAVAL GOOD SERVICE PENSIONS.

ANTI-JUNKERISM points out that there are 10 pensions of £200 a year for flag officers: 12 of £150 for captains; 6 of £200 for general officers Royal Marines; and 2 of £150 for colonels and lieutenant-colonels of Marines; yet the highest good service pension for medical officers is but £100 a year, and this is all the ex-Director-General of the Navy Medical Service receives. When will the democracy insist on equal treatment for equals in rank?

VOLUNTEER SURGEONS.

V & VICTIS writes: As the little game is undoubtedly to divide and conquer the medical profession by playing off volunteer surgeons against their regular brethren, would it not be well if the former claimed common cause with the Medical Staff, and insisted, as a condition of their serving, that *both* military rank and titles be meted out to themselves as well as to their regular brethren. This would bring "my military advisers" to their senses, and

show that the army belongs to the nation, and not to a factitious "fighting caste" clique. All branches of the medical service stand or fall together in matters of status.

MEDICAL TITLES.

ROYAL MEDICAL CORPS sends a cutting from the *Standard* of March 17th, giving an account of a speech by the Lord Lieutenant of Ireland, at a dinner given by Mr. Austin Meade, President of the Royal College of Surgeons in Ireland, in which His Excellency is made to say "he observed that Sergeant-Major Reynolds, of Kork's Drift fame, was honoured with the Victoria Cross, etc." alluding, of course, to Surgeon-Major Reynolds, V.C. If such gross mistakes can occur in a well-edited paper like the *Standard*, what must be the condition of the average civilian mind in relation to medico-military titles? Surely this is another proof of the necessity of well defined titles for medical officers.

candidates for commissions in the medical staff of the British Army. If with such information before them on the conditions of service, and the hostile animus that prevails in high places against the department, they accept service in it, they cannot in after years say with truth that they took a leap in the dark.

MILITARY RECOGNITION.

DESPAIR writes: I have hoped against hope that Mr. Stanhope would not stultify himself by rejecting the Report. Now he has done so, and refuses to redress the grievances which the Commission recognised. I would suggest a petition to the following effect:—

From all ranks of the department praying Her Most Gracious Majesty that her loyal and dutiful Medical Staff might receive that consideration and justice which has been denied in the rejection of the Report.

THE RANK QUESTION.

I. M. S., writing from India before Mr. Stanhope's decision on the Report of the Commission was made known, says: The delay and inaction seem to indicate he means to do nothing. The Indian Medical Service is at one with the Medical Staff in their uphill fight. Personally, the rank question is not vital to him, but he feels positively angry at the liberal and unwisely treatment of medical officers in the matter of definite rank and titles. It is most unfortunate that the Secretary of State for War has hitherto treated men fighting with their backs to a wall, and overpowering forces in front of them, but will succumb first rather than accept humiliating and unworthy honours in their position. The action of superiors is of course largely reflected among subordinates, and the consequence is much friction between medical and combatant officers; the former, indeed, are only non-combatant in being unqualified to conduct military operations, not in the sense that they fully share in the danger of the battlefield, as witness the field. The invidious treatment of medical officers in the matter of rank and titles compared with paymasters and commissariat officers is simply disgraceful. I voted for a compound title, but now will not be satisfied with anything under substantive rank. We can have no compromise when even modest demands are treated with contempt.

NAVAL AND MILITARY MEDICAL SERVICES.

GRIEVANCES OF THE ARMY MEDICAL DEPARTMENT.

The following circular has been forwarded to us by the Registrar of the Royal College of Surgeons in Ireland:—

"ROYAL COLLEGE OF SURGEONS IN IRELAND."

"Grievances of the Army Medical Department."

"The President, Vice-President, and Council of the Royal College of Surgeons having carefully investigated the grievances of the army medical officers, beg to submit the following statements, and trust that you will assist them in having their recommendations carried out:

"As the College was chartered for the purpose of providing a sufficient number of properly educated surgeons for the army and navy, and has so furnished the largest number of medical officers to the army, the President and Council beg to submit the following statements for the consideration of Her Majesty's Government, Members of Parliament, other medical licensing bodies, and all who take an interest in the well-being of the medical profession and of the army.

"1st—That only a high state of efficiency in the Army Medical Staff can bring within reach of the soldier the benefits of the great advances recently made in surgery and medicine.

"2nd—That a qualification to practise surgery and medicine can now be obtained only by the expenditure of an amount of money, time, and labour, greatly in excess of what was required when the warrants that define the position of army medical officers were issued.

"3rd—That it is within our knowledge that wide, and, we believe, well founded, dissatisfaction exists amongst the officers of the Army Medical Staff as to some of the conditions of that service, and that consequently its efficiency from a professional point of view is likely to be impaired.

"4th—That having inquired most fully into the matter we have come to the conclusion that the causes of discontent can be best remedied, and the efficiency of the service best secured, by making the Medical Staff into a corps such as the Royal Engineers, and by giving the officers substantive rank, their command of course being limited to members of their own corps, patients in hospital, and officers and men attached for duty.

Veterinary Saint, Sci., vol. II.

1st. On the Dog.

2nd. On the Dog.

3rd. On the Dog.

4th. On the Dog.

5th. On the Dog.

6th. On the Dog.

7th. On the Dog.

8th. On the Dog.

9th. On the Dog.

10th. On the Dog.

11th. On the Dog.

12th. On the Dog.

13th. On the Dog.

14th. On the Dog.

15th. On the Dog.

16th. On the Dog.

17th. On the Dog.

18th. On the Dog.

19th. On the Dog.

20th. On the Dog.

21st. On the Dog.

22nd. On the Dog.

23rd. On the Dog.

24th. On the Dog.

25th. On the Dog.

26th. On the Dog.

27th. On the Dog.

28th. On the Dog.

29th. On the Dog.

30th. On the Dog.

31st. On the Dog.

32nd. On the Dog.

33rd. On the Dog.

34th. On the Dog.

35th. On the Dog.

36th. On the Dog.

37th. On the Dog.

38th. On the Dog.

39th. On the Dog.

40th. On the Dog.

41st. On the Dog.

42nd. On the Dog.

43rd. On the Dog.

44th. On the Dog.

45th. On the Dog.

46th. On the Dog.

47th. On the Dog.

48th. On the Dog.

49th. On the Dog.

50th. On the Dog.

51st. On the Dog.

52nd. On the Dog.

53rd. On the Dog.

54th. On the Dog.

55th. On the Dog.

56th. On the Dog.

57th. On the Dog.

58th. On the Dog.

59th. On the Dog.

60th. On the Dog.

61st. On the Dog.

62nd. On the Dog.

63rd. On the Dog.

64th. On the Dog.

65th. On the Dog.

66th. On the Dog.

67th. On the Dog.

68th. On the Dog.

69th. On the Dog.

70th. On the Dog.

71st. On the Dog.

72nd. On the Dog.

73rd. On the Dog.

74th. On the Dog.

75th. On the Dog.

76th. On the Dog.

77th. On the Dog.

78th. On the Dog.

79th. On the Dog.

80th. On the Dog.

81st. On the Dog.

82nd. On the Dog.

83rd. On the Dog.

84th. On the Dog.

85th. On the Dog.

86th. On the Dog.

87th. On the Dog.

88th. On the Dog.

89th. On the Dog.

90th. On the Dog.

91st. On the Dog.

92nd. On the Dog.

93rd. On the Dog.

94th. On the Dog.

95th. On the Dog.

96th. On the Dog.

97th. On the Dog.

98th. On the Dog.

99th. On the Dog.

100th. On the Dog.

101st. On the Dog.

102nd. On the Dog.

103rd. On the Dog.

104th. On the Dog.

105th. On the Dog.

106th. On the Dog.

107th. On the Dog.

108th. On the Dog.

109th. On the Dog.

110th. On the Dog.

111st. On the Dog.

112nd. On the Dog.

113rd. On the Dog.

114th. On the Dog.

115th. On the Dog.

116th. On the Dog.

117th. On the Dog.

118th. On the Dog.

119th. On the Dog.

120th. On the Dog.

121st. On the Dog.

122nd. On the Dog.

123rd. On the Dog.

124th. On the Dog.

125th. On the Dog.

126th. On the Dog.

127th. On the Dog.

128th. On the Dog.

129th. On the Dog.

130th. On the Dog.

131st. On the Dog.

132nd. On the Dog.

133rd. On the Dog.

134th. On the Dog.

135th. On the Dog.

136th. On the Dog.

137th. On the Dog.

138th. On the Dog.

139th. On the Dog.

140th. On the Dog.

141st. On the Dog.

142nd. On the Dog.

143rd. On the Dog.

144th. On the Dog.

145th. On the Dog.

146th. On the Dog.

147th. On the Dog.

148th. On the Dog.

149th. On the Dog.

150th. On the Dog.

151st. On the Dog.

152nd. On the Dog.

153rd. On the Dog.

154th. On the Dog.

155th. On the Dog.

156th. On the Dog.

157th. On the Dog.

158th. On the Dog.

159th. On the Dog.

160th. On the Dog.

161st. On the Dog.

162nd. On the Dog.

163rd. On the Dog.

164th. On the Dog.

165th. On the Dog.

166th. On the Dog.

167th. On the Dog.

168th. On the Dog.

169th. On the Dog.

170th. On the Dog.

171st. On the Dog.

172nd. On the Dog.

173rd. On the Dog.

174th. On the Dog.

175th. On the Dog.

176th. On the Dog.

177th. On the Dog.

178th. On the Dog.

179th. On the Dog.

180th. On the Dog.

181st. On the Dog.

182nd. On the Dog.

183rd. On the Dog.

184th. On the Dog.

185th. On the Dog.

186th. On the Dog.

187th. On the Dog.

188th. On the Dog.

189th. On the Dog.

190th. On the Dog.

191st. On the Dog.

192nd. On the Dog.

193rd. On the Dog.

194th. On the Dog.

195th. On the Dog.

196th. On the Dog.

197th. On the Dog.

198th. On the Dog.

199th. On the Dog.

200th. On the Dog.

201st. On the Dog.

202nd. On the Dog.

203rd. On the Dog.

204th. On the Dog.

205th. On the Dog.

206th. On the Dog.

207th. On the Dog.

208th. On the Dog.

209th. On the Dog.

210th. On the Dog.

211st. On the Dog.

212nd. On the Dog.

213rd. On the Dog.

214th. On the Dog.

215th. On the Dog.

216th. On the Dog.

217th. On the Dog.

218th. On the Dog.

219th. On the Dog.

220th. On the Dog.

221st. On the Dog.

222nd. On the Dog.

223rd. On the Dog.

224th. On the Dog.

225th. On the Dog.

THE EVIDENCE TAKEN BY LORD CAMPERDOWN'S COMMITTEE.

Mr. STANHOPE having laid the evidence taken by Lord Camperdown's Committee on the table of the House of Commons, arrangements have been made to reprint this document by the British Medical Association, by permission of the War Office. We may therefore proceed to examine some of this evidence, and in the first place would draw attention to that part of it which bears on the question of rank and titles with limited command. It appears that it is principally the younger medical officers who suggest that purely military titles should be granted. The greater part of the evidence before us points to the necessity of compound titles, expressing first the profession, and, secondly, the rank of the medical officer.

Brigade-Surgeon Clark (Q. 1,866) observes that: "Many medical officers who had been on recent campaigns in Egypt have told me that they have had terrible difficulties in connection with transports and stores. They felt that, in fact, had they held a proper rank and definite titles, there would have been less friction and less difficulties."

Deputy Surgeon-General Don (Q. 864) said: "I think there is every reason to believe that the statement is practically correct that of 922 medical officers no less than 75 per cent. have expressed their belief that it is necessary for the efficient working of the medical service that military surgeons should be granted military titular rank."

This statement was confirmed by the late Director-General of the Army Medical Department, Sir Thomas Crawford (Q. 45): "I do still sympathise with the fact, which is made known to me, that the question of a medical officer having rank in the army is one which does materially affect his comfort socially as a public servant, and I do think that the denial that he holds such rank, even if it be only made by his brother officers or by the combatant officers of the army, is an injury to him and to the public service."

The present Director-General, Dr. Mackinnon (Q. 2,278), observes: "You have now Surgeon-General and Surgeon-Major, why not call them Surgeon-Captain and Surgeon-Colonel? There is no rank known to soldiers except that of military rank. The only rank in the army is military rank undoubtedly."

(Q. 680). Surgeon-Major Johnstone states that, according to the wording of their commissions, surgeons are directed to exercise authority according to the rules and discipline of war over junior officers and subordinates employed in the medical department, and over all soldiers and others attached thereto, and over all patients in military hospitals. Dr. Johnstone further observes: "At this moment I command men, not only of the rank, but with the titles of captain, lieutenant-major, sergeant, corporal, private, and bugler, and I am the only man of them all without military rank." In a service governed entirely by rank and corresponding titles, it seems hardly possible to have a more hopelessly unsatisfactory condition of things than that above referred to.

Brigade-Surgeon Beattie, who was in charge of the military hospital at Cairo in 1882 and 1884, states (Q. 542) "he was working under the greatest possible difficulties," and that he would on no account accept similar responsibilities under like conditions of service; he attributes this unsatisfactory condition of things largely to the anomalous position in which medical officers are placed, from having no recognised military rank and titles.

Surgeon A. Mercer Davies (Q. 490) observes that it is desirable to change the designation of the Medical Service to that of "Royal Medical Corps," because "if we were made into a corps on the lines of the corps of the Royal Engineers, more intimately uniting officers and men, I think a better class of men would be attracted socially, men who would not enter the service to make money, but in order to participate in the benefits, not pecuniary but otherwise, of service life, and who would be good medical officers, and would be better officers of the army."

In Q. 1,949 reference is made to a despatch of Lord Dalhousie, the eminent statesman and Governor-General of India, in which he writes regarding "the most galling and the most unmeaning regulations by which a sense of inferiority is imposed on medical officers by the refusal to grant them substantive rank."

¹ Applications, accompanied by a remittance of two shillings, if by post two shillings and three pence, can now be received at the office of the British Medical Association, 429, Strand, W.C. See also page 6 of advertisement sheet.

As regards the status of medical officers in Q. 616, we are informed that according to Lord Harris's warrant, medical officers were to have a precedence and advantages of a corresponding substantive rank, except the proceedings of court-martial. "We were to have presidency of Courts of Inquiry, Boards, and Committees if we happened to be senior. Some of the officers of the army did not like this, so Boards were arranged so that medical officers would never be senior officers and subsequently, 1869, they were no longer to be members of Boards except Medical Boards, but were detailed to attend them."

Q. 632. With reference to messes, we learn "that supposing another regiment is asked to dinner—it may be the Colonel and Major, we will say, are absent, and all the Captains for that matter, and only subalterns present at dinner, I might be a very old Surgeon-Major with twenty years' service, but one of the subalterns would take in the guests, and extend the hospitality of the regiment, and I, as the doctor, would have nothing to say to it. Medical officers are shy of going to mess now, as they are not certain of their position."

Turning from the medical evidence, it is important to consider what one of England's most trusted and distinguished generals has to say on this subject. There is no ambiguity in the answers given in this evidence by General Sir Donald Stewart (Q. 2,417). By the Chairman: "But in the *Army List* how would you style the medical officers? Surgeons and Captains?" Sir Donald: "I should put them down Royal Medical Staff so-and-so, Major-General; and so-and-so, Colonel, just as you do in the Royal Engineers. I would give them a position in the *Army List*, which would be extremely popular with them, and do no harm to anyone else."

We may now turn to the other side of the question, and refer to what the military advisers of Mr. Stanhope have to say on this matter. His Royal Highness the Commander-in-Chief (Q. 2,468) observes: "I have certainly no objection to what Lord Camperdown suggested to me in the earlier part of my evidence, but I object absolutely to medical officers being called by a military title." When pressed on this matter the Duke of Cambridge replied (Q. 2,466): "I cannot alter my opinion—my military instincts cannot carry it." The suggestions referred to as Lord Camperdown's are precisely those which now appear to have been promulgated by Mr. Stanhope.

The Military Secretary to His Royal Highness the Commander-in-Chief, General Sir George Harman (Q. 2,449), stated that according to his "experience of medical officers, or many of them, their great aim is to appear what they are not, affecting to be combatant officers instead of being proud of the profession to which they belong." Sir R. Buller observes on the same subject (Q. 1,546) that "he had never been able to get anyone to say or give the slightest inkling of any proof or reason or argument in favour of granting medical officers any kind of title." Evidently if Sir George Harman is right and the motives influencing medical officers in the Army as regards titles is simply a desire to ape the position of combatant officers, Mr. Stanhope was fully justified in refusing to sanction any such arrangement. But there is not one particle of justification throughout the evidence of the Committee which in any way substantiates ideas of this kind. The Government have by destroying the regimental system and by the creation of the Medical Staff Corps, in fact, by the reorganisation of the Army to meet the requirements of modern warfare, entirely altered the position of the medical officers, compelling them to perform duties and to accept responsibilities which can only be effectively carried out by their being granted military rank and titles.

We would urge Mr. Stanhope to reconsider this subject. It is not too late for him to make the Medical Service one of the most efficient departments of the army. In taking such a step he would have the support of the entire Medical Service, of many military officers of the greatest experience, and last, but not least, the decision of his own Committee. Surely with all this to back him he can safely brush on one side objections such as those to which we have above referred. Mr. Stanhope and the country have distinct warning that, unless the status of the officers of the Medical Department is placed on a sound footing, in the time of emergency they will be unable to carry on their duties efficiently. Armies in these days have to move rapidly, and it is the function of the Medical Service to have the men under their charge physically fit for any work they may be called upon to perform, and when sick or wounded to relieve the General of all care and anxiety as to the well-being of disabled soldiers. To perform

this and many other duties, medical officers must have definite rank, and with that rank its corresponding title. In the scheme proposed by Lord Camperdown's Committee, the professional title is clearly stated: there can be no mistake as to the holder of such a title being a doctor. At the same time, his rank is equally well defined, so that every officer and soldier in the army can clearly understand the status and the position of anyone possessing a title of this description. And this seems to us the only satisfactory conclusion to which all unprejudiced persons must arrive after reading the evidence and report of Lord Camperdown's Committee.

"MILITARY INSTINCTS."

SIX CAMPAIGNS writes: H.R.H. the Duke of Cambridge stated before the Commission, without reservation or qualification, and apparently as his chief argument, that his "military instincts" could not carry the idea of giving medical officers military titles or rank. Such a phrase or even feminine plea is unworthy of the gallant gentleman. He, indeed, has had no personal experience of the services of medical officers in recent campaigns, but he cannot have forgotten what happened in the Crimea; I can assure him that it is not

forgotten by many living men, myself included, who were there. How his own valuable life was saved at a critical moment, through the gallantry of an officer of the very department which his military instincts compels him to abandon and dishonour. How, when the Duke became detached from his men, and surrounded by Russian infantry, Assistant-Surgeon Wilson, perceiving the critical position, rallied a few British soldiers, and at their head, forced his way to the Duke and rescued him. To such as this very man he would now instinctively deny military rank and titles, although freely conceding it meanwhile to paymasters and commissariat officers, whose duties never bring them within the zone of fire.

* Our correspondent ought to be thankful for the Duke's outspoken frankness in narrowing the issues down to such an impalpable point.

COMPOUND TITLES.

MEDICAL STAFF writes: You unfortunately support the double title recommended by the Commission. If the titles Surgeon-General and Surgeon-Major have been found (vide evidence) to convey nothing to the military mind, either as to status or position of the holders, how can an extension of such titles benefit us?

* We have received a temporary check, but with such a distinguished soldier as Sir Donald Stewart on our side, must persevere and contend for purely military rank and titles which he would give us.

NON-COMBATANTS.

RANK writes: Some important questions in the circular of the Royal College of Surgeons in Ireland are, I know, not understood either by the public or even members of the House of Commons. In his evidence, His Royal Highness falls back on his "military instincts," from which he fails to understand how a doctor can grasp any point whatever outside of his own profession, although he admits the regulations call upon him to exercise military command, even as a non-combatant. Now, how is this latter term understood in the service? Let me give two instances in illustration from the station where I am now serving.

There are two officers wearing the badges of majors, one in the Army Service Corps and one in the Medical Staff; both have, as it happens, passed all the law examinations of the Incorporated Law Society, and been called to the

bar of their respective Inns of Court. Till quite recently neither was held to be qualified as a non-combatant to sit as president of a court-martial; but, by a mere mandate, the Army Service Corps officer was lately declared eligible to sit as such by being supposed a combatant. The "military instincts" before quoted still, however, hold the surgeon-major to be ineligible, although actually qualified by his legal position to sit as a judge in the High Court.

The other instance is of a social character. There is a station mess for all corps; the surgeon-major is the second senior in it, but, being a non-combatant, his name figures in the mess books under the last joined boy-subaltern. Can it be wondered medical officers refuse to acquiesce in such absurd anomalies?

MEDICAL STAFF DEFENCE.

B. S. urges the institution of a fund and a committee (say of three) to diffuse far and wide through the medical schools, members of Parliament, and the public at large information how medical officers have been refused that which Lord Camperdown's Committee has declared to be according to justice and reason. Probably a day's pay from all ranks would be sufficient, the committee to be auxiliary to the British Medical Association and JOURNAL. Nothing will be done while candidates ignorantly and unwittingly come forward for the service, of the harsh and inequitable conditions of which they know nothing.

THE WORK OF THE CAMPERDOWN COMMITTEE.

E. F. writes: With reference to the letter from Mr. Macnamara on the subject of Lord Camperdown's Committee in the JOURNAL of May 10th, and the statement he quotes to the effect that "its work is practically a failure," may I be allowed to say that such a statement, even if it were accurate, would be most unjust and ungenerous? Mr. Macnamara and his colleagues have performed a work of incalculable value, and the medical staff can never be sufficiently grateful for the record made in their favour.

What are the points made by the Committee?

1. They have placed on official record the fact that "grievances" really exist. 2. They have recommended certain practicable and reasonable improvements, which, when adopted, will go far to remedy recognised wrongs. 3. They have proved that the regulations regarding pay and pensions cannot safely be tampered with. 4. They have not added to our burdens (except in the increased age for the selected surgeons-general, and the three years' service for pensions), a boon for which we can hardly be too grateful, considering the pressure that was made to influence them adversely to us.

The medical staff should act on the lines Mr. Macnamara has indicated in his letter. Study the evidence given before the Committee (every officer should possess a copy of it), and then it will be recognised that although we may have "grievances," our own armour is not faultless; that we have weak spots within our administration, which it would be well for us to remove.

NAVAL AND MILITARY MEDICAL SERVICES.

LORD CAMPERDOWN'S COMMITTEE.

SIR,—During the time the Committee appointed to consider the conditions of service of medical officers of the Army was at work I received upwards of 420 letters from officers on the subject. It was impossible for me to reply to these gentlemen while the matter was still under discussion, but I take this opportunity of sincerely thanking them all for the valuable information they so kindly placed at my disposal. Now that the evidence taken by the Committee has been published these officers will, I think, find that nearly all the points which they raised have been brought to the notice and have been considered by the Committee. It has been said because Mr. Stanhope has declined to sanction the important recommendations of the Committee that its work is practically a complete failure. I do not think this is a sound conclusion. It seems to me a point has been gained by the Committee in that they have placed on record the reasons given by our military authorities for refusing medical officers the rank and status of military men. And further, after going carefully into the whole subject and with the evidence of the military authorities before them a Parliamentary Committee has decided in favour of army surgeons being granted clearly defined rank and titles, together with other privileges for which they have long contended. My conviction is that every medical officer interested in this matter should carefully study their position as it is laid down for them in the evidence taken by Lord Camperdown's Committee. In this way they will come to realise the difficulties they have to surmount, and the recognition of these obstacles will be the first step towards overcoming them. Whenever this end is gained and the medical officers of the Army obtain for themselves military rank and status their service will become one of the most efficient, as it is an indispensable, department of the British Army.—I am, etc.,

N. C. MACNAMARA.

A CORRESPONDENT observes: Surely the Commissioners made their report under misapprehension, for they actually propose military titles to men who, according to the highest military officials, are only civilians, on whom military titles would, say they, be "absurd," "supremely ridiculous," "laughable," etc. Lord Welsley distinctly implies that medical officers are "not soldiers," Sir Ralph Thompson compares them to "outsiders," the Duke classifies them with the strictly "non-combatant" portion of the army; General Buller accuses them of wishing to adopt "the titles of a profession not their own." Such statements may be an outrage on common sense and the most elementary grounds of fairness, but they are doubtless consonant with sound War Office philosophy.

* There is much force in our correspondent's sarcastic reflections. What

need for the War Minister to appoint a commission to report on the "pay, status, and service" of only so-called "officers"? His own officials could have told him at first hand they were merely civilians.

WHY MEDICAL OFFICERS DESIRE ARMY RANK.

X. writes: Several of the officers who gave evidence before the Camperdown Committee stated that they were unable to understand why medical officers of the army desired a more recognised status or rank than they now possessed when their legitimate function was only "to heal or to cure." With your permission I will try to answer that difficulty.

On page 1 of the *Field Service Manual for the Medical Department of the Indian Army*, an official book published by the Government of India, paragraph 5 runs thus:—"The principles of medical organisation on field service are to provide for the immediate requirements of the fighting ranks in front, and relieve them of all non-effective; to transfer the sick and wounded in the direction they must eventually go—namely, to the rear—and to apportion establishments and equipment to the hospital requirements and service as a whole."

Such duties as are here described fell to the medical department in the last campaign in Egypt. To express these duties in other words, when an officer or soldier nowadays falls out of the fighting line, it is here laid down by authority that the Medical Department is not only to attend to his immediate wants, but to arrange for his transport, feed him, and convey him from where he falls out in front to the army's base. These are the reasons why it is necessary to invest medical officers with a definite, well-understood rank. To afford simply professional aid, it might be argued, needs no military status; but if the sick or wounded officer or soldier is to be conveyed and fed, and all the arrangements for these duties are to be made by the medical officer throughout a long line of communications between the extreme front and the base, then it seems obvious that only those holding military rank could undertake such duties with an army operating in an enemy's country. Medical officers, in carrying out such responsibilities, are necessarily brought into contact with all ranks and departments of the army under the pressure of active service. It is quite certain, therefore, that unless the medical officer's military rank is recognised, his requisitions and requirements will not meet with the attention that such demands coming from officers holding military rank would. This was proved by experience in Egypt, and is alluded to in the answer to Question 542 of the evidence of the Camperdown Committee as published in the JOURNAL of April 15th.

It is inconceivable that any body of civilians could carry out the duties mentioned in the commencement of this letter under the circumstances of war. If this is conceded, it follows that military officers are necessary for the purpose, and as these duties are now laid upon medical officers, it follows that medical officers must be invested with army rank, however much its command might be limited, and it is the recognition of this rank that medical officers now ask for solely to enable them to carry out efficiently the duties that the modern requirements of war exact from them.

THE DOCTOR'S POSITION.

N. writes: The following conversation was not long ago overheard in a mess in Bombay between the two regimental officers—"Did you see the *Gazette* today? A doctor has got the Distinguished Service Order in Burmah." "What?" replied the second. "A doctor got the Distinguished Service Order. Then it's not worth having." This shows the contempt in which the term "doctor" is held. Substantive rank is now imperative, and it is necessary we should have the power of trying our own men by courts-martial as well as being called upon to sit, as we sometimes are, on regimental courts-martial. In civil life many people have the idea that the "doctor," as he is called, never sees a shot fired, and have no notion that we equally share the dangers of the battlefield with others.

THE ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.
The following is the memorial of the Royal College of Physicians of Edinburgh:
To the Right Honourable Edward Stanhope, M.P., Her Majesty's

The British Medical Journal.

SATURDAY, MAY 3RD, 1890.

THE NEW MEDICAL REGULATIONS OF THE ARMY, 1890.

ON April 27th, 1889, in an article headed "The Medical Profession in the Army and Lord Wolseley's *Soldier's Pocket Book*," we reviewed so much of that book as dealt with the position and duties of army medical officers in the field, more particularly as regards the small value which the author attaches to army medical officers and their sanitary functions. We showed that if the noble and gallant officer had his way he would revert to the condition of things that prevailed in the expedition against China in 1840, and in the Crimean war, with the disastrous results that so deeply roused the indignation of the British public.

The *Soldier's Pocket Book* is not an official publication, and its contents are not matters of regulation in the service. As all the world knows, Lord Wolseley is Adjutant-General of the Army, and in this capacity can at his pleasure, with, of course, the sanction of the Secretary for War and the Commander-in-Chief, convert what in the *Pocket Book* was a mere expression of opinion into a regulation, binding on all whom it concerns. This is exactly what has been done. The terrible results—the necessary and unavoidable results—that followed, as by a law, the working of the old system in the first war in Burmah, under Sir Archibald Campbell, and, as we have said, in China and in the Crimea, are, under the new medical regulations, entirely ignored. In the new regulations the final *coup de grâce* is given to the recommendations of the Royal Commission that inquired into the calamities that attended the Crimean war. That famous "inquiry"—the most complete and searching ever made by a Royal Commission—into, among other matters, the status, functions, and responsibilities of the medical service of the army, resulted in the introduction of important changes in the medical department, embodied in the Medical Regulations of 1858. From the date of their appearance the new regulations of the above date were most distasteful to the military authorities, on account of the improved position they gave to the officers of the department and the freedom of action and initiation they conferred on them. A great amount of ingenuity was at once called into action to explain away the new regulations and, where possible, to read them in a non-natural sense. Even when thus shorn of some of their most important provisions, their operation as regards the health of the army at home and abroad was so great as to excite the surprise and admiration of all

believed also that the grievances complained of, if left unredressed, will be much prejudice the service in respect of the quality of those who seek it. Council therefore beg to urge you to reconsider the question, and to take into effect the recommendations with regard to the grant of army titles to medical officers contained in the report of the aforesaid Commission. I have the honour to be, Sir,

Your obedient servant,
JONATHAN HUTCHINSON, President.

who were competent to form an opinion on the subject. Nor was this all. The medical and surgical results of the many wars in which this country has since engaged are the most splendid ever achieved in the annals of war. Fortunately this is not a matter of opinion merely; the statistical records remain for all time, and read in unmistakable terms their own impressive lesson.

It is now our painful duty to proclaim to the profession, and through its members to the public throughout the kingdom, that the military authorities, in the face of all that history tells us of an evil past, have determined to restore all that was faulty in military medical organisation. Other great military States have taken to heart the lesson our military men in power have resolved to forget, and, while they are freeing the hands and raising the status of their medical services, our Horse Guards authorities are once more doing what in them lies to lower the status of the service on which the health of the army mainly depends, to discourage the most competent men in our schools and universities from entering it, and, above all—whether consciously or unconsciously, we cannot say—preparing the way for disasters as bad in kind and degree as those which, in times past, have called forth public indignation and raised the blush of shame on every face. If no other purpose is served by the protest which we now make on the part of the British Medical Association, this much at least will be achieved thereby, that when the unavoidable outcome of this retrograde policy stands revealed, it will be impossible for its authors either to say they were not warned, or, as has been the invariable practice of their predecessors, when the storm arises, to stand aside, and with cynical disingenuousness call loudly for a committee to report on the incompetence of the "doctors."

In war no point in medical organisation is more important than the position of the Chief of the Medical Department in the Field. In the Regulations of 1878, Section 6, par. 312, it is written "On the staff of a General officer commanding an army there will be one Surgeon-General-in-Chief, whose duties will be on the staff of the General commanding the army, who will have the supreme control under that officer of all medical arrangements connected with the force." In the Regulations of 1885, the above is a little altered in expression, and stands thus, Section 9, par. 647: "The Surgeon-General will be on the staff of the Army Corps, and will, under the General officer commanding, have supreme control over all medical arrangements and establishments connected with the force. 648. He will remain with the headquarters of the Army Corps, advise the General officer commanding on all matters connected with the medical arrangements of the army, and transmit to principal medical officers and others such orders as he may receive from him, or from the chief of the staff, or that he himself may issue. 649. He will be in communication with the heads of departments in the field, and intimate to them the transport, equipment, stores, and supplies that may probably be required in connection with medical organisation."

Under the Regulations of 1890, important changes are introduced. The Surgeon-General-in-Chief is no longer on the staff of the General commanding in chief; he can no longer offer advice to the General commanding in chief, except "when required," and is to carry out his

ad absurdum. To what good purpose can a surgeon-general advise on the health of an army operating in the field, when he, under these unwise Regulations, may be hundreds of miles away from the scene of war, and in utter ignorance of the circumstances on which his advice is required? In short, here we are once more exactly where we were in the first war in Burmah, when Sir Archibald Campbell told his medical adviser "that medical advice is a good thing when it is asked for;" or at Chusan, when the wise General in command insulted his medical officer because he told him that if he went on feeding the men of the 26th Regiment on half putrid meat "cured" in Calcutta in the dog days, they would die of putrid dysentery, which they did. But enough, and more than enough.

EVIDENCE.

ments made by this dis-
tee, and says some of his
tes as follows:
sing if true, but at most it
worthy of record in grave

ink of medical officers more
of pay between them and
lord and myself, nearly as
a year, and I should get no
and contrast. Sir Thomas
service 24 years; total ser-
Sir R. Buller. Age in 1850,
d service, 32 years; pay as
certainly in favour of the
advice, as Sir Thomas Craw-
ral. If any comparison is
in the combatant and medi-
Lieutenant-Generals, £750
generals, £750. Wherein is
moreover, does not earn his
had his rank at 45, after
Appendix 18, the actuarial
ay and pension,
officers were now called
They have the relative rank,

in would not write to them
soldier does not recognise
military title, would it not?
d at."

has the right to style him-
h he holds?—"Well, he is
be right," etc.
nter-master-General of the
e they would only have
dual. Honorary rank and
gimental colonel, quarter-
ously used not only by all

to mean in the case of an
while serving, whether sub-

ough, if language has any
honorary rank of Major-
e but impostors and objects
honorary rank. Why, Major-
of these, yet he is properly
as a member of the Com-

transferred to the pay or
subsequently receives in
id "laughable?"
general's evidence on these
not a good one either!

"MILITARY INSTINCTS."

SIX CAMPAIGNS writes: H.H.H. the Duke of Cambridge stated before the Commission, without reservation or qualification, and apparently as his chief argument, that his "military instincts" could not carry the idea of giving medical officers military titles or rank. Such a puerile or even feminine plea is unworthy of the gallant gentleman. He, indeed, has had no personal experience of the services of medical officers in recent campaigns, but he cannot have forgotten what happened in the Crimea: I can assure him that it is not forgotten by many living men, myself included, who were there. How his own valuable life was saved at a critical moment, through the gallantry of an officer of the very department which his military instincts compel him to abandon and dishonour. How, when the Duke became detached from his men, and surrounded by Russian infantry, Assistant-Surgeon Wilson, perceiving the critical position, rallied a few British soldiers, and at their head forced his way to the Duke and rescued him. To such as this very man he would now instinctively deny military rank and titles, although freely conceding it meanwhile to paymasters and commissariat officers, whose duties never bring them within the zone of fire.

Our correspondent ought to be thankful for the Duke's outspoken frankness in narrowing the issues down to such an impalpable point.

COMPOUND TITLES.

MEDICAL STAFF writes: You unfortunately support the double title recommended by the Commission. If the titles Surgeon-General and Surgeon-Major have been found (vide evidence) to convey nothing to the military mind, either as to status or position of the holders, how can an extension of such titles benefit us?

* * * We have received a temporary check, but with such a distinguished soldier as Sir Donald Stewart on our side, must persevere and contend for purely military rank and titles which he would give us.

NON-COMBATANTS.

RANK writes: Some important questions in the circular of the Royal College of Surgeons in Ireland are, I know, not understood either by the public or even members of the House of Commons. In his evidence, His Royal Highness falls back on his "military instincts," from which he fails to understand how a doctor can grasp any point whatever outside of his own profession, although he admits the regulations call upon him to exercise military command, even as a non-combatant. Now, how is this latter term understood in the service? Let me give two instances in illustration from the station where I am now serving.

There are two officers wearing the badges of majors, one in the Army Service Corps and one in the Medical Staff; both have, as it happens, passed all the law examinations of the Incorporated Law Society, and been called to the

bar of their respective Inns of Court. Till quite recently neither was held to be qualified as a non-combatant to sit as president of a court-martial; but, by a mere mandate, the Army Service Corps officer was lately declared eligible to sit as such by being supposed a combatant. The "military instincts" before quoted still, however, hold the surgeon-major to be ineligible, although actually qualified by his legal position to sit as a judge in the High Court.

The other instance is of a social character. There is a station mess for all corps; the surgeon-major is the second senior in it, but, being a non-combatant, his name figures in the mess books under the last joined boy subaltern. Can it be wondered medical officers refuse to acquiesce in such absurd anomalies?

MEDICAL STAFF DEFENCE.

B. S. writes: The institution of a fund and a committee (say of three) to diffuse far and wide through the medical schools, members of Parliament, and the public at large information how medical officers have been refused that which Lord Camperdown's Committee has declared to be according to justice and reason. Probably a day's pay from all ranks would be sufficient; the committee to be auxiliary to the British Medical Association and JOURNAL. Nothing will be done while candidates ignorantly and unwittingly come forward for the service, of the harsh and inequitable conditions of which they know nothing.

THE WORK OF THE CAMPERDOWN COMMITTEE.

E. P. writes: With reference to the letter from Mr. Macnamara on the subject of Lord Camperdown's Committee in the JOURNAL of May 10th, and the statement he quotes to the effect that "its work is practically a failure," may I be allowed to say that, hold a statement, even if it were accurate, would be most unjust and ungenerous? Mr. Macnamara and his colleagues have performed a work of incalculable value, and the medical staff can never be sufficiently grateful for the record made in their favour.

What are the points made by the Committee?

1. They have placed on official record the fact that "grievances" really exist. 2. They have recommended certain practicable and reasonable improvements, which, when adopted, will go far to remedy recognised wrongs. 3. They have proved that the regulations regarding pay and pensions cannot safely be tampered with. 4. They have not added to our burdens (except the increased age for the selected surgeons-general, and the three years' service for pensions), a boon for which we can hardly be too grateful, considering the pressure that was made to influence them adversely to us.

The medical staff should set on the lines Mr. Macnamara has indicated in his letter. Study the evidence given before the Committee (every officer should possess a copy of it), and then it will be recognised that although we may have "grievances," our own armour is not faultless; that we have weak spots within our administration, which it would be well for us to remove.

NAVAL AND MILITARY MEDICAL SERVICES.

LORD CAMPERDOWN'S COMMITTEE.

SIR,—During the time the Committee appointed to consider the conditions of service of medical officers of the Army was at work I received upwards of 420 letters from officers on the subject. It was impossible for me to reply to these gentlemen while the matter was still under discussion, but I take this opportunity of sincerely thanking them all for the valuable information they so kindly placed at my disposal. Now that the evidence taken by the Committee has been published these officers will, I think, find that nearly all the points which they raised have been brought to the notice and have been considered by the Committee. It has been said because Mr. Stanhope has declined to sanction the important recommendations of the Committee that its work is practically a complete failure. I do not think this is a sound conclusion. It seems to me a point has been gained by the Committee in that they have placed on record the reasons given by our military authorities for refusing medical officers the rank and status of military men. And further, after going carefully into the whole subject and with the evidence of the military authorities before them a Parliamentary Committee has decided in favour of army surgeons being granted clearly defined rank and titles, together with other privileges for which they have long contended. My conviction is that every medical officer interested in this matter should carefully study their position as it is laid down for them in the evidence taken by Lord Camperdown's Committee. In this way they will come to realise the difficulties they have to surmount, and the recognition of these obstacles will be the first step towards overcoming them. Whenever this end is gained and the medical officers of the Army obtain for themselves military rank and status their service will become one of the most efficient, as it is an indispensable, department of the British Army.—I am, etc., Grosvenor Place.

N. C. MACNAMARA.

A CORRESPONDENT observes: Surely the Commissioners made their report under misapprehension, for they actually propose military titles to men who, according to the highest military officials, are only civilians, on whom military titles would, say they, be "absurd," "supremely ridiculous," "laughable," etc. Lord Wolsley distinctly implies that medical officers are "not soldiers," etc. Sir Ralph Thompson compares them to "outsiders," the Duke classifies them with the strictly "non-combatant" portion of a profession not their own. Such statements may be an outrage on common sense and the most elementary grounds of fairness, but they are doubtless consonant with sound War Office philosophy.

* * * There is much force in our correspondent's sarcastic reflections. What

need for the War Minister to appoint a commission to report on the "pay, status, and service" of only so-called "officers"? His own officials could have told him at first hand they were merely civilians.

WHY MEDICAL OFFICERS DESIRE ARMY RANK.

X. writes: Several of the officers who gave evidence before the Camperdown Committee stated that they were unable to understand why medical officers of the army desired a more recognised status or rank than they now possessed when their legitimate function was only "to heal or to cure." With your permission I will try to answer that difficulty.

On page 1 of the *Field Service Manual for the Medical Department of the Indian Army*, an official book published by the Government of India, paragraph 5 runs thus:—"The principles of medical organisation on field service are to provide for the immediate requirements of the fighting ranks in front, and relieve them of all non-effective; to transfer the sick and wounded in the direction they must eventually go—namely, to the rear—and to apportion establishments and equipment to the hospital requirements and service as a whole."

Such duties as are here described fell to the medical department in the last campaign in Egypt. To express these duties in other words, when an officer or soldier nowadays falls out of the fighting line, it is he who is laid down by authority that the Medical Department is not only to attend to his immediate wants, but to arrange for his transport, feed him, and convey him from where he falls out in front to the army's base. These are the reasons why it is necessary to invest medical officers with a definite, well-understood rank. To afford simply professional aid, it might be argued, needs no military status; but if the sick or wounded officer or soldier is to be conveyed and fed, and all the arrangements for these duties are to be made by the medical officer throughout a long line of communications between the extreme front and the base, then it seems obvious that only those holding military rank could undertake such duties with an army operating in an enemy's country. Medical officers, in carrying out such responsibilities, are necessarily brought into contact with all ranks and departments of the army under the pressure of active service. It is quite certain, therefore, that unless the medical officer's military rank is recognised, his requisitions and requirements will not meet with the attention that such demands coming from officers holding military rank would. This was proved by experience in Egypt, and is alluded to in the answer to Question 542 of the evidence of the Camperdown Committee as published in the JOURNAL of April 5th.

It is inconceivable that any body of civilians could carry out the duties mentioned in the commencement of this letter under the circumstances of war. If this is conceded, it follows that military officers are necessary for the purpose; and as these duties are now laid upon medical officers, it follows that medical officers must be invested with army rank, however much its command might be limited, and it is the recognition of this rank that medical officers now ask for solely to enable them to carry out efficiently the duties that the modern requirements of war exact from them.

THE DOCTOR'S POSITION.

N. writes: The following conversation was not long ago overheard in a mess in Bombay between the two regimental officers:—"Did you see the Gazette to-day? A doctor has got the Distinguished Service Order in Burma."—"What?" replied the second, "a doctor got the Distinguished Service Order. Then it's not worth having." This shows the contempt in which the term "doctor" is held. Substantive rank is now imperative, and it is necessary we should have the power of trying our own men by court-martial as well as being called upon to sit, as we sometimes are, on regimental courts-martial. In civil life many people have the idea that the "doctor," as he is dubbed, never sees a shot fired, and have no notion that we equally share the dangers of the battlefield with others.

The British Medical Journal.

SATURDAY, MAY 3RD, 1890.

THE NEW MEDICAL REGULATIONS OF THE ARMY, 1890.

ON April 27th, 1889, in an article headed "The Medical Profession in the Army and Lord Wolseley's *Soldier's Pocket Book*," we reviewed so much of that book as dealt with the position and duties of army medical officers in the field, more particularly as regards the small value which the author attaches to army medical officers and their sanitary functions. We showed that if the noble and gallant officer had his way he would revert to the condition of things that prevailed in the expedition against China in 1840, and in the Crimean war, with the disastrous results that so deeply roused the indignation of the British public.

The *Soldier's Pocket Book* is not an official publication, and its contents are not matters of regulation in the service. As all the world knows, Lord Wolseley is Adjutant-General of the Army, and in this capacity can at his pleasure, with, of course, the sanction of the Secretary for War and the Commander-in-Chief, convert what in the *Pocket Book* was a mere expression of opinion into a regulation, binding on all whom it concerns. This is exactly what has been done. The terrible results—the necessary and unavoidable results—that followed, as by a law, the working of the old system in the first war in Burmah, under Sir Archibald Campbell, and, as we have said, in China and in the Crimea, are, under the new medical regulations, entirely ignored. In the new regulations the final *coup de grâce* is given to the recommendations of the Royal Commission that inquired into the calamities that attended the Crimean war. That famous "inquiry"—the most complete and searching ever made by a Royal Commission—into, among other matters, the status, functions, and responsibilities of the medical service of the army, resulted in the introduction of important changes in the medical department, embodied in the Medical Regulations of 1858. From the date of their appearance the new regulations of the above date were most distasteful to the military authorities, on account of the improved position they gave to the officers of the department and the freedom of action and initiation they conferred on them. A great amount of ingenuity was at once called into action to explain away the new regulations and, where possible, to read them in a non-natural sense. Even when thus shorn of some of their most important provisions, their operation as regards the health of the army at home and abroad was so great as to excite the surprise and admiration of all

who were competent to form an opinion on the subject. Nor was this all. The medical and surgical results of the many wars in which this country has since engaged are the most splendid ever achieved in the annals of war. Fortunately this is not a matter of opinion merely; the statistical records remain for all time, and read in unmistakable terms their own impressive lesson.

It is now our painful duty to proclaim to the profession, and through its members to the public throughout the kingdom, that the military authorities, in the face of all that history tells us of an evil past, have determined to restore all that was faulty in military medical organisation. Other great military States have taken to heart the lesson our military men in power have resolved to forget, and, while they are freeing the hands and raising the status of their medical services, our Horse Guards authorities are once more doing what in them lies to lower the status of the service on which the health of the army mainly depends, to discourage the most competent men in our schools and universities from entering it, and, above all—whether consciously or unconsciously, we cannot say—preparing the way for disasters as bad in kind and degree as those which, in times past, have called forth public indignation and raised the blush of shame on every face. If no other purpose is served by the protest which we now make on the part of the British Medical Association, this much at least will be achieved thereby, that when the unavoidable outcome of this retrograde policy stands revealed, it will be impossible for its authors either to say they were not warned, or, as has been the invariable practice of their predecessors, when the storm arises, to stand aside, and with cynical disingenuousness call loudly for a committee to report on the incompetence of the "doctors."

In war no point in medical organisation is more important than the position of the Chief of the Medical Department in the Field. In the Regulations of 1878, Section 6, par. 312, it is written "On the staff of a General officer commanding an army there will be one Surgeon-General-in-Chief, whose duties will be on the staff of the General commanding the army, who will have the supreme control under that officer of all medical arrangements connected with the force." In the Regulations of 1885, the above is a little altered in expression, and stands thus, Section 9, par. 647: "The Surgeon-General will be on the staff of the Army Corps, and will, under the General officer commanding, have supreme control over all medical arrangements and establishments connected with the force. 648. He will remain with the headquarters of the Army Corps, advise the General officer commanding on all matters connected with the medical arrangements of the army, and transmit to principal medical officers and others such orders as he may receive from him, or from the chief of the staff, or that he himself may issue. 649. He will be in communication with the heads of departments in the field, and intimate to them the transport, equipment, stores, and supplies that may probably be required in connection with medical organisation."

Under the Regulations of 1890, important changes are introduced. The Surgeon-General-in-Chief is no longer on the staff of the General commanding in chief; he can no longer offer advice to the General commanding in chief, except "when required," and is to carry out his

higher utility to experts in gynaecology who desire to learn, without needless loss of time, the opinions of others who practise the same speciality.

NOTES ON BOOKS.

A Practical Textbook of the Diseases of Women. By ARTHUR H. N. LEWERS, M.D. Lond., Assistant Obstetric Physician to the London Hospital, etc. Second Edition, with 146 illustrations. (London: H. K. Lewis. 1890.)—The popularity of this work is indicated by the appearance of a second edition within two years of the first. The author, in the meanwhile, has not changed his views on the advantages of supravaginal amputation of the cervix for malignant disease. He has little belief in Apostoli's treatment, which, in his opinion, has failed to accomplish a great deal that was originally claimed for it. Indeed, chiefly on the ground that the treatment is attended with considerable danger, he believes that it is very doubtful whether it will ultimately find any place in legitimate practice. He advocates removal of the appendages in cases of uterine fibroid whenever practicable, and, as in the former edition, he insists that it is quite the exception to meet with cases where hysterectomy is justifiable. As in our notice of the first edition, we may note that, in a textbook for students, one of the first questions that the compiler must take into consideration is whether severe operations should be taught at all. In the above observation on hysterectomy, however, the author's teaching, as teaching pure and simple, is perfectly sound. In the case of removal of the appendages for tubal disease, an operation, at the best, much harder to perform than a mere inexperienced spectator might believe, Dr. Lewers rightly advises the reader to leave the organs alone should their condition render removal hazardous. The chapters on diseases of women, the subject of the book rather than capital operations, are excellent as before, or, indeed, rather improved by judicious revision.

The Diseases and Disorders of the Or. By GEORGE GRESSWELL; with additions by Dr. ALBERT GRESSWELL. (London: W. H. Allen and Co., 13, Waterloo Place, S.W. 1889.)—This work leaves no definite impression on the mind; it presents itself, as far as arrangement of subjects is concerned, as an effort in the right direction, but on careful reading, the large amount of material, often illogically introduced, so completely extraneous to the points under consideration, exhausts the reader's patience. The digressions are numerous and extreme in the chapters where logic and concentration of thought are the very life essences of a proper consideration of the subject. Chapter V perhaps exhibits this failing in the highest degree. The statement that "man is righthanded, as indeed also are quadrupeds, though to a less extent," forms a text whereon a homily is built embodying full anatomical reasons why this should be: and this too in a chapter on "Origin of Disease and the Germ Theory." A reader may, however, glean a good deal of useful information from this book which will save him the trouble of consulting a number of works in which it originally appeared.

Intercolonial Medical Congress of Australasia. Transactions of Second Session held in Melbourne, Victoria, January, 1889. Published under the direction of the Literary Committee. (Melbourne: Stillwell and Co. 1889.)—The delay in the publication of this volume appears to have been unavoidable. The success of the Congress entailed difficulties owing to the number of papers submitted, and the consequent necessity for further financial arrangements. The pecuniary difficulty was met by the Government of Victoria, which, with praiseworthy liberality, increased the sum which it had agreed to grant towards defraying the cost of publication. The magnificent distances of Australasia gave rise to other difficulties in preparing the matter for the press. The final result, however, has been the production of a portly volume of over one thousand pages, which gives every evidence of having been carefully edited. Several of the papers are illustrated by photographs, which add very much to their interest. Thus there are some striking photographs of patients before and after the performance of Mr. Fitzgerald's new operation for talipes, and Dr. Stirling gives a photograph of each one of the six cases recorded in his important paper on sporadic cretinism. Altogether an examination of the volume gives the reader a remarkably favourable

operation. He advocates the lateral, not median, incision, and recommends the application of sutures to the wound at first, so as to secure an anchorage of the cæcum in the bottom of the wound by lymph, which prevents prolapse or hernia subsequent to cutting the sutures or after cicatrisation. One or two sutures generally requires removal at the end of twenty hours, others subsequently as tension may demand. Dr. Morton favours operation for chronic disease of the appendix, preceded by careful preparation of the patient by rest in bed, an appropriate diet and management of the bowels, and thorough general and local disinfection.

REPORTS AND ANALYSES

AND DESCRIPTIONS OF NEW INVENTIONS IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

SOL. IODI.

THIS is a solution of iodine which, when rubbed upon the skin, scarcely colours it, and is apparently quickly absorbed. Several tests appear to show that the desired effect of the iodine was produced. The sample has been sent by Messrs. Brooks and Co., 136, Lower Baggot Street, Dublin.

LISTERINE.

WE have received from Messrs. S. Maw, Son, and Thompson, 12, Aldergate Street, E.C., a specimen of a preparation manufactured by the Lambart Pharmacal Company, St. Louis, U.S.A. According to the formula given it contains the following antiseptics: thyme, eucalyptus, baptisia, gaultheria, mentha arvensis, and benzo-boracic acid. It is a clear liquid, with an aromatic odour, pungent taste, and miscible in all proportions with water. We have experimentally proved that it is a powerful antiseptic, preventing the development of bacteria and decomposition of vegetable infusions. Listerine is certainly a very elegant preparation, and will be found an agreeable antiseptic either for internal or external use.

A NEW CATHETER.

MR. A. E. DAVIS (Liverpool) writes: Messrs. Lynch and Co., in their criticism of my catheter, have evidently overlooked or ignored several points connected with it, and which were very plainly stated in my description in the JOURNAL of April 19th. They state that the catheter à bougie antécédente and Dr. Ward Cousins's and Mr. Harrison's catheters are practically the same as mine.

The catheter à bougie antécédente has a conducting bougie portion, nine inches long, which is of the same thickness throughout, then within the next half inch it jumps three sizes (English scale), and afterwards remains of this diameter. It is apparent, therefore, that it possesses no advantage over the old fashioned railway catheter, whilst the fact of its possessing a breakable eye, coupled with a decided inclination of the two halves of the instrument to part company at the point of sudden increase, makes it an imperfect instrument.

Dr. Ward Cousins's capillary catheter also increases in diameter suddenly. Mr. Harrison's catheter is hollow throughout, increases in diameter from the point to the extreme end, and possesses a breakable eye. In mine the bougie portion is solid, and the increase in diameter is almost imperceptible so as to overcome that spasmodic inflammatory narrowing of the stricture which is the determining cause of the retention of urine; furthermore, the increase ceases when its object is attained, namely at the eye. As I stated in my description, the instrument is specially woven so that no part may be broken off and left in the bladder. I may say that I had not seen any one of these instruments before I completed mine.

Messrs. Arnold and Sons, the makers, corroborate me in the following terms: "We are confident that there is no other catheter made possessing such a solid tapering bougie portion from the vesical end to the catheter opening, and our business capacity is sufficient to guarantee this. In confirmation of this we have made many tapering catheters before, but in the whole course of our experience we have never had to make special mandrels as we have done with your instrument, as it necessitated it on account of the bougie portion covering so many sizes before reaching the catheter opening."

THE ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

The following is the memorial of the Royal College of Physicians of Edinburgh:

To the Right Honourable Edward Stanhope, M.P., Her Majesty's Secretary of State for War.

Sheweth that the Royal College of Physicians of Edinburgh is deeply interested in everything which concerns the welfare, honour, and efficiency of the medical profession, and that the Army Medical Staff is a very important branch of that profession.

That the College believes it to be universally admitted that the efficiency of the army depends in no small degree on its medical staff, and that it is necessary for the efficiency of the medical staff that there be no just causes of dissatisfaction among its members.

That the College understands that just causes of dissatisfaction exist at present in regard to the rank and position in the army held by the Medical Staff, and that these causes of dissatisfaction affect the consideration in which the members of the staff are held, and consequently, their usefulness in the service.

That the College believes that the dissatisfaction which exists would be removed if the Medical Staff were granted rank as in the Royal Engineers, such rank being effective, as was recommended by Lord Camperdown's Committee, "in all respects and for all purposes except that of military command, which last shall appertain to medical officers only in hospitals, and when on duty with officers and men of the Medical Staff Corps or attached to it for duty."

That the College strongly urges that you will be pleased to take steps with a view to bring about some such arrangement, and thus place the Army Medical Service in the position which it is desirable it should hold in the eyes of the army, of the public, and of the medical profession.

T. GRAINGER STEWART, M.D., President.

A copy of the above has been sent to every Scotch member of Parliament from the College.

THE ROYAL COLLEGE OF PHYSICIANS, LONDON.

At the last meeting it was resolved to send a deputation to Mr. Stanhope (see page 1461).

THE ROYAL COLLEGES AND THE ARMY MEDICAL OFFICERS.

THE ROYAL COLLEGE OF SURGEONS, ENGLAND.

We have before mentioned that the College of Surgeons has resolved to take action in support of the claims of the army medical officers to real army rank and titles, as urged by the Parliamentary Bills Committee of the British Medical Association, and endorsed by resolution of the Association at its last two annual meetings to which that Committee has reported. The Camperdown Committee having approved the claim thus made as reasonable and proper to be granted, and the Government having nevertheless refused to act upon those recommendations, the Council of the College has now addressed the following letter:

To the Right Honourable the Secretary of State for War.

SIR.—With reference to the Report of the Committee on the Pay, Status, and Conditions of Service of Medical Officers of the Army and Navy, to which, at your request, a representative was appointed by this College, I am desired by the Council of the College to express to you their deep regret that the recommendations of this Committee with regard to the grant of army rank and titles to medical officers of the army have not been acted upon.

The Council submit that the evidence taken by this Committee proves that it is necessary for the efficiency of the medical service that the recommendations contained in Section 3 of the report should be carried into effect, and that army rank and titles are essential for medical officers, to enable them thoroughly to perform their duties, especially when engaged on active service.

In the opinion of the Council the withholding of strictly defined army rank and titles from medical officers places them in a position of inferiority, which is unjust, considering their professional attainments and the important duties which they have to perform.

Moreover, the want of army rank and titles leads to such constant annoyance and mortification in the daily work and life of medical officers that many become disheartened and leave the service directly they can secure a pension, to the detriment of the army and the rapid augmentation of the non-effective charges.

It is believed also that the grievances complained of, if left unredressed, will in future much prejudice the service in respect of the quality of those who seek to enter it.

The Council therefore beg to urge you to reconsider the question, and to take steps to carry into effect the recommendations with regard to the grant of army rank and titles to medical officers contained in the report of the aforesaid Committee.

I have the honour to be, Sir,

Your obedient servant,

JONATHAN HUTCHINSON, President.

MAJOR-GENERAL SIR R. BULLER'S EVIDENCE.

A CORRESPONDENT draws attention to the statements made by this distinguished officer before the Camperdown Committee, and says some of his facts are both inaccurate and misleading. He quotes as follows:

(Q. 1503.) The "camel" anecdote would be amusing if true, but at most it is only founded on a joke, and in any case unworthy of record in grave evidence.

(Q. 1511.) When questioned about making the rank of medical officers more clear, he diverged irrelevantly into the difference of pay between them and combatant officers as follows: "Sir Thomas Crawford and myself, nearly as may be of the same rank; he will retire on £1,125 a year, and I should get no more than £850." Let us examine this parallel and contrast. Sir Thomas Crawford: Age in 1890, 66 years; age on joining service, 24 years; total service, 41 years; pay as Director-General, £1,500. Sir R. Buller: Age in 1890, 51 years; age on joining service, 18½ years; total service, 32 years; pay as Quartermaster-General, £2,100. The pay here is certainly in favour of the latter; but the matter of pension is entirely misleading, as Sir Thomas Crawford's is special after seven years as Director-General. If any comparison is to be made it must be between the higher grades in the combatant and medical branches, as follows: Generals, £3,000 to £1,000; Lieutenant-Generals, £750 to £850; Major-Generals, £600 to £700; Surgeon-Generals, £730. Wherein is the great difference here? The Surgeon-General, moreover, does not earn his pension until about 60; Major-General Buller had his rank at 45, after twenty-six years' service. He should have studied Appendix 18, the actual report, before venturing on such comparisons of pay and pension.

(Q. 1512.) When asked whether ordnance store officers were now called colonels, lieutenant-colonels and majors, said: "They have the relative rank, I think."

(Q. 1513.) But they call themselves such?—"You would not write to them as such."

(Q. 1514.) They have honorary rank?—"But a soldier does not recognise honorary rank," etc.

(Q. 1515.) Honorary rank would carry with it a military title, would it not?

—"Well, it is not recognised as such; it is laughed at."

(Q. 1517.) But an officer who has honorary rank has the right to style himself, say upon his card, an officer of that rank which he holds?—"Well, he is always laughed at if he does; it is not supposed to be right," etc.

Fancy such frivolous statements from the Quartermaster-General of the Army. Coming from a less responsible source they would only have been viewed as the eccentric opinions of an individual. Honorary rank and title are *bona fide* on whomsoever conferred, be he regimental colonel, quartermaster, or departmental officer, and are scrupulously used not only by all courteous people, but officially.

The Royal Warrant defines rank to "be held to mean in the case of an officer the highest permanent rank held by him while serving, whether substantive, brevet, or honorary."

That is plain enough, if language has any meaning.

There are many old colonels retired with the honorary rank of Major-General; it will be news to them to learn they are but impostors and objects of derision if they use the title expressing their honorary rank. Why, Major-General Sir William Crossman himself is one of these, yet he is properly and scrupulously described by his honorary rank as a member of the Committee.

Suppose an officer of the rank of captain is transferred to the pay or ordnance department, are all the advances he subsequently receives in honorary rank and title to be considered absurd and "laughable"?

It is impossible to take the Quartermaster-General's evidence on these points seriously; it looks like an official joke, and not a good one either!

duties as medical officer in chief no longer at the headquarters of the army, but under the orders of an officer whose headquarters is at the base. Thus, supposing this order to have been in force in Abyssinia, the principal medical officer of the force, when Lord Napier of Magdala was at his objective point, would have been 400 miles from the commander in chief; and as under Lord Wolseley's scheme (*vide Soldier's Pocket Book*) the base is also the proper place for the sanitary officer of the force, it would be hard to find a better example of the *reductio ad absurdum*. To what good purpose can a surgeon-general advise on the health of an army operating in the field, when he, under these unwise Regulations, may be hundreds of miles away from the scene of war, and in utter ignorance of the circumstances on which his advice is required? In short, here we are once more exactly where we were in the first war in Burmah, when Sir Archibald Campbell told his medical adviser "that medical advice is a good thing when it is asked for;" or at Chusan, when the wise General in command insulted his medical officer because he told him that if he went on feeding the men of the 26th Regiment on half putrid meat "cured" in Calcutta in the dog days, they would die of putrid dysentery, which they did. But enough, and more than enough.

should be closed, and a system of steam coils fixed inside the copers and boilers to take the place of the fires." They recommend steam to be used in the laundries and kitchens for both boiling and drying operations, and also instead of stoves for drying the men's clothes. We may be assured that these recommendations, coming as they do from such a high source, can be practically carried out with economy and effect according to the latest and most approved methods.

The architects declare it impossible to effectually and equally heat a large room or hut by means of open fires or stoves; but this can readily be effected by means of steam radiators in the window recesses; but they would add "small open fireplaces, which, while imparting cheerfulness, also provide for ventilation." Mr. Trollope is apparently of the same opinion, and likewise points out that even if hot air stoves could warm an Aldershot hut in theory, it could not work well in practice "on account of the way fuel is issued." A room or hut with a full complement of men gets an abundance of fuel, because it is issued so much per head; but if a few men only occupy a big room they are starved. This is a charming example of War Office method; the heating of a given apartment does not depend upon the necessities of the case, but upon some easy means for keeping Commissariat accounts!

The architects inform us they attended at the Horse Guards and inspected the plans of buildings proposed to be erected under the Barrack Bill. The first was "a two-storey barrack block for two sergeants and 84 or 112 men." Upon this they make an entirely favourable report. The next was "a block of officers' quarters, revised design." This also, with certain minor improvements, is commended. The next, "A new design for married soldiers' quarters and warrant officers' quarters." Three plans, A, B, and C, were submitted, and all declared undesirable on account of several faults in design. They were dismissed with this general remark: "All these plans allow too large an area to the living rooms to the sacrifice of the bedrooms."

We fear this is an objection which extends to a very large number of civil houses. How often do we see houses with large and pretentious "reception rooms," as they are grandly called, and miserable poky bedrooms? It never seems to occur, either to builders or occupiers, that about one-third of a person's total existence is spent in bed; and therefore a bedroom should have some proportionate relation to this great fact. We should have liked some more information as to the materials used or proposed to be employed in these new barracks. Glazed bricks and tiles, cement, tessellated floors, fire-clay pipes, etc., all occur to us, and which enter largely into what constitutes the superior cheerfulness, cleanliness, and healthfulness of modern dwellings.

The question of sites, drainage, water supply, ventilation, etc., is all-important. Probably we shall have all this discussed in a sanitary report from the Commission before alluded to; meanwhile we have put our readers abreast of what has as yet been effected under the Barrack Bill.

DOCTORS OR OFFICERS?

M.D. Oxon. writes: The cry of certain medical officers for army rank goes on unceasingly, though it is obvious to those whose eyes are not blinded that it only diminishes the low esteem in which they—not I—say they are already held. Rank and military title may be desirable for medical officers, but those who are crying out for it are too obviously not animated by a purely public spirit—they are doctors proud of being officers, not officers proud of being doctors. "This shows the contempt in which the term 'doctor' is held," says N. I. The term "doctor" is certainly not held in contempt in civil life (compare "parson" and "lawyer"), and if it is so held in the army I have not found it so. Doubtless there must be something wrong in the "doctors," for your correspondent is surely not so shortsighted as to imagine that contempt would be turned into respect because "doctors" were called "captains," "majors," etc. If there is any contempt, it is for those "doctors"—and I believe they are few—who are doctors in no sense but that of being qualified to practise—men who are not learned, and who take no interest in the study and treatment of disease.

Let those who wish to improve the position and reputation of medical officers leave rank alone for the present, and devote themselves to their profession. They will gain most influence by successful treatment of disease witness Surgeon Parke.

. We publish the above to show that there are members of our profession evidently still unable to grasp the true bearings of the army medical controversy. We must remind our correspondent that the army is a large and influential factor in our social system, and that any slight or degradation inflicted on its medical officers cannot but injuriously affect the dignity of our profession in civil life; the honour of one is equally that of the other. Now it is just those medical officers who are most jealous for the honour and rights of their profession that claim due military rank and titles in the army; it is just those, we can vouch for it, who are the most accomplished and devoted—and there are many—to their noble profession, who resent most

¹ JOURNAL, May 10th, 1890, p. 1106.

MR. STANHOPE'S RESPONSIBILITIES.

THIRTY YEARS SERVICE writes: The Government is responsible for army efficiency to the nation, and not to the "military" authorities. The health of our world-wide army, and the care of sick and wounded, demand that the medical service shall be thoroughly efficient and contented. Substantive army rank and titles are just as necessary for an efficient medical service as for an efficient commissariat; although the Commander-in-Chief confesses the latter obtained them after much reluctance on the part of "my military advisers." The medical officers were content to share relative rank with the other army departments, even although their duties made them part of the fighting line, which the others were not; but they will not submit to any position of inferiority. The unfortunate medical officer is at present neither civil nor military; precedence grading gives no military position. The medical officer has more than his own share of the hardships and dangers of military life in peace, besides being exposed to equal war risks. Mr. Stanhope should take care that the medical profession are not forced into opposition.

DOCTORS AND OFFICERS.

OVER SIXTY writes: As one who began in civil practice, then for many years in the army, and now in retirement again a civilian, I thank you cordially for your outspoken and generous remarks, both from the civilian and military side of the question, on the letter of "M.D. Oxon."

I fancy that gentleman's knowledge of civil life must be exceptional, and of military medical life and matters slight, or he would not write as he does. I have had wide experience of the world, and fear that, although the profession of medicine has risen much in social and general estimation in recent times, it is still far from what it ought to be in a country claiming to be humane and enlightened. I claim to be both doctor and soldier, and unhesitatingly affirm I require military rank and title in carrying out my duty, and say that an improvement in my status would react on that of my civil brethren. His reference to Surgeon Parke is beside the question; has he never heard of Thomson, at the Alma, and many others in India and Africa on the field of battle? Are such men to be denied the status of soldiers?

. We have received numerous answers—some indignant—to the letter of "M.D. Oxon." His uncalculated reference to Surgeon Parke is, indeed, very unfortunate for his line of argument. Those who have the pleasure of knowing that distinguished officer testify that in him are happily united and blended the highest professional accomplishments, with modest manliness and thoroughly soldierly bearing; he is a model soldier-doctor or doctor-soldier, from whatever point of view regarded. We can only say that to refuse to such a man due military rank and title while serving his Queen and country in the army is not merely an injustice but an outrage. It shocks alike the moral sense and the commonest instincts of fair-play. But nothing so obscure and warped these best impulses of our nature as the cultivation of an exclusive caste spirit; and it is this, we fear, which is poisoning the social life of the army, and distorting the views of many otherwise generous and fair-minded gentlemen.

DOCTORS OR OFFICERS.

SIR,—I have read with interest your excellent footnote to the letter of M.D. Oxon, in the JOURNAL of May 24th, and as he refers to my name, I beg to make a few remarks in reply. "Let those who wish to improve the position and reputation of medical officers leave rank alone for the present, and devote themselves to their profession. They will gain most influence by successful treatment of disease: witness Surgeon Parke." I may tell you that no matter how successfully I could have treated disease, my work in connection with the Stanley expedition for the relief of Emin Pasha, would have been more a failure than a success if it had not been for my rank, as Mr. Stanley told me himself, "if I had simply called you a doctor, and not given you real rank, like the other officers had, why you would have had no control over the men, and they would have thought nothing about you." This is precisely the case; I had the real rank of Captain in common with my companions, which gave me equal respect and influence, and if I had no rank, or comparative or relative, or any other fancy rank which simply means no rank, my work as medical officer would not have been so successful, and might have been a failure, and Mr. Stanley, who has a vaster experience in military and other expeditions than any other man alive, recognised the fact at the commencement of the expedition; he therefore in his orders gave each of us real and defined rank, and there never was the least friction or rivalry, although we were all young and ambitious. One officer was as good as another, respectively, provided he did his duty. I had my own company of men to discipline, to feed and to lead, just as the other officers had theirs, and when pressure of professional work increased, the other officers had extra work thrown on them also; and certainly I have no reason to believe that Mr. Stanley, the Europeans, or our men (including Syrians, Zanzibaris, Nubians, and Somalis, about 700 in all) ever considered that my qualification in medicine, surgery, and midwifery, were in any way a disqualification for rank or the manly and laudable work of commanding my own men. I was as much an officer as a doctor, and vice versa; why make a distinction between the two? While serving with organised corps there must be rank or no rank; if one has real rank he is really somebody, whereas if he has no rank he is really nobody; even the darkest nations of the interior of darkest Africa recognise this fact as well as the British soldier can.—I am, etc.

T. H. PARKER, Surgeon, Army Medical Staff.

ORGANISATION OF THE SCHOOLS.

NO. 29 writes: We are now on the right tack, and must keep the ball rolling. I sincerely hope the English and Scotch colleges will follow the lead given by the Irish. I suggest a circular should be sent to all senates and schools, setting forth the unhappy state of the unfortunate Medical Department, dwelling especially on the fact that our first grievances having been recognised by an Independent Commission, are now contemptuously disregarded as a sop to military caste prejudices. If the views of the schools and students are unanimously put before the Secretary for War, wiser counsels may yet prevail. The students especially are very badly informed of the condition of things in the army being as rule misled by the specious information supplied by the War Office.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY RANK.

RALPH writes: After months, during which I had no opportunity of seeing the

CRIMINAL ANTHROPOLOGY.

PROFESSOR LOMBROSO's studies have been principally pro-
cuted in what has been called "human degenerations"—idic
insanity, and criminality. His two great works, *L'Uo*
Delinquente and *L'Uomo di Genio*, after passing through ma
Italian editions, have recently been

FOR PRIVATE CIRCULATION.

W. Rogers

REMARKS ON THE REPORT

OF

LORD CAMPERDOWN'S COMMITTEE.

THE publication of the Report of the Committee
appointed, under the presidency of Lord Camper-
down, to enquire into the Pay, Status, and conditions
of service of the Medical Officers of the army,
has been looked forward to with the greatest anxiety,
and now that it has appeared it will be the subject
of careful consideration by all those whose interests
are so vitally concerned.

The history of the discontent pervading the
ranks of the Medical Staff, and of the agitation which
naturally ensued, is so well known that but a passing
allusion to the position taken up by the Medical
Officers is here necessary.

The chief interest centred round the all important
question of rank, title and status in the army. At no
time did any complaint as to pay arise, except with
regard to the refusal of the Indian Government to be
bound by Home Royal Warrants.

In the old days when the army was practically
divided into two classes—so-called combatants and
non-combatants—the latter, which included Medical,

THE COLLEGES AND THE ARMY.

WE are happy to be able to report that the memorandum of the
Parliamentary Bills Committee on Army Rank and Organisation,
and on the recent recommendations of the Camperdown Committee,
have been brought under the notice of the Royal Colleges in Eng-
land, Ireland, and Scotland, with excellent results. These colleges,
mindful of their official position as the great authorities of the
profession, have energetically seconded the efforts of those who
desire to see the recommendations of the British Medical Associa-
tion, endorsed as they now are by a Departmental Committee of
the War Office, carried into effect. The Royal College of Surgeons
of England and the Royal College of Physicians are both taking
steps to induce the Secretary of State to adopt the course indi-
cated. We have received an admirably drawn memorial from the
Royal College of Physicians of Edinburgh to a like effect, and we
understand that the Irish Colleges are also taking active steps.
In the pending election at the University of Dublin this has been
made, by the representatives of the medical graduates, a leading
question, and the candidates have, we believe, pledged themselves
to further the objects in view if elected to Parliament. In like
manner all the Branches of the Association, through their officers,
are pressing the matter on the notice of their respective members
of Parliament, and we have received numerous letters indicating
that the members in question are sensible of the importance of

giving due consideration to the representations thus made. Sir
Walter Foster, Dr. Farquharson, and other medical members of
Parliament are arranging to have the subject debated in the House,
and, although immediate results may not be attained, there is a
reasonable prospect that this object will be successfully carried
out at no distant date. If, however, the schools continue to supply
candidates for the Army Medical Service under the present con-
ditions, this will greatly tend to neutralise the efforts which are
being made. It is well understood in the War Office that the
ultimate appeal is to the schools, and it is quite certain that if
the supply of candidates for the British and Indian Army be cut
off, the concessions, of which the justice is now universally ad-
mitted, will be made. On the other hand, if the supply is abundant,
they will be indefinitely delayed. We earnestly commend this
view to the consideration of senior students, to the Deans of the
schools, and to the Lecturers at the medical schools in Great
Britain generally.

A ROYAL MEDICAL CORPS.

M.S. writes: All now agree that the Medical Department must be equipped a
corps, on lines similar to the Royal Engineers, with substantive rank, but
limited powers of command. This can only be attained by: 1. Pressure from
the schools. 2. Parliamentary influence. The following is suggested:

1. Maintain the Medical Staff Defence Union under auspices of British
Medical Association.
 2. A Central Committee of retired medical officers to be appointed.
 3. Officers on full pay at home and abroad to collect subscriptions limited
to £1 per annum, and forward to Central Committee.
 4. Brief statements of the questions at issue to be printed and forwarded to
Members of Parliament.
 5. Fuller statements to be circulated amongst members of the Association,
with a request that they would use all their political interest to attain the
desired ends.
 6. The schools of the United Kingdom to be informed by printed notices of
the importance of the question at issue, and the absolute necessity of candi-
dates not coming forward, reasons being given why they should not join the
service under existing conditions.
- This is all important. Close the supply for even two years and the authori-
ties must give way; but if the supply cannot be entirely cut off, the idea must
be abandoned. A supply of an inferior class, socially and professionally, is
just what the authorities would welcome, as giving them just grounds for
refusing the claims of medical officers. Systematic organisation is now re-
quired; who will come forward and undertake it?

evolutionists, they regard the criminal class as an in-
stance of atavism or reversion. As man has ascended in the
ladder of being through the ape and the savage, his degenera-

L'Anthropologie Criminelle et ses Récents Progrès. Par Cesare Lombroso.
Paris: Felix Alcan. 1900.

should be closed, and a system of steam coils fixed inside the copers and boilers to take the place of the fires." They recommend steam to be used in the laundries and kitchens for both boiling and drying operations, and also instead of stoves for drying the men's clothes. We may be assured that these recommendations, coming as they do from such a high source, can be practically carried out with economy and effect according to the latest and most approved methods.

The architects declare it impossible to effectually and equally heat a large room or hut by means of open fires or stoves; but this can readily be effected by means of steam radiators in the window recesses; but they would add "small open fireplaces, which, while imparting cheerfulness, also provide for ventilation." Mr. Trollope is apparently of the same opinion, and likewise points out that even if hot air stoves could warm an Aldershot hut in theory, it could not work well in practice "on account of the way fuel is issued." A room or hut with a full complement of men gets an abundance of fuel, because it is issued so much per head; but if a few men only occupy a big room they are starved. This is a charming example of War Office method; the heating of a given apartment does not depend upon the necessities of the case, but upon some easy means for keeping Commissariat accounts!

The architects inform us they attended at the Horse Guards and inspected the plans of buildings proposed to be erected under the Barrack Bill. The first was "a two-storey barrack block for two sergeants and 84 or 112 men." Upon this they make an entirely favourable report. The next was "a block of officers' quarters, revised design." This also, with certain minor improvements, is commended. The next, "A new design for married soldiers' quarters and warrant officers' quarters." Three plans, A, B, and C, were submitted, and all declared undesirable on account of several faults in design. They were dismissed with this general remark: "All these plans allow too large an area to the living rooms to the sacrifice of the bedrooms."

We fear this is an objection which extends to a very large number of civil houses. How often do we see houses with large and pretentious "reception rooms," as they are grandly called, and miserable poky bedrooms? It never seems to occur, either to builders or occupiers, that about one-third of a person's total existence is spent in bed; and therefore a bedroom should have some proportionate relation to this great fact. We should have liked some more information as to the materials used or proposed to be employed in these new barracks. Glazed bricks and tiles, cement, tessellated floors, fire-clay pipes, etc., all occur to us, and which enter largely into what constitutes the superior cheerfulness, cleanliness, and healthfulness of modern dwellings.

The question of sites, drainage, water supply, ventilation, etc., is all-important. Probably we shall have all this discussed in a sanitary report from the Commission before alluded to; meanwhile we have put our readers abreast of what has as yet been effected under the Barrack Bill.

DOCTORS OR OFFICERS?

M.D. Oxon, writes: The cry of certain medical officers for army rank goes on unceasingly, though it is obvious to those whose eyes are not blinded that it only diminishes the low esteem in which they—not I—say they are already held. Rank and military title may be desirable for medical officers, but those who are crying out for it are too obviously not animated by a purely public spirit—they are doctors proud of being officers, not officers proud of being doctors. "This shows the contempt in which the term 'doctor' is held," says N. The term "doctor" is certainly not held in contempt in civil life (compare "parson" and "lawyer"), and if it is so held in the army I have not found it so. Doubtless there must be something wrong in the "doctors," for your correspondent is surely not so shortsighted as to imagine that contempt would be turned into respect because "doctors" were called "captains," "majors," etc. If there is any contempt, it is for those "doctors"—and I believe they are few—who are doctors in no sense but that of being qualified to practise—men who are not learned, and who take no interest in the study and treatment of disease.

Let those who wish to improve the position and reputation of medical officers leave rank alone for the present, and devote themselves to their profession. They will gain most influence by successful treatment of disease witness Surgeon Parke.

* We publish the above to show that there are members of our profession evidently still unable to grasp the true bearings of the army medical controversy. We must remind our correspondent that the army is a large and influential factor in our social system, and that any slight or degradation inflicted on its medical officers cannot but injuriously affect the dignity of our profession in civil life; the honour of one is equally that of the other. Now it is just those medical officers who are most jealous for the honour and rights of their profession that claim due military rank and titles in the army; it is just those, we can vouch for it, who are the most accomplished and devoted—and there are many—to their noble profession, who resent most

¹ JOURNAL, May 10th, 1890, p. 1106.

MR. STANHOPE'S RESPONSIBILITIES.

THIRTY YEARS' SERVICE writes: The Government is responsible for army efficiency to the nation, and not to the "military" authorities. The health of our world-spread army, and the care of sick and wounded, demand that the medical service shall be thoroughly efficient and contented. Substantive army rank and titles are just as necessary for an efficient medical service as for an efficient commissariat; although the Commander-in-Chief confesses the latter obtained them after much reluctance on the part of "my military advisers." The medical officers were content to share relative rank with the other army departments, even although their duties made them part of the fighting line, which the others were not; but they will not submit to any position of inferiority. The unfortunate medical officer is at present neither civil nor military; precedence grading gives no military position. The medical officer has more than his own share of the hardships and dangers of military life in peace, besides being exposed to equal war risks. Mr. Stanhope should take care that the medical profession are not forced into opposition.

DOCTORS AND OFFICERS.

OVER SIXTY writes: As one who began in civil practice, then for many years in the army, and now in retirement again a civilian, I thank you cordially for your outspoken and generous remarks, both from the civilian and military side of the question, on the letter of "M.D. Oxon."

I fancy that gentleman's knowledge of civil life must be exceptional, and of military medical life and matters slight, or he would not write as he does. I have had wide experience of the world, and fear that, although the profession of medicine has risen much in social and general estimation in recent times, it is still far from what it ought to be in a country claiming to be humane and enlightened. I claim to be both doctor and soldier, and unhesitatingly affirm I require military rank and title in carrying out my duty, and say that an improvement in my status would react on that of my civil brethren. His reference to Surgeon Parke is beside the question; has he never heard of Thomson, at the Alma, and many others in India and Africa on the field of battle? Are such men to be denied the status of soldiers?

* We have received numerous answers—some indignant—to the letter of "M.D. Oxon." His uncalculated reference to Surgeon Parke is, indeed, very unfortunate for his line of argument. Those who have the pleasure of knowing that distinguished officer testify that in him are happily united and blended the highest professional accomplishments, with modest manliness and thoroughly soldierly bearing; he is a model soldier-doctor or doctor-soldier, from whatever point of view regarded. We can only say that to refuse to such a man due military rank and title while serving his Queen and country in the army is not merely an injustice but an outrage. It shocks alike the moral sense and the commonest instincts of fair-play. But nothing so obscure and warps these best impulses of our nature as the cultivation of an exclusive caste spirit; and it is this, we fear, which is poisoning the social life of the army, and distorting the views of many otherwise generous and fair-minded gentlemen.

DOCTORS OR OFFICERS.

SIR,—I have read with interest your excellent footnote to the letter of M.D. Oxon, in the JOURNAL of May 24th, and as he refers to my name, I beg to make a few remarks in reply. "Let those who wish to improve the position and reputation of medical officers leave rank alone for the present, and devote themselves to their profession. They will gain most influence by successful treatment of disease: witness Surgeon Parke." I may tell you that no matter how successfully I could have treated disease, my work in connection with the Stanley expedition for the relief of Emin Pasha, would have been more a failure than a success if it had not been for my rank, as Mr. Stanley told me himself, "if I had simply called you a doctor, and not given you real rank, like the other officers had, why you would have had no control over the men, and they would have thought nothing about you." This is precisely the case; I had the real rank of Captain in common with my companions, which gave me equal respect and influence, and if I had no rank, or comparative or relative, or any other fancy rank which simply means no rank, my work as medical officer would not have been so successful, and might have been a failure, and Mr. Stanley, who has a vaster experience in military and other expeditions than any other man alive, recognised the fact at the commencement of the expedition; he therefore in his orders gave each of us real and defined rank, and there never was the least friction or rivalry, although we were all young and ambitious. One officer was as good as another, respectively, provided he did his duty. I had my own company of men to discipline, to feed and to lead, just as the other officers had theirs, and when pressure of professional work increased, the other officers had extra work thrown on them also; and certainly I have no reason to believe that Mr. Stanley, the Europeans, or our men (including Syrians, Zanzibaris, Nubians, and Somalis, about 700 in all) ever considered that my qualification in medicine, surgery, and midwifery, were in any way a disqualification for rank or the manly and laudable work of commanding my own men. I was as much an officer as a doctor, and *vice versa*; why make a distinction between the two? While serving with organised corps there must be rank or no rank; if one has real rank he is really somebody, whereas if he has no rank he is really nobody; even the darkest nations of the interior of darkest Africa recognise this fact as well as the British soldier can.—I am, etc.,

T. H. PARKER, Surgeon, Army Medical Staff.

ORGANISATION OF THE SCHOOLS.

NO. 29 writes: We are now on the right tack, and must keep the ball rolling. I sincerely hope the English and Scotch colleges will follow the lead given by the Irish. I suggest a circular should be sent to all senates and schools, setting forth the unhappy state of the unfortunate Medical Department, dwelling especially on the fact that our first grievances having been recognised by an Independent Commission, are now contemptuously disregarded as a sop to military caste prejudices. If the views of the schools and students are unanimously put before the Secretary for War, wiser counsels may yet prevail. The students especially are very badly informed of the condition of things in the army being as rule misled by the specious information supplied by the War Office.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY RANK.

RALPH writes: After months, during which I had no opportunity of seeing the

CRIMINAL ANTHROPOLOGY.

PROFESSOR LOMBROSO'S studies have been principally prosecuted in what has been called "human degenerations"—idiotism, insanity, and criminality. His two great works, *L'Uomo Delinquente* and *L'Uomo di Genio*, after passing through many Italian editions, have recently been translated into English.

FOR PRIVATE CIRCULATION.

W. Rogers

REMARKS ON THE REPORT

OF

LORD CAMPERDOWN'S COMMITTEE.

THE publication of the Report of the Committee appointed, under the presidency of Lord Camperdown, to enquire into the Pay, Status, and conditions of service of the Medical Officers of the army, has been looked forward to with the greatest anxiety, and now that it has appeared it will be the subject of careful consideration by all those whose interests are so vitally concerned.

The history of the discontent pervading the ranks of the Medical Staff, and of the agitation which naturally ensued, is so well known that but a passing allusion to the position taken up by the Medical Officers is here necessary.

The chief interest centred round the all important question of rank, title and status in the army. At no time did any complaint as to pay arise, except with regard to the refusal of the Indian Government to be bound by Home Royal Warrants.

In the old days when the army was practically divided into two classes—so-called combatants and non-combatants—the latter, which included Medical,

evolutionists, they regard the criminal class as an instance of atavism or reversion. As man has ascended in the ladder of being through the ape and the savage, his degeneration is represented by the criminal. *L'Anthropologie Criminelle et ses Récentes Progrès.* Par Cesare Lombroso. Paris: Felix Alcan. 1890.

THE COLLEGES AND THE ARMY.

WE are happy to be able to report that the memorandum of the Parliamentary Bills Committee on Army Rank and Organisation, and on the recent recommendations of the Camperdown Committee, have been brought under the notice of the Royal Colleges in England, Ireland, and Scotland, with excellent results. These colleges, mindful of their official position as the great authorities of the profession, have energetically seconded the efforts of those who desire to see the recommendations of the British Medical Association, endorsed as they now are by a Departmental Committee of the War Office, carried into effect. The Royal College of Surgeons of England and the Royal College of Physicians are both taking steps to induce the Secretary of State to adopt the course indicated. We have received an admirably drawn memorial from the Royal College of Physicians of Edinburgh to a like effect, and we understand that the Irish Colleges are also taking active steps. In the pending election at the University of Dublin this has been made, by the representatives of the medical graduates, a leading question, and the candidates have, we believe, pledged themselves to further the objects in view if elected to Parliament. In like manner all the Branches of the Association, through their officers, are pressing the matter on the notice of their respective members of Parliament, and we have received numerous letters indicating that the members in question are sensible of the importance of

giving due consideration to the representations thus made. Sir Walter Foster, Dr. Farquharson, and other medical members of Parliament are arranging to have the subject debated in the House, and, although immediate results may not be attained, there is a reasonable prospect that this object will be successfully carried out at no distant date. If, however, the schools continue to supply candidates for the Army Medical Service under the present conditions, this will greatly tend to neutralise the efforts which are being made. It is well understood in the War Office that the ultimate appeal is to the schools, and it is quite certain that if the supply of candidates for the British and Indian Army be cut off, the concessions, of which the justice is now universally admitted, will be made. On the other hand, if the supply is abundant, they will be indefinitely delayed. We earnestly commend this view to the consideration of senior students, to the Deans of the schools, and to the Lecturers at the medical schools in Great Britain generally.

A ROYAL MEDICAL CORPS.

M.S. writes: All now agree that the Medical Department must be created a corps, on lines similar to the Royal Engineers, with substantive rank, but limited powers of command. This can only be attained by: 1. Pressure from the schools, 2. Parliamentary influence. The following is suggested: 1. Maintain the Medical Staff Defence Union under auspices of British Medical Association. 2. A Central Committee of retired medical officers to be appointed. 3. Officers on full pay at home and abroad to collect subscriptions limited to £25 per annum, and forward to Central Committee. 4. Brief statements of the questions at issue to be printed and forwarded to Members of Parliament. 5. Fuller statements to be circulated amongst members of the Association, with a request that they would use all their political interest to attain the desired ends. 6. The schools of the United Kingdom to be informed by printed notices of the importance of the question at issue, and the absolute necessity of candidates not coming forward, reasons being given why they should not join the service under existing conditions. This is all important. Close the supply for even two years and the authorities must give way; but if the supply cannot be entirely cut off, the idea must be abandoned. A supply of an inferior class, socially and professionally, is just what the authorities would welcome, as giving them just grounds for refusing the claims of medical officers. Systematic organisation is now required; who will come forward and undertake it?

the gross and gratuitous slights which the dominant military hierarchy seek to inflict on them. Let the civil members of our profession make no mistake, the most capable medical officers in our army are the most soldierly; no incompatibility exists between the two functions. The most dangerous and insidious military opponents of the medical officers are those who have ever on their lips honeyed expressions about the nobility of the "doctor's" profession, and yet lose no opportunity of slighting and insulting those who practise it—that is the condition of affairs alluded to by "N." which our correspondent quotes. Surely a little reflection would make matters clear to our correspondent. In what position would he wish our army medical officers to be? Would he wish them to be civilian doctors in broadcloth while carrying out all the duties, even command of their own men, and sharing in all the dangers of soldiers? Would he order them to face wounds and death in the battlefield, and yet forego the status and honour which are justly accorded to all military men for such personal risks? Military rank, status, and titles, although absolutely necessary in defining position from the drummer boy to the field-marshal, are nevertheless purely artificial. Would our correspondent have medicine, because it is a noble civil profession, to take a "back seat" when it becomes organically associated with arms? Military status does not depend upon the utility or nobility of a civil profession with which it may be brought in contact. The bar is a noble profession; not a few military and even medical officers are barristers; but while that distinction may be of value to them as men, it in no way affects their military rank. Engineering is a grand profession, and our Royal Engineers are about the most competent and capable body in existence, yet their army rank is held entirely apart from engineering: they, like the doctors, are doubtless proud of their profession, yet it is none the less necessary for them, as part of the army, to possess clear and definite military rank and titles, which, by the way, were long withheld from them by the very class and caste who now seek to withhold them from medical officers. The Engineers at one time had to struggle against privilege and prejudice just as the doctors do now. It is not so much the doctorship as the manhood of our medical officers which is at stake in this controversy. As educated and high-spirited gentlemen, surely we in civil life cannot ask them meekly to acquiesce in an inferior status in the army, not merely to their combatant brothers and cousins, but to relatives who happen to be in other departments, such as the pay, ordnance, and commissariat, who never go under fire, and whose duties are far less military than theirs. This controversy affects a large and important section of our medical brethren, vitally in the regular army, materially in the volunteers; and let us remind our correspondent that only the wearers know where the shoe pinches. His question should not have been "Doctors or Officers," but "Doctors and Officers." And we would further remind him that however much our profession may be esteemed by the public, none of its members have ever yet been offered a seat in the House of Lords, while that august assembly is open to every other profession, calling, or trade in the land. There are disabilities both in military and civil life towards our profession that require readjustment.

HOSPITALS IN THE FIELD.

CRITIC.—The transport attached to a bearer company and field hospital is, of course, of vital importance. In the *Manual for Field Service*, as at first issued, it is laid down that the transport officer is responsible that the horses are harnessed and the wagons ready to be packed at the appointed time, but not a word that he is to be under the command of the medical officer. But this state of ambiguity was so outrageous that in an amended order it is laid down that he (the transport officer) is "to take orders" from the medical officer; he is not, indeed, placed under him, as would have been straightforward, but such would have been too great a shock to "my military advisers."

THE ABOLITION OF MILITIA SURGEONS.

FAIRPLAY remarks, in answer to "W. K. C.," that "the spoliation of the militia surgeons was one of the inducements offered to the authorities to grant the Warrant of 1879." Even if so, army medical officers had nothing to do with it; they had no option but to take over the militia duties. Was it not notorious that before that Warrant militia surgeons did often not turn out with their regiments, and so threw the work on the Medical Staff. Or sometimes they appointed young civil surgeons to fill their place.

RANK AT THE STATION MESS TABLE.

SURGEON-MAJOR writes that he had occasion some time ago to refer this question to headquarters, and was informed that medical officers were entitled to all the privileges of rank and position at mess, according to the dates of their commissions, in common with all other officers of the army. Medical officers are apt to permit themselves to be relegated to a position which is not theirs, through ignorance or vagueness in the regulations, and by acquiescence in the injustice, rather than refer the circumstances to higher authority, drift into an uncertain position, which is readily taken advantage of by others. It would be better if, when in doubt, they should make a proper reference to headquarters.

"*." Our correspondent is no doubt right, from a certain point of view, that medical officers should assert themselves in matters of rank (if they can name it) more than they do. But we know self-assertion is most hateful to many men. The true solution is not reference to an indifferent or hostile headquarters, but rank so unmistakable and self-evident that no reference is required.

the gross and gratuitous slights which the dominant military hierarchy seek to inflict on them. Let the civil members of our profession make no mistake, the most capable medical officers in our army are the most soldierly; no incompatibility exists between the two functions. The most dangerous and insidious military opponents of the medical officers are those who have ever on their lips honeyed expressions about the nobility of the "doctor's" profession, and yet lose no opportunity of slighting and insulting those who practise it—that is the condition of affairs alluded to by "N.," which our correspondent quotes. Surely a little reflection would make matters clear to our correspondent. In what position would he wish our army medical officers to be? Would he wish them to be civilian doctors in broadcloth while carrying out all the duties, even command of their own men, and sharing in all the dangers of soldiers? Would he order them to face wounds and death in the battlefield, and yet forego the status and honour which are justly accorded to all military men for such personal risks? Military rank, status, and titles, although absolutely necessary in defining position from the drummer boy to the field-marshal, are nevertheless purely artificial. Would our correspondent have medicine, because it is a noble civil profession, to take a "back seat" when it becomes organically associated with arms? Military status does not depend upon the utility or nobility of a civil profession with which it may be brought in contact. The bar is a noble profession; not a few military and even medical officers are barristers; but while that distinction may be of value to them as men, it in no way affects their military rank. Engineering is a grand profession, and our Royal Engineers are about the most competent and capable body in existence, yet their army rank is held entirely apart from engineering: they, like the doctors, are doubtless proud of their profession, yet it is none the less necessary for them, as part of the army, to possess clear and definite military rank and titles, which, by the way, were long withheld from them by the very class and caste who now seek to withhold them from medical officers. The Engineers at one time had to struggle against privilege and prejudice just as the doctors do now. It is not so much the doctorship as the manhood of our medical officers which is at stake in this controversy. As educated and high-spirited gentlemen, surely we in civil life cannot ask them meekly to acquiesce in an inferior status in the army, not merely to their combatant brothers and cousins, but to relatives who happen to be in other departments, such as the pay, ordnance, and commissariat, who never go under fire, and whose duties are far less military than theirs. This controversy affects a large and important section of our medical brethren, vitally in the regular army, materially in the volunteers; and let us remind our correspondent that only the wearers know where the shoe pinches. His question should not have been "Doctors or Officers," but "Doctors and Officers." And we would further remind him that however much our profession may be esteemed by the public, none of its members have ever yet been offered a seat in the House of Lords, while that august assembly is open to every other profession, calling, or trade in the land. There are disabilities both in military and civil life towards our profession that require readjustment.

HOSPITALS IN THE FIELD.

CRITIC.—The transport attached to a bearer company and field hospital is, of course, of vital importance. In the *Manual for Field Service*, as at first issued, it is laid down that the transport officer is responsible that the horses are harnessed and the wagons ready to be packed at the appointed time, but not a word that he is to be under the command of the medical officer. But this state of ambiguity was so outrageous that in an amended order it is laid down that he (the transport officer) is "to take orders" from the medical officer; he is not, indeed, placed under him, as would have been straightforward, but such would have been too great a shock to "my military advisers."

THE ABOLITION OF MILITIA SURGEONS.

FAIRPLAY remarks, in answer to "W. K. C.," that "the spoliation of the militia surgeons was one of the inducements offered to the authorities to grant the Warrant of 1879." Even if so, army medical officers had nothing to do with it; they had no option but to take over the militia duties. Was it not notorious that before that Warrant militia surgeons did often not turn out with their regiments, and so threw the work on the Medical Staff. Or sometimes they appointed young civil surgeons to fill their place.

RANK AT THE STATION MESS TABLE.

SURGEON-MAJOR writes that he had occasion some time ago to refer this question to headquarters, and was informed that medical officers were entitled to all the privileges of rank and position at mess, according to the dates of their commissions, in common with all other officers of the army. Medical officers are apt to permit themselves to be relegated to a position which is not theirs, through ignorance or vagueness in the regulations, and by acquiescence in the injustice, rather than refer the circumstances to higher authority, drift into an uncertain position, which is readily taken advantage of by others. It would be better if, when in doubt, they should make a proper reference to headquarters.

"*." Our correspondent is no doubt right, from a certain point of view, that medical officers should assert themselves in matters of rank (if they can name it) more than they do. But we know self-assertion is most hateful to many men. The true solution is not reference to an indifferent or hostile headquarters, but rank so unmistakable and self-evident that no reference is required.

should be closed, and a system of steam coils fixed inside the copers and boilers to take the place of the fires." They recommend steam to be used in the laundries and kitchens for both boiling and drying operations, and also instead of stoves for drying the men's clothes. We may be assured that these recommendations, coming as they do from such a high source, can be practically carried out with economy and effect according to the latest and most approved methods.

The architects declare it impossible to effectually and equally heat a large room or hut by means of open fires or stoves; but this can readily be effected by means of steam radiators in the window recesses; but they would add "small open fireplaces, which, while imparting cheerfulness, also provide for ventilation." Mr. Trollope is apparently of the same opinion, and likewise points out that even if hot air stoves could warm an Aldershot hut in theory, it could not work well in practice "on account of the way fuel is issued." A room or hut with a full complement of men gets an abundance of fuel, because it is issued so much per head; but if a few men only occupy a big room they are starved. This is a charming example of War Office method; the heating of a given apartment does not depend upon the necessities of the case, but upon some easy means for keeping Commissariat accounts!

The architects inform us they attended at the Horse Guards and inspected the plans of buildings proposed to be erected under the Barrack Bill. The first was "a two-storey barrack block for two sergeants and 84 or 112 men." Upon this they make an entirely favourable report. The next was "a block of officers' quarters, revised design." This also, with certain minor improvements, is commended. The next, "A new design for married soldiers' quarters and warrant officers' quarters." Three plans, A, B, and C, were submitted, and all declared undesirable on account of several faults in design. They were dismissed with this general remark: "All these plans allow too large an area to the living rooms to the sacrifice of the bedrooms."

We fear this is an objection which extends to a very large number of civil houses. How often do we see houses with large and pretentious "reception rooms," as they are grandly called, and miserable poky bedrooms? It never seems to occur, either to builders or occupiers, that about one-third of a person's total existence is spent in bed; and therefore a bedroom should have some proportionate relation to this great fact. We should have liked some more information as to the materials used or proposed to be employed in these new barracks. Glazed bricks and tiles, cement, tessellated floors, fire-clay pipes, etc., all occur to us, and which enter largely into what constitutes the superior cheerfulness, cleanliness, and healthfulness of modern dwellings.

The question of sites, drainage, water supply, ventilation, etc., is all-important. Probably we shall have all this discussed in a sanitary report from the Commission before alluded to; meanwhile we have put our readers abreast of what has as yet been effected under the Barrack Bill.

DOCTORS OR OFFICERS?

M.D. Oxon. writes: The cry of certain medical officers for army rank goes on unceasingly, though it is obvious to those whose eyes are not blinded that it only diminishes the low esteem in which they—not I—say they are already held. Rank and military title may be desirable for medical officers, but those who are crying out for it are too obviously not animated by a purely public spirit—they are doctors proud of being officers, not officers proud of being doctors. "This shows the contempt in which the term 'doctor' is held," says N. The term "doctor" is certainly not held in contempt in civil life (compare "parson" and "lawyer"), and if it is so held in the army I have not found it so. Doubtless there must be something wrong in the "doctors," for your correspondent is surely not so shortsighted as to imagine that contempt would be turned into respect because "doctors" were called "captains," "majors," etc. If there is any contempt, it is for those "doctors"—and I believe they are few—who are doctors in no sense but that of being qualified to practise—men who are not learned, and who take no interest in the study and treatment of disease.

Let those who wish to improve the position and reputation of medical officers leave rank alone for the present, and devote themselves to their profession. They will gain most influence by successful treatment of disease witness Surgeon Parke.

We publish the above to show that there are members of our profession evidently still unable to grasp the true bearings of the army medical controversy. We must remind our correspondent that the army is a large and influential factor in our social system, and that any slight or degradation inflicted on its medical officers cannot but injuriously affect the dignity of our profession in civil life; the honour of one is equally that of the other. Now it is just those medical officers who are most jealous for the honour and rights of their profession that claim due military rank and titles in the army; it is just those, we can vouch for it, who are the most accomplished and devoted—and there are many—to their noble profession, who resent most

MR. STANHOPE'S RESPONSIBILITIES.

THIRTY YEARS' SERVICE writes: The Government is responsible for army efficiency to the nation, and not to the "military" authorities. The health of our world-wide army, and the care of sick and wounded, demand that the medical service shall be thoroughly efficient and contented. Substantive army rank and titles are just as necessary for an efficient medical service as for an efficient commissariat; although the Commander-in-Chief confesses the latter obtained them after much reluctance on the part of "my military advisers." The medical officers were content to share relative rank with the other army departments, even although their duties made them part of the fighting line, which the others were not; but they will not submit to any position of inferiority. The unfortunate medical officer is at present neither civil nor military; precedence grading gives no military position. The medical officer has more than his own share of the hardships and dangers of military life in peace, besides being exposed to equal war risks. Mr. Stanhope should take care that the medical profession are not forced into opposition.

DOCTORS AND OFFICERS.

OVER SIXTY writes: As one who began in civil practice, then for many years in the army, and now in retirement again a civilian, I thank you cordially for your outspoken and generous remarks, both from the civilian and military side of the question, on the letter of "M.D. Oxon."

I fancy that gentleman's knowledge of civil life must be exceptional, and of military medical life and matters slight, or he would not write as he does. I have had wide experience of the world, and fear that, although the profession of medicine has risen much in social and general estimation in recent times, it is still far from what it ought to be in a country claiming to be humane and enlightened. I claim to be both doctor and soldier, and unhesitatingly affirm I require military rank and title in carrying out my duty, and say that an improvement in my status would react on that of my civil brethren. His reference to Surgeon Parke is beside the question; has he never heard of Thomson, at the Alms, and many others in India and Africa on the field of battle? Are such men to be denied the status of soldiers?

"We have received numerous answers—some indignant—to the letter of "M.D. Oxon." His uncalculated reference to Surgeon Parke is, indeed, very unfortunate for his line of argument. Those who have the pleasure of knowing that distinguished officer testify that in him are happily united and blended the highest professional accomplishments, with modest manliness and thoroughly soldierly bearing; he is a model soldier-doctor or doctor-soldier, from whatever point of view regarded. We can only say that to refuse to such a man due military rank and title while serving his Queen and country in the army is not merely an injustice but an outrage. It shocks alike the moral sense and the commonest instincts of fair-play. But nothing so obscures and warps these best impulses of our nature as the cultivation of an exclusive caste spirit; and it is this, we fear, which is poisoning the social life of the army, and distorting the views of many otherwise generous and fair-minded gentlemen.

DOCTORS OR OFFICERS.

SIR,—I have read with interest your excellent footnote to the letter of M.D. Oxon., in the JOURNAL of May 24th, and as he refers to my name, I beg to make a few remarks in reply. "Let those who wish to improve the position and reputation of medical officers leave rank alone for the present, and devote themselves to their profession. They will gain most influence by successful treatment of disease: witness Surgeon Parke." I may tell you that no matter how successfully I could have treated disease, my work in connection with the Stanley expedition for the relief of Emin Pasha, would have been more a failure than a success if it had not been for my rank, as Mr. Stanley told me himself, "if I had simply called you a doctor, and not given you real rank, like the other officers had, why you would have had no control over the men, and they would have thought nothing about you." This is precisely the case; I had the real rank of Captain in common with my companions, which gave me equal respect and influence, and if I had no rank, or comparative or relative, or any other fancy rank which simply means no rank, my work as medical officer would not have been so successful, and might have been a failure, and Mr. Stanley, who has a vaster experience in military and other expeditions than any other man alive, recognised the fact at the commencement of the expedition; he therefore in his orders gave each of us real and defined rank, and there never was the least friction or rivalry, although we were all young and ambitious. One officer was as good as another, respectively, provided he did his duty. I had my own company of men to discipline, to feed and to lead, just as the other officers had theirs, and when pressure of professional work increased, the other officers had extra work thrown on them also; and certainly I have no reason to believe that Mr. Stanley, the Europeans, or our men (including Syrians, Zanzibaris, Nubians, and Somalis, about 700 in all) ever considered that my qualification in medicine, surgery, and midwifery, were in any way a disqualification for rank or

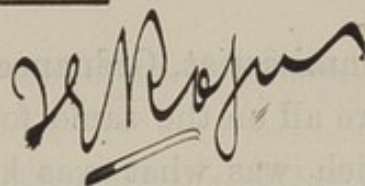
the manly and laudable work of commanding my own men. I was as much an officer as a doctor, and vice versa; why make a distinction between the two? While serving with organised corps there must be rank or no rank; if one has real rank he is really somebody, whereas if he has no rank he is really nobody; even the darkest nations of the interior of darkest Africa recognise this fact as well as the British soldier can.—I am, etc.,

T. H. PARKE, Surgeon, Army Medical Staff.

ORGANISATION OF THE SCHOOLS.

No. 29 writes: We are now on the right tack, and must keep the ball rolling. I sincerely hope the English and Scotch colleges will follow the lead given by the Irish. I suggest a circular should be sent to all senates and schools, setting forth the unhappy state of the unfortunate Medical Department, dwelling especially on the fact that our first grievances having been recognised by an independent Commission, are now contemptuously disregarded as a sop to military caste prejudices. If the views of the schools and students are unanimously put before the Secretary for War, wiser counsels may yet prevail. The students especially are very badly informed of the condition of things in the army being as rule misled by the specious information supplied by the War Office.

FOR PRIVATE CIRCULATION.



REMARKS ON THE REPORT
OF
LORD CAMPERDOWN'S COMMITTEE.

THE publication of the Report of the Committee appointed, under the presidency of Lord Camperdown, to enquire into the Pay, Status, and conditions of service of the Medical Officers of the army, has been looked forward to with the greatest anxiety, and now that it has appeared it will be the subject of careful consideration by all those whose interests are so vitally concerned.

The history of the discontent pervading the ranks of the Medical Staff, and of the agitation which naturally ensued, is so well known that but a passing allusion to the position taken up by the Medical Officers is here necessary.

The chief interest centred round the all important question of rank, title and status in the army. At no time did any complaint as to pay arise, except with regard to the refusal of the Indian Government to be bound by Home Royal Warrants.

In the old days when the army was practically divided into two classes—so-called combatants and non-combatants—the latter, which included Medical,

Commissariat, Ordnance and Pay Departments, &c., were all on the same footing as regards army rank, which was what was known as Relative, and was accepted as fairly satisfactory.

With advances in army organization, important changes were made. At first Honorary rank with army combatant titles was granted to the Commissariat, Ordnance and Pay Departments, and finally the Commissariat developed into the Army Service Corps with substantive army rank.

Meanwhile no less important changes were going on in the Medical Department.

Medical organization was steadily developing, if not in importance in the eyes of the authorities, at least in efficiency for the welfare of the army.

Unification had resulted in the command of their own Corps and their own Hospitals being handed over to the Medical Officers, and they felt that the time had come that they too should be recognized equally with other Departments in the matter of army rank and status.

The whole question was one of efficiency. Army rank was a necessity for the proper performance of their duties, and so it was to be demanded when an opportunity should arise.

The abolition of Relative rank in December, 1886, gave this opportunity, and, as the Committee acknowledges, the Medical Officers, having now logically no rank, claimed that they should be levelled up to the other departments of the army, be granted Substan-

tive or Honorary rank and be created a corps of "Royal Surgeons."

As time went on, and these claims received no consideration, discontent grew more rife.

Thanks to the British Medical Association, though in opposition to the wishes of the authorities, the Medical Officers were enabled to express their opinions confidentially, and a Report on relative rank was published, which proved, in the face of official statements to the contrary, that an enormous majority considered Substantive or Honorary rank with army titles as absolutely necessary for efficiency.

The medical schools and various licensing bodies took up the question, representations were made to the Secretary of State for war, and repeated questions asked in the House. At last it was brought home to the official mind that there must be some real cause for the discontent and agitation, and the Committee, certain portions of whose Report it is proposed to consider, was at last appointed.

The points for their consideration are laid down in Sir Ralph Thompson's letter of instructions.

The Select Committee on army estimates were of opinion that the whole question of pay, the number of Medical Officers employed, and retirement, required immediate consideration, but the Secretary of State for War, having already dealt with the numbers employed by reducing them considerably, only wishes the Committee to deal with pay and retirement.

The War Office acknowledges that in December,

'86, a Royal Warrant abolished relative rank in the army (the only rank held by Medical Officers), but maintains that it made no practical difference to the Medical Officers, but owing to questions being repeatedly raised in the House (Medical Officers presumably not accepting the views of the War Office), Mr. Stanhope would be glad of the opinion of the Committee on this subject too.

The Report published deals with the question under the following headings.

1, Full Pay; 2, Retirement; 3, Rank and Title; 4, Service; 5, Foreign Service; 6, Service in India; 7, Admission to the Service; 8, Examination for Promotion; 9, Short Service.

In taking up a Report of such importance, one naturally looks for the evidence on which it has been framed. It is a matter of the deepest regret that this has not been published. Such a course leads to misapprehensions and disquieting rumours. Questions are asked, Who selected the Officers to give evidence? Were the opinions of men like Sir Thomas Longmore, Surgeon-General Maclean, and Sir Joseph Fayrer taken, and if not, why not?

Rumours go further. Witnesses were specially selected according to the views they held; the evidence could not be printed, the hostility of the Military Authorities to the Medical Staff being so strongly expressed in words. These are only examples of various rumours in circulation which no doubt are quite inaccurate and have absolutely no foundation

in fact, but which, by their mere existence, do an infinite amount of harm. All this might have been avoided by printing the evidence, and by not doing so the value of the Report is materially affected.

1.—Full Pay.

It is a matter for congratulation that, notwithstanding the outcry of the economists, the Committee cannot recommend any reduction in pay. In the face of appendix 18, a table showing the rates of pay of the Medical Officers, compared to the Combatant Officers, it is difficult to see how any other conclusion could have been arrived at. The Report is of value if only for the sake of this appendix.

The cry has continually been, that the Medical Officers are over paid, they are the highest paid Officers in the service, and being so they cannot expect such substantial advantages, and at the same time honours and rewards like other branches of the service. Medical Officers had had this dinned into their ears for years, till eventually they almost believed it must be true. The illusion has now disappeared and the naked facts are disclosed in appendix 18, page 54A.

What do we find?

The Surgeons are worse paid than Officers of similar rank, of cavalry or engineers, better paid than Officers of infantry and artillery.

The Surgeon-Majors ranking as Majors are somewhat better paid than everyone, except engineers.

The Surgeon-Majors ranking as Lieut-Colonels are

worse paid than cavalry and engineers, somewhat better than infantry and artillery. But it is in the senior ranks, the Deputy Surgeon-Generals, and Surgeon-Generals *the only prizes of the service* that the difference is most marked: *while exceeding in average age they receive a lower rate of pay than any other branch of the service.*

A Deputy Surgeon-General ranking as Colonel receives £951 9s. 8d. per annum; a Colonel of cavalry, infantry and artillery, £987 19s. 8d. of engineers £1170 9s. 8d.

A Surgeon-General ranking as Major-General receives £1387 1s. 1d., all other Major-Generals, £1551 6s. 1d.

No further comparison can be made. The Surgeon-General stops here at the highest rank and pay to which he can attain, while the Major-General has only just got his foot on the rung of the ladder of prizes now open to him.

High staff appointments, Lieut.-General's and General's Commands, Governorships, Baronetcies, Peerages, Money Grants from a grateful country.

Truly may the *British Medical Journal* describe the medical service of the Army as one in which "*there are no prizes, but only great risks for a present competency and a very prospective annuity.*"

2.—Retirement.

It is recommended that Surgeon Generals should serve on to 62 instead of 60, and that a certain term of service in the rank should be required before being granted the pension of the rank.

This will certainly retard promotion, and probably will lead to a larger number of retirements in the ranks in which this qualifying term of service is not required.

As a question of equity it is difficult to see how the Government can deliberately break the conditions of service offered on entering without giving some compensation.

The terms offered are distinct—promotion to the rank of Brigade-Surgeon, such and such pay, and the right of retirement on such and such pension. To suddenly rule that this pension will not be granted until an officer has served so many years in the rank, is a distinct violation of the terms on which an officer joined.

As a result, an increase in the numbers of retirements on the ground of ill-health may confidently be looked forward to.

3.—Rank and Title.

The Committee are of opinion that the discontent acknowledged to exist is chiefly among the younger officers. They also acknowledge the logical correctness of the argument that the abolition of relative rank left the medical officer with no rank, though in the face of Sir Ralph Thompson's letter of instructions informing them that "in December, 1886, a Royal Warrant abolished relative rank in the army," it is difficult to see how they arrive at the conclusion that it was only abolished "by implication."

Knowing the feeling which pervades the service on this question of rank and title, one is astounded at the conclusions arrived at by the Committee.

They endeavour to trace the present discontent back to the abolition of the regimental system.

No more fallacious conclusion was ever arrived at. It is only equalled by the statement that an army title would be displeasing to a large number of Medical Officers of the army.

The Junior Officers, who they say are the discontented ones—though in this they are wrong, for the discontent is universal—have had absolutely no experience of the regimental system. How then could its abolition have given rise to discontent in their case?

Further, had they taken the trouble to enquire, they would have found that amongst all the senior Officers who have experienced the regimental system there is hardly one left who does not regard its abolition as the greatest boon that has been conferred on his service. One cannot help asking on what evidence did they arrive at this extraordinary conclusion? It must have been on that of a certain section of the military party who have always advocated the retrograde measure of a return to the regimental system.

As regards title it is stated that the majority of the medical witnesses were in favour of a double title. Such being the case, it can only be said that *the medical witnesses were not representative of the views of their service.*

That every side of the question should be heard is but just, but when something like 80 per cent of the Medical Staff refused these double titles, there must be something wrong when the Committee can state that the majority of the medical witnesses are in favour of them.

Had not the Committee the "Report on Relative Rank," compiled by the British Medical Association to refer to?

Did they not there see that 75.70 per cent of 922 Officers whose opinions were taken, refused to accept anything less than substantive or honorary rank *with* Army titles, and that but 9.50 per cent were in favour of the double titles now proposed. In the face of these figures comment is unnecessary.

Further, as to the discontent, and demand for army titles being confined to the juniors, references to the same Report would have given the following information. Of 448 Officers who voted for substantive or honorary rank—that is for pure army titles—36.8 per cent. were senior Officers from Surgeon-Major to Surgeon-General. The list includes 4 Surgeon-Generals, 13 Deputy Surgeon-Generals, 26 Brigade Surgeons, and 122 Surgeon-Majors.

Besides these there were 54 who voted similarly, but neither signed their names nor their ranks. Query, were these not senior men who were somewhat nervous as to their future prospects? Were the opinions of Medical Officers now demanded, there is no doubt but that 90 per cent would be in favour of substantive rank and titles only.

If the evidence laid before the Committee led them to conclude that this rank and these titles would be displeasing to a large number of Medical Officers, and if the refusal to grant them be based on these grounds, then it cannot be too distinctly stated that this evidence was not representative, but was in opposition to the views of at least 80 per cent of the Officers now serving.

When dealing with rank and title it is a pity that the granting of Brevet rank to Medical Officers as a reward for service was not recommended. Not having it places them at a great disadvantage compared with other branches of the service. It should be no more difficult for them than for the Royal Engineers or Royal Artillery, but as it would involve the creation of the medical department into a corps, probably of "Royal Surgeons," the Committee apparently would not go so far.

The *British Medical Journal* truly remarks:—

"Nearly all would doubtless have been pleased had the Committee boldly advised the formation of a 'Royal Medical Corps,' with definitive military rank and title, such as we believe are now actually being created in the French and Russian armies, but in this country our army ideas are less advanced, and the Medical Department finds itself still confronted with social jealousies, and a sort of feudal caste spirit which obstinately opposes comprehensive organization."

For the third time it is recommended that the Medical Staff should be created a "Royal" service; it remains to be seen whether this recommendation will carry greater weight than those which preceded it.

4.—Service.

This paragraph chiefly deals with frequent changes

of station, attributed to the system of station hospitals.

The Committee very properly remark "We cannot believe that the station hospital system entails so grave a defect."

It is merely a question of efficient administration, and all complaints on this head should easily be removed.

A more important point is the recommendation that Medical Officers should be on the same footing, and be entitled to the same privileges as Combatant Officers as regards sick-leave.

As the *British Medical Journal* remarks:

"How any distinction came to be drawn between them in the matter of sick-leave passes comprehension, but it is none the less glaringly absurd, offensive, and unjust."

5.—Foreign Service.

Reduction of the tour of foreign service from six years (a measure just introduced and most unpopular) to five years, and doing away with the employment of retired Officers in Home appointments, which more properly belong to those on the active list, are the recommendations made under this heading.

They are eminently satisfactory and, being so, probably will not be carried out.

The Medical Staff is rapidly becoming a foreign service.

Appendix No. 6 shows that under existing arrangements the tour at home will be 3 years for Surgeons, and but 2 years for Surgeon-Majors. A tour abroad 6 years.

It should be noted that the senior men less capable of standing the strain of prolonged foreign service have a shorter period of Home service than their juniors.

As the Committee justly remark, "a prolongation of foreign service must impose an additional strain upon the health of the Officers on full pay."

What this strain means under existing conditions of service is shown in Appendices 13, 14, 15 and 16.

In Appendix 13 we find that during the 5 years 1883-87 *the deaths among the Medical Officers were in the ratio of 13.28 per 1000 against 7.87 amongst so-called Combatants.*

"But the gravity of the risks is not fully expressed in the heavy mortality of those actually serving, for we find in Table 15 culculated by actuaries over a period of forty years, that even Medical Officers who weather the storm, and seek shelter in retirement, carry with them up to old age a less expectation of life at every period than Combatant Officers and Government Annuitants.

The odds against Medical Officers on the non effective list between thirty and forty years of age are simply appalling, showing that those retired through invaliding during the first half of their service must as a rule be utterly broken down. It is thus painful to reflect, that the proposals to exact more work from individuals by piling up daily duties and increasing the length of foreign tours simply means a still heavier death rate in the active list and a further lessening of the expectation of life amongst those retired.

Surely a branch of the Army which encounters such risks should not be dealt with in a niggardly manner as regards pay, status or sick-leave." (*British Medical Journal*).

6.—Service in India.

The grievances with reference to Royal Warrants not being recognised in India, are ably put forward in the appendices by Surgeons Barker and MacPherson; they are so conclusively proved that the Committee

recommend that, so far as practicable, the regulations which obtain as regards pay and allowances at home should extend to Officers serving in India. It is a pity that a loophole for excuse should have been left by the use of the terms "as far as practicable." Recognition of Royal Warrants by the Indian government should have been insisted on.

7.—Admission into the Service.

Into the question here involved it is not proposed to enter.

It should be the object of the government to obtain the services of the highest class of medical men socially and professionally for Army service, and any measure tending to lower the standard should unhesitatingly be rejected. But it is only by raising the position of the Medical Staff in the Army that the best class will be attracted to its Ranks. The creation of a corps of Royal Surgeons with substantive rank will alone effect this.

8 — Examination for Promotion.

It is proposed to do away with the examination for promotion to the ranks above that of Surgeon Major, and to grant Medical Officers opportunities for improving their professional knowledge by granting them special leave.

Both of these are wise measures, but it is difficult to see how the latter can be carried out, if owing to financial considerations establishments are so cut down that granting this special leave becomes a practical impossibility.

9.—Short Service.

The system is very wisely not recommended.

Dissents.

The dissents are chiefly remarkable for the bitter opposition shown to any change in existing rank and title, &c. In dissent No. 2, a production which the *British Medical Journal* characterizes as “curiously lame and inconsequent,” discontent is admitted, but is traced to the abolition of the regimental system.

Continual agitation for change amongst those who entered the service *on distinct terms* is to be put down with a high hand, by a statement from the War Office that there would be no change in existing rank and title.

One would have supposed that the less said about distinct terms the better, in the face of the recommendation of these same members of the Committee that on the question of retirement on pension the very distinct terms offered to Officers on joining should be violated.

They propose further that Medical Officers should be “relieved” from duties appertaining to army rank and command, and their attention confined to the higher duties of their profession.

“This extraordinary proposal, worthy of the dark era preceding Sidney Herbert’s Commission, would of course be fatal to efficiency, and is directly contrary to all advances in military organization during the past 30 years. Yet it unmistakably shows the persistent reactionary spirit still at war with medical organization.” (*British Medical Journal*, Sept. 21st, 1889.)

Conferring “pure army titles on Medical Officers

would be displeasing to a large number of the Medical Officers in the army and to the army generally." The former conclusion is incorrect and unsupported by the best evidence, viz., the Report on Relative Rank; the latter, from the hostile spirit shown to any advance in the position of the Medical Staff, by those representing the "army generally," probably very true.

Having traced discontent to the abolition of the regimental system, as a natural consequence it is recommended to get in the thin edge of the wedge, by attaching Medical Officers to a regiment for the first years of service, and also that for the first three years of service Surgeons should rank as Lieutenants.

To the latter there will be no opposition; granting Surgeons the rank of Captain on joining has done much to lower the value of any rank possessed by a Medical Officer.

For this period of three years it might be advantageous in some ways for a Medical Officer to be attached to a regiment, for in the absence of Medical Messes at small stations, the Medical Officer is placed at a disadvantage, and is removed from that discipline in social matters which is so salutary for all young Officers of any branch of the service on joining.

But his duties lying chiefly at the Station Hospital, his Commanding Officer must be the S. M. O. of the hospital, and there must be no attempt at a return to anything approaching the old regimental system. In the face of this necessity the difficulties would be

so great as to render the working of the system without friction almost impossible.

Finally, having put down discontent, having relieved Medical Officers of outside duties appertaining to army rank and title, having restored as far as possible the regimental system, having made every recommendation calculated to ruin the advance in medical organization of the past few years, and to reduce the power and position of the Medical Officer to what it was 20 years ago, those who signed this remarkable document are, forsooth, jealous for the dignity of the Army Medical Service and somewhat fearful lest a Medical Officer should by chance be mistaken for one of the common herd, an Officer of the army generally, a mistake which they naively remark even now frequently is made. Accordingly they recommend that it should plainly appear that they are members of their "eminent profession," and should wear on their uniform a Geneva Cross, or some other distinguishing badge.

No matter if the dress of an Officer of the Commissariat, Ordnance, Pay, Veterinary department, or amongst "eminent" professions, of an Engineer, resembles the rest of the service, no harm is done, but that a Medical Officer should be mistaken for an Officer of the "army generally" is more than these gentlemen can stand.

Truly the Medical Officers of the Army have reason to be grateful for the proposals contained in dissent No. 2, which fortunately are not likely to be adopted.

Their dignity they can guard for themselves; that they are Members of an eminent profession is continually being brought home to them, by the want of recognition of their services, and of the importance of their duties in the Army generally, of which the dissent under notice is a signal instance.

In the face of such a remarkable dissent one naturally enquires, Who are those who signed it? Is their position in the service such as to give weight to the opinions here expressed? Is their previous training such as to enable them to have acquired a knowledge of the question on which they express so decided an opinion? Of the three members of the Committee who have signed the dissent, one is a rear-admiral, one is a civilian, and but one is a soldier.

That the two former, by position or training, should have any knowledge of the question at issue is manifestly absurd. They can only arrive at conclusions in accordance with the evidence laid before them.

But the third is a soldier, and, still more, an engineer.

An engineer belongs to an eminent profession which has attained a high position in the service. How? *By creating it a corps of Royal Engineers with substantive army rank.*

Would efficiency best be attained by going back to the old days when the present Royal Engineer officer was plain Mr., holding a relative army rank?

Would the status of this eminent profession in the army be most assured by depriving it of outside duties

appertaining to army rank and command, and by confining it to its purely professional work? Would its dignity be best maintained by branding it with some distinctive badge, lest, perchance, a Royal Engineer should be mistaken in uniform for an officer of the army generally?

No; through the same state of transition which in the past was the lot of the Royal Engineer of to-day, the Medical Officer is now passing.

Engineering and medicine are equally distinguished as professions, and of equal importance in the army. Let the position granted to the one be freely accorded to the other, and we shall cease to hear of the grievances of Medical Officers.

Lastly, exception must be taken to the constitution of Committees appointed to enquire into medical questions in the army. It is of the first importance that the interests of those concerned should be directly represented by a certain number of Medical Officers on full pay of such rank and seniority as to render them acquainted with the general feeling of the service to which they belong.

The opinion of an Army Medical Officer would not carry great weight on a question of Armament of Forts, naval tactics, or House of Commons procedure; indeed his appointment on a Committee to enquire into such questions would doubtless excite a certain amount of derision. Yet his opinion on such matters would be equally valuable as is that of many members now appointed on Committees to consider army medical questions on the points at issue.

Had any Medical Officer on full pay been on the recent Committee we should certainly have had a dissent, pointing out that the evidence could not be considered representative of the views of the service ; that 80 per cent of the Medical Staff were opposed to double titles and demanded substantive or honorary rank ; that therefore the reasons assigned by the Committee for refusing this rank were inadequate and that there remained but one solution, viz., the creation of a corps of Royal Surgeons with substantive army rank, but power of command limited as at present, a solution which would restore contentment to the service and enormously increase its efficiency.

Finally, the Secretary of State for War has at last declared the intentions of the Government. In reply to a question by Dr. Farquharson, he stated in the House on March 3rd, 1890, that recommendations involving expenditure would not be acted on, that his military advisers were unanimously opposed to combatant titles being conferred on Medical Officers, and therefore that no changes would be made in existing titles ; and lastly, that the evidence given before the Committee would not be published.

A leading article in the *British Medical Journal* of March 8th, defines the present position as follows :—

“Mr. Stanhope has missed a golden opportunity of restoring confidence and popularity to the medical department of the army. The existence of definite grievances had been fully admitted by the appointment of a Committee, and agitation and discussion had been suspended by common consent until its report had been received. A long period of incubation followed. Many months passed away, and expectancy was beginning to give way to hope, when

Mr. Stanhope, in answer to a question by Dr. Farquharson, announced the intentions of the Government. The sinister forces which have been at work in the meantime are now too painfully evident. On the one hand the Treasury grimly tightened the purse-strings, and on the other "my military advisers" adopted their invariable tactics of jealousy and distrust towards their medical brethren. In the end "obscurantism" has prevailed, and nothing is to be done.

Mr. Stanhope has now definitely thrown down the gauntlet. His statement is a slap in the face to the whole service, and amounts to a declaration that the Horse Guards is to override the whole medical organization, and to defy even the decisions of a Departmental Committee. Under these circumstances it may be taken that the medical profession at large, the medical corporations, and medical schools will support this Association in the determination to carry on this contest until the claims which are acknowledged to be not only natural and just, but which have now received official approval, shall be distinctly satisfied. The British Medical Association and the Parliamentary Bills Committee have done their part in definitely bringing under the notice of the Minister and of Parliament the existing grievances; the Commission have done their part in investigating these grievances, declaring them to be substantial, and setting out their remedies. The military advisers of Mr. Stanhope gave their evidence before the Committee, and, after hearing and fully considering their evidence, the Committee decided against them; yet Mr. Stanhope falls back on these military advisers, and permits them to override the decisions of the Committee before which they appeared as witnesses, and allows them to tear up the documents in which the Committee had affirmed the justice of the claims, and recommended reasonable remedies. It will now remain for the colleges and schools throughout England, Scotland, and Ireland to do their part by showing in the most decided manner what is their opinion of the attitude assumed by the military advisers of Mr. Stanhope, and of his weakness in yielding to that expression of professional prejudice. We greatly fear that the end of the struggle is not yet seen; but the claims of the Army Medical Department have now been formally approved by a strong Commission, and Mr. Stanhope has admitted that he is only restrained from yielding them, on the one hand by a sense of mistaken parsimoniousness, and on the other by military prejudices."

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY RANK.

RALPH writes: After months, during which I had no opportunity of seeing the *Journal*, I have lately scanned the back numbers, with the many interesting

CRIMINAL ANTHROPOLOGY.

PROFESSOR LOMBROSO'S studies have been principally prosecuted in what has been called "human degenerations"—idiotism, insanity, and criminality. His two great works, *L'Uomo Delinquente* and *L'Uomo di Genio*, after passing through many Italian editions, have recently been translated into French, though not as yet into our own language.

In the little book *L'Anthropologie Criminelle*¹ we have a summary of the views which are advocated in the *Archivio Psichiatria e Scienze Penali*, and which are attracting increasing attention both in France and Germany.

Lombroso argues that an attentive study of the physical organisation of the habitual criminal shows him to belong to a degraded type of humanity, the product of hereditary degeneration. The peculiarities observed are not constant, but certain traits are repeated more often than with normal beings. By arranging these traits in the mind the type is conceived. To use the expression of Goethe, the type is the abstract and general image which we deduce from the observation of what is common and what is different. Lombroso acknowledges that his type fails completely in 60 per cent. of his criminals; in a few cases, too, individuals have most of the marks without being criminals; and one case has even been mentioned of an unfortunate man who bore all the stigmata of criminality without being a malefactor. Nevertheless, certain bodily peculiarities are found to be commoner with criminals than with normal individuals, and the occurrence of a greater number of these peculiarities makes him approach nearer the type. The principal of these stigmata are smallness of the head, asymmetry or abnormal forms of the skull, unequal size of the orbits, teeth irregularly placed, abnormal forms of the palate, and increased size of the lower jaw. There is also a great variety of irregularities in the shape and position of the external ears. The stature is generally low; left-handedness is commoner than in honest men, and in some cases the left hand is longer than the right, and the stride of the left leg is greater. The sensibility to pain is deficient, and the perceptions of taste and smell have been proved to be less acute than with ordinary beings. The brain of the criminal presents miscellaneous irregularities: various anomalies of the gyri have been pointed out by Professor Benedikt and others, and the relative size of the cerebellum to the cerebrum is increased. Peculiarities in the skeleton, such as asymmetry of the thorax and deficiency in the number of vertebrae, have also been noticed. The type is much more decided with the males than with the females of the criminal classes.

On the whole, if we demur to recognise a special type in criminals, we must at least grant that they often fail to reach the normal type of the human organism. These unfortunate beings are born with a weak intelligence, a shrinking from steady work, and if not a perverse tendency to wickedness, at least a weak power of resisting temptation. Most of the professors of the new science of criminal anthropology treat the criminal as one fatally born to prey upon society. Being mostly evolutionists, they regard the criminal class as an instance of atavism or reversion. As man has ascended in the ladder of being through the ape and the savage, his degeneration

¹ *L'Anthropologie Criminelle et ses Récentes Progrès*. Par Cesare Lombroso. Paris: Felix Alcan. 1890.

THE COLLEGES AND THE ARMY.

We are happy to be able to report that the memorandum of the Parliamentary Bills Committee on Army Rank and Organisation, and on the recent recommendations of the Camperdown Committee, have been brought under the notice of the Royal Colleges in England, Ireland, and Scotland, with excellent results. These colleges, mindful of their official position as the great authorities of the profession, have energetically seconded the efforts of those who desire to see the recommendations of the British Medical Association, endorsed as they now are by a Departmental Committee of the War Office, carried into effect. The Royal College of Surgeons of England and the Royal College of Physicians are both taking steps to induce the Secretary of State to adopt the course indicated. We have received an admirably drawn memorial from the Royal College of Physicians of Edinburgh to a like effect, and we understand that the Irish Colleges are also taking active steps. In the pending election at the University of Dublin this has been made, by the representatives of the medical graduates, a leading question, and the candidates have, we believe, pledged themselves to further the objects in view if elected to Parliament. In like manner all the Branches of the Association, through their officers, are pressing the matter on the notice of their respective members of Parliament, and we have received numerous letters indicating that the members in question are sensible of the importance of

giving due consideration to the representations thus made. Sir Walter Foster, Dr. Farquharson, and other medical members of Parliament are arranging to have the subject debated in the House, and, although immediate results may not be attained, there is a reasonable prospect that this object will be successfully carried out at no distant date. If, however, the schools continue to supply candidates for the Army Medical Service under the present conditions, this will greatly tend to neutralise the efforts which are being made. It is well understood in the War Office that the ultimate appeal is to the schools, and it is quite certain that if the supply of candidates for the British and Indian Army be cut off, the concessions, of which the justice is now universally admitted, will be made. On the other hand, if the supply is abundant, they will be indefinitely delayed. We earnestly commend this view to the consideration of senior students, to the Deans of the schools, and to the Lecturers at the medical schools in Great Britain generally.

A ROYAL MEDICAL CORPS.

M.S. writes: All now agree that the Medical Department must be created a corps, on lines similar to the Royal Engineers, with substantive rank, but limited powers of command. This can only be attained by: 1. Pressure from the schools. 2. Parliamentary influence. The following is suggested:

1. Maintain the Medical Staff Defence Union under auspices of British Medical Association.
2. A Central Committee of retired medical officers to be appointed.
3. Officers on full pay at home and abroad to collect subscriptions limited to £1 per annum, and forward to Central Committee.
4. Brief statements of the questions at issue to be printed and forwarded to Members of Parliament.
5. Fuller statements to be circulated amongst members of the Association, with a request that they would use all their political interest to attain the desired ends.
6. The schools of the United Kingdom to be informed by printed notices of the importance of the question at issue, and the absolute necessity of candidates not coming forward, reasons being given why they should not join the service under existing conditions.

This is all-important. Close the supply for even two years and the authorities must give way; but if the supply cannot be entirely cut off, the idea must be abandoned. A supply of an inferior class, socially and professionally, is just what the authorities would welcome, as giving them just grounds for refusing the claims of medical officers. Systematic organisation is now required; who will come forward and undertake it?

should be closed, and a system of steam coils fixed inside the copers and boilers to take the place of the fires." They recommend steam to be used in the laundries and kitchens for both boiling and drying operations, and also instead of stoves for drying the men's clothes. We may be assured that these recommendations, coming as they do from such a high source, can be practically carried out with economy and effect according to the latest and most approved methods.

The architects declare it impossible to effectually and equally heat a large room or hut by means of open fires or stoves; but this can readily be effected by means of steam radiators in the window recesses; but they would add "small open fireplaces, which, while imparting cheerfulness, also provide for ventilation." Mr. Trollope is apparently of the same opinion, and likewise points out that even if hot air stoves could warm an Aldershot hut in theory, it could not work well in practice "on account of the way fuel is issued." A room or hut with a full complement of men gets an abundance of fuel, because it is issued so much per head; but if a few men only occupy a big room they are starved. This is a charming example of War Office method; the heating of a given apartment does not depend upon the necessities of the case, but upon some easy means for keeping Commissariat accounts!

The architects inform us they attended at the Horse Guards and inspected the plans of buildings proposed to be erected under the Barrack Bill. The first was "a two-storey barrack block for two sergeants and 84 or 112 men." Upon this they make an entirely favourable report. The next was "a block of officers' quarters, revised design." This also, with certain minor improvements, is commended. The next, "A new design for married soldiers' quarters and warrant officers' quarters." Three plans, A, B, and C, were submitted, and all declared undesirable on account of several faults in design. They were dismissed with this general remark: "All these plans allow too large an area to the living rooms to the sacrifice of the bedrooms."

We fear this is an objection which extends to a very large number of civil houses. How often do we see houses with large and pretentious "reception rooms," as they are grandly called, and miserable poky bedrooms? It never seems to occur, either to builders or occupiers, that about one-third of a person's total existence is spent in bed; and therefore a bedroom should have some proportionate relation to this great fact. We should have liked some more information as to the materials used or proposed to be employed in these new barracks. Glazed bricks and tiles, cement, tessellated floors, fire-clay pipes, etc., all occur to us, and which enter largely into what constitutes the superior cheerfulness, cleanliness, and healthfulness of modern dwellings.

The question of sites, drainage, water supply, ventilation, etc., is all-important. Probably we shall have all this discussed in a sanitary report from the Commission before alluded to; meanwhile we have put our readers abreast of what has as yet been effected under the Barrack Bill.

DOCTORS OR OFFICERS?

M.D. OXON, writes: The cry of certain medical officers for army rank goes on unceasingly, though it is obvious to those whose eyes are not blinded that it only diminishes the low esteem in which they—not I—say they are already held. Rank and military title may be desirable for medical officers, but those who are crying out for it are too obviously not animated by a purely public spirit—they are doctors proud of being officers, not officers proud of being doctors. "This shows the contempt in which the term 'doctor' is held," says N.¹ The term "doctor" is certainly not held in contempt in civil life (compare "parson" and "lawyer"), and if it is so held in the army I have not found it so. Doubtless there must be something wrong in the "doctors," for your correspondent is surely not so shortsighted as to imagine that contempt would be turned into respect because "doctors" were called "captains," "majors," etc. If there is any contempt, it is for those "doctors"—and I believe they are few—who are doctors in no sense but that of being qualified to practise—men who are not learned, and who take no interest in the study and treatment of disease.

Let those who wish to improve the position and reputation of medical officers leave rank alone for the present, and devote themselves to their profession. They will gain most influence by successful treatment of disease witness Surgeon Parke.

"* We publish the above to show that there are members of our profession evidently still unable to grasp the true bearings of the army medical controversy. We must remind our correspondent that the army is a large and influential factor in our social system, and that any slight or degradation inflicted on its medical officers cannot but injuriously affect the dignity of our profession in civil life; the honour of one is equally that of the other. Now it is just those medical officers who are most jealous for the honour and rights of their profession that claim due military rank and titles in the army; it is just those, we can vouch for it, who are the most accomplished and devoted—and there are many—to their noble profession, who resent most

¹ JOURNAL, May 10th, 1890, p. 1108.

MR. STANHOPE'S RESPONSIBILITIES.

THIRTY YEARS' SERVICE writes: The Government is responsible for army efficiency to the nation, and not to the "military" authorities. The health of our world-spread army, and the care of sick and wounded, demand that the medical service shall be thoroughly efficient and contented. Substantive army rank and titles are just as necessary for an efficient medical service as for an efficient commissariat; although the Commander-in-Chief confesses the latter obtained them after much reluctance on the part of "my military advisers." The medical officers were content to share relative rank with the other army departments, even although their duties made them part of the fighting line, which the others were not; but they will not submit to any position of inferiority. The unfortunate medical officer is at present neither civil nor military; precedence grading gives no military position. The medical officer has more than his own share of the hardships and dangers of military life in peace, besides being exposed to equal war risks. Mr. Stanhope should take care that the medical profession are not forced into opposition.

DOCTORS AND OFFICERS.

OVER SIXTY writes: As one who began in civil practice, then for many years in the army, and now in retirement again a civilian, I thank you cordially for your outspoken and generous remarks, both from the civilian and military side of the question, on the letter of "M.D. Oxon."

Mr. Stanhope, in answer to a question by Dr. Farquharson, announced the intentions of the Government. The sinister forces which have been at work in the meantime are now too painfully evident. On the one hand the Treasury grimly tightened the purse-strings, and on the other "my military advisers" adopted their invariable tactics of jealousy and distrust towards their medical brethren. In the end "obscurantism" has prevailed, and nothing is to be done.

Mr. Stanhope has now definitely thrown down the gauntlet. His statement is a slap in the face to the whole service, and amounts to a declaration that the Horse Guards is to override the whole medical organization, and to defy even the decisions of a Departmental Committee. Under these circumstances it may be taken that the medical profession at large, the medical corporations, and medical schools will support this Association in the determination to carry on this contest until the claims which are acknowledged to be not only natural and just, but which have now received official approval, shall be distinctly satisfied. The British Medical Association and the Parliamentary Bills Committee have done their part in definitely bringing under the notice of the Minister and of Parliament the existing grievances; the Commission have done their part in investigating these grievances, declaring them to be substantial, and setting out their remedies. The military advisers of Mr. Stanhope gave their evidence before the Committee, and, after hearing and fully considering their evidence, the Committee decided against them; yet Mr. Stanhope falls back on these military advisers, and permits them to override the decisions of the Committee before which they appeared as witnesses, and allows them to tear up the documents in which the Committee had affirmed the justice of the claims, and recommended reasonable remedies. It will now remain for the colleges and schools throughout England, Scotland, and Ireland to do their part by showing in the most decided manner what is their opinion of the attitude assumed by the military advisers of Mr. Stanhope, and of his weakness in yielding to that expression of professional prejudice. We greatly fear that the end of the struggle is not yet seen; but the claims of the Army Medical Department have now been formally approved by a strong Commission, and Mr. Stanhope has admitted that he is only restrained from yielding them, on the one hand by a sense of mistaken parsimoniousness, and on the other by military prejudices."

fact as well as the British soldier can.—I am, etc.,

T. H. PARKE, Surgeon, Army Medical Staff.

ORGANISATION OF THE SCHOOLS.

No. 29 writes: We are now on the right tack, and must keep the ball rolling. I sincerely hope the English and Scotch colleges will follow the lead given by the Irish. I suggest a circular should be sent to all senates and schools, setting forth the unhappy state of the unfortunate Medical Department, dwelling especially on the fact that our first grievances having been recognised by an Independent Commission, are now contemptuously disregarded as a sop to military caste prejudices. If the views of the schools and students are unanimously put before the Secretary for War, wiser counsels may yet prevail. The students especially are very badly informed of the condition of things in the army being as rule misled by the specious information supplied by the War Office.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY RANK.

RALPH writes: After months, during which I had no opportunity of seeing the JOURNAL, I have lately scanned the back numbers, with the many interesting letters on the serious subject of rank. I am glad to see that some of the Laodiceans who advocated compound titles are at last turning round, and are now recognising that there is no halfway house, but substantive rank or none at all. The idea that a medical any more than an engineer officer would scorn his scientific profession, if possessing substantive rank, is an unjust reflection.

It requires an unusually sharp ear to always catch the distinction between surgeon and sergeant-major, and I can give some instances. Lately, in booking from Sydney to New Zealand, I found my designation in the warrant to be "Sergeant"-Major, and the same mistake became so often repeated on voyages and at hotels that I ultimately dropped the designation altogether. At San Francisco my arrival was chronicled in the newspapers as that of "Sergeant"-Major, such a title as surgeon-major being foreign to American ears. In Mexico, when questioned on my title, I had to enter into lengthy explanations. On passage from New York I found myself in the printed list of passengers as "Major," the "Surgeon" being expunged. I took an early opportunity of correcting the mistake, as I did not want to sail (literally) under false colours. After all that, I say away with Surgeon-Major! Throw it to the dogs; I'll none of it!

SATURDAY, MAY 24TH, 1890.

THE COLLEGES AND THE ARMY MEDICAL SERVICE.

IN the JOURNAL for April 26th, p. 986, we published a circular issued by the Royal College of Surgeons in Ireland, drawing attention to the grievances of the Army Medical Department in a succinct and lucid manner. It further submitted statements, and called for returns, for the consideration of Her Majesty's Government, Members of Parliament, and the other medical licensing bodies of the kingdom. We trust these bodies will speedily follow the lead thus given, and unite with the Irish College in collective action on this pressing and important matter. Such action is entirely within their province, and has been taken under similar circumstances several times during the past thirty years. The recent open and covert attempts to lower and degrade the army medical service not only affect an important section of the members of the Colleges directly, but also indirectly and reflexively the whole profession.

The arbitrary, and, as we maintain upon evidence, indefensible withholding of sufficient and intelligible military status and titles from medical officers, is not merely a grievous injustice to them, but a public slight and insult to the medical profession at large.

More especially are the Colleges called upon to take up the grievances of their army medical brethren, because these gentlemen, in virtue of their position, cannot collectively fight their own battle. But even if they were allowed to do so, there is little prospect of getting any redress from their military superiors, the very men who are so persistently hostile to their claims. This is clearly disclosed in the report of, and more particularly in the evidence given before, Lord Camperdown's Committee, which has been reprinted by the British Medical Association with the permission of the Secretary of State for War. In that document we find the opponents of the medical officers making statements which it would not be difficult to show are illogical and inconsistent if not irrelevant, but all conveying the impression that no definite status will be conceded to medical officers unless under compulsion. Lord Wolseley himself (Q. 1407 to 1410) does not hesitate to state and imply that he does not consider either the officers or men of the medical department to be soldiers at all, and even likens their position in the field to civilian wagon drivers attached to the army! When such ungenerous

and preposterous views on the services of men who fully share in the work and dangers of the battlefield find expression in military high places, it is obviously idle to expect reform from such sources. Redress must be obtained through a less prejudiced medium—the fair-minded representatives of the nation—to whom the Colleges should appeal.

We feel well assured that if the report and evidence of Lord Camperdown's Committee are duly brought before Members of Parliament there will be many on both sides of the House ready to take the matter up and to insist on fair play being done, in spite of unwise military prejudices. Though the hostile evidence tendered to the Commissioners was most unrelenting, the small value they put upon it, even when coming from the mouths of the supposed highest authorities, is shown by the way they quietly put it aside and reported favourably on the claims of the medical officers. But, unfortunately, this did not prevent the War Minister from setting aside all the more important recommendations of the Commission, upon the plea that they gave offence to his "military advisers!"

However, whether these recommendations are to be approved or not, they cannot be burked. They stand in evidence for the use of the Colleges. The testimony of that most gallant and broad-minded soldier, Sir Donald Stewart, late Commander-in-Chief in India, in favour of giving proper rank and organisation to medical officers, can also be quoted. He sees no difficulty or danger in giving legitimate rank, titles, and organisation to the medical services, and surely his experience is at least as great as, if not greater than, that of our other generals.

Why should our country continue to stumble over this business? The Americans—a very practical people—and the majority of the Continental nations find no impediment or incongruity in giving due rank, titles, and organisation to their army medical services. The French War Ministry, after tentative trials has, as the only solution of a military difficulty, lately conferred complete autonomy, even financially, on the army medical service. Our authorities alone seem spellbound by worn-out military prejudices.

The grievances of our army medical officers are, as we have shown, real and material; but even if sentiment plays a part, should that have no place in their sense of self-respect and pride of manhood? They would not be worthy of succour or support if as men they meekly acquiesced in a position—openly paraded—of inferiority to their military comrades. It is essential to their efficiency and to the wellbeing of the army that our medical officers should respect themselves, and not feel in a humiliated position, whether of a social or a military kind.

We trust the Colleges will concentrate their efforts on direct and not on side issues. The first and chief step should be the formation of a consolidated Royal Medical Corps, after the model of the Royal Engineers; due status must follow after that. Let it also be clearly known that medical officers desire no military command outside their own corps and establishments. They want no rivalry; only fair and honest equality with the other branches of the army.

The Working Classes Dwellings Bill was read a second time in the Commons on Wednesday.

ARMY MEDICAL OFFICERS.

(Communicated.)

THE relative position of officers of the Army Medical Staff to that of officers of other branches of the Service is at the present time undoubtedly in an unsatisfactory condition.

As I have never yet, among the mass of letters published on the subject in Service and other papers, noticed one from any officer outside the Medical Staff whose views were in any way coincident with my own, I should like to put forward my ideas regarding this most important subject.

I have already said that there can be no doubt that the Army doctors have for a long time been, and still are, as a general rule, thoroughly dissatisfied with the anomalous position they hold among the officers of the Army.

The basis of my idea is that we should all have one object in view, and that object should be the greater efficiency of the whole Army, everything else giving way.

The better and more highly efficient the Medical Staff and Staff Corps become, the better will it be for every officer and soldier in the Army.

It seems most important that this principle should be fully realised, and officers whose only experience of the Medical Staff has been in garrison towns at home or in the Colonies should avail themselves of the experience of others who have had opportunities of criticising their actions in the more serious business of active service. The idea that the Army doctor is merely a civilian member of the medical profession attached to the military Service is absurd. He is, or should be, in every way as much an officer of the Army as any other.

It is undoubtedly most important that the health of the troops should be vigilantly attended to in time of peace; but it is unfortunately too common to see the fact that the *raison d'être* of the Army is war entirely forgotten, and officers, instead of doing their utmost to prepare themselves and those under them for the only thing for which they professionally exist, lapse into a narrow groove of routine, and allow petty jealousies and self interest to take precedence over broad principles.

Hence the countless letters we see commenting on the folly of proposing military ranks for medical officers, and sneering at the very uniform they wear.

Of course it is true that spurs and brass scabbards do not make a skilful surgeon, but, following up my theory of general efficiency being the proper object of all, I maintain that every individual, whoever he may be, whose name is borne on the strength should have his exact status with reference to the other officers and men of the Army, of which he himself forms an integral part.

The amount of purely military medical organisation which devolves upon a Principal Medical Officer on active Service is enormous.

That he should be a skilful surgeon and an able physician should go without saying, but that he should be a capable Army Medical Officer is quite another matter, and the civilian practitioner suddenly called upon to take medical charge of a military expedition would be every bit as much at sea as would be a clergyman or a lawyer who was called upon to take command of troops.

I therefore hold that, the more absolutely military the Medical Staff becomes, the greater will be its standard of efficiency in time of war.

And now to look at the subject from a different point of view.

Medical Service
Subalta
Apr. 12th 40
M.

I think it will be generally allowed that the more attractive the Medical Service can be made, the better will be the class of candidates for commissions in it.

Many young doctors now, who may be sons of officers or have brothers in the Army, hesitate to enter a department which they know is not on the same footing as the rest of the Army. This is quite natural, and so long as officers of the Medical Staff are not on an equality with others as regards their rank, not only will many most eligible members of the medical profession not present themselves as candidates, but there will be no chance of getting rid of that strained relationship which all soldiers know too often exists between the so-called combatant and non-combatant branches of the Service.

Once they are placed upon an assured footing, I think so many of the best men from the best hospitals will be anxious to join that they will effectually bar the way to objectionable aspirants of inferior class and attainments.

To ensure thorough efficiency, perfect harmony is essential, and to secure this harmony any causes for jealousies that now exist between us should be at once removed.

That a medical officer should exercise command outside his own corps would not appear to be advisable, and would be unnecessary; but what should be insisted upon is that a doctor, on being given a commission, should be thoroughly trained in all the elementary part of an officer's drill and duties from the beginning, progressing till he reaches the subjects of Military Medical Organisation and Administration, which would correspond to the Tactics, Military Topography, and Fortification which are learned by his brother of the line.

The Army doctor, on joining, should be thoroughly broken in to discipline like any other officer. He should join with the rank of lieutenant, and a scale of promotion be arranged so that his advancement should be in relation to the age and service of officers of other branches. When this is done, the officer of the Medical Staff being drawn from exactly the same class as others, and also being on a perfect equality with them as regards rank and status in the Army, I think the results will be eminently satisfactory, not only to the medical officers themselves, but to the officers, non-commissioned officers, and men of the entire Service.

British Medical Association.

PARLIAMENTARY BILLS COMMITTEE.

THE ARMY MEDICAL CONTROVERSY.

On the threshold of a debate on the Army Estimates, it will be well to review the origin, development, and present position of the army medical controversy. The department has, indeed, passed through a series of agitations during the past thirty years, constituting for it in fact a process of evolution, which has now reached a culminating and very important stage. Status, pay, retirement, examinations, the roster for foreign service, regimentalism and unificationism, have all in turn formed points of controversy. Outsiders may be inclined to infer from this chronic condition of unrest, that medical officers must surely be a very unmanageable and discontented body, to be thus so often and continuously in a ferment. But we answer, Not at all; they have in the great majority of instances simply acted in self-defence; their normal position has been the defensive, against persistent, insidious, and unfair aggression on the part of a section of the so-called combatant branch, who have resisted and resented every concession to medical officers, and refused to regard them as their army equals. Especially have concessions in rank been resented, and every endeavour made to nullify such by side-winds. To come to the present controversy: The department was developing and consolidating under the liberal provisions of the Warrant of 1879, and had attracted a large number of highly qualified members, when, without warning, like a bolt from the blue, a Royal Warrant in January, 1887, abolished altogether in the Army the so-called relative rank, which was the only named rank then or ever possessed by medical officers. Although the true reasons for this apparently uncalled-for abolition have never been officially avowed, they are well understood to have arisen through the re-organization of the Pay, Commissariat, and Ordnance departments. When officers in these departments were no longer recruited from outside civil sources, but supplied from the combatant branch, the latter naturally wished to carry with them to their new duties their previous army rank and titles; but this would have brought them into awkward collision with the old officers having only departmental titles and relative rank; hence, it was resolved to end the difficulty by the total abolition of relative rank, and the giving to all officers of these departments—whether originally civil or otherwise—purely military rank and titles; this we believe to be a correct explanation. But while all very well for the departments named, there was seemingly not a thought given to the position in which several thousands of medical officers would be left by the abolition of what constituted their sole military rank; with their existing rank gone and nothing else given in its place, they were simply rankless. The officers soon began to realize the unprecedented and unheard-of position in which they found themselves; and a wide-spread and deep-seated agitation naturally set in, which unfortunately was neither sufficiently realized nor appreciated by the then head of the department. It was as a

commanding
e adopting
onsiderately

erbert, who,
quired into
strumental
tions, was
o them and
relationship
the army
ng officers
s who can
mand. I
he military
h and such
ul sickness
e is wanted
done, but
n predicted,
Now it is

could have
e thus held
ater Secre-
ngs in the
it is. By
just issued
or War, the
is not only
officer such
he health of
ng relegated
e of opera-
ich may be
engaged in
id down, it
pal medical
arters with
munication,
tation with
bjects bear-
ie troops."
t the Secre-
the welfare
probrium, is
regulation,
as well as
is to remain
ould armed
part in the
occur, with
lical depart-
were before
about, the
petition of
d it at that

par. 107, p. 22.

ARMY MEDICAL OFFICERS.

(Communicated.)

THE relative position of officers of the Army Medical Staff to that of officers of other branches of the Service is at the present time undoubtedly in an unsatisfactory condition.

As I have never yet, among the mass of letters published on the subject in Service and other papers, noticed one from any officer outside the Medical Staff whose views were in any way coincident with my own, I should like to put forward my ideas regarding this most important subject.

I have already said that there can be no doubt that the Army doctors have for a long time been, and still are, as a general rule, thoroughly dissatisfied with the anomalous position they hold among the officers of the Army.

The basis of my idea is that we should all have one object in view, and that object should be the greater efficiency of the whole Army, everything else giving way.

The better and more highly efficient the Medical Staff and Staff Corps become, the better will it be for every officer and soldier in the Army.

It seems most important that this principle should be fully realised, and officers whose only experience of the Medical Staff has been in garrison towns at home or in the Colonies should avail themselves of the experience of others who have had opportunities of criticising their actions in the more serious business of active service. The idea that the Army doctor is merely a civilian member of the medical profession attached to the military Service is absurd. He is, or should be, in every way as much an officer of the Army as any other.

It is undoubtedly most important that the health of the troops should be vigilantly attended to in time of peace; but it is unfortunately too common to see the fact that the *raison d'être* of the Army is war entirely forgotten, and officers, instead of doing their utmost to prepare themselves and those under them for the only thing for which they professionally exist, lapse into a narrow groove of routine, and allow petty jealousies and self interest to take precedence over broad principles.

Hence the countless letters we see commenting on the folly of proposing military ranks for medical officers, and sneering at the very uniform they wear.

Of course it is true that spurs and brass scabbards do not make a skilful surgeon, but, following up my theory of general efficiency being the proper object of all, I maintain that every individual, whoever he may be, whose name is borne on the strength should have his exact status with reference to the other officers and men of the Army, of which he himself forms an integral part.

The amount of purely military medical organisation which devolves upon a Principal Medical Officer on active Service is enormous.

That he should be a skilful surgeon and an able physician should go without saying, but that he should be a capable Army Medical Officer is quite another matter, and the civilian practitioner suddenly called upon to take medical charge of a military expedition would be every bit as much at sea as would be a clergyman or a lawyer who was called upon to take command of troops.

I therefore hold that, the more absolutely military the Medical Staff becomes, the greater will be its standard of efficiency in time of war.

And now to look at the subject from a different point of view.

Arthur Sullivan
Gusella
Apr. 12th 90
M.

I think it will be generally allowed that the more attractive the Medical Service can be made, the better will be the class of candidates for commissions in it.

Many young doctors now, who may be sons of officers or have brothers in the Army, hesitate to enter a department which they know is not on the same footing as the rest of the Army. This is quite natural, and so long as officers of the Medical Staff are not on an equality with others as regards their rank, not only will many most eligible members of the medical profession not present themselves as candidates, but there will be no chance of getting rid of that strained relationship which all soldiers know too often exists between the so-called combatant and non-combatant branches of the Service.

Once they are placed upon an assured footing, I think so many of the best men from the best hospitals will be anxious to join that they will effectually bar the way to objectionable aspirants of inferior class and attainments.

To ensure thorough efficiency, perfect harmony is essential, and to secure this harmony any causes for jealousies that now exist between us should be at once removed.

That a medical officer should exercise command outside his own corps would not appear to be advisable, and would be unnecessary; but what should be insisted upon is that a doctor, on being given a commission, should be thoroughly trained in all the elementary part of an officer's drill and duties from the beginning, progressing till he reaches the subjects of Military Medical Organisation and Administration, which would correspond to the Tactics, Military Topography, and Fortification which are learned by his brother of the line.

The Army doctor, on joining, should be thoroughly broken in to discipline like any other officer. He should join with the rank of lieutenant, and a scale of promotion be arranged so that his advancement should be in relation to the age and service of officers of other branches. When this is done, the officer of the Medical Staff being drawn from exactly the same class as others, and also being on a perfect equality with them as regards rank and status in the Army, I think the results will be eminently satisfactory, not only to the medical officers themselves, but to the officers, non-commissioned officers, and men of the entire Service.

British Medical Association.

PARLIAMENTARY BILLS COMMITTEE.

THE ARMY MEDICAL CONTROVERSY.

On the threshold of a debate on the Army Estimates, it will be well to review the origin, development, and present position of the army medical controversy. The department has, indeed, passed through a series of agitations during the past thirty years, constituting for it in fact a process of evolution, which has now reached a culminating and very important stage. Status, pay, retirement, examinations, the roster for foreign service, regimentalism and unificationism, have all in turn formed points of controversy. Outsiders may be inclined to infer from this chronic condition of unrest, that medical officers must surely be a very unmanageable and discontented body, to be thus so often and continuously in a ferment. But we answer, Not at all; they have in the great majority of instances simply acted in self-defence; their normal position has been the defensive, against persistent, insidious, and unfair aggression on the part of a section of the so-called combatant branch, who have resisted and resented every concession to medical officers, and refused to regard them as their army equals. Especially have concessions in rank been resented, and every endeavour made to nullify such by side-winds. To come to the present controversy: The department was developing and consolidating under the liberal provisions of the Warrant of 1879, and had attracted a large number of highly qualified members, when, without warning, like a bolt from the blue, a Royal Warrant in January, 1887, abolished altogether in the Army the so-called relative rank, which was the only named rank then or ever possessed by medical officers. Although the true reasons for this apparently uncalled-for abolition have never been officially avowed, they are well understood to have arisen through the re-organization of the Pay, Commissariat, and Ordnance departments. When officers in these departments were no longer recruited from outside civil sources, but supplied from the combatant branch, the latter naturally wished to carry with them to their new duties their previous army rank and titles; but this would have brought them into awkward collision with the old officers having only departmental titles and relative rank; hence, it was resolved to end the difficulty by the total abolition of relative rank, and the giving to all officers of these departments—whether originally civil or otherwise—purely military rank and titles; this we believe to be a correct explanation. But while all very well for the departments named, there was seemingly not a thought given to the position in which several thousands of medical officers would be left by the abolition of what constituted their sole military rank; with their existing rank gone and nothing else given in its place, they were simply rankless. The officers soon began to realize the unprecedented and unheard-of position in which they found themselves; and a wide-spread and deep-seated agitation naturally set in, which unfortunately was neither sufficiently realized nor appreciated by the then head of the department. It was as a

rejoinder to his expressed incredulity about the extent or importance of the agitation, that the BRITISH MEDICAL JOURNAL issued circulars to medical officers, and so obtained a *plébiscite* as to the rank and titles they considered necessary for the due performance of their duties, and to place them in a position of fair and legitimate equality with the other reconstituted army departments.

Nearly 1,000 officers voted, of whom 43 per cent. declared for substantive rank and titles; and, failing that, 32 per cent. more for honorary rank and titles. Thus, three-fourths of the whole unmistakably declared for definite army rank and titles; while of the remaining only some 5 or 6 per cent. voted for the present *status quo*, whatever that may be held to mean.

But while this strong expression of opinion no doubt opened the eyes of those who had wished not to see, it seemed only to harden the hearts of the military Pharaohs who had raised the question of rank, and who had the ear of the War Minister. He, himself, when questioned in the House, belittled the value of relative rank—unnecessarily and unwisely we think—and even declared it to be meaningless. But did he propose anything in its place? Nothing that any man could name, although he could not help reviving the condemned relative rank in attempting to juggle with the phrases “ranking with” and “ranking as” in gazetting medical officers.

Meanwhile, the so-named economists in Parliament in attacking the Army Estimates specially singled out what they no doubt considered the weak and friendless medical vote, particularly the non-effective portion, which they declared to be bloated through too early retirements. They forgot or ignored that such retirements under the Warrant of 1879 were meant to build up the only effective medical reserve the army is ever likely to possess.

Under these circumstances Mr. Stanhope determined to refer the whole question of status, pay, retirements, and conditions of service of both naval and army medical officers to a mixed Committee, upon which, however, these officers would not be directly represented, although as it so happened they were indirectly and efficiently represented by two old and able officers nominated by the London Colleges.

Much was expected from the Committee under the impartial presidency of Lord Camperdown; it met, examined witnesses, including medical officers, and finally made its Report, which although capped by hostile “dissents,” was on the whole very favourable to the contentions of the medical officers. It especially declared these officers had a “logical correctness” in the complaint of having no definite army rank. It did not, indeed, recommend either substantive or honorary rank and titles, but a revival of relative rank, in a Royal Medical Staff, with compound consecutive titles, commencing with Surgeon-Lieutenant, and running up through the existing titles of Surgeon-Major to Surgeon-General, to which there is no objection. Nothing could seem less likely to create opposition; yet, Mr. Stanhope, at the instance, as he tells us, of his “military advisers,” has refused it. We deeply regret his decision, which, doubtless, had been forced on him; it is mere opportunism, however, for it is quite impossible matters can continue to rest “as at present.” He shelters himself behind his military advisers; but where is their shield? Does the Army belong to them, as a self-constituted military caste, or to the nation? Upon what grounds of justice or expediency do they thus oppose or obstruct the very moderate and reasonable recommendations of an impartial Parliamentary Committee? Can they deny that a complete military autonomy, with rank and titles far beyond the modest recommendations of the Committee, have been,

or are about to be, granted to the medical services of the great Continental armies, and why not to ours? Is this country to remain behind in such an important part of army organization? Mr. Stanhope's military advisers are entitled to hold any opinions they choose on medical organisation, but, as public servants themselves, they are not entitled to withhold the reasons for their opinions when such are pressed for, as we hope they will be, in the House. They cannot be allowed to maintain a silent *non possumus* attitude, but must explain the grounds upon which they object to accord to our army medical officers similar autonomy, status, and titles, as freely given to the medical services in the armies of France, Italy, America, and even Russia.

We will notice, by way of absurd example, one of the ostensible reasons assigned for withholding consecutive compound titles, which is, that the same would have to be given to naval medical officers. This is a totally false issue—new naval medical titles have never been asked for, simply because they are not wanted. It will be time enough to demand them when naval paymasters and engineers have combatant titles; for then, and not till then, will the parallel between the naval and military departments be complete.

But although the recommendations of the Committee have been unceremoniously set aside, as a sop to military prejudices, they are still of great value to the medical services, as a standing protest against their legitimate grievances. By them have been condemned the killing six-year tours of foreign service; the three years in a rank before the pension thereof can be claimed; the invidious distinction between combatant and medical officers in the matter of sick leave; the non-adjustment of the rates of pay in India; the delay in the first gazettement of medical candidates. While these and the rank and titles questions remain open the effect will be seriously detrimental to the efficiency of the army medical service, and will markedly contract and deteriorate both the quantity and quality of candidates seeking admission into it.

ARM

THE re
Med
of the Serv
unsatisfacto

As I hav
lished on
noticed one
whose view
I should lik
most impor

I have al
the Army d
are, as a ge
anomalous
the Army.

The basi
object in vi
efficiency o
way.

The bette
Staff and S
every office

It seems
be fully real
the Medical
or in the Co
perience of
criticising t
of active ser
merely a civ
attached to
should be, i
as any othe

It is unde
the troops s
peace ; but
fact that the
forgotten, a
prepare the
thing for wh
narrow groc
and self in
principles.

Hence th
the folly of p
and sneerin

Of course
do not make
theory of ge
all, I maint
be, whose n
his exact st
men of the
part.

The amou
which devo
active Servi

That he
physician sh
be a capabl
matter, and
upon to tak
would be ey
man or a lav
of troops.

I therefor
the Medica
standard of

And now
of view.

REMARKS ON THE REPORT OF LORD CAMPERDOWN'S COMMITTEE.

We have received a small pamphlet on the above subject printed for private circulation. The author clearly summarises the origin and development of the present controversy. He shows that it centres round the all-important questions of rank, title, and army status. Medical officers were content to share relative rank with the other army departments, but, in the advance of these departments, cannot consent to be left in a wholly inferior position; they must be levelled up; and it is not merely a question of sentiment, but of efficiency. It was owing to the independent action of the British Medical Association, in spite of official opposition, that medical officers were enabled to express their real feelings and desires. The result was the Camperdown Commission, which has fairly fixed the grievances. As regards pay, the cry that the medical staff were overpaid as compared with other branches is simply proved to be untrue. Not only is their pay not high, but it is the only thing they have to look to, as they have "no prizes." He condemns interference with retirement, and the retrospective application of the period in the rank before claiming the pension thereof.

As regards rank and title, he declares the attempt of the Commission to trace the origin of the dispute to the abolition of the regimental system as wholly fallacious and absurd. He maintains that 80 per cent. of medical officers desire substantive rank and titles, and that, if the majority of the "medical witnesses" were in favour of double titles, then they did not truly represent their department.

On the question of service, he says the medical staff is rapidly becoming a foreign service body, which will mean a startling increase in the odds against life and health. He says the Government of India should simply be ordered to give effect to Royal Warrants. The author touches on the curious dissents attached to the report. The outrageously retrograde proposal to "relieve" medical officers from command in their own establishments shows the spirit in which the dissent is conceived. So also the proposal to "ticket" or brand the medical officer's uniform. Is it necessary to ticket engineers, paymasters, ordnance officers, etc.,

and if not, why not? He exposes the hollow cant and humbug conveyed in the talk of "the dignity of the eminent profession" (of medicine) in the mouths of its bitterest enemies. He finally concludes that the only satisfactory issue of the whole controversy would be the formation of a "Royal Corps" with due military status and organisation.

THE NEW REGULATIONS ON THE POSITION AND FUNCTIONS OF PRINCIPAL MEDICAL OFFICERS WITH ARMIES IN THE FIELD.

No more striking example of doing and undoing, of progression and retrogression, in the administration of affairs of importance, could probably be quoted than in the example which is furnished by the recent change which has been made in the Army Medical Regulations regarding the position and functions of the head of the medical service of an army in the field. The indignation which was excited throughout the whole of Great Britain by the awful loss of life in the Crimea, entirely and solely due to neglect of sanitary rules which the officers of the medical service had no power to enforce, and the exhaustive inquiries which followed, are matters of history. There are few who are not aware that one of the most important outcomes of those inquiries was the promulgation of new regulations for the medical department of the army, by which increased responsibilities were imposed, and increased authority conferred, on the medical officers in everything connected with the preservation of health and medical welfare of troops, not only in time of peace, but also in time of war. It was no longer left optional for medical officers to give advice, or to abstain from giving advice, on the health concerns of an army to commanding officers; and it was no longer left optional for commanding officers to neglect the advice, when offered, without due consideration and without being ready to furnish adequate reasons for its rejection. In the words of the Regulations promulgated in the year 1869, "The medical department of the army and its officers are charged not only with the medical care of the sick, but with the duty of recommending to commanding officers, verbally or in writing, whatever precautionary measures may, in the opinion of the department and its officers, conduce to the preservation of the health of the troops, and to the mitigation or prevention of disease in the army whether at home or abroad." And again: "The principal medical officer, or sanitary officer, as the case may be, of every army in the field shall, on being consulted by the commander of the forces, give advice in writing on all subjects bearing on the health and physical efficiency of the troops. Even where such advice is not requested the principal medical officer shall, nevertheless, send in writing to the commander of the forces such recommendations as appear necessary for protecting the health of the troops." Nowhere in these regulations was the supremacy of the officer in command interfered with; they rendered it obligatory on the medical officer to advise, and left to the adviser the responsibility

of his advice only, while they left to the commanding officer the sole authority to decide, at the same time adopting measures to prevent the advice from being inconsiderately rejected.

In the following year, 1860, when Mr. Sidney Herbert, who, as President of the Royal Commission which had inquired into the sanitary state of the army, had been greatly instrumental in introducing the new code of medical regulations, was Secretary of State for War, he publicly referred to them and their results in the following words: "The relationship between the military and the medical element of the army has of late years greatly changed. Commanding officers now feel the importance of having medical officers who can preserve the health of the men under their command. I know of a case where a medical officer went to the military officer in command and told him that unless such and such things were done there would soon be a dreadful sickness among the men. The reply was 'When your advice is wanted it will be asked for.' Accordingly, nothing was done, but when the men were down with sickness, as had been predicted, then the doctor was sent for, but it was too late. Now it is very different."

How little the Secretary for War of that date could have foreseen that the very condition of things which he thus held up to public obloquy should become, under a later Secretary of State for War, the established order of things in the military service, may well be imagined. Yet thus it is. By the terms of the Code of Medical Regulations just issued under the authority of the Secretary of State for War, the principal medical officer of an army in the field is not only debarred from "recommending to the commanding officer such measures as may appear necessary for protecting the health of the troops," by being removed from them and being relegated to do duty under the officer commanding the base of operation and lines of communication, at some spot which may be hundreds of miles away from the troops who are engaged in active operations in the field; but it is specially laid down, it would seem almost sarcastically, that "the principal medical officer of an army will normally have his headquarters with the general officer commanding the lines of communication, but he will be available, when required, for consultation with the general officer commanding-in-chief, etc., on subjects bearing on the health and physical efficiency of the troops."¹ The very mode of conducting medical affairs that the Secretary for War of 1860 showed to be so injurious to the welfare of the troops, and made the subject of public opprobrium, is now legalised and officially ordered. Can such a regulation, so outrageous from a common sense point of view as well as from bitter experience, continue in force? If it is to remain the rule of the service, we can only pray that, should armed Europe fall to blows, no British army may take part in the contest; for assuredly, if such a calamity were to occur, with the status and professional influence of the medical department put further off in the background than they were before the reforms which Crimean experience brought about, the country might only too surely look for a repetition of disasters such as those which so violently shocked it at that terrible period of its history.

¹ See Regulations for Army Medical Services, War Office, 1900, par. 107, p. 22.

vided for socially and scientifically, that eighteen Sections were in sitting, that three large meetings were held, at each of which many thousands were present, and at which special addresses were given by the most eminent men in Europe; that each evening was marked by great public festivities on a scale of gigantic and profuse hospitality; and that the issuing of tickets and invitations in the ordinary routine, the preparation of daily programmes, journals, and lists, the publication of so many thousands of daily journals, were all in themselves elements requiring no mean power of organisation and unlimited capacity of work. When to this is added the fact that nearly every language in Europe was being spoken, and that arrangements had to be made for information, offices, and for the supply of clerks who should be capable of responding to the innumerable and astonishingly various requirements of this Babel, it will be understood how huge was the task with which the organisers undertook to cope, and the wonder is that they should have succeeded so well in meeting and overcoming the difficulties, apparently almost insuperable, of so complex and so vast a gathering. Dr. Lassar, the general secretary, had the responsibility of constructing the arrangements for the vastest assemblage of medical men that has ever been brought together from all parts of the world; and nothing but elaborate and efficient preliminary arrangements, carried out on a great scale, and organised with vigour and forethought, could have carried through such a meeting without disaster.

There was much discussion as to the next ensuing meeting of the Congress, which will take place in 1893. Madrid, St. Petersburg, and Rome were considered, and the choice for the next Congress appeared to lie between the two latter. A very strong feeling, however, was expressed against the meeting of the Congress in St. Petersburg so long as the Russian Government should maintain its present unsatisfactory attitude towards certain religious professions which are largely represented throughout the Continent amongst leading physicians, and ultimately it was decided, on the invitation of Professor Baccelli, to accept the invitation to Rome. No city in the world can offer attractions to visitors to equal those of the Queen City of Europe. To mention the name of Rome is to evoke in the minds of those who are familiar with the historic glories, the artistic treasures, and the monumental grandeur of that city, memories of an ineffaceable delight, to renew which must in itself be an invincible attraction; while to those who are acquainted with the storied beauties and unlying loveliness of the palaces, the galleries, and classic remains of the Eternal City, such a visit must be looked forward to with eager anticipation. Rome, too, is now a centre of great scientific and literary activities, the capital of an illustrious nation, and one whose aspirations and repute, not less than its enthusiasm and its sympathies, will not allow it to dream of being backward in the organisation for the great reception, such as that of which London, Copenhagen, Washington, and Berlin have in turn afforded models. The invitation was all the more acceptable from being given by Baccelli, a former Minister of State, a President of the Italian Society of Medicine and of the Medical Academy of Rome, an orator, a statesman, and a *savant*—one of the most brilliant of speakers, one of the most lovable of men, and one of the most dis-

tinguished of modern investigators. Under his invitation, and with the support which he is sure to find from the Government, from the municipality, and from his countrymen, we may be sure that the future Congress of Rome will have attractive features of its own, before which it is not improbable that all Congresses up to this date will pale their ineffectual fires.

THE ARMY MEDICAL CRISIS.

We have received a number of communications, all most fully and gratefully acknowledging the value of Sir Andrew Clark's advocacy before Mr. Stanhope of the claims of the Army Medical Staff. Some of these suggest points which it is thought might have been embodied with enhanced effect in his eloquent statement, and others indicate rejoinders to Mr. Stanhope's reply. It is said, for instance, that Sir Andrew might have alluded to the courage and capacity recently displayed under fire by Surgeons Le Quesne and Crimmin, which earned for them the Victoria Cross, and commented on the utter absurdity of dubbing such men non-combatants, and the unreasonableness of deeming them unsuited or unworthy to bear a strictly military title, the more so that certain curious mental processes, called military instincts, see no incongruity in freely conferring such titles on persons whose duties do not lead them under fire. He might further have assured Mr. Stanhope that while medical officers fully appreciate at its proper value the solicitude of military advisers for their professional welfare, they are, nevertheless, prepared to accept military rank and titles with all alleged disadvantages, and even although the Commander-in-Chief declares that they would be "no good" to them. Despite such paternal advice, they think they know fairly well what is and what is not "good" for them.

Sir Andrew might also have anticipated Mr. Stanhope's naval difficulty by showing that the grievances complained of were not naval but wholly military; that the Naval Medical Service make no demands for altered titles, and are content because their Warrant has not been tampered with. At the same time their sympathies are entirely with their military brethren, whose grievances they consider will not be redressed until intelligible military rank and titles are conceded.

It was, of course, impossible for the influential deputation fully to anticipate the exact terms of Mr. Stanhope's answer; but these being before us, it is not difficult to give rejoinders. It is not to the point for him to complain that the present deputation had shifted ground from a previous one two years ago, which demanded, he said, not titles, but the restoration of so-called relative rank. He cannot but know that he himself destroyed the prestige of that rank by declaring it meaningless and valueless. It is also impossible to overlook that much has happened since then; his own creation—the Camperdown Commission—has investigated the matter, and recommended consecutive compound titles, which we think have been most unwisely set aside; the whole controversy has wonderfully ripened; the great French nation have, as the only solution of a long-standing and vexatious difficulty, after tentative efforts, boldly conferred substantive rank and intelligible title on their medical officers in an autonomous Medical Corps.

medical schools having the whip hand of the army executive. We need only remind him that they unquestionably have had that before, and why not again? Mr. Stanhope was of course courteous as he always is, but promised nothing until he had fully consulted his military advisers. We only hope they may counsel him to do his best to allay this deplorable controversy.

THE INDIAN GOVERNMENT AND MILITARY LAW.

The Indian Government in, we suppose, their anxiety to outstrip even the Horse Guards, have just issued an order forbidding medical officers to be examined in military law. As will be seen from the subjoined extract from the Regulations for Army Medical Services, Part I, military law forms an essential part of the examination for promotion:

"(c) The administration, interior economy, command, and discipline of the Medical Staff Corps, together with a knowledge of the principles of military law and their practical application (unless a certificate of proficiency in military law has been obtained at a garrison class)."

SIR GEORGE HARMAN'S EVIDENCE.

A DOCTOR says: Sir George thinks our claim for rank means a claim to be considered "combatant." Not so; it means simply equality with the other so-called non-combatant branches. Let me illustrate. In this station (India) there are fifteen officers doing duty with troops in the garrison; there are also seven others who have no military duties, such as paymasters, magistrates, and road makers, yet all have military titles. These gentlemen are not sneered at by the military secretary for being called colonels and majors, and aiming to be what they are not. I have soldiers under my command, and might at any time be called upon to go under fire, yet am I to be sneered at if I call myself military? Does Sir George tell a paymaster to be proud of his profession? Why should clothing, feeding, and payment of troops be considered a higher function than personal ministrations to them in sickness and on the field of battle—perhaps under fire? If some of these Horse Guards gentlemen were dangerously wounded in the field, would their military instincts "refuse the assistance of a doctor" on the ground that he was not a soldier, and had no business to be there?

EXPRESSION OF OPINIONS.

PROVINCIAL says: It has been carefully incultivated that for a medical officer to have the courage of his opinions is both dangerous and insubordinate. Adjutant-Generals and others may freely express their views, but the medical officer must suffer wrong in dumb silence. It has been suggested that a defence fund should be started and worked by retired officers, but will any come forward? I trust there is enough esprit de corps left amongst us, and beg you will not decline a cheque for £1 ls. towards such a fund.

Army surgeons have not asserted themselves enough, yet they need not plunge into unwise discussions in unsuitable places. Cannot, also, officers agree to address the director-general individually on the subject of their grievances? This was the line to which the late director-general had apparently no objection. Unity of mind and action is much needed in this crisis. Why could not a universal letter be drafted?

"We do not think we would be justified in receiving money for a defence fund. Unity of action is certainly necessary and desirable at the present crisis. The drafting of a universal letter and its simultaneous transmission from individuals would, we fear, however, be held to be collective action under the thinnest of disguises. It is now utterly impossible for the authorities to shelter themselves under a cloak of assumed ignorance; they know the feelings of the department just as well as anybody. They are now having to listen to the opinions of the governing bodies of the profession at large, and we hardly think will refuse either to listen or to act."

THE NORTH LONDON VOLUNTEER BRIGADE BEARER COMPANY.

The official inspection of the recruits of the North London Volunteer Brigade Bearer Company took place on June 11th, in the grounds of Park Lodge, Faldington, the residence of Brigade-Surgeon Danford Thomas. The men, who have passed through a course of instruction in the Brigade Ambulance School, were drawn up on the lawn in readiness for the inspecting officer, Surgeon Ramsay, Scots Guards, M.S.C., who arrived shortly after 8 p.m. He was received by Brigade-Surgeon Danford Thomas, with whom were Surgeon-Major Myers, 10th Middlesex, Surgeon Mathews, V.M.S.C., Acting-Surgeon Baldwin, 18th Middlesex, Surgeon Bateman, London Irish, and the honorary secretary of the school. Proceedings commenced with stretcher drill. The men requiring War Office certificates were then individually examined in the hall attached to the grounds. Meanwhile a party of patients labelled as suffering from various supposed injuries, were "dressed" by those awaiting their turn, the work being afterwards closely examined by the inspecting officer, who, addressing the men at the termination of the inspection, said he was very well satisfied with what they had done, especially the intelligence shown in the individual examination. He was glad to tell them he would be able to recommend every man presented for examination for the War Office certificate. He urged all to keep up the knowledge they had acquired, and to add to it. The Brigade-Surgeon expressed his satisfaction at the result of the first official inspection in connection with volunteer brigade bearer companies, the formation of which has been so recently ordered by the War Office authorities.

REWARDS AND PROMOTIONS.

JUSTITIA writes: Next to the question of rank, that of honours and rewards has been one of the chief grievances of the medical officers of the army. The evidence given before the recent Committee on this point calls for remark.

The Military Secretary states (Q. 265): "There is no part of the service that receives more honours and rewards than the Medical Department." Again (Q. 266): "that their services in the field have been recognised 'in a greater degree than in any other branches of the service.'"

The Duke of Cambridge states that they have an excess of honours and rewards (Q. 247).

Now if these statements be in accordance with facts, the medical officers are most unreasonable in their complaints.

In Q. 160, Sir Ralph Thompson acknowledges that a certain proportion of honours and rewards is allotted to various branches of the service, and the Duke of Cambridge's remarks may apply to this proportion; but the Military Secretary makes no proviso. He states emphatically that medical officers are better rewarded all round. How, then, will he explain the following figures:—

Percentage to Strength of Promotions in Departments of Army for Nile Campaign, 1884-85.

Chaplain's Department	...	44.4 per cent.
Pay	...	41.8
Ordnance	...	30.0
Commissariat	...	13.8
Medical Staff	...	7.9

Again:—

Rewards for Burmah Campaign (London Gazette, November 27th, 1887).

Honours and Rewards.	Combatants.	Medical Staff.
Promoted	43	0
K.C.B. and C.B.	29	0
D.S.O.	81	6
Total	153	6

Swakin, 1888.

Honours and Rewards.	Combatants.	Medical Staff.
Promoted	5	0

These are only ordinary examples of the honours and rewards conferred on medical officers for service in the field.

The War Office Committee of 1878 stated clearly (para. 41) that the medical officers were "far below" the combatant ranks in the standard of honours and rewards, and made a very proper comparison between the Royal Engineers and the Medical Staff in the active list at the time.

A similar comparison on January 1st, 1890, gives the following:

Honours and Rewards.	Royal Engineers. Strength, 707.	Medical Staff. Strength, 841.
G.C.B.	2	0
G.C.M.G.	2	0
K.C.B.	5	1
K.C.M.G.	1	0
C.B.	7	1
C.M.G.	10	7
C.I.E.	2	0
D.S.O.	10	6
Total	39	15
Percentage decorated	5.5	1.7

Now these are all plain figures open to verification by the Military Secretary. They are compiled from the official Army Lists and the official Gazettes, and they absolutely refute his very distinct statements. The questions to be asked by members of Parliament are:

1. What is the proportion of honours and rewards allotted to the Medical Department compared to other branches of the service?

2. What is the proportion to strength of medical officers rewarded in recent campaigns compared with other branches of the service?

If returns can be obtained on these points, it will be found that the grievances as to honours and rewards which were fully recognised by a War Office Committee in 1878 exist in a still more intensified form in 1890.

HISTORY OF THE SOUDAN CAMPAIGN.

OBSERVER remarks: The official history of this campaign, compiled by the Intelligence Department of the War Office, has been issued. It is curious to note the way the medical department has been treated in this document. The principal reports of the various branches of the service are duly published with the names of the officers responsible, but with the exception of the name of Deputy-Surgeon U'Nial no other is attached to any medical report. While other statistics are freely given, no medical statistics are printed, yet the medical history of that campaign was most successful and interesting. Would it not be well that a medical officer should be attached to the Intelligence Branch? The British public want to know everything about the army, and especially its cost in health and lives.



TENDERS will be received by the Deputy Assistant Adjutant General, Cairo, until noon on Monday the 13th instant for the supply of Cheese to the British Army of Occupation during the coming winter months. Approximate monthly quantities as under:

Cairo	3 ½ tons
Alexandria	1 ½ "

Supply to commence at an early date after the acceptance of the tender. A small sample of the Cheese proposed to be supplied should accompany each tender.

Forms of tender and all further information can be obtained on application to the Head Quarter Offices at Cairo and Alexandria. Envelopes to be sealed with wax and plainly marked "Tender for Cheese."

The General Officer Commanding does not bind himself to accept the lowest or any Tender.

9079-2*2

title? Are the French, Italians, and Americans who have given their army medical officers similar titles objects of derision? He repudiated with some warmth the idea of the medical schools having the whip hand of the army executive. We need only remind him that they unquestionably have had that before, and why not again? Mr. Stanhope was of course courteous as he always is, but promised nothing until he had fully consulted his military advisers. We only hope they may counsel him to do his best to allay this deplorable controversy.

Can it be wondered two years ago?

His next object officers obtaining an unfortunate part the entire justice instincts, however course, not of the worst argument of and titles are free Corps (and we in keepers, schoolmas called upon to per which we might ad We put it to Mr. medical officers, or of soldiers? "An military sense, wit army? Do they all military risks in pay, and furnish the sponsible for the hospital not daily Have not the qu warrant and non-Corps military ran are the medical of performing the ex were Surgeon-Maj Hospital Corps, p Rorke's Drift, or

The truth is, th not bear a momen its own absurdity ducing friction by tion already exist laying the remedy

The War Minis they (medical offic him define; he al in its place?

We fear the m visers on this sub gets into. Let h biased civilian mendations suppl him look into the Italy, France, a Clark remarks, h going forward on both to the dep consider the repr let him reflect th own creation: fir secondly, by the him mend matter leave the credit, who will surely d

The discussion

Can it be wondered at that matters are not where they were two years ago?

His next objection, that of combatant officers to medical officers obtaining definite military rank and titles, though an unfortunate practical difficulty, in no way invalidates the entire justice of the claim. The appeal to military instincts, however exalted and however curious, is, of course, not of the smallest value as an argument. But the worst argument of all, when looked into, is that military rank and titles are freely and fully conceded to the Army Service Corps (and we insist on adding paymasters, ordnance storekeepers, schoolmasters, and musicians) because "they are called upon to perform the executive duties of soldiers," to which we might add—each, of course, in his special province. We put it to Mr. Stanhope and his military prompters, Do medical officers, or do they not, perform the "executive duties of soldiers?" Are they not brought into daily contact, in a military sense, with officers and men of all branches of the army? Do they not fully, aye, and even superlatively, share all military risks in peace and in war? Do they not command, pay, and furnish their own men? Is the medical officer responsible for the administration and discipline of a military hospital not daily performing the executive duties of a soldier? Have not the quartermasters of the Medical Staff, and the warrant and non-commissioned officers of the Medical Staff Corps military rank and titles, and on what ground or theory are the medical officers who command them to be held as not performing the executive duties of soldiers? Or, for instance, were Surgeon-Major Reynolds, V.C., and his men of the Army Hospital Corps, performing the executive duties of soldiers at Rorke's Drift, or were they not?

The truth is, the argument supplied to Mr. Stanhope will not bear a moment's reasoning or investigation. It carries its own absurdity on the face of it. Again, why talk of introducing friction by conceding army rank and title? The friction already exists, and the danger is its aggravation by delaying the remedy.

The War Minister further states: "As it stands at present, they (medical officers) have got the rank." What rank? Let him define; he abolished relative rank, and what has he put in its place?

We fear the more Mr. Stanhope listens to his military advisers on this subject the deeper will be the illogical trouble he gets into. Let him rely on himself, and consult his own unbiassed civilian common sense, on the evidence and recommendations supplied by the Camperdown Commission. Let him look into the status of medical officers in the armies of Italy, France, and the United States, and, as Sir Andrew Clark remarks, he will find nothing but encouragement in going forward on a broad line of reform. He has promised, both to the deputation and in the House of Commons, to consider the representations which have been put before him; let him reflect that the present difficulty is largely one of his own creation: first, by the (possibly) unwitting abolition, and, secondly, by the unwise disparagement, of relative rank; let him mend matters by timely and liberal concessions, and not leave the credit, which is certain to accrue, to his successors, who will surely deal with this matter.

The discussion of the Vote in the House of Commons on

Saturday added little towards the solution of the controversy on the status of medical officers, beyond painfully indicating once more the continued—and we fear invincible—inability of the civilian, and even official, mind to grasp the true nature and scope of the army medical officers' position and functions. Dr. Farquharson opened the debate, and, we think, very judiciously pressed upon Mr. Stanhope the desirability and necessity of acting upon such of the recommendations of the Camperdown Commission, not already given effect to, as did not tread the thorny paths of finance. Any of the recommendations involving increase of expenditure were apparently not likely to be adopted. He also declared that the schools, by stopping the supply of candidates, held the whip hand of the matter. Mr. MacNeill, following, advocated equal rights and privileges for medical officers; their treatment should not be regulated by strict questions of supply and demand.

Mr. Bartley, as a civilian dissident member of the Commission and an economist, spoke against the early retirement of medical officers as tending inordinately to swell the non-effective list, which was already 57 per cent. of the effective vote. He apparently does not or will not recognise the fact that without such retirement it would be impossible to form any trustworthy reserve, just as a reserve of men cannot be formed by long service. He would, moreover, work the medical officers as long as they could do anything, having no thought of that military efficiency which is wholly dependent on physical vigour. He repeated the oft-told tale about the nobility of the "doctor's" civil profession, and the wonder that medical officers should therefore desire tinsel military rank and titles while serving in the army. All this only shows how hazy his notions still are, notwithstanding his having served on the Commission, of the medical officers' position and duties; and also the necessity of making them clear to the public in view of the persistent endeavours of a military clique to misrepresent and obscure them. He is typical of the civilian who cannot associate army medical officers with other than purely passive professional functions; he never seems to think they wear the uniform and exercise the functions of military command; that, indeed, the discipline and consequent efficiency of the entire army are largely and indissolubly in their hands, for no soldier can be punished without their concurrent sanction; that they also very fully share every military hardship and danger of the service both in peace and in war.

We would remind him that officers and men are not graded in the army according to their antecedent civil standing, and it is, therefore, as soldiers in every legitimate sense that medical officers insist upon having definite army status and title. Efficient work is impossible, and official and social life intolerable, in the army without assured and graded military position.

Mr. Stanhope's reply was cautious, but we fear not very encouraging. He acknowledged the influential nature of the deputation from the medical colleges which recently waited upon him, but declared he had not exactly gathered from them the scope of their demands. The idea of a Royal Medical Corps with substantive rank and title he apparently could not readily assimilate. But he raised a laugh by saying the deputation wanted doctors to be called generals, colonels, majors, etc. But why not, in the very least in a compound

vided for socially and scientifically, that eighteen Sections were in sitting, that three large meetings were held, at each of which many thousands were present, and at which special addresses were given by the most eminent men in Europe; that each evening was marked by great public festivities on a scale of gigantic and profuse hospitality; and that the issuing of tickets and invitations in the ordinary routine, the preparation of daily programmes, journals, and lists, the publication of so many thousands of daily journals, were all in themselves elements requiring no mean power of organisation and unlimited capacity of work. When to this is added the fact that nearly every language in Europe was being spoken, and that arrangements had to be made for information, offices, and for the supply of clerks who should be capable of responding to the innumerable and astonishingly various requirements of this Babel, it will be understood how huge was the task with which the organisers undertook to cope, and the wonder is that they should have succeeded so well in meeting and overcoming the difficulties, apparently almost insuperable, of so complex and so vast a gathering. Dr. Lassar, the general secretary, had the responsibility of constructing the arrangements for the vastest assemblage of medical men that has ever been brought together from all parts of the world; and nothing but elaborate and efficient preliminary arrangements, carried out on a great scale, and organised with vigour and forethought, could have carried through such a meeting without disaster.

There was much discussion as to the next ensuing meeting of the Congress, which will take place in 1893. Madrid, St. Petersburg, and Rome were considered, and the choice for the next Congress appeared to lie between the two latter. A very strong feeling, however, was expressed against the meeting of the Congress in St. Petersburg so long as the Russian Government should maintain its present unsatisfactory attitude towards certain religious professions which are largely represented throughout the Continent amongst leading physicians, and ultimately it was decided, on the invitation of Professor Baccelli, to accept the invitation to Rome. No city in the world can offer attractions to visitors to equal those of the Queen City of Europe. To mention the name of Rome is to evoke in the minds of those who are familiar with the historic glories, the artistic treasures, and the monumental grandeur of that city, memories of an ineffaceable delight, to renew which must in itself be an invincible attraction; while to those who are acquainted with the storied beauties and undying loveliness of the palaces, the galleries, and classic remains of the Eternal City, such a visit must be looked forward to with eager anticipation. Rome, too, is now a centre of great scientific and literary activities, the capital of an illustrious nation, and one whose aspirations and repute, not less than its enthusiasm and its sympathies, will not allow it to dream of being backward in the organisation for the great reception, such as that of which London, Copenhagen, Washington, and Berlin have in turn afforded models. The invitation was all the more acceptable from being given by Baccelli, a former Minister of State, a President of the Italian Society of Medicine and of the Medical Academy of Rome, an orator, a statesman, and a *savant*—one of the most brilliant of speakers, one of the most lovable of men, and one of the most dis-

tinguished of modern investigators. Under his invitation, and with the support which he is sure to find from the Government, from the municipality, and from his countrymen, we may be sure that the future Congress of Rome will have attractive features of its own, before which it is not improbable that all Congresses up to this date will pale their ineffectual fires.

THE ARMY MEDICAL CRISIS.

WE have received a number of communications, all most fully and gratefully acknowledging the value of Sir Andrew Clark's advocacy before Mr. Stanhope of the claims of the Army Medical Staff. Some of these suggest points which it is thought might have been embodied with enhanced effect in his eloquent statement, and others indicate rejoinders to Mr. Stanhope's reply. It is said, for instance, that Sir Andrew might have alluded to the courage and capacity recently displayed under fire by Surgeons Le Quesne and Crimmin, which earned for them the Victoria Cross, and commented on the utter absurdity of dubbing such men non-combatants, and the unreasonableness of deeming them unsuited or unworthy to bear a strictly military title, the more so that certain curious mental processes, called military instincts, see no incongruity in freely conferring such titles on persons whose duties do not lead them under fire. He might further have assured Mr. Stanhope that while medical officers fully appreciate at its proper value the solicitude of military advisers for their professional welfare, they are, nevertheless, prepared to accept military rank and titles with all alleged disadvantages, and even although the Commander-in-Chief declares that they would be "no good" to them. Despite such paternal advice, they think they know fairly well what is and what is not "good" for them.

Sir Andrew might also have anticipated Mr. Stanhope's naval difficulty by showing that the grievances complained of were not naval but wholly military; that the Naval Medical Service make no demands for altered titles, and are content because their Warrant has not been tampered with. At the same time their sympathies are entirely with their military brethren, whose grievances they consider will not be redressed until intelligible military rank and titles are conceded.

It was, of course, impossible for the influential deputation fully to anticipate the exact terms of Mr. Stanhope's answer; but these being before us, it is not difficult to give rejoinders. It is not to the point for him to complain that the present deputation had shifted ground from a previous one two years ago, which demanded, he said, not titles, but the restoration of so-called relative rank. He cannot but know that he himself destroyed the prestige of that rank by declaring it meaningless and valueless. It is also impossible to overlook that much has happened since then; his own creation—the Camperdown Commission—has investigated the matter, and recommended consecutive compound titles, which we think have been most unwisely set aside; the whole controversy has wonderfully ripened; the great French nation have, as the only solution of a long-standing and vexatious difficulty, after tentative efforts, boldly conferred substantive rank and intelligible title on their medical officers in an autonomous Medical Corps.

THE INDIAN GOVERNMENT AND MILITARY LAW.

THE Indian Government in, we suppose, their anxiety to outstrip even the Horse Guards, have just issued an order forbidding medical officers to be examined in military law. As will be seen from the subjoined extract from the Regulations for Army Medical Services, Part I, military law forms an essential part of the examination for promotion:

"(c) The administration, interior economy, command, and discipline of the Medical Staff Corps, together with a knowledge of the principles of military law and their practical application (unless a certificate of proficiency in military law has been obtained at a garrison class)."

SIR GEORGE HARMAN'S EVIDENCE.

A DOCTOR says: Sir George thinks our claim for rank means a claim to be considered "combatant." Not so; it means simply equality with the other so-called non-combatant branches. Let me illustrate. In this station (India) there are fifteen officers doing duty with troops in the garrison; there are also seven others who have no military duties, such as paymasters, magistrates, and road makers, yet all have military titles. These gentlemen are not sneered at by the military secretary for being called colonels and majors, and aiming to be what they are not. I have soldiers under my command, and might at any time be called upon to go under fire, yet am I to be sneered at if I call myself military? Does Sir George tell a paymaster to be proud of his profession? Why should clothing, feeding, and payment of troops be considered a higher function than personal ministrations to them in sickness and on the field of battle—perhaps under fire? If some of these Horse Guards gentlemen were dangerously wounded in the field, would their "military instincts" refuse the assistance of a "doctor" on the ground that he was not a soldier, and had no business to be there?

EXPRESSION OF OPINIONS.

PROXIM says: It has been carefully inculcated that for a medical officer to have the courage of his opinions is both dangerous and insubordinate. Adjutant-Generals and others may freely express their views, but the medical officer must suffer wrong in dumb silence. It has been suggested that a defence fund should be started and worked by retired officers, but will any come forward? I trust there is enough *esprit de corps* left amongst us, and beg you will not decline a cheque for £1 is, towards such a fund.

Army surgeons have not asserted themselves enough, yet they need not plunge into unwise discussions in unsuitable places. Cannot, also, officers agree to address the director-general individually on the subject of their grievances? This was the line to which the late director-general had apparently no objection. Unity of mind and action is much needed in this crisis. Why could not a universal letter be drafted?

"We do not think we would be justified in receiving money for a defence fund. Unity of action is certainly necessary and desirable at the present crisis. The drafting of a universal letter and its simultaneous transmission from individuals would, we fear, however, be held to be collective action under the thinnest of disguises. It is now utterly impossible for the authorities to shelter themselves under a cloak of assumed ignorance; they know the feelings of the department just as well as anybody. They are now having to listen to the opinions of the governing bodies of the profession at large, and we hardly think will refuse either to listen or to act."

THE NORTH LONDON VOLUNTEER BRIGADE BEARER COMPANY.

THE official inspection of the recruits of the North London Volunteer Brigade Bearer Company took place on June 11th, in the grounds of Park Lodge, Fadington, the residence of Brigade-Surgeon Danford Thomas. The men, who have passed through a course of instruction in the Brigade Ambulance School, were drawn up on the lawn in readiness for the inspecting officer, Surgeon Ramsay, Scots Guards, M.S.C., who arrived shortly after 5 P.M. He was received by Brigade-Surgeon Danford Thomas, with whom were Surgeon-Major Myers, 19th Middlesex, Surgeon Mathews, V.M.S.C., Acting-Surgeon Baldwin, 18th Middlesex, Surgeon Bateman, London Irish, and the honorary secretary of the school. Proceedings commenced with stretcher drill. The men requiring War Office certificates were then individually examined in the hall attached to the grounds. Meanwhile a party of patients labelled as suffering from various supposed injuries, were "dressed" by those awaiting their turn, the work being afterwards closely examined by the inspecting officer, who, addressing the men at the termination of the inspection, said he was very well satisfied with what they had done, especially the intelligence shown in the individual examination. He was glad to tell them he would be able to recommend every man presented for examination for the War Office certificate. He urged all to keep up the knowledge they had acquired, and to add to it. The Brigade-Surgeon expressed his satisfaction at the result of the first official inspection in connection with volunteer brigade bearer companies, the formation of which has been so recently ordered by the War Office authorities.

REWARDS AND PROMOTIONS.

JUSTITIA writes: Next to the question of rank, that of honours and rewards has been one of the chief grievances of the medical officers of the army. The evidence given before the recent Committee on this point calls for remark.

The Military Secretary states (Q. 265): "There is no part of the service that receives more honours and rewards than the Medical Department." Again (Q. 266): "that their services in the field have been recognised 'in a greater degree than in any other branches of the service.'"

The Duke of Cambridge states that they have an excess of honours and rewards (Q. 2447).

Now if these statements be in accordance with facts, the medical officers are most unreasonable in their complaints.

In Q. 120, Sir Ralph Thompson acknowledges that a certain proportion of honours and rewards is allotted to various branches of the service, and the Duke of Cambridge's remarks may apply to this proportion; but the Military Secretary makes no proviso. He states emphatically that medical officers are better rewarded all round. Now, then, will he explain the following figures:—

Percentage to Strength of Promotions in Departments of Army for Nile Campaign, 1884-85.

Chaplain's Department	44.4 per cent.
Pay	41.6
Ordinance	30.0
Commissariat	12.8
Medical Staff	7.9

Again:—

Rewards for Burmah Campaign (London Gazette, November 27th, 1887).

Honours and Rewards	Combatants	Medical Staff
Promoted	43	0
K.C.B. and C.B.	29	0
D.S.O.	51	6
Total	123	6

Suakin, 1888.

Honours and Rewards	Combatants	Medical Staff
Promoted	5	0

These are only ordinary examples of the honours and rewards conferred on medical officers for service in the field.

The War Office Committee of 1878 stated clearly (para. 41) that the medical officers were "far below" the combatant ranks in the standard of honours and rewards, and made a very proper comparison between the Royal Engineers and the Medical Staff in the active list at the time.

A similar comparison on January 1st, 1890, gives the following:

Honours and Rewards	Royal Engineers Strength, 707.	Medical Staff Strength, 841.
G.C.B.	2	0
G.C.M.G.	2	0
K.C.B.	5	1
K.C.M.G.	1	0
C.B.	7	7
C.M.G.	19	1
C.I.E.	2	0
D.S.O.	10	6
Total	39	15
Percentage decorated	5.5	1.7

Now these are all plain figures open to verification by the Military Secretary. They are compiled from the official Army Lists and the official Gazette, and they absolutely refute his very distinct statements. The questions to be asked by members of Parliament are:

1. What is the proportion of honours and rewards allotted to the Medical Department compared to other branches of the service?

2. What is the proportion to strength of medical officers rewarded in recent campaigns compared with other branches of the service?

If returns can be obtained on these points, it will be found that the grievances as to honours and rewards which were fully recognised by a War Office Committee in 1878 exist in a still more intensified form in 1890.

HISTORY OF THE SOUDAN CAMPAIGN.

OBSERVER remarks: The official history of this campaign, compiled by the Intelligence Department of the War Office, has been issued. It is curious to note the way the medical department has been treated in this document. The principal reports of the various branches of the service are duly published with the names of the officers responsible, but with the exception of the name of Deputy-Surgeon O'Neil no other is attached to any medical report. While other statistics are freely given, no medical statistics are printed, yet the medical history of that campaign was most successful and interesting. Would it not be well that a medical officer should be attached to the Intelligence Branch? The British public want to know everything about the army, and especially its cost in health and lives.



TENDERS will be received by the Deputy Assistant Adjutant General, Cairo, until noon on Monday the 13th instant for the supply of Cheese to the British Army of Occupation during the coming winter months. Approximate monthly quantities as under:

Cairo	3 ½ tons
Alexandria	1 ½ "

Supply to commence at an early date after the acceptance of the tender. A small sample of the Cheese proposed to be supplied should accompany each tender.

Forms of tender and all further information can be obtained on application to the Head Quarter Offices at Cairo and Alexandria. Envelopes to be sealed with wax and plainly marked "Tender for Cheese."

The General Officer Commanding does not bind himself to accept the lowest or any Tender.

9079-2*2

WILLIAM WALLERS is appointed Acting-Surgeon to the 1st Volunteer Battalion East Lancashire Regiment (late the 2nd Lancashire).

The Rev. WILLIAM KERR SMITH, M.A., is appointed Acting-Chaplain to the Leeds Division of the Volunteer Medical Staff Corps.

Surgeon-Major NAISMITH, of the Ayrshire Yeomanry Cavalry, was recently, on the occasion of his marriage, presented by Colonel Adam, on behalf of the officers, non-commissioned officers, and men, with a handsome piece of silver plate, consisting of a centre and two smaller cups, as a mark of their esteem and appreciation of his services to the regiment, especially of his untiring zeal in the instruction in ambulance work.

MILITARY MEDICAL TITLES.

WHAT'S IN A NAME writes: That the present titles of army medical officers have no real meaning "in a military sense" is borne out by the fact that the Government of British Guiana dubs the head of its Civil Military Department "Surgeon-General."

SURGEON-MAJOR INDIAN MEDICAL SERVICE writes: Some time ago I sent you a bill addressed to me as "Sergeant-Major;" I now send you a wrapper addressed in the same way which reached me from England two mails ago. This is the third time I have been so addressed, and I must confess to a feeling of irritation at its recurrence. My case is not exceptional, however, as similar mistakes occur occasionally in official documents also. It is easy to pardon the mistakes of tradespeople, but official blunders of this kind should not be possible. I will not burden this communication with illustrations nor with examples of the social slights medical officers are obliged to endure owing to their not having definite military rank. The want of pure military titles for medical officers is at the very base of all our grievances, as has so frequently been pointed out in your columns; and I can assure you that the Department can never be happy until rank is conceded.

When the "rank" question was first canvassed by you, I was amongst those who would have been content with a return to the old "relative" rank system, and said so at the time. I am not ashamed now to say that since then I have been absolutely converted, and I confidently affirm that, were a fresh vote taken, it would be found that the dissentients amongst medical officers from the movement for pure military titles would be reduced to a shadow of their former number.

M.B.CANTAB. writes: I think that "M.D.Oxon's" letter, in addition to your able critique, requires an answer from one of many of us who, while humbly trying to be worthy of and diligent in their profession, yet, little as they may like the assumption of military titles, see that for the efficient performance of their duties, for the maintenance of the dignity of the profession, and lastly, for their own comfort and dignity, recognised rank carrying military titles is necessary.

1. We want it for disciplinary purposes. We are in an anomalous position as being the only body of officers commanding men with no rank but departmental; a rank which carries no weight, is not understood outside the department, and is of about as much value as the grading of clerks in a Government office. As our duties of course bring us constantly into contact, sometimes into collision, with the rest of the army, the result is necessarily either self-assertion—always distasteful to a gentleman—and consequent friction, or acquiescence in a negative position and departmental self-effacement. We have large powers and only questionable authority.

2. I am inclined to think that the status of our profession in civil life is scarcely equal to that of the other learned professions, and that the word "doctor," as commonly used by lay lips, carries with it a certain feeling of tolerance and patronage. This feeling is naturally crystallised in the army, where everything is subservient to militarism, and where a body of men drawn mostly from the professional classes is brought into close contact with one that ranks higher politically, and hails from socially higher grades. Rank and title do and must, *per se*, carry weight in the army. We believe, and have grounds for our belief, that assimilating our titles and status will show us to be (where we consider ourselves) on a level with the army generally. I am speaking now, of course, departmentally, and not personally.

3. Socially, we can only say we need it; no man likes to publish his affronts. We have to assert ourselves personally and departmentally, or we lose prestige. The best illustration I know is the "Oh! I forgot" of the combatant officer when a "doctor" returns a military salute; or again, the generic use of the term "doctor," which has led some of us to prefer the plain "Mister."

SURGEON-MAJOR I.M.D. writes: I have read and am much pleased with your remarks on "M.D.Oxon's" curious letter. I maintain with you that it is those medical officers who are the most manly and devoted to their profession who claim substantive army rank.

M.D. writes: I have carefully read the remarks of "M.D.Oxon" and your criticism thereon, and think there is a certain measure of justice in his strictures. During long service I have only once or twice heard disparaging remarks in a mess room about "doctors," and although indignant at the time, could not help feeling the medical officers referred to had laid themselves open. But there is just reason why medical officers should have pure military titles; they stand shoulder to shoulder as executive officers with their combatant brethren.

WHY I VOLUNTARILY RETIRED FROM THE ARMY MEDICAL STAFF.

UT PROSIM gives the following as his reasons for retiring: 1. Increasing proportion of foreign service in unhealthy climates. Bad health thereby. 2. Frequent expense of outfits, overlapping house rents, etc., in consequence. 3. Difficulty of leave for either study or recreation. 4. No decent rank or position. Very "back seat" only on military coach. 5. As a "senior" having routine duties, formerly only done by juniors. 6. Empty official thanks merely for frequent war, and other good service. 7. System of promoting men (with interest) at expense of their brother officers (without). 8. Military instincts and class prejudices becoming more pronounced every year. 9. Depreciated value of rupee, making Indian service "more kicks than hap'ence."

*Percentage to Strength of Promotions in Departments of Army
for Nile Campaign, 1884-85.*

Chaplain's Department	44.4 per cent.
Pay	41.6
Ordinance	30.0
Commissariat	13.8
Medical Staff	7.9

Again:-

*Rewards for Burmah Campaign (London Gazette, November 27th,
1887).*

Honours and Rewards.	Combatants.	Medical Staff.
Promoted	43	0
K.C.B. and C.B.	29	0
D.S.O.	81	6
Total	153	6

Sudan, 1888.

Honours and Rewards.	Combatants.	Medical Staff.
Promoted	5	0

These are only ordinary examples of the honours and rewards conferred on medical officers for service in the field.

The War Office Committee of 1878 stated clearly (para. 41) that the medical officers were "far below" the combatant ranks in the standard of honours and rewards, and made a very proper comparison between the Royal Engineers and the Medical Staff in the active list at the time.

A similar comparison on January 1st, 1890, gives the following:

Honours and Rewards.	Royal Engineers. Strength, 707.	Medical Staff. Strength, 841.
G.C.B.	2	0
G.C.M.G.	2	0
K.C.B.	5	1
K.C.M.G.	1	0
C.B.	7	7
C.M.G.	10	1
C.I.E.	2	0
D.S.O.	10	6
Total	39	15
Percentage decorated	5.5	1.7

Now these are all plain figures open to verification by the Military Secretary. They are compiled from the official Army Lists and the official Gazette, and they absolutely refute his very distinct statements. The questions to be asked by members of Parliament are:

1. What is the proportion of honours and rewards allotted to the Medical Department compared to other branches of the service?

2. What is the proportion to strength of medical officers rewarded in recent campaigns compared with other branches of the service?

If returns can be obtained on these points, it will be found that the grievances as to honours and rewards which were fully recognised by a War Office Committee in 1878 exist in a still more intensified form in 1890.

HISTORY OF THE SUDAN CAMPAIGN.

OBSERVER REMARKS: The official history of this campaign, compiled by the Intelligence Department of the War Office, has been issued. It is curious to note the way the medical department has been treated in this document. The principal reports of the various branches of the service are duly published with the names of the officers responsible, but with the exception of the name of Deputy-Surgeon O'Neil no other is attached to any medical report. While other statistics are freely given, no medical statistics are printed, yet the medical history of that campaign was most successful and interesting. Would it not be well that a medical officer should be attached to the Intelligence Branch? The British public want to know everything about the army, and especially its cost in health and lives.



TENDERS will be received by the Deputy Assistant Adjutant General, Cairo, until noon on Monday the 13th instant for the supply of Cheese to the British Army of Occupation during the coming winter months. Approximate monthly quantities as under:

Cairo	3 ½ tons
Alexandria	1 ½ "

Supply to commence at an early date after the acceptance of the tender. A small sample of the Cheese proposed to be supplied should accompany each tender.

Forms of tender and all further information can be obtained on application to the Head Quarter Offices at Cairo and Alexandria. Envelopes to be sealed with wax and plainly marked "Tender for Cheese."

The General Officer Commanding does not bind himself to accept the lowest or any Tender.

9079-2*2

THE Army Medical Department has passed through a series of agitations during the past thirty years, constituting for it, in fact, a process of evolution, which has now reached a culminating and very important stage. Status, pay, retirement, examinations, the roster for foreign service, the regimental and unified systems, have all in turn formed points of controversy. Outsiders may be inclined to infer from this chronic condition of unrest that medical officers must be a very unmanageable and discontented body. The department a few years back was making good progress in the direction of contentment under the liberal provisions of the Warrant of 1879, which had attracted a large number of highly qualified members, when, in January, 1887, a Royal Warrant abolished altogether the so-called relative rank, which was the only named rank then or ever possessed by medical officers. Although the reasons have never been officially avowed, they are well understood to have arisen through the reorganisation of the Pay, Commissariat, and Ordnance Departments. When officers in these departments were no longer recruited from outside civil sources, but supplied from the combatant branch, the latter naturally wished to carry with them to their new duties their previous Army rank and titles; but this would have brought them into awkward collision with the old officers having only departmental titles and relative rank; hence it was resolved to end the difficulty by the total abolition of relative rank, and by giving to all officers of these departments—whether originally civil or otherwise—purely military rank and titles. This we believe to be a correct explanation. But while that was all very well for the departments named, there was seemingly not a thought given to the position in which several hundred medical officers would be left by the abolition of what constituted their sole military rank. The officers soon began to realise the position in which they found themselves, and a widespread agitation set in. Meanwhile, the so-named economists, in attacking the Army Estimates in Parliament, specially singled out the Medical Vote, particularly the non-effective portion. Under these circumstances Mr. Stanhope determined to refer the whole question of status, pay, retirements, and conditions of service of both Naval and Army medical officers to a mixed Committee under the presidency of Lord Camperdown. It met, examined witnesses, and finally made its report, which was, on the whole, very favourable to the contentions of the medical officers. It especially declared these officers had a "logical correctness" in the complaint of having no definite Army rank. It did not, indeed, recommend either substantive or honorary rank and titles, but a revival of relative rank, in a Royal Medical Staff, with compound consecutive titles, commencing with Surgeon-Lieutenant, and running up through the existing titles of Surgeon-Major to Surgeon-General. Nothing could seem less likely to create opposition; yet Mr. Stanhope has made it known that he has decided to disregard the recommendations of the Committee. But although the recommendations of the Committee have been thus unceremoniously set aside, they are of great value to the medical officers as a standing protest against their legitimate grievances. The Committee has strongly condemned the six-year tours of foreign service; the three years in a rank before the pension

thereof can be claimed; the invidious distinction between combatant and medical officers in the matter of sick-leave; the non-adjustment of the rates of pay in India; the delay in the first gazettement of medical candidates. While these and the rank question remain open the effect will be seriously detrimental to the efficiency of the Army Medical Service, and will affect both the quantity and quality of candidates seeking admission into the service. It is difficult to understand on what principle Mr. Stanhope has acted, but it is certain that a more ill-advised policy could scarcely have been determined upon than that he has announced, for with the report of the Committee before them it is impossible to expect medical officers to be satisfied. And yet how is it to be expected that the interests of the service will be promoted if they are not content?

At 11 hrs July 16th

The Secretary for War's "Military Advisers."

It is well known that amongst the representatives of combatant jealousy and prejudice who gave evidence before Lord Camperdown's Commission, the most vindictively unjust was Sir Redvers Buller, whose epithets and expressions with respect to the medical officers were, in some instances, so undignified that they had to be struck out of the shorthand report before it was put in print. Amongst his other statements was one that a medical officer (Surgeon-General O'Nial) had, in the expedition for the relief of Khartoum, refused a camel on the ground that it was "not good enough for a major-general," and he brought this forward as an instance of the evils of honorary military rank for medical officers. This statement turns out to be a fabrication of some of the combatant doctor-haters, and Sir Redvers Buller has been brought to his knees for disseminating the lie. He has been obliged to withdraw and apologise—a nice position for an officer of the rank of Sir Redvers Buller.

THE MEDICAL CORPORATIONS AND THE GRIEVANCES OF ARMY MEDICAL OFFICERS.

DEPUTATION TO THE MINISTER FOR WAR.

On July 21st the Right Hon. E. Stanhope, attended by Sir Ralph Thompson, K.C.B., and Mr. Fleetwood Wilson, received in the Conference Room of the House of Commons a deputation from the medical corporations to lay before him a statement of the grievances of the Army Medical Staff. The deputation, introduced by Dr. Farquharson, M.P., consisted of Sir Andrew Clark, President of the Royal College of Physicians of London; Mr. Jonathan Hutchinson, representing the Royal College of Surgeons of England; Professor Grainger Stewart, President of the Royal College of Physicians, Edinburgh; Mr. John Duncan, representing the Faculty of Physicians and Surgeons, Glasgow; Dr. Atthill, President of the King and Queen's College of Physicians, Ireland; and Mr. Croly, President of the Royal College of Surgeons, Ireland; Dr. Living, Registrar, Royal College of Physicians, London; Dr. Young, Treasurer, Royal College of Physicians, Edinburgh.

Dr. FARQUHARSON having introduced the deputation,

Sir ANDREW CLARK said: I will endeavour, Sir, in the fewest words to bring before you the object of our assembling here to-day. First let me say to you what we represent. We represent the medical corporations of the United Kingdom, and we do not represent the universities. It is well that I should explain to you the reason why. We have no doubt whatever of the sympathy of the universities in this matter, or that we should have had their cordial co-operation if it had been asked for, but we did not ask for it for a reason which it is important you should know. A university when it grants degrees ceases to exercise any control over its *alumni*, but when the corporations have granted their licences they continue to exercise a moral control, to assist their *alumni*, and to carry out a sort of censorship over their moral and professional conduct. It is, therefore, the duty of the corporations to take up this question. We come on behalf of the medical officers of the army, to speak of the grievance which they allege to exist. What is that grievance? It is in short, in a sentence, this: that the medical officers of the army having military duties, military responsibilities and living in a military atmosphere, have not a definite precise military rank, and that other departments of a like constitution have that rank. They have, therefore, asked us to appear before you and endeavour to get your help in securing a remedy for this grievance. Now the first question which probably you and others would ask is, how really this grievance operates—is it a real grievance or an imaginary grievance? It is alleged by the department that the actual absence of a definite rank hinders a full and satisfactory discharge of their office; it prevents them from getting their proper place on mixed boards for sanitary inquiry. For instance, if a sanitary inquiry had to be instituted, a medical officer would not be on the board; he would be probably summoned to attend and give evidence and the board might be presided over by a junior. It is the only department with which military responsibilities are associated which has no title and rank. This produces continual friction, and I would say even smart, and sometimes even humiliation, and the end of it is now bringing about dissatisfaction and discontent. By-and-bye we fear that if this state of affairs continues the distaste for the service will grow, and you will have an early retirement of competent men—you will cease to have the best men enter the department, and the well-being, and perhaps the efficiency, of the services rendered will be greatly impaired. Guided by past historical experience, we can look a little forward and say that the probabilities are that these corporations will influence good men not to enter into the army, and you will be reduced to the state of some time ago when you could get no sufficiently good men to enter the service and had to spend large sums of money to get the offices filled by decently educated men. We should be very sorry if this state of things continued, because we are vain enough to suppose that the duty of a surgeon in the army is no longer merely that of signing certificates and administering pills. We believe the duties of the medical officer are becoming more and more important, for medicine, like other departments of human knowledge, is undergoing a process of evolution. There-

fore we should look with the greatest fear upon any grievance which, if it were allowed to exist, would lead to an inferior order of men entering the service, and so impair its efficiency. The next question is, is the grievance a genuine grievance? Officers of the department declare it to be so—at all events, the great majority do. The Departmental Commission which you yourself organised, admitted it—at least, I understand it to have done so, and not only that, but it recommended a remedy; and now I may add that the whole of the medical corporations of this country, and, as far as my inquiries have gone, the great body of the medical profession, join in saying this is the real grievance, and it is right that it should be remedied. What do the medical officers want? What they want would bring peace and order and satisfaction at once. What they want is that the whole of the army medical officers should be constituted into a corps which for the moment I will call the Royal Army Medical Corps; that the corps, somewhat after the pattern of the Engineers, which at a former time existed as the medical officers of the army now exist, should be officered in the same manner as any other department of the service is officered, and that every officer in it should have a substantive rank. It seems to us that this is a just demand, and one which, if granted, would bring peace in the ranks of the medical department; would secure the best men entering the service, and prevent what we fear may take place if this grievance continues—disaster in time of war. They do not want merely to be called colonels for the sake of being colonels. They do not want military command in the sense of so-called combatant officers, but they want substantive military rank in order to carry out their duties efficiently, and to be able to secure that harmony of work in the department under their care which they believe they cannot get without it. There is another thing they want it for. I am not ashamed to say that there is a sentimental feeling—I will not say it is wittingly done, but unwittingly—but it is impossible to look at the treatment of the medical officers of the army without seeing that there is a sort of tendency to regard them as inferior persons. They are educated men; they have achieved by their education a certain social position, and they think—and I think—that they have as good a right as other officers to the same title and the same privileges. It has been said: "What are the objections which might be offered to the conferring of this military substantive title and rank?" It has been said it would necessitate concessions to veterinary surgeons, chaplains, and other such persons. The answer is conclusive. There is no parallel between such persons and medical officers. Medical officers have military duties of a most important character to perform—and, in fact, all the duties of a combatant officer except fighting. If he is fired at, he cannot return the shot. The second answer is that it is contrary to military instincts. My own feeling is this: that instincts of that sort, when they are opposed to one's experience and to sound reasoning, are simply other words for prejudice; and the sooner such prejudice is swept away the better, for it always occurs that, when any reform is proposed, the instincts of some people are against it, but, after the reform is carried out, those instincts are in favour of it. It is said that medical officers are non-combatants, and that therefore it would be quite wrong to concede to them a title to which they have no right. They undergo as much peril to life, and their risks to health are greater than those of the combatant officers. Under fire the surgeon has to discharge his duties almost within a hand's breadth of the combatant officer; but while the other can fire back again, the doctor has not that satisfaction. I think the arguments with regard to doctors not being combatants are not sufficient. The mortality of the medical staff is greater than that of the executive corps, and in many other respects the peril to which the doctor is exposed exceeds that of the combatant officer. A true military title does not necessitate fighting in the field, nor actual command of fighting men. It is an honour which Sovereigns confer upon each other. I rather think that the Prince of Wales is an Admiral of the Fleet, and Her Most Gracious Majesty is colonel of a German regiment. The other day a musician, a very useful man in the army, was made a lieutenant in the guards, not an honorary lieutenant. Here is a man without any military duties whatever receiving with applause a purely military title. If Lieutenant Dan Godfrey may have it, why not the doctor? I have been told by one doctor, "I do not think it will answer, though I should like to see it." The answer is, nothing answers till it has been tried. It has been tried in the American army. Dr. Billings, a distinguished officer of the United

THE Army Medical Department has passed through a series of agitations during the past thirty years, constituting for it, in fact, a process of evolution, which has now reached a culminating and very important stage. Status, pay, retirement, examinations, the roster for foreign service, the regimental and unified systems, have all in turn formed points of controversy. Outsiders may be inclined to infer from this chronic condition of unrest that medical officers must be a very unmanageable and discontented body. The department a few years back was making good progress in the direction of contentment under the liberal provisions of the Warrant of 1879, which had attracted a large number of highly qualified members, when, in January, 1887, a Royal Warrant abolished altogether the so-called relative rank, which was the only named rank then or ever possessed by medical officers. Although the reasons have never been officially avowed, they are well understood to have arisen through the reorganisation of the Pay, Commissariat, and Ordnance Departments. When officers in these departments were no longer recruited from outside civil sources, but supplied from the combatant branch, the latter naturally wished to carry with them to their new duties their previous Army rank and titles; but this would have brought them into awkward collision with the old officers having only departmental titles and relative rank; hence it was resolved to end the difficulty by the total abolition of relative rank, and by giving to all officers of these departments—whether originally civil or otherwise—purely military rank and titles. This we believe to be a correct explanation. But while that was all very well for the departments named, there was seemingly not a thought given to the position in which several hundred medical officers would be left by the abolition of what constituted their sole military rank. The officers soon began to realise the position in which they found themselves, and a widespread agitation set in. Meanwhile, the so-named economists, in attacking the Army Estimates in Parliament, specially singled out the Medical Vote, particularly the non-effective portion. Under these circumstances Mr. Stanhope determined to refer the whole question of status, pay, retirements, and conditions of service of both Naval and Army medical officers to a mixed Committee under the presidency of Lord Camperdown. It met, examined witnesses, and finally made its report, which was, on the whole, very favourable to the contentions of the medical officers. It especially declared these officers had a "logical correctness" in the complaint of having no definite Army rank. It did not, indeed, recommend either substantive or honorary rank and titles, but a revival of relative rank, in a Royal Medical Staff, with compound consecutive titles, commencing with Surgeon-Lieutenant, and running up through the existing titles of Surgeon-Major to Surgeon-General. Nothing could seem less likely to create opposition; yet Mr. Stanhope has made it known that he has decided to disregard the recommendations of the Committee. But although the recommendations of the Committee have been thus unceremoniously set aside, they are of great value to the medical officers as a standing protest against their legitimate grievances. The Committee has strongly condemned the six-year tours of foreign service; the three years in a rank before the pension

thereof can be claimed; the invidious distinction between combatant and medical officers in the matter of sick-leave; the non-adjustment of the rates of pay in India; the delay in the first gazettement of medical candidates. While these and the rank question remain open the effect will be seriously detrimental to the efficiency of the Army Medical Service, and will affect both the quantity and quality of candidates seeking admission into the service. It is difficult to understand on what principle Mr. Stanhope has acted, but it is certain that a more ill-advised policy could scarcely have been determined upon than that he has announced, for with the report of the Committee before them it is impossible to expect medical officers to be satisfied. And yet how is it to be expected that the interests of the service will be promoted if they are not content?

Alb. L. S. July 16th

The Secretary for War's "Military Advisers."

It is well known that amongst the representatives of combatant jealousy and prejudice who gave evidence before Lord Camperdown's Commission, the most vindictively unjust was Sir Redvers Buller, whose epithets and expressions with respect to the medical officers were, in some instances, so undignified that they had to be struck out of the shorthand report before it was put in print. Amongst his other statements was one that a medical officer (Surgeon-General O'Nial) had, in the expedition for the relief of Khartoum, refused a camel on the ground that it was "not good enough for a major-general," and he brought this forward as an instance of the evils of honorary military rank for medical officers. This statement turns out to be a fabrication of some of the combatant doctor-haters, and Sir Redvers Buller has been brought to his knees for disseminating the lie. He has been obliged to withdraw and apologise—a nice position for an officer of the rank of Sir Redvers Buller.

THE MEDICAL CORPORATIONS AND THE GRIEVANCES OF ARMY MEDICAL OFFICERS.

DEPUTATION TO THE MINISTER FOR WAR.

ON July 21st the Right Hon. E. Stanhope, attended by Sir Ralph Thompson, K.C.B., and Mr. Fleetwood Wilson, received in the Conference Room of the House of Commons a deputation from the medical corporations to lay before him a statement of the grievances of the Army Medical Staff. The deputation, introduced by Dr. Farquharson, M.P., consisted of Sir Andrew Clark, President of the Royal College of Physicians of London; Mr. Jonathan Hutchinson, representing the Royal College of Surgeons of England; Professor Grainger Stewart, President of the Royal College of Physicians, Edinburgh; Mr. John Duncan, representing the Royal College of Surgeons, Edinburgh; Dr. Perry, representing the Faculty of Physicians and Surgeons, Glasgow; Dr. Atthill, President of the King and Queen's College of Physicians, Ireland; and Mr. Croly, President of the Royal College of Surgeons, Ireland; Dr. Liveing, Registrar, Royal College of Physicians, London; Dr. Young, Treasurer, Royal College of Physicians, Edinburgh.

Dr. FARQUHARSON having introduced the deputation,

SIR ANDREW CLARK said: I will endeavour, Sir, in the fewest words to bring before you the object of our assembling here to-day. First let me say to you what we represent. We represent the medical corporations of the United Kingdom, and we do not represent the universities. It is well that I should explain to you the reason why. We have no doubt whatever of the sympathy of the universities in this matter, or that we should have had their cordial co-operation if it had been asked for, but we did not ask for it for a reason which it is important you should know. A university when it grants degrees ceases to exercise any control over its *alumni*, but when the corporations have granted their licences they continue to exercise a moral control, to assist their *alumni*, and to carry out a sort of censorship over their moral and professional conduct. It is, therefore, the duty of the corporations to take up this question. We come on behalf of the medical officers of the army, to speak of the grievance which they allege to exist. What is that grievance? It is in short, in a sentence, this: that the medical officers of the army having military duties, military responsibilities and living in a military atmosphere, have not a definite precise military rank, and that other departments of a like constitution have that rank. They have, therefore, asked us to appear before you and endeavour to get your help in securing a remedy for this grievance. Now the first question which probably you and others would ask is, how really this grievance operates—is it a real grievance or an imaginary grievance? It is alleged by the department that the actual absence of a definite rank hinders a full and satisfactory discharge of their office; it prevents them from getting their proper place on mixed boards for sanitary inquiry. For instance, if a sanitary inquiry had to be instituted, a medical officer would not be on the board; he would be probably simply summoned to attend and give evidence and the board might be presided over by a junior. It is the only department with which military responsibilities are associated which has no title and rank. This produces continual friction, and I would say even smart, and sometimes even humiliation, and the end of it is now bringing about dissatisfaction and discontent. By-and-bye we fear that if this state of affairs continues the distaste for the service will grow, and you will have an early retirement of competent men—you will cease to have the best men enter the department, and the well-being, and perhaps the efficiency, of the services rendered will be greatly impaired. Guided by past historical experience, we can look a little forward and say that the probabilities are that these corporations will influence good men not to enter into the army, and you will be reduced to the state of some time ago when you could get no sufficiently good men to enter the service and had to spend large sums of money to get the offices filled by decently educated men. We should be very sorry if this state of things continued, because we are vain enough to suppose that the duty of a surgeon in the army is no longer merely that of signing certificates and administering pills. We believe the duties of the medical officer are becoming more and more important, for medicine, like other departments of human knowledge, is undergoing a process of evolution. There-

fore we should look with the greatest fear upon any grievance which, if it were allowed to exist, would lead to an inferior order of men entering the service, and so impair its efficiency. The next question is, is the grievance a genuine grievance? Officers of the department declare it to be so—at all events, the great majority do. The Departmental Commission which you yourself organised, admitted it—at least, I understand it to have done so, and not only that, but it recommended a remedy; and now I may add that the whole of the medical corporations of this country, and, as far as my inquiries have gone, the great body of the medical profession, join in saying this is the real grievance, and it is right that it should be remedied. What do the medical officers want? What they want would bring peace and order and satisfaction at once. What they want is that the whole of the army medical officers should be constituted into a corps which for the moment I will call the Royal Army Medical Corps; that the corps, somewhat after the pattern of the Engineers, which at a former time existed as the medical officers of the army now exist, should be officered in the same manner as any other department of the service is officered, and that every officer in it should have a substantive rank. It seems to us that this is a just demand, and one which, if granted, would bring peace in the ranks of the medical department; would secure the best men entering the service, and prevent what we fear may take place if this grievance continues—disaster in time of war. They do not want merely to be called colonels for the sake of being colonels. They do not want military command in the sense of so-called combatant officers, but they want substantive military rank in order to carry out their duties efficiently, and to be able to secure that harmony of work in the department under their care which they believe they cannot get without it. There is another thing they want it for. I am not ashamed to say that there is a sentimental feeling—I will not say it is wittingly done, but unwittingly—but it is impossible to look at the treatment of the medical officers of the army without seeing that there is a sort of tendency to regard them as inferior persons. They are educated men; they have achieved by their education a certain social position, and they think—and I think—that they have as good a right as other officers to the same title and the same privileges. It has been said: "What are the objections which might be offered to the conferring of this military substantive title and rank?" It has been said it would necessitate concessions to veterinary surgeons, chaplains, and other such persons. The answer is conclusive. There is no parallel between such persons and medical officers. Medical officers have military duties of a most important character to perform—and, in fact, all the duties of a combatant officer except fighting. If he is fired at, he cannot return the shot. The second answer is that it is contrary to military instincts. My own feeling is this: that instincts of that sort, when they are opposed to one's experience and to sound reasoning, are simply other words for prejudice; and the sooner such prejudice is swept away the better, for it always occurs that, when any reform is proposed, the instincts of some people are against it, but, after the reform is carried out, those instincts are in favour of it. It is said that medical officers are non-combatants, and that therefore it would be quite wrong to concede to them a title to which they have no right. They undergo as much peril to life, and their risks to health are greater than those of the combatant officers. Under fire the surgeon has to discharge his duties almost within a hand's breadth of the combatant officer; but while the other can fire back again, the doctor has not that satisfaction. I think the arguments with regard to doctors not being combatants are not sufficient. The mortality of the medical staff is greater than that of the executive corps, and in many other respects the peril to which the doctor is exposed exceeds that of the combatant officer. A true military title does not necessitate fighting in the field, nor actual command of fighting men. It is an honour which Sovereigns confer upon each other. I rather think that the Prince of Wales is an Admiral of the Fleet, and Her Most Gracious Majesty is colonel of a German regiment. The other day a musician, a very useful man in the army, was made a lieutenant in the guards, not an honorary lieutenant. Here is a man without any military duties whatever receiving with applause a purely military title. If Lieutenant Dan Godfrey may have it, why not the doctor? I have been told by one doctor, "I do not think it will answer, though I should like to see it." The answer is, nothing answers till it has been tried. It has been tried in the American army. Dr. Billings, a distinguished officer of the United

States army, is in England now, and he assures me it answers admirably in that army. It also answers in the Italian army, and it is answering well in the French army. In fact, they found in the American army that they could not get on without it. There are two other corps that were at one time in the very position in which the doctors are now. First, the Royal Engineers. There was a time when the men in authority in those days said it offended their prejudices that engineers should be called soldiers, but they did get the titles, and the thing acted so well that they were asked to take command. I might say the same thing of the Royal Artillery. I remember the time when there was nothing but a gunner—no man of artillery rank. Then you have already done for the officers of the Commissariat Department what you are asked to do for the doctors, and the Commissariat officers had not the same claim to it that the doctors had, for they had no such military duties to perform. I will not intrude upon your time, but it seems to me that it will be a sad thing if this grievance is not in some way or other remedied. We see continued dissatisfaction; we see that you will have no peace until it is settled, and that by-and-bye you will get only inferior men, and this great department—so important to the health of the army—might fail. We therefore appeal to you, not only in virtue of your own high position, but in justice to the medical officers, to relieve them from their grievances.

Mr. JONATHAN HUTCHINSON, as representative of the Royal College of Surgeons of England, said that the Council of the College had considered this subject at many meetings, and were unanimously in favour of the views which Sir Andrew Clark had expressed. He believed that the present plan led to early retirement on pensions, and that if the position of surgeon in the army were made more agreeable it would secure good officers, who would give their services for a much longer time.

Professor T. GRAINGER STEWART said that the Royal College of Physicians of Edinburgh was very deeply interested in all questions affecting the position of medical men. Every Director-General since the time of Waterloo, with one exception, was educated in Scotland, and the College of Physicians of Edinburgh warmly supported the claims of the medical officers of the army.

Mr. DUNCAN said that the Royal College of Surgeons, Edinburgh, had a very large number of Licentiates and a considerable number of Fellows in the Army Medical Department, and when this subject was brought before them it was their unanimous opinion that the request was reasonable.

Dr. PERRY, representing the Faculty of Physicians and Surgeons of Glasgow, said his college had had the matter under their serious consideration, and they thought it would be a graceful thing for the Government to at once concede the privileges and the rank which were asked for.

Dr. ATTHILL, representing the King and Queen's College of Physicians of Ireland, said that nearly one-fourth of the medical officers of the army were Licentiates of his college, and if the proposal of the deputation was adopted it was believed that it would put an end to a great deal of discontent.

Mr. CROLY, representing the Royal College of Surgeons of Ireland, said that in 1869 there were 429 officers in the medical service holding Irish qualifications. Amongst those were distinguished surgeons, and men holding the Victoria Cross. He had taken part in the education of a large number of these young men and an interest in them ever since they entered the service. He was in constant communication with them, and if the Government could see its way to form them into a Royal Medical Corps with substantive rank a great deal would be done to remedy the grievance, and then minor differences would also disappear. He had had the honour of serving in the Royal Navy, and he knew that at one time no young surgeon of any position could be got to enter the navy. The grievances were removed and then they entered the service. It would be a very deplorable thing for the army if first-class men went away to the colonies to look for practice, and only second and third class men entered the army.

Mr. STANHOPE, in reply, said: Sir Andrew Clark and gentlemen, I recognise fully the important character of this deputation, because I know it represents a most influential body of opinion connected with the medical profession, therefore it is only right that I should give very careful attention and examination to the arguments that you think fit to bring before me; but I cannot help noticing particularly in this room the great change that has come over this question. It was, I think, two years ago that I had a deputation in this room from the medical profession. It was an

influential deputation, and when I pressed them very much as to what it was they wanted, they explained very fully that they did not want titles, but they did want the restoration of what they called relative rank. The next stage was the reference of this question to the Committee presided over by Lord Camperdown, and if you refer to the evidence you will find there were, I think, six witnesses who urged that the medical officers should have military rank pure and simple, seven who urged that a sort of composite title should be conferred upon them—a title recommended afterwards by the majority of the Committee, three members dissenting—and eight advised no change whatever in the titles; but now I understand you come before me for the purpose of asking that the medical officers shall be formed into a separate corps and have substantive rank. I am bound to say, looking at the character of the deputation, that I feel it my duty not to give an answer now, but to consider the matter with those who advise me at the War Office. I confess there are one or two things I should like to bring to your minds which seem to be very important at the present time. First of all, it is quite clear that the combatant officers are opposed to this rank being given. It comes out strongly in Lord Camperdown's Committee, and in conversation in the country where we hear the subject discussed, and I think it was never better expressed than by the Duke of Cambridge when he gave evidence before Lord Camperdown's Committee. He said: "I should be proud of being a medical officer, and I should not be proud of having a military title which means nothing. What is the good of it?" Then the navy are opposed to the giving of any such title, and I do not think it can be doubted that, supposing the title were conferred upon the medical officers of the army, before very long a difficulty would arise about the medical officers of the navy. An attempt has been made to point out that the medical officers ought to have this given to them because it has been given to one department of the army—I mean especially the Army Service Corps. I do not think any real comparison can be made either with the Army Service Corps or the Royal Engineers. The reason why the titles were given to the Army Service Corps was because they were called upon to perform the executive duties of soldiers. Then putting these things together, I would ask you really to consider for yourselves whether there is not a serious danger to the medical profession losing more than it would gain by the possession of titles? As it stands at present, they have got the rank, and what they are now asking for is a title; and I wish you to consider whether they would not lose more than they would gain by the concession of what they ask? Would it not introduce the very friction which you desire to avoid between medical officers and combatant officers and would it not do more harm than good? These are considerations which occur to my mind, but they do not exhaust the subject, and, looking to the influential deputation to-day, I feel it to be my duty to lay before you some considerations which may affect my final decision.

Sir ANDREW CLARK: Might we be permitted to reply by another memorial? We thank you most cordially for your courteous response, but there are points which might occur to us. Might we have your permission to hand in another memorial if we think it desirable?

Mr. STANHOPE: Certainly.

Dr. FARQUHARSON thanked Mr. Stanhope for the opportunity he had given them to state their views, and the deputation then withdrew.

MEDICAL SICKNESS, ANNUITY, AND LIFE ASSURANCE SOCIETY.

SEVENTH REPORT OF THE COMMITTEE FOR THE YEAR
ENDING JUNE 30TH, 1890.

GENTLEMEN,—In presenting you with this—the seventh—report on the affairs of the Society, it is our privilege to be able to continue the previous unbroken record of satisfactory and successful progress, and the accomplishment of sound useful work. Though in this respect the report we have to make is similar to those which have preceded it, in one direction there is an important difference, due to the occurrence of the epidemic of influenza. Notwithstanding the numerous claims made on the Society, and the heavy rate of sickness during the third quarter, owing to this

--	--	--	--	--

8
n
m
y
fl
ol
o
si
Th
Ch
ge
le
n
es
d
en
lin
de
mon
serv
an
e e
gar
mp
e
Ei
ma
e be
mas
rel
co
MAN
for
ng
mar
de
serv
ac.
apt.
P.4
P.6
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854
855
856
857
858
859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
876
877
878
879
880
881
882
883
884
885
886
887
888
889
890
891
892
893
894
895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
940
941
942
943
944
945
946
947
948
949
950
951
952
953
954
955
956
957
958
959
960
961
962
963
964
965
966
967
968
969
970
971
972
973
974
975
976
977
978
979
980
981
982
983
984
985
986
987
988
989
990
991
992
993
994
995
996
997
998
999
1000

GENCO. May, 1893. Receipts, Western points, 330,000 bushels; same day last year, 223,600 bushels.
Corn.—September, 45; October, 45; December, 45. Receipts, Western points, 440,000 bushels; same day last year, 546,818 bushels.
Lard.—October, 6 3/4; November, 6 4/4; December, 6 5/4.
Pork.—September, 9 35; October, 9 50. 1891.—January, 11 5/4.
Ribs.—October, 5 35.
Bacon.—Light hogs, 4 15; heavy hogs, 4 17 1/2.
Hogs.—Receipts, Western cities, 37,000; same day last year, 25,953; ditto, Chicago, 20,000; same day last year, 12,179.

BERLIN, Sept. 5.—On-to-day's Bourse the tendency was firm, chiefly for Renten and bank shares, until near the close, when a relapse occurred owing to realizations, and final prices showed for the most part a small decline for the day. Bills on St. Petersburg were cheaper at 249 40. Paper rubles were quoted 252 40 for money and 251 75 for the account.

VIENNA, Sept. 5.—The Stock Market was firm to-day, a special feature being the buoyancy of Home Funds. The Austrian Gold Rente advanced 3 per cent., and the Hungarian Gold Rente 1 per cent. Credit, Lombards, and Lemberg-Czernowitz Railway shares were all 1/8 higher. Bills on London and sovereigns had a material recovery, the final prices being 111 60 and 11 14 respectively.

FRANKFURT, Sept. 5.—International stocks opened dull, but a better tendency set in later in the day, and the final prices showed a rise in most cases. The changes, however, were in no case important. Bills on London were cheaper.

BOMBAY, Sept. 5.—Piece goods quiet; 71b. shirtings, 3r. 2a.; 841b. 3r. 2a. Cotton dull; new good Dhollerah, 165r. Shipments of the week, 5,000 bales. Exchange on London (four months' bank bills), 1s. 8 1/2d.

CALCUTTA, Sept. 5.—Piece goods dull; 71b. shirtings, 2r. 11a.; 841b. 4r.; 40's Banermill twist, 4a. 1r. Jute.—Good native, first marks, 24r. 8a. Government securities, Four per Cent., 103 1/2; Four-and-a-half per Cent., 103. Saltpetre, 5r. 13a.; lime-wood, 4r. 6a.; rapeseed, 4r. 2a.; rice—Ballam, 3r. 7a. Exchange on London (four months' bank bills), 1s. 8 1/2d-10d. Freight, 22s. 6d. to 40s.

SHANGHAI, Sept. 5.—Manchester goods quiet; 841b. shirtings, 17s. 17d.; 71b. Mexican T cloths, 11s. 12s. Silk steady; green Kahing, 11s. 30 3/4; unsold stock, 12,500 bales. Exchange on London (four months' bank bills), 1s. 8d.

HONGKONG, Sept. 5.—Manchester goods quiet; 841b. shirtings, \$200; 16-24 Taylor's twist, \$88. Tea—total export to date, 36,000,000lb. Exchange on London (four months' bank bills), 1s. 10 1/2d.

SALE OF SHORTHORNS.

The third of the series of Shorthorn sales in Cumberland took place at Carleton-hill, Penrith, yesterday, when the whole of the herd of Mr. William Parker and part of Lord Brougham's were offered for sale by Mr. Thornton. There was a large attendance, and bidding was brisk. Lord Brougham's Warrior's Daughter, dam of the noted prize bull Royal Warrior, was bought by the Hon. Henry Scott, of Mortworth, for 53 guineas. Mr. Robert Thompson, of Mortworth, paid 50 guineas for Eva Gwynne, one of the pair of heifers that took the first prize in the dairy class against all comers at the Royal Show at Nottingham. Mr. Parkin Moore, of Whitehall, Cumberland, bought Rose of Oxford 15th for 62 guineas and Duchess Lucy 7th for 37 guineas. Sir Wilfrid Lawson paid 59 guineas for Rosebud 10th; Mr. G. Lascelles, from Yorkshire, paid 60 guineas for Rose of Oxford 5th. The cows and heifers averaged £37 15s., and the bulls 44s. 4d. The highest-priced bull was Denmark's Duke, for which Mr. Owen, of Eilesmere, Shropshire, paid 71 guineas. Sir Wilfrid Lawson, who presided at the luncheon, said dispersing a herd of shorthorns was something like a dissolution of Parliament; nobody knew what would become of the different members of the herd.

THE SOLDIER AND HIS DOCTOR.

TO THE EDITOR OF THE TIMES.

Sir,—You have opened your columns to the discussion of the alleged grievances of the Army Medical Service, and the letter in your issue of this date by "One Who Knows" furnishes an opportunity of stating the real and reasonable state of the case. The "aggrieved" doctors state that their "relative rank" in the Army has been abolished, and wish it to be understood that, therefore, their status, as compared with the combatant officers of the Army, has been destroyed, with all its privileges relating to choice of quarters, shares of prize-money, and such like advantages. Now this is entirely erroneous; their position in relation to combatant officers has, in no way, *quoad* rank, been changed, and, in order to remove any ground of mistake on this point, the War Office, in gazetting appointments to and promotions in the Army Medical Department, have for some time appended the relative rank of the doctors the subjects of such announcements.

They also demand what they call substantive rank with the power of command co-

suitable to men of their profession; and it was on this ground that I long opposed the present movement, being proud of my profession and afraid of the medical officers of the Army appearing to sail under false colours. Now I see this objection is founded on a fallacy, since military rank only implies that the possessor holds, or has held, a definite position in the military service of his country quite irrespective of his being a combatant or a non-combatant. This should be apparent to the many retired military officers who form so pleasant a circle of society at Bath and Cheltenham, and who have taken such deep interest in this correspondence, both in the *Morning Post* and in your columns. In addition to the enormous number of officers holding titular military rank who have never held so-called "combatant" commissions, but who have served their country as paymasters, supply masters, &c., they must know in their own set many cities in India or elsewhere, had very little to do with soldiers and perhaps never saw their regiments after they were disbanded.

A captain has been defined as "a man who commands in action 100 or 150 men, and leads them and fights with them;" but a considerable proportion of officers who hold or have held this rank have never commanded a company or troop either in peace or war; and it is very certain that a large number of officers holding the superior ranks of major, colonel, or general, &c., have not, according to a similar definition, vindicated their claim to the titles they possess by having commanded a half battalion, battalion, regiment, brigade, division, &c., even in times of profound peace.

On the other hand, few appointments can dissociate medical officers from hospital duties, where they are, both as medical and military officers, brought in daily contact with the rank and file of the Army. They are charged, not only with the medical care of their patients, but also with the discipline and interior economy of the whole hospital establishment, this arrangement having been found by the authorities, after very careful consideration, most suitable for the efficient and economical working of military hospitals in peace and war.

It may not be known to many of your readers that, to enable the medical officers to perform the above duties as well as to command and instruct bearer companies, they are trained in the elements of infantry drill, in a very complete system of ambulance drill, and have to pass an examination, before promotion, in the administration, interior economy, and discipline of the Medical Staff Corps as well as in the principles of military law and its practical application.

The Army Act recognizes no distinction between officers and men of the medical service and any other class of officers and soldiers, and in preparing a charge against a non-commissioned officer or man of the Medical Staff Corps he must, according to the rules of procedure, be described as "a soldier of the Regular forces." Your correspondent of to-day has spoken of the protection afforded by the "Red Cross of Geneva." As a matter of fact this country has never fought with an enemy who recognized the Geneva Convention, and from his remarks I doubt if he can have read its ten articles, in none of which is it pretended that it is any protection to individuals on the field of battle, were it even possible for a first-class shot to do so. I rate at long ranges between the doctor who has not drawn his sword and the combatant who has.

These reflections make the demand for military rank less incongruous than appears at first sight, and seem to point to the fairness of a soldier-doctor being given a soldier's rank as well as a soldier's uniform and responsibilities.

No one laughs at the non-commissioned officers and men of the non-combatant Medical Staff Corps because they hold the military ranks of sergeant, corporal, private, &c., and when the matter is better understood the wonder will be that the proposal to grant military rank to their officers was ever subjected to the shafts of ridicule. Your obedient servant, August 30, M.D.

TO THE EDITOR OF THE TIMES.

Sir,—I have read with much interest the numerous letters that have appeared in your columns under the above heading, and I take the liberty of adding my remarks on the subject. I am a junior, and therefore more interested in the subsequent settlement of the question than my seniors.

On the question of the giving of military rank to doctors I am surprised to see how many people, even those who ought to know better, have missed the real point of the question and drifted into side issues. To put it shortly, we want military rank because we have to do military work, the same work as any captain, major, or colonel in an infantry or cavalry regiment. We do not want it because we have to go under fire or because we are the social equals of other officers, and wish to be recognized as such, or for any sentimental reason whatever. No civilian and few military officers have the slightest idea of what an army doctor's work is. The popular notion is that that work begins and ends with diagnosis and treatment of disease. They forget the large amount of sanitary work that has to be done, and they absolutely ignore the fact that the army doctor has to conduct the entire administration of the hospital, has to drill

What risks, to take they must for their effect order to afford commenced time, in the Sebastopol, down, proceed, their welfare supplied as ordinary ca energies, under cond are to work stitute arm limits to h necessary In order the press plain to h bodies w only a te provision teachers been th Ay in Janu was wif planned a whil ards concei to all relative War appi plani appo which and de of titles vacan able facti ties due ad officers are he Army, deprecia "Soldiers' mittees of Officers has geon-General is Inspecting E. Officer of

--	--	--	--	--

May, 1863. Receipts, Western points, 330,000 bushels; same day last year, 623,600 bushels.

Corn.—September, 45½; October, 45; December, 45. Receipts, Western points, 440,000 bushels; same day last year, 546,818 bushels.

Lard.—October, 6 32½; November, 6 42½; December, 6 52½.

Pork.—September, 9 35; October, 9 50. 1891.—January, 11 52½.

Ribs.—October, 5 35.

Bacon.—Light hogs, 4 15; heavy hogs, 4 17½.

Hogs.—Receipts, Western cities, 37,000; same day last year, 25,953; ditto, Chicago, 20,000; same day last year, 12,179.

BERLIN, Sept. 5.—On to-day's Bourse the tendency was firm, chiefly for Renten and bank shares, until near the close, when a relapse occurred owing to realizations, and final prices showed for the most part a small decline for the day. Bills on St. Petersburg were cheaper at 249 40. Paper roubles were quoted 252 40 for money and 251 75 for the account.

VIENNA, Sept. 5.—The Stock Market was firm to-day, a special feature being the buoyancy of Home Funds. The Austrian Gold Rente advanced ½ per cent., and the Hungarian Gold Rente ¾ per cent. Credit, Lombards, and Lemberg-Czernowitz Railway shares were all 16 higher. Bills on London and sovereigns had a material recovery, the final prices being 111 60 and 11 14 respectively.

FRANKFORT, Sept. 5.—International stocks opened dull, but a better tendency set in later in the day, and the final prices showed a rise in most cases. The changes, however, were in no case important. Bills on London were cheaper.

BOMBAY, Sept. 5.—Piece goods quiet; 71b. shirtings, 3r. 3s.; 8½lb. 3r. 8s. Cotton dull; new good Dhollerah, 16½r. Shipments of the week, 5,000 bales. Exchange on London (four months' bank bills), 1s. 8½d.

CALCUTTA, Sept. 5.—Piece goods dull; 71b. shirtings, 2r. 11s.; 8½lb. 4r.; 40's Bannermill twist, 4s. 1r. Jute.—Good native, first marks, 24r. 8s. Government securities, Four per Cent., 103½; Four-and-a-half per Cent., 105. Saltpetre, 5r. 13s.; linseed, 4r. 6s.; rapeseed, 4r. 2s.; rice—Ballam, 3r. 7s. Exchange on London (four months' bank bills), 1s. 8 16-16d. Freights, 22s. 6d. to 40s.

SHANGHAI, Sept. 5.—Manchester goods quiet; 8½lb. shirtings, 17s. 17½; 71b. Mexican T cloths, 12s. 128. Silk steady; green Kahing, 12s. 307½; unsold stock, 12,500 bales. Exchange on London (four months' bank bills), 5s. 4d.

HONGKONG, Sept. 5.—Manchester goods quiet; 8½lb. shirtings, \$200; 16-24 Taylor's twist, \$88. Tea—total export to date, 36,000,000lb. Exchange on London (four months' bank bills), 8s. 10½d.

SALE OF SHORTHORNS.

The third of the series of Shorthorn sales in Cumberland took place at Carleton-hill, Penrith, yesterday, when the whole of the herd of Mr. William Parker and part of Lord Brougham's were offered for sale by Mr. Thornton. There was a large attendance, and bidding was brisk. Lord Brougham's Warrior's Daughter, dam of the noted prize bull Royal Warrior, was bought by the Hon. Henry Scott, of Mertown, for 53 guineas. Mr. Robert Thompson, of Inglewood, paid 50 guineas for Eva Gwynne, one of the pair of heifers that took the first prize in the dairy class against all comers at the Royal Show at Nottingham. Mr. Parkin Moore, of Whitehall, Cumberland, bought Rose of Oxford 15th for 62 guineas and Duchess Lucy 7th for 37 guineas. Sir Wilfrid Lawson paid 59 guineas for Rosebud 10th; Mr. G. Lascelles, from Yorkshire, paid 60 guineas for Rose of Oxford 5th. The cows and heifers averaged £37 15s., and the bulls £49 4s. The highest-priced bull was Denmark's Duke, for which Mr. Owen, of Ellesmere, Shropshire, paid 71 guineas. Sir Wilfrid Lawson, who presided at the luncheon, said dispersing a herd of shorthorns was something like a dissolution of Parliament; nobody knew what would become of the different members of the herd.

THE SOLDIER AND HIS DOCTOR.

TO THE EDITOR OF THE TIMES.

Sir,—You have opened your columns to the discussion of the alleged grievances of the Army Medical Service, and the letter in your issue of this date by "One Who Knows" furnishes an opportunity of stating the real and reasonable state of the case.

The "aggrieved" doctors state that their "relative rank" in the Army has been abolished, and wish it to be understood that, therefore, their status, as compared with the combatant officers of the Army, has been destroyed, with all its privileges relating to choice of quarters, shares of prize-money, and such like advantages. Now this is entirely erroneous; their position in relation to combatant officers has, in no way, *quoad* rank, been changed, and, in order to remove any ground of mistake on this point, the War Office, in gazetting appointments to and promotions in the Army Medical Department, have for some time appended the relative rank of the doctors the subjects of such announcements.

They also demand what they call substantive rank

suitable to men of their profession; and it was on this ground that I long opposed the present movement, being proud of my profession and afraid of the medical officers of the Army appearing to sail under false colours. Now I see this objection is founded on a fallacy, since military rank only implies that its possessor holds, or has held, a definite position in the military service of his country quite irrespective of his being a combatant or a non-combatant. This should be apparent to the many retired military officers who form so pleasant a circle of society at Bath and Cheltenham, and who have taken such deep interest in this correspondence, both in the *Morning Post* and in your columns. In addition to the enormous number of officers holding titular military rank who have never held so-called "combatant" commissions, but who have served their country as paymasters, supply officers, inspectors of schools, quartermasters, riding masters, &c., they must know in their own set many combatant officers who, employed in honourable capacities in India or elsewhere, had very little to do with soldiers and perhaps never saw their regiments after they were subalterns.

A captain has been defined as "a man who commands in action 100 or 150 men, and leads them and fights with them;" but a considerable proportion of officers who hold or have held this rank have never commanded a company or troop either in peace or war; and it is very certain that a large number of officers holding the superior ranks of major, colonel, or general, &c., have not, according to a similar definition, vindicated their claim to the titles they possess by having commanded a half battalion, battalion, regiment, brigade, division, &c., even in times of profound peace.

On the other hand, few appointments can dissociate medical officers from hospital duties, where they are, both as medical and military officers, brought in daily contact with the rank and file of the Army. They are charged, not only with the medical care of their patients, but also with the discipline and interior economy of the whole hospital establishment, this arrangement having been found by the authorities, after very careful consideration, most suitable for the efficient and economical working of military hospitals in peace and war.

It may not be known to many of your readers that, to enable the medical officers to perform the above duties as well as to command and instruct bearer companies, they are trained in the elements of infantry drill, in a very complete system of ambulance drill, and have to pass an examination, before promotion, in the administration, interior economy, and discipline of the Medical Staff Corps as well as in the principles of military law and its practical application.

The Army Act recognizes no distinction between officers and men of the medical service and any other class of officers and soldiers, and in preparing a charge against a non-commissioned officer or man of the Medical Staff Corps he must, according to the rules of procedure, be described as "a soldier of the Regular forces." Your correspondent of to-day has spoken of the protection afforded by the "Red Cross of Geneva." As a matter of fact this country has never fought with an enemy who recognized the Geneva Convention, and from his remarks I doubt if he can have read its ten articles, in none of which it is pretended that it is any protection to individuals on the field of battle, were it even possible for a first-class shot to discriminate at long ranges between the doctor who has not drawn his sword and the combatant who has.

These reflections make the demand for military rank less incongruous than appears at first sight, and seem to point to the fairness of a soldier-doctor being given a soldier's rank as well as a soldier's uniform and responsibilities.

No one laughs at the non-commissioned officers and men of the non-combatant Medical Staff Corps because they hold the military ranks of sergeant, corporal, private, &c., and when the matter is better understood the wonder will be that the proposal to grant military rank to their officers was ever subjected to the shafts of ridicule. Your obedient servant, August 30. M.D.

TO THE EDITOR OF THE TIMES.

Sir,—I have read with much interest the numerous letters that have appeared in your columns under the above heading, and I take the liberty of adding my remarks on the subject. I am a junior, and therefore more interested in the subsequent settlement of the question than my seniors.

On the question of the giving of military rank to doctors I am surprised to see how many people, even those who ought to know better, have missed the real point of the question and drifted into side issues. To put it shortly, we want military rank because we have to do military work, the same work as any captain, major, or colonel in an infantry or cavalry regiment. We do not want it because we have to go under fire or because we are the social equals of other officers, and wish to be recognized as such, or for any sentimental reason whatever. No civilian and few military officers have the slightest idea of what an army doctor's work is. The popular notion is that that work begins and ends with diagnosis and treatment of disease. They forget the large amount of sanitary work that has to be done, and they absolutely ignore the fact that the army doctor has to conduct the entire administration of the hospital, has to drill

to afford to compete with native labour. Mr. McCARTHY'S proposed restriction, to the Parliamentary Commission will provide good security against this. It is expedient, Mr. McCARTHY thinks, that a law be passed to prohibit employment of labour or any others from contracting for the hire of labour outside the United Kingdom, and that to import any labour so contracted for is an offence punishable with imprisonment. The motion to this effect was seconded and was unanimously agreed to. But, even so, it is not certain that there will always be full work at full wages for everybody. Mr. FIVE MAN says that, owing to changes in methods of manufacture, working men are often thrown out of employment by no fault of their own. He moves, accordingly, that power should at once be granted to each municipality and county council to establish workhouses where these unfortunate persons are to have useful employment found for them, and that they shall be paid for their work at trade union rates of wages. The situation of trade unionism is, he says, to abolish poverty, and it can only do this by making it possible for every man and woman to have steady employment. The resolution was adopted by the Congress, after one dissentient remark. But there remains more yet to be done in the interest of the working man, or, more strictly, of the working trade unionist. He must be protected not only against his foreign competitors, but against traders and outsiders at home. Picketing and intimidation have been found to be the most effective methods for securing this. The Congress calls, accordingly, for the repeal of all laws which make picketing illegal. Now picketing, apart from intimidation or actual violence, is not illegal. We must assume, therefore, that the wish of the Congress is to give play to the full development of the "picketing" system and of its customary adjuncts. It seems, however, that during a late strike of the London dockers the Irish constabulary were, in the opinion of the Congress, a little too forward in interfering to prevent outrages. Their offence was that they "abused" some of the most prominent strikers. This was in the nature of picketing, although it is called by another name; but, since it was done in the name of law and order and to prevent one set of men from infringing on the liberty of the other set of picketing, usually so called, and the Congress was unanimous in condemning it. The final resolution passed at the Congress yesterday commands our hourly approval. It declares that any delegates disobeying the ruling of the Chairman shall be suspended for the rest of the sitting, and that, if he persists in his offence, he shall be expelled altogether. It was about time that some such rule should be adopted, so outrageous was the conduct of some of the delegates yesterday, and so powerless was the Chairman to enforce order. Mr. JOHN BERRY was prominent throughout the day, and though he was not accorded with much success by the Congress, he had the advantage of a loud voice and of a complete assurance, and he was able to defy all attempts to put him down. He was by no means the only offender. The meeting, in the opinion of the Vice-President, was at one time more like a bear-garden than anything else. It is quite impossible that business should be properly conducted and that State Socialism and picketing and intimidation should have due moral support given to them where such a state of things as this prevails.

Our columns have lately contained an extended correspondence, on the subject of the "Soldier and his Doctor," which reveals a very serious amount of dissatisfaction, on the part of the officers of the Army Medical Department, with the position which they hold in the service; and which really points to much wider and more important issues than any of those which the writers have perceived, or, at least, have expressed. For many years there has been a smouldering controversy with regard to the titles by which army surgeons should be designated, and with regard to the precise status which they should hold; it being contended, by a certain school of military men, that doctors are, and must remain, essentially civilians, and that they ought not to receive titles which would appear to confer upon them any semblance of a military character; while, on the other hand, the doctors themselves have frequently declared, that, sharing as they do in all the dangers of a battle field or of a campaign, they are entitled to a position equivalent to that of combatant officers, and also that, as it is their duty to command considerable bodies of men detailed for the service of the sick and wounded, it is necessary to the proper discharge of this duty that they should possess distinctly military rank, entitling them to the implicit obedience of their subordinates. The history of the question, as stated with substantial accuracy by several correspondents, is that the officers of the department were well satisfied with the position assigned to them by a Warrent issued in 1856, at the recommendation of a Commission presided over by the late SIR JOHN HARRIS, but that the favourable provisions of this Warrent were gradually modified or withdrawn, as it is supposed, at the instance of the military authorities at the Horse Guards, until at last the dissatisfaction of the profession rendered it almost impossible to find candidates enough for the ordinary vacancies, while those who presented themselves were mostly of a very inferior character. The authorities then found it necessary to restore their steps, and to make certain concessions, the last of which, as embodied in the Warrent issued in 1879, appeared to remove all reasonable cause of complaint, and was at once followed by numerous applications from soldiers for relief from the Warrent was understood to confer certain grades of rank upon army surgeons, and to entitle them to all the privileges of such relative rank, precisely as if it were substantive, except so far as concerned the possession of Courts-Martial. After a while, however, the Warrent was by degrees explained away; and then, having lost all value, it was withdrawn, and relative rank was abolished, in January, 1892. The service has since more been thrown into a ferment, the chief medical teachers are once more demanding their most pressing students from entering the Army, and only a few weeks ago, a deputation from all the bodies which confer medical qualifications waited upon the SECRETARY OF STATE FOR WAR to explain to him the view taken by the profession of the present conditions of military medical service.

In order to look fairly at the question, it is necessary to remember that nature places certain limits to human endurance. If the men who constitute armies are to work, and still more if they are to work efficiently, they must be placed under conditions calculated to preserve their energies. They must be sheltered from the ordinary causes of camp disease, and must be supplied with a variety of things essential to their welfare. If this is not done, they will break down, precisely as our troops broke down before Sebastopol, or as they broke down, time after time, in the earlier years of the great war which commenced almost precisely a century ago. In order to afford to armies the protection essential for their efficiency, it is necessary to know what risks they may be permitted to incur, and from what causes the utmost limits of nature, they then

the Medical Department to possess this knowledge, and to place it at the disposal of the Commander-in-Chief and of his subordinates, to the end that military operations may be saved from the inevitable failure which attends upon all attempts to run counter to the order of nature, or to disregard her laws. In the fulfilment of this duty, the medical officer may have to tell the combatant officer that something which he wishes to propose is unobtainable, unless by the aid of certain precautions; and it is in his capacity as the official doctor of natural laws, against which every military discipline is powerless, that the doctor must frequently come into something like collision with the combatant, and may chance to be regarded as a sort of killjoy, a meddler, a deliverer of dismal prophecies, an impediment to military operations, in whatever concerns the actual treatment of the sick and wounded his services are, as a rule, gratefully acknowledged; and it is only in the discharge of his less popular duty, as the medical officer of the camp or of the expedition, that he is liable to incur enmity and dislike. Combatant officers cannot be expected to possess knowledge of sanitary matters; and, in order that the medical officer, whose duty it is to possess this knowledge, may impart it with sufficient authority, it is plainly necessary that he should not reveal in the strength of a fully recognised position, and with a weight sufficient to cast due responsibility upon any who neglect his warnings. A few years ago, a surgeon entering the Army was grafted, like a combatant officer, to a regiment, and in this regiment, under ordinary circumstances, he lived as peacefully as he became, or at home in its ranks, became a member of a family united by very close ties, was loved, and appreciated, at his proper worth, by every officer and soldier. An able and conscientious man, engaged in such circumstances as these, he speedily acquired a personal weight which was, to a great extent, independent of his military rank. If he were known to be trustworthy, his regiment, from the Colonel downwards, trusted him; and his counsel, which, moreover, he was constantly able to give unconditionally and unofficially, would not be lightly set aside. The surgeon now has no connexion with a regiment, but is a member of a department, liable to be transferred to another from the troops who are under his charge to-day. In this great change in circumstances which has reached the world of definite rank, or, in other words, the want of power to speak in a way that must be listened to, the crying grievance which it has become.

It is hardly necessary to point out the sad task, say, the absolute priority of writers who suggest that any surgeon with no military title should be mistaken for a combatant officer, or the silliness of those who ask why regimental chaplains should not receive military titles as well as doctors. Every soldier who has seen service knows that the doctor, in time of war, as shown on the other day by our correspondent "Draught-Know," is exposed to personal risks equally with the combatant; and there have been many instances, such as that of DR. WILSON and WOLBERT at Ismailia, in which army surgeons have rendered invaluable combatant service. The real question turns upon the fact that the life of the army surgeon is spent among soldiers; and that, in such circumstances, a recognised military position is essential to his efficiency in war and to his social comfort in peace. Without it, he is a mere nobody in the service of which he is nominally a member. No army surgeon who understands his business has the smallest desire to be mistaken for a combatant, or to possess any title which would render such a mistake probable; and perhaps the best suggestion yet made is that the members of the Army Medical Department should be designated somewhat in the same way as the Royal Engineers. It may be contended, on the side of argument, that a young army surgeon, here and there, may have been more military in his aspirations than combatants themselves, and may have made himself the subject of jests accordingly. For such departures from good taste there are the best remedies; and it is certain that the departures are likely to be witnessed in proportion to the degradation of the medical officers, and to the degree in which, as a consequence of that degradation, the authorities are compelled to seek candidates for vacancies from the inferior class of medical students. Men of education and of self-respect will not be likely to fall into follies of the kind indicated; and of education and self-respect must be some. If our future wars are to be conducted, as the health of the troops, on the models of campaigns in Abyssinia and in Afghanistan, rather than on the model furnished by the invasion of the Crimea. The historian of the invasion, in his account of the disasters of the winter of 1854, and especially in his account of the marauds made in our Army by disease, assigns as one of the chief causes of these marauds the inferior position occupied by the medical department, and the small amount of attention which was given to the counsel of its official head. The medical service, he says, became depressed. State parsimony weakened the self-confidence and authority of our army surgeons, and thus deprived them of that power of bold innovation which is hardly less needed than gunpowder at the beginning of a war. He says, again, "We shall see the DISASTROUS GENERAL preparing early for the adoption of measures never permitted to have been granted those needed for the cure of our soldiers' military, yet—because poorly armed with such a strategy—striving always, or too often, in vain." In the invasion of the Crimea, under such conditions, 16,225 soldiers died from disease, irrespective of the mortality from wounds; while in the Ashantee expedition of 1854, which, on account of the expedition's success, was a medical arrangement, was described by LORD DUNLOP as "a doctor's war," there was scarcely any mortality from disease at all. When the expedition was first planned, SIR GALEY WOLBERT quoted an assertion that coffee would be the chief, if not the only, requirement of European troops engaged in a campaign on the Gold Coast; but he had the sagacity and the foresight to afford unflinching support to the recommendations of the surgeons under his command, and to pay personal attention to the observance of the necessary hygienic rules. In the words of our Correspondent at the time, "DEPUTY SECRETARY-GENERAL HORN" organised the medical arrangements of the campaign "with a wisdom and foresight almost amounting to genius," and on result of his labours was that, out of about 20 officers and 500 men received on board the hospital ship *Victor Emmanuel*, only two of the former and three of the latter died from disease. We are now falling back towards the conditions which prevailed in 1854; and, if we are to avoid similar disasters in any fighting which the future may have in store for us, it is above all things necessary that the medical department of the army should be to such an extent connected with its position that good men will enter the service, and that those who find themselves there may be able to speak with an authority which will command respect, and which to combatant officers will be able to disregard without lowering dignity to be called to account for his proceedings.

The Host of the Western Highlands and

to afford to compete with native labour. Mr. McCARTHY'S proposed restriction, to the Parliamentary Commission will provide good security against this. It is expedient, Mr. McCARTHY thinks, that a law be passed to prohibit employment of labour or any others from contracting for the hire of labour outside the United Kingdom, and that to import any labour so contracted for is an offence punishable with imprisonment. The motion to this effect was seconded and was unanimously agreed to. But, even so, it is not certain that there will always be full work at full wages for everybody. Mr. FIVE MANS sees that, owing to changes in methods of manufacture, working men are often thrown out of employment by no fault of their own. He moves, accordingly, that power should at once be granted to each municipality and county council to establish workhouses where these unfortunate persons are to have useful employment found for them, and that they shall be paid for their work at trade union rates of wages. The situation of trade unionism is, he says, to abolish poverty, and it can only do this by making it possible for every man and woman to have steady employment. The resolution was adopted by the Congress, after one dissentient remark. But there remains more yet to be done in the interest of the working man, or, more strictly, of the working trade unionist. He must be protected not only against his foreign competitors, but against traders and outsiders at home. Picketing and intimidation have been found to be the most effective methods for securing this. The Congress calls, accordingly, for the repeal of all laws which make picketing illegal. Now picketing, apart from intimidation or actual violence, is not illegal. We must assume, therefore, that the wish of the Congress is to give play to the full development of the "picketing" system and of its customary adjuncts. It seems, however, that during a late strike of the London dockers the Irish constabulary were, in the opinion of the Congress, a little too forward in interfering to prevent outrages. Their offence was that they "abused" some of the most prominent strikers. This was in the nature of picketing, although it is called by another name; but, since it was done in the name of law and order and to prevent one set of men from infringing on the liberty of their fellows, it wholly lacks the justification of the other sort of picketing, usually so called, and the Congress was unanimous in condemning it. The final resolution passed at the Congress yesterday commands our hourly approval. It declares that any delegates disobeying the ruling of the Chairman shall be suspended for the rest of the sitting, and that, if he persists in his offence, he shall be expelled altogether. It was about time that some such rule should be adopted, so outrageous was the conduct of some of the delegates yesterday, and so powerless was the Chairman to enforce order. Mr. JOHN BERRY was prominent throughout the day, and, though he was not accorded with much favour by the Congress, he had the advantage of a loud voice and of a complete assurance, and he was able to defy all attempts to put him down. He was by no means the only offender. The meeting, in the opinion of the Vice-President, was at one time more like a bear-garden than anything else. It is quite impossible that business should be properly conducted and that State Socialism and picketing and intimidation should have due moral support given to them where such a state of things as this prevails.

Our columns have lately contained an extended correspondence, on the subject of the "Soldier and his Doctor," which reveals a very serious amount of dissatisfaction, on the part of the officers of the Army Medical Department, with the position which they hold in the service; and which really points to much wider and more important issues than any of those which the writers have perceived, or, at least, have expressed. For many years there has been a smouldering controversy with regard to the titles by which army surgeons should be designated, and with regard to the precise status which they should hold; it being contended, by a certain school of military men, that doctors are, and must remain, essentially civilians, and that they ought not to receive titles which would appear to confer upon them any semblance of a military character; while, on the other hand, the doctors themselves have frequently declared, that, sharing as they do in all the dangers of a battle field or of a campaign, they are entitled to a position equivalent to that of combatant officers, and also that, as it is their duty to command considerable bodies of men detailed for the service of the sick and wounded, it is necessary to the proper discharge of this duty that they should possess distinctly military rank, entitling them to the implicit obedience of their subordinates. The history of the question, as stated with substantial accuracy by several correspondents, is that the officers of the department were well satisfied with the position assigned to them by a Warrent issued in 1864, at the recommendation of a Commission presided over by the late SIR JOHN HARRIS, but that the favourable provisions of this Warrent were gradually modified or withdrawn, as it is supposed, at the instance of the military authorities at the Horse Guards, until at last the dissatisfaction of the profession rendered it almost impossible to find candidates enough for the ordinary vacancies, while those who presented themselves were mostly of a very inferior character. The authorities then found it necessary to relax their standards, and to make certain concessions, the last of which, as embodied in the Warrent issued in 1879, appeared to remove all reasonable cause of complaint, and was at once followed by numerous applications from suitable candidates. This Warrent was understood to confer certain grades of rank upon army surgeons, and to entitle them to all the privileges of such relative rank, precisely as if it were substantive, except so far as concerned the possession of Courts Martial. After a while, however, the Warrent was by degrees explained away; and then, having lost all value, it was withdrawn, and relative rank was abolished, in January, 1892. The service has since more been thrown into a ferment, the chief medical teachers are once more demanding their most pressing students from entering the Army, and, only a few weeks ago, a deputation from all the bodies which confer medical qualifications waited upon the SECRETARY OF STATE FOR WAR to explain to him the view taken by the profession of the present conditions of military medical service.

In order to look fairly at the question, it is necessary to remember that nature places certain limits to human endurance. If the men who constitute armies are to work, and still more if they are to work efficiently, they must be placed under conditions calculated to preserve their energies. They must be sheltered from the ordinary causes of camp disease, and must be supplied with a variety of things essential to their welfare. If this is not done, they will break down, precisely as our troops broke down before Sebastopol, or as they broke down, time after time, in the earlier years of the great war which commenced almost precisely a century ago. In order to afford to armies the protection essential for their efficiency, it is necessary to know what risks they may be permitted to incur, and from what causes the utmost limits of endurance may be

the Medical Department to possess this knowledge, and to place it at the disposal of the Commander-in-Chief and of his subordinates, to the end that military operations may be saved from the inevitable failure which attends upon all attempts to run counter to the order of nature, or to disregard her laws. In the fulfilment of this duty, the medical officer may have to tell the combatant officer that something which he wishes to propose is inadvisable, unless by the aid of certain precautions; and it is in his capacity as the official doctor of natural laws, against which every military discipline is powerless, that the doctor must frequently come into something like collision with the combatant, and may chance to be regarded as a sort of killjoy, a meddler, a deliverer of dismal prophecies, an impediment to military operations, in whatever concerns the actual treatment of the sick and wounded his services are, as a rule, gratefully acknowledged; and it is only in the discharge of his less popular duty, as the medical officer of the camp or of the expedition, that he is liable to incur enmity and dislike. Combatant officers cannot be expected to possess knowledge of sanitary matters; and, in order that the medical officer, whose duty it is to possess this knowledge, may impart it with sufficient authority, it is plainly necessary that he should not reveal in the strength of a fully recognised position, and with a weight sufficient to cast due responsibility upon any who neglect his warnings. A few years ago, a surgeon entering the Army was grafted, like a combatant officer, to a regiment, and in this regiment, under ordinary circumstances, he lived as peacefully as he became, or at home in its ranks, became a member of a family united by very close ties, was loved, and appreciated, at his proper worth, by every officer and soldier. An able and conscientious man, engaged in such circumstances as these, he speedily acquired a personal weight which was, to a great extent, independent of his military rank. If he were known to be trustworthy, his regiment, from the Colonel downwards, trusted him; and his counsel, which, moreover, he was constantly able to give unconditionally and unofficially, would not be lightly set aside. The surgeon now has no connexion with a regiment, but is a member of a department, liable to be transferred to another from the troops who are under his charge to-day. In this great change in circumstances which has reached the worst of definite rank, or, in other words, the worst of power to speak in a way that must be listened to, the crying grievance which it has become.

It is hardly necessary to point out the sad task, say, the absolute priority of writers who suggest that any surgeon with no military title which would cause them to be mistaken for combatant officers, or the silliness of those who ask why regimental chaplains should not receive military titles as well as doctors. Every soldier who has seen service knows that the doctor, in time of war, as shown on the other day by our correspondent "DRAKE KNOWS," is exposed to personal risks equally with the combatant; and there have been many instances, such as that of DR. WILSON and WOLBERT at Ismailia, in which army surgeons have rendered invaluable combatant service. The real question turns upon the fact that the life of the army surgeon is spent among soldiers; and that, in such circumstances, a recognised military position is essential to his efficiency in war and to his social comfort in peace. Without it, he is a mere nobody in the service of which he is nominally a member. No army surgeon who understands his business has the smallest desire to be mistaken for a combatant, or to possess any title which would render such a mistake probable; and perhaps the best suggestion yet made is that the members of the Army Medical Department should be designated somewhat in the same way as the Royal Engineers. It may be contended, on the side of argument, that a young army surgeon, here and there, may have been more military in his aspirations than combatants themselves, and may have made himself the subject of jests accordingly. For such departures from good taste there are the best remedies; and it is certain that the departures are likely to be witnessed in proportion to the degradation of the medical officers, and to the degree in which, as a consequence of that degradation, the authorities are compelled to seek candidates for vacancies from the inferior class of medical students. Men of education and of self-respect will not be likely to fall into follies of the kind indicated; and of education and self-respect must be some. If our future wars are to be conducted, as the health of the troops, on the models of campaigns in Abyssinia and in Afghanistan, rather than on the model furnished by the invasion of the Crimea. The historian of the invasion, in his account of the disasters of the winter of 1854, and especially in his account of the marauds made in our Army by disease, assigns as one of the chief causes of these marauds the inferior position occupied by the medical department, and the small amount of attention which was given to the counsel of its official head. The medical service, he says, became depressed. State parsimony weakened the self-confidence and authority of our army surgeons, and thus deprived them of that power of bold innovation which is hardly less needed than gunpowder at the beginning of a war. He says, again, "We shall see the DISSENTING GENERAL preparing early for the adoption of measures now permitted to have been 'quarried' from the store of our military 'soldiers,' yet—because poorly armed with such 'quarried'—striving always, or too often, in vain." In the invasion of the Crimea, under such conditions, 16,225 soldiers died from disease, irrespective of the mortality from wounds; while in the Ashantee expedition of 1854, which, on account of the expedition's success, was a medical arrangement, was described by LORD DRAKE as "a doctor's war," there was scarcely any mortality from disease at all. When the expedition was first planned, SIR GALEY WOLBERT quoted an assertion that coffee would be the chief, if not the only, requirement of European troops engaged in a campaign on the Gold Coast; but he had the sagacity and the foresight to afford unflinching support to the recommendations of the surgeons under his command, and to pay personal attention to the observance of the necessary hygienic rules. In the words of our Correspondent at the time, "DEPUTY SECRETARY-GENERAL HORN" organised the medical arrangements of the campaign "with a wisdom and foresight almost amounting to 'genius'"; and, on result of his labours was that, out of about 20 officers and 500 men received on board the hospital ship *Victor Emmanuel*, only two of the former and three of the latter died from disease. We are now falling back towards the conditions which prevailed in 1854; and, if we are to avoid similar disasters in any fighting which the future may have in store for us, it is above all things necessary that the medical department of the army should be to such an extent connected with its position that good men will enter the service, and that those who find themselves there may be able to speak with an authority which will command respect, and which to combatant officers will be able to disregard without lowering dignity to be called to account for his proceedings.

The Host of the Western Highlands and

I beg to remain,
 Yours sincerely,
 S. S. K.

I think more
 "Going under
 not much more
 yellow fever
 as more than
 "To any one
 of the Medical
 Manual for
 pages of which
 explained, the
 description of
 treatment of
 Apoplexy.
 able space,

[illegible]

(PRIVATE).

PARLIAMENTARY BILLS COMMITTEE OF BRITISH MEDICAL ASSOCIATION.

MEMORANDUM ILLUSTRATIVE OF THE INFERIOR POSITION ACCORDED TO MEDICAL OFFICERS.

The inferior position accorded to Medical Officers is indicated chiefly by the following facts:—

1. The refusal to permit them to sit on, or preside at mixed Boards on sanitary matters. They are directed "to attend" to give evidence if called on. The President being often a much junior officer, this causes endless irritation.
2. The absence of any defined military position. For the first twelve years of service an officer bears only the professional title of "Surgeon," which necessarily has no *military* significance. After twenty years' service he ranks as Lieut.-Colonel, but is called "Surgeon-Major," which is distinctly misleading. A Brigade Surgeon ranks as Lieut.-Colonel, but his title fails to convey any idea of military status.
3. Whenever officers' names are tabulated, the medical officers are placed at the bottom—*vide* Monthly Army List, Staff of the Army, District Commands, and elsewhere.
4. The invariable tendency of the Heads of the Army to depreciate the work and position of Medical Officers, *vide* Lord Wolseley's "Soldiers' Pocket Book," pp. 109, 110; the evidence before the committees of Lords Morley and Camperdown. No other class of Military Officers has been referred to in like terms in public documents.
5. At Official Inspections of Barracks by a Deputy Surgeon-General it is a frequent practice to detail a subaltern to accompany this Inspecting Officer, though at a similar inspection by a combatant or R. E. Officer of similar status a field officer would certainly be detailed.

6. Copy of Indian memorandum. "Exception having been taken
 " by the military authorities to the honorary surgeons of the Viceroy
 " wearing an aiguillette, it was proposed that a sash similar to that worn
 " by the Honorary Surgeons to the Queen should be worn instead of the
 " aiguillette. This was referred home, and the request was refused by the
 " home authorities. It is hereby notified that that part of the circular
 " dated December 18th, 1881, referring to the wearing of the aiguillette,
 " is entirely cancelled and the gold aiguillette is not to be worn in future
 " by Honorary Surgeons to His Excellency."

By command

(sd) WILLIAM BERESFORD, *Lieut-Col.*,

CALCUTTA, *January 21st*, 1888.

Military Secretary to the Viceroy.

7. If other proof were necessary it is evident by the fact that next to the question of Army rank the proportion of honours and rewards bestowed on the medical officers in recent campaigns, as compared with the officers of other branches of the Army, continues to be one of the chief grievances of medical officers; and again, recently, the withholding of the very moderate and reasonable demands of medical officers that their status in the Army should be defined by the granting to them of non-combatant compound military titles, consecutive and self-interpreting, commencing with Surgeon-Lieutenant, and running up through the existing titles of Surgeon-Major to Surgeon-General.

As regards honours and promotions :—

JUSTITIA writes (*British Medical Journal*, JUNE 28TH, 1890) :—

"Next to the question of rank, that of honours and rewards has been one of the chief grievances of the medical officers of the army. The evidence given before the recent Committee on this point calls for remark.

"The Military Secretary states (Q. 265) : 'There is no part of the service that receives more honours and rewards than the Medical Department.' Again (Q. 266) : that their services in the field have been recognised 'in a greater degree than in any other branches of the service.'

"The Duke of Cambridge states that they have an excess of honours and rewards (Q. 2447).

"Now if these statements be in accordance with facts, the medical officers are most unreasonable in their complaints.

"In Q. 160, Sir Ralph Thompson acknowledges that a certain proportion of honours and rewards is allotted to various branches of the service, and the Duke of Cambridge's remarks may apply to this proportion; but the Military Secretary makes no proviso. He states emphatically that medical officers are better rewarded all round. How, then, will he explain the following figures :—

PERCENTAGE TO STRENGTH OF PROMOTIONS IN DEPARTMENTS
OF ARMY FOR NILE CAMPAIGN, 1884—85.

Chaplain's Department	...	...	...	44.4 per cent.
Pay	"	...	...	41.6 "
Ordnance	"	...	...	30.0 "
Commissariat	"	...	...	13.8 "
Medical Staff	...	...	...	7.9 "

Again :—

REWARDS FOR BURMAH CAMPAIGN ("LONDON GAZETTE,"
NOVEMBER 27TH, 1887).

Honours and Rewards.	Combatants.	Medical Staff.
Promoted	43	0
K.C.B. and C.B.	29	0
D.S.O.	51	6
Total	123	6

SUAKIN, 1888.

	Combatants.	Medical Staff.
Promoted	5	0

"These are only ordinary examples of the honours and rewards conferred on medical officers for service in the field.

"The War Office Committee of 1878 stated clearly (para. 41) that the medical officers were 'far below' the combatant ranks in the standard of honours and rewards, and made a very proper comparison between the Royal Engineers and the Medical Staff in the active list at the time.

"A similar comparison on January 1st, 1890, gives the following :

Honours and Rewards.	Royal Engineers. Strength, 707.	Medical Staff. Strength, 841.
G.C.B.	2	0
G.C.M.G.	2	0
K.C.B.	5	1
K.C.M.G.	1	0
C.B.	7	7
C.M.G.	10	1
C.I.E.	2	0
D.S.O.	10	6
Total	39	15
Percentage decorated	5.5	1.7

"Now these are all plain figures open to verification by the Military Secretary. They are compiled from the official Army Lists and the official Gazettes, and they absolutely refute his very distinct statements. The questions to be asked by members of Parliament are :

"1. What is the proportion of honours and rewards allotted to the Medical Department compared to other branches of the service?

"2. What is the proportion to strength of medical officers rewarded in recent campaigns compared with other branches of the service?

"If returns can be obtained on these points, it will be found that the grievances as to honours and rewards which were fully recognised by a War Office Committee in 1878 exist in a still more intensified form in 1890."

In the evidence given before Lord Camperdown's Committee, *vide* p. 106, par. 2463, it is stated: "If you give the medical officer military rank you must give the veterinary surgeon the same rank too, and you must give the clergyman the same rank too. I do not see where the difference is."

The difference is explained below:—

1. Veterinary surgeons and chaplains have not the command and discipline of a corps and of men attached to that corps.
2. They do not instruct in drill.
3. They have no responsibilities in regard to pay, clothing, arms, and equipment of a corps, nor for the preparation of pay lists, clothing ledgers, and equipment returns, neither are they accounting officers for government buildings, equipment, supplies, and stores.

The foregoing explanation equally applies to naval surgeons who from the nature of their duties do not ask for, neither do they require, other titles than those they already possess.

The medical are the only commissioned officers in the Army having to perform purely military duties in addition to their professional ones who have no military designation, and which would be denoted by granting compound titles. Why should a medical officer have to wait twelve years before he obtains any designation which denotes his military duties, *e.g.* Surgeon-Major?

PARLIAMENTARY BILLS COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

THE ARMY ESTIMATES.

RECOMMENDATIONS OF LORD CAMPERDOWN'S COMMITTEE FOR COMPOUND TITLES.

The necessity for the Compound Titles exists in the combination of Technical and Military duties for the performance of which Army Medical Officers are responsible. (*Vide the Medical and other Army Regulations*).

Medical.	SURGEON-MAJOR	Military.
Professional duties appertaining to the sick and wounded in peace and war.	Command and discipline of the Medical Staff Corps, and of men attached to the Corps, and on duty in military hospitals.	Instruction of the Corps in infantry and stretcher drill.
Sanitary duties in the field, camps, and quarters.		Responsibilities in regard to pay, clothing, arms, and equipment of the Medical Staff Corps.
Recruiting and invaliding.		Preparation of pay-lists, clothing-ledgers, and equipment returns.
Hospital administration in peace and war.		Accounting officers for hospital buildings, equipment, supplies, & stores.
Technical training of the Medical Staff Corps.		
Statistical records, and many returns connected with hospital expenditure and administration.		

N.B.—Should questions arise as to the necessity of giving medical officers Compound Military Titles (not combatant), the above medico-military duties they have to perform will explain. The medical officers of the Army wish their duties and military status to be clearly defined to the Service and the Public, which can be best done by the granting of Compound Titles, which denotes this, viz:—

COMPOUND TITLES (*Vide the Report of the Camperdown Commission*).

Surgeon-Lieutenant, Surgeon-Captain, SURGEON-MAJOR, Surgeon-Lieutenant-Colonel, Surgeon-Colonel, SURGEON-GENERAL.

The medical officers of the Army have already been granted two of the above Compound Titles, viz.: SURGEON-MAJOR and SURGEON-GENERAL. They desire these Titles to be made *consecutive* and self-interpreting, commencing with Surgeon-Lieutenant and running up through the existing titles of Surgeon-Major to Surgeon-General, to which latter there have been no objections on the part of the military authorities.

--	--	--	--	--

PARLIAMENTARY BILLS COMMITTEE 'OF THE
BRITISH MEDICAL ASSOCIATION.

RANK AND POSITION OF ARMY MEDICAL
OFFICERS.

THE EVIDENCE OF EXPERTS BEFORE
THE CAMPERDOWN COMMITTEE.

AN ANALYSIS OF EVIDENCE.

By
Sir Hugh DeWinton

--	--	--	--	--	--

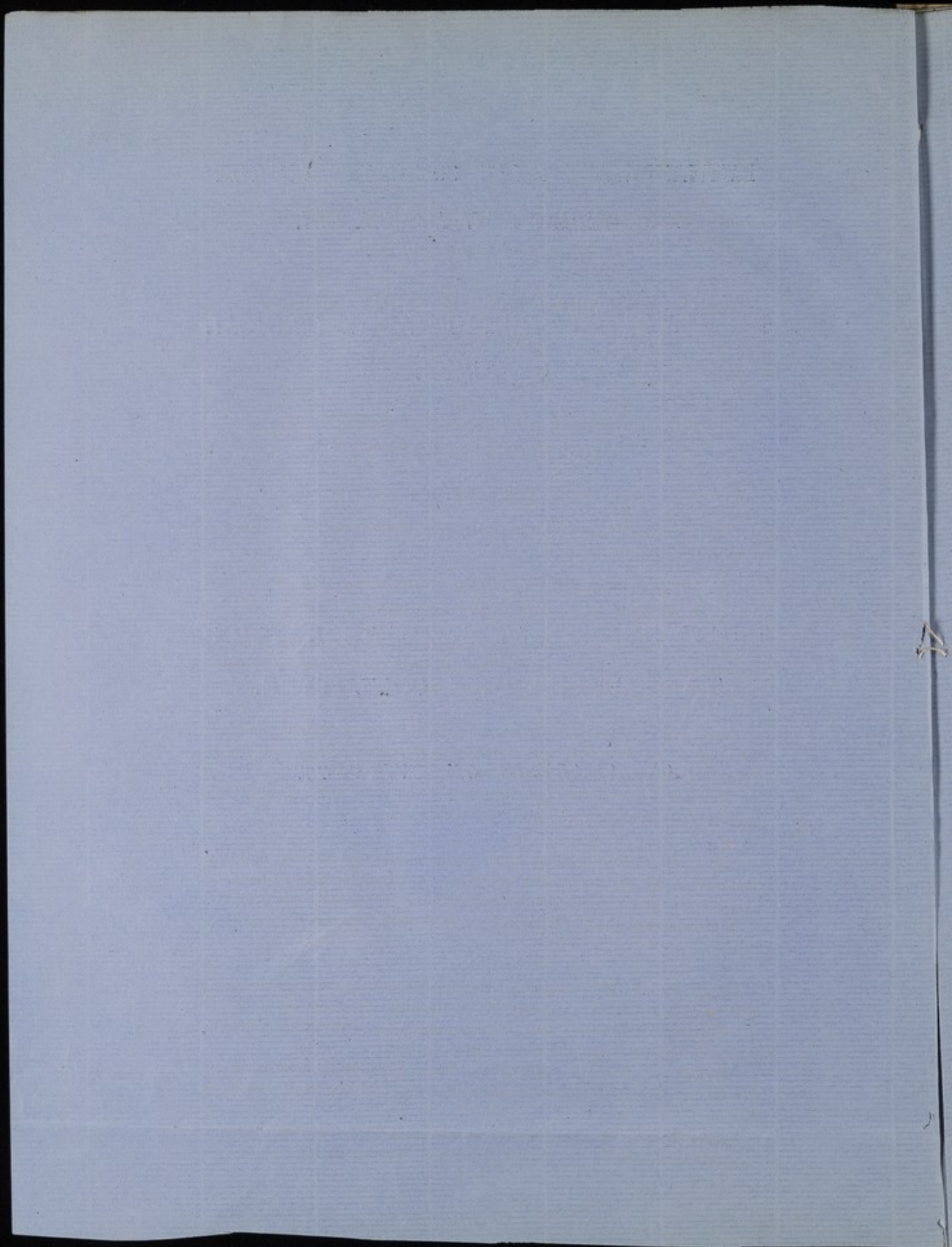
PARLIAMENTARY BILLS COMMITTEE 'OF THE
BRITISH MEDICAL ASSOCIATION.

RANK AND POSITION OF ARMY MEDICAL
OFFICERS.

THE EVIDENCE OF EXPERTS BEFORE
THE CAMPERDOWN COMMITTEE.

AN ANALYSIS OF EVIDENCE.

By
Sir Major W. Rogers



PARLIAMENTARY BILLS COMMITTEE OF THE BRITISH
MEDICAL ASSOCIATION.

RANK AND POSITION OF ARMY MEDICAL
OFFICERS.

THE EVIDENCE OF EXPERTS BEFORE THE
CAMPERDOWN COMMITTEE.

AN ANALYSIS OF EVIDENCE.

THE Experts who gave evidence before Lord Camperdown's Committee may be divided into two classes :—

1. MEDICO-MILITARY, OR OFFICERS OF THE MEDICAL STAFF.
2. MILITARY, OR SO-CALLED COMBATANT OFFICERS.

Before proceeding to consider some points in the evidence, it may be well to quote the existing Regulations on the subject of Rank and Command as laid down in the Royal Warrant for Pay and Promotion, 1890.

Para. 1201.—“ Rank shall, unless it be otherwise stated, be held to mean, in the case of an officer, the highest permanent Rank held by him while serving, whether Substantive, Brevet, or Honorary.”

Here is a clear definition of the Ranks which exist in the Army. Departmental Rank, Relative Rank, or Professional Rank, do not exist.

Para. 114.—“ Honorary Rank, except when conferred on retirement, shall carry precedence and other advantages attaching to corresponding Military Rank, but shall not entitle the holder of such Rank to Military Command of any kind, or to the Presidency of Courts Martial, Courts of Enquiry, Committees, or Boards of Survey.”

Paras. 115 and 116.—Provide for Honorary Rank being conferred on Quarter Masters, Riding Masters, or Colonels on Retirement. It should be noted that Honorary Rank is Honorary Rank whether conferred on a Paymaster, a Quarter-Master, an Ordnance Store Officer, or a retired Colonel.

Honorary Rank carries with it the Titles of the Rank, Captain, Major-General, &c., through all branches of the service who hold this Rank, without one exception.

Army Rank with Limited Command is provided for in Para. 269.—“ A Departmental Officer serving in his Department, whether on his Combatant or

"other Commission, shall not in virtue of his Rank or position under Article 268, hold any Military Command outside his Department, except over such officers and men as may be specially placed under his command."

Para. 194 provides specially for the newly created Army Service Corps.—
 "An officer permanently transferred from the Commissariat and Transport Staff to the Supernumerary List of our Army Service Corps, shall not hold any Military Command outside our Army Service Corps, except over such officers and men as may be specially placed under his command."

This is to provide for limited Command for about 84 out of 144 officers of the newly created Army Service Corps who have been given Substantive Army Rank. The 84 Seniors are in this position, they were the old Departmental Officers.

Para. 270.—"An officer of our Ordnance Store Department shall be the officer of, and shall command our Ordnance Store Corps."

Officers of the Ordnance Department have Honorary Rank with Titles, Captain, Major, &c,

Para. 271.—"An officer of our Medical Staff shall be the officer of, and shall command our Medical Staff Corps as well as patients in Military Hospitals, and such officers, non-commissioned officers, and men as may be attached for duty to our Medical Staff Corps."

An officer of the Medical Staff has neither Substantive, Brevet, nor Honorary Rank, only clumsy Departmental Titles, which do not in any way show an Army Rank.

It will be observed that the power of command of a Medical Officer is much more extended than that of an Ordnance Officer.

A knowledge of the above is necessary in order to follow arguments which may be urged, and to refute statements which have been made in evidence.

The position taken up by the Medical Officers is as follows:—

That in recent years heavy duties and responsibilities in command and discipline of large bodies of soldiers have been handed over to them quite outside their professional duties.

That this is the result of a process of evolution through which Army Medical Organisation has been passing.

That to perform these duties efficiently Army Rank is necessary.

That Army Rank with Military Titles has been given to all other Departments which have similar duties to perform, and to some which have no such duties.

That throughout the entire Army Rank is only expressed and understood by Title.

That to tell a Major-General that he ranked as a Major-General, and that it was clearly laid down that he did rank as a Major-General, but that under no circumstances was he to call himself a Major-General, would be regarded as perfectly absurd, and that such a position would hamper the Major-General in the performance of his duties.

That Rank and Titles have ceased to belong only to officers performing Combatant duties.

That the Army generally, whether officers, non-commissioned officers, or men, cannot comprehend that an officer said to *Rank as a Major* is equal to an officer of the Rank of Major.

That by the abolition of Relative Rank, they have now no Army Rank, and that their existing Departmental Titles convey nothing to the Army or the public.

They further maintain that the fact of their having a profession before they enter the Army, in no way debars them from receiving the Titles in use in the Army, in which they elect to pass their lives, and whose dangers and hardships *as soldiers, not as doctors*, they entirely share.

Finally, they insist on the fact that in all Foreign Armies in which Medical officers have been given Army Rank and Title, efficiency has been increased and discontent abolished. They accordingly demand to be created a Corps with substantive Rank and Titles.

This is the position taken up by probably 90 per cent. of those now serving; two years ago it was 75 per cent.

The Medical officers examined before the Committee were as follows:—

	Active List.			Retired.		
Director-General	1	...	...	1	...	...
Surgeon-General	1	...	...	1	...	...
Deputy Surgeon-General	0	...	...	1	...	...
Brigade-Surgeon	1	...	...	1	...	...
Surgeon-Major	1	...	...	0	...	...
Surgeons	3	...	...	0	...	...
	7			1		

It will be seen that the proportion of seniors was far in excess of juniors; therefore the evidence can hardly be considered as proportionately representative of the entire service. Four officers were on the Retired list, and in consequence hardly aware of the strong feeling which now pervades the Medical Department on the subject of Rank and Title.

In their evidence all concur that the present position is unsatisfactory, and their recommendations as to Rank and Title are as follows:—

1. Substantive Rank without a Military Title.

Q. 46.—Sir T. Crawford, K.C.B., late Director-General.

(It is difficult to understand what this means.)

2. [Q. 2214] Compound Titles, as Surgeon-Captain, Surgeon-Colonel, Director-General Mackinnon, C.B. [Q. 1884]. Brigade-Surgeon Clarke (Retired).

3. Surgeon and Lieutenant; Surgeon and Colonel.

Q. 954 & 955. Surgeon-General Madden.

Q. 553. Brigade-Surgeon Beattie.

Q. 473. Surgeon Davies.

4. Substantive Rank with Army Titles.

Lieutenant Medical Corps.

Major Medical Corps.

Q. 796 & 798. Deputy Surgeon-General Don (Retired).

Q. 656. Surgeon-Major Johnston.

Q. 759. Surgeon-General Mouat, V.C., C.B.

Q. 345. Surgeon Poynder.

Q. 1235. Surgeon Barker.

As the Title Surgeon *and* Captain would give the Army Title of Captain, we have 8 officers out of 11 supporting Army Rank with Military Titles.

In the face of this it is difficult to see how the Committee Report :—

Para. 3, p. 7.—“The majority, however, of the Medical witnesses who “appeared before us, are in favour of a double title in which the professional “designation would be combined with the corresponding Army Title, such as “Surgeon Lieutenant, Surgeon Captain.”

It is proposed to consider the evidence of the Military witnesses under the following headings :—

I.—RANK AND TITLE.

II.—COMPARISON OF MEDICAL STAFF WITH DEPARTMENTS WHICH HAVE BEEN GIVEN RANK AND TITLE.

III.—HONOURS AND REWARDS.

IV.—THE PAY OF MEDICAL OFFICERS.

I.—*Rank and Title.*

To Lord Wolseley the Medical officers have reason to be grateful for having narrowed the issues down to a single point.

He states as follows :—

Q. 1400. “Medical officers are doctors and surgeons, and are intended for “healing the sick and curing the wounded. Captains, Colonels, Field-Marsals “and Generals are meant to fight and kill.

“A Captain is a man who commands in action 100 to 150 men, and leads them “and fights with them.

Q. 1417. “From time immemorial the titles of General, Field-Marshal, Colonel “and Captain, have been attached to men who are purely and essentially fighting “men.”

Now this is very clearly put, and if Lord Wolseley's statements be correct, the demand of Medical officers for Rank and Title is perfectly absurd, and deserves no support.

Captains, Colonels, and Generals may be meant to fight and kill, but most certainly in actual life they have sadly fallen away from their high vocation.

The ideal Captain may be intended to command in action 100 to 150 men, lead them and fight with them; but there are a very large number of Captains whose occupations are of a much more peaceful character.

From time immemorial the titles of General, Field-Marshal, Colonel, &c., may have been intended to have been attached to men who are purely and essentially fighting men, but in these degenerate days it will be found that immemorial custom has been departed from, and that these titles are not uncommonly found attached to men who practically never do a day's soldiering.

A Captain may be an officer in the Pay Department who, *having resigned his combatant commission and with it all command of men*, devotes his time to checking accounts and issuing pay.

A Captain may, if in a Railway Company of Royal Engineers, be pursuing the peaceful avocation of Station-Master on the lines of communication.

Q. 1423. He may in the Army Service Corps, *though possessing the same Rank as Lord Wolseley himself*, be employed in providing rations and transport for troops, be *expressly forbidden to take any combatant command*, and may never go under fire.

He may in the Ordnance Store Department be entirely employed in issuing stores and never approach the fighting line.

He may be a D.A.A.G. of Instruction, a Quartermaster of the Medical Staff Corps, a Riding Master, or an Army Schoolmaster.

He may be a Consul, or a Commissioner, or hold office at Court, and never see a battlefield.

He may, if in India, elect civil employment, and be a Cantonment Magistrate, an Assistant Commissioner, a Forester, or a Judge, and drifting through the various Ranks of the service, may be found in his old age, in the peaceful retirement of Cheltenham or Bath, a full Major-General, although he may never have seen a soldier or done a day's military duty since he was a subaltern.

He may be employed in the Irrigation Department, or any other Department of the Indian Public Works, and go on gaining steps in Army Rank while remaining practically a pure civilian to the end of his days. But why go on? Such cases could be multiplied "*ad infinitum*;" they must be well known to Lord Wolseley. Why then should he pay such a poor compliment to the intelligence of a Parliamentary Committee, as to impose on them his hard and fast definition of what a Captain, Colonel, or General is?

On the other hand, his definition of an Army Medical officer is that of the private practitioner, the civil doctor, but most certainly not of the Medical officer.

An Army Medical officer has in addition to his professional duties, others which with greater justice it might be urged have from time immemorial been considered such as required Army Rank and Title to discharge efficiently.

He has to pass in Military drill and Military law.

In command of a Bearer company in action he has the Military command of 3 officers and 101 non-commissioned officers and men.

His charge is not an Hospital but rather a Medical Transport company.

In command of a Field Hospital, while responsible for the professional treatment of 100 sick, he has the Military command of 4 officers and 171 non-commissioned officers and men, including the sick in Hospital.

Either of these officers may have to defend his wounded, in the savage wars in which we are generally engaged.

A Surgeon-General of an Army Corps has literally nothing to say to "healing the sick and curing the wounded," but he has the command and discipline of nearly 300 officers and 1,500 non-commissioned officers and men of the Medical Staff and Medical Staff Corps, besides over 2,000 sick in Military Hospitals, calculating the sick at a moderate 5 per cent., a total command of close on 4,000 men. He deals with the Medical organization necessary for 41,000 men, including the moving and distribution of 40 units of that organization, such as Bearer Companies, Moveable and Stationary Field Hospitals, Hospital Ships, Base Hospitals, &c. Such a man, to be successful, must have all the qualities of a first-rate Staff officer; he must be a master of an important branch of military organization, not merely a private practitioner clothed in a soldier's uniform who exists in the Army only to "heal the sick and cure the wounded," a position to which Lord Wolseley in all seriousness would reduce him.

Lord Wolseley seems unable to grasp the above view of the duties of an efficient Army Medical officer.

Q. 1417. "If I were to strut about as a Bishop in lawn sleeves I should be a very ridiculous character."

Quite so; but supposing that Lord Wolseley, having first been called to the Bar, subsequently entered the Church, and having risen to a high position in the Church was ordered to wear the lawn sleeves of the Bishop and further to perform Episcopal duties: under such circumstances he would not be at all ridiculous, and most probably would insist on being recognised as a Bishop.

But he would be supremely ridiculous if he were ordered to wear the episcopal uniform, and to perform episcopal duties, and yet be told by his brother clergymen that he was not really a Bishop, only a Barrister attached to the Church for certain legal duties.

The Surgeon-General is made ridiculous by being ordered to wear uniform, with the badges of Rank of a Major-General, by being told that he ranks as a Major-General, and that this is clearly laid down, but at the same time by finding that his rank is not recognised as equivalent to that of a Major-General, that a guard is not to turn out to him, that a Commissariat Captain, now a so-called combatant, or an infantry subaltern, need not show him the ordinary courtesy of the service by saluting him, because forsooth he is a non-combatant, only an Army doctor, who, like Surgeon-General Mouat, has been but seventeen times under fire, and has only been rewarded with a Victoria Cross and a C.B.! [Q. 786.]

It is true the slight is to Her Majesty's uniform, not to the man, but a man cannot entirely disassociate himself from the clothes which he wears. No wonder then that we have medical witnesses [Q. 718, 721, 1231] stating in evidence that they would much prefer to be pure civilians, and wear no uniform, than hold their present anomalous position.

Questioned as to whether men of the Medical Staff Corps are not soldiers as much as men of the Army Service Corps, Lord Wolseley replies:

Q. 1408. "They are not armed: they are only armed with a bayonet."

Now this is a feeble statement. A soldier is to be defined not by his duties but by his arms, and a bayonet is not a weapon. Besides, Lord Wolseley should know that in the Nile Expedition which he commanded the Medical Staff Corps at the front were armed with rifles.

Pressed still further.

Q. 1409. "Still they are soldiers, are they not? *It is difficult to define what a soldier is.*"

Here he breaks down.

It is extremely difficult to define what an officer or a soldier is, according to Lord Wolseley. The officer who issues rations, pay, or ordnance stores, is a soldier. The officer who commands a Bearer Company under fire, who may have to defend his wounded, is only a doctor—"to heal sick and cure wounded."

Can military caste prejudice go further?

Q. 1494. General Buller would wish to draw a distinction between Rank and Title, and states that "*Medical officers have Rank in the fullest sense of the word.*"

Q. 1495. "They have separate titles, but those Titles all give the equivalent Rank." These are extraordinary statements. Can General Buller say what are the equivalent Ranks shown by such Titles as Surgeon, Surgeon-Major, Brigade-

Surgeon, or Deputy-Surgeon-General? A Surgeon-Major is said to rank as a Major, or a Lieutenant-Colonel.

The title Surgeon-General is alike used in military and civil life.

The chief civil doctor of British Guiana is entitled Surgeon-General. *How is Rank, "in the fullest sense of the word," shown throughout the Army? Only in one way, by the Military Title corresponding to the Rank.*

The Rank now stated by the military witnesses to be held by Medical Officers, Rank, in the fullest sense of the word, is the very same as that formerly held by the Army Service Corps and Ordnance Store Corps.

Q. 1404. How this was viewed in the Army Lord Wolseley tells us.

"Formerly he was a civilian attached to the Army to whom certain departmental duties were given."

This is the definition of the former commissariat officer ranking as Captain or Colonel, and this may be assumed to be the definition of the present Medical Officer ranking as Major or Major-General—a definition given before a Parliamentary Committee with the full weight of the authority of the Adjutant-General of the Army. And yet the Committee are asked to believe that Medical Officers have Rank, "in the fullest sense of the word," and that their position in the Army is all that it should be.

Q. 245. General Harman states that Medical Officers have Departmental Rank, but no trace of such Rank can be found in the warrant. [Q. 253.] He also states in March, 1889, that he holds Relative Rank, when he should have known that Relative Rank was abolished from January 1st, 1887. [Q. 249.] He also makes some disparaging statements about Medical Officers, which are probably about as accurate as his ideas on Rank.

Q. 250. He further states that Medical Officers are gazetted as corresponding with certain ranks, but omits to state that this has only recently been done, a sort of sop thrown to the Medical Officers, whose Relative Rank was abolished, besides which it is not done in all cases, a Surgeon-Major drifts into the Rank of Lieutenant-Colonel, he is not gazetted at all.

Do the military witnesses maintain because it is laid down for purposes of precedence that an Assistant Commissioner in India ranks as a Major or Colonel, the Bishop of Calcutta as a General, or a Lieutenant in the Navy of so many years' service, as a Major, that these have all clearly defined Army Rank? Such would appear to be their argument.

The Duke of Cambridge says:

Q. 2441. "I call myself by my fixed title, which is Field Marshal and "Commander-in-Chief."

Now this fixed title is composed of two things: the Army Rank which is Field Marshal—and the office which is Commander-in-Chief. What is the Director-General's fixed title to be?

His office is Director-General, Medical Staff. His Army Rank is nothing, therefore he is Mr. Mackinnon, C.B., Director-General, Medical Staff. How then is his Army Rank clearly defined?

The Duke of Cambridge further says:

Q. 2484. "I consider that the Medical Officers in the Army have a Military Title, because you would not call a Civilian Medical Officer by the title these gentlemen have."

And yet just before he says:

Q. 2440. "I object to their taking any military title."

Is Surgeon a Military Title, and is not Surgeon-General used in Civil Colonial service?

Q. 2461. The contention of the Medical Officers is clearly laid before him at length by Mr. Macnamara. He can only reply:

"That is the contention, but I cannot understand it."

No argument against it, simply a military mind with "military instincts" unable to understand it.

Q. 2464. The Commander-in-Chief seems to imagine that all this demand for Rank and Titles arises from Medical Officers not being attached to Regiments, and he states that a Medical Officer "*once initiated into military life would never think of asking for a military title.*" How then account for the fact that of 448 officers who voted for Substantive or Honorary Rank, 36·8 per cent. were senior officers from Surgeon-Major to Surgeon-General,—including 4 Surgeon-Generals, 13 Deputy Surgeon-Generals, and 26 Brigade Surgeons, all of whom had experience of Regimental life, while the strongest evidence given before the Committee in favour of Substantive Rank and Titles is that of Surgeon-Major Johnston, an old Regimental officer.

Sir Archibald Alison states:

Q. 1723. "A Medical Officer is superior in his Hospital just as a Combatant Officer is superior in his Regiment, it is just the same thing."

Does Sir Archibald think that it would be as easy for the Officer Commanding the Regiment to command and maintain discipline if he ~~have~~ simply Mr. A. ranking as a Colonel, depending on his personal qualities not his Army Rank, for his Army status and position, and yet the Command of a Hospital of 500 Beds is a larger command than most Regiments.

Q. 2463. "If you give the Medical Officer Military Rank," urges the Duke of Cambridge, "you must give the Veterinary Surgeon the same Rank, and you must give the Clergyman the same Rank." Why?

Do the Clergyman and the Veterinary Surgeon command men in peace or war?

Have they a Corps over 2000 strong with pure military Rank and Titles over which they exercise full command, they, the commanding officers, being the only ones without Rank and Title.

Q. 680. "At this moment I command men not only of the Rank but with the Title of Captain, Lieutenant, Serjeant-Major, Serjeant, Corporal, private, and bugler, and I am the only man without Military Rank." This is the evidence of Surgeon-Major Johnston, commanding the Depot Medical Staff Corps at Aldershot.

Can anything be more anomalous than such a position?

Let it be assumed for the moment that the present medical organization is changed and that Medical Officers revert to the position of pure civilians, whose duties are confined "to healing the sick and curing the wounded," a new corps would be organised to take over the administration and discipline of Hospitals, and the entire medical organisation for Armies in the Field, probably a branch of the Quartermaster-General's Department. It is a matter of absolute certainty that such a Corps would very justly demand Army Rank and Army Titles, in order to perform their duties efficiently, and it is equally certain that they would be granted both, *because they did not happen to be doctors.*

Sir Donald Stewart stands out as a brilliant exception to military caste prejudice, but even he does not quite grasp the question at issue.

Q. 2417. "But in the Army List, how should you style them Surgeons and Captains?"

"I should put them down Royal Medical Staff, So and So Major-General, and So and So Colonel."

Q. 2418. "Just as you do in the Royal Engineers?"

"Yes, I would give them a position in the Army List which would be extremely popular with them, and do no harm to anyone else."

Q. 2432. At the same time he thinks it would be extremely inconvenient if they were called Major-General.

Q. 653. Surgeon-Major Johnston states: "I have seen it suggested that we should have the actual substantive Rank without the title of the Rank. It seems to me that it would be very much as if Her Majesty were to say to some distinguished officer, I create you an Earl, but you will remember that you are not to call yourself an Earl, and that you are not to allow anybody else to call you an Earl. I want to know what that man's position would be in the House of Lords."

The arguments of the military witnesses are of the most threadbare description, and had they been subjected to ordinary cross-examination they must have completely fallen to the ground. There may be better arguments against Medical Officers being granted Rank and Title, but if the above are all that the military authorities can bring forward, their position must be pronounced a weak one.

II.—Comparison of the Medical Staff with other Departments given Rank and Title.

One of the arguments urged by Medical Officers is, that other departments, such as Commissariat, Ordnance and Pay, whose duties are not of so military a nature as those of the Medical Staff, have been granted Rank and Title, and so have been placed in a position of superiority.

Naturally this question comes forward in evidence.

General Harman says:

Q. 241. "By degrees certain of the departments, such as Commissariat Staff and Ordnance Store Department, *having become more military in character*, it was found necessary to give actual military titles to them, and Honorary Rank was largely introduced."

In fact the nature of their duties required Rank.

It is exactly the same with the Medical Staff.

Their duties have become more military in character, much more military than Commissariat and Ordnance, and they now demand Rank as a necessity for the performance of those duties. There is a charming confusion in the evidence of the different military witnesses on the subject of the Rank of the old Commissariat, now the Army Service Corps.

The larger number of these officers and all the seniors, 80 in number, being the old Departmental Officers, *have substantive Rank but limited command*. This the military witnesses are loth to acknowledge lest it might be used as an argument for giving the Medical Officers the same position.

Sir Ralph Thompson, K.C.B., Permanent Under-Secretary of State for War, says:

Q. 172. "Then have the officers of the Commissariat command, they have Army Rank?"

"No, they have Honorary Rank only!!"

Q. 173. "The higher ones?"

"Yes, they have command!"

Q. 174. "Only over their own men?"

"Yes, except that the higher Ranks are military officers."

Now every one of these statements is wrong.

The Commissariat officer, or Army Service Corps officer as he is now called, has substantive Rank, not Honorary. The higher ones are the very ones whose command is limited, and the lower not the higher Ranks are the Military Officers.

Lord Wolseley is not much better.

Q. 1422. "But there is such a thing as Substantive Rank with limited command, take the Army Service Corps for instance."

"*The Army Service Corps command everything just like anybody else.*"

This is exactly what all the seniors are forbidden to do.

General Harman is judiciously vague.

Q. 270. "Would a Commissariat officer under any circumstances assume command of the line?"

"His duties are laid down as being exceptional."

Pressed as to Paymasters having Honorary Rank carrying military titles, this witness states:

Q. 274. "The Paymasters have been all combatant officers *as a rule*. They have held Combatant Rank, and had service in the combatant branches."

What a strange argument. A Lieutenant or Captain *resigns his combatant commission and is gazetted as having resigned it*, to take up purely clerical duties, and yet because he once belonged to the sacred caste of combatants, he is to go on gaining steps in Army Rank and Title.

Q. 2481. The Duke of Cambridge throws more light on the question.

"*We were obliged to give Military Titles to these civilian gentlemen, but we did not give them these Titles because they are Departmental officers; they have got these Titles because they are in future to be officers of the Army.*"

Now this is a clear statement, and its meaning is most important. It must be remembered that *the Medical Officer and the old Commissariat Officer were in exactly the same position as regards Rank*. One, an Assistant Commissary General ranking as Major, the other a Surgeon-Major ranking as Major.

From the military point of view the Assistant Commissary General ranking as Major *was not an officer of the Army, he was only a civilian gentleman*. What then is the Medical officer? *exactly the same as a civilian gentleman, not an officer of the Army*. We have had this before in the evidence of the Adjutant-General, and we have it now on the evidence of the Commander-in-Chief, therefore it must be true.

"You could not of course take away the titles of officers of the Army. You would not get officers of the Army to take appointments in that service of (the Commissariat) if you did."

In fact, officers of the Army recognise the fact that their position even in a Department of the Army without the only Rank and Title recognised in the Army is so impossible, that no increased pay or pension will induce them to take up Departmental duties, unless they retain their Army Rank and Title.

The Military witnesses try to get out of this fact by saying they have ceased to be a Department, they are a Corps, still the duties remain the same, purely Departmental. General Buller's evidence is the most remarkable of all.

Q. 1510. "The Medical Officers complain that Army Rank which is denied to them has been given to the officers of the Ordnance Corps and of the Army Service Corps?"

"It has not been given to officers of the Ordnance Corps."

"It may be true on paper to say that a certain amount of Military Rank has been given to Departmental officers, but so far as it has been given it has merely been given with a view to sweetening their rapid extinction."

Then follows some extraordinary evidence.

Q. 1511. "It is said that medical officers want Rank in order to give them command."

"Now the ordnance officers are exactly in the same position with regard to Rank as the medical officers."

Such a statement naturally astonishes the Committee.

Q. 1512. "But they are called now Colonels in the Ordnance Store Department?"

"They have the relative Rank, I think."

Q. 1513. "But they call themselves such, I know?"

"You would not write to them as such."

Q. 1514. "They have Honorary Rank?"

"But a soldier does not recognise Honorary Rank."

Q. 1516. "Honorary Rank would carry with it a Military Title, would it not?"

"Well, it is not recognised as such. It is laughed at."

Q. 1517. "But is that quite so, because we have been told that an officer who has Honorary Rank has the right to style himself, say upon his card, an officer of that Rank which he holds."

"Well, he is always laughed at if he does. You get then that sort of curious social 'nuance' between a combatant and a departmental officer."

The spirit in which this evidence is given speaks for itself.

This witness denies that the Ordnance have been given Army Rank, and states that they hold the same Rank as medical officers. Such ignorance is worse than inexcusable, when displayed by the Quartermaster-General of the Army before a Parliamentary Committee.

It is difficult to realise that the evidence just quoted is evidence of a responsible official, and not a somewhat ill-timed joke.

Honorary Rank is to be jeered at and held up to ridicule before a Parliamentary Committee. Yet Honorary Rank is Honorary Rank, whether held by the Quartermaster, the Ordnance Store Officer, or the Colonel retired as an Honorary Major-General. The Royal Warrant recognises no "curious social 'nuance.'" Sitting on the Committee and listening to this evidence was Sir William Crossman, a Colonel retired with the Honorary Rank of Major-General. Yet these statements of General Buller's are allowed to pass uncontradicted.

The curious social nuance to which this officer alludes may be better defined as narrow-minded caste prejudice. Applied to the departments of the Army, it would appear to mean that once an officer has held a so called combatant commission, even as a Sub-Lieutenant, he must, though transferred to a department of the Army, go on gaining steps in Army Rank, no matter how non-military his new duties may be; while the officer in the same department, performing the same duties, but who did not originally belong to the sacred combatant caste, is given

Army Rank, not for efficiency, not because his duties require it, but to "sweeten his rapid extinction."

Fortunately General Buller is a man of infinite variety, his sense of humour may have carried him away before a Parliamentary Committee, but if he has been correctly reported in the *Army and Navy Gazette* of June 14th, his views become modified at the Army Service Corps dinner.

"Sir R. Buller made an encouraging speech to the officers of the Army Service Corps." He said that, "the Adjutant General had watched the development of the rising Corps, and considered its present condition reflected the highest credit upon the Officer commanding, and upon all the officers, non-commissioned officers and men composing the same."

A well deserved compliment paid to officers, the majority of whom including the Officer commanding at that dinner were old Departmental officers—formerly civilian gentlemen attached to the Army, now given Army Rank "to sweeten their rapid extinction." Let us hope they will not be extinct for many a day, if the efficiency of their Corps is to be maintained.

III.—Honours and Rewards.

The want of recognition of their services by Honours and Rewards has always been a grievance of the Medical Officers.

Sir Ralph Thompson's Committee of '78 reported as follows on this subject.

Para. 35, p. 9.—"Honours have always proved one of the Rewards to be looked for in a national service. It can scarcely be hoped that the pecuniary attractions of the public service will rival, except perhaps at the commencement of the career, those of civil life. *Honours and distinctions must strike the balance*, and we therefore sympathise with the Medical Officers in their complaint that Honorary distinctions do not as compared with other Corps fall sufficiently to their share."

What do the Military witnesses say on this point?

The Duke of Cambridge states:

Q. 2477. "They have absolutely got such an excess of Honours and Rewards at the present time that we cannot give them any now, because they are too much in excess. The Honours and Rewards are all apportioned most carefully. It is a perfectly absurd idea."

Sir A. Alison says:

Q. 1732. "I think they get their share fully, *I think in proportion to their numbers they get their share rather more fully than the others do.*"

Lord Wolseley:

Q. 1427. "The Medical Department have always come in for their fair share of distinction."

General Harman:

Q. 265. "There is no part of the service that receives more Honours and Rewards than the Medical Department."

Q. 266. "They are recognised in a greater degree than in other branches of the Service."

Now this is very strange. If this evidence be correct, what have the Medical Officers to complain of? Let us take their side of the question.

Sir Ralph Thompson's Committee of '78 report as follows:

Para. 41, p. 10.—“We further recommend that in regard to Honours, Rewards, and good service pensions the Medical Department should be judged rather by the Standard for Combatants than by that for Non-combatants.”

“At present judged by such a standard they are far below the Combatant Ranks in their enjoyment of the Honours of the Bath, of the Star of India, and of St. Michael and St. George.”

“In total number of officers, the Royal Engineers do not equal the Medical officers, but the apportionment of Knighthood among officers now on the active list stands thus:—

	R.E.				Med. Officers.			
G.C.B.	2	...	...	...	0
K.C.B.	6	...	...	...	2
C.B.	19	...	...	...	8
K.C.M.G.	1	...	...	...	0
C.M.G.	3	...	...	...	0
G.C.S.I.	1	...	...	...	0
K.C.S.I.	1	...	...	...	0
C.S.I.	2	...	...	...	0
				35				10 "

Let us make the same comparison in January, 1890.

	R.E. Strength 707.				M.S. Strength 841.			
G.C.B.	2	...	...	...	0
K.C.B.	5	...	...	...	1
C.B.	7	...	...	...	7
G.C.M.G.	2	...	...	...	0
K.C.M.G.	1	...	...	...	0
C.M.G.	10	...	...	...	1
C.I.E.	2	...	...	...	0
D.S.O.	10	...	...	...	6
				39				15
Percentage to Strength	5.6	...	...	...	1.7

Sir Thomas Crawford, K.C.B., states:—

Q. 71. “The relative amount of Honours open to the Medical officers has not been changed of late years, it is still considerably less than is allotted to the other branches of the public service.”

The late Director-General, the head of the Department, should be aware of facts, and he directly contradicts the statements of the Military witnesses.

Surgeon-General Mouat, V.C., C.B., says:—

Q. 786. “The system of Honours and Rewards that are so largely given to

"Military, and so very sparsely to Medical officers who undergo all the same hardships and exposure."

Sir Ralph Thompson, K.C.B., states that as the result of the Committee of '78, [Q. 160.] "He thinks Medical officers were given a few more honours in allotting the proportion given to various branches of the Army." *The question is, what is this proportion?*

If the Royal Engineers are given 5 per cent. and Medical officers but 1 per cent. which would seem to be the case, can this be considered a "fair share" or a share fully in proportion to their numbers? The excess which the Duke of Cambridge alludes to, may exist and yet the Medical officers be very badly treated.

Q. 265, 266. General Harman makes no proviso, his statements are distinct, the Medical officers get more than their share, more than any other branch of the service.

How then does he explain the foregoing figures as well as the following?

PERCENTAGE TO STRENGTH OF EGYPTIAN DECORATIONS FOR 1882.

Ordnance Store Department	...	...	...	57 per cent.
Commissariat	...	...	...	27 "
Medical	...	...	...	7 "

Of between 80 to 90 Surgeons ranking as Captains, not one was given a decoration.

In the Bechuanaland Gazette, Commissariat, Ordnance, and Veterinary Departments had representatives rewarded. The Medical officers alone were omitted.

In the Nile expedition of '84, the percentage to strength of Department officers promoted was as follows:—

Chaplains	...	...	...	...	44
Pay Department	...	...	...	...	41.6
Ordnance	...	...	...	...	30
Commissariat	...	...	...	...	13.8
Medical Staff	...	...	...	...	7.9

The Burmah Gazette of November 27, '87, gives the following:—

	Combatants.				Medical.	
Promoted	43	...	...	0
K.C.B. and C.B.	29	...	...	0
D.S.O.	51	...	...	6

SUAKIN, 1888.

	Combatants.				Medical.	
Promoted	5	...	...	0

BURMAH.—"LONDON GAZETTE," NOVEMBER 12TH, 1889.

	Combatants.				Medical.			
Promoted	10	...	...	...	0
C.B....	3	...	...	...	0
D.S.O.	9	...	...	...	1

In the Hazara Campaign, 5 Medical officers were highly mentioned in despatches, not one was rewarded. There is no need to multiply instances, the above are sufficient, they can be verified from the official Gazettes and Army Lists, and in the face of them the evidence of the military witnesses must be pronounced to have broken down, and to be inaccurate.

IV.—Pay.

Throughout the evidence the high pay of the Medical Officer crops up. There is a sort of tradition in the service, that because the Medical Officer enters at a comparatively high rate of pay *not for his age or rank, but for an officer joining the service*, he is a very highly paid officer throughout his service.

General Harman says:—

Q. 284. "They receive double the pay on joining."

Lord Wolseley:—

Q. 1460. "They are better paid than the Combatant Officers, they get pensions higher than the rest of the Army."

General Buller:—

Q. 1517. "A Military Officer does not object to the high pay of the Medical Officer, but he objects to his taking his Title."

Again—

Q. 1511. "You must recollect there are great differences of pay. For instance, in this very room there are Sir T. Crawford and myself, probably as near as may be of the same Rank, and the heads of two principal departments of the Army. He will retire on £1,125 a year, and if I were to retire I should not get more than £650."

"That comparison holds good throughout the whole Army."

Now let this comparison be analysed.

	Gen. Buller.				Sir T. Crawford.			
Age on entering service	18½	...	...	...	24
Age in 1889	50	...	...	...	65
Total service in 1889	31 years	...	...	...	41
Pay of appointment then held	£2,100	...	...	...	£1,500
Pension	£650	...	...	...	£1,125

The pension may be dismissed at once; *it is a special pension only given to one Medical Officer, the Director-General, and to him only if he completes seven years in the appointment.* The Director-General's pension should be more properly compared to the Commander-in-Chief's.

But if any just comparison is to be made it must be between General Officers and Surgeon-Generals, as follows:—

General	...	...	...	...	£900 to £1,000
Lieut.-General	...	...	...	...	£750 to £850
Major-General	...	...	...	...	£600 to £650
Surgeon-General	...	...	...	...	£720

Now where is this comparison which "*holds good throughout the whole service*" of the Medical Officer getting double the pension of the Combatant Officer.

General Buller was a Major-General at 44 years of age, and could then have retired on £600 a year. *Can he show one solitary case of a Medical Officer being able to retire at the same age on the same pension?*

The Surgeon-General gets his pension at 60 years of age, £720 a year. General Buller will probably be a full General at 60 years of age, *when he can retire on £900 to £1,000 a year.* Who has the advantage?

But how about the high pay to which, with an extraordinary generosity of character, the Military Officer does not object, provided the title of his caste is not infringed on.

At 50 years of age, and 31 years service, General Buller is drawing £2,100 a year.

At 65 years of age, and 41 years service, the over-paid Medical Officer is at the top of the tree on £1,500, the highest pay he can ever touch.

It is a pity that such statements as those of General Buller should not have been thoroughly sifted by the Committee.

But they act wisely in calling for an impartial statement from the War Office Actuaries, which will be found in Appendix 18, page 54A.

A recent pamphlet has summarised this Appendix as follows:—

"What do we find?

"The Surgeons are worse paid than officers of similar Rank of Cavalry and Engineers, better paid than officers of Infantry and Artillery.

"The Surgeon-Majors ranking as Majors are somewhat better paid than every-one except Engineers. The Surgeon-Majors ranking as Lieutenant-Colonels are worse paid than Cavalry and Engineers, somewhat better than Infantry and Artillery.

"But it is in the Senior Ranks, the only prizes of the service, that the difference is most marked.

"While exceeding in average age they receive a lower rate of pay than any other branch of the service.

"A Deputy Surgeon-General ranking as Colonel receives £951 9s. 8d. per annum.

"A Colonel of Cavalry, Infantry, and Artillery, £987 19s. 8d.; of Engineers, £1,170 9s. 8d.

"A Surgeon-General ranking as Major-General receives £1,387 1s. 1d. All Major-Generals, £1,551 6s. 1d. No further comparison can be made. The Surgeon-General stops here at the highest Rank and pay to which he attains, while the Major-General has only just got his foot on the rung of the ladder of prizes now open to him.

"High Staff Appointments.—Lieutenant-General's and General's Commands, Governorships, Baronetcies, Peerages, Money Grants, and special provision from "a grateful country."

Truly may the *British Medical Journal* describe the Medical Service of the Army as one in which "there are no prizes, but only great risks for a present competency and a very prospective annuity."

The advantages of the Medical Service are so small, that it is marvellous how men come forward for it as they do.

Indifferent pay as compared with the earnings of civil life, constant foreign service, and exposure to all a soldier's dangers and hardships.

An inferior Army position, not only as compared with combatant branches, but with all departments of the Army. Continually confronted with military caste prejudice and narrow military instincts, which would keep the medical officer a civil appendage of the Army, with neither the privileges nor the rewards of the dominant fighting caste.

An appendage to be kept in the background on all occasions of military display in peace, but generously permitted to share the dangers of his combatant brethren in war.

An officer who under no circumstances can attain a higher so-called Rank than Major-General; who never can be given the highest decoration of any order; who has never been created even a baronet for his services to the Army and his country; such is the medical officer of to-day.

Is it to be wondered that the whole profession of Medicine are rising up to protest against such injustice? Scientific men will not enter a service in which they are relegated to a position of inferiority. Absolute equality they insist on, and are bound to obtain, if they fight steadily on, strong in the justice of their claims.

July, 1890.

POSTSCRIPT.

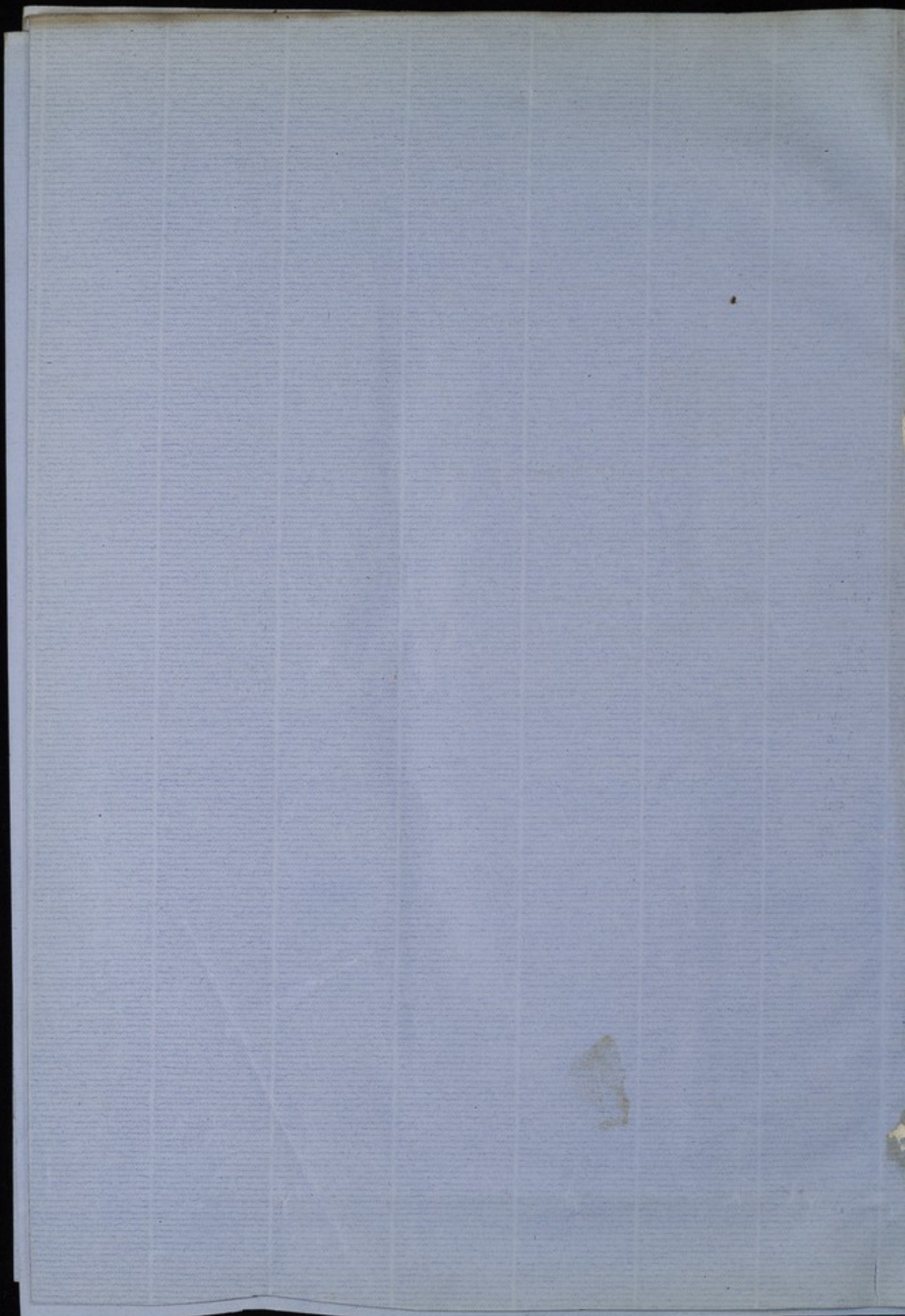
Q. 1505. In his evidence before the Committee, Gen. Buller narrates the following story:—"There was a Medical Officer of high rank there (up the Nile) who was obtaining a camel from the Remount Committee. A camel was paraded for him to look at, and he said, 'That camel is not good enough for me! Do you know, sir, that I rank as a Major-General?' Now, no Major-General would conceive that his being a Major-General would have made any difference in the quality of the camel, but this Medical Officer seemed to think that there was a particular sort of camel only that was good enough for a Major-General."

Q. 1506. That is not an ordinary case, is it?

"Yes, I take it to be a very ordinary one."

For the answer to this we must turn to the *British Medical Journal* of July 12th, 1890, where we read:—"Sir R. Buller having made before the War Office Committee, presided over by Lord Camperdown, a statement that a Medical Officer (meaning Surgeon-General O'Nial, C.B.) had, in the Egyptian Expedition for the relief of Khartoum, refused a camel on the ground that it was 'not good enough for a Major-General,' and having brought this forward as an instance of the evils of honorary rank for Medical Officers, has had his attention called to the fact that this statement was totally without foundation. He has now expressed to Surgeon-General O'Nial his regret that he should have given currency to an idle story, which he now knows to be without foundation in fact, and he authorises the publication of his entire withdrawal and regret."

The spirit which dictated the invention of such a story, whoever invented it, and its being quoted in serious evidence before a Parliamentary Committee is, in itself, so seriously suggestive as to need no comment.





EGYPTIAN ARMY ATHLETIC SPORTS

BY PERMISSION OF

SIRDAR SIR F. GRENFELL, K.C.B.

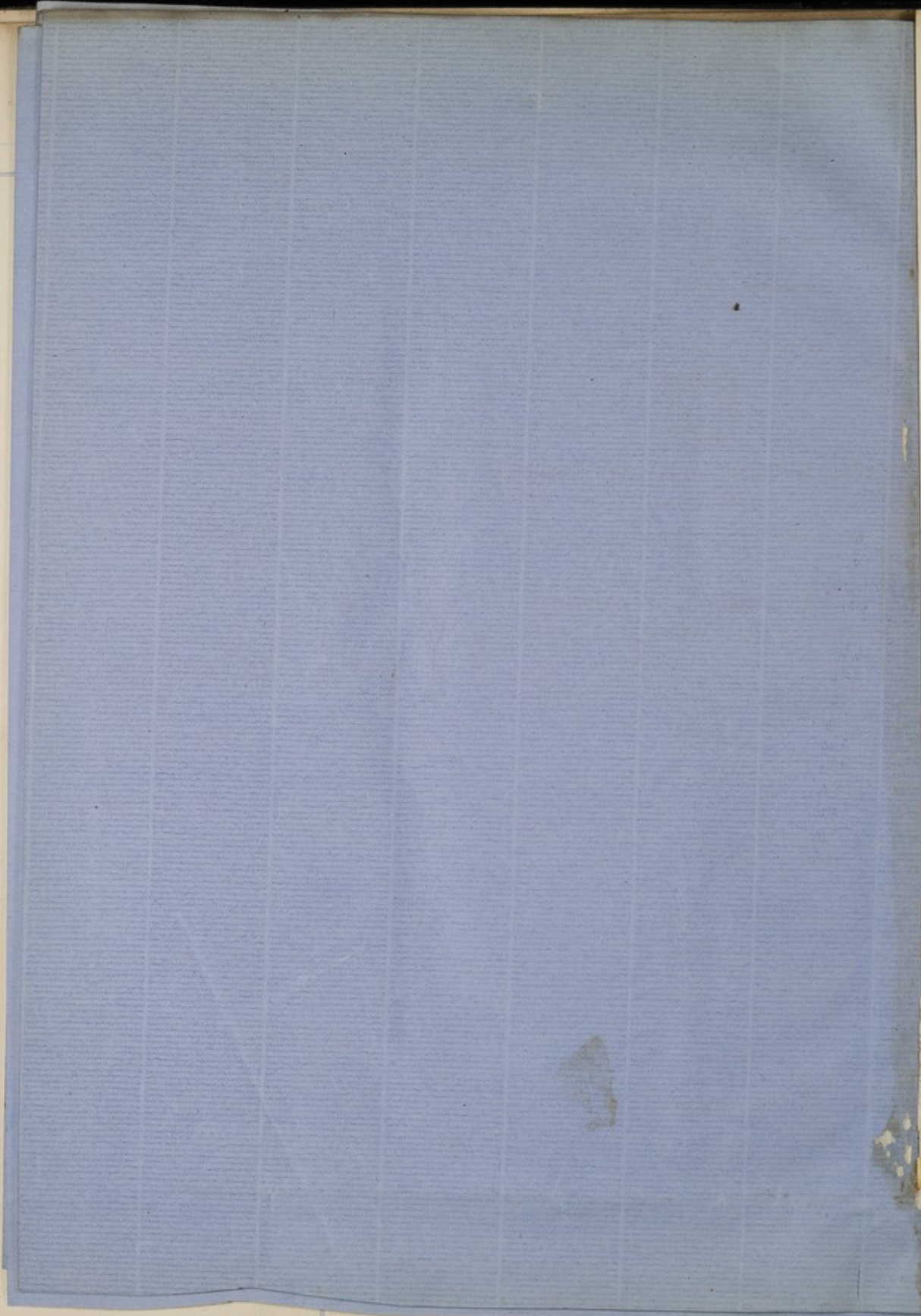
THE ANNUAL ATHLETIC SPORTS OF THE EGYPTIAN ARMY
AT HEAD QUARTERS, will take place
on Saturday 27th December, 1890,
ON THE OBSERVATORY GROUND, ABBASSIYEH,
Commencing at 2.30 P. M.

Stewards:—

EL LEWA KITCHENER PACHA, C.B., C.M.G., A.D.C.
EL LEWA SETTLE PACHA.
EL LEWA ROGERS PACHA, D.S.O.

Committee:—

EL MIRALAI RUNDLE BEY, D.S.O. *President.*
EL MIRALAI KEMPSTER BEY, D.S.O.
EL KAIMAKAM BEAUCHAMP BEY.
EL BIMBASHI MOHAMED EFF. BAKEER, Artillery.
EL BIMBASHI MOHAMED EFF. MURTADA, Infantry.
EL YOUSHBASHI MAHMOUD EFF. NASHID, Med. Corps.
EL YOUSHBASHI IERAHIM EFF. FAHMY, Cavalry.





EGYPTIAN ARMY ATHLETIC SPORTS

BY PERMISSION OF

SIRDAR SIR F. GRENFELL, K.C.B.

THE ANNUAL ATHLETIC SPORTS OF THE EGYPTIAN ARMY
AT HEAD QUARTERS, will take place
on Saturday 27th December, 1890,
ON THE OBSERVATORY GROUND, ABBASSIYEH,
Commencing at 2.30 P. M.

Stewards:—

EL LEWA KITCHENER PACHA, C.B., C.M.G., A.D.C.
EL LEWA SETTLE PACHA.
EL LEWA ROGERS PACHA, D.S.O.

Committee:—

EL MIRALAI RUNDLE BEY, D.S.O. *President.*
EL MIRALAI KEMPSTER BEY, D.S.O.
EL KAIMAKAM BEAUCHAMP BEY.
EL BIMBASHI MOHAMED EFF. BAKEER, Artillery.
EL BIMBASHI MOHAMED EFF. MURTADA, Infantry.
EL YOUSBASHI MAHMOUD EFF. NASHID, Med. Corps.
EL YOUSBASHI IBRAHIM EFF. FAHMY, Cavalry.

EVENTS.

			1st.	2nd.	3rd.
2.30 p.m.	100 Yards Race.	... ..	10/-	6/-	4/-
2.45 "	Tug of War—Semi-Final.	...			
3.0 "	300 Yards for Cadets.	...	a Watch.		
3.15 "	Sack Race	... ..	8/-	4/-	2/-
3.30 "	Wheel Race	... ..		
3.45 "	Obstacle Race	... ..	10/-	6/-	4/-

			1st.	2nd.	3rd.
4.0 p.m.	$\frac{1}{4}$ mile Race ... ..	...	30/-	20/-	10/-
(For N.C.Os. and Men of Army of Occupation, and British N.C.Os., E.A.)					
4.15 p.m.	Tug of War—Final ... ..	...	50/-	20/-	—
4.30 „	Wheel Race—Final... ..	...	10/-	5/-	—
4.45 „	V. C. Race ... ..	...	10/-	6/-	4/-
5.15 „	V. C. Race ... ..	...	a Cup.		
(Open to Officers of the Egyptian Army).					

TUG OF WAR—Teams of 10 men a side— (LIMITED to 2 teams per Battalion, 1 per Squadron or Battery and 1 Medical Corps.)

Every man to be pulled over the line—one pull to decide.—Final pull to be best of three.

Heats will be pulled off on ground the day before,—Commencing at 3 p.m.

OTHER EVENTS.—Entries limited to 4 per Battalion, 2 per Squadron or Battery and 3 Medical Corps.

ENTRIES will close on Wednesday the 24th inst. and should be sent to President of Committee, the Polygon Abbassiyeh, through representatives of Corps.

Band Programme.

-
1. OVERTURE.....*"Italienneschen"*.....SCHUBERT.
 2. SELECTION*"Boccaccio"*.....SUPPE.
 3. QUADRILLE.....*"La Mascotte"*AUDRAN.
 4. GRAND MARCH.....*"Silver Trumpets"*.....VIVIAN.
 5. OVERTURE.....*"Rosamunde"*.....SCHUBERT.
 6. GRAND SELECTION.....*"Mignon"*.....THOMAS.
 7. VALSE.....*"Venus Reigen"*.....GUNGL.
 8. ARIA.....*"Pilgrims Song of Hope"*.....BATISTE.
 9. GRAND SELECTION.....*"Bohemian Girl"*.....BALFE.
 10. MAZURKA.....*"La Violetta"*FAUST.
 11. GRAND SELECTION.....*"Faust"*.....GOUNOD.
 12. VALSE.....*"Immortelleu"*.....GUNGL.

KHEDIVIAL HYMN.

--	--	--	--	--

--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--

MEDICAL CORPS ORGANIZATION OF CONTINENTAL ARMIES.

By SURGEON-MAJOR G. J. H. EVATT, M.D.,

Medical Staff, Quetta.

It may be interesting at the present time to briefly review the medical corps organization of some foreign armies, as the question of the status of the army medical officer, is now attracting attention in our own service.

In every army, including our own, the medical service is in a state of evolution, gradually developing autonomy, gradually getting a clearer idea of its needs and aims, and gradually developing self-confidence and readiness for the exacting work demanded of it.

I have, up to the present time, seen the medical services of France, Germany, Saxony, Bavaria, Switzerland, Austria, Russia, Sweden, Norway and Turkey, and I can safely say that this spirit of unrest exists in everyone of them, and a distinct feeling that the means at their disposal, their organization, and their relation to the purely fighting portions of their service is unsatisfactory, is everywhere prevalent.

All are asking for the remedy—all are waiting for sunrise after a stormy night.

If asked which European service was the most content, I should unhesitatingly say that of Switzerland, as they have a very complete measure of autonomy and a perfectly defined military status within their national army. My first visit to any continental military hospital was made in 1865, a time very far away from to-day measured by progress in military medical development.

After leaving Netley in August 1865, I went to France, armed with a letter of introduction from the great Edmond Parkes, of Netley, to Professor Michel Levy, then Professor of Hygiene at the Military Medical School of the Val de Grace in Paris. There I saw everything working on the old French *Intendance* system, by which the powers of the medical officers were limited in the completest degree, and the medical service was in those days entirely subordinated to the French commissariat or supply department, which governed the great military hospitals, and not only governed them, but also lay like a nightmare on the whole French Army, requiring the terrible disasters of 1870 to rend the chains in which it bound the military service.

At later periods I was able to visit the other armies, seeking everywhere to find that promised land where everything was efficient,

both *personnel* and material. But up to the present, that search has not been successful, as I cannot say that there is any one country perfect all round in military medical matters.

We might notice the various countries in order:—

United States of America.—The great wars of 1860-65 developed the American medical service in a marked degree. Enormous armies were in the field, and corresponding arrangements had to be made for the medical care of their sick and wounded.

The medical service has there the fullest control and command of their hospitals, and no outside agency is at work over the medical officers.

They are alone responsible, and they have the power. They have clearly defined military rank and titles, are graded from generals down to lieutenants, and are well paid, as are all the American officers.

They sit as presidents and members of courts-martial, and are associated in the closest way with the military officers of other branches of the American army.

In reply to enquiries as to how the granting of military rank affects the military medical officers, the Surgeon-general of the army writes: "No difficulty whatever either in theory or practice has arisen from the fact that medical officers have real rank, but, on the contrary, the wisdom of the legislation by which it was effected has been satisfactorily established. It is an undoubted fact that the law, giving medical officers the same military status as other officers, has done much to enhance the *esprit de corps*, and to increase the efficiency of the Army Medical Service." These words have no uncertain sound, and every officer, who has studied the subject, must agree in their absolute truth.

I think there is no doubt whatever that within the limits of an army, military rank and military titles are the only ones of any value. To try and equalize the medical status of civil life with military rank, is a matter of great difficulty, and the War Minister should simply grade all military officers of every class and corps by military rank, pure and simple.

The medical officers of the American Army have not general army command, but they have special authority to command all soldiers in the ranks.

The fact of their sitting as presidents and members of courts-martial is also of much value

--	--	--	--	--

MEDICAL CORPS ORGANIZATION OF CONTINENTAL ARMIES.

By SURGEON-MAJOR G. J. H. EVATT, M.D.,

Medical Staff, Quetta.

It may be interesting at the present time to briefly review the medical corps organization of some foreign armies, as the question of the status of the army medical officer, is now attracting attention in our own service.

In every army, including our own, the medical service is in a state of evolution, gradually developing autonomy, gradually getting a clearer idea of its needs and aims, and gradually developing self-confidence and readiness for the exacting work demanded of it.

I have, up to the present time, seen the medical services of France, Germany, Saxony, Bavaria, Switzerland, Austria, Russia, Sweden, Norway and Turkey, and I can safely say that this spirit of unrest exists in everyone of them, and a distinct feeling that the means at their disposal, their organization, and their relation to the purely fighting portions of their service is unsatisfactory, is everywhere prevalent.

All are asking for the remedy—all are waiting for sunrise after a stormy night.

If asked which European service was the most content, I should unhesitatingly say that of Switzerland, as they have a very complete measure of autonomy and a perfectly defined military *status* within their national army. My first visit to any continental military hospital was made in 1865, a time very far away from to-day measured by progress in military medical development.

After leaving Netley in August 1865, I went to France, armed with a letter of introduction from the great Edmond Parkes, of Netley, to Professor Michel Levy, then Professor of Hygiene at the Military Medical School of the Val de Grace in Paris. There I saw everything working on the old French *Intendance* system, by which the powers of the medical officers were limited in the completest degree, and the medical service was in those days entirely subordinated to the French commissariat or supply department, which governed the great military hospitals, and not only governed them, but also lay like a nightmare on the whole French Army, requiring the terrible disasters of 1870 to rend the chains in which it bound the military service.

At later periods I was able to visit the other armies, seeking everywhere to find that promised land where everything was efficient,

both *personnel* and material. But up to the present, that search has not been successful, as I cannot say that there is any one country perfect all round in military medical matters.

We might notice the various countries in order:—

United States of America.—The great wars of 1860-65 developed the American medical service in a marked degree. Enormous armies were in the field, and corresponding arrangements had to be made for the medical care of their sick and wounded.

The medical service has there the fullest control and command of their hospitals, and no outside agency is at work over the medical officers.

They are alone responsible, and they have the power. They have clearly defined military rank and titles, are graded from generals down to lieutenants, and are well paid, as are all the American officers.

They sit as presidents and members of courts-martial, and are associated in the closest way with the military officers of other branches of the American army.

In reply to enquiries as to how the granting of military rank affects the military medical officers, the Surgeon-general of the army writes: "No difficulty whatever either in theory or practice has arisen from the fact that medical officers have real rank, but, on the contrary, the wisdom of the legislation by which it was effected has been satisfactorily established. It is an undoubted fact that the law, giving medical officers the same military *status* as other officers, has done much to enhance the *esprit de corps*, and to increase the efficiency of the Army Medical Service." These words have no uncertain sound, and every officer, who has studied the subject, must agree in their absolute truth.

I think there is no doubt whatever that within the limits of an army, military rank and military titles are the only ones of any value. To try and equalize the medical *status* of civil life with military rank, is a matter of great difficulty, and the War Minister should simply grade all military officers of every class and corps by military rank, pure and simple.

The medical officers of the American Army have not general army command, but they have special authority to command all soldiers in the ranks.

The fact of their sitting as presidents and members of courts-martial is also of much value

to the soldier, as it secures a consideration of health conditions in, or the duration and severity of, imprisonments and other punishments.

The French Medical Service.—The French have the fortune or misfortune of being a logical people, and the principle of compromise so prominent in Englishmen is absent in the Gallic race. With them the pendulum swings with energy from one extreme to the other, and the compass, if it moves at all from the north, goes clean round to the south. Hence in organization questions the same extremes are evident. Thirty years ago their medical service was crippled and fettered in the most extreme degree. It required the sanction of the Intendance Authority to open a window to ventilate a ward. Acting on the theory that the issuing of physic or the writing of medical prescriptions was the true rôle of the doctor. Every vestige of power to deal with the surroundings of the soldier was removed from the physician. A more utterly false idea could not obtain.

We all know well how important are the life-surroundings of the healthy and the sick, and the questions of dieting, clothing, ventilation of wards, warming, exercise; all act with enormous force on the power of a sick man to fight his battle with disease. Every day we live we learn the lesson more and more of the *vis medicatrix nature*, and our aim should be not to interfere too much with Nature's effort to throw off a poison acting upon it.

The French Medical Service under this crippling rule became emasculated and enfeebled. The swathing bounds of a crushing intendance routine, administered by ignorant authority, paralysed its life, and into a service so crippled, energetic or able men refused to come.

There was no field for activity, and no active men came. The Italian Campaign of 1859 revealed the feebleness of the French Medical Service; and indeed the breakdown that occurred there, was the cause of Henri Dunant starting the movement which ended in the Geneva Convention of 1864.

The utter breakdown of the imperial system in 1870 was the first glimpse of liberty and freedom of action for the French Medical Service, and a very distinct factor in achieving that liberation, was the return of some 40 medical men to the French National Assembly, as well as a considerable number of medical men being either nominated or elected to the Senate.

Every year since 1870 the bonds that fettered the French army doctors have been more and

more loosened, until during the past two years the very fullest autonomy has been bestowed upon them, and they are to-day as free as any medical corps in Europe. No military authority interferes in any way in any hospital, and the direct command of medical officers and men is entirely in the hands of the medical officers. The Field Hospitals are entirely in medical control, and there is no doubt that under so free a *régime*, able men will come to that service in greater numbers than ever came in the past. I am unable to state whether definite military rank and titles have yet been given to these officers, but a report has just been issued by Surgeon-General Sir Thomas Longmore, C.B., dealing in a very full way with the French military medical organization, and from a review of the report, it seems as if definite military rank had been granted to these officers.

Any one who wishes to read a very clear account of the French Medical Service should obtain *Traité des Manœuvres D'Ambulance par Médecine-Principal. A. Robert, Paris—Octave Doin, 8, Place L'Odeon—Price, 13 francs.*

It can be obtained through any bookseller. It is written in easy non-idiomatic French and is illustrated.

No nation can beat the French in power of logical exposition of any subject, and Robert's treatise is no exception to the rule. Any medical officer passing through Paris would, I imagine, be permitted to visit the Val de Grace Hospital, the head-quarters and central training school of the French Military Medical Service.

In a letter recently received from Sir Thomas Longmore, he writes:—"No one could desire any better position as regards efficiency and official status than the position the French Medical Service now occupies." This is saying a very great deal, and it is said by the most competent of judges.

The Italian Medical Service.—The Italian Medical Service has a distinct corps organization, and its officers have military titles, as Lieutenants, Captains, Majors, Colonels and Generals, with the addition of the word "medico," meaning Doctor. They have also Adjutants and Brigade-Majors of the Medical Corps, and have a purely military organization.

In one of my campaigns I met the Italian Military Commissioner who was a Lieutenant-Colonel serving with our army. In speaking of his own service, he said the Lieutenant-Colonels of the Medical Service are exactly like myself, and have the same status in every

way, and he seemed to consider the English Medical Officers' status quite inferior to that of his own army medical officers.

In the formation of the Italian monarchy, the medical profession in Italy took a very prominent part, and they were largely represented in the Italian Parliament, and were able to obtain for the army medical officers a large measure of autonomy to enable them to carry out their work efficiently.

Switzerland.—I was fortunate to be able to attend at a mobilization of the Swiss Medical Corps at Tug, not far from Zurich, some years ago. I met there sixty officers of the Swiss Medical Corps mobilized under Colonel Goldlien, the Principal Medical Officer. I have already in the *British Medical Journal*, April 25th, 1885, given a very full account of their organization. Some years have passed by since then, and I have read and thought about medical organization to a certain extent, but I still think the Swiss system of organization as good as any in Europe; and the one I would rather serve in than any outside my own.

They have absolute equality of rank, are in no sense outsiders or followers, but are in the fullest way officers of the army with a mobilized corps of their own. The staff of the Divisional P. M. O. is a perfect model; the staff of the field hospitals excellent; the officers excellent men; the rank and file as good as any; and the whole medical service well worth studying.

I saw there the P. M. O. teaching his officers. Sixty officers present in a lecture room being taught by the P. M. O. It was a sight full of instruction to all present.

Later on I saw the officers and men take possession of a large school-house in the village, and turn it at once into a temporary hospital: an excellent practice parade which we might all copy with advantage in any army. After hearing the grumbling, the profound discontent, the smothered hopes for better days, in most of the European services, it was pleasant to find army doctors who had no grievances, and who seemed content with their position.

Switzerland is placed between three great military nations, *viz.*, France, Italy, and Germany. All have reacted upon her, and she has copied from all, and I venture to say that in the day of trial the Swiss Medical Service will never be found wanting, but will come to the front with absolute certainty as a corps of officers and men, second to none in Europe in efficiency.

By writing to the "*Medecin en chef*" of the army at Berne, and asking him the date of the next medical mobilization, one can, in an unofficial and friendly way, meet those very good fellows, the Swiss doctors, and learn much from them.

For *bonhomie*, frankness, geniality and comradeship they are only beaten by the Russian doctors, *facile princeps*, the most warm-hearted of military physicians to be met with anywhere.

The German Medical Service.—The management of the Army Hospitals of the German army is entirely in the hands of the medical officers, and no outside influence or power exists.

The responsibility rests entirely on the medical officers. The German medical officers have not titular military rank, but have a grading like the Civil Service in India relative to the military service. We owe to the German army the conception of the bearer company or *Sanitäts Detachment*, which they have brought very much to the front, although the original conception of the idea may be traced to Baron Percy, one of the French Military Surgeons of the Revolutionary and Napoleonic wars.

What makes the German Medical Service so ready for war is its perfect mobilization system, whereby in a few days after the declaration of war, she is able to send to the front perfectly equipped field hospitals and bearer companies. Perfect forethought is what is needed to make a mobilization rapid and efficient, and in this the German Medical Service may be said to excel. The easiest military hospital for the average visitor to see is the Templehope Hospital in the suburbs of Berlin. The Saxon and Bavarian armies are organized as army corps of the German army, and their medical services are practically the same in organization and administration as in Prussia proper. Surgeon-General Roth, of the Saxon army, is one of the great living authorities on medical war organization, and visitors to Dresden should call on him in the Alfredstadt at Dresden. They will see there splendid barracks and a hospital from which many good suggestions can be learned.

The Austrian Medical Service.—There is nothing to learn from the Austrian Service in the way of medical organization—their service is probably the least developed in Europe, considering the magnitude of their military forces. The medical officers are entirely in the background, and the military officers of the Army Hospital Corps really attempt to control every-

thing. I saw every evidence of this in a visit I made to some important Austrian Military Hospitals. There is no service where the medical officers are more dissatisfied, nor feel more keenly the effects of a crushing rule by non-medical persons.

The only thing worth copying from Austria is the perfectly equipped ambulance railway trains organized by Baron Minidy for the Austrian branch of the Knights of Malta.

These trains are the most perfect in Europe, and are not *official* in the fullest sense, but are organized by private or semi-private societies who work in unison with the State for the relief of the wounded in war.

One looks for many changes in Austrian medical affairs, feeling perfectly certain that its present condition is quite unsatisfactory, and must result in want of success in war.

There is one thing worth seeing at Vienna, viz., the Sub-officers' Hospital situated near the garrison Spittelhaus, and similar buildings are much wanted in London and some of our larger garrisons.

The Russian Medical Service.—The Russian Medical Officers are the nicest men I have met in any army—good fellows in every way.

Their service is organized on the system of "*dual control*," there being a military governor in every large hospital, and he is the responsible head.

A more ridiculous sight cannot be imagined than what this system leads to when accurately carried out.

I visited one day the Guard's Military Hospital at St. Petersburg, seeing everything from the top of the chimney to the bottom of the coal cellar. While I was visiting the kitchen about 1-30 P.M., dinners were being issued out, and over the pot of very savoury soup, stood two officers, one a medical officer and one an officer of the Guards, both checking the quality of the soup.

Carry this system on through a large hospital and it leads to perfect paralysis of individual responsibility, and in the end a kind of dead lock occurs checking all progress. That the medical officers resent it acutely goes without saying, but still it exists. One finds amongst these Russian doctors, able linguists, all speaking English, well-informed—acquainted with other countries' methods of medical work, yet still standing fast on the old lines of dual control from which nothing but failure can result.

Of these excellent officers I expect any day to hear that they have gained complete emancipation.

The Swedish and Norwegian Services are small and not important. In the Norwegian services the medical officers have military rank and titles.

Military rank is also held by the Roumanian, Greek, Turkish, Servian and other smaller armies, as well as by the Italian, Swedish and Dutch medical officers. Japan also has followed the lead of America in grading her medical officers by military rank and titles. The non-definition of medical officers' rank by military titles, is a remnant of the now extinct system of regimental and battalion hospitals.

Under that system the discipline and command-power and final supervision of the hospital was in the hands of the battalion military commander, the battalion adjutant was its adjutant and the battalion quarter-master did its quarter-master's work.

Under such a system the purely medical treatment of the sick alone remained for the doctors, and as they could always fall back for assistance on their military commanding officer or quarter-master or adjutant, the want of defined military rank and command for the doctors was not much felt.

Regimental hospitals are, however, in modern war, as "*extinct as the Dodo*."

They have been replaced by field and general hospitals, quite apart from, and quite independent of, any battalion or regimental supervision or help. In some armies, where dual control exists as in Russia, military officers are detached from their battalions or batteries to act as military commandants of these field hospitals, that is to say, an infantry officer, who has perhaps failed in his own special line, or a gunner officer who cannot run a battery, is sent to try and run a far more technical and intricate organization needing special scientific knowledge, and he retains his military rank and status and commands the hospital.

But this system of dual control, leading to intense friction and failure in war, the discipline, the command, the responsibility, the power of making the machine a going concern, is gradually handed over to the medical officers, and they have to develop, from their own ranks, the commander, the adjutant, and the quarter-master, heretofore supplied from the battalion or the regiment, or other sources.

When thus loaded with new military responsibilities, when thus made the agents for discipline, for command, for driving-power to keep the military machine in motion, they legitimately and most logically claim the military titles and the military status heretofore

held by the Military Hospital Commanders—titles understood and accepted by the soldier and by the army, and implying definite command-power, and publishing to him that wants to know, the definite fact that in speaking to the chief doctor of the hospital, he is also speaking to the governor or commander, the military chief and medical head combined in one person, and whose orders must be obeyed.

This definite rank is needed to make the soldier patients obey some head; but it is also much more needed to make the technical working staff itself recognize that there is a technical chief or head or director or commander, whom the country holds responsible for the efficiency of the hospital, and who must be obeyed.

While in every battalion or battery in war time there is a "medical officer in charge" who is simply the physician prescribing for the sick soldier, and leaving to the battalion commander all discipline and command responsibilities, it is unfair to style the chief doctor of a detached military field hospital simply the "medical officer in charge," as it implies to every soldier who enters it, that there is somewhere a military head or chief or commander whose orders must be obeyed, and that the supreme power does not lie on the medical officers whom the country holds responsible.

Owing to this want of military titles in the present medical governing staff of military hospitals, the discipline is shaken and the power of the chief medical officer to make the machine work, greatly interfered with.

In certain countries, of course, military medical officers are not responsible for the discipline nor the administration, and there the urgency of the demand for military rank for medical officers is not much felt; but where the medical officers are held responsible by the State, and, at the same time, not given the status which would be an enormous aid in carrying out these duties, then there is a legitimate grievance on the part of those to whom that military status is denied.

The Russian medical officer standing with the Russian Guards captain, watching the issue of the soup in the hospital kitchen, knows that in case of necessity the Guards captain is there with his military rank and command-power, to enforce regularity and obedience to orders; but it is quite another affair to be in a detached field hospital responsible alone for everything, and to find that one's status is defective and one's authority ignored by those who should obey it.

It seems, therefore, quite evident that either military commandants should be posted to military hospitals, or the medical officers should be given so clear, so definite, so unmistakeable a military position as to ensure as exact an obedience to their orders as would be given to the military commanders whom they have replaced.

To such military commanders as above referred to, no second rate status has been or would be given, but they would be military officers with all the status, powers and rights of military officers. To them no title of non-combatant would apply, they would be part and parcel of the army, and would have definite command over all junior officers. If such a status was given to the medical officers of an army, they should have no cause of complaint, and the medical service should work efficiently in peace and war.

It is the fashion to say that medical officers in thus claiming military status are fighting shy of the title of doctor and wish to ignore it.

Nothing could be further from the fact. In every nation the status of the physician is rapidly developing for two reasons: not only are these men better and more fully trained, but they are getting hold of every phase and condition of human life.

Better men demand better status, and it is being everywhere granted them, but in addition it cannot be denied that the power of older professions has been undermined by various causes, and they have been levelled up to and in some cases left behind. There is no cause why a man should be ashamed of the title of doctor, but there is much to urge against a man called "doctor" being asked to command and discipline, and keep in working order a purely military machine such as a field hospital or a bearer company is. It is then one needs the military status *plus* the technical knowledge, and hence the urgency of the claim for rank. One might as well try to separate the technical engineer versed in engineering detail, from the military commander of the engineer field company, and put in an infantry major to do the discipline—leaving the technical engineer to do the technical work unaided by military status. Failure and friction of a complete kind would ensue. One might as well separate the technical artillerist from the battery commander and expect friction not to occur. In an identical manner, the technically skilled doctor needs the military status to aid him in running that purely military machine—the field

or base hospital. Many people are so ignorant of military medical administration matters that they do not understand how much purely military knowledge is needed of a military surgeon, and they base their ideas on their previous knowledge of civil physicians, and they work two lines of duty both far apart from each other in a thousand details.

With a fuller knowledge of the duties and responsibilities of the army doctors of various countries, their urgent demands would be at once granted by all sensible people. I suppose there is no reason to doubt that American physicians are proud of their profession, yet they have been compelled to assume a military status to accomplish military ends, and certainly in Italy, Switzerland, and countries where it is the rule to give soldier-surgeons military titles, it is not to be imagined that so doing in any way interferes with the efficiency of the military machine. Quite the contrary, the medical officers then become preservers of the value of military rank, and it is not cheapened as it now is by conferring high nominal or paper rank on medical officers in various armies. I would strongly advise medical officers to take opportunities of visiting foreign medical services. Although

there is no one perfectly efficient command, all have special points of efficiency which may be copied by copying as many of these good points as possible, that in the end we may achieve an approach to that perfection which it is the duty and certain hope of the English soldier to achieve.

QUETTA, Sept. 1890.

[*Note*.—Surgeon-Major Evatt puts a very important topic in a new light. With a comparison of current practices of other countries and the success and efficiency obtained by the purely military stand-point of the working of the medical organisation of the army, coupled with the gratification of the consciousness of having contented a very important section of the army officers, is, to say the least, a strong argument for reform in this direction. Dr. Evatt's paper will be widely read and appreciated, and it is to be trusted it will hasten the removal of the grievance among British Army Surgeons, the existence of which has often made their positions as being undefined, intolerable. We thank Dr. Evatt for his valuable paper.—Ed. M. R.]

--	--	--	--	--

--	--	--	--	--

THE ARMY MEDICAL STAFF.

FURTHER CORRESPONDENCE BETWEEN SIR ANDREW CLARK
AND THE SECRETARY OF STATE FOR WAR.

Royal College of Physicians, London.

March 7th, 1891.

DEAR MR. STANHOPE.—Immediately on receiving the letter which you did me the honour to address to me as leader of the deputation from the Medical Corporations of the United Kingdom, on behalf of the grievances of the army medical officers, I placed myself in communication with those bodies, for the purpose of ascertaining their views of the replies which you had made through me to their representations. Having now received answers from all of them, and their views being in complete accord with my own, I venture again to address you in this letter, with the desire to promote such an issue to these negotiations as will prove at once just and satisfactory to the medical officers of the army, and of real and lasting advantage to the State.

Although I am well assured of your unaffected desire to deal generously with the army medical officers, and to grant to their just grievances every just and practicable remedy; although I fully recognise the difficulties of your position as a Minister of State, standing between the army, the Government, and the House of Commons, and can understand somewhat of the obstacles in the way of reconciling them to such a reform as we seek, I am constrained to acquaint you with the unanimous judgment at which we have arrived—that the concessions made to our representations are, with one exception, unsatisfactory, and that they fall far short, not merely of what is claimed by the medical officers, but also of what has been recommended by Parliamentary and War Office Committees and of what has been regarded as just by men experienced in public affairs.

For my own part I regard this unhappy result as due to the strange misapprehensions, and the inaccurate statements of those who have supplied you with technical information upon the subject; and I cannot understand how our arguments should have been met by replies which could be immediately refuted by reference to official regulations. This is a grave statement to make, and did I not know that in dealing one by one with the paragraphs of your letter I should be able to make the statements good, it would not assuredly have been made.

Here, in order to illustrate this allegation and to prove its accuracy, I must anticipate what I shall have to say at the close of this letter.

It is averred that "to incorporate the Medical Staff into the general army, and to give its officers substantive rank and military titles, would have the effect of placing a medical officer in military command over troops in the field whenever one might happen to be the senior officer present."

Now this is the supreme objection made to conceding the claims of the medical officers, and, strange to say, it is absolutely without foundation; for in various places in the books of official regulations express provision is made for the granting of rank and title without command in the field, and for the granting of rank and title either with no command at all or with such a limited command as may be defined on appointment. In the Royal Warrant of 1890, paragraph A, we read as follows:—

"An officer permanently transferred from the Commissariat and Transport Staff to the Supernumerary List of our Army Service Corps shall not hold any military command outside our Army Service Corps except over such officers and men as may be specially placed under his command."

"An officer of our Army Service Corps detailed for barrack duties shall not hold any military command except over such officers and such men as may be specially placed under his command."

And again, even more explicitly, we read in Article 70 that "an officer of our army employed in any of the cases specified in Article 55 (H) or (I) shall not be entitled by virtue of his military rank to assume any military command in our regular army, unless called out for military duty by our Secretary of State."

Surely, neither the claims of reason nor the necessities of experience could require more conclusive proof that the granting of military rank and title does not necessarily imply or involve the granting of military command in the field. With your permission I will now proceed to deal with those paragraphs of your letter which have a crucial bearing upon the questions under discussion.

Paragraph 1. You state that the only way of lengthening the home service of medical officers is to increase the numbers employed at home; that this could be done only by employing them upon duties which would occupy but a small portion of their time; that they would thereby lose experience and deteriorate in professional knowledge; that an increase of establishment necessary to lengthen the period of home service would cost £27,000 a year, and that, therefore, you are unable to grant this request.

Now I must be permitted to remark that this subject has not been brought fairly before you, and that this answer is entirely irrelevant to the relief sought for by the army medical officers. They do not ask for a shorter term of foreign service, and they do not ask for a longer term of home service. They ask only for a shorter term of *continuous foreign service*; they ask only to be restored to the rule which was in operation before 1888; they ask only that, unless in cases of State emergency, the term of continuous foreign service should be limited to five instead of six years, and they allege, justly I think, that the granting this relief would not only not lengthen, but distinctly shorten, the duration of continuous service at home.

This relief is asked by the army medical officers on grounds not less important to the State than to themselves. It has been found that the additional year of foreign service imposed in 1888 upon the army medical officers more exposed than any others to the active causes of disease, has notably increased the rates of their sickness and mortality, and has, without compensating advantage to the State, added to its burden a growing list of non-effective medical officers. Furthermore, it was declared by your own committee, the Camperdown Committee, that the grounds upon which this relief was sought were just grounds, and they recommended that the new rule should be abrogated and the old rule restored.

Finally, having regard to the conduct of medical affairs before 1888, when the term of continuous foreign service, which acted well, was enlarged from five to six years, to the fact that the number of medical officers is about the same now as it was then, and to the circumstance that facilities for drafting are greater at present than at any former period, and that the services of medical officers may be utilised in the troopships so employed, there does not appear to exist any valid reason why, if this request were granted, the somewhat more frequent transport of medical officers, involved in the grant, should necessitate the introduction of new machinery, the enlargement of any existing establishment, or any material addition to present expenditure.

Paragraph 2. Your concessions as to the conditions for the granting of sick leave to medical officers have been received with uniform and grateful satisfaction, not only by the Army Medical Staff, but also by the whole body of the medical profession, which takes an active interest in the just settlement of the questions considered in this correspondence.

Paragraph 3. In reply to the complaint that the army medical officers do not receive a fair share of the honours and rewards conferred upon officers generally for exceptional services to the State in warlike and other expeditions, you observe that such rewards can hardly be made a matter of proportion, and that the granting of them must necessarily depend on the opportunities which officers, whether combatant or medical, have of distinguishing themselves.

The force of these general remarks need not be denied, but the contention of the army medical officers and the contentions and recommendations of Sir Ralph Thompson's Committee do not lie within their limits. The contention of the army medical officers is that in like circumstances of perils encountered, hardships endured, and services rendered in successful expeditions, they should obtain a fair share of the honours bestowed upon such occasions.

The contention of Sir Ralph Thompson's Committee of 1878 is that, judged by the standard about to be mentioned, the

--	--	--	--	--

THE ARMY MEDICAL STAFF.

FURTHER CORRESPONDENCE BETWEEN SIR ANDREW CLARK
AND THE SECRETARY OF STATE FOR WAR.

Royal College of Physicians, London.

March 7th, 1891.

DEAR MR. STANHOPE.—Immediately on receiving the letter which you did me the honour to address to me as leader of the deputation from the Medical Corporations of the United Kingdom, on behalf of the grievances of the army medical officers, I placed myself in communication with those bodies, for the purpose of ascertaining their views of the replies which you had made through me to their representations. Having now received answers from all of them, and their views being in complete accord with my own, I venture again to address you in this letter, with the desire to promote such an issue to these negotiations as will prove at once just and satisfactory to the medical officers of the army, and of real and lasting advantage to the State.

Although I am well assured of your unaffected desire to deal generously with the army medical officers, and to grant to their just grievances every just and practicable remedy; although I fully recognise the difficulties of your position as a Minister of State, standing between the army, the Government, and the House of Commons, and can understand somewhat of the obstacles in the way of reconciling them to such a reform as we seek, I am constrained to acquaint you with the unanimous judgment at which we have arrived—that the concessions made to our representations are, with one exception, unsatisfactory, and that they fall far short, not merely of what is claimed by the medical officers, but also of what has been recommended by Parliamentary and War Office Committees and of what has been regarded as just by men experienced in public affairs.

For my own part I regard this unhappy result as due to the strange misapprehensions, and the inaccurate statements of those who have supplied you with technical information upon the subject; and I cannot understand how our arguments should have been met by replies which could be immediately refuted by reference to official regulations. This is a grave statement to make, and did I not know that in dealing one by one with the paragraphs of your letter I should be able to make the statements good, it would not assuredly have been made.

Here, in order to illustrate this allegation and to prove its accuracy, I must anticipate what I shall have to say at the close of this letter.

It is averred that "to incorporate the Medical Staff into the general army, and to give its officers substantive rank and military titles.....would have the effect of placing a medical officer in military command over troops in the field whenever one might happen to be the senior officer present."

Now this is the supreme objection made to conceding the claims of the medical officers, and, strange to say, it is absolutely without foundation; for in various places in the books of official regulations express provision is made for the granting of rank and title without command in the field, and for the granting of rank and title either with no command at all or with such a limited command as may be defined on appointment. In the Royal Warrant of 1890, paragraph A, we read as follows:—

"An officer permanently transferred from the Commissariat and Transport Staff to the Supernumerary List of our Army Service Corps shall not hold any military command outside our Army Service Corps except over such officers and men as may be specially placed under his command."

"An officer of our Army Service Corps detailed for barrack duties shall not hold any military command except over such officers and such men as may be specially placed under his command."

And again, even more explicitly, we read in Article 70 that "an officer of our army employed in any of the cases specified in Article 55 (H) or (I) shall not be entitled by virtue of his military rank to assume any military command in our regular army, unless called out for military duty by our Secretary of State."

Surely, neither the claims of reason nor the necessities of experience could require more conclusive proof that the granting of military rank and title does not necessarily imply or involve the granting of military command in the field. With your permission I will now proceed to deal with those paragraphs of your letter which have a crucial bearing upon the questions under discussion.

Paragraph 1. You state that the only way of lengthening the home service of medical officers is to increase the numbers employed at home; that this could be done only by employing them upon duties which would occupy but a small portion of their time; that they would thereby lose experience and deteriorate in professional knowledge; that an increase of establishment necessary to lengthen the period of home service would cost £27,000 a year, and that, therefore, you are unable to grant this request.

Now I must be permitted to remark that this subject has not been brought fairly before you, and that this answer is entirely irrelevant to the relief sought for by the army medical officers. They do not ask for a shorter term of foreign service, and they do not ask for a longer term of home service. They ask only for a shorter term of *continuous foreign service*; they ask only to be restored to the rule which was in operation before 1888; they ask only that, unless in cases of State emergency, the term of continuous foreign service should be limited to five instead of six years, and they allege, justly I think, that the granting this relief would not only not lengthen, but distinctly shorten, the duration of continuous service at home.

This relief is asked by the army medical officers on grounds not less important to the State than to themselves. It has been found that the additional year of foreign service imposed in 1888 upon the army medical officers more exposed than any others to the active causes of disease, has notably increased the rates of their sickness and mortality, and has, without compensating advantage to the State, added to its burden a growing list of non-effective medical officers. Furthermore, it was declared by your own committee, the Camperdown Committee, that the grounds upon which this relief was sought were just grounds, and they recommended that the new rule should be abrogated and the old rule restored.

Finally, having regard to the conduct of medical affairs before 1888, when the term of continuous foreign service, which acted well, was enlarged from five to six years, to the fact that the number of medical officers is about the same now as it was then, and to the circumstance that facilities for drafting are greater at present than at any former period, and that the services of medical officers may be utilised in the troops so employed, there does not appear to exist any valid reason why, if this request were granted, the somewhat more frequent transport of medical officers, involved in the grant, should necessitate the introduction of new machinery, the enlargement of any existing establishment, or any material addition to present expenditure.

Paragraph 2. Your concessions as to the conditions for the granting of sick leave to medical officers have been received with uniform and grateful satisfaction, not only by the Army Medical Staff, but also by the whole body of the medical profession, which takes an active interest in the just settlement of the questions considered in this correspondence.

Paragraph 3. In reply to the complaint that the army medical officers do not receive a fair share of the honours and rewards conferred upon officers generally for exceptional services to the State in warlike and other expeditions, you observe that such rewards can hardly be made a matter of proportion, and that the granting of them must necessarily depend on the opportunities which officers, whether combatant or medical, have of distinguishing themselves.

The force of these general remarks need not be denied, but the contention of the army medical officers and the contentions and recommendations of Sir Ralph Thompson's Committee do not lie within their limits. The contention of the army medical officers is that in like circumstances of perils encountered, hardships endured, and services rendered in successful expeditions, they should obtain a fair share of the honours bestowed upon such occasions.

The contention of Sir Ralph Thompson's Committee of 1878 is that, judged by the standard about to be mentioned, the

medical officers are far below the combatant ranks in their enjoyment of the honours of the Bath, the Star of India, and the Star of St. Michael and St. George; and the Committee recommends that in regard to honours, rewards, and good service pensions, the medical department should be judged rather by the standard for combatants than by that for non-combatants.

I am aware that it is contended by the combatant officers of the army that the medical department receives more than its fair share of honours and rewards.

His Royal Highness the Commander-in-Chief asserts that the army medical officers "have absolutely got such an excess of honours and rewards at the present time that we cannot give them any now;" and he adds that the "honours and rewards are all apportioned most carefully." Sir Archibald Alison, Lord Wolseley, General Harman and other distinguished combatant officers follow in a similar strain. As a matter of fact, however, these statements are incapable of sustaining any critical examination, and a reference to official returns brings immediately to light the conclusive evidence of their complete inaccuracy.

In illustration of the gravely inaccurate information with which you have been supplied on this subject, let me compare the honours bestowed upon the Engineers with honours bestowed upon the Army Medical Staff.

Strength of the Royal Engineers.		Strength of the Army Medical Staff.	
707		841	
G.C.B. ...	2	...	0
K.C.B. ...	5	...	1
C.B. ...	7	...	7
G.C.M.G. ...	2	...	0
K.C.M.G. ...	1	...	0
C.M.G. ...	10	...	1
C.I.E. ...	2	...	0
D.S.O. ...	10	...	6
39		15	

Percentage of honours to strength, R.E., 5.6. A.M.S., 1.7.

Furthermore, of the Egyptian decorations conferred in 1882, the percentage to strength was:

For the Ordnance Store Department	57
For the Commissariat Department	27
For the Medical Department	7

Finally, in respect of the Nile Expedition of 1884, the percentage to strength of promotions among departmental officers was as follows:

Chaplains	44
Pay Department	41
Ordnance	30
Commissariat	13.8
Medical Staff	7.9

Such illustrations could be largely added to; but I have adduced already a number sufficient to show that whilst the contentions of the medical officers of Sir Ralph Thompson's Committee and of Director-General Sir Thomas Crawford are grounded on official records and are accurate, the contention of the combatant officers is grounded on merely emotional impressions and is inaccurate.

In view of these facts, and especially in view of this further fact that more than one War Office Commission has recognised the existence and acknowledged the justice of this ground of complaint, we have received with disappointment your decision on this subject.

The matters alluded to in paragraphs 4, 5, 6, and 7 are not of serious importance to the settlement of the main question at issue, and, having been mentioned more by way of illustration of the chronic attitude of mind preserved by combatant officers and high officials towards the medical officers than for the purpose of making any present claim for their reform, are herewith set aside.

Nevertheless such matters have some importance, and men of the world acquainted with military organisation, the drift of social opinion, and the general tendencies of the age, will think it neither wise or safe entirely to ignore them.

Permit me to give two illustrations of the matters referred to in the paragraphs specified. When Surgeon-General Sir Anthony Home received the Victoria Cross for his heroic defence of the wounded in a street at Lucknow, he was the only

officer decorated on the occasion who was not afterwards invited to the Palace; he felt the slight so keenly that for years afterwards he refused to wear the decoration which he had honourably won.

Again, and in like manner, when Surgeon Reynolds received the Victoria Cross for his gallant conduct at Rorke Drift, his companion, an officer of Engineers, was afterwards invited to the Palace, but Surgeon Reynolds was passed over unnoticed. He did not belong, one might infer, to the same caste, and he was therefore unfit to sit with any combatant officer above the salt.

To those who do not understand the ways of the world, military life these may seem to be small things, unworthy consideration, but to those who enter into the constitution of military society, and to most persons who understand it aright these are symbols of things which in the aggregate become serious, inasmuch as they tend to foster discord, disaffection and distrust; and to man with growingly inferior persons department upon which the nation depends for the safety of its army in peace and for the conditions essential to its success in war.

Paragraph 8.—In this paragraph you are pleased to concede to the army medical officers the composite titles recommended by the Camperdown Commission, and you "trust that this concession will put an end to the regrettable agitation which has obscured the true bearings of this important matter." Unfortunately, however, this is the concession in title alone and of nothing else. But it is not the title by itself for which the medical officers contend; it is for some such title as will carry with it the guarantee of rank, since they declare that without such rank they are unable to discharge in the prompt, thorough, and acceptable manner which they desire the military duties and responsibilities now imposed upon them; and they earnestly maintain that title without an accompanying guarantee of substantive military rank is absolutely worthless for the remedy of any grievance of which they have just cause of complaint.

This contention of the army medical officers has received kind and measure of support perhaps never before accorded any like demand for class reform. It is supported by the experience of the armies of Italy, Switzerland, Holland, Turkey, the United States, and of several other countries, by the opinion of all the medical corporations of the United Kingdom, by the conclusions of almost all bodies of men who have judicially investigated the question, and even by the approval of a rapidly growing number of combatant officers. Furthermore, this plan of incorporating the medical officer into the general army, and giving them substantive rank therein, has never hitherto failed where it has been tried, to allay dissatisfaction, to promote unity and efficiency of action and to secure for the Medical Service higher men and better work.

But there lies in this question still another fact which although it is at the root of the whole discussion and of the first importance in its just settlement, has been either overlooked or ignored by your military advisers.

Army medical officers are not merely doctors; they are doctors whom the progress of ideas and the march of modern warfare have made of necessity soldiers also; and the further they advance in the Service, the more important and the more purely military their duties become.

As surgeon, the army medical officer has to discharge a military duties and responsibilities, except the one of actually fighting in the field. Chief among them, I may mention the command and discipline of the Medical Staff Corps, and of all persons attached to the corps, or else on duty in the military hospitals, the instruction of the corps in infantry and stretcher drill, the management of the pay, clothing, and general equipment of the Medical Staff Corps, the accounting of officers for hospital buildings, general supplies, and necessary stores, the study of military law, and its administration in minor offences. Furthermore, in charge of a field hospital and responsible for 100 sick, he has military command of four officers and 171 non-commissioned officers and men, whilst in charge of a bearer company in action, and possibly under fire, he has military command of three officers and 10 non-commissioned officers and men, and he may have himself to fight in defence of his sick.

As a surgeon-general, the army medical officer has the

March 28, 1891.]

THE BRITISH MEDICAL JOURNAL.

719

military command of nearly 300 officers and of 1,500 non-commissioned officers and men of the Medical Staff and the Medical Staff Corps; he has the control of, probably, 2,000 sick, and he has to settle in all its complexity of details the medical organisation which may become necessary for the injuries and diseases of 40,000 men.

It seems to me that to deal with an official having responsibilities of such moment as if he were merely a doctor, as if he were not a real officer, as if he were not entitled to rank as combatants rank, and as if he were not worthy of being incorporated into the general army, is at once a serious anomaly and a grave injustice. For if this surgeon-general were not acquainted with military organisation, if he had not studied the economy of armies, if he did not understand military strategy, if he were not capable of making adequate provision for transport, and of establishing secure bases for supplies; if he were not experienced in command of men, and if he were not in heart as true a soldier as any on the field, he would be utterly incapable of making those preparations for action, without which, in the present day, it is probable that no great battle could be fought and won.

And now, in the last place, as respects the supreme objection to the granting of substantive military rank to medical officers, the objection that it implies and involves the granting of military command in the field, I venture to remind you that, in the beginning of this letter, I have conclusively proved, from the Royal Warrant of 1890, that this objection has no valid existence, and that definite provision has been made for the granting of rank and title in special circumstances without command.

And I may be permitted further to remind you that at this time there are to be found in the army numerous officers of almost all ranks who have no combatant command. The granting of substantive rank to medical officers could, and would, do no more than confirm them in the command with which they are already invested over the Army Medical Corps, and enable them to discharge their duties unencumbered by the trials and difficulties with which they are now surrounded.

The more widely I have considered this subject of the grievances of the Army medical officers, and the more critically I have weighed what has been said on both sides of the discussion, the more deeply have I become convinced that those grievances are just, that they require but one remedy for their cure, that no other but this one remedy will succeed in curing, and that, to the adoption of it, no sound and substantial objection can be taken and maintained.

In presence of this conviction, I pursue no further the exposure of those misapprehensions and inaccuracies which have crept into the "combatant" side of the discussion. I set aside, as covered and satisfied by the main issue, all collateral questions of loss of pay, place on courts-martial, comparison with Engineers and others referred to in your letter, and I content myself with declaring, on the part of the Medical Corporations of the United Kingdom, whom on this occasion I have the honour to represent, their unanimous judgment that the only remedy for the full and just relief of the grievances of the Army medical officers is the conversion of the whole Army Medical Department into a Royal Army Medical Corps, and the granting of substantive military rank and title to all its officers.

We firmly believe that, if this conversion were effected, agitation and disaffection would cease, frequently recurring discords and difficulties would disappear, unity and concord would be restored, the best order of men would seek the Medical Service, and the naturally high and generous instincts of the combatant officers would soon reconcile themselves to a change which could not fail to bring about increasing advantages to the soldier, and higher service to the State.—I am, dear Mr. Stanhope, yours faithfully,

The Right Hon. Edward Stanhope, M.P.,
Secretary of State for War.

ANDREW CLARK.

War Office, March 17th, 1891.

SIR,—I have the honour to acknowledge your letter of the 7th instant. You refer to the concessions made in my letter of February 2nd as unsatisfactory, and again impute that condition of things to the "strange misapprehension and inaccurate statements" of those who have supplied me

with the information, which you say can be immediately refuted by reference to official regulations.

In proof of this most serious allegation, you quote paragraph 8 of my letter, and you then show, from military regulations, that military rank does not necessarily carry more than a limited command, and can be, and often is, limited in its scope; and you, therefore characterise my objection to incorporate the Medical Staff into the general army as absolutely without foundation.

These are strong statements, and they are as wrong as they are strong.

In your letter of January 17th you asked for "the transformation of the whole department into a Royal Army Medical Corps, with definite rank and title to all its officers, and its organic incorporation into the general army, on the lines followed in the case of the Royal Engineers." The words carry but one meaning to my mind, and to that meaning there must be the fatal objection described in my letter, and I can only conceive that you labour under a total misapprehension of the powers of officers of the Royal Engineers.

I am quite aware that the function of command can be limited, and in the same paragraph I pointed out that medical officers actually have this limited command, which they derive from the substantive rank given them by their commissions.

As regards the length of foreign service of medical officers, you say that my answer is "entirely irrelevant to the relief sought for." I should be very sorry if I had consciously or unconsciously misrepresented what these officers wish for, but I would point out to you that your mention of the subject was of the baldest possible description, and from your reference to the Camperdown Committee, I was led to suppose that your proposal was identical with the recommendation of that Committee. That recommendation was that continuous service abroad should not exceed five years, and that more home service should be given to army medical officers by employing them in posts now filled by retired medical officers (*cfr.* paragraph 5 of report).

It was to this that my remark as to the great expense of the change applied. If, however, what is asked for is merely a slight rearrangement of the periods of foreign service not involving longer home service, I will consider what I can do to meet their wishes. I should, however, say that such a concession would be a doubtful boon and might possibly not be appreciated by many of the officers concerned; such shortened periods of foreign service would mean more frequent changes, and each change of station means some cost to the officer.

As regards the grant of honours, I can only repeat what seems to me to be a self-evident proposition, namely, that it cannot be made a matter of proportion, but must depend on the opportunities which officers have of distinguishing themselves. The fact that the Engineer honours are for the moment in excess of those enjoyed by the Medical Staff in no way lessens the force of my statement.

The Engineers obtain rewards for service not only in the army, but in innumerable civil positions, and they have that very qualification of command which you admit should not be given to officers of the medical department. If you will eliminate from the list you give of Engineer rewards those gained in civil and colonial employ, and in high command, you will find the two lists are not disproportionate.

On the question of Court privileges, I have already said that I would consult the proper authorities.

The concluding portion of your letter rejects the concession which I made in accordance with your own suggestion. You say that medical officers "contend for some such title as will carry with it the guarantee of substantive rank, to enable them to discharge the military duties and responsibilities now imposed on them." On this point there is evidently some misunderstanding on your part. Substantive rank army medical officers already have, by virtue of their commissions, to the full extent you ask for, and no grant of military titles of any description will change or increase it.

I regret very much to be at variance on this point with the distinguished profession which you so ably represent, but I am satisfied that it is not desirable to give medical officers the power to assume active command of troops in the field or in quarters, and that were I to allow that formation into the corps you propose, and their "organic incorporation into the general army, on the lines followed in the case of the Royal

medical officers are far below the combatant ranks in their enjoyment of the honours of the Bath, the Star of India, and the Star of St. Michael and St. George; and the Committee recommends that in regard to honours, rewards, and good service pensions, the medical department should be judged rather by the standard for combatants than by that for non-combatants.

I am aware that it is contended by the combatant officers of the army that the medical department receives more than its fair share of honours and rewards.

His Royal Highness the Commander-in-Chief asserts that the army medical officers "have absolutely got such an excess of honours and rewards at the present time that we cannot give them any now;" and he adds that the "honours and rewards are all apportioned most carefully." Sir Archibald Alison, Lord Wolseley, General Harman and other distinguished combatant officers follow in a similar strain. As a matter of fact, however, these statements are incapable of sustaining any critical examination, and a reference to official returns brings immediately to light the conclusive evidence of their complete inaccuracy.

In illustration of the gravely inaccurate information with which you have been supplied on this subject, let me compare the honours bestowed upon the Engineers with honours bestowed upon the Army Medical Staff.

Strength of the Royal Engineers.	Strength of the Army Medical Staff.
707	841
G.C.B. ... 2	0
K.C.B. ... 5	1
C.B. ... 7	7
G.C.M.G. ... 2	0
K.C.M.G. ... 1	0
C.M.G. ... 10	1
C.I.E. ... 2	0
D.S.O. ... 10	6
39	15

Percentage of honours to strength, R.E. 5.6. A.M.S. 1.7.

Furthermore, of the Egyptian decorations conferred in 1882, the percentage to strength was:

For the Ordnance Store Department	57
For the Commissariat Department	27
For the Medical Department	7
Finally, in respect of the Nile Expedition of 1884, the percentage to strength of promotions among departmental officers was as follows:	
Chaplains	44
Pay Department	41
Ordnance	30
Commissariat	13.8
Medical Staff	7.9

Such illustrations could be largely added to; but I have adduced already a number sufficient to show that whilst the contentions of the medical officers of Sir Ralph Thompson's Committee and of Director-General Sir Thomas Crawford are grounded on official records and are accurate, the contention of the combatant officers is grounded on merely emotional impressions and is inaccurate.

In view of these facts, and especially in view of this further fact that more than one War Office Commission has recognised the existence and acknowledged the justice of this ground of complaint, we have received with disappointment your decision on this subject.

The matters alluded to in paragraphs 4, 5, 6, and 7 are not of serious importance to the settlement of the main question at issue, and, having been mentioned more by way of illustration of the chronic attitude of mind preserved by combatant officers and high officials towards the medical officers than for the purpose of making any present claim for their reform, are herewith set aside.

Nevertheless such matters have some importance, and men of the world acquainted with military organisation, the drift of social opinion, and the general tendencies of the age, will think it neither wise or safe entirely to ignore them.

Permit me to give two illustrations of the matters referred to in the paragraphs specified. When Surgeon-General Sir Anthony Home received the Victoria Cross for his heroic defence of the wounded in a street at Lucknow, he was the only

officer decorated on the occasion who was not afterwards invited to the Palace; he felt the slight so keenly that for years afterwards he refused to wear the decoration which he had honourably won.

Again, and in like manner, when Surgeon Reynolds received the Victoria Cross for his gallant conduct at Rorke Drift, his companion, an officer of Engineers, was afterwards invited to the Palace, but Surgeon Reynolds was passed over unnoticed. He did not belong, one might infer, to the same caste, and he was therefore unfit to sit with any combatant officer above the salt.

To those who do not understand the ways of the world, military life these may seem to be small things, unworthy consideration, but to those who enter into the constitution of military society, and to most persons who understand it aright these are symbols of things which in the aggregate become serious, inasmuch as they tend to foster discord, disaffection and distrust; and to men with growingly inferior persons department upon which the nation depends for the safety of its army in peace and for the conditions essential to its success in war.

Paragraph 8.—In this paragraph you are pleased to concede to the army medical officers the composite titles recommended by the Camperdown Commission, and you "trust that this concession will put an end to the regrettable agitation which has obscured the true bearings of this important matter." Unfortunately, however, this is the concession, title alone and of nothing else. But it is not the title by itself for which the medical officers contend; it is for some title as will carry with it the guarantee of rank, since the declare that without such rank they are unable to discharge in the prompt, thorough, and acceptable manner which the desire the military duties and responsibilities now imposed upon them; and they earnestly maintain that title without an accompanying guarantee of substantive military rank, absolutely worthless for the remedy of any grievance of which they have just cause of complaint.

This contention of the army medical officers has received kind and measure of support perhaps never before accorded, any like demand for class reform. It is supported by the experience of the armies of Italy, Switzerland, Holland, Turkey, the United States, and of several other countries, by the opinion of all the medical corporations of the United Kingdom, by the conclusions of almost all bodies of men who have judicially investigated the question, and even by the approval of a rapidly growing number of combatant officers. Furthermore, this plan of incorporating the medical officer into the general army, and giving them substantive rank therein, has never hitherto failed where it has been tried, allay dissatisfaction, to promote unity and efficiency of action, and to secure for the Medical Service higher men and better work.

But there lies in this question still another fact which although it is at the root of the whole discussion and of the first importance in its just settlement, has been either overlooked or ignored by your military advisers.

Army medical officers are not merely doctors; they are doctors whom the progress of ideas and the march of modern warfare have made of necessity soldiers also; and the further they advance in the Service, the more important and the more purely military their duties become.

As surgeon, the army medical officer has to discharge military duties and responsibilities, except the one of actually fighting in the field. Chief among them, I may mention the command and discipline of the Medical Staff Corps, of all persons attached to the corps, or else on duty in military hospitals, the instruction of the corps in infant and stretcher drill, the management of the pay, clothing, and general equipment of the Medical Staff Corps, the accounting of officers for hospital buildings, general supplies, and necessary stores, the study of military law, and its administration in minor offences. Furthermore, in charge of a field hospital and responsible for 100 sick, he has military command of four officers and 171 non-commissioned officers and men, whilst in charge of a bearer company in action, and possibly under fire, he has military command of three officers and 10 non-commissioned officers and men, and he may have himself to fight in defence of his sick.

As a surgeon-general, the army medical officer has the

military command of nearly 300 officers and of 1,500 non-commissioned officers and men of the Medical Staff and the Medical Staff Corps; he has the control of, probably, 2,000 sick, and he has to settle in all its complexity of details the medical organisation which may become necessary for the injuries and diseases of 40,000 men.

It seems to me that to deal with an official having responsibilities of such moment as if he were merely a doctor, as if he were not a real officer, as if he were not entitled to rank as combatants rank, and as if he were not worthy of being incorporated into the general army, is at once a serious anomaly and a grave injustice. For if this surgeon-general were not acquainted with military organisation, if he had not studied the economy of armies, if he did not understand military strategy, if he were not capable of making adequate provision for transport, and of establishing secure bases for supplies; if he were not experienced in command of men, and if he were not in heart as true a soldier as any on the field, he would be utterly incapable of making those preparations for action, without which, in the present day, it is probable that no great battle could be fought and won.

And now, in the last place, as respects the supreme objection to the granting of substantive military rank to medical officers, the objection that it implies and involves the granting of military command in the field, I venture to remind you that, in the beginning of this letter, I have conclusively proved, from the Royal Warrant of 1890, that this objection has no valid existence, and that definite provision has been made for the granting of rank and title in special circumstances without command.

And I may be permitted further to remind you that at this time there are to be found in the army numerous officers of almost all ranks who have no combatant command. The granting of substantive rank to medical officers could, and would, do no more than confirm them in the command with which they are already invested over the Army Medical Corps, and enable them to discharge their duties unencumbered by the trials and difficulties with which they are now surrounded.

The more widely I have considered this subject of the grievances of the Army medical officers, and the more critically I have weighed what has been said on both sides of the discussion, the more deeply have I become convinced that those grievances are just, that they require but one remedy for their cure, that no other but this one remedy will succeed in curing, and that, to the adoption of it, no sound and substantial objection can be taken and maintained.

In presence of this conviction, I pursue no further the exposure of those misapprehensions and inaccuracies which have crept into the "combatant" side of the discussion. I set aside, as covered and satisfied by the main issue, all collateral questions of loss of pay, place on courts-martial, comparison with Engineers and others referred to in your letter, and I content myself with declaring, on the part of the Medical Corporations of the United Kingdom, whom on this occasion I have the honour to represent, their unanimous judgment that the only remedy for the full and just relief of the grievances of the Army medical officers is the conversion of the whole Army Medical Department into a Royal Army Medical Corps, and the granting of substantive military rank and title to all its officers.

We firmly believe that, if this conversion were effected, agitation and disaffection would cease, frequently recurring discords and difficulties would disappear, unity and concord would be restored, the best order of men would seek the Medical Service, and the naturally high and generous instincts of the combatant officers would soon reconcile themselves to a change which could not fail to bring about increasing advantages to the soldier, and higher service to the State.—I am, dear Mr. Stanhope, yours faithfully,

ANDREW CLARK.

The Right Hon. Edward Stanhope, M.P.,
Secretary of State for War.

War Office, March 17th, 1891.

SIR,—I have the honour to acknowledge your letter of the 7th instant. You refer to the concessions made in my letter of February 2nd as unsatisfactory, and again impute that condition of things to the "strange misapprehension and inaccurate statements" of those who have supplied me

with the information, which you say can be immediately refuted by reference to official regulations.

In proof of this most serious allegation, you quote paragraph 8 of my letter, and you then show, from military regulations, that military rank does not necessarily carry more than a limited command, and can be, and often is, limited in its scope; and you, therefore, characterise my objection to incorporate the Medical Staff into the general army as absolutely without foundation.

These are strong statements, and they are as wrong as they are strong.

In your letter of January 17th you asked for "the transformation of the whole department into a Royal Army Medical Corps, with definite rank and title to all its officers, and its organic incorporation into the general army, on the lines followed in the case of the Royal Engineers." The words carry but one meaning to my mind, and to that meaning there must be the fatal objection described in my letter, and I can only conceive that you labour under a total misapprehension of the powers of officers of the Royal Engineers.

I am quite aware that the function of command can be limited, and in the same paragraph I pointed out that medical officers actually have this limited command, which they derive from the substantive rank given them by their commissions.

As regards the length of foreign service of medical officers, you say that my answer is "entirely irrelevant to the relief sought for." I should be very sorry if I had consciously or unconsciously misrepresented what these officers wish for, but I would point out to you that your mention of the subject was of the baldest possible description, and from your reference to the Camperdown Committee, I was led to suppose that your proposal was identical with the recommendation of that Committee. That recommendation was that continuous service abroad should not exceed five years, and that more home service should be given to army medical officers by employing them in posts now filled by retired medical officers (*vide* paragraph 5 of report).

It was to this that my remark as to the great expense of the change applied. If, however, what is asked for is merely a slight rearrangement of the periods of foreign service not involving longer home service, I will consider what I can do to meet their wishes. I should, however, say that such a concession would be a doubtful boon and might possibly not be appreciated by many of the officers concerned; such shortened periods of foreign service would mean more frequent changes, and each change of station means some cost to the officer.

As regards the grant of honours, I can only repeat what seems to me to be a self-evident proposition, namely, that it cannot be made a matter of proportion, but must depend on the opportunities which officers have of distinguishing themselves. The fact that the Engineer honours are for the moment in excess of those enjoyed by the Medical Staff in no way lessens the force of my statement.

The Engineers obtain rewards for service not only in the army, but in innumerable civil positions, and they have that very qualification of command which you admit should not be given to officers of the medical department. If you will eliminate from the list you give of Engineer rewards those gained in civil and colonial employ, and in high command, you will find the two lists are not disproportionate.

On the question of Court privileges, I have already said that I would consult the proper authorities.

The concluding portion of your letter rejects the concession which I made in accordance with your own suggestion. You say that medical officers "contend for some such title as will carry with it the guarantee of substantive rank, to enable them to discharge the military duties and responsibilities now imposed on them." On this point there is evidently some misunderstanding on your part. Substantive rank army medical officers already have, by virtue of their commissions, to the full extent you ask for, and no grant of military titles of any description will change or increase it.

I regret very much to be at variance on this point with the distinguished profession which you so ably represent, but I am satisfied that it is not desirable to give medical officers the power to assume active command of troops in the field or in quarters, and that were I to allow that formation into the corps you propose, and their "organic incorporation into the general army, on the lines followed in the case of the Royal

Engineers," this command could not be denied them. I am not, therefore, prepared to do more than give the composite titles which, as I have already remarked, was your own proposal, and which was also the recommendation of Lord Camperdown's Committee, of which representatives of the profession nominated by the Royal Colleges of Physicians and Surgeons were members.

Having, therefore, adopted one of the alternatives which you have yourself put forward, I do not think that any object would be gained by any further correspondence on the subject.—I have, etc.,

Sir Andrew Clark, Bart., M.D., F.R.S., E. STANHOPE.
16, Cavendish Square.

PARLIAMENTARY BILLS COMMITTEE.

The following letter has been addressed to Mr. Stanhope, by the Parliamentary Bills Committee of the British Medical Association:—

429, Strand, London, February, 1891.

SIR,—We beg to solicit your attention to the following communication on the grounds that of the 15,000 medical practitioners who form the British Medical Association, 1,450 are commissioned officers in H.M. Service; the Association has consistently advocated the claims of medical officers to army rank and corresponding titles; our reasons for holding these views could hardly be better stated than they were some five-and-thirty years ago by the Governor-General of India, the Marquis of Dalhousie.

We would beg to draw your attention to the evidence given before Lord Camperdown's Committee by the permanent Under-Secretary of the War Office, in which that gentleman stated that at the time to which he refers (1876) competition had ceased for appointments in the Army Medical Department; he remarks, "we could not get sufficient candidates to fill the vacancies, much less to compete for them," consequently increased pay and other privileges were then sanctioned. Sir Ralph Thompson's Committee were not unfavourable to the idea of converting the medical department into a "Royal Medical Staff;" in fact, as he observes,

"we saw no reason to object to it. Anything that would make the department more palatable was the object at the time," so as to attract men into its ranks. We would beg to draw your attention to this statement, because it seems so well to describe the relations which have unfortunately existed between the military authorities and the Army Medical Service; we earnestly desire to see the end of this palliative system of treatment, and that a cure should be effected by granting the officers of the medical staff an unqualified position in the army. In our opinion the root of all the trouble has been, and still is, that certain high military authorities hold, and have expressed their opinion to the effect, that medical officers are not officers of the army, and consequently have no right to army rank and titles. The Medical Service desire to have the matter settled in the only way in which the majority of them believe it ever can be settled, and that is by granting medical officers army rank and titles. Sir Ralph Thompson states that nothing more can be done on existing lines to make their rank more definite; he remarks: "We have gone up to such a point now that you could not make one step further without giving them titular rank. I see no other way than by calling them colonels or majors."

It is admitted by military authorities that the medical is an essential branch of the army; it is therefore reasonable that the rank of medical officers in the army should be clearly defined and free of ambiguity; and, in spite of anything that may be said to the contrary, their status is uncertain; for, as Lord Camperdown's Committee observes, they are enabled to say, "with a certain amount of logical correctness, that they now have no rank in the army;" and Sir Ralph Thompson states you cannot make their status more definite unless you grant them "titular rank."

If this question was merely a matter of sentiment, the present condition of things, although unsatisfactory, might drift on; but it is a serious matter when we are warned by medical officers of admitted ability and experience, that in existing circumstances the standard of candidates for the medical service is deteriorating, that the power of the medical service for good in time of peace is hampered, and that under the strain of any extended military operations would fail.

Military authorities have expressed the opinion that the medical staff "ought to be ashamed" to ask for army rank, or, as they observe, "to appear what they are not, affecting to be combatant officers." Medical officers have no wish for any command beyond that assigned to them in their commissions, and in Section 271 of the Royal Warrant of 1887; but they have commissions, they are under military law, wear a uniform, and are exposed to all the risks and dangers of military service; they cannot understand, therefore, why they should be denied army rank. We know the mind of the service and of the profession, and we beg to assure you in the most emphatic manner that the sincere desire of medical officers of the army is to do their duty, and that it is because they are unable properly to carry on their functions in a service in which rank and titles rule everything and are essential that they urge that this question should be settled in their favour. That there is nothing absurd or unprofessional in their contention is shown by the fact that you received last summer a deputation of the heads of the profession, the leaders in our great medical educational centres throughout the United Kingdom, urging you to recommend Her Majesty to grant army rank and titles to officers of the Medical Staff. The public, if we may be guided by the expression of opinion contained in some of our leading daily papers, are in accord with the profession on this subject, and desire to see "the Army Medical Service endowed, under military authority, with an autonomy as complete as that of the Engineers."

Sir Ralph Thompson observes that medical officers have a profession outside the army; but so also have the Royal Engineers, who, we are informed, were formerly refused army rank on grounds similar to those on which it is now withheld from medical officers. Royal Engineers draw their allowances under the head of "ordinary pay" and "engineers' pay," some of them leave the service to practise their profession as civilians, or on retiring from the army fall back on their profession; the scientific corps to which they belong has gained much, and the army still more, by their having been conceded army rank and titles. We contend that the same results would follow if the Medical Staff were reorganised into a Royal Medical Corps, and that any ill feeling regarding their having military titles would quickly pass away, as it has done in the case of the Royal Engineers.

The late President of the General Medical Council, as far back as 1876, wrote a memorandum for Sir Ralph Thompson's Committee with reference to the desirability of reorganising the medical department on the lines of the Royal Engineers. With regard to the pay of the officers in a medical corps of this kind, it seems to us it might be regulated under "corps" and "medical pay." No increase in the medical vote need take place by the alteration of details in the pay, etc., of the medical officers. The "corps" and "medical pay" would simply represent the consolidated pay and allowances now given, and no objection can be raised to a reduction to regimental allowances, provided the total pay and allowances are the same, only given under different headings; and so with promotion, the evidence brought before Lord Camperdown's Committee was positive and final as to the inexpediency of interfering with the total pay and allowances, rules of promotion, and pension now prevailing; if these cannot be retained under a scheme such as that referred to it will be necessary to devise some other plan, although no alternative proposal has been put forward which covers this vexed question, and which would so certainly attract a number of the most promising young medical men in the country to devote their energies to the physical well-being of our soldiers.—We have the honour to be, Sir, your obedient servants,

S. SIBLEY, F.R.C.S.,
Deputy Chairman of the Parliamentary Bills Committee
of the British Medical Association.
N. C. MACNAMARA, F.R.C.S.

Q. 565. existing circumstances the standard of candidates for the medical service is deteriorating, that the power of the medical service for good in time of peace is hampered, and that under the strain of any extended military operations would fail.

Q. 249. Military authorities have expressed the opinion that the medical staff "ought to be ashamed" to ask for army rank, or, as they observe, "to appear what they are not, affecting to be combatant officers." Medical officers have no wish for any command beyond that assigned to them in their commissions, and in Section 271 of the Royal Warrant of 1887; but they have commissions, they are under military law, wear a uniform, and are exposed to all the risks and dangers of military service; they cannot understand, therefore, why they should be denied army rank. We know the mind of the service and of the profession, and we beg to assure you in the most emphatic manner that the sincere desire of medical officers of the army is to do their duty, and that it is because they are unable properly to carry on their functions in a service in which rank and titles rule everything and are essential that they urge that this question should be settled in their favour. That there is nothing absurd or unprofessional in their contention is shown by the fact that you received last summer a deputation of the heads of the profession, the leaders in our great medical educational centres throughout the United Kingdom, urging you to recommend Her Majesty to grant army rank and titles to officers of the Medical Staff. The public, if we may be guided by the expression of opinion contained in some of our leading daily papers, are in accord with the profession on this subject, and desire to see "the Army Medical Service endowed, under military authority, with an autonomy as complete as that of the Engineers."

Q. 135. Sir Ralph Thompson observes that medical officers have a profession outside the army; but so also have the Royal Engineers, who, we are informed, were formerly refused army rank on grounds similar to those on which it is now withheld from medical officers. Royal Engineers draw their allowances under the head of "ordinary pay" and "engineers' pay," some of them leave the service to practise their profession as civilians, or on retiring from the army fall back on their profession; the scientific corps to which they belong has gained much, and the army still more, by their having been conceded army rank and titles. We contend that the same results would follow if the Medical Staff were reorganised into a Royal Medical Corps, and that any ill feeling regarding their having military titles would quickly pass away, as it has done in the case of the Royal Engineers.

Q. 162. The late President of the General Medical Council, as far back as 1876, wrote a memorandum for Sir Ralph Thompson's Committee with reference to the desirability of reorganising the medical department on the lines of the Royal Engineers. With regard to the pay of the officers in a medical corps of this kind, it seems to us it might be regulated under "corps" and "medical pay." No increase in the medical vote need take place by the alteration of details in the pay, etc., of the medical officers. The "corps" and "medical pay" would simply represent the consolidated pay and allowances now given, and no objection can be raised to a reduction to regimental allowances, provided the total pay and allowances are the same, only given under different headings; and so with promotion, the evidence brought before Lord Camperdown's Committee was positive and final as to the inexpediency of interfering with the total pay and allowances, rules of promotion, and pension now prevailing; if these cannot be retained under a scheme such as that referred to it will be necessary to devise some other plan, although no alternative proposal has been put forward which covers this vexed question, and which would so certainly attract a number of the most promising young medical men in the country to devote their energies to the physical well-being of our soldiers.—We have the honour to be, Sir, your obedient servants,

Q. 480 to 491, 577. S. SIBLEY, F.R.C.S.,
Deputy Chairman of the Parliamentary Bills Committee
of the British Medical Association.
N. C. MACNAMARA, F.R.C.S.

The following replies have been received:—

War Office, 14th March, 1891.

GENTLEMEN,—I am directed by Mr. Secretary Stanhope to acknowledge the receipt of your letter of the 6th instant, enclosing a communication from the "Parliamentary Bills Committee of the British Medical Association," relative to the status, etc., of medical officers of the army, and to acquaint you that the letter will be duly considered.—I am, gentlemen, your obedient servant.

RALPH THOMPSON.

Messrs. Sibley and Macnamara,
13, Grosvenor Street, W.

War Office, 18th March, 1891.

GENTLEMEN,—Adverting to my letter of the 14th inst., and with further reference to yours of the 6th inst. relative to the status, etc., of medical officers of the army, I am directed by Mr. Secretary Stanhope to transmit herewith, for your information, a copy of correspondence with the President of the Royal College of Physicians, on the subject of the alleged grievances of the army medical officers, which has taken place since the last papers were presented to Parliament.

As Mr. Stanhope has in this, and in his previous letter (which has been published), explained fully what concessions he is ready to assent to, he regrets that he is not able to reopen the question.—I am, gentlemen, your obedient servant.

RALPH THOMPSON.

Messrs. Sibley and Macnamara,
13, Grosvenor Street, W.

--	--	--	--	--



