

**Newspaper cuttings scrapbook on the subject of the rank of Army Medical Officers. Compiled by Lieutenant Colonel William Johnston**

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The Colonel to Johnstone, gift.

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H. 20. 1.



Newspaper cuttings on the subject of  
The rank of Army Medical Officers -  
arranged

by  
William Johnston, of Newton Dee,  
Brigade-Surgeon-Lieut.-Colonel, Army Medical Staff.

Army Medical Service.

Vol. I.



May. 1887 — May. 1895.



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"Chronicle" see "Daily Chronicle".

"Civil and Military Gazette" - Lahore. 59. 60.

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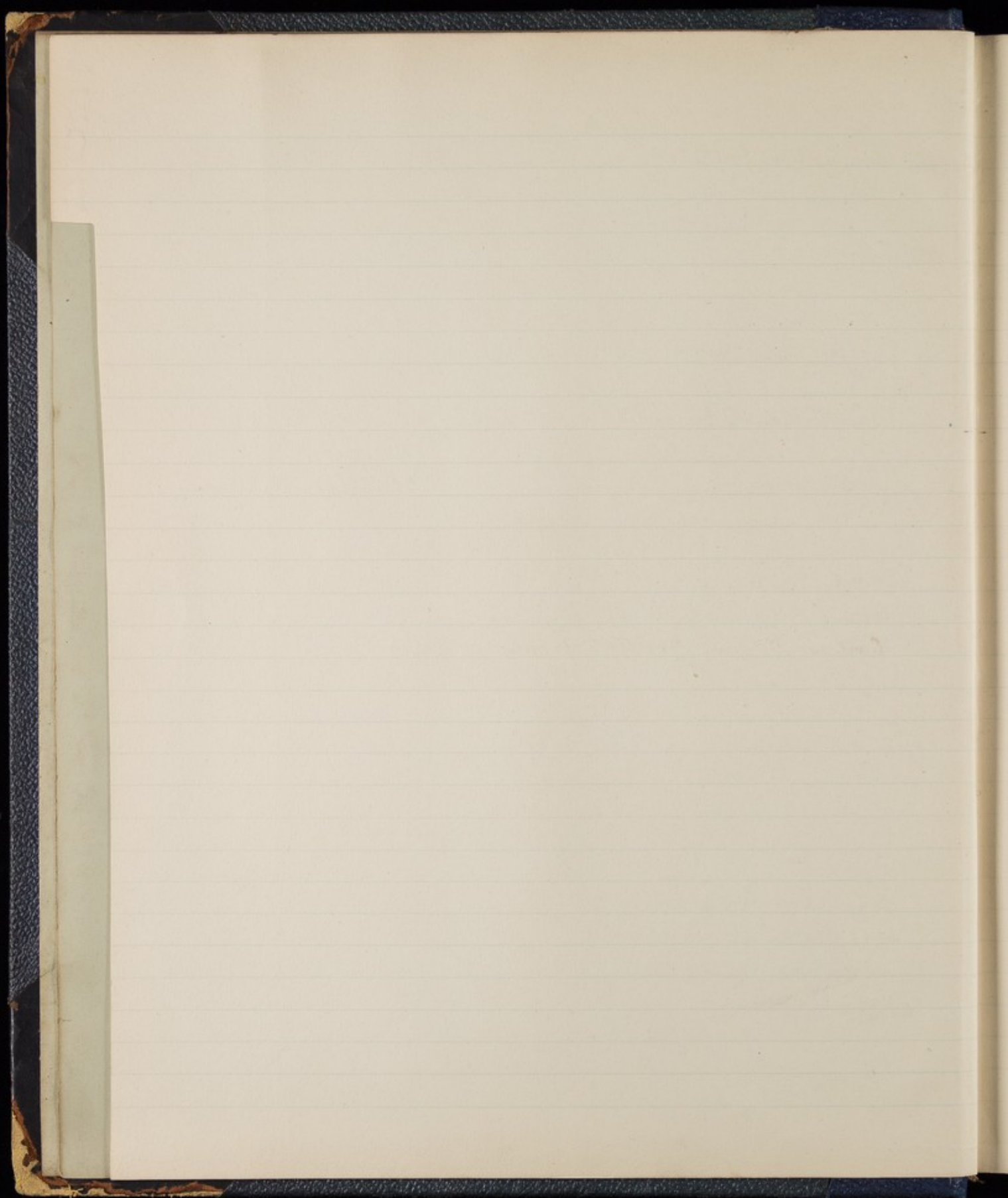
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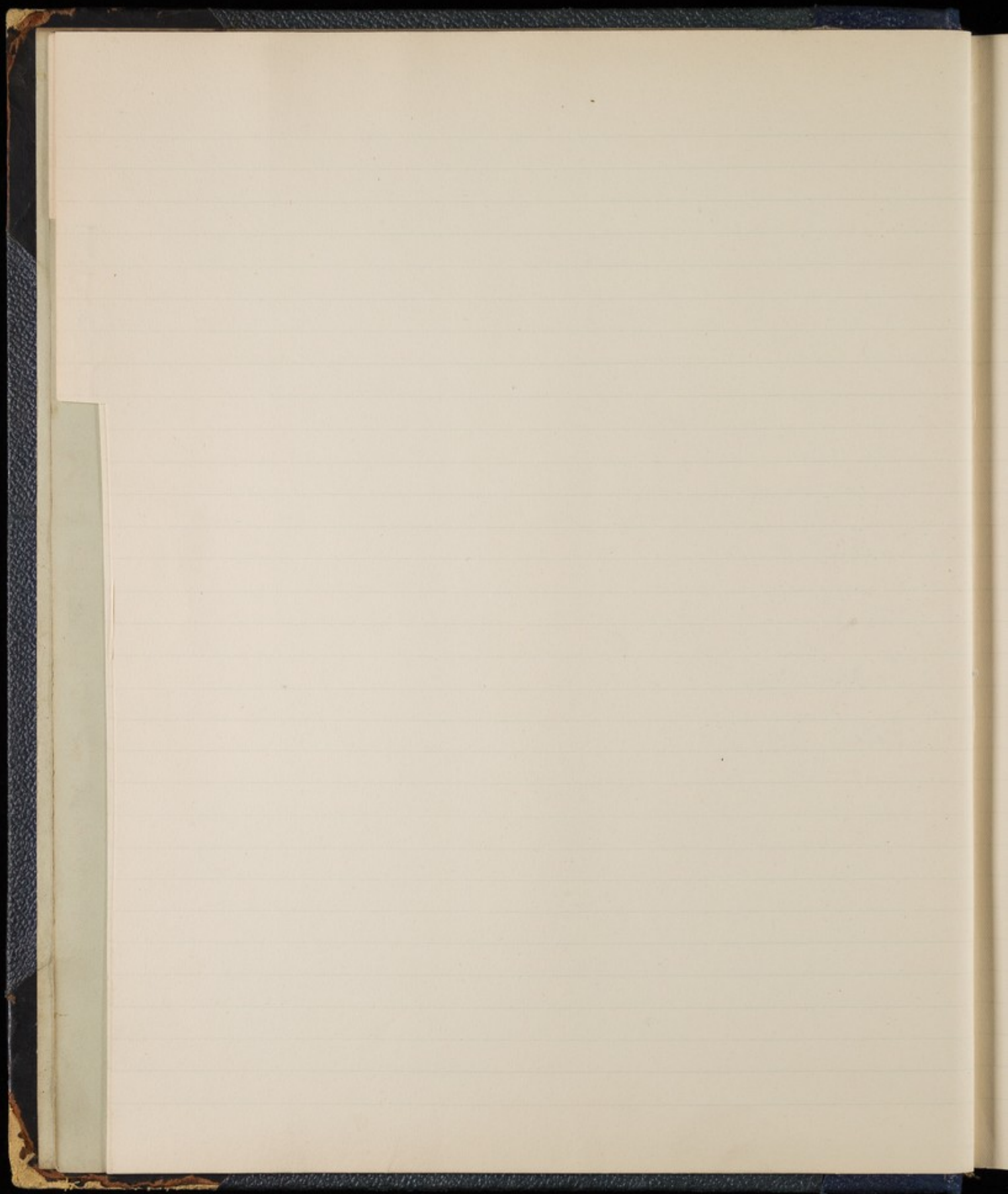
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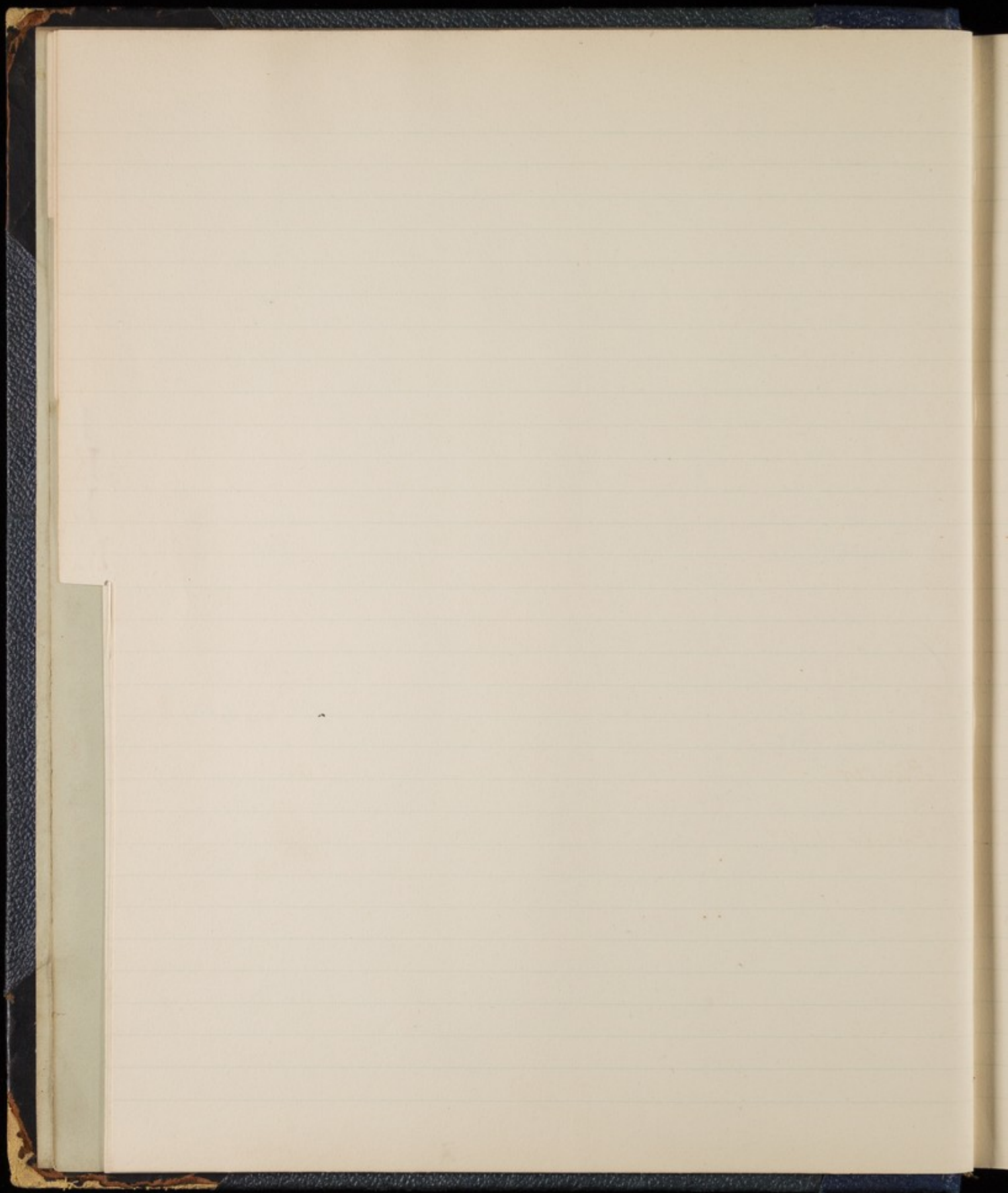
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"Punch".  
"Pioneer"  
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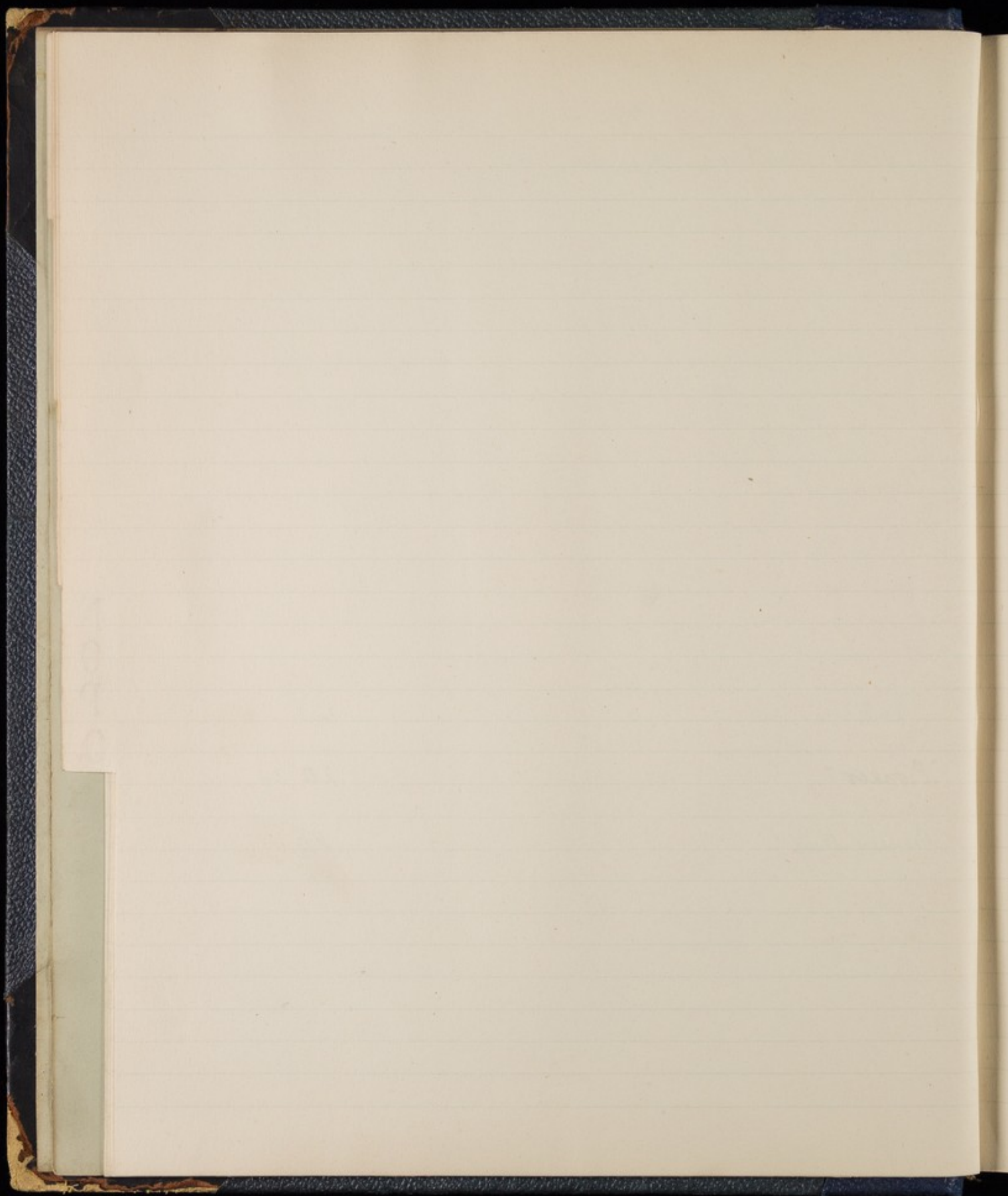
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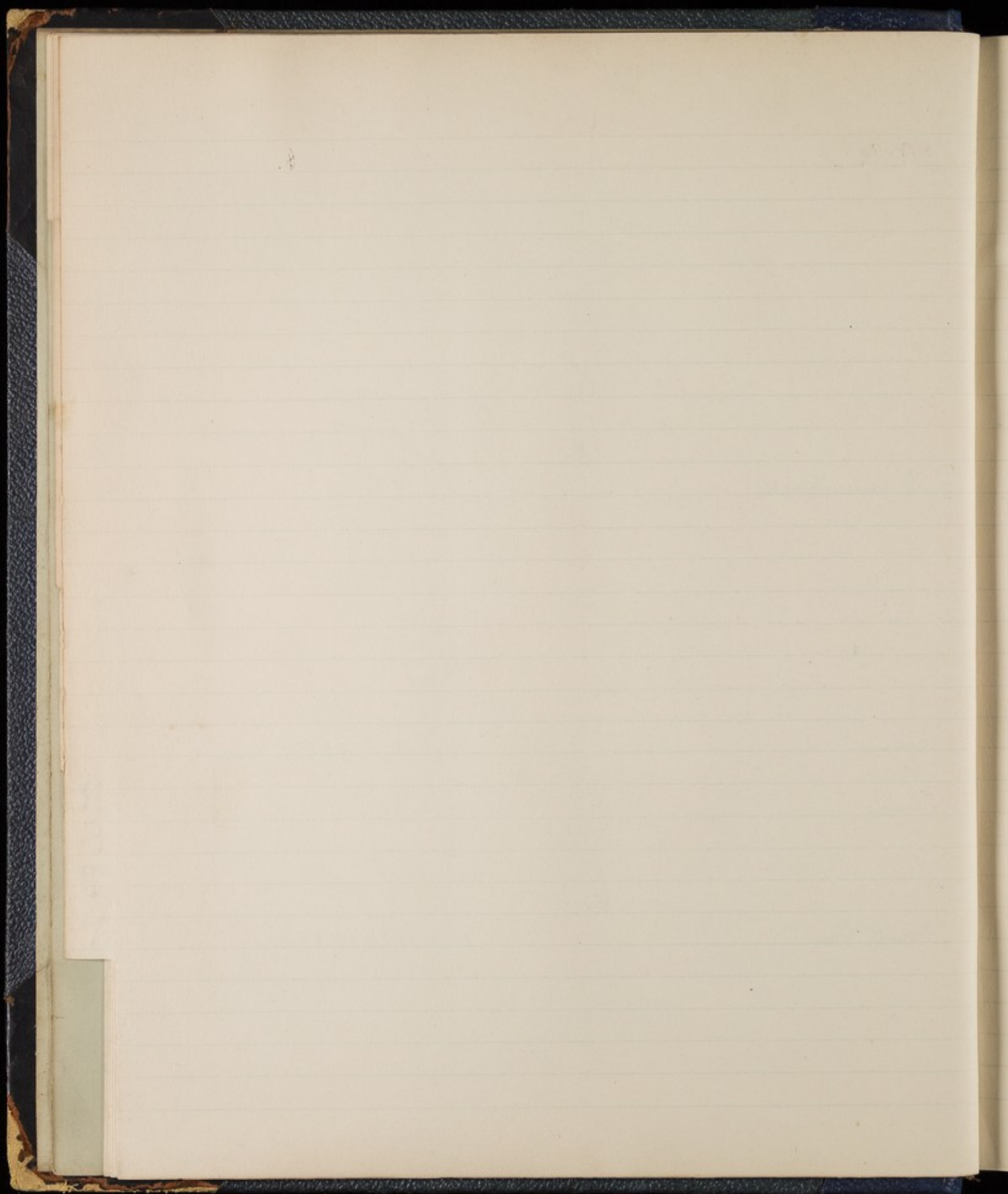
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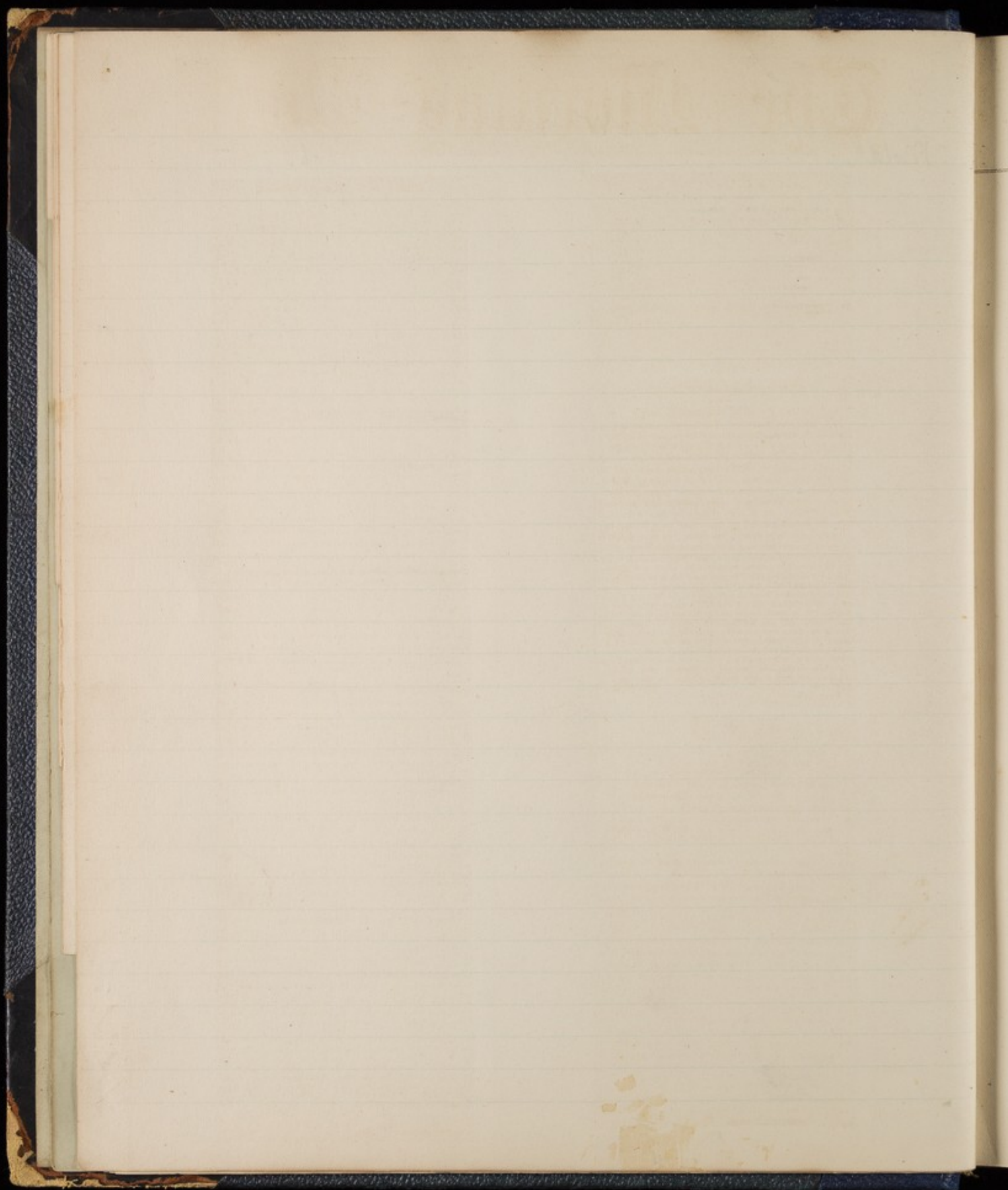


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# The Morning Post.

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ARMY MEDICAL OFFICERS.  
*Morning Post.* 12 Aug 1890.  
TO THE EDITOR OF THE MORNING POST.

SIR,—With reference to the statements made in the House of Commons on Saturday as to the great desire of the officers of the Army Medical Department to be permitted the titles of colonel, major, and captain, I think it should not be forgotten that while the combatant officers are officers and soldiers, the gentlemen of the Medical Department of the Army are officers and civilians; and that to these, therefore, purely military titles cannot be appropriate. Then it may be urged that if the army doctor is to be granted a combatant title, his brethren of the navy must be placed on a like footing. But I put it to you, sir, can you bring yourself to believe that a surgeon in the navy would consider it in the proper order of things that he should go about bearing such a title as that of post captain, to say nothing of commodore?—Yours, &c.,  
August 11. HAUPTMANN.

ARMY MEDICAL OFFICERS.  
*Morning Post.* 13 Aug 1890.  
TO THE EDITOR OF THE MORNING POST.

SIR,—With reference to "Hauptmann's" letter in your issue of to-day commenting on the question of military titles for medical officers of her Majesty's army, I think a few words of explanation might not be out of place for the perusal of readers who, at a cursory glance, might take the writer's view, that the members of the Army Medical Department are "officers and civilians" in contradistinction to military officers, who are "officers and soldiers." I myself have been, and am still, in favour of compound titles, as surgeon-general, &c., and, apart from the military or duty aspect, and without trespassing on your patience by going into the merits of a question already thrashed out in the columns of military and medical papers alike, it would perhaps be well if persons writing in the strain of "Hauptmann" would call to mind the position of the medical officer in the "fighting line," look at the V.C. list, and make himself acquainted with the designations of the officers of the other departments of her Majesty's army who conduct their duties in less close proximity to shot and shell. All of the present day can remember the event on Majuba Hill during the Boer war but a few years ago, when Surgeon-Major Cornish and Langdon lost their lives under fire; they and the general commanding being, I think, the only commissioned officers killed. On the latter point I am open to correction, as I only write from memory.—Trusting you will excuse my troubling you on the subject, I am, &c.,  
August 12. SERVICE.

THE SERVICES.  
*Morning Post.* 14 Aug 1890.

In Committee of Supply on the Army Estimates on Saturday last an opportunity was at length given to the Service members for the discussion of several matters of interest which have been much debated in military circles lately; but it was, after all, a very half-hearted business. As the various votes came on, a point would be raised and replied to, the amendment withdrawn, or the discussion dropped, and the vote agreed to. In fact, nothing practical in the way of remedying grievances was in any way arrived at.

Dr. Farquharson brought before the House the question of granting military rank to army doctors. It is somewhat difficult to understand the desire for such rank on the part of the doctors; but the advocates of the step declare that a large majority of medical officers wish for it, and Mr. Stanhope promised to fully consider the matter in consultation with the military authorities. The strongest point in favour of the doctors is that the grant of military rank was recommended by Lord Camperdown's Committee, and would cost nothing. The appointment of committees simply for the purpose of shelving unpleasant questions is a very bad system, and should be discouraged as much as possible. If a committee is appointed to consider a matter, every endeavour within reason should be made to carry out the recommendations of such committee.

Mr. Stanhope, while maintaining that the new magazine rifle was not a failure, admitted that in the matter of ammunition for the weapon all was not quite so satisfactory as it should be. He in fact admitted the accuracy of the statement made in this and other papers that there was an insufficiency of ammunition, and that for all practical purposes the new smokeless powder, in praise of which so much had been said, had not really emerged from the hands of the experimentalist.

ARMY MEDICAL OFFICERS.  
*Morning Post.* 14 Aug 1890.  
TO THE EDITOR OF THE MORNING POST.

SIR,—"Hauptmann," in his letter in your issue of to-day, draws attention to the fact that the styling of army medical officers by such titles as colonel, major, &c., would be inappropriate. I fully agree with him. To the credit of naval medical officers be it said that they once and all repudiated the suggestion that they were not content with their present rank and titles; and I have no doubt they would be horrified to learn that in future they were to be styled as commodore or captain. Thus we see content on one side; utter discontent on the other. The reason is plain. Naval medical officers are part and parcel of the Royal Navy; they wear the same uniform as their combatant brethren, share their friendship and confidence, and love their patient, Jack. We, on the other hand, by a system that removed us from regiments, are isolated from the rest of the army; are knocked about from pillar to post; do not know our patients, nor are we known of them; and, in fact, feel as "Hauptmann" (rather unkindly) calls us, civilians. Hence the cry of some for military title, in order that they and their friends may be able to grasp their connection with the army, while others, like myself, still prefer being "doctor," and waiting wearily for the time when, by a return once more to the old system, they will be able to feel that while without encroaching on the rights of the combatant branch, their position as a regimental officer will be ensured.—Yours, &c.,  
August 12. A MILITARY DOCTOR.

TO THE EDITOR OF THE MORNING POST.  
SIR,—Referring to your correspondent's letter under the above heading in yesterday's *Morning Post* may I be permitted to remark that whatever army medical officers may be considered in a technical sense, it is certainly not fair, either on grounds of justice, expediency, or policy to call them "civilians," as your correspondent terms them, seeing that they lead the officers and men of their corps on the field of battle, and perform their duties in touch with the fighting line, under fire, and exposed to the dangers and life-risks of their so-called combatant brethren. With regard to naval medical officers being led to make a claim for combatant titles should these latter be given to military medical officers, I would only remark that until such titles are borne by naval engineers and paymasters, but little apprehension need be felt on that point.—Yours, &c.,  
August 12. M.D.

TO THE EDITOR OF THE MORNING POST.  
SIR,—After 10 years' service in the Army Medical Department I can most positively affirm that the desire of the medical officer for substantive rank is indeed great. Moreover, your correspondent's argument will not in any degree lessen it, since his reasoning is neither logical nor sound. The duties of a naval medical officer are not similar to those of a surgeon of the sister service, nor do I admit that it is reasonable to negative the desire of the army doctor, because the same longing does not exist in the navy. Few men, combatants or otherwise, enter the service as a means of earning a livelihood, or the ranks of the subalterns would be very thin, and the number of the doctors very limited. I am not finding fault with the pay, for since the supply far exceeds the demand that consideration is evidently of little moment. A man undoubtedly joins the army because the position carries with it a certain social distinction which, to many, compensates for greater pecuniary reward. On a combatant officer's retirement, however, the titular rank which he has acquired remains with him and affords a recognition of the fact that he has faithfully served both his Queen and his country, but on a medical officer leaving the service, all his outward connection with the army ceases with the disposal of his discarded and now useless uniform. The latter reverts to the position he held 20 or perhaps 30 years ago, and from surgeon-general, ranking with major-general, he descends to the simple prefix of the Mr. of his youthful days. Is this either fair or just? Is it not rather a poor return for his labour, and a bitter example to those who are following in his footsteps? A medical officer has a harder life than the hardest amongst the combatant officers. On active service he is as much—I would say more—exposed to loss of life, and has, in addition, to attend on the wounded after the battle is done and the combatant officer's work is more or less temporarily finished. Take Tel-el-Kebir for example. A night march, a few hours' fighting, and then a rest. Not so with the medical officers. Preparation for the reception of the wounded, transport of the injured, and continued treatment of the sick and maimed. In time of peace the medical officer is ever on duty, and the actual hours of employment more than double the time devoted to duty of most of the combatant officers. Surely it is not too much to ask of his country a just appreciation and a fair recognition for the best years of his life spent and sacrificed on her behalf.—Yours, &c.,

G. SHERMAN BIGG, F.R.C.S.E.,  
Late Army Medical Staff.  
104, Victoria-street, August 12.



## THE MORNING POST.

## ARMY MEDICAL OFFICERS.

*Wm. B. B.* 18th Aug 1890  
TO THE EDITOR OF THE MORNING POST.

SIR,—Referring to your article on "The Services" in the *Morning Post* of this day's date, together with the letters which have appeared during the past few days on the subject of rank for army medical officers, may I craven portion of your space for a few lines on the subject? As you properly remark, the grant of rank, as recommended by Lord Camperdown's committee, would cost nothing, and every endeavour within reason should be made to carry out its recommendations. Medical officers maintain, upon the evidence, that the withholding of sufficient and intelligible military rank and titles from them is not only an injustice to themselves, but a public slight and insult to the medical profession at large. The Americans, a practical people of our own race, and possessing like military instincts, and the majority of the Continental nations find no difficulty or incongruity in giving real rank, titles, and organisation to their medical services. The French War Ministry, a short time ago, as the only solution of a military difficulty, conferred complete autonomy, even financially, on the Army Medical Service. Are we, then, to be the only country to allow military prejudices to stand in the way of needful reform in this direction? I feel certain that, if the public were thoroughly informed of the nature of the evidence given before Lord Camperdown's committee, fair play would soon be done, and that such testimony as that given by that broad-minded and gallant soldier, Sir Donald Stewart, late Commander-in-Chief in India, in favour of giving proper military rank and organisation to medical officers, would be speedily acted upon. For it must be remembered that the Army Medical Staff are responsible for all the complicated arrangements in connection with the transport of the sick and wounded in time of war—duties which can only be carried out by men who have received a military training—including the command of the medical staff corps, who are trained and fitted for their duties entirely by the medical staff. The field duties, too, of medical officers, as has been already pointed out by your correspondents, necessitate exposure to the honourable risks of war, not only when fighting is going on, but when detached in charge of sick and wounded, in our wars with barbarous races, who do not observe the Geneva Convention.

The subordination of a body of officers thus trained to others whose duties seldom or never bring them within range of a bullet, is held by medical officers, almost without exception, to be a grievance that is becoming every day more and more intolerable. Lord Dalhousie, the greatest pro-consul that ever governed India, gave expression in a minute upon the medical service appended to the report of the Parliamentary committee, to the following forcible observations, which have a special significance at the present time, seeing that they were written in what are called "the good old regimental days," in which it has been urged medical officers had no hankering after military rank, but were content to remain in a position of inferiority among their regimental comrades. Most of the other grievances which Lord Dalhousie particularised in his minute have since been removed; but here is what he says on the rank question, the withholding of which is felt more keenly than ever since the introduction of the departmental corps organisation with all its recent changes and improvements:—"But the most galling, the most unmeaning and purposeless regulations, by which a sense of inferiority is imposed upon medical officers, is the refusal to them of substantive rank. The surgeon and assistant-surgeon rank invariably with captain, lieutenant, but the rank is only nominal. Whenever medical officers and others are brought together on public duty the former have no rank at all, and the eldest surgeon on the list must in such case range himself below the youngest ensign last posted to a corps."—Yours, &c., W. NEWART.

SURGEON-GENERAL (RETIRED).

August 14.

TO THE EDITOR OF THE MORNING POST.

SIR,—Referring to the correspondence on the above subject to which you have opened your columns, it may well be asked what do army medical officers want? Do they want to become combatant officers? In your impression of to-day from the letter of "M.D." it would appear that some of them do, as that spirited gentleman talks of leading the officers and men of his corps on the field of battle. It is usually supposed that the Red Cross of Geneva was specially designed, in an international congress, to protect "M.D." and his corps from hostile fire. It is difficult, therefore, to understand how "M.D." and the Army Hospital Corps are to be allowed to inflict loss of life when there is a solemn compact amongst the civilised nations to protect them as far as possible from injury. Surely the whole movement in the direction indicated by "M.D." is an absurdity. The doctor's raison d'être is to preserve life, not to destroy it. Like many other non-belligerent doctors have to be occasionally under fire. But civilised soldiers are pledged never to fire at them or those helping the wounded, at any rate when they are at sufficiently close quarters to distinguish them. Consequently it is easy to make too much of the risks incurred, and the V.C.'s that

have been gained. Military titles (non-combatant) is what they probably seek, at any rate at present, and such title it has very properly been the policy recently to restrict as much as possible. A military title is only of value when it carries military command, otherwise it has no real significance. Quite the reverse, its recipient being always at the disadvantage of having to explain that he is not a soldier, although given a soldier's title. But it is perfectly certain that anything even akin to military titles is injurious to the estimate which all would wish to hold of the medical profession. The letter signed a "Military Doctor" is an excellent one, and goes to the root of all reasonable complaint.

The statements made in Mr. G. Sherman Bigg's letter are not altogether borne out by facts. I should say that 19 out of 20 doctors enter the army to make a livelihood of it, it being a good, well-paid one from the commencement; and surely Mr. Bigg must be aware that army doctors carry their titles with them when they leave the service. Probably they do not generally use them, for in civil life a military title attached to that of doctor sounds absurd, and might even militate against their chances of obtaining practice which many are willing and most competent to undertake.—Yours, &c.

LIEUTENANT-COLONEL.

Cheltenham, August 14.

## ARMY MEDICAL OFFICERS.

*Wm. B. B.* 18th Aug 1890  
TO THE EDITOR OF THE MORNING POST.

SIR,—A proportion, a small one I trust, of the officers of that honourable and distinguished corps, the Army Medical Staff, appear to be desirous of being known in future as generals, colonels, majors, &c., or, in other words, by the titles borne by combatant officers of corresponding relative rank. One would have imagined that they would have been satisfied to be known by the titles appertaining to their own honourable profession, but if nothing will content them but the titles borne by combatant officers, doubtless they will be prepared to make some sacrifice for the "distinction" they covet. Now it must be borne in mind that army medical officers are much more highly paid than combatant officers of corresponding rank, and enjoy much higher pensions on retirement. If a surgeon is to be styled "captain" in future, there can be no reason why a captain should not be styled "surgeon" if he should wish it. I would, therefore, suggest that any medical officer who wishes for the title of a combatant officer of corresponding relative rank, should be allowed to exchange titles and rates of pay with any combatant officer willing to make the exchange. Doubtless many an impetuous combatant officer may be found who will be glad to obtain the good pay attached to the despised titles of the doctors on condition of his assuming the latter. It may probably seem strange and incongruous at first that a surgeon should lead his company into action, while a captain attends to the wounded men of the company; but doubtless time and custom will reconcile us to the apparent incongruity.—Yours, &c.,

August 16.

MAJOR-GENERAL.

TO THE EDITOR OF THE MORNING POST.

SIR,—Having spent several years in the Army Medical Department I was amused at the letter signed "Hauptmann," calling us "civilians." Evidently the writer knows nothing whatever about the service. Considering we hold her Majesty's commission, spend more than half of our service in foreign climates, are liable to be tried by court-martial if we commit ourselves, serve in the fighting line in time of war, being more exposed to fire than any other departmental officer (several army surgeons being decorated with the Victoria Cross), besides commanding our own men of the Medical Staff Corps, I say how can we possibly be "civilians"? As a matter of fact we are not only military men, but, if I may use the expression, are "more combatant" than any other departmental officer who has a military title. As a proof, I have only to mention that in the last campaign in Burma the only officers (including combatant and departmental) who won the Victoria Cross were medical officers. Yet these heroic men are denied military titles, and even by a few like "Hauptmann" are insulted by being called "civilians."—Yours, &c.,

AN ARMY SURGEON.

TO THE EDITOR OF THE MORNING POST.

SIR,—Having read several letters lately in your columns on the rank of army medical officers, and one signed "Hauptmann," who designates them as civilians, I presume the writer never served in the field of battle with them or he could not possibly, with candour, apply such a term towards them, as any wounded officer would expect—whether he considers them civilians or not—to be attended to under the heaviest fire from the enemy, which, in fact, is their incumbent duty, and for which several of them have been awarded the V.C., and several by the unanimous vote of the officers and men of a regiment. Few men have seen more, or so much, active service as I have; and I have known a medical officer kept on duty in the trenches for days with detachments of men ordered to pick off the enemy's gunners, who were frequently relieved, many being killed and wounded; but the medical officer could not be relieved owing to the paucity of medical officers. Neither should it be forgotten that no regiment or detachment can go into action without the close proximity of a medical officer, considering the enormous percentage of wounded



## THE MORNING POST.

who die in the field of hemorrhage for want of immediate surgical attention, so that he shares all danger with the rest of the officers, and has more onerous duties to perform, so admirably pointed out in a letter from a retired medical officer in your issue of yesterday. At the same time statistics prove that the casualties amongst medical officers in the field are much greater than amongst other officers. It is, therefore, most ungenerous to say these officers are civilians, and no unprejudiced person would do so. Paymasters, many of whom enter the army from civil employ, are styled captains on entering the service and colonels on retirement, and colonels have been made major-generals on retirement who never acted in that capacity; but an ungrateful country permits the medical officer to retire as he entered it, as Mr. or Dr., or only gaining a military (that is not given to civilians) K.C.B. or C.B. in a very few instances as compared with other officers. I should advise the writer of the letter signed "Hauptmann" to read the services that were required and performed by the late Dr. Brydon at Jellalabad, and hear then if he considers medical officers of the army civilians.—Yours, &c.,

August 15.

JUSTITIA.

## ARMY MEDICAL OFFICERS.

*Morning Post* 10<sup>th</sup> Aug. 1890

## TO THE EDITOR OF THE MORNING POST.

SIR.—All soldiers agree with the letter signed "Lieutenant-Colonel," in the *Morning Post* of the 16th inst. Why should army doctors have a military title any more than army chaplains? Surely the insult to the medical profession, complained of in one of your correspondent's letters, comes from those who are apparently ashamed of being known as army doctors, and want to pass themselves off to the outer world as combatant officers. No insult whatever comes from the authorities, who show regard for the medical profession by not calling "pills" "bullets."—Yours, &c.,

August 18.

ANOTHER LIEUTENANT-COLONEL.

## ARMY MEDICAL OFFICERS.

*Morning Post* 20<sup>th</sup> Aug. 1890

## TO THE EDITOR OF THE MORNING POST.

SIR.—Allow me to point out, in relation to the correspondence at present being carried on in your columns on the above-named subject, that if it were reasonable to accord to medical officers purely military titles it would be just as reasonable to accord to military officers purely medical titles. I do not believe, however, that any such ridiculous topsy-turvy of the titular rank heretofore assignable in the two branches of the army would be at all welcomed by the military branch of the service. For those very obvious reasons it appears to me that medical officers should rest content with the established usage of the past half century, of being distinguished by the mixed, but no less honourable, titles which at once indicate their professional status and equivalent rank in the army.—Yours, &c.,

G. C. WALLICH, M.D.,

Surgeon-Major, Retired List.

Bengal Army. Retired 15<sup>th</sup> Aug. 1889.

## TO THE EDITOR OF THE MORNING POST.

SIR.—Your correspondent "Surgeon-General Retired," in his letter of the 16th inst., calls attention to the important duties of the medical service as a reason why they should have military titles. I fail to see why the honorary rank of captain, major, or colonel would make an honest medical English gentleman more efficient or more zealous in the performance of his duties. But this grievance is based, not on public grounds, although an attempt to hoodwink the public to that effect is being made, but is simply from social considerations. Your civilian readers may not be aware that there is a great deal of social prejudice in military society, and I need not say that it extends very largely among the female sex. There is first the staff who can only associate with the cavalry or the very higher ranks of the artillery; then the cavalry who look down upon any branch of the service that is not equestrian with the most utter contempt. The infantry keep very much to themselves, and as for the departments, such as our unfortunate doctors, the Ordnance Store, the Commissariat, they are practically isolated in every garrison town. Nobody ever thinks of calling on a departmental officer's wife except his own people when he comes to a station, and being very few of them, not strong enough to form a party of their own, they and their wives feel this exclusion very keenly. I do not accuse any party of any unkindness towards one another, but the military mind is very narrow, and the combatant branch (I speak from experience, having served in both) has nothing in common with the departmental. Hence these perpetual grievances with the departments. The Commissariat and Ordnance never ceased agitating till they obtained military titles instead of being called plain misters. But it has not made the slightest difference, and the military titles to men who are and have been purely civilians, have only made them ridiculous. The doctors are now on the same futile tack. They believe that military titles will bring them more social importance, and that is why they are clamouring for them. They will not, from the experience of other departments, and I hope the authorities will not yield to this undignified demand on the part of a body of men who should know better, and who should have more respect for their own profession.—Yours, &c.,

August 16.

DEPARTMENT.

## TO THE EDITOR OF THE MORNING POST.

SIR.—May I point out that in all justice if it is an absurdity for military titles to be borne by army surgeons, the incongruity is still more marked in the case of pay and commissary officers? I distinctly think all departmental officers should have compound designations, as surgeon-general, commissary-general, colonel, &c. I am sure no man with self-respect wishes to sail under false colours, and it is a pity that feelings other than cordial should exist amongst those working together in the army, and who should be united as comrades under all circumstances either in peace or war.—Yours, &c.,

South Norwood, August 18.

SERVICE.

## TO THE EDITOR OF THE MORNING POST.

SIR.—Mr. Bigg in his letter of Thursday's date makes one statement which is likely to mislead the uninitiated. He says, "A medical officer has a harder life than the hardest amongst combatant officers." Now, in peace time a medical officer has a particularly easy time, his work consisting chiefly of seeing a few prisoners and going round a few wards, being, in fact, less than the ordinary subaltern's daily routine. Mr. Bigg's sole instance is in war time, at Tel-el-Kebir, and it is hard to believe that the medical officer's work then was harder or more harassing than that of the staff officers, on whose combined shoulders the success of the whole campaign depended. Mr. Bigg must surely be unacquainted with an adjutant's work if he considers it easier than that of the average medical officer.—Yours, &c.,

August 15.

COMBATANT.

## TO THE EDITOR OF THE MORNING POST.

SIR.—In your issue of the 16th inst. "Lieutenant-Colonel" states that "civilised soldiers are pledged never to fire at them" (i.e., military doctors) "or those helping the wounded," &c. Very right and proper, but I wonder how many of our own civilised soldiers—of the rank and file—have ever been taught to hold these views. Very many, no doubt, from an instinctive feeling of humanity, would not act as above, but many, I am sure, think "all's fair in war," and that to fire on all alike on the enemy's side is the surest way of inflicting damage on the foe. What do they know of Geneva conventions, unless taught? Moreover, in times of war feelings of humanity are apt to become very deadened, as I have seen myself. I would, therefore, suggest that a special paragraph be inserted in the "Musketry Regulations," that soldiers are never to fire on those tending the enemy's wounded.—Yours, &c.,

August 18.

CENTURION.

## TO THE EDITOR OF THE MORNING POST.

SIR.—I see many letters on the proposition of Lord Camperdown's committee to give military titles to the medical officers. Now, it seems clear that the military authorities object to it on the ground that they are non-combatants, although no difficulty was raised to giving it to commissaries and paymasters, who are most decidedly non-combatants, especially paymasters. Do you not think it would be only fair not to give military titles to these departments, and thus remove the feeling of annoyance at seeing these officers swaggering as majors and colonels with not half the claims to it as the medical officers, who, although considered non-combatants, are exposed to as much danger as the combatant officers *par excellence* are?—Yours, &c.,

August 19.

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*Morning Post* 21<sup>st</sup> Aug. 1890.

During the past ten days a correspondence has been in progress in our columns in regard to the designation of army medical officers. Both sides have now been fairly heard, and it is evident that there is very considerable difference of opinion. It is no news that there are a large number of army surgeons, principally, we venture to think, composed of the junior members of the department, who have a certain craving for the titular distinctions hitherto mainly associated with combatant rank. This fact was made abundantly evident by the evidence given last year before Lord CAMPERDOWN'S Departmental Committee, and the feeling again found expression in the remarks made by Dr. FARQUHARSON in Committee of Supply in the House of Commons on Saturday week. On the other hand, the letters which have appeared in our columns seem to indicate that the Army Medical Department is by no means unanimous on the subject, and it is certain that the change proposed would not be favourably received by the more distinctively combatant ranks. Mr. STANFORD declared that he found it difficult to understand why doctors should desire to be described as general, colonel, and so on, but the explanation will readily suggest itself to those who have had experience of the society of a garrison town. The titular distinctions of rank have there a very real signifi-



cance, and a member of the Medical Department feels himself not only isolated, but, to some extent, placed on an inferior social footing from the lack of them. At the same time, it may be permissible to doubt whether being designated colonel or captain would accomplish the object which the doctors who desire such titles have in view. It is held by not a few presumably competent judges that the grant of such distinctive badges of rank to other departments was a mistake; and, though it would be impossible to undo what has been done, it is quite certain that a difference exists in popular estimation between combatant and non-combatant rank. It may be matter for regret that this should be the case, but the feeling must none the less be reckoned with. Again, some of our medical correspondents have urged with both force and justice that a surgeon's work in the field is both as hard and as perilous as that of any other officer. No one will desire to deny the good service rendered by military doctors, or the dangers to which they are exposed in time of war, but this hardly affects the question whether their position would be improved by the grant of titular rank. In this connection it may be noted that the practice of other Powers is opposed to our own, and that both in the United States and on the Continent, army medical men are designated by military titles. There is an opinion in some quarters that, at any rate, a partial solution of the difficulty might be found in a recurrence to the regimental, as opposed to the departmental, system, and this is doubtless a matter which the military authorities will take into consideration before arriving at the decision which Mr. STANHOPE has promised shall be given. In the meantime, there appears to be some force in the point urged by one of our correspondents that the claims put forward on behalf of the medical men are a little undignified. The gentlemen in question are already members of a learned and honourable profession, and, to the ordinary mind, it is not very evident what they will gain in dignity by the adoption of titles hitherto regarded as appropriate to a class of work different from their own. No such claim seems to be put forward by naval surgeons, and, indeed, it would be difficult to bestow upon them any combatant designations without adopting a similar course in regard to engineers and paymasters. The matter as it stands is, however, one with which the Army Medical Department is principally concerned. As Mr. STANHOPE said, there is every desire that officers should feel satisfied with their service in the Army; and if military surgeons are in earnest in seeking titular rank it is exceedingly probable that they will succeed in acquiring it. Whether they will gain much by the acquisition is another matter altogether.

18 AUGUST 1891.

## ARMY DOCTORS AND THE NEW WARRANT.

TO THE EDITOR OF THE MORNING POST.

SIR,—I am afraid that the compound titles conferred by the warrant just issued will not give general satisfaction to the medical staff. In my opinion the "captain" put before the horse in the new denominations. The military title should come first, as that alone denotes the actual army rank; of course officially this will be understood, but socially, how is a medical officer to be addressed? The prefix of surgeon gives no rank, therefore, all medical officers will be called "doctors," as heretofore, whatever their rank in the army may be. The long-vested question of combatant rank is now settled and done with, so why should not the medical officer have the honorary military title, in the same manner as paymasters, commissariat officers, and even inspectors of army schools. It will be

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## THE SOLDIER AND HIS DOCTOR.

TO THE EDITOR OF THE TIMES. 21<sup>st</sup> Aug. 1890.

SIR,—Will you permit me to briefly place before the public a few facts regarding the present unfortunate state of affairs that exists in the medical staff of the Army?

It is a matter of history how our troops suffered in the Crimean War, not from any want of zeal or capacity on the part of the medical officers, but from a total want of organization.

The Commission presided over by the late Sidney Herbert brought out the warrant of 1858, with which the medical officers of the Army were perfectly satisfied, and which would, if not tampered with, have kept the service in a contented and efficient state. Unfortunately, military jealousy, supported by the officials at the Horse Guards, whittled away this warrant bit by bit, till the service, backed by the medical profession, rose against the breaches of faith, with the result that warrant after warrant, each costing the taxpayer large sums of money, had to be promulgated to enable the Secretary of State for War to obtain a supply of candidates for the medical staff.

The last of these warrants was issued in 1879, and gave such general satisfaction that the service was most popular, and the highest class of young medical men competed for the vacancies.

On the 1st of January, 1887, the final blow was struck by the War Office, when "relative rank" was abolished, and since then the medical staff of the Army has been, and must continue to be till matters are righted, in a most anomalous condition, being called on to perform military duties of every kind without any defined rank in the Army. The recent deputation, headed by Sir Andrew Clark, composed of the presidents and vice-presidents of every medical college in the United Kingdom, must have shown Mr. Stanhope pretty clearly the determination of the profession to see matters righted, and the recent debate in the House on the Estimates must have still further confirmed that determination.

The matter lies in a nutshell. The medical staff of the Army have been compelled for some years to perform every duty of a combatant officer, with the one single exception of fighting. They exercise powers of discipline equal to the colonel of a regiment. They issue pay, clothing, &c., they drill and command men in the field, and in India these men are taken from the fighting line, as there is no medical staff corps out there.

Medical officers claim a defined rank in the service, and surely that claim is reasonable. They ask to be formed into a corps, on the lines of the Royal Engineers, and to be given substantive rank in the Army, with command limited to their own men, hospitals, and those in or attached to them for duty. Titles are of minor importance, and probably a compound one such as surgeon-captain, surgeon-major, and so on would be quite satisfactory.

As the matter now stands Mr. Stanhope is between two fires—on one hand he has the medical staff of the Army in a discontented and inefficient state (there must be inefficiency where there is discontent), backed up by the entire medical profession; while on the other hand the Horse Guards, relying on their "military instincts," urge him to refuse what he well knows must be granted sooner or later.

If this question be not settled soon there can be only one of two results—viz., the deterioration of the personnel of the medical staff as a result of the admission of an inferior class of medical graduates, with a consequent loss to the Army in efficiency; the second, the establishment of an army medical college in which students will be educated at the expense of the State, on the lines of Woolwich and Sandhurst.

Will the country stand such an outlay? If not, the sooner the question is settled on an equitable basis the better for all concerned, and that basis has been clearly laid down in the recommendations of Lord Camperdown's Committee, which recommendations Mr. Stanhope has only to give effect to to settle a burning question at once and for ever.

J. S. HAMILTON, A BRIGADE SURGEON.  
United Service Club, Dublin.

## THE SOLDIER AND HIS DOCTOR.

TO THE EDITOR OF THE TIMES. 25<sup>th</sup> Aug. 1890.

SIR,—The letter signed "A Brigade Surgeon" in your issue of the 22d shows very clearly the causes of discontent which have arisen in the Army Medical Staff under Mr. Stanhope's administration, and it recalls a time when, under former War Ministers, her Majesty's medical services were held up by the leaders of the medical profession as branches to be particularly shunned. I well remember with what emphasis the late Mr. Conner Forster, who lectured



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on anatomy when I was a student, insisted that no student of Guy's Hospital should prejudice his future by entering either of these services. "Her Majesty's medical services," he used to say, "are recruited only from the Irish and Scotch schools. We advise none to enter from this hospital." I daresay there are many who, like myself, look back with gratitude to that kindly and far-seeing advice.

A better feeling towards these services followed the warrant of 1879, with a result that some of the better class of London students competed for commissions, but Mr. Stanhope's warrant of 1887 seems to have thrown the Army Medical Staff again into a state of ebullition, and his abolition of relative rank has recoiled in an urgent cry for substantive rank such as, I understand, has been already granted to the commissary department: whilst his apparent determination not to act upon the recommendations of Lord Camperdown's Committee has added further dissatisfaction to former discontent.

To those in civil practice it seems of little advantage to merge scientific distinction in a purely military title, but a compound title, which states both the rank and profession, appears free from objection on both sides.

That which Governments have hitherto failed to recognize is that a certain number of the medical profession have strongly-marked military instincts: just as many clergymen have medical instincts, and love nothing better than dosing their parishioners with drugs: or as many statesmen have an inclination for sport: or as many men whose occupation is fixed on land have strong nautical tendencies. The military instinct in this country is so widely spread in civil life as to have produced by its natural development the whole Volunteer force, and when found in a concentrated form in a medical student it leads him at the end of his hospital career to seek a commission in the Army medical department. Now, hitherto, successive Governments have done all in their power to check this medical military instinct, whereas it is clearly to the advantage of the State to encourage it to the utmost, since it is the main inducement to enter the service: and the easiest and most economical way of doing this is by granting a distinct recognition of rank.

As to the future development of the service, now that a return to the old regimental system is clearly impossible, I think nothing short of raising the medical staff into a distinct corps with the title of Royal Surgeons, similar to the Royal Engineers and Royal Artillery, will be likely to ensure complete efficiency.

I am, Sir, your obedient servant,  
R. CLEMENT LUCAS, B.S., F.R.C.S.,  
Surgeon to, and Lecturer on Anatomy at,  
Guy's Hospital.

THE SOLDIER AND HIS DOCTOR.  
*The Times* 26 Aug. 1890.  
TO THE EDITOR OF THE TIMES.

Sir,—I was extremely glad to see "A Brigade Surgeon's" letter on the above subject, for the agitation amongst the medical officers of the Army has now reached that stage that the sooner it is settled the better for all parties concerned.

A few words are necessary to show what the doctors want and why the agitation began. Prior to 1857, then, the medical officers of the Army had relative rank only, and with that they were contented. The service was popular, and many of the best men of the schools competed for appointments in it. In January, 1857, a new warrant appeared abolishing relative rank, and, as that was the only rank doctors had, they found themselves stranded without rank or status in the service. Protests were made and questions asked in Parliament, but the Secretary of State for War declared that relative rank never had any real value, and that the doctors were just as well off as they were before its abolition. Naturally this did not satisfy them, and after much trouble the Secretary of State for War granted a Commission (styled the Camperdown Commission) to inquire into the whole matter, and that Commission made many recommendations, all of which, except a few minor ones, were ignored. Upon this the medical officers moved the British Medical Association to support them, and this great association, numbering some 15,000 of the leading medical men of the three kingdoms, having found that their claims were just, have given them their support *con amore*. Seeing how former warrants were abolished, the doctors now demand a settlement which shall be final, and they therefore ask that the

Medical Department shall be formed into a Royal corps, on the lines of the Royal Engineers, that the members of it shall have definite Army rank, and that they shall have the command and discipline of their own men. As a matter of fact they have the latter now, but without rank or status. The change will cost nothing, it will satisfy the Department, and it is only what now exists in the American, French, and Italian armies, where it works admirably and has given the greatest satisfaction.

The only thing in which I disagree with "Brigade-Surgeon" is on the question of title. I think even a modification of the present title is most objectionable. Take my own case, for instance. I am a Surgeon-Major, but the title is so little known outside the Army that I am constantly addressed as Sergeant-Major; so much so, that I have now dropped it entirely. What you want is a definite title that no one can mistake, and I fail to see what anomaly there would be in calling a man Captain Brown, Royal Surgeon, any more than there is in calling him Captain Brown, Royal Engineer.

Men like myself believe that this giving of real rank will raise the status of the Medical Department and cause the very best men, socially and professionally, to enter it, and if the combatant branches would only look a little further ahead it appears to me that by getting such men into the service they would be distinct gainers instead of losers by the change.

Just one word more. Many people suppose that this agitation exists amongst the junior members of the Department only. No greater mistake could exist, and I can most truly affirm that never since I entered the service (considerably more than 20 years ago) have I seen such strong feeling amongst all ranks as now exists on this point. Personally the change will not make much difference to me, as I hope to retire soon, but I think the doctors' case is a just one and I trust the matter will soon be settled to the satisfaction of all parties, for this agitation, if continued much longer, will most certainly affect the class of candidates competing for the service, and, believe me, the authorities should make some sacrifice to attract good candidates instead of bad ones. If they do not they will bitterly regret such short-sighted policy.

SURGEON-MAJOR.

THE SOLDIER AND HIS DOCTOR.  
*The Times* 29 Aug. 1890.  
TO THE EDITOR OF THE TIMES.

Sir,—As a retired medical officer of her Majesty's Indian Army who has served with pleasure in every branch of it, and latterly as secretary to the head of the medical department of his presidency, I have watched with interest the question of compound titles, and have long been convinced that it is the only solution for inconveniences often amounting to annoyances which are best known to non-combatants whose life has to be spent in purely military society.

My object, however, in addressing you is not so much to advocate this matter from the Army surgeon's point of view as to suggest a possible remedy for probable objections which may have been raised by Mr. Stanhope's military advisers to the scheme.

I must say I have always thought it extremely hard upon the purely professional soldier that his titles should have been bestowed on civilians serving in other departments of the Army, such as the commissariat, pay, &c., and I think it a point well worthy of the consideration of the Secretary of State for War whether the compound title should not be reserved for all civil non-combatant branches of the services, and the standard of rank for the *bona-fide* combatant officer, whose whole life has been devoted to the study of his profession.

Whether the principle should not be extended to civilian soldiers as the Militia and Volunteers is a question I will not now enter upon, but I think what I have suggested is worthy of discussion.

In conclusion, I would only remind my medical brothers how pertinacious we are as to the assumption of the titles of "Doctor," "Surgeon," &c., by those not legally qualified to hold them to suggest to them the probable feelings of the professional soldier when his title is bestowed on one who, perchance, scarce knows how to use a sword.

Yours faithfully,  
AN ARMY SURGEON OF 21 YEARS' SERVICE.

August 26.  
1890

TO THE EDITOR OF THE TIMES.

Sir,—I have read with great interest and extreme satisfaction the numerous letters which have been addressed to you on the above subject.

As a combatant officer in her Majesty's Army, I cannot fail to feel gratified that so many members of the Medical Department of the Service seem willing



and even anxious to be designated by titles which would cause them to be indistinguishable from the ordinary combatant officer.

But I do not think that the generosity of individuals should be allowed to grow into a combined spirit of departmental self-effacement utterly opposed to *esprit de corps*.

The medical profession is a noble and most honourable one—one to which any man may well feel proud to belong. But if the members of the Army Medical Staff accept designations and titles identical with those now borne by combatant officers, what must be the result? The medical officers will be indistinguishable from ourselves—they are content to be so. But shall not we be in danger of having an honour thrust upon us to which we have no claim? Shall not we, perhaps, be frequently mistaken for the Army Medical? A "Surgeon-Major" complains in your issue of to-day of having been frequently mistaken for a Sergeant-Major, and such mistakes will occur. Could any officer (and gentleman) feel anything but annoyance at the knowledge that a medical degree might at any moment be ignorantly conferred upon him, without his having one atom of right to the same? If the Army Medical officers find pleasure in the prefix, "captain" or "major," let these titles be accorded them forthwith. But let combatant officers be allowed to drop those titles, and be plain "Mr." rather than run the risk of being thought guilty of the snobbishness of seeking to appear what they are not. Apologizing for the length of this letter, I am yours, &c.,

August 26.

COMBATANT.

THE SOLDIER AND HIS DOCTOR.  
30. Aug. 1890.  
TO THE EDITOR OF THE TIMES.

Sir,—It is well that the public should understand the real significance of the movement now being advocated in your columns to give military rank to Army doctors, for what is asked for by some of your correspondents is substantive military rank, in other words, combatant rank, which at once makes the doctor a fighting man: a combatant being one whose aim and object is to kill his enemy on every possible occasion, which maxim is, of course, impressed—and very properly—on all soldiers as their *raison d'être*. A military doctor is armed, and, like others, is entitled to defend himself when attacked, but that is a very different thing from giving him full licence to kill. This has very properly up to now been withheld, his *raison d'être* being to preserve life, not to destroy it. Besides, the Army Hospital Corps is under the special care of the "Red Cross of Geneva"—whose badge they wear—which by an international compact protects it, as far as possible, from all direct attack. How can this work, if Army doctors and their corps are to become combatants? Where, then, would be the protection sought for the wounded?

One of your correspondents infers that the Secretary of State must now satisfy the Army doctors' claims, as the profession is with him, &c. What the Secretary of State should do is plain enough—that is, stop the whole pernicious movement, which is a disgrace to the medical profession, but for which the War Office are in many ways responsible, having, unfortunately, yielded in this direction, which, if followed out to the end, as I have endeavoured to show, become positively repulsive.

Naval medical officers run far greater risks than Army ones for they literally sink or swim with the ship. Yet they have very recently stated that they are perfectly satisfied with a position which gives them no claim to combatant rank or command.

I am, Sir, your obedient servant,

Cheltenham, Aug. 27.

E. B., Lieut.-Col.

THE SOLDIER AND HIS DOCTOR.  
Times. 2. Sep. 1890.  
TO THE EDITOR OF THE TIMES.

Sir,—There is something delightfully refreshing in the good old-fashioned prejudice displayed in the letter signed "E.B., Lieut.-Col.," and his expressions remind one of the era of battle-axes and double-handed swords. In these days of mutual forbearance and guarded epithet it is charming to see a man with all his feelings forced into prominent adjectives, in imitation, as it were, of a modern Parliamentary debate before the intervention of the Speaker. I have a great admiration for this wounded "E.B., Lieut.-Col.," and his evident combatant nature, for it is clear that he thinks the scattered fragments of this mighty Empire would crumble into dust if any change were made in the position of the Army Medical Staff; and, further, that he must risk his reputation for polite letter-writing to prevent it.

There may be those who can remember whether the terms "pernicious" and "repulsive" were applied to the Royal Engineers before they were granted military rank. I am unable to refer back to that date, but am informed that representative "Lieutenant-Colonels" of that time gave vent to expressions equivalent to those of your correspondent. I presume "E.B., Lieut.-Col.," is on the Retired List and somewhat oblivious of recent events, otherwise he would not maintain that military title implied combatant officer. At least, the bandmaster's baton and the quartermaster's mattress can scarcely be regarded as very dangerous offensive weapons.

In disarticulating the stumps on which your correspondent balanced his argument I may be thought to be in favour of a purely military title for the Army medical officers. Personally I am in sympathy with the feeling of "E.B., Lieut.-Col.," as to the danger of confusion, and think it preferable that the title should be a compound one; and as surgeon-major and surgeon-general have long been in use it seems most simple to introduce surgeon-captain and surgeon-colonel.

But what all who have any feeling of patriotism desire is that her Majesty's Army in the time of war should be attended by the best talent the medical profession can produce. To render the service more popular is, then, the problem, and its solution is easy. It requires merely that the service should receive more direct recognition by the Crown, and all other difficulties would disappear. Let her Majesty's Ministers advise her Most Gracious Majesty to confer the title of "Royal Surgeons" on the medical staff with a distinct recognition of rank, and I venture to predict that, without costing the country a farthing, the competition for the service would be more than doubled, and the service itself be rendered eminently more efficient.

I am, Sir, your obedient servant,  
E. CLEMENT LUCAS, B.S., F.R.C.S.,  
Surgeon to Guy's Hospital.

Finsbury-square.

THE SOLDIER AND HIS DOCTOR.  
Times. 3. Sep. 1890.  
TO THE EDITOR OF THE TIMES.

Sir,—I am tempted to give your readers interested in the subject my personal experience of the duties Army medical officers have to perform in the ordinary course of the service in time of war. I beg leave to say that I never attached the least importance to the risks to life or limb to which I was exposed, taking them merely as an honourable part of the day's work, in addition to the more strictly professional dangers to which vast numbers of surgeons and physicians have succumbed, alike in civil and military life. I record them, not because I consider them exceptional, but simply because in the discussion now going on in the Press I observe a disposition on the part of some writers to reduce them to a minimum, or even to ignore them altogether.

In the course of my service, extending over well nigh half a century, I have been in nine engagements with the enemy, to say nothing of dangerous boat service, landing under fire, and such like minor adventures. In one affair, while attending to a number of wounded men at the front, I assisted in carrying the officer commanding the attack out of fire when mortally wounded, within a few yards of me. On the same day and at the same place I rendered like aid to



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the Adjutant-General of the force, who was severely wounded while supporting the attack led by the officer who had just fallen. On another occasion, in the same campaign, the officer commanding the light company of the same regiment was killed by my side when I was engaged in giving surgical aid to a wounded man. In the same action I was in the act of examining the wound of a young officer who had been placed, supported by the parapet of the town under assault, when a cannon ball struck the parapet a few inches above our heads, covering us with the debris of the broken bricks. While thus engaged, a staff officer arrived on the spot with an order from the Commander-in-Chief for me to return on the instant to a point where a detachment had been left to guard a post which had been attacked by a superior force, with heavy loss to the defenders, left without a medical officer. I returned with a sergeant and six men; for nearly a mile we were under fire from the houses on the city side of the wall. It has always been a surprise to me how any of us came alive out of that warm journey. The above are specimens of my own humble share in the honourable dangers of the field. I could fill many columns of your space with like details, all of them well-known. I confine myself to one or two historical examples. Surgeon (now Surgeon-General) Home won the Victoria Cross at Lucknow for saving the lives of a number of wounded men under his care. In the midst of a hot street fight he had his men carried into one or two houses, which he barricaded and defended against fierce attacks on the part of the enemy until relieved. I think, on the following day. In the sanguinary affair of Corrygama, well remembered in Southern India, all the artillery officers of a native battery were placed hors de combat; Assistant-Surgeon Wylie, in medical charge, took the place of his fallen comrades, fought, and saved the guns from capture. For this service, when he had attained the required seniority, he was rewarded by the honour of the Companionship of the Bath. The present Director-General of the Medical Staff, Surgeon-General Mackinnon, C.B., received the thanks of General Sir Duncan Cameron for carrying off a wounded man left by his comrades to the slender mercies of the Maori defenders of one of the fortified strongholds of that brave race in the last New Zealand war. Another medical officer in that war won the Victoria Cross for a gallant act of the same kind. But, enough. It may suit the purpose of the "military advisers" of the Secretary for War to forget such services, but it is well the public, who know little of war, should not be left in ignorance of them.

One word more. Why has this agitation arisen? What is the meaning of it? It pleased the authorities to abolish what is called in the Army relative rank—this it was which determined the rank and status of the Medical Department—they say, and it may be supposed truly say, without intending to affect the medical staff. No sooner did this order appear than the medical officers were made to feel that their position in the Army was seriously affected. They were told on all sides that they "had no rank at all." This soon became intolerable. Hence the discontent and disgust at the service now making itself heard on every side. Mr. Stanhope now says that more is asked than the restoration of "relative rank," but surely Mr. Stanhope must have a low opinion of the intelligence of the department if he supposes that men will ask for what he has himself said, over and over again, to be a "rank" without meaning.

Does it ever occur to the class of officers who are so openly hostile to the department to ask themselves this question, "Who will be the sufferers in time of war when none but the *rendue* of the profession will enter the Army?" A short time ago the service commanded the services of highly competent men, mostly sons of military and naval officers, benefited clergymen, and men of the upper middle class generally; in a word, men of good birth and good attainments. The presidents of the various Royal colleges throughout the kingdom recently warned Mr. Stanhope that if matters are allowed to drift as they are now doing men of this class will not enter the Army. Already we see the beginning of the end. It is an open secret, known in all the schools of medicine in the kingdom, that at the examination for Netley, recently finished, there was a distinct falling off in the qualifications of the candidates. If this is to be the outcome of the advice given to the Minister for War, Mr. Stanhope must be reminded that the Army does not belong to the Horse Guards Staff, but to the Queen and people of this kingdom.

I am, Sir, your obedient servant,  
ONE WHO KNOWS.

"Times." TO THE EDITOR OF THE TIMES, 3<sup>rd</sup> Sep. 90

Sir,—A good deal has been written lately upon the claims of the medical doctors to military titles. How about the soldiers' spiritual doctors—the Army chaplains? Are they to be styled captain, major, or colonel, according to rank; and, if not, why not? They belong equally with the surgeons to the establishment of the Army, and their services are from some points of view equally necessary and important, whether in the field or in barracks. Then the regiments of Guards have their solicitors, who, I believe, hold commissions and wear a uniform. Are they to be overlooked, or to have the title suitable to their position, say, "solicitor-major?"

I suppose the veterinary surgeons stand or fall with their medical brethren.  
Yours, &c.  
September 1. A CIVILIAN.

## THE SOLDIER AND HIS DOCTOR.

"Times" 4<sup>th</sup> Sep. 1890.  
TO THE EDITOR OF THE TIMES.

Sir,—Will you allow me to say a few words on this vexed question, in which I take much interest, although it is one which does not affect me personally as a retired military surgeon?

In the first place, the public should understand that the desire for military rank and titles on the part of Army medical officers is in reality a struggle to maintain the dignity of the profession at large, owing to the fact that they see no other means of obtaining that measure of military respect and consideration necessary for the efficient performance of the weighty and responsible duties which devolve upon them, especially in war. They maintain that in no branch of the Army are men graded according to their previous standing in civil life, and that military status does not depend upon the utility or nobility of a civil profession with which it may be brought in contact. The Royal Engineers, like the doctors, are members of a profession, equally useful and necessary both in peace and war. They, too, had at one time to struggle against privilege and prejudice, just as the doctors are doing now. Military rank and titles were for long withheld from them in the same way and in the same spirit as they are still withheld from the doctors, till at length they were obliged to petition Parliament, by Bill of Rights for the redress of their grievances. They, too, like the doctors, are, doubtless, proud of their profession; yet it was none the less necessary for them to possess clear and definite military rank and titles.

Now, in thus arguing medical officers desire not to be misunderstood—"they have no wish to hide or sink the professional position in the military," but they fail to see how a man's military status in his profession should be recognizable by his title, unless he adopted these invariably known as degrees of military rank.

The younger surgeons of the Army—those who have had practical experience of the work of the medical staff in modern warfare (and whose wishes must, after all, be taken into account in the ultimate settlement of this question)—say:—"Our duties are identical with those of regimental officers; we are practically combatants, our risks and hardships in war are equal; military titles cannot make us better or worse doctors than we are, and we should not be mistaken for what we are not any more than our paymasters, &c."

The objections of combatant officers to medical officers obtaining definite military rank and titles is, at first sight, not easily understood, seeing that military rank and titles are freely and fully given to the supply department of the Army and others whose duties are distinctly non-combatant, and who have not a single man under their command. It is doubtless explained by the fact that the Army medical staff is the only departmental branch of the Army for which the regimental officer is unable to qualify.

But, after all, this is not a question of likes or dislikes on the part of Army officers, whether combatant or non-combatant. It is a question that involves the efficiency of a branch of the service without which the Army could not long exist, and which has been truly said "to hold in its keeping the health, the physical efficiency, and, to a great extent, the morale and success of our Army."

In his interesting letter, in your issue of the 22d inst., "A Brigade Surgeon" puts the matter in a nutshell, in pointing out the varied and composite duties and responsibilities of the medical staff, and suggesting its formation into a corps, on the lines of



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the Royal Engineers, &c., as the proper solution of the question. In this I entirely agree with him; but, in addition to the duties he enumerates as devolving on the medical staff, I would add that they are also responsible for all the complicated arrangements in connexion with the transport of the sick and wounded in time of war, their treatment, dieting, clothing, &c.

It is thus apparent that the part played by the military surgeon in modern war is as extensive as it is important and onerous; and when fighting is going on he is, moreover, in the performance of his duties exposed to the same dangers and life-risks as the purely combatant officer. What wonder, then, if he desires the same titular distinctions of rank as a thing not only fair in itself, but necessary to enable him the better to maintain authority in his corps and hospital, and strengthen his influence with the officers of other corps and departments with whom his numerous duties bring him in daily, nay, hourly, contact?

In this connexion, and in conclusion of a letter already too long, I desire to quote the words of an eminent authority on all that concerns the organization of the medical service in the different armies of Europe, who, in a memorandum on the question of rank for the medical officers of the British Army, published in the *British Medical Journal* of June 29, 1889, concludes as follows:—

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OVER THIRTY YEARS' SERVICE.

*Times* 6<sup>th</sup> Sept. 1890.

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Sir,—I fancy the majority of your readers have had enough of the discussion on the above subject by this time, but before it closes I trust you will kindly allow me space for a very few remarks on the letters that have appeared against the doctors' claims.

I think the Medical Department may well be congratulated on the change that has evidently taken place in the combatant mind on this question, for had it been mooted a few years ago it would have met with a storm of opposition, whereas the very feeble opposition now shown proves that more liberal ideas have gained ground regarding it, and that this claim for rank and title (which never can and never was intended to interfere in any way with the combatant branches of the service) is not so unreasonable or revolutionary after all.

I do not think there is anything to answer in "Combatant's" letter, and his insinuations may very well be treated with the contempt they deserve.

"Lieutenant-Colonel E. B.'s" objections are that the doctors and the Army Hospital Corps are both under the Geneva Convention, and if you give them rank something terrible will happen; but I suppose it will be a surprise to him when I tell him that the Army Hospital Corps has the rank now, and that it is only the doctors who command that corps who have none. He may think this just, but I do not fancy the majority of your readers will agree with him. It is such men as "E. B." who, if they got their way, would drive Government into the very same predicament they were in only 13 years ago, when not a good man could be got to enter the Medical Department, and when, after taking in all the men they could get, however inferior, they had to give way at last, but not until all but irreparable damage had been done to the service. It is to avoid such a disastrous state of things that I and many others are working, and I have no doubt that, owing to the good sense of the Secretary of State for War, it will be avoided. *The Times* is ever ready to help in a good cause, and if it will lend us its aid I have no doubt whatever of our success in what I believe to be one of the most just causes that ever the medical department was engaged in fighting for.

As I said in my former letter, we want to avoid these ever-recurring squabbles, caused by change of warrants, and the only possible way I see of doing so is by obtaining such titles and rank as can never be disturbed. Both are absolutely certain to come in the long run, and the preservation of the medical service in the highest state of efficiency would, I should think, fully compensate those combatants who object to the change for any little soreness they might feel

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SURGEON-MAJOR.

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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 gazing 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 and military titles, with the power of command co-equal with that of their combatant fellow-officers, which system, they assert, obtains in the armies of the American United States and in some of the leading European armies; and they declare that, without these concessions, they are unable efficiently to perform their duties. In this declaration they have, it appears, the sympathy and support of the heads of the Royal Colleges of Physicians and of Surgeons, not only of England, but of Ireland and of Scotland, who lately formed a deputation in great force to wait upon the Secretary of State for War.

Now, an experience of 20 years' service in the Indian (Bengal) Medical Department enables me confidently to assert that such a declaration is as fallacious and unreasonable as may be. Do the present medical officers of the Army and the heads of the professional colleges desire it to be inferred that hitherto the Army doctors have failed in the efficient discharge of their duties? Do they also assert that the social and professional qualifications of medical officers under the present conditions of service are defective? Such appear to me to be the only logical conclusions to be drawn from their statements and action in this matter.

My own feeling betrays a disloyalty to their noble profession; for there is really no comparison whatever between the purely military and the purely medical work of the Army. The relative position of an Army surgeon will ever depend upon his own moral and professional conduct; there is no limit to the rank of a good Army doctor, and a young surgeon may be able to command as much respect as an old general, if he prove, by devotion to his duties and the exercise of ordinary skill and ability, and especially by good manners and behaviour, that he is deserving of the same.

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The medical officers contend that if the article referred to in this warrant had not been altered their department would by this time have been a contented one, and their brother officers would, in the lapse of 32 years, have been able to realize the position of equality with themselves which the Sovereign was at that time graciously pleased to confer on the Medical Department. But no sooner was this warrant published than its value was in many little ways detracted from, and the Army was before long told in General Orders that medical officers were never to sit as presidents of boards, and that on official occasions they had no position at mess. It was then attempted to soothe the aggrieved doctors, at the expense of the taxpayer, by increasing their pay and issuing to them more coal and candles than they could probably burn.

The climax of this state of affairs was reached when it was recently notified that "relative rank" had been abolished, and the Secretary of State for War subsequently stated that medical officers had lost nothing by this, as it had never been of any value—a fact of which most of these officers had, owing to the action referred to, long been painfully aware.

The chief objection urged to the granting of military rank to Army surgeons is that military titles pertain only to the fighting class, and are, therefore, unsuitable 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 disassociate 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 recognises 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 *6-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 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. H. Johnston M.D.

TO THE EDITOR OF THE TIMES, 6th Aug. 1890.

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 the men of the Medical Staff Corps, pay them, punish them, command them on parade and in the field, put them through their musketry, and in fact do for the detachment or company he commands all that a captain of a company in the 42nd Highlanders, or the Rifle Brigade, or any other regiment, does for his men. And it is because his title of "Doctor" or "Surgeon" is absolutely useless and unmeaning in these relations that he desires another. As to going under fire and other minor considerations of that sort, I think more is made of them than necessary. "Going under fire" I look upon as more exciting and not much more dangerous than working in a cholera or yellow-fever epidemic, neither of which one considers as more than "all in the day's work."

To any one who thinks I have exaggerated the duties of the Medical Staff I would recommend the purchase of a small book by Surgeon-Major Riordan, M.S.—"Manual for Army Medical Services," in the 448 pages of which they will find them well detailed and explained, though there is not in the whole book the description of a single surgical operation, nor the treatment of a single disease.

Apologizing for intruding on so much of your valuable space, I beg to remain,

Yours sincerely,

G.H. Melville M.S. SURGEON M.S.

TO THE EDITOR OF THE TIMES.

Sir,—As the originator of the correspondence that has appeared in your columns on the above subject, I trust you will permit me to reply to the letter of "E. B. Lieut.-Col." in your issue of the 30th ult.

"E. B." states we want "substantive military rank, in other words, combatant rank, which at once makes the doctor a fighting man."

Now, Sir, this is a true specimen of the spirit in which too many of the military caste (so-called combatant) regard the medical officer.

Can any right-minded man in the United Kingdom believe that Sir Andrew Clark and the presidents and vice-presidents of every medical college in this country would ask the Secretary of State for War to confer on us the rank we ask for for the purpose of taking life instead of saving it? What we ask for is a definite rank in the Army (we have none now) to enable us to do our duty efficiently in peace and war.

We ask only for authority in our own hospitals, and over our own assistants (Medical Staff Corps) with

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than gunpowder at the beginning of a war. He says, again, "We shall see the DIRECTOR GENERAL preparing early for the adoption of measures soon perceived to have been exactly those needed for the care of our stricken soldiery, yet—because poorly armed with authority—striving always, or too often, in vain." In the invasion of the Crimea, under such conditions 16,297 soldiers died from disease, irrespective of the mortality from wounds; while in the Ashantee expedition of 1874, which, on account of the care taken concerning all medical arrangements was described by LORD DERBY as "a doctor's war," there was scarcely any mortality from disease at all. When the expedition was first planned SIR GARNET WOLSELEY quoted an assertion that cholera 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 firmness 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 SURGEON-GENERAL HOWE organized the medical arrangements of the campaign with a wisdom and forethought almost amounting to genius;" and one result of his labours was that, out of about 50 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 contented 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 no combatant officer will be able to disregard without incurring liability to be called to account for his proceedings.

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The Report of the Western Highlands and Islands Commission has just been published, and

of labour or any others from contracting the hire of labour outside the United Kingdom, and that to import any labour so contracted for be 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. TOM MANN 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 workshops where these unfortunate persons are to have useful employment found for them, and that they shall be paid for their work at trade union rate of wages. The mission of trade unionism, he says, is 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 traitors 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 Londonderry tailors the Irish constabulary were, in the opinion of the Congress, a little too forward in interfering to prevent outrages. Their offence was that they "shadowed" 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 cause 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 hearty approval. It declares that any delegate 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



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On the other hand, few appointments can disassociate 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 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.

August 30.

Your obedient servant,  
W. J. J. J. J. M.D.

## THE TIMES,

such command as may be required to enable us to carry on our duties regarding sick and wounded.

"E. B." knows perfectly well that in putting such remarks before the public as he has done in his letter he is only raising false issues and endeavouring to prejudice the feeling of the Army against us.

September 1.

A BRIGADE SURGEON.

John B. Hamilton.

The Times.

TO THE EDITOR OF THE TIMES.

Sir,—Permit me to point out in reply to "Civilian," in your issue of to-day, that the claims of the medical staff are based upon the fact of their having military duties (as distinct from simple professional duties) to perform, and on the fact that they have under command large bodies of men over whom they exercise military discipline and control, and whom they have to drill both in ordinary company and battalion drill, as well as in the special drill arranged for the systematic performance of their special duties in the field. From the moment that the doctor ceased to be a mere regimental attaché, whose only duty was to exercise his non-military profession among military men, and he was placed in a position of military organization, administration, and command, a military rank and title became a logical necessity.

Such rank and title as are claimed are not meant to imply command outside his own sphere, any more than in the case of the Pay, Commissariat, or other departments.

The chaplain and solicitor to whom your correspondent refers have no such duties. They are in the position in which the Army doctor was before the Medical Staff Corps existed.

Yours faithfully,

(LATE) VOLUNTEER MEDICAL STAFF.

September 3.

TO THE EDITOR OF THE TIMES.

Sir,—In my letter in your impression of this day's date, at line six, paragraph four, I am made to say "we are practical combatants" for "we are practically combatants." This trivial printer's error, if not corrected, might lead to misconception which I am anxious to avoid.

I am, Sir, yours, &c., W. Stewart, S. B.

OVER THIRTY YEARS' SERVICE.

September 4.

## SEPTEMBER 6, 1890

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 distinctively 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 Warrant issued in 1858, at the recommendation of a Commission presided over by the late SIDNEY HERBERT, but

that the favourable provisions of this Warrant 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 retrace their steps, and to make certain concessions, the last of which, as embodied in the Warrant issued in 1879, appeared to remove all reasonable cause of complaint, and was at once followed by numerous applications from satisfactory candidates. This Warrant was understood to confer certain grades of relative 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 presidency of Courts Martial. After a while, however, the Warrant was by degrees explained away; and then, having lost all value, it was withdrawn, and relative rank was abolished, in January, 1887. The service has once more been thrown into a ferment, the chief medical teachers are once more disuading their most promising 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 be 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 risks, to the utmost limits of possibility, they must be assiduously shielded. It is the business of 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 compass is unattainable, unless by the aid of certain precautions; and it is in his capacity as the official declarer of natural laws, against which even military discipline is powerless, that the doctor most frequently comes into something like collision with the combatant, and may chance to be regarded as a sort of killjoy, a croaker, a deliverer of dismal prophecies, an impediment to military enterprise. 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 sanitary officer of the camp or of the expedition, that he is liable to incur contumely and dislike. Combatant officers cannot be expected to possess knowledge of sanitary matters; and, in order that the



## THE TIMES

medical officer, whose duty it is to possess this knowledge, may impart it with sufficient authority, it is plainly necessary that he should act and speak in the strength of a fully recognized 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 gazetted, like a combatant officer, to a regiment, and in this regiment, under ordinary circumstances, his life was passed. He became at home in its ranks, became a member of a family united by very close ties, was known, and appreciated at his proper worth, by every officer and soldier. An able and conscientious man, placed in such circumstances as these, 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 conversationally 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 separated to-morrow from the troops who are under his charge to-day. It is this great change in circumstances which has rendered the want 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 bad taste—nay, the absolute puerility—of writers who suggest that army surgeons wish to receive titles which would cause them to be mistaken for combatant officers, or the silliness of those who ask why solicitors and 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 the other day by our correspondent "ONE WHO KNOWS," is exposed to personal risks equally with the combatant; and there have been many instances, such as that of DR. WILSON and WOLSELEY at Inkermann, 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 recognized 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 organized somewhat in the same way as the Royal Engineers. It may be conceded, for the sake 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 jests are the best remedy; and it is certain that the departures are likely to be witnessed in precise proportion to the dissatisfaction of the medical officers, and to the degree in which, as a consequence of that dissatisfaction, 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 men of education and self-respect must be secured, if our future wars are to be conducted, as regards the health of the troops, on the models of the campaigns in Abyssinia and in Ashantee, rather than on the model furnished by the

invasion of the Crimea. The historian of that invasion, in his account of the disasters of the winter of 1854, and especially in his account of the ravages made in our Army by disease, assigns as one of the chief causes of these ravages 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 needful than gunpowder at the beginning of a war. He says, again, "We shall see the DIRECTOR-GENERAL preparing early for the adoption of measures soon perceived to have been exactly those needed for the care of our stricken soldiery, yet—because poorly armed with authority—striving always, or too often, in vain." In the invasion of the Crimea, under such conditions, 16,297 soldiers died from disease, irrespective of the mortality from wounds; while in the Ashantee expedition of 1874, which, on account of the care taken concerning all medical arrangements, was described by LORD DERRY as "a doctor's war," there was scarcely any mortality from disease at all. When the expedition was first planned SIR GARNET WOLSELEY quoted an assertion that Collins 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 firmness 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 SURGEON-GENERAL HOME organized the medical arrangements of the camp with a wisdom and forethought almost amounting to genius;" and one result of his labours was that, out of about 50 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 contented 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 no combatant officer will be able to disregard without incurring liability to be called to account for his proceedings.

FEBRUARY 23, 1891.

*The STATUS of ARMY MEDICAL OFFICERS.*

The following letter from Sir Andrew Clark, M.D., F.R.S., to the Secretary of State for War, on the status of medical officers in the Army, and the Secretary of State's reply, have been published as a Parliamentary paper:—

16, Cavendish-square, W., Jan. 17.

Dear Mr. Stanhope.—Since I had the honour, some weeks ago, of conferring with you at the War Office concerning the grievances of the Army medical officers, I have made a fresh inquiry into the subject, and now, with your permission, proceed to lay the broad results of it before you.

Although I have had several conversations and some correspondence with military and with medical officers upon this subject, no one has been privy to my purpose of addressing you, and I alone am responsible for all that may follow. And of what follows I venture to

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## PUNCH, OR THE LONDON CHARIVARI.

SEPTEMBER 13, 1890.

## THE REAL GRIEVANCE OFFICE.

(Before Mr. Commissioner PUNCH.)

*A Medical Officer (with martial manner, and well set up) introduced.**The Commissioner.* Well, Sir—may I call you Colonel?—what can I do for you?*Medical Officer (smiling).* I am afraid, Sir, you may give me no military rank, as it would be contrary to the Regulations.*The Com.* Have I not the pleasure of addressing a soldier?*Med. Off.* Well, yes, Sir, I suppose I may claim that title. I am an Army Surgeon, and in that capacity have not only to risk my life equally with my comrades in the field, but have to brave the additional danger inseparable from the fever-wards of a hospital.*As a matter of fact many of my colleagues have earned the V.C., and not a few taken command when their aid was needed. I hope you have not forgotten ANTHONY HOME WYLIE and MACKINNON.**The Com.* Certainly not—they are gallant fellows. Well, I am sorry to see you here, Doctor—what can I do for you?*Med. Off.* I would ask your good services, Sir, to get us greater recognition in the Army. Pray understand we do not wish to be called Captain, Major, or Colonel, merely to "peacock" before civilians, but because, without official recognition of our true status, we are treated as inferior beings by the youngest subaltern in any battalion to which we may be attached.*The Com.* Surely, Doctor, the title you have secured by scientific attainments, takes precedence of all others more easily obtained?*Med. Off.* Possibly, in a College common-room, but not at a mess-table of a *dépot* centre. That I express the general opinion of members of my profession is proved by the fact that it is shared by Sir ANDREW CLARK, the President of the Royal College of Physicians.*The Com.* Well, what would you propose?*Med. Off.* That we should be put on the same footing so far as rank is concerned, with officers in the Commissariat and other non-combatant branches of the Army. We are merely fighting the fight fought years ago by another scientific corps, the Royal Engineers.*The Com.* But surely, Doctor, the officers you have mentioned know something of their drill?*Med. Off.* If that is the difficulty, let us make ourselves equally proficient. The more we are in touch with the so-called combatant officers the better.*The Com.* Well, certainly, if you are good drills (and have some knowledge of the internal economy of a regiment, and the rudiments of military law) I cannot see why you should not enjoy the rank to which you aspire. I wish you every success in your application. After all, you are masters of the situation. If your superior officers are unreasonable—physic them!*[The Witness after returning thanks, then withdrew.]*(From Punch.) 13<sup>th</sup> Oct. 1890.

A CASE FOR THE SURGEONS.—Mrs. Ramsbotham, who has a great respect for the attainments of members of the medical profession, cannot understand why army doctors should be called "non-combatants."

APRIL 18, 1891.

## SWORD VERSUS LANCET!

(An incident in the next War.)

"Now," said the Surgeon-Field-Marshal-Commanding-in-Chief, as he stood before his men; "I have the greatest confidence in your skill. There is not one of you present who cannot perform an operation as successfully as myself;" here there was a murmur of polite denial in the ranks. "Nay, it is no flattery—I mean it. These are my last instructions. We are few, the enemy are many. We are not only soldiers but medical men. And as medical men it is our business to cure the wounds that we inflict in our more strictly military capacity."

Again there was a murmur—this time of cordial approval.

"Well, Gentlemen, as we have been taught in our drill, what the first rank breaks, the rear rank must bandage up. This would be all very well if our numbers were told by thousands, or even hundreds, instead of tens. But to-day we must use the bayonet rather than the lancet, the bullet in preference to the pill." Stealthy applause followed this observation. "But be careful. Common humanity calls upon us to do as little damage as possible. You know your anatomy sufficiently well to avoid inflicting a wound upon a vital part, and can so arrange that your blows shall incapacitate rather than functionally derange. And now, my friends, put

## PUNCH,

your instrument-boxes and pharmacopœias in your haversacks, and draw your swords. All ready? Yes! Then, 'Up, Guards, and at them!'

With a wild cheer the Royal Regiment of Physicians and Surgeons (which had recently been admitted into the Service on the footing of the Royal Engineers) rushed forward. It was a beautiful sight to see them performing the most delicate operations in the kindest manner imaginable. The enemy trembled, wavered, and fled. In a moment the Royal Regiment had put up their swords and taken out their medical appliances. Their military duties done, and they were doctors once again, ready to help those who demanded their semi-civilian services. They had scarcely been engaged in this manner ten minutes when the Surgeon-Field-Marshal-Commanding-in-Chief cantered up to them. "Men," he cried, "drop your surgical instruments, and draw your swords. The enemy are again upon us! We must take their fort!"

In a moment the Royal Regiment was on the march. On their way, some of their comrades, wounded by the foe (in a bungling fashion), appealed to them for succour.

"Very sorry," replied the Surgeon-Field-Marshal-Commanding-in-Chief, in a tone of commiseration; "very sorry indeed, but we can't attend to you. At this moment we are acting in our strictly military capacity!" And the Royal Regiment of Physicians and Surgeons, full of enthusiasm (but in rather loose formation) continued their march to the fort.

JUNE 13, 1891.



## "(STAN)-HOPE TOLD A FLATTERING TALE."

Mr. Punch (to War Secretary). "VERY WELL ON ACCOUNT; BUT WHEN IS HE TO HAVE HIS REWARD IN FULL, LIKE HIS BROTHERS OF THE COMBATANT BRANCH?"

JUNE 20, 1891

## THE GENERAL OF THE FUTURE.

SCENE—Tent in rear of a Battle-field. Political Officer in attendance upon Army, waiting for Military assistance.

Political Officer (impatiently). Now then, Orderly, have you not been able to secure a General for me?

Orderly (saluting). Beg pardon, Sir, but it's so difficult, since they have passed that new Royal Warrant, to know which is which.

Pol. Off. (more impatiently). Nonsense!—any General Officer will do. Ord. Very good, Sir.

[Exit. Political Officer stamps his foot irritably, when enter First General Officer, hurriedly.]

First Gen. Off. Well, Sir, how can I assist you?

Pol. Off. (cordially). Glad to see you, General. Fact is, supposing we arrange a treaty, do you think it would be wise to surrender the fortress on the right side of the river, if we retain the redoubt near the wood as a basis of operations? You see—

First Gen. Off. (interrupting). Very sorry, but don't know anything about it.

Pol. Off. (annoyed). But aren't you a General?

First Gen. Off. Certainly. General-Surgeon. Ta, ta! [Exit. Pol. Off. Well of all the—(Enter Second Gen. Off.) Well, Sir, what is it? Who are you?

Second Gen. Off. I am a General Officer, and I was told you required my poor services.

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## THE ARMY MEDICAL SERVICE.

SPECIALLY WRITTEN FOR THE DAILY

6<sup>th</sup> September 1890.

Now that the War Minister has promised to give his serious consideration to the claims of the officers of the Medical Services of the Army, it may be well if we pass in review the causes which led up to the unfortunate controversy which is being carried on so ably on their behalf, the chief points under contention, and summarize the present position of affairs. For many years past the medical officers of the home and of the Indian army have felt that their position was an unpleasant one, and one which, as members of a learned and honoured profession, they should not have been called on to occupy. In former days these officers, in common with those of some other departments of the army, had, in addition to departmental, what was known as relative rank, i.e., they were commissioned as surgeons, surgeons-major, &c., and were said, in the Army List, to rank as captains, majors, colonels, &c. As time passed on the officers of all departments possessing relative rank, except the medical, were granted honorary or substantive rank, and paymasters, commissariat officers, and other departmental men developed into colonels, majors, and captains. The dissatisfaction in the medical departments was much increased by the above-mentioned change not being extended to the officers of the Medical Services, and it at last reached such a pitch that, under the orders of the Secretary for War, a commission was assembled to inquire into the pay, status, and rank of army medical officers. This commission, known as the Camperdown, after the name of the President, examined into the conditions of the services most carefully, and, after sifting the evidence—much of which, given by combatant officers in high positions, was, we regret to say, both irrelevant and untrustworthy—arrived, among others, at the following conclusions:—1. That it is expedient that the Army Medical Service should be created by Royal Warrant a Royal Medical Corps; and (2) that in respect of the vexed question of titles, concerning which so strong a feeling undoubtedly exists throughout the department, a compound title should be conferred, distinctly indicating the military alongside of the medical rank, such as surgeon-general, surgeon-colonel, and so on. It was thought that Mr Stanhope would not summarily reject the recommendations made in the report, but that he would deal with them in a judicial spirit, and have at least ordered the adoption of the slight concessions recommended as a sop to allay the intensity of the discontent. The leading military journals advocated that the chief recommendations of the Commission should be embodied in a Royal Warrant, and that the quixotic objections of the dissentient members on rank and title should not be allowed to block the way towards some settlement. To the surprise of the profession, the War Minister set aside all the more important recommendations of the Commission upon the plea that they gave offence to his "military advisers," and disposed of them with a flippancy hardly becoming a Minister who is intrusted by the nation with the control of a

military department. This being the case, and the evidence of the chief combatant officers examined before the Commission clearly proving that there was little chance of getting any amends from their military superiors, it was felt that redress must be obtained through a less prejudiced medium—the fair-minded representatives of the nation. In April of this year the Royal College of Surgeons in Ireland issued a circular drawing attention to the grievances of the army medical officers. The councils of the English and Scotch colleges also addressed memorials to the Secretary of State for War on the subject, the Council of the Royal College of Surgeons in England expressing regret that the recommendations of the Commission with regard to the grant of army rank and titles had not been acted on, and pointing out that if this grievance remained unredressed there would be a falling off in the quality, at least, of those seeking commissions, and urging a reconsideration of the question. To these memorials answers of a purely formal type were given. Such treatment of memorials from such influential bodies was rightly considered insupportable. The Royal College of Physicians of London resolved to send a deputation to Mr Stanhope, and in this resolve was joined by the medical schools and Universities of the United Kingdom. This powerful deputation, about the most influential that has ever waited on a Minister, has pressed the subject of the necessity of defined rank and simple military titles on Mr Stanhope's attention, and he has promised to give it his serious consideration, stating in the House of Commons that the time before the end of the session would probably be too short to enable him to give full consideration to the statements laid before him. Before Parliament again meets Mr Stanhope must give definite answers to the points raised by the deputation, which points have also been admirably brought forward by Dr Farquharson and others in the House. Should Mr Stanhope deny definite rank and army titles to medical officers, we warn him, as he has already been warned, that, as the medical schools have the whip hand in the matter, the supply of good candidates will be cut off until the concessions are made, and that if he does not make the concessions he will be injuring the Conservative cause, as many Conservative medical men will withhold their votes at the next election, or throw their interest into the Liberal scale. Many of the concessions hitherto obtained by the Medical Staff have been granted by the Liberal party, and we hope Mr Stanhope will not now oblige men who have long been Conservatives to look to the Liberal party to obtain a due support of their dignity. A short time back Mr Stanhope declared that he had not exactly gathered from the deputation the scope of the demands. If the chief spokesman, one of the first of medical orators, did not make the wishes of the profession clearly known—and we, who have read the reports, saw no possibility of a misunderstanding on the chief point at issue, that of rank—they can be found in clear print in the pages of the great organ of the British Medical Association. The profession insist on the following concessions for their military brethren:—(1) Definite army rank, with simple military titles; and (2), the formation of a Royal Medical Corps



## THE DAILY EXPRESS

on the lines of the Royal Engineers. It also wishes that the term "non-combatant" should no longer be applied to men who risk their lives on the battle-field. These concessions will not cost the nation anything. If Mr Stanhope relies on himself, consulting the evidence before him, we feel sure that he will see the necessity of granting what is wished for; but if he listens to his military advisers we fear that he will fall into a deeper sea of illogical trouble. The Secretary for War is responsible to the public for the well-being of the army. Neither the country nor the men serving in the army will put up with an inferior class of army surgeons, and we know that, unless radical changes are made, a good class of men, socially and professionally, will no longer be obtainable. We shall watch with great interest the next step which Mr Stanhope takes. He can only step with safety in one direction. He is called on to generously recognise the true position of the officers of the Medical Staff. The real cause of the present agitation and discontent was the abolition of relative rank. This was a blow at the position of the officers of the Medical Staff, and affected them alone, for all other officers of departments had been or were then granted military rank, either substantive or honorary. As long as the officers of the Commissariat, Ordnance, and Pay Departments had merely relative rank; such rank was accepted by the Medical Department as sufficient; but when other departmental officers were given army rank and titles, the medical officers, as commanding men, and sharing the actual dangers of the battle field, which the other departmental officers named do not, felt they could not submit to be placed on a lower level. The Medical Staff is an organized body, commanding men, non-commissioned and commissioned officers, both in peace and in war. The position of the medical officers is, therefore, at present, ridiculous and illogical. They require rank and titles in common with those of all departments. It is true that the Medical Staff has got departmental rank and titles, but such are neither understood nor named by one in a hundred outside the department, to whom medical officers are collectively, young or old, simply "doctors." Departmental not being recognised as army rank brings them no respect, deference, or position such as every other grade in the army are bound to show to one another; and their civil profession affords no protection whatever in the army against slight or positive insult; and this notwithstanding the fact that a doctor of medicine ranks, according to the Court Table of Procedure, with a dean, and before a Master in Chancery and a Companion of the Bath. It has been advanced that medical officers should not require army rank and titles because they belong to a noble profession—one carrying great dignity. The very men in the army who talk about the nobility of the medical man's calling are often those who offer the army surgeons the greatest slights, and who are counted amongst the bitterest opponents of the medical officer. The profession cannot be content with lip service. The members require something more tangible. It has been said that medical officers wish for military titles for the sake of "peacocking." This is totally untrue. To the medical officer military status and titles are absolutely essential to enable him to carry out the functions of command and discipline. Military respect is a necessity, if medical service in the army is to be performed with honour and a maintenance of self-respect. 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 service this is not the case, for the rest of the army steadily refuses to accept the departmental titles borne by the medical services as being really military titles at all, and it will continue to refuse recognition to any modification of such titles which would leave the medical officers in the same hybrid position as before. It was for this reason that medical officers would not have been contented with the double titles proposed by the Camperdown Commission, or have accepted such a grant as a final solution of the agitation. At the present time, as indeed it would be in the future if a double departmental title were accepted, a medical officer may serve his Queen and country during a lifetime, be present at a dozen engagements, be wounded, and yet to the public he is still, Mr or Dr, as the case may be, he meets with no more increase of rank for popular estimation than if he had remained a civilian and never smelt powder. If real rank and title be given to him, he will be capable of gaining a share of that popular respect paid to one who risks life and health in his country's cause.

The military advisers of the War Minister consider that it will appear absurd to designate medical officers by purely military titles. This, however, is not found absurd in foreign armies. What is absurd, on the contrary, is the use of titles such as brigadier-surgeon, and deputy-surgeon-general, &c., which neither soldier nor officer can understand. In nearly all European armies the direct command of the men belonging to the Medical Department has been given to the medical staff, both on active service and in the time of peace. Certain armies (the Italian, Swiss, and American) have completed their evolution in this direction, and the medical officers are included among the combatants pure and simple. The German army has nearly reached the same stage. In Russia and Belgium, the command of the soldiers attached to the military hospitals is in the hands of the Medical Staff. In France the new regulations give army rank and titles with full authority to the medical officers over the Medical Corps; and in June, 1889, the Chamber voted the "complete autonomy of the Sanitary Service," as the Medical Department of the army is designated. The English Medical Staff is entrusted with the instruction and command of the Army Medical Corps with results in every way excellent. The hospitals are equal in cleanliness, good keeping, and interior police to the best barracks of the English army. Surely those who have the responsibility of command are entitled to its rights and prerogatives.

The militarization of the medical service follows an inevitable historical law. In the last century the army surgeon rarely went on to the actual field of battle, but remained in the rear. Now he is as much exposed to the dangers of the field as any other soldier. The Engineers were at first a purely civil department; so were the Artillery; and even the infantry were formerly considered inferior to the cavalry as soldiers. It is the interest of generals to induce the Medical Staff as much as possible to interest themselves in military affairs, to make them as military as possible, to keep on the best terms with those whose military role it is to enable the general to bring as many rifles as possible into the field of battle, and to secure the removal after the battle, as rapidly as possible, of the masses of sick and wounded men who may otherwise hinder the action of the army services, without which fighting is impossible at the present day.

That the title "non-combatant" should be longer applied to a body of men who are constantly under fire, and who have at times even to fight to protect their wounded comrades—as did Surgeon Crimmin, of the Bombay Medical Service, at the action near Lucknow, on whom, as on Surgeon Le Quesne, the Victoria Cross was bestowed by the Queen for conspicuous bravery in the field during the late war in Upper Burma—is ridiculous.



# ST. JAMES'S<sup>15</sup> GAZETTE

SEPT. 15, 1890.

## THE DAILY EXPRESS

Medical officers have no desire to encroach upon the rights and functions of any class in the service; they merely claim that traditional prejudices shall no longer be permitted to make their position unbearable or efficiently impossible in the army.

We hear that, on the day after Dr Farquharson introduced the subject of rank for medical officers in the Commons, an order was sent to take in twenty candidates instead of twelve, as previously advertised. The War Minister is evidently feeling that candidates of any sort may not be obtainable later on. We have heard that the men who have lately been taken in are but a poor lot, and that the examiners specially reported on them to that effect. It is as well that the public should know this.

## A WORD FOR THE ARMY DOCTOR.

To the Editor of the ST. JAMES'S GAZETTE.

SIR,—As the army doctors will, let us hope, shortly be granted the military rank to which they are so justly entitled, I, and many other so-called combatants with whom I have discussed the subject, feel that it is only fair that officers of the Medical Department should start in a higher grade than the one with which they rank on joining at present. It is true that in the Royal Engineers and in some other component parts of her Majesty's army, such as the Guards, cavalry, line, etc., officers, on joining, are gazetted as second lieutenants or lieutenants, and remain in these ranks for a considerable number of years; but a doctor, of course, requires no experience in these lower grades, as his training before entering the army would naturally fit him for commanding a company in any position, or for fulfilling the other duties of a captain, such as being president of a ration board, tasting tea in the morning, etc. It is doubtful, however, whether the rank of captain is sufficiently high to give the doctor the status to which he is certainly entitled. I say that all doctors should rank as majors, or even as colonels, immediately on joining, and also rank senior to all officers of the same grade whom they might chance to meet; this would at once prevent any misunderstandings as to precedence should the doctor find it necessary to assert his authority when on parade with a regiment, or if he should not be treated with suitable deference at mess. I would suggest also that, at a large station like Aldershot, he should be given frequent opportunities of commanding brigades, acting as umpire, etc.; and any such little minor details as attending hospital, looking after the sick, and keeping himself *au fait* with the latest advances in medical science could easily be got through in his spare time. —I am, Sir, your obedient servant,

September 13.

NETLEY FUSILIER.

SEPT. 17, 1890.

## DOCTORS AND SOLDIERS.

To the Editor of the ST. JAMES'S GAZETTE.

SIR,—Thanks for the letter of "Netley Fusilier," published in your last night's issue. It shows as well as anything could the petty jealousy that blocks the way to the just recognition of the medical staff of the army. Of course the said letter misrepresents our grievance. We complain that whilst we hold the Queen's commission and wear her uniform, whilst we serve our Queen and country everywhere, in peace and in war, taking our full share of privations and death, in action and out, we have no military rank. We leave the service grey with years of soldiering, yet without a scrap of soldier's rank or title. We retire into obscurity, our lives wasted as regards the honours worn by our contemporaries both in civil and military life. It is well to remind us that our appeal lies to public opinion only. We have nothing to expect from Mr. Stanhope's "military advisers," whose aim and arguments are caught up by "Netley Fusilier." All the trouble about the command of troops, courts-martial, etc., is a mere clouding the wells of public opinion. Medical officers only ask for substantive rank and title as the Commissariat has it and as it exists in the French and American armies. I enclose my card. You would never know from it that I had spent the best part of my life in the Indian army. —I am, Sir, your obedient servant,

September 16.

SURGEON-MAJOR RETIRED.

FRIDAY, JUNE 5, 1891.

It has often been urged as a reproach to our system of distributing honours and rewards that the so-called non-combatant, who does quite as hard work and quite as good work as the actual fighter in scarlet and gold, gets very little of the pudding and hardly any praise. Engineers in the Navy, Commissariat and Transport Officers in the Army, and Medical Officers in both services, who may have done more towards the success of a campaign than any number of admirals, staff officers, and colonels, are very much accustomed to find themselves passed over when the time comes for conferring promotions and distributing Orders. We imagine that this idea was at the bottom of the agitation on the part of the medical officers of the army, which has now been brought to a close, as we may hope, by Mr. STANHOPE's letter to Sir ANDREW CLARK. The medical men are to get what they desire. Instead of being simply Surgeon or Surgeon-Major, they will in future be entitled to be called Surgeon-Lieutenant, Surgeon-Captain, Surgeon-Colonel, and Surgeon-Major-General; and there will even be certain unfortu-

Officers who may have to struggle against the title of Brigade-Major-Lieutenant-Colonel. We can hardly suppose that these titles will bring any particular joy to the hearts of the Army; but they were insisted upon by their champions, and they have last been granted by the War Office, as a recognition of the fact that the so-called non-combatant incurs dangers as great, and performs services at least as important, as those of the more glib personages who wave their swords at the head of charging regiments and urge their battalions through zones of fire.



## THE WORLD.

SEPT. 24, 1890.

I am sorry, but not in any way surprised, to hear that the last batch of candidates for commissions on the Medical Staff of the Army was reported by the Netley authorities to be far below the average of the last few years. Perhaps this will awaken the authorities to a sense of their responsibilities in the matter. It is not to be supposed that young medical men of decent parentage will allow themselves to become associated with the Army if they are to be treated by their combatant brethren-in-arms as little better than social outcasts. The only effect of the letters in the *Times* and *Morning Post* from combatant officers has been to earn for the Army doctor the fullest sympathy of all reasonable men. It does not reflect credit on the writers of these letters that they should have rushed into print to express views which, if they are general in the Army, would fully account for much of our administrative failure.

26<sup>th</sup> March, 1890.

A very strong feeling is expressed in Army medical circles and in influential quarters in London at the refusal of the War Office to act upon the decisions arrived at by the Camperdown Committee concerning Army medical titles and the other questions referred to it. The medical members on both sides of the House and some of the leading London doctors are proposing to take steps to convince Mr. Stanhope that the medical profession are prepared to support the views of this late Commission, and sympathise with the claims put forward by the Army medical officers as a body. It is understood that Mr. Stanhope himself is personally not unfavourable to those claims, but that he is overborne by the military advisers. It is a great pity that some compromise cannot be arrived at, as a wide-spread agitation is likely to spring up both in and out of the service.

MARCH 11, 1891.

The Army doctors have scored a victory, the War Office having reconsidered its decision with respect to the more important of the recommendations of Lord Camperdown's Committee. To have given medical officers the status of combatants would have been the height of absurdity. The committee presided over by Lord Camperdown saw this, and made a reasonable proposal, that the rank of Army doctors should be defined by means of "composite" titles. This concession was foolishly resisted at first at the War Office; but it has now been granted, and in future we shall have surgeons-general, surgeons-colonel, surgeons-lieutenant-colonel, surgeons-major, and surgeons-captain. A legitimate grievance is thus removed, and Army doctors must feel very thankful to Sir Andrew Clark for all he has done on their behalf.



MONDAY, OCTOBER 6, 1890.

## ARMY DOCTORS.

That a falling off should have been noticed in the qualifications of candidates offering themselves for appointments in the Army Medical Service is matter for regret rather than surprise. The career is a poor one; the military surgeon is compulsorily retired at an age when his fellow-student, who preferred the civil branch of the profession, is thinking of starting as a consulting physician in Harley Street; and the pension which he then receives is insufficient to provide him with the luxuries of life. It must be added, however, that the growing unpopularity of the service is due quite as much to sentimental as to material grievances. In such matters as rank, title, and so forth, the doctors have grievances which were admitted by the Campdown Commission, but have never yet been redressed. So long as this unfortunate state of things continues, it is natural that good men should be reluctant to enter the service if they can earn a living in any other way.

OCTOBER 17, 1890

## ARMY DOCTORS.

TO THE EDITOR OF THE DAILY GRAPHIC.

SIR,—With reference to your remarks in the *Daily Graphic* of the 6th inst., and the correspondence that has appeared in the *Times* and *Morning Post* in regard to the designation of army medical officers, may I crave a portion of your space for a few lines on the subject? The medical staff of the Army ask for—1. The formation of the department into a "Royal Medical Corps," on the lines of the Royal Engineers. 2. Command over their own men (Medical Staff Corps), and in their hospitals, both in peace and war. 3. The right to sit as president or as members on all boards or courts of inquiry on sanitary and medical subjects. 4. Clearly defined military titles that will enable the army and the public to recognise a medical officer's rank in the service.

In dealing with the question of rank and title, Lord Camperdown's committee proposed a compound title, indicating the military alongside of the medical rank, such as surgeon-general, surgeon-colonel, surgeon lieutenant-colonel, surgeon-major and surgeon-captain. In this nomenclature I consider the "cart" is put before the "horse." The military title should come first, as that gives the real position of rank. Of course, officially, the actual rank will be known and recognised, but, socially, all medical officers will be called, as at present, "doctors." Why should not a medical officer be called general, colonel, major, &c., with his medical position denoted as surgeon of such or such a battalion, regiment, sanitary officer, &c.? It may be noted that both in the United States and on the Continent army medical men are designated by military titles. Paymasters, commissariat officers, and even inspectors of schools are called by their military titles, which give them a status in society, and are conferred upon them clearly for that object.

In conclusion, I should like to know how is a surgeon general, surgeon-colonel, &c., to be introduced or addressed in society? The military title, to give any position socially, ought to be the handle to his name. The title of surgeon gives no rank, and is applied to all medical officers, whether they are M.D.'s, or have any number of medical degrees.

If the members of the Army Medical Department are not military officers and soldiers, then let them rank as pure civilians according to their medical qualifications, in which case "doctors of medicine" would rank before the army.—Yours obediently,  
October 15th.

PERRIERE.

AUGUST 19, 1891.

## ARMY NOTES.

(BY OUR MILITARY CORRESPONDENT.)

Two new Warrants have lately appeared which affect very materially two important branches of the army. The Army Medical Department Warrant confers on that important but strictly non-combatant branch a boon it has long craved for in the shape of combatant titles in addition to the purely departmental titles its officers have hitherto borne. It is to be hoped that the members of the department are satisfied with their new titles, but it can scarcely be supposed that any one else is. To have to address anybody as Brigade-surgeon-lieutenant-colonel is to add a new terror to the army, and there can be but little doubt that in a short time one-half of these new titles will be dropped.

AUGUST 24, 1891.

## ARMY MEDICAL RANK.

TO THE EDITOR OF THE DAILY GRAPHIC.

SIR,—By the last new warrant the officers of the Army Medical Department have been granted substantive rank and corresponding military titles. This is all the Department has ever "craved for," and it will now doubtless be satisfied. Why should it be "scarcely supposed that any one else is," as your Military Correspondent declares? Hitherto "anyone else" never knew how to address army medical officers. It is absurd to call a person declared to have no military rank, captain, major, or general. It is equally so to call one who is not a university graduate "doctor." The difficulty is now removed. The cumbersome of the new titles is of no consequence. Having been granted substantive rank, every medical officer becomes, not a combatant, but a military man, and has a right to be addressed by that part of his military title which sufficiently denotes his rank, and this will be accorded to him by every one acquainted with the usages of polite society. In speaking to lieutenant-colonels and major-generals it is customary to drop the prefix. In the same way the prefix of "surgeon," which denotes no rank, will be dropped, and the overloaded titles will become captain, major, and general. Medical officers will of course describe themselves and be officially addressed by their full departmental titles.—Yours faithfully,  
(SURGEON-MAJOR) GENERAL.

AUGUST 27, 1891.

A paragraph in last week's Notes on the subject of army medical rank appears to have given offence to a (Surgeon-Major) General, who thus signs himself in the *Daily Graphic* of Monday last. In his very candid letter (Surgeon-Major) General states that "every medical officer is now entitled to be addressed by that part of his military title which sufficiently denotes his rank," and frankly owns that in future the medical prefix will be dropped, and the medical officer of the army be addressed as "captain, major, general," and in time, we suppose, field-marshal. That men whose function it is to heal the sick and wounded, but not to lead men in war or command them in peace, should be so addressed appears to us an anomaly; but in saying so we had no intention of hurting the feelings of (Surgeon-Major) General, who we hope will soon be promoted to the more exalted rank of (Surgeon-Major) Field-Marshal.

## ARMY MEDICAL RANK.

TO THE EDITOR OF THE DAILY GRAPHIC.

SIR,—Against "(Surgeon-major) General's" suggestion, in your issue of August 24th, that our medical titles should be dropped and our military titles retained when we are addressed "by every one acquainted with the usages of polite society," I beg to remonstrate. The combatant branch, in its jealousy, is quite as likely as not to arrogate to itself our medical titles, so that we shall have to explain that "Colonel" Brown is only a doctor, and "Brigade-Surgeon" Jones only a colonel.

Let us have the full honour of our new nomenclature without any curtailment.—Yours faithfully,  
SURGEON-LIEUTENANT-COLONEL-WITHOUT  
MILITARY-COMMAND SMITH, M.D.



# 18 THE COUNTY GENTLEMAN

August 16, 1890.

The British Medical Association has just published and sent me the evidence given before Lord Camperdown's Committee on Army medical organisation. It will be remembered that this was suppressed when the official "Blue Book" appeared, and Mr. Stanhope, on being interrogated in the House of Commons lately, refused to give the opinions of the witnesses publicly. Having gone through the evidence carefully, I am not surprised at the decision of the head of the War Office. Some of the views expressed by head-quarter officials are worthy of the Dark Ages, but are out of all keeping with the times in which we live. If these highly-placed military authorities really think what they say, it is not so much a matter for surprise that we have so small a return for our military expenditure, but that we have an Army at all. Even at head-quarters the feeling is encouraged that departmental officers are professionally and socially inferior to those of the combatant branches. Now, whose fault is it if they are? The blame rests undoubtedly with those who have it in their power to discountenance all such ideas, and should do so by every means they are enabled to. So long as such feelings are encouraged at head-quarters, it is hopeless to expect that we shall ever render even our small Army efficient for the purposes of the battlefield. We all know the fable of Æsop about the body and its members. The departmental officers are to an Army what the arms and legs are to the human frame, and the man who speaks slightly of them is utterly unfitted to hold any position of responsibility.

By the by, Sir Andrew Clark, speaking for a representative deputation of medical men, is reported to have remarked on the grievances of the Army Medical Staff:—"It has been said, what are the objections which might be offered to the conferring of military titles and rank? The contention is that it would necessitate concessions to veterinary surgeons, chaplains, and other such persons. The answer is there is no comparison between such persons and medical officers." Medical men, Sir Andrew went on to argue, are combatants, the other "persons" are not. I cannot congratulate Sir Andrew Clark either on his good taste or on his knowledge of facts. There are some, I know, who hold that Army doctors are not combatants. They maintain that under the terms of the Geneva Congress, entered into by all civilised nations, they are protected and wear a red cross on a white ground as a symbol of their professional claims to mercy from the sword and fire of the enemy. When, however, it was proposed that a similar concession should be made in favour of veterinary surgeons the suggestion was at once negatived on the ground that the protection of their officers would represent the prolonged utility of the enemy's means of progression, transport, and feeding power. Under the circumstances, Sir Andrew's reference to the "other persons" was as ill-timed as it was ungenerous.

August 30, 1890.

## SIR ANDREW CLARK AND THE ARMY MEDICAL STAFF.

TO THE EDITOR OF "THE COUNTY GENTLEMAN."

SIR,—In your issue of the 16th you submit to critical examination and judgment a portion of my speech to the War Minister when he had a deputation sent by the Medical Corporations of the United Kingdom to represent the grievances of Army medical officers, and to ask for their remedy. As your mode of putting the matter is inaccurate—I do not doubt unwittingly inaccurate—and as, therefore, the judgment pronounced upon my action cannot be sustained, I request that you will be pleased to grant me space to make good this contention.

In reply to the question whether the granting of the concessions demanded by Army medical officers would necessitate the granting of like concessions to veterinary surgeons and chaplains, I answered "No!" inasmuch as no just comparison could be drawn between such persons and medical officers.

"Medical men, Sir Andrew went on to argue, are combatants the 'other persons' are not. I cannot congratulate Sir Andrew either on his good taste or on his knowledge of the facts." At the conclusion of your notice you say, "Under the circumstances Sir Andrew's reference to 'the other persons' was as ill-timed as it was ungenerous."

First as to the facts. I did not say that medical officers were combatants. I said that they were officers with military duties and responsibilities; that they were the only officers with such duties and responsibilities who had no distinct substantive military rank; and that they were not just subjects of comparison with chaplains,

veterinary surgeons, and other persons who had civil and not military duties to perform. The military duties and responsibilities of Army medical officers are both numerous and important. Chief among them are (a) the command and discipline of the Medical Staff Corps, and of all persons either attached to the corps or else on duty in military hospitals; (b) the instruction of the corps in infantry and stretcher drill; (c) the responsibilities attached to the pay, clothing, arms, and general equipment of the Medical Staff Corps; (d) the accounting of officers for hospital buildings, equipment, supplies, and necessary stores.

Such are the statements made by me in that portion of my speech which you have submitted to critical examination. I have taken every means in my power to inquire into the grounds of these, and I believe that every one of them is within the limits of a literal accuracy.

In the second place you say that my statements were ill-timed and ungenerous, and you put within points of quotation the phrase "other persons," as if I had meant to insinuate inferiority and unimportance. The statement which you criticise so adversely was not a voluntary statement. It was made in reply to a question put by the War Minister. It was strictly accurate. It was not made at the expense of any other department; and neither I, who made the statement, nor any of the Presidents of the Medical Corporations of the United Kingdom who accompanied me, entertained (as your criticism suggests) a thought of inferiority or of unimportance in "the other persons" whom you have thus signalled. On the contrary, we regard with high and just respect the importance and character of the ecclesiastical and veterinary departments of the Service; but, as they have no strictly military duties to perform, they are not on this matter fit subjects of comparison with medical officers who have, and who, in consequence of it, claim a substantive military rank.

In speaking of other claims of medical officers to substantive military rank I mentioned the frequent failure of health among them, their exposure to special perils on the battlefield, and the exceptionally high rate of mortality which prevails in the department. I am reminded by an anonymous correspondent that both chaplains and veterinary surgeons are also exposed to the perils of the battlefield without directly participating in the battle. That is quite true, and the records of their heroism are not forgotten. But the question at issue lay between combatant and medical officers; the reference to chaplains and veterinary surgeons was only incidental and illustrative; and to have entered into any statement of their high merits and claims would have been irrelevant to the matter in hand, and an unpardonable encroachment upon the time of the Minister.

In conclusion, I desire to express my sincere regret that anything which I have said upon this subject should admit of the interpretation of being ungenerous to members of other departments of the Service. No one who heard my evidence considers such an interpretation of it as possible—certainly no disparaging or depreciatory thoughts of chaplains or veterinary surgeons were ever present to my mind—and I entertain the hope that after a reconsideration of my evidence, as herein corrected, you will see reason to withdraw the judgment you have pronounced upon it, which, if reiterated, I should have to regard as both unsound and unjust.—I am, Sir, your faithful servant,

AND. CLARK, M.D.

Dalquharran Castle, Aug. 23, 1890.

Sir Andrew Clark, as will be seen from his letter in another column, objects to my remarks on the Army medical difficulty which he has taken in hand. Now my sympathies are entirely with the doctors. I regard the arguments of their fighting comrades for the most part as unsoldierlike, ungentlemanly, unpatriotic and unjust. But I object to Sir Andrew's arguments also because in them he has unfortunately—but of course unintentionally—fallen into the very error which, to my mind, makes the action of my soldier friends so paltry. "I am a fighting soldier," says my worthy combatant friend. "Why should the doctor consider himself my equal?" "I am a doctor," says Sir Andrew Clark, on behalf of his profession. "I am bound to admit that the combatant is my superior, because I aspire to his rank and privileges, and am honoured by being mistaken for what I am not; but why should a chaplain or a veterinary surgeon claim to be considered the equal of his professional superiors?"

I am grieved beyond measure if I, in the first instance, misinterpreted Sir Andrew Clark's meaning. His letter places the matter so clearly before me that I am sorry to have to say that I differ from him entirely. It would appear that I



## THE COUNTY GENTLEMAN.

have a far higher respect for the medical profession than he has himself, for I fail to see how any doctor worthy of the diploma he bears can consider himself elevated by being called by a combatant title; and in his heart of hearts I feel sure that Sir Andrew, holding the high place he does in the profession he adorns, will agree with me. The Army medical officers have nothing to gain and everything to lose, I maintain, by agitating for military titles and military command, though they should have the best wishes of all right-thinking Englishmen with them when they demand that the recommendations of Lord Camperdown's Committee should be carried out. The only effect of Sir Andrew Clark's letter is to show that what the medical officers are demanding is nothing more nor less than "substantive rank." I do hope and trust most earnestly, as a great admirer of the medical staff, that this concession may never be granted, for I can conceive nothing more calculated to bring a noble profession into contempt.

By the by, some of the correspondents of the *Morning Post*, on this subject, speak of the departments of the Army as though their officers were the inferiors of their regimental comrades. Such a contention is indefensible. Without its departments the Army would be helpless. No wonder the military machine gets out of order so frequently in war time if those who are responsible for the working of it allow feelings like these to exist. In the minds of these correspondents the idea of improving the efficiency of the Army never arises apparently. The only fear is that a departmental officer may be taken for a combatant, and in the estimation of these magnanimous writers "departmental people" are not fit and proper persons to mix with the highly-born gentlemen who fill the combatant ranks of the Army. The British officer has the reputation of excelling in gentlemanly qualities. Yet this is the tone in which some who profess to represent him will approach the discussion of a question of no little importance to the welfare of the Service.

September 13, 1890.

### SIR ANDREW CLARK AND THE ARMY MEDICAL STAFF.

TO THE EDITOR OF "THE COUNTY GENTLEMAN."

SIR,—Will you kindly allow me space to refer to the letter from Sir Andrew Clark on the subject of substantive rank for officers of the Medical Staff, which appeared in your issue of the 30th ult. Your correspondent therein asserts that, with regard to claims to such rank, veterinary officers cannot compare with their brother officers of the Medical Staff. I cannot accept his reasons for this, and my examination of the question leads me to the conclusion that veterinary officers compare most favourably in this respect, though I am not aware that they have moved to obtain substantive rank or title.

Like the medical, the veterinary officer accompanies his regiment or corps into the field, performs similar duties, has the same responsibilities, and is exposed to more risks, inasmuch as he is liable to capture or to be intentionally killed by a civilised enemy. Medical officers, by the Geneva Convention, are placed on the footing of non-combatants, as their mission is not to fight. Veterinary officers were refused this exemption, although attempts were made to obtain this privilege for them. Therefore, if substantive rank is to be conferred, surely veterinary officers should have the strongest claim, as they do not enjoy the exemption of medical officers, but are placed on the level of combatants by the rules of the above-named Convention. Of course, I assume that Sir Andrew Clark was not aware of this when he spoke and wrote.—Yours, &c.,

Sept. 9,

GEORGE FLEMING.

September 27, 1890.

### SIR ANDREW CLARK AND THE ARMY MEDICAL STAFF.

TO THE EDITOR OF "THE COUNTY GENTLEMAN."

SIR,—I request permission to make two further observations on the claims of Army medical officers to substantive military rank—the first in reply to your own criticisms, and the second in reply to the letter of Professor Fleming.

1. The Army medical officers do not ask for substantive military rank in order to be called Captains, Majors, or Colonels, or to enter into any social competition with combatant officers. They are quite content with such consideration as Society may accord to them as members of the medical profession. They ask it only, and they ask it earnestly, because without actual titular rank they

are unable to discharge with the promptitude, efficiency, thoroughness, and certainty which they desire the military duties and responsibilities now imposed upon them.

2. With one exception, which, however, is a fundamental and serious one, I concur with all that Professor Fleming has said about veterinary officers in his letter to you of the 9th inst., and I can discover no just reason why, like paymasters, quartermasters, riding-masters, school inspectors, and other officers of similar standing and work, they should not be invested with honorary rank. The exception which I take to Professor Fleming's letter is, I think, fatal to the position which he assumes and to the arguments which he uses in support of it. The distinguished Principal says that the veterinary officer performs "similar duties" to the medical officer, and has the same responsibilities.

Here is the crux of the whole matter, for if this be so the Army medical officers are nonsuited, and the discussion is closed. But after the most careful inquiry I venture to say that it is not so. The veterinary officer has not the command and discipline of a corps, he does not instruct in drill, and he has no responsibilities connected with the pay, clothing, arms, and general equipment of men, or with the accounting for Government buildings, supplies, and stores. The medical officer is charged with all these and many other military duties and responsibilities; and it is just because he is the only officer so charged who has no actual military rank that he claims, and we outsiders believe he claims with justice, this concession to the position which he occupies and the work which he does.—Yours, &c.,

ANDREW CLARK.

Dalquharran Castle, Ayrshire, Sept. 19, 1890.

October 4, 1890.

### SIR ANDREW CLARK AND THE ARMY MEDICAL STAFF.

TO THE EDITOR OF "THE COUNTY GENTLEMAN."

SIR,—I hope you will permit me, through the medium of your pages, to express my thanks to Sir Andrew Clark for his courteous allusion to the remarks I felt called upon to make with regard to his reference to veterinary officers in the matter of substantive rank for medical officers. The reason he now gives as a serious and fundamental one for granting this rank to the latter and not to the former will scarcely be deemed of such grave importance when I state that on active service veterinary officers are placed in charge of men, sometimes in more considerable numbers than are under medical officers. This I know was the case in the Afghan campaign, on the Nile, and at Suakin. So that in the field the duties of both are similar, with the exception that those of the veterinary officers are more extensive and varied.

Your correspondent is, I assume, not aware of the nature of these duties, or I am sure he would not state that the veterinary officers have similar work to paymasters, quartermasters, riding-masters, and school inspectors.

The Italian Army is often quoted as one in which medical officers have military titles, but in that Army veterinary officers have also these titles, and doubtless for the same reason.

I feel confident that, if it is deemed advisable to grant such titles to the medical staff, they will not be denied to the veterinary department, though they have not, so far as I know, been asked for by its officers.—Yours, &c.,

Oct. 1st. 1890.

GEORGE FLEMING.



# THE PIONEER, SATURDAY, FEBRUARY 21, 1891.

## THE ARMY MEDICAL SERVICE.

*Draft of a Proposed New Warrant for the Medical Service of the Army. (Found near the back gate of the War Office.)*

*Date.*—The following warrant shall come into effect on the 1st of April next.

*Designation.*—The Medical Staff of the Army shall, from the date fixed above, become a purely Civil Service and shall be called "The Medical Attendants of the Army."

*Position.*—"The Medical Attendants of the Army" shall be a purely civil body, engaged to perform medical and surgical duties only, and shall have no military designation, power, or position whatever.

*Present Medical Staff.*—The officers of the present Medical Staff of the Army shall, after the 1st of April next, merge into the new service, but shall be permitted to retire on the pensions they have already earned should they prefer it, those under 20 years' full-pay service receiving £100 for each completed year of service. Compensation for uniform and equipment may be granted on officer's submitting receipts from their tailors—but a reduction of 20% per annum shall be made from the original cost of each article—officers receiving compensation under this clause must hand in their old uniforms to the nearest "Army Service Store" to be sold for the benefit of the State—(N. B. No matches to be left in the pockets).

*Passages.*—Passages home will be granted to officers (but not to their families) serving abroad, by the cheapest route, who do not elect for the new Medical Service.

*Duties.*—The members of the new service of "Medical Attendants of the Army" shall perform purely professional duties only, in visiting the hospitals and going round the wards in the same manner as London hospital surgeons and physicians do now. They will also assist the military examiner of recruits on professional points, see the morning sick, and attend on all officers and their families at a fixed rate of charge to be paid by the officer concerned out of the current month's pay. They shall also attend on the families of soldiers at contract rates, on receiving a requisition from the officer commanding, who shall, however, be held pecuniarily responsible as to the necessity of such medical attendance.

*Classification.*—"Medical Attendants" shall be divided into three classes, 1st 2nd and 3rd, which classification shall only entitle them to extra pay, and shall carry with it no increase of power or authority whatever, all medical attendants being considered on a professional equality.

There shall be a military superintendent of each hospital, by whom all the administration shall be performed, and this officer shall place the medical attendants in charge of their duties, with full power to change them from one ward to another when he pleases. Medical attendants must not interfere with each other in any way.

*Consultation.*—When a consultation is considered necessary, the medical attendant will show the case to the military superintendent, and if he approves another attendant will be called in to see the case, for each such consultation a fee of £2-2-0 shall be payable to each consultant.

*Pay.*—The pay of the three classes of medical attendants shall be £1 per day on appointment, £2 after five years' service, and £3 after ten years' service. Such pay shall cover all allowances whatever, but on an attendant being ordered abroad he shall become entitled to an increase of 50% on his home pay. Medical attendants may take as much private practice as they can get.

*Foreign Service.*—Medical attendants shall only be required to serve at home or in the colonies, the Indian Government arranging for the medical charge of all European troops in India.

Officers of the Medical Staff now serving in India will be permitted to transfer their services to the Government of India, but must clearly understand that in doing so they will retain no claim on the Home Government, and must accept whatever terms the Government of India

may choose to offer. These terms will be liable to modification, reduction, &c., at any time, but from the well-known generosity that has been shown by that Government towards the Medical Staff for the past twelve years, little fear need be felt of any harsh or stingy treatment.

*Dress.*—Though medical attendants are not permitted to wear uniform they are expected to dress in a becoming and professional manner; it is suggested that black frock-coat and waist-coat, dark trousers, black tie, dark gloves, and a tall black hat might be adopted. Wellington boots being a recognised portion of the uniform of the army must not be worn, but lace or button boots, or shoes with spats may be. Elastic-sided (Jemima) boots are, however, interdicted. In the colonies a white hat with black band, or a Terai hat with black puggree may be worn.

*Professional Cases.*—Each medical attendant is expected to carry a cane; those of the 1st class having a gold knob, those of the 2nd a silver knob, those of the 3rd a simple horn or black knob.

*Badges.*—"Geneva Crosses" not being worn by any branch of the army there can be no objection to their being adopted by medical attendants, and one cross for 3rd, two for 2nd, and three for 1st class, may be worn if desired, either on the sleeve or coat collar.

*Honours and Rewards.*—It is to be clearly understood that medical attendants are never to receive any war medal, Victoria Cross, or other military decoration of any kind. There will however, be no objection to their receiving and wearing the "Humane Societies' Medals," or even the Albert Medal, if bestowed for meritorious professional conduct.

*Active Service.*—Active service for medical attendants is purely voluntary, and if taken into the field they are never to be permitted to go into danger of any kind, and must never enter the zone of fire. If the army is advancing the medical attendants will remain in the rear under escort, and when the battle is over they shall then go to the field and attend on the wounded. During an action the care of the wounded will devolve on the trained stretcher bearers, this being of course a portion of the risks to be run by all officers of the "fighting caste" as well as by the rank and file of the army.

*Retreats.*—In the event of a retreat, immediate news shall be sent to the medical attendants who will at once proceed to a safe place at the base of operations, the care of the wounded devolving on the enemy.

*Sieges.*—Should any portion of an army be shut up in a fortress, fort, or redoubt, the medical attendants will withdraw under the protection of the "Geneva Cross," and if the enemy permits, may visit the wounded daily, under a flag of truce, while all firing is suspended.

*At Sea.*—Should a transport or war vessel with troops on board be attacked at sea, the captain shall at once place all medical attendants on board in a steam launch under the protection of the Geneva Cross, and they shall not again go on board till all fighting is over.

Other regulations will be framed hereafter.

### MEMORANDUM.

I.—From A. . . . . to M. . . . .  
See enclosed rough draft of new warrant for M. S. and say what you think of it.

II.—It will do well, I think, and should put those d-d Doctors in their proper places. Show to W. Yours —

III.—Approved. Send to Mr. S., better not show to H. R. H. till settled by S of S.

See p. 29.



# VANITY FAIR:

AUG. 30, 1890

## ARMY DOCTORS AND COMBATANT RANK.

THE daily papers, especially *The Morning Post*, have lately been flooded with letters from Army medical officers, who seem resolved to obtain what they term "rank." Were it not that others, quite as little entitled to be called "Captains" or "Field Marshals," have already been granted their hearts' desire, it would be difficult to waste much sympathy upon these medicos. Even as it is, the fact that all the best men in the Department are quite content to be what they are, makes it difficult for an outsider to sympathise very deeply with the dissatisfied minority. To be a good Doctor is a thing to be proud of, but to be a sham Captain must surely be open to the common objections attached to every other class of deception. The same cry is heard from every advocate of military titles being extended to the Doctors—the cry that the possession of military rank is a tremendous lever to social success. Granting, for the sake of argument, that this is the case, what follows?

A is a clever youth, and passes the necessary examinations to qualify for a commission as an Army Doctor. After joining, he is quartered, we will say, at Portsmouth, and the Southsea belles won't look at him. A is an ugly fellow, and has not particularly attractive manners; he is also blessed with a charming brogue. Such disadvantages are, however, nothing in his eyes, and he attributes his social failure entirely to his having no "rank." If he were "the Captaining," matters would be quite different.

Now, the admission that the social success of an individual depends upon the rank he bears must in the present case entail another. If Miss Smith, the Southsea Garrison hack, does not like Dr. Jones because he is Dr. Jones, but would have liked the same person if called Captain Jones, it surely means that the innocent young creature must be deceived by the rank, and carefully kept in the dark as to the particular branch of the Service to which the happy possessor of such distinction may belong? Army Doctors, as a rule, are not popular with either officers or soldiers, and the reason is not far to seek. The Army Medical Staff is divided into two classes. There are a number of really good fellows who, having a taste for the Army, as well as a love for their profession, prove themselves the right sort and good Doctors; men who are proud of being Doctors, and whose ambition is to succeed in their profession for its own sake, and for the sake of those in whose service they work at it. To such men a sham title of combatant rank would be an abomination, just as any gross deception must always be to an honest man. There is, however, another class of Doctor, and he is not popular; in fact, his unpopularity is so great that the entire Department suffers in this respect for his sake. This class includes the very men who have originated the present agitation; and who, having nothing to recommend them socially or medically, in their proper persons, desire to help themselves in the former respect by means of borrowed plumes, which, they think, may hide their natural defects.

Fortunately, the majority of the Army Medical Department do not belong to this latter class; but although this is the case there appears to be considerable danger that the clamour of a vulgar minority may override the almost silent disapproval of the more respectable majority. Most of the so-called reforms of modern times have been carried out for similar reasons. The old Commissariat Department, for instance, when the officers were plain Mr. Robinson and Mr. Brown, provided bread and beef not a whit tougher or more indigestible than the rations now distributed by Major Robinson and Colonel Brown. And there was no possible reason for conferring rank upon these "purveyors," except that, under the military titles they now bear, certain snobs amongst them might "go down" a little better with the Miss Tomkineses of garrison society.

However, these gained their point, and very probably the Doctors will gain theirs. Yet it would be interesting, before a change is made, to ascertain the feelings of the Medical Department at large by ballot; and if this were honestly done, the proposal to give quasi-combatant rank would most certainly be rejected by a considerable majority. The majority would, moreover, include not only numbers but professional merit. It must surely be more pleasant to a man who has reasonable self-respect to be known as Doctor "So and So" than to offer the conundrum, Who is Colonel "What's his name?" or, To what regiment does Major Somebody else belong?

The Doctors have been called the "Linseed Lancers," and in these days of curious names for regiments this one might be as easily understood as are a great many territorial designations.

SEPT. 6, 1890

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—I have just read an article in your issue of the 30th ult., headed "Army Doctors and Combatant Rank," and trust you will allow me to make a few remarks in reply.

In the first place, it is absolutely untrue that medical officers have ever wanted, or asked for, "combatant rank," so-called, or desire in any way to be taken for the so-called "fighting officer."

Allow me further to state the officers of the Medical Staff are not "divided into two classes" on this point. There is an absolute unanimity of opinion on this head, and certainly quite 95 per cent. of the Department hold the opinion that "substantive rank, with command over our own men—the Medical Staff Corps—and in our hospitals over patients and all men attached for duty," is imperative. Indeed, these powers are now given us, but we find so much difficulty in performing our duties without any definite rank that can be recognised and understood, that we have asked that such rank may be given us. Is this too much to demand?

You allude to the social question and rank. Well, no doubt rank and military titles are very valuable in their way; but how the bestowal of such a title as "Surgeon-Captain Royal Medical Staff Corps," or even "Captain —, Surgeon R.M.S.C.," could deceive the public as to our position in the Service I fail to see.

You go on to say, "It would be interesting, before a change is made, to ascertain the feeling of the Department at large by ballot; and if this were honestly done, the proposal to give quasi-combatant rank would be most certainly rejected by a large majority."

This has already been done by the British Medical Association, with the result that then—two years ago—over 75 per cent. of the Department voted for the change, and at this moment you would find not 5 per cent. would vote against it.

Leaving the subject for a moment, allow me to express my great regret that such a usually fair journal as yours has admitted an article couched in such language, which language can only widen the breach that now exists between the Army and the Medical Staff, and which breach, I am optimistic enough to think, will be closed when we are organised into a corps, on the lines of the Royal Engineers, and given that position in the Army the great importance of our duties demands.

A BRIGADE SURGEON.

United Service Club, Dublin, 1st September.

[Possibly we should have written "Combatant title" rather than "combatant rank"; and so far we accept our correspondent's emendation. Personally, we have no objection to the doctor being decked out in as many of the soldier's plumes as he likes; but we hold to our opinion that there are many good Army Doctors for whom their profession is enough, without desire to hide it behind the "smoke ball" of pseudo-combatant designation; and there are others—others. Is not our correspondent's rank—"Brigade Surgeon"—a "definite" enough title? Would he give Army Chaplains combatant titles? Or Army "Vets"?—ED. V. F.]

SEPT. 13, 1890

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—In the editorial note to the letter of "A Brigade Surgeon" on the above subject which appears in *Vanity Fair* of the 6th instant, there is, if you will pardon me for saying so, a somewhat offensive and uncalled-for allusion to Army veterinary officers, whom you are pleased to refer to by the slang term "Vets," which savours strongly of the stable and pothouse. The officers of the Army Veterinary Department have not sought for combatant titles, and I am not aware if they desire them; but if they did, they certainly have as strong a claim to them as any other department in the Service; and I fancy if the matter were left to the decision of the combatant officers, the result would be evidence of this. Unlike the officers of the Medical Staff, the veterinary officers are not rewarded by the Geneva Cross for some of the risks of war; but, on the contrary, are liable to be treated by the enemy as if they were combatants, while they take the field and accompany their regiments and corps everywhere. Not so the paymasters and chaplains, who are not exposed to the same risks. I may mention that in the Italian Army, and, I think, also in that of Russia, Serbia, and Bulgaria, veterinary officers have substantive rank. Whether they should have it in our Army I will not discuss. My object now is to point out that in your reply to your correspondent you have been needlessly offensive in your allusion to a hard-working, well-deserving, and very popular body of officers, whose chief desire is to perform their duty without or with substantive rank. In doing this they would prefer to be designated, however, by a proper and not a slang term; which I am sorry to see disfiguring *Vanity Fair*.

G. FLEMING.

Constitutional Club.  
[We intended nothing offensive to the Army Veterinary Department, and we regret that Dr. Fleming should have supposed for an instant that we did. The fact that we wrote the word "Vets" in



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inverted commas ought to have made it clear that it was not our own term for a body of officers of whom, perhaps, we think as highly as Dr. Fleming does. We should not mean anything disrespectful if we called another officer a "sub." But Dr. Fleming goes far to prove our case when, with his undoubted authority, he expresses his opinion that the Army veterinary officer has as strong a claim to combative title "as any other department in the Service." That was one of our points.—Ed. V.F.]

To the Editor of "Vanity Fair."

DEAR VANITY,—In my opinion it is right and necessary that Army doctors should have command over their own men and patients in hospital, and I do not see that the grant of definite rank affects that command. As "A Brigade Surgeon" admits, they already possess those powers of command.

As to a military title, the combatant officers, I am sure, do not care "a twopenny damn" whether it is granted or not—that is, they do not care personally, but they naturally feel that some inconveniences to the Service might arise from the concession. In "Charles O'Malley," or one of Lever's other books, a story is told how the Duke, taking a doctor for a Staff officer on account of the plumes in his cocked hat, deprived the doctors of those plumes.

I believe that only the vainest, the inferior—both professionally and socially—among the doctors, clamour for military rank. If they do get military rank corresponding with that of combatant officers, they ought in justice to be content with corresponding pay. Really, however, the matter is of little consequence; and if these silly peacocks want Army rank, give it them. Military inconvenience and confusion may arise; but socially, they may depend upon it, there will be little difficulty in differentiating the killing from the healing officers. The doctors have put an end to the identity of the two branches by that accursed arrangement known as "unification."

Skilful doctors are indispensable; therefore if skilful doctors will not enter the Service without tinsel bribes, give each of them embroidery, feathers, two swords, and the honorary rank of Lord Mayor, County Councillor, or M.P., if these follies please them.—Yours, dear Vanity,

W. W. KNOLLYS, Colonel.

42, Gratton Road, W.

SEPT. 20, 1890

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—In the controversy about military rank, the fact seems to be lost sight of that a Captain, for instance, means an officer commanding a man-of-war, or an officer commanding a troop or a company of soldiers. For anyone else to have a commission as Captain is ridiculous and meaningless. Some Army Surgeons will say to the above remarks, with perfect justice, "Why then do Commissariat Officers, Paymasters, and all sorts of officers in the Indian Army have commissions as Captains?"

I should like to know too; and also why there is none of this confusion in the Navy.—Your obedient servant,

17th September, 1890.

XXXV.

To the Editor of "Vanity Fair."

DEAR VANITY,—Your article on "Army Doctors and Combatant Rank" is by far the most sensible and true of all the productions I have seen in print on the subject. It thoroughly represents the feeling of the Army. Are we not already infested with spurious military titles? There are the Colonel, Majors, and Captains of the "muck carts," ditto of the money bags, ditto of the ammunition, broomstick, and soap department. There is the Colonel (Volunteers), whose profession is grocery; the Major (Volunteers), who issues writs for tradesmen's debts; the Captain (Volunteers), who spends his life in the local bank. Don't let us have any more, or we, who are proper soldiers, will be ashamed of our military titles. What does the Army say: "We want good doctors who will look after us, not men whose ambition is not medicine, but sham military rank." "The more of the military, the less of the medico."

Vanity, I have been in most of the large garrisons. Always the nicest people collect together, and by them are known only those who have a right. A doctor is not boycotted if he is of the right sort; but how numerous now are the Dublin medical students! What can you expect? Does any sane person suppose that sham military titles will make them more popular? You cannot hide the cloven hoof under a military title any more than the "Qui-Hi's" (Anglo-Indians) can hide where they come from.—Yours, dear Vanity,

11th September.

VIVE LE MILITAIRE.

To the Editor of "Vanity Fair."

DEAR VANITY,—In your last issue I observe a letter from a Colonel W. W. Knollys on the above subject, and on referring to the Army List I find he must have retired from the Service some

seven years ago. Now, Sir, in the first place, an officer who has been out of the Army for so long a time cannot possibly be qualified to speak with any authority regarding the present state of affairs; and, in the next, he has no right to put himself forward as a detractor of any other body of officers. Colonel Knollys starts by admitting that "it is right and necessary that Army Doctors should have command over their own men and patients in hospital."

On this point, then, your correspondent is in the same line with us; but when he asserts that the "grant of definite rank" is unnecessary, he admits, first, we have no rank—our own point—and then asserts we do not require it. I, Sir, have been for nearly five years in medical charge of an hospital of over three hundred beds, and I assert that the want of a definite rank has most seriously interfered with the efficient performance of my duties. Colonel Knollys does not care a "twopenny damn"—I thank thee for the word—whether we get it or not, but feels that "some inconvenience might arise from the concession," and backs up this opinion with a story from one of Lever's novels. Well, let us hope *si non e vero e ben trovato*; but it is a pity he should have had to refer to fiction for evidence to support his case.

As regards the assertion that it is only "the vainest, the inferior," who desire definite rank, I can only say that, if true, there are precious few of any other description, as fully 95 per cent. of the department, including the seniors almost to a man, not only desire it, but see the absolute necessity for it; not, mark you, so much in their own interests, as in those of the soldier.

I think I cannot do better than quote the following remarks from *The Times* of the 6th inst.:

"It is hardly necessary to point out the bad taste—nay, the absolute puerility—of writers who suggest that any surgeons wish to receive titles which would cause them to be mistaken for combatant officers, or the silliness of those who ask why solicitors and chaplains should not receive military titles as well as doctors."

I am bold enough to say that the feeling of a large part of the thinking portion of the Army is with us, and that this feeling will soon bear fruit. We may, therefore, afford to disregard the opinions of half-pay Colonels and others who have no connection with the Army beyond drawing their pensions from their agents.

A BRIGADE SURGEON.

Constitutional Club, Northumberland Avenue, 14th Sept.

"A Brigade Surgeon's" sneer at Colonel Knollys is somewhat out of place. At any rate, Colonel Knollys signed his letter; and we see little point in the argument that he is a retired officer, inasmuch as we believe him to be in touch with officers on active service; who, for reasons which must be known to "A Brigade Surgeon," do not care to write to the papers on such a subject as this over their own names.—Ed. V.F.]

SEPT. 27, 1890

## THE SOLDIER AND HIS DOCTOR.

[Being unable to find space for more than a small portion of the letters which have reached us on this subject, we print the following selection, which is, we think, fairly representative of both sides.—Ed. V.F.]

To the Editor of "Vanity Fair."

DEAR VANITY,—There seems to be so much ignorance abroad, and I have lately read so many letters which are apparently written with the express purpose of throwing dust in the eyes of the public, that perhaps you will permit me to explain in a few words why certain departments of the Army are granted military ranks, and why other departments are not, and most certainly ought not to be granted them.

Properly speaking, there are only two essentially military departments—viz., the Army Pay and the Ordnance Store—and the officers of these departments have military titles. I call these essentially military, for the very simple reason that their officers are entirely recruited from the combatant ranks of the Army. This has been the case with the Army Pay Department ever since its formation in 1878. The officers of this Department have already gained the rank of Captain or Major in their regiments previously to joining it. These officers, therefore, enjoy military titles, not because they are departmental officers, but because they either are now or have actually been *bona fide* combatant regimental officers. There is, therefore, absolutely no analogy between these two departments and the remaining three departments—viz., the Medical, Chaplains, and Veterinary. These are essentially civilian departments, being composed entirely of civilians, professional men, who have never had any military training, and who consequently are on an utterly different footing from the Army Pay and Store Departments, whose officers are "pukka" military men. It seems almost incredible that the above facts, which must be well known to all military men, and which were most explicitly stated by H.R.H. the Commander-in-Chief and other witnesses before the Camperdown Committee, should be so utterly ignored in the recent correspondence on this subject. Where can be the logic of this frequent remark, "The Medical or Veterinary Departments have as good a right to military titles as any other department?"



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I repeat most emphatically that until the officers of the Medical, Chaplains', or Veterinary Departments are composed of old regimental officers who have already gained their military titles, then, and not till then, can they with any justice claim to be placed on the same footing as the officers of the Army Pay and Ordnance Store Departments.—I am, dear Vanity, yours,  
AN OLD SOLDIER.

To the Editor of "Vanity Fair."

DEAR VANITY,—Whatever may be the opinion as to the good taste of a recent article in *Vanity Fair* on the subject of medical officers of the Army and rank, all will agree that the writer makes one sensible proposal—viz., that a ballot should be *honestly* taken to ascertain the views of the officers concerned. As he seems to be unaware that this was done two years ago—*honestly*, we trust—by the Parliamentary Bills Committee of the British Medical Association, I beg to inclose a copy of the Report for his information.

He will therein see that the conclusion he arrives at as to the result of such a ballot is as incorrect as it is to be hoped are many of his unsupported statements as to the motives actuating the medical officers of the Army in the demand for a defined Army rank as essential to efficiency.

I would also refer him to the recent report of Lord Camperdown's Committee, which, in the main, supports the demands of the medical officers. That a writer who expresses such strong views should be ignorant of two such important Reports would argue but little in favour of his competency to deal with the subject at issue, or to criticise so severely motives of which he shows such profound ignorance.

Fortunately, ridicule is not argument, and misrepresentation generally recoils on those who make use of it.—I am, dear Vanity, yours,  
JUSTITIA.

12th September.

To the Editor of "Vanity Fair."

DEAR VANITY,—A "Brigade Surgeon" seems to think that "a large part of the thinking portion of the Army" is with him. Let him in his vanity—and with his *Vanity*—think so, if he wants rank—let the rank be Surgeon-Captain, or Surgeon-Major, or Surgeon-Colonel—but let the rank be plainly printed on his card—as he evidently wishes it to be—so that his friends will see that he is a non-combatant. I can't for the life of me see why the doctors—I mean the few—want the rank at all. As your correspondent "Vive le Militaire" says, we of combatant rank will be ashamed of our titles; there is too much of it already. And we of *Vanity Fair* thank you for your editorial note to "Brigade Surgeon"—or, perhaps, he would like to be called Colonel—and his insulting remarks to a man who is so well known as Colonel Knollys. My experience of Army "pills" is not of the best. When in India, playing in a polo match, I broke my collar-bone, which was set well by one doctor, and the doctor to my regiment who took the case in hand afterwards neglected his business; result, one shoulder is higher than the other; and this was one of the doctors who was always owing for combatant rank.

I am sure all who care for their profession will treat this "combatant rank" rot with contempt.—I remain, dear Vanity, yours truly,  
EX-HUSSAR.

To the Editor of "Vanity Fair."

DEAR VANITY,—A "Brigade Surgeon" winds up his letter to you by saying, "We may, therefore, afford to disregard the opinions of half-pay Colonels and others who have no connection with the Army beyond drawing their pensions from their agents." There are many retired medical officers who have given their opinions on the matter in question—and many of them draw right good pensions—and it is not improbable that the "Brigade Surgeon" in question meditates before long on enjoying the same *otium cum dignitate*. Then, perhaps, he will not sneer at those whose ranks he has joined. The medical officer enters the Service with far better prospects than his regimental comrade. He joins on higher pay, and few of the latter, in comparison, retire on such liberal terms as are obtained by the medical officers of the present day. I write in no depreciatory sense of that branch of the Service. I am an old regimental officer—was—and have, with very few exceptions, found them all that could be desired; have had good friends amongst them, and reason to thank them for much good fellowship, kindness, and attention. But I do think they are mistaken in their present contention. If an orderly is sent to look for Captain Jones—Assistant-Surgeon Jones—in a garrison where Captains are plentiful, is not a mistake likely to occur? If they must have the existing regimental titles, perhaps others could be invented by which the regimental officers may be designated.—I am, dear Vanity,  
SENEC.

Dublin, 22nd September.

To the Editor of "Vanity Fair."

DEAR VANITY,—Your correspondents, "XXXV." and "Vive le Militaire," in your last issue, have, in my humble opinion, furnished by far the most valuable contributions to this discussion which have yet appeared in your pages, as they hit off exactly what is the only objection to Army doctors being granted rank like other people in the Service to which they belong. This objection, which I honestly believe is held by only a very limited number of "combatants," is founded on the dislike they feel to any officers sharing their rank and titles who are not what your correspondent terms "proper soldiers." He enumerates many classes of officers holding important and honourable positions in the Army, who, he says, have "spurious military titles," and it makes one shudder to think that the class with which your correspondent identifies himself has so long had to submit to the indignity of having their titles shared, not only by these officers and by tradesmen who command Volunteer battalions and companies, but also by the many distinguished Anglo-Indian officers, of world-wide reputation, to whom, with such excellent taste, he refers as "Qui-Hi's."

It will, indeed, be "positively repulsive" to "Vive le Militaire" and his friends when the doctors, many of whom stand in the relationship of father, son, or brother to "proper soldier" officers, are granted by the War Office—as seems likely to be very soon the case—rank and titles which will correctly indicate their position in the Service; and doubtless your correspondent, and those who think with him, will, on this crowning insult, resign the titles of which, as he states, they will have so much cause to be "ashamed."

Colonel Knollys, who, as I know and you yourself state, is in touch with officers on the active list, declares that "skilful doctors are indispensable"; and as the best of these are only human, I am afraid that it is already patent to the British public, thanks to the publicity given by the Press to letters of the kind I have referred to, that such men cannot be obtained for Her Majesty's Service unless they find themselves placed in a position of equality, in matters of military duty, with those whose fortunes and dangers they share; and the experience of the Army doctors since 1858 teaches them that they cannot expect this unless they possess actual military rank and titles.—Yours, dear Vanity, faithfully,  
TWENTY-FIVE YEARS' SERVICE.

23rd September, 1890.

H. Johnston, Surgeon-Major.

To the Editor of "Vanity Fair."

DEAR VANITY,—I have been an Adjutant for many years, also for a long time on the Staff of the Army. I have also had a long and varied experience as a regimental officer, and during my service of thirty years I have never known any reason whatever why the medical officers should not have combatant rank, more especially since they have belonged to a separate corps, and, like the officers of the Royal Engineers, have been placed in command of their own men.

The medical officers, as is well known, have a military training in drill, sword exercise, equitation; also have to pass an examination in military law, in addition to the administrative work in connection with their professional duties; when in action they are in the midst of the fight, and are generally exposed to more danger of losing their lives than other combatant officers.

Conferring combatant ranks on the medical officers could not possibly make the slightest difference to the officers of any other corps or branch of the Army; nor would it cause any additional expense to the State; and it is really difficult to understand why any officer should raise an objection to the medical officers receiving the ranks to which they are justly entitled. Such action on their part can only be unnecessary jealousy and ill-feeling, which should never exist, if administrative failures are to be avoided, and we wish to have the best of the medical men in the Army.  
LIEUT.-COLONEL.

24th September, 1890.

To the Editor of "Vanity Fair."

DEAR VANITY,—I cannot, for the life of me, understand what "A Brigade Surgeon," in his letter to you last week, can possibly mean by saying that he cannot properly conduct his official duties owing to his not having a definite military title.

I was twenty-four years in the Service, and was always spoken of and addressed as "Doctor." I didn't want to be considered as anything else than an Army doctor, whose duty it was to attend to the health of the men over whom he had medical charge. And I never found that the absence of a military title in the slightest degree interfered with the due performance of my duties, or prevented me from maintaining proper order and discipline in my hospital. In fact, I cannot conceive how anything of the sort could possibly occur, unless it were to happen that either the Commanding Officer or the medical officer should conduct himself like a downright idiot.

I do not wish to swagger, but I have a very strong idea that there were few more popular officers in the Army than I was, and I was invariably treated with courtesy and deference by my combatant brother officers.



## VANITY FAIR

inverted commas ought to have made it clear that it was not our own term for a body of officers of whom, perhaps, we think as highly as Dr. Fleming does. We should not mean anything disrespectful if we called another officer a "sub." But Dr. Fleming goes far to prove our case when, with his undoubted authority, he expresses his opinion that the Army veterinary officer has as strong a claim to combative title "as any other department in the Service." That was one of our points.—Ed. V.F.]

To the Editor of "Vanity Fair."

DEAR VANITY,—In my opinion it is right and necessary that Army doctors should have command over their own men and patients in hospital, and I do not see that the grant of definite rank affects that command. As "A Brigade Surgeon" admits, they already possess those powers of command.

As to a military title, the combatant officers, I am sure, do not care "a twopenny damn" whether it is granted or not—that is, they do not care personally, but they naturally feel that some inconveniences to the Service might arise from the concession. In "Charles O'Malley," or one of Lever's other books, a story is told how the Duke, taking a doctor for a Staff officer on account of the plumes in his cocked hat, deprived the doctors of those plumes.

I believe that only the vainest, the inferior—both professionally and socially—among the doctors, clamour for military rank. If they do get military rank corresponding with that of combatant officers, they ought in justice to be content with corresponding pay. Really, however, the matter is of little consequence; and if these silly peacocks want Army rank, give it them. Military inconvenience and confusion may arise; but socially, they may depend upon it, there will be little difficulty in differentiating the killing from the healing officers. The doctors have put an end to the identity of the two branches by that accursed arrangement known as "unification."

Skilful doctors are indispensable; therefore if skilful doctors will not enter the Service without tinsel bribes, give each of them embroidery, feathers, two swords, and the honorary rank of Lord Mayor, County Councillor, or M.P., if these follies please them.—Yours, dear Vanity,

W. W. KNOLLYS, Colonel.

42, Grafton Road, W.

SEPT. 20, 1890

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—In the controversy about military rank, the fact seems to be lost sight of that a Captain, for instance, means an officer commanding a man-of-war, or an officer commanding a troop or a company of soldiers. For anyone else to have a commission as Captain is ridiculous and meaningless. Some Army Surgeons will say to the above remarks, with perfect justice, "Why then do Commissariat Officers, Paymasters, and all sorts of officers in the Indian Army have commissions as Captains?"

I should like to know too; and also why there is none of this confusion in the Navy.—Your obedient servant,

17th September, 1890.

XXXV.

To the Editor of "Vanity Fair."

DEAR VANITY,—Your article on "Army Doctors and Combatant Rank" is by far the most sensible and true of all the productions I have seen in print on the subject. It thoroughly represents the feeling of the Army. Are we not already infested with spurious military titles? There are the Colonel, Majors, and Captains of the "muck carts," ditto of the money bags, ditto of the ammunition, broomstick, and soap department. There is the Colonel (Volunteers), whose profession is grocery; the Major (Volunteers), who spends his life in the local bank. Don't let us have any more, or we, who are proper soldiers, will be ashamed of our military titles. What does the Army say: "We want good doctors who will look after us, not men whose ambition is not medicine, but sham military rank." "The more of the military, the less of the medico."

Vanity, I have been in most of the large garrisons. Always the nicest people collect together, and by them are known only those who have a right. A doctor is not boycotted if he is of the right sort; but how numerous now are the Dublin medical students! What can you expect? Does any sane person suppose that sham military titles will make them more popular? You cannot hide the cloven hoof under a military title any more than the "Qui-Hi's" (Anglo-Indians) can hide where they come from.—Yours, dear Vanity,

11th September.

VIVE LE MILITAIRE.

To the Editor of "Vanity Fair."

DEAR VANITY,—In your last issue I observe a letter from a Colonel W. W. Knollys on the above subject, and on referring to the *Army List* I find he must have retired from the Service some

seven years ago. Now, Sir, in the first place, an officer who has been out of the Army for so long a time cannot possibly be qualified to speak with any authority regarding the present state of affairs; and, in the next, he has no right to put himself forward as a detractor of any other body of officers. Colonel Knollys starts by admitting that "it is right and necessary that Army Doctors should have command over their own men and patients in hospital."

On this point, then, your correspondent is in the same line with us; but when he asserts that the "grant of definite rank" is unnecessary, he admits, first, we have no rank—our own point—and then asserts we do not require it. I, Sir, have been for nearly five years in medical charge of an hospital of over three hundred beds, and I assert that the want of a definite rank has most seriously interfered with the efficient performance of my duties. Colonel Knollys does not care a "twopenny damn"—I thank thee for the word—whether we get it or not, but feels that "some inconvenience might arise from the concession," and backs up this opinion with a story from one of Lever's novels. Well, let us hope *si non e vero e ben trovato*; but it is a pity he should have had to refer to fiction for evidence to support his case.

As regards the assertion that it is only "the vainest, the inferior," who desire definite rank, I can only say that, if true, there are precious few of any other description, as fully 95 per cent. of the department, including the seniors almost to a man, not only desire it, but see the absolute necessity for it; not, mark you, so much in their own interests, as in those of the soldier.

I think I cannot do better than quote the following remarks from *The Times* of the 6th inst.:

"It is hardly necessary to point out the bad taste—nay, the absolute puerility—of writers who suggest that any surgeons wish to receive titles which would cause them to be mistaken for combatant officers, or the silliness of those who ask why solicitors and chaplains should not receive military titles as well as doctors."

I am bold enough to say that the feeling of a large part of the thinking portion of the Army is with us, and that this feeling will soon bear fruit. We may, therefore, afford to disregard the opinions of half-pay Colonels and others who have no connection with the Army beyond drawing their pensions from their agents.

A BRIGADE SURGEON.

Constitutional Club, Northumberland Avenue, 14th Sept.

"A Brigade Surgeon's" sneer at Colonel Knollys is somewhat out of place. At any rate, Colonel Knollys signed his letter; and we see little point in the argument that he is a retired officer, inasmuch as we believe him to be in touch with officers on active service; who, for reasons which must be known to "A Brigade Surgeon," do not care to write to the papers on such a subject as this over their own names.—Ed. V.F.]

SEPT. 27, 1890

## THE SOLDIER AND HIS DOCTOR.

[Being unable to find space for more than a small portion of the letters which have reached us on this subject, we print the following selection, which is, we think, fairly representative of both sides.—Ed. V.F.]

To the Editor of "Vanity Fair."

DEAR VANITY,—There seems to be so much ignorance abroad and I have lately read so many letters which are apparently written with the express purpose of throwing dust in the eyes of the public, that perhaps you will permit me to explain in a few words why certain departments of the Army are granted military ranks, and why other departments are not, and most certainly ought not to be granted them.

Properly speaking, there are only two essentially military departments—viz., the Army Pay and the Ordnance Store—and the officers of these departments have military titles. I call these essentially military for the very simple reason that their officers are entirely recruited from the combatant ranks of the Army. This has been the case with the Army Pay Department ever since its formation in 1878. The officers of this Department have already gained the rank of Captain or Major in their regiments previously to joining it. These officers, therefore, enjoy military titles, not because they are departmental officers but because they either are now or have actually been *bona fide* combatant regimental officers. There is, therefore, absolutely no analogy between these two departments and the remaining three departments—viz., the Medical, Chaplains, and Veterinary. These are essentially civilian departments, being composed entirely of civilians professional men, who have never had any military training and who consequently are on an utterly different footing from the Army Pay and Store Departments, whose officers are "pukka" military men. It seems almost incredible that the above facts, which must be well known to all military men, and which were most explicitly stated by H.R.H. the Commander-in-Chief and other witnesses before the Camperdown Committee, should be so utterly ignored in the recent correspondence on this subject. Where can be the logic of this frequent remark, "The Medical or Veterinary Departments have as good a right to military titles as any other department?"



## VANITY FAIR

I repeat most emphatically that until the officers of the Medical, Chaplains', or Veterinary Departments are composed of old regimental officers who have already gained their military titles, then, and not till then, can they with any justice claim to be placed on the same footing as the officers of the Army Pay and Ordnance Store Departments.—I am, dear Vanity, yours,  
AN OLD SOLDIER.

To the Editor of "Vanity Fair."

DEAR VANITY,—Whatever may be the opinion as to the good taste of a recent article in *Vanity Fair* on the subject of medical officers of the Army and rank, all will agree that the writer makes one sensible proposal—viz., that a ballot should be *honestly* taken to ascertain the views of the officers concerned. As he seems to be unaware that this was done two years ago—*honestly*, we trust—by the Parliamentary Bills Committee of the British Medical Association, I beg to inclose a copy of the Report for his information.

He will therein see that the conclusion he arrives at as to the result of such a ballot is as incorrect as it is to be hoped are many of his unsupported statements as to the motives actuating the medical officers of the Army in the demand for a defined Army rank as essential to efficiency.

I would also refer him to the recent report of Lord Camperdown's Committee, which, in the main, supports the demands of the medical officers. That a writer who expresses such strong views should be ignorant of two such important Reports would argue but little in favour of his competency to deal with the subject at issue, or to criticise so severely motives of which he shows such profound ignorance.

Fortunately, ridicule is not argument, and misrepresentation generally recoils on those who make use of it.—I am, dear Vanity, yours,  
JUSTITIA.

12th September.

To the Editor of "Vanity Fair."

DEAR VANITY,—A "Brigade Surgeon" seems to think that "a large part of the thinking portion of the Army" is with him. Let him in his vanity—and with his *Vanity*—think so, if he wants rank—let the rank be Surgeon-Captain, or Surgeon-Major, or Surgeon-Colonel—but let the rank be plainly printed on his *card*—as he evidently wishes it to be—so that his friends will see that he is a non-combatant. I can't for the life of me see why the doctors—I mean the few—want the rank at all. As your correspondent "Vive le Militaire" says, we of combatant rank will be ashamed of our titles; there is too much of it already. And we of *Vanity Fair* thank you for your editorial note to "Brigade Surgeon"—or, perhaps, he would like to be called Colonel—and his insulting remarks to a man who is so well known as Colonel Knollys. My experience of Army "pills" is not of the best. When in India, playing in a polo match, I broke my collar-bone, which was set well by one doctor, and the doctor to my regiment who took the case in hand afterwards neglected his business; result, one shoulder is higher than the other; and this was one of the doctors who was always longing for combatant rank.

I am sure all who *care* for their profession will treat this "combatant rank" rot with contempt.—I remain, dear Vanity, yours truly,  
EX-HUSSAR.

To the Editor of "Vanity Fair."

DEAR VANITY,—A "Brigade Surgeon" winds up his letter to you by saying, "We may, therefore, afford to disregard the opinions of half-pay Colonels and others who have no connection with the Army beyond drawing their pensions from their agents." There are many retired medical officers who have given their opinions on the matter in question—and many of them draw right good pensions—and it is not improbable that the "Brigade Surgeon" in question meditates before long on enjoying the same *otium cum dignitate*. Then, perhaps, he will not sneer at those whose ranks he has joined. The medical officer enters the Service with far better prospects than his regimental comrade. He joins on higher pay, and few of the latter, in comparison, retire on such liberal terms as are obtained by the medical officers of the present day. I write in no depreciatory sense of that branch of the Service. I am an old regimental officer—was—and have, with very few exceptions, found them all that could be desired; have had good friends amongst them, and reason to thank them for much good fellowship, kindness, and attention. But I do think they are mistaken in their present contention. If an orderly is sent to look for Captain Jones—Assistant-Surgeon Jones—in a garrison where Captains are plentiful, is not a mistake likely to occur? If they must have the existing regimental titles, perhaps others could be invented by which the regimental officers may be designated.—Yours, dear Vanity,  
SENEX.

Dublin, 22nd September.

To the Editor of "Vanity Fair."

DEAR VANITY,—Your correspondents, "XXXV." and "Vive le Militaire," in your last issue, have, in my humble opinion, furnished by far the most valuable contributions to this discussion which have yet appeared in your pages, as they hit off exactly what is the only objection to Army doctors being granted rank like other people in the Service to which they belong. This objection, which I honestly believe is held by only a very limited number of "combatants," is founded on the dislike they feel to any officers sharing their rank and titles who are not what your correspondent terms "proper soldiers." He enumerates many classes of officers holding important and honourable positions in the Army, who, he says, have "spurious military titles," and it makes one shudder to think that the class with which your correspondent identifies himself has so long had to submit to the indignity of having their titles shared, not only by these officers and by tradesmen who command Volunteer battalions and companies, but also by the many distinguished Anglo-Indian officers, of world-wide reputation, to whom, with such excellent taste, he refers as "Qui-Hi's."

It will, indeed, be "positively repulsive" to "Vive le Militaire" and his friends when the doctors, many of whom stand in the relationship of father, son, or brother to "proper soldier" officers, are granted by the War Office—as seems likely to be very soon the case—rank and titles which will correctly indicate their position in the Service; and doubtless your correspondent, and those who think with him, will, on this crowning insult, resign the titles of which, as he states, they will have so much cause to be "ashamed."

Colonel Knollys, who, as I know and you yourself state, is in touch with officers on the active list, declares that "skilful doctors are indispensable"; and as the best of these are only human, I am afraid that it is already patent to the British public, thanks to the publicity given by the Press to letters of the kind I have referred to, that such men cannot be obtained for Her Majesty's Service unless they find themselves placed in a position of equality, in matters of military duty, with those whose fortunes and dangers they share; and the experience of the Army doctors since 1858 teaches them that they cannot expect this unless they possess actual military rank and titles.—Yours, dear Vanity, faithfully,  
TWENTY-FIVE YEARS' SERVICE.

23rd September, 1890.

H. Johnston, Surgeon-Major.

To the Editor of "Vanity Fair."

DEAR VANITY,—I have been an Adjutant for many years, also for a long time on the Staff of the Army. I have also had a long and varied experience as a regimental officer, and during my service of thirty years I have never known any reason whatever why the medical officers should not have combatant rank, more especially since they have belonged to a separate corps, and, like the officers of the Royal Engineers, have been placed in command of their own men.

The medical officers, as is well known, have a military training in drill, sword exercise, equitation; also have to pass an examination in military law, in addition to the administrative work in connection with their professional duties; when in action they are in the midst of the fight, and are generally exposed to more danger of losing their lives than other combatant officers.

Conferring combatant ranks on the medical officers could not possibly make the slightest difference to the officers of any other corps or branch of the Army; nor would it cause any additional expense to the State; and it is really difficult to understand why any officer should raise an objection to the medical officers receiving the ranks to which they are justly entitled. Such action on their part can only be unnecessary jealousy and ill-feeling, which should never exist, if administrative failures are to be avoided, and we wish to have the best of the medical men in the Army.  
LIEUT.-COLONEL.

24th September, 1890.

To the Editor of "Vanity Fair."

DEAR VANITY,—I cannot, for the life of me, understand what "A Brigade Surgeon," in his letter to you last week, can possibly mean by saying that he cannot properly conduct his official duties owing to his not having a definite military title.

I was twenty-four years in the Service, and was always spoken of and addressed as "Doctor." I didn't want to be considered as anything else than an Army doctor, whose duty it was to attend to the health of the men over whom he had medical charge. And I never found that the absence of a military title in the slightest degree interfered with the due performance of my duties, or prevented me from maintaining proper order and discipline in my hospital. In fact, I cannot conceive how anything of the sort could possibly occur, unless it were to happen that either the Commanding Officer or the medical officer should conduct himself like a downright idiot.

I do not wish to swagger, but I have a very strong idea that there were few more popular officers in the Army than I was, and I was invariably treated with courtesy and deference by my combatant brother officers.



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But if medical officers nowadays wish to establish themselves on a different footing in the Army, and insist on assuming absurd military titles which have no bearing on their own distinct branch of the Service, it is impossible to feel surprised if they be ridiculed and avoided by the combatant officers.

I do not believe that "A Brigade Surgeon" is correct in stating that his views on the subject are held by 90 per cent. of the Army doctors.—Yours, dear Vanity, ANOTHER BRIGADE SURGEON.  
Naval and Military Club, 25th September, 1890.

OCT. 4, 1890

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—I am very glad to see the correspondence on the above subject in your columns, for matters have now come to such a serious pass that the sooner they are settled, the better it will be for the Service in general.

Far be it from me to emulate the questionable taste adapted by some of your "proper soldiers" against giving rank and titles to doctors; and the insulting terms they make use of to officers of other important branches of the Army neither add to the dignity of the writers or to the cogency of their arguments.

Now, there are good, bad, and indifferent men in all professions, and the question just comes to this: To which of these classes of doctors is it desirable to intrust the lives of our soldiers? Of course, there can be no doubt of what the answer will be; but then another question arises: What if the good men of the profession will not enter the Service under the present conditions? Are we to flood the Army with second or third-rate doctors, simply in deference to the "military instincts" of a few combatant officers? I trow not, and when the British public comes to understand the true state of the case, we may be quite certain that "military instinct"—or better call it by its true name, military prejudice—will have to give way to the more enlightened policy of providing the very best doctors that can be got for our soldiers, even though that has to be accomplished by giving doctors the rank and titles they so justly deserve, and which, I may add, will not interfere in any way with any other officer in the Army.

Some people may think that I exaggerate the difficulty of being able to provide really good doctors under the present system, but that I do not is, I think, abundantly proved by the following extract taken from this week's *British Medical Journal*: "The open secret that the examiners have called the attention of the War Office to a distinct falling off in the qualifications, literary and professional, in the candidates who presented themselves at the August examination, is of very serious importance to the Army and the public, and a very awkward fact indeed for Mr. Stanhope and his hitherto obdurate military advisers."

I should say it is of very serious importance indeed; and mind it will get worse instead of better as time goes on.

Some combatants affect to believe that the agitation is confined to a few doctors only; but I have had unusual opportunities of ascertaining the views of a very large number of them, and I think "Brigade-Surgeon" is rather under than over the mark when he says 90 per cent. of the doctors are engaged in it. I know this, that I never yet met one who was not.

The *Times* spoke out recently in no uncertain tones about this agitation; and when the present correspondence is over I trust you will feel yourself able to do the same, for anyone who helps to settle it before it causes further mischief in the Army will have deserved well of his country.—Yours, dear Vanity, M. D.

OCT. 18, 1890

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—For a good many years I have been getting information concerning the soldier's doctor, and the estimation he is held in, from those who, being much in contact with him, are able to judge. I shall call my informants—or, rather, some of them—A, B, etc. A said: "Thank Heaven we—officers—are allowed to call in civil practitioners." Then he recounted his experience as a cadet, which was quite enough to warrant him preferring the tender mercies of a civil practitioner. B was also grateful to Providence that in his station he might be treated by a civilian. C had been dangerously ill, and was recommended by his brother officers not to go into hospital, but to stay in his own quarters near the mess, so that he might have a chance of getting more than the regulation visit. In four years of foreign service, moving about a good deal, he had never once come across an English or Scotch military surgeon—they were all Irish. He stated that sometimes the conduct of the surgeons who had been made honorary members of the mess was not what is expected of gentlemen. Some were "awful bouncers." D had met with English and Scotch surgeons in his foreign service. He asked one of them how it was that there are so many Irish, and got for an answer that it was a great mystery, probably due to "hanky-panky." He, too, had had

disagreeable experiences in his mess. Thus far my informants. In former days a surgeon was part and parcel of the regiment, and was on exactly the same footing in mess as his combatant brethren. This system, however, failed utterly in the Crimean War, and came to an end. At present, as things go, no man who cares for his profession—and if he does not care for it he is not worth his salt—will join the Service, because he cannot hope to pursue any investigation or work out any idea. He can rarely hope to see the end of his cases. He is kicked about from pillar to post, all for the good of the Service. He may have the luck to be attached to a regiment, and to be allowed to remain with it, but that is exceptional. He has no home, except on sufferance. If we consider that the pay on entering the Service is very good, and is very much more than an assistant to a private practitioner gets, and that the work is infinitely less, we must admit that there is some reason for good men shunning the A. M. D. I do not believe that the titles have anything to do with it. I think that all this fuss is made by men who wish for military titles, and that it is an Irish question *au fond*. It has been championed all along by the Editor of *The British Medical Journal*, who has a talent for discovering Irish grievances. If you will take the trouble to consult the "Medical Directory," you will find that the names and qualifications of the A. M. D. are very largely Irish. The commissions are given by competition, and I think that there are very few who will believe that English and Scotch medical men are so inferior to Irish that the latter sweep the board at a competitive examination. We are thus reduced to this: either the English and Scotch think that it is not good enough, or there is "hanky-panky." From what I have said I think it will appear that the soldier's doctor is not all that he should be—generally speaking, of course—and that a system which keeps good men out of the Service cannot be a good system, and should be amended as soon as possible.—I remain, dear Vanity, yours, OBSERVER.

4th October.

OCT. 25, 1890

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—I do not agree with your correspondent, "Observer," in his supposition that "hanky-panky"—whatever that may mean—has anything to do with the sad and solemn fact that the Army Medical Service is now filled with "awful bouncers" from the Sister Island. The true reason is simply that there is a wide-spread impression abroad that Army doctors are looked upon as an inferior class, and also that the best of the young medical men from the English and Scotch schools are invariably warned by their professors and teachers to have nothing whatever to do with the Army Medical Department. This is a fact that the authorities at the War Office will sooner or later have to face, and some scheme must be devised in order to attract young gentlemen—I say "gentlemen" advisedly—of good social position, as well as of first-class professional attainments, into the Medical Department of Her Majesty's Army.

The pick of the young doctors in both Germany and France eagerly enter the Army; and that they cannot be induced to do so in our own country most surely indicates the existence of something radically defective.

When I entered the Service, thirty-two years ago, matters were very different. There were even then a few of these "awful bouncers" from Ireland; and it is only fair to say that these were by no means confined to the medical branch. But they were few and far between compared with the present state of things. And I can vouch that at that time there were numbers of Army doctors, particularly those from the University of Edinburgh, who were members of good families, many of them being the sons of officers high up in the Service; while it was quite common for the military doctor to have three or four of his brothers in the combatant grades.

I do not think this is the case now, and I do not profess to know altogether what has caused the change. But I know well what has had a great deal to do with it, and that is the abolition of the regimental system. I say this deliberately and without a shadow of doubt, though, at the same time, with the fullest conviction that the old order of things is irrevocably gone.

I have no sympathy with this clamour for military titles—in fact, I cannot understand it. All the same, something must be done. It will not do to leave our expensive soldiers to the tender mercies of these "awful bouncers."

ANOTHER OBSERVER.  
Naval and Military Club, Piccadilly, W., 20th October.

To the Editor of "Vanity Fair."

DEAR VANITY,—"Old Soldier's" letter, published the 27th of September, is interesting, as showing how facts may be perverted by prejudice.

His statements are:

1. There are only two essentially military departments—viz., Pay and Ordnance, because their officers are ENTIRELY recruited from the combatant ranks of the Army.



## VANITY FAIR

2. That these officers enjoy military rank and titles, not because they are departmental officers, but because they either are, or have been, *bonâ fide* combatant regimental officers.

3. That the Duke of Cambridge clearly stated these facts before Lord Camperdown's Committee.

Now, all the above are incorrect.

1. The Pay Department, when formed, took some pure civilian War Office Clerks. The Ordnance Department, being given the rank, was recruited almost altogether from civilians, like the Commissariat. In fact, the Royal Warrant for Pay and Promotion, pages 194 and 270, expressly forbids the old departmental officers to assume any military command outside their own department, because they never were soldiers.

2 and 3 are answered by the Duke of Cambridge (Section 248: of the published Report).

What does he say?

"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."

Again, Lord Wolseley states (Section 1404):

"Formerly he was a civilian attached to the Army, to whom certain departmental duties were given." Commissariat and Ordnance were on the same footing; and this is the definition of their position by the two highest authorities.

But even admitting "Old Soldier's" statements as facts, his argument is:

Because a Paymaster has once been a combatant officer, and though he is gazetted as resigning his combatant commission to assume purely clerical duties, yet he is to go on gaining steps in Army rank and title, because he once belonged to the sacred combatant caste. It is to this caste prejudice that the medical officer objects.

Personally, I know two medical officers who formerly held combatant commissions in the Militia. According to "Old Soldier," these gentlemen are entitled to Army rank, while their brother officers are not.—I am, &c.,

MED. STAFF.

Cairo, 11th October.

To the Editor of "Vanity Fair."

DEAR VANITY.—I think in your article of the 30th of August you are rather hard on "Army Doctors." You forget that they are soldiers as well as "Doctors," and that they have often to fight in defence of their own and patients' lives.

The Geneva Cross is of little use in these times of modern weapons of precision, deadly at 1800 yards, and is not at all respected amongst the savage nations with whom England usually of late has engaged in warfare.

Medical officers command their own corps and all soldiers attached to it for duty, as well as the hospitals and ambulances. They constantly come in contact with people who have little respect for a mere doctor regarded from a civil point of view. Without the military title which implies command, and therefore obedience, the Army doctor is altogether at a disadvantage in dealing with such persons.

After nearly thirty years' experience in almost every part of the globe, and in three campaigns, I have come to the conclusion that there is no such thing really in the British Navy or Army as a non-combatant. Everyone in the Services must fight when required, and should be trained to do so, at least on the defensive.

Doctors in civil life never say they rank as Colonels or parsons or lawyers; and in military life to tell a man that he ranks as anyone else is nonsense.

As rank is necessary for all military or naval men, it is clear that the rank conferred should be distinct and intelligible to everyone. I have scarcely ever heard anyone make use of the terms Surgeon-Major, Brigade-Surgeon, Deputy Surgeon-General, etc., in addressing a medical officer except in official correspondence, the generic term "Doctor" being considered sufficient for all, from Surgeon to Surgeon-General. And sometimes even that civil prefix is omitted by the free-and-easy subaltern or Captain, who would not think of addressing a Major or Colonel by his surname only.

We Army "Doctors" are just as proud of our profession as Army engineers, Army accountants, or Army purveyors; and I do not think any of us would change it to enter the so-called combatant ranks, even to be smiled upon by garrison hacks or Southsea belles, or for the honour and glory of attending stables, supervising the cleaning of guns, adding up canteen accounts, managing a coffee-shop, running a miscellaneous store, and other equally intellectual, though not exactly martial, occupations, at which the modern British so-called combatant officer is constantly employed.

The "Doctors" in the American, Italian, and Swiss armies suffer no inconvenience or loss of self-respect from the military rank which they hold in their respective armies. The Capitano-Medico or Tenente-Medico of the Italian Army is as well received and as well known as any other officer. No one mistakes him for anything but what he is.

I am quite convinced that the feeling of the great majority of experienced Army surgeons, as well as the juniors, is in favour of military titles, and recent deputations of the civil profession to the

Secretary of State show how desirous the profession at large is that distinct rank and titles should be conferred on their military brethren. Army doctoring is a speciality, embracing a great many things besides prescribing doses of medicine, and to carry out this speciality efficiently is as necessary for the good of the Army as any other branch of the military profession. The best medical officers are all agreed that military titles are necessary to make them more efficient.—Yours, dear Vanity,

OLD CARABINEER.

India, September, 1890.

Nov. 1, 1890

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—“Med. Staff” in your last issue calls my previous letter “interesting, as showing how facts may be perverted by prejudice.” He fairly enough summarises my original statements in the following three points, namely:

1. There are only two essentially military departments—namely, the Army Pay and the Ordnance Store—because their officers are entirely recruited from the combatant ranks of the Army.

2. That these officers enjoy military rank and titles, not because they are departmental officers, but because they either are, or have been, *bonâ fide* combatant or regimental officers.

3. That these points were clearly expressed by the Duke of Cambridge before the Camperdown Commission.

Your correspondent “Med. Staff” states: “All the above are incorrect.” I therefore owe it to you to make good my assertions, and I will do so as briefly as possible.

In support of my first point, allow me to draw your attention to Articles 381 and 290 of the Royal Warrant—Pay and Promotion—in which it is most distinctly stated that only combatant officers of the regular forces, of certain rank and length of service, are eligible for appointment to either of these departments.

This ought to be good enough to establish my first assertion.

In proof of my second and third points, I will quote the very words of H.R.H. the Commander-in-Chief when examined before the Camperdown Commission, and I think you will agree with me that no one is better qualified to express an opinion on this matter. When asked why certain departments had military rank and titles, while the other departments—namely, the Medical, the Chaplains, and the Veterinary—had not, His Royal Highness replied:

The whole system of these departments has been changed. The appointments to them are now to be made from officers of the Army; and if a man has once been an officer, and has got a certain rank, you cannot debar him from that rank, and therefore he keeps it. But then he has been, and absolutely is, and is to continue to be, an officer. You could not, of course, take away the titles of officers of the Army; in fact, you would not get officers of the Army to take appointments in that service if you did. There will be no more civilians entering into these departments: the appointments will be entirely filled by officers of the Army.

Again, Lieutenant-General Sir George Harman, the Military Secretary, in reply to a question why the medical officers should not have military titles in the same way as officers of the Army Pay Department, replied:

“I see great objection. Paymasters have been all combatant officers as a rule. They have held combatant rank, and served in the combatant branches.”

I think I have now quoted sufficiently to prove to you that my statements were not made without the best possible authority.

Ten years ago the Army Pay Department was the only department whose officers enjoyed military titles, for the simple reason that it was the only department in which appointments were filled by combatant officers. A few years later the Commissariat and Ordnance Store Departments were similarly recruited, and consequently military titles were given to them also. Previous to this all the departments were composed of civilian gentlemen, in the same way as the Medical Department now is, and while such was the case military titles were very rightly withheld from them, and relative rank only was granted to them. The fact that on the reorganisation of these departments military titles were at the same time given to the civilian gentlemen then serving, and now dying out, “for the purpose of sweetening their rapid extinction,” is absolutely no reason why military titles should be granted to the Medical Department, which is composed purely and simply of civilians, and entirely recruited from civilians.

There is absolutely no analogy. No amount of argument can make a man a combatant or regimental officer when he has never been one; and if he has never been one, I repeat that, in my opinion, he should not be granted military titles.

OLD SOLDIER.

28th October, 1890.

To the Editor of "Vanity Fair."

DEAR VANITY,—You have been good enough to open your columns to a discussion of the difficulties under which officers of the Army Medical Staff now labour; may I say a word upon the subject? They have been exposed to much obloquy on account of



## VANITY FAIR

the claim they have made for definite rank in the Army, but I am sure it will be admitted that they have good grounds for complaint when the point at issue is fully understood; and at present it certainly is not.

For the first twelve years of a medical officer's service, he is styled "Surgeon," which is, of course, a purely civil and professional title, without the slightest military signification whatever. For the next fourteen years he is styled "Surgeon-Major," though for the latter part of the period he "ranks" as Lieutenant-Colonel. On promotion he is called a "Brigade-Surgeon"; and later still a "Deputy-Surgeon-General," though he ranks as a Colonel. I may safely affirm that in no other branch of Her Majesty's Service does there exist such a confusion of titles and ranks; in fact, there is nothing like it in any Army in the world.

Mr. Stanhope's "military advisers" would like to reduce us all to the one simple designation of "Doctor"; but the common sense of the profession naturally fails to see the justice of assimilating the title of the war and service-worn veteran of thirty years service to that of the student of yesterday. In the Army a variation of titles is a disciplinary necessity; and the point has been emphasised by Lord Camperdown's Committee which recommended the adoption of a series of compound titles, from Surgeon-Lieutenant to Surgeon-General, which indicate the professional and military positions and status of the medical officers. Strange as it may seem, and despite the fact that two of these titles have been in use for many years, the caste prejudices of a few highly placed military officers have hitherto offered a successful opposition to this simple plan. The natural result is a deep sense of unmerited injury on the part of the officers of the Medical Staff, and a conviction that they are the victims of a grave form of injustice.—Yours, dear Vanity,

M. S.

Nov. 8, 1890

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—“Old Soldier” says, “No amount of argument can make a man a combatant or regimental officer if he has never been one.” Agreed. But here is the basis of the first claim of the Medical Staff, that the reorganisation of the A.M.D., which created the surgeons officers exercising regimental command over an extensive corps—even to the extent of drilling those men in company and battalion drill, and training them in musketry, did create them regimental officers—officers of their own regiment, with as distinct a status, both military and scientific, as the Royal Engineers.

That step may have been right, or it may have been wrong; it may have been directly conducive to the efficient discharge of medical duties on active service, or not. In my opinion, it was decidedly so conducive. But that doesn't matter. There it is; and with regimental duties, command, organisation and administration, military rank and titles became a logical necessity.

This view seems to be persistently ignored by those who oppose so vehemently the claims of the medical officers. The only logical alternative is a return to the old regimental system. In that the regimental doctor was merely an attaché of a regiment exercising a civilian profession on military men. He had no necessity for military rank or title, because he had not a corps to command. But the regimental system—though admirably adapted to a peace footing, and, perhaps, better under those circumstances than the existing one—was fearfully inadequate in the field even then, and would be still more so under modern conditions of warfare; while, moreover, it would do but little that the employment of civilian practitioners would not equally well effect. The present Medical Staff is organised with a view to active service in the field; and for that military discipline, order, and organisation are all essential. A man might be a most admirable surgeon from a technical point of view, but, without the qualities mentioned above, he would be almost useless in the field. And those are essentially the qualities of a soldier.—Yours, etc.,

ONE WHO MIGHT HAVE BEEN IN THE MEDICAL STAFF.

5th November, 1890.

Nov. 22, 1890

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—Please allow me to rectify an inaccuracy in my letter in this week's issue. I should have said that the surgeons "exercise" the men in musketry—i.e., the manual and firing exercises. "Training" them in musketry is, of course, quite different, and implies a special qualification.—Yours, etc.,

ONE WHO MIGHT HAVE BEEN IN THE MEDICAL STAFF.

15th November, 1890.

To the Editor of "Vanity Fair."

DEAR VANITY,—In discussing the question of conferring combatant rank on Army Surgeons, many of your correspondents seem to think that the Royal Engineers and Medical Departments of the Army are on a similar footing. This is not the case.

It is true that many Royal Engineer officers are engaged on special duties away from their men—in fact, have work which is in some cases of a civilian nature. But the majority of officers of the corps are actually employed on regimental duties, in addition to any special work they may have to perform.

If Army Surgeons were to be placed on the same footing as the Royal Engineers, and had combatant rank, cases might and would occur in which a Surgeon-General, in the absence of the General Officer Commanding a District, would be the senior combatant officer present, and consequently would be in command of the troops at a field day or review; this would show the absurdity of his position.—I am, dear Vanity, yours,

COMMON SENSE.

London, 19th November.

FEB. 28, 1891

Sir Andrew Clark, in his recently published letter to the Secretary of State for War on the grievances of Army Medical Officers, may certainly congratulate himself on having said all that the greatest grievance monger could have suggested. Mr. Stanhope rather cruelly gives an abstract of them. They are as follows: 1, Undue length of foreign service; 2, Conditions of sick leave; 3, Proportion of rewards and honours; 4, Court privileges; 5, Dress distinctions; 6, Social consideration; 7, Mess subsidies; 8, Rank. Some of these alleged grievances, as I have pointed out on previous occasions, are either imaginary or unworthy of consideration by men of sense, but some are real enough. The best men in the Army Medical Department are generally sane with regard to one or two points the most connected, and it may be mentioned that many of the inconveniences are the direct and natural result of that unification for which certain Army Doctors, by no means the most favourable specimens, so loudly clamoured. I am no great admirer of Mr. Stanhope, but I think that, on this occasion, he has scored; all the more that, while exposing some of the pretensions put forward, he concedes on others where concession was really called for. For example, he agrees to improve the conditions of sick leave, and to grant the empty bauble of such rank as Surgeon-Lieutenant, Surgeon-Captain, and so on—the "composite titles," as he sarcastically describes them. The question of less foreign service is simply one of expense; and here Mr. Stanhope is obdurate. That of Court privileges, he naturally asserts, he does not understand; neither do I.

As to social consideration, Mr. Stanhope caustically remarks that it is not a matter to be controlled by regulation. I will add that the doctors do receive, always have received, and always will receive, as much social consideration as their individual qualifications entitle them to receive. Altogether, Mr. Stanhope has made concessions identical with those previously advocated in *Vanity Fair*, and I hope that the Army Doctors will now cease from troubling. They certainly have no longer anything to complain of; though I am not therefore sanguine as to their silence.

APRIL 11, 1891

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—We have been hearing so much of late about "the Soldier and his Doctor," that it may interest some of your numerous readers to hear that at the recent inspection of Army medical officers held at Aldershot, for the purpose of granting them "drill certificates," the Director-General of the Department appeared on parade—much to the disgust of his officers, and the amusement of his men—attired in a frock-coat, silk hat, and armed with the proverbial "Gamp"! I need not add that this was all over the camp the next morning, and the comments were neither curtailed nor complimentary to the officers of the Army Medical Staff.

Surely this tends to increase the ridicule and contempt which exists through the "combatant ranks" for the doctors, and is very prejudicial to the present agitation which is taking place among them.—I am, dear Vanity, yours faithfully,

ONE WHO SAW THE PERFORMANCE.



## VANITY FAIR

APRIL 18, 1891

## THE SOLDIER AND HIS DOCTOR.

To the Editor of "Vanity Fair."

DEAR VANITY,—No wonder that there is indignation and scorn at the circumstance reported in your issue of the 11th under the above heading. A similar spectacle was beheld several years ago at the Army Doctors' dunghill, Netley—you know, just as Woolwich is the Gunners' dunghill and Chatham the Sappers, in common parlance—where the men of the Army Hospital Corps, with their officers, were drawn up in military tog, general salute, etc., and the Director-General appeared to inspect them—incredible dictu—in the usual frock-coat and tall hat, which, although it may be in consonance with the surroundings of the West-End, is scarcely in congruity with an official military inspection.

Ten to one the personage alluded to in your columns is not the possessor of any uniform at all; for folk who squat reposedly in well padded office chairs at headquarters do not at all bother themselves about uniforms, although they consider it quite the correct thing to issue stringent orders under their sign manual to their subordinates to always be on duty in it.

The question, however, still remains: Is it in accordance with the regulations of the Service that even so high and mighty a personage as the figure-head of the Medical Department should make an official inspection—or visit, if you like the term better—to the Depot and Training School M. S., Aldershot—where we have a commissioned officer, second in command, an Adjutant, and what not—in muff? If so, there must be one regulation for the head, and another for his subordinate officers.

People who only calmly wait, wearing out office chairs, to get K.C.B.'s and a "Sir" dangling before their names have a soul above gewgaw and tinsel; and hence, perhaps, the sorry pageant at Aldershot.

More and more does one come to think that until the Medical Staff has at its head a real combatant—as was not long ago, and very properly, suggested—it can never come to anything.—Yours,

SUNT SUPERIS SEA JURA.

JUNE 13, 1891

## BRIGADE SURGEON LIEUTENANT-COLONEL SPHINX.

To the Editor of "Vanity Fair."

DEAR VANITY,—How do you propose to address Brigade Surgeon Lieutenant-Colonel So-and-So next time you meet him?

Will you be courteous, and say "Colonel," as you would to a Paymaster or a distributor of viands? Or will you say "Doctor," and ignore the fact that he is probably an old military officer who has seen plenty of active service, and that you would equally use that title—honourable in itself—to his most junior officer?

Please do not consult a "military adviser" or a retailer of camel stories, but give your idea as an honest and clear-headed Editor.

We never have even heard of such a mix before. We know Lieutenant-Colonel Smith, D.A.O.M.G., Lieutenant-Colonel Robinson, Army Pay Department, and Lieutenant-Colonel Jones, Army Service Corps; but we cannot possibly understand Lieutenant-Colonel Green, Army Medical Corps, unless we prefix "Brigade Surgeon."

9th June.

SPHINX.

[The Sphinx is too much for us. But whatever else Brigade Surgeon Lieutenant-Colonel So-and-So may be, he is still a Doctor.—Ed. V. F.]

Aug. 29, 1891

## ARMY DOCTORS AND THE NEW WARRANT.

THE doctors are not satisfied with their compound titles. Mr. Stanhope threw a sop to Cerberus, but that dainty animal has rejected it; and the present difficulty is entirely due to the original mistake in giving combatant titles to the Commissariat. There can be no doubt that the doctors have just as much right as the Army Service Corps to be termed Captains or Majors; but though the error in the latter case is irretrievable, that is no reason why a second act of similar absurdity should be perpetrated. A man who inadvertently throws a five-pound note into the fire is certainly careless, though not necessarily devoid of brains; but if, on discovering what he has done, the same man deliberately casts a second note into the flames, he would seem to be a proper subject for confinement in the nearest lunatic asylum.

In *The Morning Post* of Saturday last, "A (Surgeon-Major) General" bids his comrades be of good cheer, on the ground that what Mr. Stanhope's warrant has failed to do will be effected in another way.

He predicts, in fact, that when "personally addressing Army medical officers" the prefix "surgeon" will be discarded by "everyone acquainted with the ordinary usages of Society." The cat is thus out of the bag, and after all it appears only too true that the object of the agitation is not the convenience or good of the Service, by securing that a doctor's position in his department shall be known, but simply to obtain the privilege of being called "the Captaining" in "Society." An honourable profession, which has never been made little of by outsiders, is now become a subject of derision through the vagaries of its own members. Doctors are a necessity—we frequently wish to find them in a hurry; why then should they desire a Protean style of nomenclature? In future, when the services of a medical officer are required, it will first be necessary to bind him in heroic fetters and hold him fast until he unwillingly reassumes the Esculapian shape which he, apparently, so much despises. This will be very inconvenient. We need medical or surgical aid to assist our entry into the world, and our subsequent exit is usually retarded (or else expedited) by the skill of our favourite practitioner.

In the good old days of regimental surgeons, the "Doctor" was nearly always an officer endowed with considerable popularity and importance. The regiment was his home, and a gentleman who desired to combine a taste for soldiering with the practice of medicine could enjoy both under pleasant circumstances. The doctors in those days were very often younger sons of good families, especially Scotch. In the present day the Army Medical Staff is not generally so fortunate, being usually recruited from a different class, chiefly Irish. Can the illogical and unhealthy aspirations of a section of the Irish people in another direction have anything to do with the equally ill-considered agitation amongst the doctors? There must surely be still a considerable number of men who are honestly proud of their profession; to which each evidence of individual skill adds fresh lustre. It is really inconceivable that an overwhelming majority of the doctors are anxious to mask their connection with medicine, and only "officially" call themselves, and be addressed, by their departmental titles.

It can scarcely be doubted that, no matter what weakness the Secretary for War may yet be guilty of, in the Army, at least, Surgeon-Lieutenant-Colonel Jones will remain "Doctor" or "Jones," according to the degree of intimacy existing between himself and the subaltern or other officer addressing him. How could it be otherwise? One does not say "Colonel" to another unless he is a person who was, or is, entitled to give an order to be received with a salute and obedience. This is the root of the whole question. Rank which gives only a limited authority is useless, and therefore undesirable. What is the good of being styled (Surgeon) Lieutenant-Colonel when the title gives no possible authority over a party commanded by even a lance-corporal appointed yesterday? Children cry for the moon, possibly because they have heard that it is composed of green cheese and good to eat; whilst dogs howl at it for want of a better reason for the exercise of their vocal powers. But on what conceivable grounds do the doctors desire to disguise their profession? They had much better stick to realities, and let shadows alone.



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## THE MEDICAL STAFF.

[Reprinted from "Pioneer" of 1st March, 1891.]

**Abolition of Relative Rank.**—Relative rank was abolished by the War Minister quite unexpectedly in 1886. No reference whatever was made to the Heads of any Department enjoying it, and the whole thing came like a thunderbolt out of the blue. Its sudden, and in a measure brutal, abolition played entirely into the hands of the militarising section of medical officers, amongst whom a regular propaganda on the subject of military rank had been carried on since 1877. What had up to 1886 been smouldering burst at once into flame, and the fire is to-day burning briskly, and has compelled the Duke of Cambridge himself to take action in the matter, and has placed him and the War Office in direct conflict with the civil profession of medicine.

**Command.**—Mr. Gathorne Hardy gave command power to the medical officers in 1877. It was forced from him by Sir William M. Muir, then Director-General, who refused to be medically responsible for the army going to Roumelia unless it was given. That command power is clear and definite though limited to the Medical Service and officers and men attached to that service, and over patients in hospital. The medical officers' commissions have been changed in wording to meet this new responsibility, and the Aldershot training in drill and discipline has been instituted to fit them for its use. If any flaw exists in the power (and no flaw does exist) steps will be taken at once to remedy it. Twelve years of experience shows that it has no flaw whatever, but is sound and good.

**Military Titles for Medical Officers.**—This is not an idea originating in the English army. It exists in a dozen other services, such as America, Italy, Switzerland, Holland, Norway, &c., and the medical autonomy of France is far more complete and clear than ours is. It is a result of copying German military organisation, which gives complete independence to the Medical Corps in its own special line. In England it has been clouded over and obscured by social considerations like many other questions. Thus, in 1881, when discussing the subject at the War Office with a well-known soldier, he said: "You will never get military rank while I am in this office." He also said: "If you press for rank we will appeal to the civil medical profession against you." The reply to him was: "We will also appeal to the civil profession against you." He then said: "Well, if they support you we will get doctors from Germany;" but here a similar answer was given that we also would appeal to the Germans. On reference being made to American custom he said: "Republics may do that kind of thing, but monarchies cannot do it." He was told "monarchical institutions offer no bar whatever to any class obtaining its just right; if monarchy did so act it would be so much the worse for the monarchy." Such a remark dragging in questions of forms of government was entirely needless, and a discreet man would never have made it. I have, however, known an indiscreet man achieve high place in Pall Mall.

**Comparisons with the R. E.**—When medical officers refer to the R. E. organisation as a model, such a reference is not meant to injure the R. E. in any way. "Imitation is the sincerest form of flattery," and if we imitate the R. E. we flatter the R. E. Their evolution is highly interesting and most instructive. When the Corps of Engineer officers began in last century, the Sappers and Miners (previously military artificers) were not under their command, but had officers promoted from the Sappers and Miners' ranks, generally sub-lieutenants. After some time these officers were got rid of and the R. E. officers were attached for duty to the Sappers and Miners, but wore their cocked hats on

parade when the men wore other head-gear, that is to say, they were practically staff officers doing duty with a corps. In 1856, after their splendid services in the Crimea, the officers and men heretofore separate were rightly welded into one corps, the Royal Engineers of to-day. General command came rarely if ever to R. E. officers before the Crimean epoch. As they were non-purchase, had no Majors, and had awfully slow promotion, they were rarely if ever senior in any force or garrison, and officers of Engineers are now serving or alive who told me they remembered the R. E. officers being passed over for garrison commands even in their days, say, 1840-50. All R. E. officers know that in the United States Army the Engineer Corps does not command outside their own corps. Command is there limited to what they call the "Line Officer," although all are trained at the splendid Westpoint Academy, and the Engineer Corps are the best trained men in the army. Westpoint is the home of the martinet, the strictest and best military school in the world by long odds, yet its best men (the Engineers) do not command in the army they join. What the R. E. have gained in our own day by purchase-abolition and more just promotion is common knowledge. We in the Medical Service sub-divided in regiments were unable to develop a corps, but we are now on the way to do it, and if we copy the R. E. we can't go far astray. Whatever enemies they have in the army the same would and will be ours by-and-bye, and it is in no sense our aim or our interest to have any friction with the Engineers, for the present at any rate.

**The Army Service Corps.**—While medical officers are referring to R. E. organisation they seem to me to ignore a far more interesting evolution which is going on under their very eyes. I refer to the Army Service Corps which Redvers Buller is developing out of the old civilian commissariat and line subalterns. That such a corps should be placed in the position of general command it to-day occupies goes far to show how supremely important so-called Army Departments are, and it is enough to make the gallant Picton restless in his soldier's grave to think that the once-despised "Commissary" is to-day vested with general military command. Only the extremest necessity could have compelled a man like Redvers Buller, steeped in prejudices and class traditions, to accept such a corps into the army, a corps which has suffered in the past the most intense social boycotting, but which has now come out of the long struggle victoriously. The study of such a revolution taking place under our eyes is far more to the point than any amount of comparisons with R. E.'s in the past. Such a revolution proves that no corps or no Department can exist without a clear and definite military status, and it is entirely in our own hands to lay down a boundary line of how far we choose to militarise ourselves.

Until the War Minister opens a military medical school like Sandhurst, or a State Institution for training doctors, like Coopers Hill, we can dictate our own terms; but even then nothing, not even our own obstructiveness, can keep back the forward movement of medicine as sanitary and preventive agency to absolute command. Unready as we may be to-day for such a development, we are laying the foundations of that future which our training in life conditions will certainly entitle us to, and people will wonder how we did not boldly claim absolute equality within the army long before the present time. To every medical officer who reads aright the action of Redvers Buller about the Army Service Corps, one text may well be commended, *etc.*—

GO THOU AND DO LIKEWISE.



# TRUTH.

Dec. 1, 1887.

I have received a letter asking me to call attention to the excessive rates of pay and pension of Army doctors. Mr. Fowler has promised to attack Vote 4 next session in the House of Commons, and I shall gladly follow his lead, as I consider the medical administration of the Army to be not only wasteful but grossly inefficient. Taking the actual pay of the doctors alone, I find that the total effective charge (including that for the Indian Army) amounts to £521,314, while the total non-effective charge is no less than £257,591.

If medical men in the army were working men, I should not mind their high salaries, but there is no dearer bargain to the State than the average army doctor. He lives a life of ease, comfort, and idleness. I doubt if he works all the year round more than three hours a day at the outside. Most of this time, too, is occupied in playing at soldiering. If you see an officer in a particularly gaudy uniform strutting down the high street of his garrison town he is sure to be the regimental "pill." The army doctor is a great authority on strategy, tactics, and the sword exercise. The last thing he expects to be consulted about is the work he is paid to perform. A military friend of mine says that whenever he goes to look for his doctor he finds him either loading cartridges or playing at billiards. I do not wonder at the Army Medical Department breaking down in war, or at officers and even soldiers paying for the services of civilian practitioners rather than trust themselves to the tender mercies of the pampered and inefficient individuals whom the State pays to dose them with physic.

The army doctor is, in fact, a grumbler, instead of a worker. I never yet met one of these gentleman who had not a grievance. They seem to imagine that the whole world lives only to insult them. They are for ever complaining about their "position" and rank as compared with that of military officers. Now, all this sort of nonsense ought to be stopped at once. The whole system should be changed. Doctors are civilians, and ought always to be so, whether they are doctoring soldiers or sailors, or any one else. Their duty is not to fight, but to physic soldiers in time of peace, and dress their wounds in time of war. A doctor does not want a sword any more than a parson; nor does he want a gaudy uniform. The army doctor should be put on the same footing as the army chaplain, who does his work very well, and very cheaply too. What keeps good medical men away from the army is the ridiculously false position which they are required to occupy when they are in the employment of the military authorities.

But the non-effective vote is worse than the effective. The doctor's pension-list amounts to £257,591—nearly half the amount taken for the full-pay list. Among other pensions, the country is paying £1 a day to 294 surgeon-majors, who have retired in the prime of life after twenty years' service. No wonder doctors leave the

army and set up a practice in civil life. The only wonder is that the percentage of surgeon-majors, who retire after twenty years' service, should not be even larger than it is—viz., 21½.

Dec. 15, 1887.

During the past week I have been simply overwhelmed with letters from Army Medical Officers, asking me to give them a hearing. I cannot possibly find space for all these letters, but I gladly publish extracts from two of them, which I have selected as representative. One of these is from a retired Surgeon-General, the other from a Junior Surgeon. If all Army doctors were as earnest and hard-working as my young friend appears to be, I would willingly qualify my former remarks; but, unfortunately, the "peacocks" and "grumblers" prevail to such an extent as to justify all I said in my indictment of the Army Medical Department.

I have read all letters received on this subject very carefully, and I shall keep them by me in view to any action which I may take in the House of Commons when Vote 4 comes on for discussion. I am always glad to hear from my military readers, and I have no objection to the use of strong language—provided those who indulge in it will favour me (confidentially) with their names and addresses. But I really cannot undertake to notice anonymous communications.

Here are the letters referred to:—

SIR,—I have read TRUTH, I think, ever since its first appearance, and I am free to confess that, although as an old army doctor, I am at the present moment not so charitably inclined towards you as I generally am, I shall go on reading your racy humour and pungent wit until they take away my old body for cremation.

I am not charitably inclined towards you to-day, because I have with my morning cup of tea been reading your Dec. 1 number, and your remarks on army doctors. They're very smart, very! but I don't like them. I suppose it is because this time I am one of the frogs; and although, as I said above, I admire the skill and humour with which you habitually pelt the frogs, it makes a difference in the entertainment when one is on the side of the frogs—eh?

Now I was an army doctor (Indian service) for thirty-two years, and, curiously enough, do you know I always fancied myself a hard-working man? I laboured under a mistake, I have no doubt; and although I never loaded a cartridge in my life, and can't play billiards, I feel confident, after reading your remarks, that I frittered away my time in some equally heinous manner, and never earned my pay. I may, however, mention, *en passant*, that I served through two campaigns, and was often in cholera camps; but, then, as you elsewhere point out in this number of TRUTH, as medical science has made "no progress in the last thousand years," I might just as well have remained at home.

"The army doctor is, in fact, a grumbler," &c.; no doubt of it, but that does not necessarily prove that he has no reason for his grumbling. The Irish are, and have been for many years, grumblers, and, if I read my TRUTH aright, they seem to have some reasons for it. It is just possible that the Army doctors may have cause; on this point, if not beneath you, read a small pamphlet, "Statement of the position of the officers of the Army Medical Staff," &c., &c. (Steel, Jones, & Co., Spring-gardens, London), and it may, if not convince you, at any rate somewhat modify your views about their excessive pay and idleness.

But my reason for inflicting this letter upon you is that in my opinion you don't go far enough.

If my health permitted it, I would try to become a member of that respectable bear-garden, the House of Commons, not simply to attack Vote 4, as you say Mr. Fowler is going to do, but to propose the total abolition of the Army Medical Department!

Why have such a department at all, costing, as you make out, nearly three-quarters of a million sterling? It is perfectly useless. There never has been a campaign since the Peninsula down to our last one in Egypt in which it has not been proved to the perfect satisfaction of the Horse Guards and other authorities that every shortcoming, even bending bayonets and bursting guns, could be traced to the Medical Department. And if this is the case, why keep such a department? Abolish it *in toto*, I say.

Considering the magnificent rewards open to the real workers in our army, the "combatant officers," the Cambridges, Wolseleys, Chelmsfords, &c., the ribbons, stars, knightships, peerages, grants



## TRUTH.

Dec. 22. 1887.

of money, and so forth, it might well be made a part of the compact that they undertook the whole business on their own risk, without any doctoring thrown in.

A SURGEON-GENERAL.

DEAR TRUTH.—Your sweeping condemnation of the army doctor is ungenerous, and your statements somewhat inaccurate. Let me first say, I am not the happy possessor of a grievance, and being proud of my profession am content with my position. Facts are the best argument, and a *résumé* of last week's work—an average sample—will show you that three hours a day of work is a relief of the past:—

8.45 a.m.—Examination of prisoners of — regiment.  
9 a.m.—Visited sick women and children in barracks (180 women and children live in barracks).  
10 a.m.—Examined prisoners of — regiment.  
10.15 a.m.—Visited the wards of the hospital.  
11 a.m.—Office work; taking notes of cases; completing medical history sheets, &c.

11.30 a.m.—Examined recruits, of whom there are seldom less than two daily.

12.15 a.m.—Saw officer on sick-list, and visited officers' sick wives, children, and servants, living in barracks. (Three visits daily during last week, which is a fair average.)

2 till 3.30 p.m.—Lectures on ambulance work on Monday, Thursday, and Friday.

Paid afternoon visit to hospital daily, between the hours of 4 p.m. and 8 p.m.

On Saturday inspected — regiment (quartered half-a-mile away from hospital) and made sanitary inspection of barracks.

Sanitary inspection of men and barracks of — regiment, visited all the married families.

On Wednesday inspected house-drainage, &c., owing to the occurrence of a case of typhoid fever. An hour later supervised disinfection and fumigation of rooms, bedding, &c.

In addition to these duties, I paid sixteen visits to patients living outside barracks, necessitating a walk of at least two and a-half miles daily. These visits are not theoretically compulsory, but I am proud to say it would be an exception for a medical officer to decline to attend.

During the week I vaccinated four children, extracted three teeth, and medically examined five men for transfer to another regiment.

I feel confident that this amount of work will compare favourably with the average work of the combatant officer.

In the calculation, too, of work, a deduction must be made for periods of leave. In England a medical officer is entitled to sixty days, whilst the combatant officer, unless in the senior grades, when he is deterred by the loss of allowances, averages three months. In India the medical officer is lucky if he averages six weeks a year, whilst the combatant officer frequently obtains four to six months to Cashmere. I agree with you that the "peacock" medical officer does exist, but he is an exception to the general rule, and, furthermore, I do not think you will dispute the existence of the combatant "masher."

I am also of your mind that the sword is an unnecessary appendage, but the reason is that a medical officer is seldom "on show." As he pays for the luxury of its possession out of his own pocket, he may just as well, if it pleases him, be permitted to hang it up in his cupboard.

One word about our pay. I admit it is good, but we could not do with less, for very few of us possess any private income. The majority of us do not enter the Service for recreation, but as a means of livelihood. I joined it because at eight-and-twenty I was too young to start in private practice with any reasonable hope of success, but I hope to resign as soon as I am entitled to a bonus or a pension. I believe there are many others who join for the same reason, and with the same intentions, and that if these privileges should be curtailed, the army will drive away the bees and only retain the drones in the hive.

Believe me to remain, yours truly,

SURGEON M. S.

March, 1890.

Mr. Stanhope's refusal to accede to the recommendation of the Camperdown Committee to confer combatant titles on medical officers is eminently satisfactory. It was about as foolish a proposal as has ever found its way into the report of a Committee. As I have had occasion to remark before, what the State wants in return for its money is a corps of good doctors, not one of make-believe officers; and the sooner the Medical Staff can bring themselves to grasp this fact, the better will it be both for themselves and for the Army at large.

I still continue to receive letters from army doctors. One writes this week to say that military doctors in the field have always conducted themselves bravely. I never said they had not. I did not charge individual doctors with want of courage, but the medical department generally with "inefficiency." The following interesting description by an eye-witness of the interior of a military hospital at Cairo a week after the battle of Tel-el-Kebir is worth reproducing at this time:—

I found very great fault indeed with the hospital at Cairo the first time I went over it, and I was very angry with the hospital doctor. It was on a Saturday, and I found the hospital very dirty. I found the men lying on the ground, and lying in those filthy, dirty clothes that they had fought the campaign in. They seem to have had very little opportunity of washing themselves. The ophthalmic cases were put in a tent outside the hospital in a garden—about as bad a place as could have been chosen, on account of the flies, which were so troublesome that I cannot give you any description of them except that they were like the plagues of Egypt. They were in myriads and myriads, and they covered everything. You saw the poor, sick men asleep with their faces undistinguishable, in some instances, by reason of the quantities of flies upon them. I have seen a man lying awake trying to brush them off with his hands, and I said to the medical officer in charge, "Why do you not go into the town and buy whisks? Every dirty little Egyptian boy has a whisk to keep off the flies." He said, "I have not got any myself, but I have applied to the Commissary of Ordnance for them." I said, "Never mind the Commissary of Ordnance; go out and buy them yourself."

The same eye-witness thus describes the military hospital at Ismailia:—

I must say that I was immensely disappointed with the condition of the hospital. I thought it very discreditable. The men were very uncomfortable. . . . I saw the ration of bread for the day, and the bread I saw issued by the medical officer was unfit for human food.

The eye-witness in question was General Viscount Wolseley, Commander-in-Chief of the Egyptian Expedition in 1882. The descriptions are extracts from the evidence he gave before Lord Morley's Committee in 1883.

As I consider that the following letter on this subject is far too good and too much to the point to merit the oblivion of the waste-paper basket, I publish it in extenso:—

SIR,—Do not you think you are a little severe on army doctors in this week's TRUTH? And do you really think their pay and privileges excessive? Or, put it in this way: Would you consider your son, who has learnt a profession, and has placed his services at the disposal of the Government to send him whither they chose at any moment, either to a pernicious climate or to the risks of war, overpaid in receiving 10s. 6d. a day, out of which he has to keep himself supplied with all kinds of "Government livery?"

You see an army doctor in the salubrious climate of England "strutting down the High-street in a gaudy uniform," and you suppose that this is his normal state. But ask some other military friend, and he will most likely tell you he has seen this same "strutter" without sleep, prostrate with fever and unable to stand, being carried on a stretcher round his hospital-tents, to enable him to prescribe for his not much more ill patients.

The reason your military friend prefers a civil practitioner to an army doctor is obvious. "Military Friend" goes to a civil practitioner, and he describes his symptoms. C. P. (metaphorically washing his hands, apparently listening most attentively, but really thinking about the smartness of TRUTH's last political paragraphs), *leg*: (in his blandest manner): "Ah! yes—would you kindly show me your tongue? Not quite so clean as it might be—I must ask you to take off your coat and waistcoat. I think my examination would be more thorough if you would not mind taking off your shirt also—and kindly recline on the sofa." C. P. now proceeds to listen to his heart and to his lungs before and behind, and with a satisfied smile says: "I congratulate you on the soundness of the vital organs contained in your chest." He now palpates the abdomen, and M. F. flinches a little, when the C. P. punches him smartly in the pit of the stomach. C. P.: "Ah! I perceive a little tenderness over the liver." He now percusses in this region, and, being satisfied that M. F. has had enough, he, with profuse thanks, permits him to dress, while he (C. P.) sits down to prescribe. C. P.: "Well, I have written a little prescription for you" (two blue pills and a coloured and nicely-flavoured bitter mixture), "which you will take with benefit, and you must be careful as to your diet. You will find that a little claret and water, and simple, non-stimulating food, will best suit the present, and, I am persuaded, temporary, congested condition of your liver and digestive apparatus."



## TRUTH.

JUNE 11, 1891.

It is to be hoped that the Army doctors are satisfied with the new titles which Mr. Stanhope is about to confer upon them, though I think such a consummation far from likely. They are now to be described by the ordinary combatant titles, the word "Surgeon" being prefixed to each, except in the case of Brigade-Surgeons, who are henceforth to be known as "Brigade-Surgeon-Lieutenant-Colonels." As far as I can understand, what these gentlemen really wanted was to drop the "Surgeon" part of the name altogether, and to be called Captains, Majors, Lieutenant-Colonels, &c., just as the officers of the Army Service Corps are. A few of them even nourished the wild hope that their department might be elevated into a combatant body, as was lately done with the Army Service Corps; but the majority were, I am sure, too sensible to wish anything of the sort. It was plainly outside the limits of even War Office folly to commission the professional healer to be a professional slayer also. But the bulk of the Army doctors did, undoubtedly, wish to be known by the combatant titles, pure and simple, under a mistaken impression that the change would add to their social consideration. These vain hopes have now been dashed to the ground, but the blow will be tempered—considerably, I hope—by the very proper concession of "sick leave" being granted to medical officers on the same terms and conditions which at present apply only to combatants.

JUNE 25, 1891.

Several Army doctors have written to me with reference to my paragraph of June 11 on the new titles accorded to the medical branch of the Service. They are unanimous in repudiating the idea that they desired to be called by the same titles as the combatant ranks, "under a mistaken impression that the change would add to their social condition." As one writer accuses me of nourishing a prejudice against Army doctors—a more baseless imputation was never uttered—I hasten to say that one communication with which I have been favoured convinces me that the change now introduced is in some respects distinctly desirable in the interests of the Service. There appear to be substantial reasons in favour of arming the medical officer with the same authority as his combatant comrade, and for hoping that the result will be an improvement in efficiency. But that does not prevent my continuing in the belief that there are a large number of medics who hankered after combatant rank for purely ornamental purposes; for, as one of my medical correspondents remarks, "there are fools in the Army Medical Staff as well as in every other branch of the Service." FEB. 11, 1892.

The following momentous problem has been propounded to me for solution. I never yet ventured to answer an inquiry of this kind on my own unaided responsibility, so perhaps some of my military readers can assist me to deal with it:—

Will you kindly say what is the proper way of addressing a Surgeon-Lieutenant-Colonel in ordinary society? Is he "Mr. Smith" or "Colonel Smith" (supposing he is not M.D.)? Surgeon-Lieutenant-Colonel is too much.

FEB. 18, 1892.

I have been favoured with several replies to the query which I published last week as to the proper mode of addressing a Surgeon-Lieutenant-Colonel. The following comes from a competent authority, and ought, I think, to dispose of the question:—

In answer to your invitation to your readers for opinions as to what Surgeon-Lieutenant-Colonel Smith should be called in ordinary society, I should say decidedly that he ought to be styled Mr. Smith, if he does not possess a University medical degree.

The cambrons titles which have lately been given to Medical Officers of the Army should only be used officially, as in the case of the title Lieutenant. Since the new titles have been given to us I have received letters addressed in various ways, such as Captain X . . . Surgeon, A.M.D.; Surgeon X . . . Captain, A.M.D., &c. As one of those who is not desirous of substantive rank, but is quite content to be known as a doctor, I desire to protest against such forms of address.

FEB. 25, 1892.

In reply to the letter from a Surgeon-Lieutenant-Colonel which I published last week, I have received a very truculent (but anonymous) letter from the Naval and Military Club, in which the Surgeon-Lieutenant-Colonel is denounced as "insubordinate" and as "one of those undisciplined officers who wish to make a law for themselves, and forget that a Royal Warrant is a Royal command, and, therefore, binding on every officer of the Army." As I said in the first instance, I should be the last to hazard an opinion on the proper mode of addressing a Surgeon-Lieutenant-Colonel. But in view of the letter which I published last week, I think it only right to warn Surgeons-Lieutenant-Colonels (or should it be Surgeon-Lieutenant-Colonels?) that if they allow themselves to be addressed unofficially as "Mr." or "Dr.," there is an off-chance of their being court-martialled or cashiered—or possibly even tried for high treason, and beheaded on Tower Hill.

MARCH 17, 1892.

I had not intended to publish anything further on the proper mode of addressing a Surgeon-Lieutenant-Colonel. There seems, however, to be practical sense in the remark which one of these officers makes in answer to a letter published a fortnight ago, that if Paymasters, Quartermasters, Ridingmasters, and even Schoolmasters, bear military rank, there is no reason why a Surgeon, whose duties in the field are much nearer to those of a combatant, should hesitate to assume similar rank, even though he is more proud of being a doctor than of being a soldier. Personally, I should be the last to grudge him such an honour. As therefore, a Staff Captain, a Brigade Major, a Lieutenant-Colonel, and so on, are respectively spoken of and to as "Captain," "Major," "Colonel," &c., I should say by all means let a Surgeon-Captain, a Surgeon-Major, and a Surgeon-Lieutenant-Colonel, be styled in their several degrees "Captain," "Major," and "Colonel."



FRIDAY, SEPTEMBER 26, 1880.

## THE BELFAST NEWS-LETTER,

In a pamphlet just published, the attitude and claims of the Medical Staff of the Army are discussed; and, judging from the correspondence and the observations of *The Times*, the members of the medical profession have reason to complain of the position they occupy at present. The demands include the formation of the department into a Royal Medical Corps; substantive rank in the corps and in the army, limited to command over their own men—Medical Staff Corps—and in their hospitals, both in peace and war, also over all those attached to the medical staff for duty in quarters, but no command outside strictly medical and sanitary affairs. In addition, the medical men claim the right to sit as members, or as president, when senior, on all boards or courts of inquiry, on medical and sanitary subjects; and clearly defined military titles,

Horse Guards, is alleged to have whittled away the Warrant bit by bit, till the service, backed by the medical profession, rose against the breaches of faith, and other Warrants had to be promulgated to enable the Secretary of State for War to obtain a supply of candidates for the medical staff. On the 1st of January, 1867, the final blow was struck by the War Office, when "relative rank" was abolished; and since then, according to a Brigade Surgeon, the medical staff of the army has been, and must continue to be, till matters are righted, in a most anomalous condition, being called on to perform various military duties without any defined rank in the army. They have been compelled for some years to exercise every function of a combatant officer, except fighting. They have powers of discipline equal to the colonel of a regiment; issue pay, clothing, and other things; drill and command men in the field, and in India these men are taken from

with the Warrant of 1855, and it would have kept the service in a contented and efficient state. Military jealousy, however, encouraged at the

health of the army must be taken care of by the doctors, who have a right to expect the fullest measure of justice from the State.



MEDICAL OUT-PATIENT CLINICS

WESTMINSTER HOSPITAL

a.m.

p.m.

MONDAY:

Dr. C. G. GAVEY

Dr. R. D. TONKIN

TUESDAY:

Dr. W. E. LLOYD  
Chests

Dr. DUDLEY HART  
General Medicine

WEDNESDAY:

Dr. R. I. S. BAYLISS

Dr. DUDLEY HART  
Rheumatism Clinic

THURSDAY:

Dr. S. P. MEADOWS  
Neurology

Dr. C. G. GAVEY  
Cardiology.

FRIDAY:

Dr. DUDLEY HART  
Diabetic Clinic

Dr. R. D. TONKIN

SATURDAY:

Dr. R. I. S. BAYLISS

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# The Globe

35

DECEMBER 13, 1890.

The agitation of another department—the Army Medical Staff—for a sentimental rather than material advantage, has quieted down of late, pending the decision of the authorities. The medical staff asks for combatant rank and authority. The issue has been somewhat obscured in the more or less acrimonious discussion which the demand raised. The feeling of the service is undoubtedly against the demand; that of the public with it, and in the long run the public wins. Reasons, more or less foolish and irrelevant, have been adduced for and against the concession. The real point and the only one worth considering is the effect the concession would have on the Army, for good or for ill. It is absolutely necessary to bear in mind that, unlike the so-called combatant ranks which are replenished from raw and untrained material, the Army Medical Staff has not to look for its recruits among the crowd, but is dependent upon a corporate body of already trained men, who have qualified as members of a highly scientific profession before any question arises of their joining the medical branch of the army. No one, whether soldier or civilian, will dispute the great advantage the army must derive if, by any legitimate means, the cream of that profession can be enlisted into the ranks of the Army Medical Staff. At present the cream is reserved for civil life; it is, so it is alleged, the skim-milk only which puts on uniform. If this be true (and the truth is vouched for by the leaders of the medical profession) and further if nothing but combatant rank and authority is necessary to reverse the present state of affairs, it is difficult to believe that this state will long be allowed to exist. The advantages that will ensue by the alteration are great, while the obstacles in the way of the change are anything but insuperable. To drop the compound title inspector-general and call that officer "general," without the prefix, cannot in these days of "generals" hurt anyone, and in the same way to call the younger members of the A.M.S. "captains" only throws the onus upon them of explaining in what manner and over what men they are captains. There are captains of mines, captains of merchant men, captains of auxiliary forces; and their existence in no way detracts from the professional or social importance of the captains of horse or of foot. One thing is indisputable—the Army must be provided with the very best medical aid procurable. The problem for solution is how to obtain it?

DECEMBER 16, 1890.

## MILITARY RANK.

SIR,—In your article on "Military Matters" of the 13th inst. you say "there are captains of mines, captains of merchant men," and so on. Now there I think you are in error. There are people called "captains" in those situations, but that does not entitle them to the military rank of captain, nor are they captains. No one in the British Empire is a captain unless he has received Her Majesty's Commission as a captain; and, moreover, the only persons entitled to such a commission are those who command a man-of-war, or a troop or company of soldiers. It is as ridiculous to call any one else "captain" as it is to call him "Booth" or "general." I know it is the fashion in these go-ahead days to call everything and everybody by the wrong name, but that does not make the fashion a correct one.—Your obedient servant, XXXV.  
December 15.

DECEMBER 17, 1890.

## MILITARY RANK.

SIR,—Your correspondent "XXXV," wishing to lay down precise rules as to military rank, rather infers that captains of troops or companies are of equivalent rank with, say, the captain of the Dreadnought. Permit me to explain a point which young officers, such as your correspondent, don't sufficiently remember:—Captain of troop or company ranks with lieutenant Royal Navy under eight years' seniority; major ranks with lieutenant R.N. over eight years; lieutenant-colonel ranks with commander;

and colonel ranks with captain. Doubtless in a few years "XXXV." will have forgotten this little trouble on attaining his majority—but I hope he will remember his precursors, and always ask for the *Navy and Army Gazette* when wanting that paper, as it is to be hoped that he know that the navy is the senior service.—Your obedient servant,  
December 16.

SALT HORSE.

SIR,—I fail to see why any civilian should desire to assume a military title: for I read in my Debrett (*Table of Precedence*) "Naval and Military officers have no precedence assigned to them either by statute or by any fixed principle."—Your obedient servant,  
December 16.

GENTLEMAN.

DECEMBER 20, 1890.

## MILITARY MATTERS.

(FROM OUR CORRESPONDENT.)

It is quite true, as is once more pointed out by a correspondent of *The Globe*, that naval and military officers have no precedence assigned to them, either by statute or by any fixed principle. It is, however, necessary to distinguish, so that the nature of the precedence denied to them may be accurately defined. "Debrett," of course, speaks only of social precedence, and does not deal with that peculiar to the Services, by which officers, in spite of "Debrett," rank socially between themselves.

Members of the medical profession, who (if gentlemen entitled to bear arms) would as such have a recognised place in order of precedence, and to that extent an advantage over officers of the Navy and Army not so entitled, take precedence rather as graduates of universities and as fellows, licentiates, and members of the Colleges of Physicians and Surgeons and of the Society of Apothecaries. The Army combatant officer objects that the member of the Army Medical Staff, not content with the social precedence as laid down by Debrett, which is clear and defined, also claims the right to rank among officers independently of and in addition to, his own special professional and social rank. If this were all, the objection of the combatant ranks would not perhaps carry much weight; but it is not all. The A.M.S. desire the substantive combatant title of the relative combatant rank of their commissions, which, if conceded and made reciprocal would, pushing the analogy to an extreme, give the combatant officer an equal claim to write himself down M.D., F.R.C.P., F.R.C.S., M.R.C.S., or L.A.C. in spite of his complete ignorance of the special knowledge which those letters respectively imply. "Captain" is, however, already a very elastic term, and to add to the long list of those to whom by right or custom it is now conceded could hardly cause the service captains much additional annoyance, while it would, so it is emphatically asserted, solve every difficulty in connection with the more efficient officering of the Army Medical Staff.

JUNE 10, 1891.

## MILITARY MATTERS.

(FROM OUR CORRESPONDENT.)

Military precedence without military command, (coupled with composite titles which are not likely to be adopted, except in official correspondence, or analogous circumstances, either by the army doctors or their friends) is, it is announced, to be the last word on the subject of concessions to the Army Medical Staff, so far as their principal grievance is concerned. It has been remarked that "Brigade-Surgeon-Lieutenant-Colonel" is not more difficult to root off the tongue than "Deputy-Assistant-Commissionary-General" used to be. Quite true; and it will in consequence probably be treated in the same manner. The latter officer was styled "Mr." in ordinary intercourse, and the former, it may be inferred, will still be known as "Doctor." To "Colonel" alone, the brigade surgeons have still no right, and that title is not likely to be accorded them by the combatant ranks, whatever may become the custom of the A.M.S. among themselves. The concession, therefore, is, as it was anticipated it would be, a very shadowy affair, but everyone will be glad if these chiefly interested consider it sufficiently substantial to cause them to abstain from further agitation.



AUGUST 26, 1891.

## MILITARY MATTERS.

(FROM OUR CORRESPONDENT.)

Composite titles having been conferred on the members of the Army Medical Staff, a similar concession is, I hear, to be made to the medical officers of the Indian Service, and that is only what might be reasonably expected. But a question that is being often asked, is "What are the medical officers to call themselves?" A surgeon-major-general for instance, will have to be either doctor or major-general, one would think. He can hardly be both, and yet apparently he is both in a military sense. Again, one has to regret the abolition of the old relative rank. All warnings on the subject were disregarded, and hence this confusion.







JOURNAL OF THE  
RESERVE,

GAZETTE.

AND AUXILIARY  
FORCES.

SATURDAY, DECEMBER 20, 1890.

Some curious correspondence on the subject of military rank has recently been appearing in the *Globe*. It arose about an article which referred to the numerous kinds of Captains there are nowadays, many of them self-styled. Then a correspondent, signing himself "XXXV," arose, and didactically addressed the editor. "No one in the British Empire," said he, "is a Captain unless he has received her Majesty's commission as a Captain; and, moreover, the only persons entitled to such a commission are those who command a man-of-war, or a troop or company of soldiers." This view of the matter at once fetches a naval man, who writes pointing out that the Captain of the *Dreadnought* and the Captain of the troop or the company have little more in common than the Captain of the P. and O. steamer and the Captain in the Salvation Army. He says:—"Doubtless in a few years 'XXXV,' will have forgotten this little trouble on attaining his Majority—but I hope he will remember his preciseness, and always ask for the *Navy and Army Gazette* when wanting that paper." Of course a civilian adds that he has no desire to assume a military title, for in *Debrett* he finds that "naval and military officers have no precedence assigned to them either by statute or by any fixed principle." It looks as if there are the makings of a pretty quarrel here.

This question of relative rank and titles is even causing trouble in Australia, for in the *Colonial Military Gazette* we read:—

"A very objectionable fashion—an American one—is coming into vogue in Australia of dubbing medical officers as Major. This or Lieutenant-Colonel. The Sydney daily press is continually styling a certain medical officer of the New South Wales Military Forces as Lieutenant-Colonel. We beg to inform our contemporaries and the officer in question that he is just as much a real Lieutenant-Colonel as Major-General Richardson is a Rear-Admiral. Relative rank does not appear to be understood even by some of those who hold it."

May 5, 1894.

By the bye, will the Medical Corps have an opportunity to practise its business at this year's drills? It ought to. Men should be detailed to fall out with specified injuries, those for the instruction of the non-professional portion of the corps should be actually treated by "first aid," and the men actually borne to the rear for 300 or 400 yards to teach Mr. T. Atkins, A.M.S., what carrying a well-nourished dragoon means—it is little short of scandalous that more practice has not been afforded to this corps in what would be its principal duty on service. The outcry against the doctor's rank and status is all very well, but it does appear to be a bit nursery-like for men of war to worry themselves about such trivialities when they know well that on service the doctor is, or ought to be, their best friend when they are lying ill or wounded on the field. It should be the aim of every true soldier to render the Ambulance Corps thoroughly efficient, if only for the sake of those in high places whose reputations would suffer irretrievably if anything were to go wrong on a big campaign.

June 9, 1894.

MAJOR OR DOCTOR.

TO THE EDITOR OF THE "ARMY AND NAVY GAZETTE."

SIR,—In many Indian garrisons we are said to be terribly behind the times as regards the giving of military titles to our much-respected doctors. On the arrival of a surgeon-lieutenant here the other day he was introduced as one of our last-joined "subalterns," and was severely snubbed if he dared to speak to a surgeon-major without the prefix of "Sir." To mention the word "doctor" to a member of the Army Medical Department here has a similar effect to that produced by the red rag on a bull. A line subaltern having to seek advice for any little ailment he may be suffering from has to write, "Dear Major,—Will you kindly come and see me, &c., &c." If the word "doctor" were used the surgeon-major might be offended, and perhaps would not respond to the call. But is it not all very silly, and calculated to bring the noblest of all professions into ridicule and disrepute? Of course it is a great compliment to the profession of arms;

but how can a medical man be so wanting in dignity as to forget what the profession he belongs to loses when he sinks the medical in favour of the military title on every possible occasion? The doctors have got their military rank for purposes of precedent, but they ought to see how much injury they do by taking part in the present burlesque. I am not an "enemy" to the army doctor. On the contrary, I am a true friend, and it is because I value him, and recognise the splendid part he plays whenever active service calls him into the field, that I am grieved to find him lowering himself and his noble calling as he does in the eyes of all with whom he comes into contact by the present craze for combatant duties and combatant rank.

India, May 10.

COMMON SENSE.

June 16, 1894.

TO THE EDITOR OF THE "ARMY AND NAVY GAZETTE."

SIR,—"Common Sense" objects to address Army surgeons as majors, &c. Whatever his own title may be, he without doubt expects junior surgeons to remember it and to salute him on formal occasions, but he objects to act with the same courtesy himself to senior surgeons, although it is in fact his duty as an officer to do so. This is of course logical, and very common sense indeed. He no doubt thinks that the Army surgeon should feel complimented at being addressed at all by such as he is, and absolutely charmed by his friendly advances. He regards himself as the pink of courtesy, although he, a military officer, ignores the title of another officer. I do not think much argument is required on the point, but it is difficult to understand how regimental officers can expect their seniors to be treated with respect by us when they fail to extend the usual courtesy of the Service to our seniors. I must, however, admit that these difficulties less often arise in our dealings with men who are really gentlemen, or with those who are true soldiers and have the interests of the Army at heart. But some Army men are thorough carpet knights, ready to haggle about addressing a doctor as major or colonel, although, perhaps, incompetent to discuss this or any other military question. I think we have met "Common Sense" who writes from "India" before. I do not hesitate to say that our field officers should certainly be addressed with the usual courtesy observed towards other branches of the Service. It is a case of *quid pro quo*, and very little in return for nothing. That is the individual point of view. A broader question is the interest of the Army. In our Army every officer, no matter what his duty, is addressed by his title except in the A.M.S. Will this improve the recruiting of the A.M.S.? Will it encourage senior surgeons to remain? Cannot everyone—from field-marshal to drummer-boy—very plainly see that his own interest is at stake, and his own life may eventually pay the penalty? The Army surgeon has always done his best both in peace and under fire—at least, so say our country's records—but do you think that first-class men will remain in the service, or will enter it, unless their rank and grade be definitely recognised, and unless each officer finds he is personally addressed and treated in a manner that reflects credit—according to Army methods—both on himself and his department? I particularly deprecate "Common Sense's" remarks on our own surgeon-lieutenants, addressing surgeon-majors as "Sir." It is the worst possible form, and rightly regarded as such, to endeavour to subvert discipline in another regiment.

CRIMEA.

TO THE EDITOR OF THE "ARMY AND NAVY GAZETTE."

SIR,—With reference to the letter of "Common Sense" in your last edition, is it not time that the military officers should accept accomplished facts, relative to the duties of the officers of the Army Medical Staff. What possible objection can they have to their learning sufficient minor drill to command their own men, which they have now done since '77. They call this combatant duties. Medical officers would not be jealous if the combatant officers learned minor surgery, &c. Volunteer surgeons have the same titles, and receive some military instruction like their brethren in the Army, but I have never heard that they have thereby lost the confidence of their patients. The Army surgeons must feel much flattered by the opinion of "Common Sense" with respect to the nobility of their calling, services in the field, &c.; but they have heard so much of this that I am afraid they look on it as so much bunkum. Time and custom can alone settle the question of Major or Doctor, which has been recently discussed in your paper.

SURG. LIEUT.-COLONEL, RETIRED.



## THE ARMY AND NAVY GAZETTE,

October 13, 1894.

SURGEON-COLONEL.

TO THE EDITOR OF THE "ARMY AND NAVY GAZETTE."

SIR,—I have lately returned from Southsea, and while there met an old friend who has some time since been promoted to surgeon-colonel. I was greatly surprised soon after to receive an invitation to dinner on the usual card commencing "Colonel and Mrs. — request the pleasure," &c. Now I want to know whether this surgeon-colonel and others of the same rank in the Medical Department have any right to adopt a combatant officer's rank, and thus sink their identity as medical men? Surg.-Gen. McKinnon, at the head of the Army Medical Staff, might as well have his visiting cards printed "Major-General Sir W. A. McKinnon," but I should think he would never be guilty of such a thing. I am a full colonel myself, having lately retired from the command of my regiment after the usual five years, but am rather jealous that a surgeon-colonel should assume a similar rank, to which I believe he has no claim whatever.

Oct. 2. 1894.

COLONEL INQUIRER.



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From  
page 4.

## THE MORNING POST.

interesting to know what the world will think of the "new titles," which appear to me as a "curious compound and incompatible."—Yours, &c.,  
PERSEVERE.  
Junior Constitutional Club, August 17.

AUGUST 20, 1891.

Whether the Army Medical Officers will now be happy remains to be seen. At any rate, they are entitled by Royal Warrant to the titles of surgeon-major-general, surgeon-colonel, brigade-surgeon, lieutenant-colonel, surgeon-lieutenant-colonel, surgeon-major, surgeon-captain, and surgeon-lieutenant. A new scale of pay is also included in the Royal Warrant, ranging from £2 15s. a day for a surgeon-major-general to £300 a year for a surgeon-lieutenant. These rates are exclusive of allowances. After this the doctors' grievances should not be heard of for many a long day.

## ARMY DOCTORS and the NEW WARRANT.

TO THE EDITOR OF THE MORNING POST.

SIR.—The letter of "Persevere" on the above subject in your issue of the 18th inst. is to the point. No doubt the granting of substantive rank to the officers of the Medical Staff is a decided improvement, but where such officers have the command, training, and punishing, &c., of soldiers, a military title is absolutely necessary, for that alone is what the soldier understands. With regard to this title, medical officers are in no better position than they were before the issue of the last warrant, and I think that a medical man who adopts a military career—in these days of competition no easy matter to attain—and wishes to be identified with the same, he has a right to the honour of a title as distinct from rank. For those medical men who are averse to this condition, surely there are many prizes in civil life which would suit their non-military views. A surgeon need not be one whit the less a surgeon because he is called captain or major. Does the Engineer officer—a great many of whom are occupied in purely civil work—sink his profession or carry out his duties any the worse because he bears a military title? In conclusion, I may add that it seems hard that a man, perhaps a C.B. or V.C., with half a dozen well-earned war medals on his breast, who has served his Queen and country for 30 years or more, should be known after retiring from so honourable a military career as doctor, and with no military identification.—Yours, &c.,  
JUSTITIA.

AUGUST 22, 1891.

## ARMY DOCTORS and the NEW WARRANT.

TO THE EDITOR OF THE MORNING POST.

SIR.—I am quite sure the army medical officers thank Mr. Stanhope for giving them equal justice when sick to the combatant ranks. The present titles are somewhat ridiculous, and not what they desired. They wished to be placed upon the same footing as the Army Pay Department, and be called colonel, Medical Staff, major, Medical Staff, &c., through the different military ranks. Their contact with officers and soldiers is much nearer than the Pay Department, and their duties in war more dangerous. Their executive duties in connection with the Medical Staff Corps are of a regimental nature, involving discipline and drill. An intelligible military rank is therefore indispensable for the efficient carrying out of the latter duties, which have recently been imposed upon the army medical officer.—Yours, &c.,  
MEDICUS.

TO THE EDITOR OF THE MORNING POST.

SIR.—Your correspondent, "Persevere," would be wise to rest content with the new titles given to Army Medical Staff. It matters little whether the military title comes first or last now that substantive rank has been accorded. The prefix of "surgeon" denotes no rank, and will, of course, be dropped, in personally addressing army medical officers, by every one acquainted with the ordinary usages of society. It was ridiculous to call any one declared to have no military rank colonel, major, or general. Substantive military rank having been accorded, army medical officers have now a right to be addressed, by courtesy and for the sake of brevity, by their military titles. Officially they will call themselves and be addressed by their departmental titles.—Yours, &c.,  
August 20. A (SURGEON-MAJOR) GENERAL.







say that it is written, not in support of either party to this discussion, but with an unaffected desire to assist in bringing about such a settlement of the question as shall prove to be at once just and practicable.

Among the medical officers of the Army there undoubtedly exists at this time great dissatisfaction with their position and privileges, and it appears to be widening and deepening on account of what they consider to be the injustice with which they have been treated by the Horse Guards and by the Government.

A few distinguished combatant officers and one or two medical officers of high position allege that there are no adequate grounds for this dissatisfaction; but the great majority of executive and almost all medical officers acknowledge that the Medical Department is in an anomalous and unsatisfactory condition, and aver that some radical reconstitution of it is necessary to insure the safety and success of the Army in times of important expeditions or of war.

This dissatisfaction began about the time of the Crimean War, when, in consequence of the disasters which occurred in the course of that campaign, and the sweep and force of public opinion, new duties and responsibilities were imposed upon the medical officers, who, it was hoped, would become not mere ministers to the sick and wounded, but successful preventors of disease. Since then there have been continually recurring disagreements between the executive and the medical officers, frequent but unsuccessful endeavours on the part of the Government to allay grievances, and to bring about harmonious and efficient co-operation in work, occasional failures of the Medical Department in the achievement of the highest practicable ends: avoidance of the service by the highest class of medical men; sometimes a dearth of candidates of even the commonest order; and a festering state of chronic and perilous dissatisfaction throughout the department smarting under the indignities to which it considers that it has been subjected.

Among the grounds of dissatisfaction expressed by Army medical officers, setting aside those smaller ones which, constantly occurring in the intercourse of daily life, sting frequently, if not deeply, are the refusal to medical officers of the place on judicial inquiries, the limitations of foreign service, the conditions of sick leave, the proportion of rewards and honours, the Court privileges, the dress distinctions, the social consideration, the mess subsidies, and, above all, the substantive rank and title granted to combatant officers.

It is contended by the medical officers of the Army, and the contention is apparently supported by nine-tenths of all persons who have given serious attention to the question, that the one necessary and sufficient remedy for their grievances is to be found in the transformation of the whole department into a Royal Army Medical Corps, in the granting of definite rank and title to all its officers, and in its organic incorporation into the general Army on the lines followed in the case of the Royal Engineers.

To this remedy of the granting of substantive rank and title, and of complete incorporation into the general Army, really few distinct objections have been raised, and, although hotly urged, they are all of them, as I think, easily answered and refuted.

It appears probable that the executive opposition to the claims of the medical officers arises naturally, if not excusably, out of the nature of some of the duties now required of the Medical Department. The medical officer has not only to obey the instructions and discharge the routine duties imposed upon him by the authorities, but in the fulfilment of his highest functions to the State, in his responsibilities for the life, health, and efficiency of the soldier, for the safety and success of expeditions, and for the preservation and protection of armies in the field, he has to initiate proceedings, he has to search out defects, he has to inquire into causes of disease, he has even to consider and perhaps question the propriety of strategic arrangements, and to appear to encroach upon the supreme and hitherto unquestioned authority of the executive officer. But experience conclusively shows that our safety in peril and our success in war, however much they may depend upon arms of precision and competent commanders, depend also and in scarcely lesser degree upon the efficient discharge of those duties which keep the Army free from disease and the soldier in health and strength. It would therefore seem necessary that the officers who are alone qualified for such important duties should in the discharge of them be fully protected from the intimidation or the hindrances which are apt to arise from jealous opposition or from ignorant interference.

(a) The remedy is opposed, it is alleged, to military instincts, is therefore strongly disliked, and would be ill-received by the executive.

This is the argument used against the incorporation of the Engineers and against the incorporation of the military medical officers of foreign nations. Experience is the only means of testing the strength and truth of this argument, and the testimony of experience is uniform and conclusive. Every instance yet known of the incorporation of medical officers into a general army has proved successful. Since the grant of substantive rank and title, friction between executive and medical officers has ceased, jealousies have subsided, harmonious co-operation has followed, and

the success of the reform has been generally acknowledged.

(b) It is contended that the granting of military titles to non-combatant officers is an innovation unmerited and likely to bring about confusion.

This argument is based on the assumption that military title involves necessarily the duty of fighting. But that this statement is erroneous, and that the holding of military titles by officers in civil positions is not an innovation, is conclusively proved by the fact that numerous non-combatant officers, in the discharge of judicial, transport, supply, scholastic, and even musical duties, are invested with such titles.

(c) No confusion has hitherto been traced to the possession of military rank and title by officers in the discharge of civil functions.

(d) Seeing that Army medical officers are well-educated persons, that they are invested with numerous military responsibilities, that, with the exception of fighting, they have to perform in their own corps almost every military duty, that they are exposed to greater perils of health and life than combatant officers, that their proportion of sickness, premature unfitness for service, and of death is greater than that of any other department, and that the only two officers who, within the last two years, have won the Victoria Cross were medical officers, it is surely impossible with any show of justice to maintain that Army medical officers are unworthy of military title and rank.

(e) It is held by a few distinguished generals that medical officers have no claim to military rank or title, and that the medical designation conferred upon them by the State is, and ought to be, sufficient for their place and work.

To this it is, I think unanswerably, replied that military medical officers have more numerous and important military duties to perform than riding masters, school inspectors, bandmasters, and officers of the Pay, Supply, and Transport Departments, who are invested with military rank and title.

As respects the sufficiency of the State designation, there is a general consensus of opinion that it is not sufficient to confer upon and secure to the Army medical officer the freedom, independence, privileges, and authority which are necessary to the efficient and satisfactory discharge of his important duties.

Reviewing these and other observations which I have made in the light of the conclusions of the Camperdown Committee, I am of opinion that, in order to allay the dissatisfaction existing among the Army medical officers, to prevent the starting of systematic agitation amongst the medical schools against the service, to avert a costly dearth of candidates, and to bring about a healthy condition of the whole department, it would be wise as well as just to attempt a final settlement of this question. I am further of opinion that such a settlement can be made only in one or other of two ways, either by doing away with rank altogether and placing the department on some such footing as the chaplaincy, or by transforming the department into a Royal Army Medical Corps, incorporating it with the general Army, and granting to the officers substantive rank and military title, or such other title, the medico-military compound title of the Camperdown Committee for example, as would secure to the holder substantive rank, and all the privileges of whatsoever sort attached to it.

The reconstruction of the department, and the concession of rank and title would be received as a satisfactory solution of the present dissatisfaction; but the solution which would give unqualified satisfaction, and make the medical service of the Army extremely popular, would be the following programme:—

- I. The formation of a Royal Army Medical Corps.
- II. Concession of military rank and title.
- III. Rank of Lieutenant for first three years' service.
- IV. Return to former periods of service abroad.
- V. Same privileges as combatant officers with respect to sick furlough.

If I can be of any further service, I shall be happy to wait upon you upon any afternoon when I may not be called upon to preside at the College of Physicians.

With apologies for the length of this communication, I remain, dear Mr. Stanhope, yours sincerely,

ANDREW CLARK.  
The Right Hon. E. Stanhope, M.P., &c.,  
Secretary of State for War.

War Office, Feb. 2, 1891.

Dear Sir Andrew Clark.—The question, which you and your colleagues so ably brought before me, of the status of the officers of the Army Medical Staff, has received my most careful consideration. I have also had the advantage of a letter from yourself setting forth in detail your view of the grievances of these officers. I gather that they are as follows:—(1) Undue length of foreign service; (2) conditions of sick leave; (3) proportion of rewards and honours; (4) Court privileges; (5) dress distinctions; (6) social consideration; (7) mess subsidies; (8) rank.

As to 1, the only way of increasing the home service of medical officers is to increase the numbers employed at home; and this could only be done by employing them



## THE TIMES.

on duties which would take up a very small portion of their time, and in which they would gain no experience, and therefore undoubtedly deteriorate in their professional knowledge. An increase of establishment sufficient appreciably to affect the length of home service would cost £27,000 a year. For these reasons I am not able to accept this proposal.

2. I am happy on this point to be able to meet their wishes.

3. I am quite sure that the Commander-in-Chief is always glad to give favourable consideration to any recommendation made in favour of these officers for rewards for distinguished service. Such rewards, however, can hardly be made a matter of proportion. In such cases it must necessarily depend on the opportunities which officers, whether combatant or medical, have of distinguishing themselves.

4. I cannot learn what this grievance is, but I will consult with the Lord Chamberlain, who I am quite sure will remedy any proved grievance which may exist.

5. I have been quite unable to discover what this grievance consists of. I may say that neither on this point nor as regards 4 have I had any complaint.

6. So far as regulations can go these officers are put on an equality with their combatant brethren; but social consideration is a matter not to be controlled by regulation, and must be left to the good sense and good feeling of the officers of her Majesty's service, both combatant and non-combatant.

7. I do not understand what this grievance is. Medical officers were at one time commissioned to regiments. They were then, of course, members of the mess. Later they were attached to regiments; they were then also treated as members of the mess; but they objected that, as many of them were married, it was a hardship to have to pay mess and band subscriptions to a regiment with which they were only temporarily connected. To meet this objection, they were relieved of the responsibilities of membership, and now if they use a mess they do so as honorary members, and as such are free from mess and band subscriptions. I do not see what more is required.

8. This, I take it, is the main grievance. The question is a difficult one, and in some respects its difficulties seem to be hardly appreciated by these officers. It must not be forgotten that the essence of a combatant military commission is the power to command and to do what is suggested—namely, "to incorporate the Medical Staff into the general Army and to give its officers substantive rank and military titles," which, as you rightly say, is done in the case of the Royal Engineers, 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. This I know you do not assent to.

Medical officers have already, in the terms of their commission, "command over junior officers and subordinates employed in the Medical Staff and over the soldiers in the Medical Staff Corps, and over all officers and soldiers attached thereto, and over all patients in military hospitals." I do not think, and in this I gather that you agree, that they should have more than this.

The question of the presidency of courts-martial is involved in that of command, and I do not think it expedient or possible to extend the scope of the medical officers' commissions in this respect. They now hold courts-martial on the soldiers of the Medical Staff Corps.

The presidency of boards must, I think, follow the same consideration, and I should point out that, owing to the advanced rank in which medical officers enter the Army and the rapidity with which they attain the higher grades they would almost invariably supersede combatant officers who would be junior to them in rank though far senior to them in service.

Possibly with the view of meeting some of the difficulties I have indicated, you advocate that these officers whom you speak of as belonging to the Army Medical Department should be made officers of a corps like the Royal Engineers.

There is, however, now no Army Medical Department; the officers belong to the Army Medical Staff, and they command (*inter alia*) the men of the Army Medical Corps. From this position they derive considerable advantage. But if they are to become officers of the corps, and to be commissioned to it, they must accept the position of all other corps or regimental officers, and draw only regimental allowances. This will entail upon them considerable pecuniary loss and other disadvantages.

A further question would also arise as to their initial rank. An officer in the Royal Engineers, to which corps they wish to assimilate themselves, is promoted to be captain after 11 years' service. I hardly think these officers would like to be put on such a footing.

The considerations above-mentioned do not, however, exclude the adoption of the other alternative mentioned by you, and I am glad to be able to come to the conclusion that I should be justified in advising her Majesty to confer upon medical officers the composite titles recommended by Lord Camperdown's Commission, and I trust that this concession will finally put an end to the regrettable agitation which has, in my opinion, obscured the true bearings of this important matter.

Believe me yours very faithfully,  
EDWARD STANHOPE.

MARCH 11, 1891.  
INDIA.

CALCUTTA, MARCH 10.  
It appears to be the general opinion of medical officers in India that Mr. Stanhope's recently-announced concessions are valueless. A great feeling of disappointment and irritation pervades the British and Indian services, and it is understood that a large defence fund is being raised to support an agitation in England.—*Our Own Correspondent, by Indo-European Telegraph.*

## APRIL 9, 1891.

## THE STATUS OF MEDICAL OFFICERS OF THE ARMY.

A Parliamentary paper (published in *The Times* of February 23) contained a letter from Sir Andrew Clark, the President of the Royal College of Physicians, to Mr. Stanhope, the Secretary of State for War, on the position of medical officers in the Army, and Mr. Stanhope's reply. A paper now issued contains further correspondence on the same subject.

## APRIL 21, 1891.

## ARMY MEDICAL OFFICERS.

Mr. BARTLEY asked the Secretary of State for War whether he proposed to grant to Army medical officers the composite titles suggested by Lord Camperdown's Committee.

Mr. E. STANHOPE.—I am quite ready to recommend to her Majesty the grant of composite military and medical titles if such a concession meets the wishes of officers of the Army Medical Staff, but I am not with the difficulty that this concession, although asked for in Sir Andrew Clark's letter of January 17 last, appears to be repudiated in his later letter of March 7. These officers, I should state, have not approached me or his Royal Highness the Commander-in-Chief through any recognized official channel, but I assume that Sir Andrew Clark is expressing their opinion on the subject.

## JUNE 5, 1891.

## RANK OF ARMY MEDICAL OFFICERS.

The *British Medical Journal* has received the following correspondence for publication:—

"House of Commons, June 2, 1891.

"Dear Dr. Farquharson.—I send you a copy of a letter which I have recently addressed to Sir Andrew Clark, and which I think you may wish to see.

"Believe me yours truly,

"EDWARD STANHOPE."

"War Office, May 26, 1891.

"Dear Sir Andrew Clark.—In continuation of the correspondence which has passed between us, and in reference to the conversation which I recently had with you relative to the status of the medical officers of the Army, I now have the pleasure to inform you that I have given directions for the preparation of a Royal Warrant conferring the following privileges upon the officers in question:—

"1. The following substantive ranks to be granted, such ranks to carry precedence and other advantages (except military command, as laid down in present regulations) attaching to the rank indicated by the military portion of the title:—

Surgeon Major-General.	Surgeon Lieutenant-Colonel.
Surgeon-Colonel.	Colonel.
Brigade Surgeon Lieutenant-Colonel.	Surgeon-Major.
	Surgeon-Captain.
	Surgeon-Lieutenant.

"2. Medical officers to be granted sick leave on the same conditions as those which apply to combatant officers.

"I trust that this will bring to an end the controversies that have recently prevailed, and which personally I have much regretted.

"Thanking you for the assistance which you have given in arriving at a settlement,

"I remain yours very faithfully,

"E. STANHOPE."

The letter from Mr. STANHOPE to Sir ANDREW CLARK which we publish to-day will greatly interest the medical profession, and, we hope, will satisfy it. For a long time past a certain number of doctors have been much exercised at the



rank of their brethren employed in the Army. With that jealousy for their professional status for which they have always been famous, they have taken it ill that the men who keep the soldiers in health, who heal their wounds and cure their ailments, should not obtain such recognition as is accorded to the men who command. To civilians, laymen, and outsiders, questions of professional rank and precedence are always very mysterious. If we cannot regard them quite so seriously as the persons concerned, we do not deny that the desire for these distinctions and these varying shades of honour are natural, and that they will probably exist as long as human nature remains what it is. Doctors especially are sensitive people. They do a great deal for us; we can neither live nor die without them; and yet they suspect the world of paying them less social honour than they are entitled to. In the Army, where everything is arranged on a fixed hierarchical basis, the want of definite ranks is a real one. Till now the military medical officers have had but few gradations of rank; above the Surgeon there were practically but the Surgeon-Major and the Surgeon-General. Mr. STANHOPE is about to change all that, and to institute by Royal Warrant a scale of titles under which an Army doctor may hope before he dies to call himself first Brigade-Surgeon Lieutenant-Colonel, and then, in due time, Surgeon Major-General. These are to be "substantive ranks," and are to carry with them "the precedence and other advantages (except military command, as laid down in present regulations) attaching to the rank indicated by the military portion of the title." The world in general will require some time before it accustoms itself to these new "composite titles," but as SIR ANDREW CLARK asked for them in one of his letters (which we published last February), and as LORD CAMPERDOWN'S Committee recommended them, we may assume that the medical profession will like them. The more substantial grievances urged by SIR ANDREW CLARK are hardly touched by Mr. STANHOPE'S letter, except as to sick leave; but it is possible that when the Army doctors are all called Colonels and Captains as well as Surgeons, they may come in for some of the consideration and some of the medals and decorations of which, according to the medical complaint, the Colonels and Captains at present have the monopoly.

APRIL 29, 1895.

#### WAR OFFICE ADMINISTRATION.

Of the minor military changes of recent years the principal feature is the destruction of professional *esprit de corps*. The Commissariat department has been confused with the Army Staff, and has been allotted duties wholly inconsistent with its proper training.

Of course (stated Sir Henry Gordon to Sir M. White Ridley's Commission), there can be no question whatever but that the idea of employing a civil department like the Commissariat under the Commander-in-Chief cannot lead to economy. The Commissariat is a civil department of the Army. It has been made combatant, giving its officers military rank, but for what purpose nobody can tell. The Army was never better served than when the Commissariat department was under the Treasury, but, of course, when they were moved to the Secretary of State's office, it was never intended that they should become military men under the Commander-in-Chief, the same as now.

The present position of the Army Service Corps involves anomalies of many kinds, and already disputes have occurred as to the right of its officers to assume the executive command of troops. The dangers arising from such a state of things in the field is evident. Whether economy has been prejudiced, as Sir H. Gordon contended must be the case, we can only surmise.

The medical officials of the Army are now the "Army Medical Staff." All have combatant titles, which are socially and officially misleading. They may occasionally be seen drilling hospital attendants as if they were infantry soldiers, and their plea to sit on Courts-martial will probably soon be admitted. Surgeons Major-General require medical officers attached in a staff capacity to act as the medium of communication between themselves and other departments. And when a heedless young regimental officer is liable to be officially reported for applying to his medical attendant the honoured title of "doctor," it is clear that all proper professional pride is in danger of being lost. Even the essential requirement of a distinctive uniform has dropped out of sight, and an expert is needed to differentiate the Medical from the Army Staff. In striving to be what he is not the Army doctor will inevitably fail in the exercise of his rightful, honourable, and indispensable functions. To fighting rather than to saving life his ambitions will tend. Meanwhile, the necessity for converting naval doctors into admirals, post-captains, and commanders does not appear to have yet arisen. Medical science in the Navy does not seem to be a source of shame to its professors, who, moreover, wear distinguishing marks well understood by the navies of all foreign Powers.

The civil department of paymasters is now a military body under the Commander-in-Chief, but is not yet termed the Army Financial Staff. Its accounts, however, appear to be dealt with in the office of the Financial Secretary.

A reorganization of the Ordnance Store Corps, which will doubtless involve increased expenditure, is reported to be impending.

These are the principal administrative changes of recent years. Fearlessly radical they certainly have been; whether in their nature or in the manner of their introduction they are all constitutional may be open to doubt. The British Constitution is many-sided; it may be solemnly invoked as the Palladium of national liberty, or relegated to Saturn, according to the presumed exigencies of the moment. (See p. 140.)







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VOL. IV.

THE MEDICAL DEPARTMENT OF AN ENGLISH ARMY CORPS IN THE FIELD.

By SURGEON-MAJOR G. J. H. EVATT, M.D., ARMY MEDICAL STAFF.



HE sympathy shown by the English people with the sufferings of their sick and wounded soldiers in the field is very great. When war is raging, money is given with a lavish hand to provide every possible means of mitigating the sick soldiers' troubles, and offers of service are abundantly made by numbers of people who think themselves able to assist in the various branches of the Medical Department in the field.

At the least mention of anything like want of efficient working of the hospitals, there is an outburst of popular feeling as to the neglects and shortcomings of the doctors and their staff; but I have failed to find many persons who had in peace-time taken much interest in this subject, or who had given any attention to the question of how the medical demands of an army in the field are provided for. Yet the subject is highly interesting, and the outline of the work not difficult to be understood. Here, as in all other branches of the military service, forethought in peace provides against breakdown in war, and it becomes possible for us to sit down quietly in a room in Pall Mall, and to sketch out a plan of work which must succeed, unless great unforeseen events occur. These events are, of course, always possible, but the breaks-down in our campaigns repeat themselves so constantly that it is almost possible to predict where in an English army the weak points will be found.

What is needed on all these weak points in our army is a fuller education of public opinion, so that the nation may know exactly how its army stands, where its weak points were in certain campaigns, and what is being done to remedy them. This in England is the real road to efficiency. The great awakening of the public mind on military subjects caused by the volunteer movement, has aided greatly in a general understanding of our war needs.

What the people should know, then, about an army in the field, so far as the medical service is concerned in war, is, how are the wants of a wounded soldier provided for from the time he falls stricken by a bullet in the front rank of the army, say 200 or 300 miles up country in a hostile land, until he finally reaches our great military hospitals in this country: who first tends to him, how he is carried from the field, how he is operated

upon, what hospital he is received into, and how he travels along the road to the base of operations, and how he finally reaches England. Yet in all this long and weary journey, from the moment he falls in the fight until he returns to his English depôt, or is discharged the army as unfit, his needs can be as accurately foreseen, and his journey laid down as carefully as a man running up to Scotland can trace his route by a railway guide from Charing Cross to the extreme Highlands. It was not always so, and we to-day, looking back on the Crimean army and the complete absence of all medical arrangements that characterized its landing in the East, must be astounded how a body of men calling themselves an army could ever have attempted such a campaign so completely unprovided for.

Thousands, of course, came back to tell the story of their sufferings and of the shortcomings of the various branches of the army; but the greatest sufferers never came home. They sleep afar on Crimean hill-sides, and in the great cemeteries on the Bosphorus; but they did not die in vain. The loss of life by wounds from the enemy in the Crimean fights was trivial. A few thousands include all those who fell by the fire or the weapons of Russians, but a great army of 18,000 soldiers perished by disease.

The great wave of public opinion which then rolled over the country bore upon its breasts a crowd of reforms, all for the benefit of the soldier and the efficiency of the service, and we are benefited to-day by that first great waking up of the nation after the forty years' peace.

Changes almost as great have resulted from the wars of the Continent during the past twenty years, and a real progress towards efficiency has been the result. Probably in no branch of the service has reform worked more towards efficiency than in the medical service of the army; and if as yet perfection has not been reached—which every officer of the medical service would be the first to admit—yet we know where many of our weak points are, and what is needed to set them right. This is indeed half the battle, and augurs well for future progress.

In a popular description of our medical war system, written for many non-military people, I may be pardoned for explaining a few military details rendered necessary for the better understanding of the subject.



In the first place, it is necessary to say that the scheme for an ideal army to be sent out from England is based upon what is called an "army corps organization." It is on this scheme, or scale, or plan, that the various proportions of infantry, cavalry, artillery, engineers, medical service, commissariat service, &c. are

Europe at least two medical officers per battalion are allowed. The wear and tear on a single officer in a campaign is doubtless excessive, and no drawback exists why two should not be posted, unless it be the weakness of the Medical Corps of the army and our want of war reserves.

It must be remembered that, owing to the absence of any compulsory military service in England, the great reserve of medical men to be obtained from civil life in every continental country do not exist in England, and as yet the volunteer medical service is too ill-organized to furnish such a body, whose needs are urgently felt.

This battalion surgeon has given to him a body of men chosen from the regiment he is serving with, called the *Regimental Ambulance Detachment*. They are from two to four men per company, and are understood to be trained in peace in ambulance drill and first aid to the injured, and in war are placed as a first aid with the surgeon. He is also allowed a non-commissioned officer from the battalion, as an extra aid. The ambulance-men are provided with stretchers and dressings; and when in a fight any soldiers of the battalion are struck down, these men, with the battalion doctor, rush forward and give the first needful aid on the field.



ENGLISH AMBULANCE SOLDIER.

laid down for an army; and although special campaigns may, owing to local conditions, cause a variation in the proportions of the various constituent elements, yet in the main the "army corps" scale obtains.

What, then, is an English army corps? It consists, roughly, of 36,000 men. It is divided into three divisions, one cavalry brigade, and a body of reserve or corps artillery and sappers.

Each division, again, consists of some twelve military units, divided into two infantry brigades of three battalions each, a regiment of divisional cavalry, a regiment of rifles, three batteries of artillery, and a company of sappers.

The cavalry brigade would consist of three regiments of cavalry with a battery of horse-artillery; and the corps artillery would consist of some thirty guns, in five batteries of six guns each.

Medically, the arrangements are as follows:—

1st. We have in war time with every battalion, battery, cavalry regiment, and sapper company, in fact with every military unit, one medical officer of the army who is posted to the corps when it is mobilized, or raised to its full strength for war. Opinion is divided as to whether one surgeon, often a very young officer, is sufficient for the charge of a battalion in the field, and people point out that in every other army in



REGIMENTAL AMBULANCE AID.  
(Various extemporised aids to wounded.)

These men have superseded the old system of employing the bandsmen, for music is often needed in war-time.

In camp this medical officer of the battalion has a small tent for the sick, in which he "detains" for twenty-four hours any men trivially ill, who may recover after a few hour's rest; and if sick for longer than that time, the soldier is detached from the regi-



ment and sent to one of the field hospitals of the division.

But to follow the course of the wounded men. When the battalion-surgeon has given this first hurried dressing to the wounded man, and there may be twenty, thirty, or more of the battalion dropping around and waiting for his help, and the same thing may be happening in all the battalions of the division, the question arises, what becomes of these two or three hundred wounded

forts, instruments, cooking vessels, operating tents, blankets, and all the various means needed of succouring the wounded men. They pitch in the rear of each brigade or division a "dressing station," marked by a red-cross flag, where all the wounded of the brigade or division, be their regiment what it may, are collected. Here the wounded receive any needed food or stimulant, the hasty dressings of the regimental surgeon may be re-applied, urgent operations needing immediate performance may be done, and the place is really a very lightly-equipped and completely mobile advanced hospital, pushed close up to the fighting line, and acting as a general reservoir of wounded men.

Here the wounded may at times be kept all night, if darkness prevents the ambulance waggons or other sick transport passing down to the rear; or the fear of attack by a prowling enemy, or a dozen reasons, may force the detention of the wounded on the ground. Such events occur constantly in war.

The means, therefore, of keeping the wounded warm, the means of rapid cooking, and sufficient reserve food to give a meal to two or three hundred men, may often be needed. The craving of a wounded man for water has also to be thought of, and that bearer company alone is efficient which has enough doctors to succour an average number of wounded, enough orderlies to care for them, enough food to give them a meal, and, finally, enough transport and carriage to convey the wounded back to the field hospitals. If these wants be



DETACHMENTS OF THE BEARER COMPANY AT WORK.

men of this single division? They cannot go forward with the battalions, they cannot remain behind without help; and as the regimental surgeon and his ambulance detachment must follow the advancing regiment, these men must fall into other hands; but whose hands?

Since the Franco-German war of 1870 an entirely new medical "field-unit" has been developed in our army. The regimental surgeon and his tiny ambulance band would never be sufficient to afford aid to all the wounded of a heavily-engaged battalion, and the instruments, medicine, and medical comforts which can be carried regimentally with an army cannot be very extensive. A pair of medicine-panniers on a pack-horse constitute the main portion of a battalion surgeon's equipment.

To meet all these wants the Divisional Bearer Company was organized. It is really a direct and absolute imitation of the German Divisional *Sanitäts Detachment*, and its function is to aid in the collection and dressing of the divisional wounded, to convey them to the collecting station where the ambulance waggons of the company are drawn up, and to carry them to the dressing station and field hospital. There are two of these ambulance companies in each English division, and they may be attached one to each brigade. They consist of three medical officers, one quarter master, and some fifty-seven men of the Medical Staff Corps, with ambulance waggons, medical stores, medical com-

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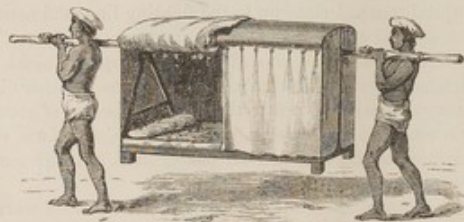
ESMARCH'S TRIANGULAR BANDAGE FOR FIELD DRESSING.

provided for, the company is a working unit; if not, it cannot succeed.

The fact of only one surgeon being posted to each battalion in our army in war, renders it impossible to get extra aid to the dressing station of the division from the regimental source; indeed, it is more likely that a chance bullet, or a spear-thrust, or fever, or sunstroke, may so prostrate the single battalion doctor, often overworked by continuous duty night and day for weeks, as



to force the Deputy Surgeon-General or Chief Medical Officer of the Division to detach one of the medical officers of the bearer company to the battalion left vacant and uncared for by the fallen surgeon. Our tropical wars, with their fierce heat, their ruthless enemy, and the constant sickness induced by the trying climate, tell heavily on every one, and the chance of a single doctor falling *hors de combat* is excessive. Here, again, it is a question to be discussed whether



THE INDIAN DHOOLIE.

England wishes to pay for an extra battalion doctor, or to devise a reserve scheme of young active volunteer surgeons who would come to us to assist in this work for a single campaign for the sake of patriotism or not. An educated public is really the final master on all these points; and as soon as they are educated enough to understand the matter, they will decide.

No greater boon has ever been given to our army than the organization of the Bearer Company, for at any rate we now know who is responsible for the removal of the wounded from the field. This very primal question was not always so easily answered; for even in our own times, that is up to 1866, no one knew whose duty it was.

To-day the medical service is responsible; and if they have the officers, the men, and the transport, the matter is simple indeed. Up to 1866 no one knew whether the transport department, or the medical service, or the purveyor's store service were responsible.

But the divisional wounded cannot long remain at the dressing station, and if the field hospitals be pushed up close to the battle-field, as they sometimes are, but often are not, it may be possible to send the wounded thither with little delay, provided always that the transport is available; for a medical officer, however zealous, cannot carry men on his back, but must have suitable means at his disposal. The suitable means are ambulance waggons in fair proportion, or mule litters, or cacolets, or doolies.

The bearer company, then, as rapidly as they can, transmit the wounded from the dressing station to the field hospital; and this heavy task accomplished, the com-

pany itself gathers up its tents, instruments, stretchers, and its waggons and men, and rapidly pushes on after the advancing army, leaving the wounded in the care of the field hospital staff. If the bearer company does not rapidly push on and join its division, perhaps the following morning another fight may take place, and say 300 wounded may be left on the field; these, unless the company arrives in time, cannot be collected or cared for; and so we see that it is absolutely essential that a bearer company should be as mobile, as efficient, as well supplied with transport and with as well-trained and active men as a battery of horse artillery; always, of course, premising that England wishes her wounded men to be well cared for. The services of the German bearer companies (*Sanitäts Detachments*) in their Austrian and French campaigns have certainly forced the matter home on us, and no one need now say, within or without the army, that he does not know who is responsible for the first care of the wounded and their removal from the field. Even twenty years ago, in our army, no one could answer the question.

This highly interesting, most humane, and entirely needful bearer-company work is practised a few times a year at Aldershot by the recruits and young officers of the medical service at the medical dépôt at Aldershot; but no organized unit, completely equipped, provided



MULE LITTER WITH WOUNDED SOLDIER.

with transport, and perpetually in training, exists in our service. When war occurs, we hastily mobilize these important units from men collected from different parts of England. Of course the expense of keeping up even a company of such a body of men is considerable; but it secures this, at any rate, that from constant



practise, day after day, they would become as efficient as a battery of artillery is efficient; not from the skill of their officers, not from the intelligence of their men, not from excessive devotion to duty or self-sacrifice passing comprehension, but from practise—that tedious, everyday, monotonous round of parade at 10 A.M. in every weather and on every day. This finally gives perfection. Some day we hope that one such medical bearer company with transport such as is kept up for the pontoon-train of the Engineers, shall be kept completely ready for use for the field work at Aldershot; that when war comes, this well-trained company shall be able to break up into four sections, that each section shall become the nucleus, the educating central rallying-point of the newly-mobilized companies; that the tradition of work shall be carried into the new companies rawly mobilized, and so the great labour of forming them be greatly minimized. In fact we need a permanent cadre. But the upkeep of such a company of three doctors, one quartermaster, sixty men, and the horses needed, will cost money, and the question always arises, is the game worth the candle? It is for England to answer this question in the interest of her wounded soldiers.

Let us pass back with the wounded soldier from the bearer-company dressing station to that haven of rest, the field hospital. We have to-day in every mobilized division of the army in the field four field hospitals, equipped for one hundred sick; that is to say, to-day we have in each hospital enough blankets, plates, knives, forks, cooking-pots, and paraphernalia of sorts to give one hundred wounded men what they need.

These hospitals packed up in waggons are really tent hospitals, and they march up behind the army and come as nearly as they can to the fighting line. They are then pitched, and the stores spread out, the water drawn, the food unpacked, the fire-places dug, the blankets laid down, and all made ready for the one hundred wounded, or more, which even now are arriving from the front. All the morning the firing has been going on, and, at 9 o'clock, an order comes to push up to the fight, and, struggling along the crowded road, filled with ammunition carts and commissariat waggons, and the cooking-pots and food of the army in the front, the field hospital, pushes on its way, now stopped for a time, now moving at snail's pace, now pushed into a *cul de sac*, and all this time the sound of the guns gets clearer, and at last we emerge on the plain, and far in the distance is the smoke of the battle. Just then the orderly officer of the Surgeon-General of the army hurriedly rides up and says: "Halt at once, and pitch No. 4 hospital. The dressing stations are full of wounded, and they are ordered to throw them back on you at once. Get

any place near water, and pitch the hospital at once, as this ground will be held permanently."

An English field hospital for 100 sick has 4 doctors, 1 quartermaster, and 34 orderlies. I do not, of course, count the officers' servants; they are not orderlies available for the care of the sick, but they care for the surgeon's charger, and cook their master's food; for if you take them from this work the surgeon's horse will not be fed, nor will the surgeon himself either, hence he will be ill in a week or so, and sent home sick to England.

The 4 surgeons and the 34 men now set to work to pitch the bell tents. Four sick men in a bell tent need twenty-five tents, and to pitch them is by no means a light task. Let any thirty-four men try it who care to-morrow, and see what labour it is.

But it is not thirty-four men who are present. Since the hospital landed in the country from England, four men have gone sick, which leaves only thirty available, and, just as we begin work, the quartermaster of the hospital comes up to ask that the quartermaster-sergeant may be excused as he has to get out the stores for the sick men's food. These thirty-four men allowed for the hospital are told off as cooks, compounders of medicine, nursing orderlies, messengers, clerks, watermen, washermen, and pioneers. All these departments and sub-departments must be filled up, or the hospital will not work. We are not allowed, at present, any percentage of men to cover sickness in the hospital staff, and, as a consequence, one man going sick throws out our arrangements. But doctors and their men get ill and die like other people, and the bullet to-day spares no man in its long-range flight. But 34 men per 100 sick is an enormous advance on what we had even in 1882. The hospitals that went to Egypt in 1882 had only 19 men to care for 100 sick, and as no watermen, or washermen, or conservancy men, or messengers were allowed, a strain of the most impossible kind fell on these doctors and their orderlies—these 19 men who were to care for and nurse 100 sick, most grievously sick, and likewise to fetch their water, and do all else besides.

It was this extraordinary small allowance of aid which forced the doctors themselves to drag water with their own hands from the canal for the sick. But here again expense steps in, and unless men are allowed to do the work, the work cannot be done—public enthusiasm and English warmheartedness notwithstanding.

A war hospital can be as accurately organized as any institution can be. If we sit down quietly and think out our wants in peace, when war comes, England, if she desires, can give the means of doing good work; but hospitals without watermen, or washermen, or pioneers for sanitary work, cannot possibly work.



This everyone agrees to, so that blame must not fall on the doctor, if the nation knowingly and deliberately refuse him the needful aid. This was once the case in times not far distant.

The twenty-five tents are pitched somehow, the fires



MULE CACOLETS OR CHAIRS

lighted, the water drawn from the brook, the medicine panniers unpacked, and all in our midst comes in the long array of wounded men—the waggons, full of men, rolling and creaking over the broken ground.

My God! how sad a sight! What cause was ever worth so much suffering? Covered with dust, as though each man had been carefully dredged with it, his eyes filled up, his ears clogged, his mouth thick all round with the mud of dust and sweat, his hair thick with it, his clothes stained with sweat and dust and blood—how ghastly they seem! This man shot through the arm, the clean white bandage round the splint looking so bright against the *khaki* clothes; this man shot through the chest and collapsed almost into death; and so on through a hundred others. They must be lifted out and laid in the tents, and first of all must have their soup, and then be washed; and so this handful of thirty men or so, who have been at work all day, will have to care all night for 100 grievously bad cases, and more, for the 100 cases may be 150 or 200, and not one can be sent away. This is our greatest trouble in war, that, organize however thoughtfully and care-

fully we may, more wounded may come than we can possibly care for. We cannot lay down our casualties by order. It is on these units of the medical service, viz. the bearer company and the advanced field hospital, that the urgent strain of war falls. They most of all need accurate organization, ample staff, and continuous practice in peace to see where the weak points are.

But there does not exist to-day in any part of our great Empire, at home or abroad, a model field hospital that should be a pattern for us all for war. As an educational matter such a hospital is pitched several times a year at the Training School at Aldershot, but this is only mobilized from the recruit class under training, and is broken up the next day. Artillery batteries are not thus trained; they see from year's end to year's end a definite battery practising perpetually its war routine; but our war hospitals repose in peace in the vast stores, the *oubliettes* of Woolwich Arsenal, and only when war comes do we ever see them.

A completely-equipped field hospital, a pattern, a model, a standard, a criterion to work by, does not exist; but then no one outside the army knows what a field hospital is, or what it has to do. Foremost of all in their ignorance are the civil doctors of England. And the cost will be heavy to establish one, and English war sympathy only rises to fever heat when our first breakdown occurs. When the steed is gone we lock the stable-door.

In addition to these divisional hospitals, we have, all along the communications line, on the road that leads from the base to the front, "stationary hospitals" for 200 wounded men each. Of these every army corps has eight, with a staff of Medical Corps men told off in



CONVOY OF SICK IN CAMEL KADJAWAS, AND IN BRYCE'S CAMEL DRHOOLIE.

the same way as in the field hospitals into nursing orderlies, compounders, &c. The sick and wounded from the front are carried back from the field hospital to the base, from *etappen* hospital to *etappen* hospital, in these weary and exhausting sick convoys which form



so sad a portion of war work. For these convoys no special provision is made in our army corps organization, and it is probable that local transport, that is, the chance country carts of any country we would have to campaign in, would have to be used.

In most European countries train ambulances, made up of special railway ambulance carriages, with store carriages, pharmacy, dining carriages, are employed, and in these the sick are conveyed back to the base, or to



SURGERY WAGON OF THE AUSTRIAN RED CROSS SOCIETY.  
(Showing the Special Operating Tent pitched over the Wagon.)

their own country if the railway systems interchange with each other. In our army a bearer company with very full ambulance transport would probably be needed to carry out this work. When we have moved back along the line of communications, through all the stationary *etappen* hospitals, we at length arrive at the Base of Operations.

Here we have our largest hospital, viz. the base hospital, organized for 500 beds, an enormous mass of human suffering, for no man reaches the base hospital who is not completely disabled, either by sickness or wounds. Think for one moment what labour it is to work a 500-bed base hospital on some savage coast, where no supplies can be obtained save from England.

Every day, nay, every hour, the sick change, and batches of 100 constantly arrive from the front, and sometimes 200 embark in the hospital ships for England in a single day—every man wounded, or sick to death, or hopelessly enfeebled by dysentery or typhoid, and nearly every man to be carried. Think, then, in this perpetually changing sick population how easily neglects, or apparent neglects, may occur, and how liable a patient, weak and low, may be to think he is not specially cared for, while hundreds are changing in the hospital daily. What intense strain, what infinite labour for all concerned. In no London hospital does the daily influx of patients exceed thirty, if it even touches that number.

Here, again, the same question arises, Is the staff enough, or are they insufficient? Are there washermen? If not, then do not blame the doctors if the clothes be vermin-covered, but rather see that in future they exist.

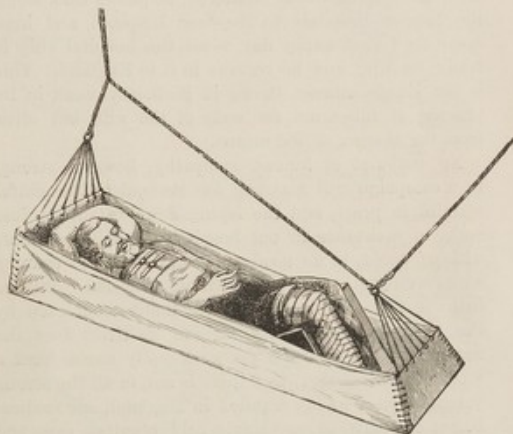
Are there watermen? Are there conservancy men? Are the doctors given what is just and right as a staff to aid them in their work? If they are, and they fail, then spare none; but first take the trouble to see if they have a sufficiency.

We have here made a great stride since the 1882 campaign, and the staff has been largely increased; but in the faults found with the work done in 1882, no one cared to inquire had the doctors the means to do the needful work?

One of the most killing labours of the medical corps at Ismailia was the absence of any men specially detailed to convey the masses of sick from the railway to the base hospital, and thence to the hospital ship; and, as a result, the orderlies, who were the nurses all day in the hospital, had to wait all night at the train for the wounded, and so they were exhausted and completely worn out.

Does any child in England need to be told that such men cannot nurse attentively if they be so overworked; but then a regularly organized medical corps with reserves and due numbers costs money, and needs foresight in peace to have it ready for war, and in peace people do not care to think of these things.

Lastly, from the base hospital to England the sick are conveyed in the hospital ships. Those floating temples of humanity are developed to a higher point of efficiency with us probably than in any nation. Think



AMBULANCE COT OF DR. GORGAS, UNITED STATES NAVY.

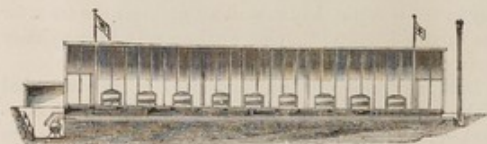
of the conveyance of the sick in the bare 'tween-decks of the transports between Balacaya and Scutari in 1854, and then think of Gribbon and his staff carrying his sick, like princes, from Suakim to the Portsmouth



Pier in 1885, and say if we have not herein, at any rate, made progress.

This, then, is the very feeble outline of the Medical Corps' work in war. The soldier, tended first by the

to the future, we may safely prophesy that if the volunteer service remains as it is, an army only in name, from absence of its departments, an awakening as rude as that of 1854-55 will assuredly come. It is to try and educate the civil doctors of the future, and through



AMERICAN WAR HOSPITAL TENTS.

(The upper representing the tents as pitched; the lower showing the system of warming for winter campaign.)



FRAME-WORK OF A TENT ON THE TOLLET SYSTEM.

(Showing the Iron Ribs running into a Central Ridge-Pole—Stove at 5.)

battalion doctor and his men, is "gathered in" at the dressing station by the bearer company, and then, passing back to the field hospital, rests until he recovers, or, if he be dangerously shattered, he passes back along the *etappen* hospitals to the base hospital, and here rests until that happy day when the hospital ship is ready for him, and he returns in it to England. This is the simple scheme, strong in its theory, weak in its practice at times, not for want of the will, but often from the absence of the means.

No outburst of human sympathy, however strong, in a campaign will make up for the quiet, thoughtful training in peace, and the laying down of such a just scale of assistance in our hospitals as will enable us, without doubt, to do good work, and allow the country with even justice to punish those who fail. But so little is this organization system understood, even by the civil doctors of England, and so little does the nation know of what the war work really means from a medical point of view, that there is not, in all the strong volunteer force to-day enrolled in England, one medical bearer company, or one single field hospital, save and except the infant corps of four companies now being raised in London.

The volunteers stand to-day as we stood on the Alma hillside in September 1854, completely ready to break down, from sheer ignorance on the part of the nation as to what her soldiers needed; and to-day, in the midst of our peace, our security, our absence of any alarm as

them the people of England, the Medical Students Volunteer Corps are now endeavouring to be formed.

I hope and trust that this very elementary description of a very heavy and exhausting labour which has to be performed by a weak and often overworked corps, with but few reserves, may tend to show to some people how necessary it is to inquire and to study before they find fault.

The full-page diagram shows every individual Battalion and Battery in an Army Corps, as also the number of units in each Division (seven Battalions) of Infantry, one Regiment of Cavalry, three Batteries of Artillery, one Company Sappers. In the rear of each unit is the Battalion, Battery, or Regimental Surgeon with the Regimental Bearers, four men per company. The dotted lines show the path of the wounded to the two Bearer Companies of the Medical Staff Corps, with each Division, which must not be confounded with the *Regimental* Bearers working under the Battalion Surgeons (Bearer Company four officers, fifty-seven men, M.S.C.) Behind the two Bearer Companies are the four Field Hospitals of each Division, each Hospital equipped for 100 Beds, and manned by the Medical Staff Corps (five officers and thirty-four men each). In their rear, on the road leading to the Army, is the Advanced Medical Store Depot of the Army Corps. The winding road is the Line of Communications, which may be from 100 to 200 miles long, and which extends from the Base of operations to the Army in Front. Along it are placed at the various *Etappen* posts the eight Stationary Hospitals of the Line of Communications, each accommodating 200 wounded, and each manned by ten officers and sixty five men of the M.S.C. The winding road is so drawn to save paper. One of the General Hospitals (500 beds) is placed at the Base of operations, and is called the Base Hospital; the second General Hospital may be placed where most needed. The Ships are the Hospital Ships at the Base of operations, and the Sick Transport Ships, conveying the wounded and Sick from the Base to Netley, Portsmouth, and Woolwich.

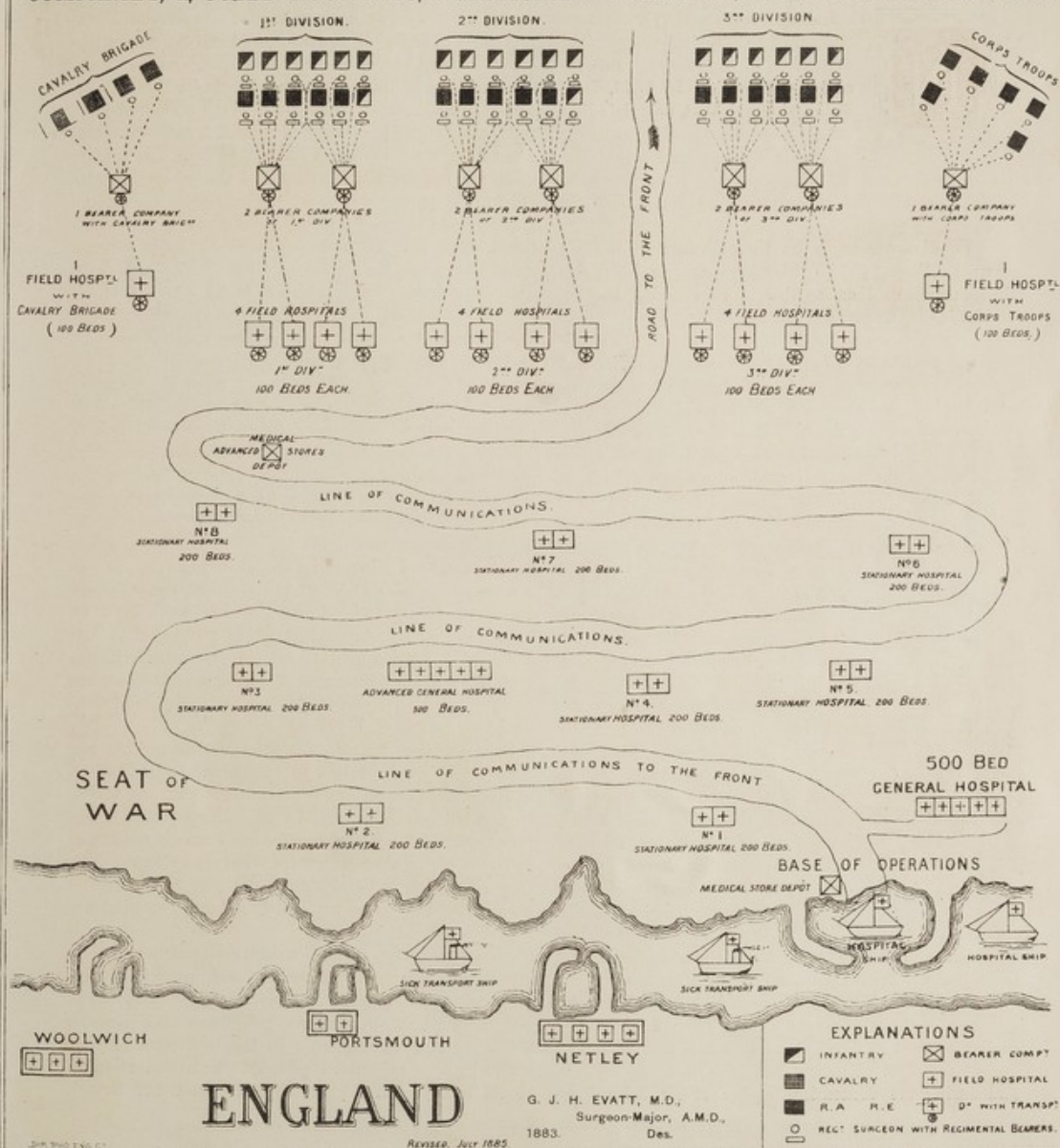
G. J. H. EVATT.

The *clichés* for this article have been courteously placed at my disposal by Mr. Trendall, the Literary Superintendent of the International Health Exhibition of 1884.—ED.



# Plan

OF THE MEDICAL ARRANGEMENTS OF AN ENGLISH ARMY CORPS. STRENGTH—36,000 MEN, 12,900 HORSES, 90 GUNS, 280 CARTS, AND 1153 WAGGONS, WITH 8 BEARER COMPANIES, 14 FIELD HOSPITALS, 8 STATIONARY HOSPITALS, and 2 GENERAL HOSPITALS.







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JUNE 21, 1890.

## ROYAL COLLEGE OF PHYSICIANS.

At a comitia of the College on Wednesday, 18th inst., Sir Andrew Clark, Bart., President in the chair, a communication was read from the Chairman of the Examiners in Chemistry, referring to some criticisms of the proposed schedule for the examination in chemistry and chemical physics. A letter from the Secretary of the International Medical Congress, Berlin, expressed satisfaction at the appointment of delegates to represent the Royal College of Physicians. From the Metropolitan Asylums Board two letters were received, together with a report on the scheme for making the fever hospitals available for clinical instruction. Communications were received from Messrs. Lee and Pemberton, Lord Cadogan's solicitors, referring to certain proposals respecting the "Physick Garden" at Chelsea in the occupation of the Society of Apothecaries. The land is said to have become unsuitable for the purposes for which it was originally bequeathed by Sir Hans Sloane, and before it can be disposed of it is desirable to obtain the consent of the Royal Society and the College of Physicians, who have reversionary interests in the trust. After some remarks the question was referred to the Council. A letter from Surgeon-Major Johnston, M.A., M.D., with reference to the Army Medical Department, having been printed and sent to all the Fellows, was taken as read. Dr. Farquharson, M.P., then moved that the College, either singly or together with other licensing bodies, should approach the Secretary of State for War, as a deputation, to represent the grievances and claims of the Army Medical Department. This motion, having been seconded by Sir Dyce Duckworth, led to some discussion, in which Dr. Balfour, Sir Guyer Hunter, Sir Joseph Fayrer, Dr. Pye-Smith, Dr. Joseph Ewart, Dr. Playfair, and others took part. In the end the motion was agreed to with only two dissentients. Owing to some differences of opinion no report from the delegates of the two Colleges was ready upon the Further Revision of the Scheme for the Reconstitution of the University of London, and it was announced by the President that in due course a special meeting would be summoned to consider the report upon the scheme. Dr. C. Theodore Williams moved that a conversation be held by the College in the month of July this year, but the proposition was not received with favour, and was ultimately lost. A report from the Committee of Management was adopted, after a few explanatory remarks of the action taken with reference to an application from the honorary secretary of the College of State Medicine.

We are disposed to think that Mr. STANHOPE must have begun to realise the folly of the course he adopted, on the instigation of his military advisers, in ignoring the recommendations of Lord CAMPERDOWN'S Committee on the grievances of the army and navy medical officers. That course would appear to indicate that he thinks the military instincts of the staff at the Horse Guards more deserving of consideration than the just claims of the medical officers. We say advisedly "just claims," for they have been carefully investigated and endorsed by a committee of Mr. STANHOPE'S own selection. To refuse to adopt the recommendations of his own Committee, with the exception of one or two of minor importance, and even these in some respects modified, was, to use the mildest expression, a very unusual course, but one which has been productive of important and, we should imagine, on Mr. STANHOPE'S part, unexpected results. It has excited a very strong feeling in the profession at large that the army medical officers are treated with great injustice, and that, in deference to the prejudices of the so-called combatant officers or at least a section of them, they are denied the position and privileges which ought, as a matter of right, to be accorded to them as commissioned officers of the army. As a natural consequence, the question of this unfair treatment has been brought under the notice of the leading medical corporations, and has elicited from them a very strong expression of sympathy. The Royal Colleges of Surgeons of London and of Dublin and the Royal College

JUNE 21, 1890.

of Physicians of Edinburgh have forwarded memorials on the subject to the War Minister, and the Royal College of Physicians of London has decided to ask him to receive a deputation to discuss the question. We understand that it is intended to press upon the Minister the necessity of granting distinct military rank and titles with a view to putting an end to those perpetual misunderstandings which are felt to be injurious to the interests of the army. Had Mr. STANHOPE adopted the recommendations of Lord CAMPERDOWN'S Committee on this point, and reconstituted the ranks of the medical officers with compound titles, we believe the change would have been generally accepted as satisfactory. But the refusal to do so on the ground that such a change was not acceptable to his "military advisers," coupled with the published evidence of those advisers, has completely altered the conditions. There has been ever since we can remember the state of the service a very hostile animus towards medical officers on the part of the authorities at the Horse Guards, and they have not hesitated to show it when opportunity offered. We need only refer to the manner in which SIDNEY HERBERT'S warrant was practically annulled, the recent abolition of relative rank on the motion (as appears from the evidence) of the Horse Guards, and the recent transfer of the medical department to be a branch of the Quartermaster-General's staff, as proofs of this feeling. While we shall regret any change which may substitute a purely military for a professional, or even a mixed, title as being an apparent ignoring of professional status, we cannot but feel that it has been forced upon the medical officers by the hostile action of the military authorities, and the inexplicable line taken up by the War Minister. That some change must be made is inevitable, for if the various Colleges express a strong feeling of dissatisfaction, which will certainly be taken up by the teaching bodies, there can be no doubt that the supply of candidates will be cut off, and none but the most inferior class—the very sweepings of the medical schools—will be induced to enter the service. The interests of the nation demand that none but well-qualified men should be entrusted with the care of the health of our soldiers, and by such men only can the physical efficiency of the army be maintained; but we do not believe they will be induced to enter the service if met with that wanton disregard of their reasonable requirements which Mr. STANHOPE has gone out of his way to exhibit.







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# The Pioneer Mail

ALLAHABAD :—THURSDAY, NOVEMBER 12, 1891.

## THE LAY OF A NON-COMBATANT.

So now we're taunted every day  
By popinjay or paltry scribe  
With our presumption! Yes, they say  
With pointless jest and senseless jibe,  
That Doctors, whose mere work's to save,  
Are all unfit of course to bear  
Titles that erst proclaimed the brave  
And eke says one, allured the fair

So be it. Let warriors bold who fight,  
Attract the fair! We only ask—  
Nay, we demand it as a right—  
Room to fulfil our nobler task.  
But if by titles you acclaim  
Duty mid danger bravely done,  
A record spotless, free from shame,  
Then in our claims we yield to none.

Our calling grand no craven breeds  
And every hour, unknown to fame,  
Are quietly performed such deeds  
As might put "combatants" to shame  
By swordless men whose coats are plain,  
Who nobly duty's calls obey,  
And grappling with disease and pain,  
Face death and danger day by day.

Nor lack they aught the warrior claims,  
The keen brave eye, the fearless hand,  
The purpose high, the glorious aims,  
(Things possible without command.)  
They pose not for applause or praise,  
Yet not more high 'mong England's braves  
Stands he who wields the sword that slays  
Than he who guides the knife that saves.

And we their brethren, scattered far  
In many a land, whose course is set  
From theirs apart, in peace or war,  
Thank Heaven, have never shamed them yet.  
Where'er the warrior's feet have trod  
Through deadly breach or death-strewn plain,  
We've passed. Our blood the self-same sod  
Has moistened o'er and o'er again.

In pest camp by the warrior's side,  
All calmly sleep our faithful dead.  
And many a deed we claim with pride  
On valour's cross new glory shed.  
No frenzied rage has nerved our blow,  
But, calm amid the fight's alarms,  
While guarding comrades stricken low,  
The foe has felt our staunch right arms.

Nor failed we when in dire distress,  
Men leaderless prepared for flight,  
Forward from our own posts to press,  
To rouse and rally, lead and fight.  
E'en from disaster fraught with shame  
Our comrades snatched true glory still  
And left some deeds of deathless fame  
'Mong memories of Majuba Hill.

Mid Afghan wilds, Crimean snows,  
By storied Nile, by tropic waves,  
Our gallant comrades fallen repose  
In warriors' lone and nameless graves.  
No statue vaunts their fame at home,  
No flattering scroll no sculptured bust,  
But many a proud cathedral dome  
Shades baser, more ignoble dust.

And shall we calmly rest and hear  
Men innocent of warlike toil  
Vent petty spite in stingless sneer  
And jest that on themselves recoil?  
We'll let them pass. The warrior tried  
Who war's sad haps and hazards knew,  
Could ne'er condemn, could ne'er deride  
Comrades in danger staunch and true.

We seek not rank or titles vain  
For mere parade or senseless show,  
But for our glorious work the gain,  
The power, the strength that they bestow.

We seek that those whose pride's to save  
Shall be proclaimed with those who slay  
Equal in merit, wise and brave—  
Nor moulded of inferior clay.

R.



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# The Daily News.

APRIL 9 1891.

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It is hard for civilians to understand the sensitiveness of army medical men about their titles and honours, and the following story, gravely repeated by Sir Andrew Clark in his letter to Mr. Stanhope, seems rather to detract from the dignity of an undoubted hero. He says that 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 so honourably won. It is also noted that when Surgeon Reynolds received the Victoria Cross for his gallant conduct at Rorke's Drift, his companion, an officer of engineers, was afterwards invited to the Palace, but Surgeon Reynolds was passed over unnoticed. The conclusion drawn on behalf of the Army Medical officers shows how bitter is the jealousy of the combatant officer. Sir Andrew Clark says: "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." As Sir Andrew Clark himself admits "to those who may not understand the ways of the world of military life, these may seem to be small things, unworthy of consideration." They are hardly made bigger by the explanation that they 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 a department upon which the nation depends for the safety of its army in peace and for the conditions essential to its success in war." Why should they have this tendency in a profession in which the public look for unaltness above all things?



# Daily Chronicle

57

AUGUST 15, 1891.

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THE EDITOR OF THE DAILY CHRONICLE.

SIR,—You have been so good as to publish a leading article on the warrant for the Medical Department recently issued. Its comments are, in the main, both true and just, and quite what a large majority, if not the whole department, think of it and its compound titles.

The agitation was (and I am sure you would admit it if you were well behind the scenes) sound as putting forward the claims of the Medical Department to be treated quite in the same way as other men in the Army. The Royal Engineers for years were bound hand and foot, were not acknowledged to be more than "diggers." Since they were set free, and given authority amongst their fellows, every concession has followed, until now they stand at the head of the Army. General Hay met like opposition. The above are only put forward to show to what lengths prejudice will go, and how for years the efficiency of the Army was made subservient to it. The cooking craze now on at Aldershot and doing so much good throughout the Army, is what the medical officers have been recommending for years, and for which no money could be found until one of the higher executive took it up. But if so good, useful, and beneficial why was it not adopted years ago, when so persistently recommended by the sanitary advisers; there are many other recommendations which will see the light under much the same circumstances. The clause which precludes a medical officer from the position of president of a court of inquiry, a committee, or a board of survey, outside his own department, is an arbitrary and useless addition to a warrant justly stigmatised as ridiculous. I say arbitrary and useless, as many occasions arise, particularly on foreign service, where the general officer may consider the principal medical officer the most suitable president. The War Office is not always well advised on matters outside the British Isles. I myself have had many times to attend, and that within a very few months, on committees to give my opinion as an expert on subjects entirely bearing on sanitation, with very junior officers, and frequently civilians as members, while, by reason of being a medical officer, was considered unfitted to guide the proceedings. As a practical fact had I been on the committee one member less would have been required. I say, without fear of contradiction, that the nation would be better served if such matters were left to the discretion of general officers, so that they might use those under their commands to the best advantage, and a needless disqualifying opprobrium on medical officers be left out of point. While serving in India medical officers are subjected to many petty disqualifications, which, no doubt, follow on the disqualifying attitude assumed by the War Office, as they will take no action to relieve this branch of the service of them. I will name a few which have come to my own knowledge, and I trust other medical officers will supply you with other facts. (1) The rank of brigade surgeon does not carry with it any increase of pay, &c., in India. (2) Junior medical officers ranking as captains do not receive any increase of pay for that rank, but when the Government have to make a stoppage for quarters, &c., it is deducted at the captain's rank of pay. Presidency house-rent is given to commissariat and chaplains, &c., at Colaba, Bombay, but refused to medical officers absolutely. These disqualifications, or I may say injustices, could never happen were it publicly known that the medical department had even-handed justice and support from the home authorities. The medical officer wants no name that does not take with it consistent authority and position. The Secretary of State has attempted by a warrant of names (which concedes only a little longer sick leave and allows a director-general, tired of the War Office opposition and "red tape," to retire a little earlier) to put the department to shame you say, but I think he fails to do so. A time will come, and we must endeavour to hasten it, when every man in the Army will be a soldier, and be drilled, if an officer, to the requirements of the rank of captain; then, if he elects to become departmental, he will lose command while in it, he will receive the allowances attached to the position he holds, in addition to his rank pay, but he will ascend the ladder by his military rank.—Yours, &c., MEDICAL OFFICER, M.S.

AUGUST 18, 1891.

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# Daily Chronicle 57

AUGUST 15, 1891.

THE Royal Warrant promised by Mr. STANHOPE conferring military rank on the medical officers of the Army was issued yesterday, and is summarised elsewhere. We confess we have never sympathised with the agitation among the Army doctors to sport military titles. To our minds there is no more honourable title in the world than "Doctor." And we venture to think that "Brigade-Surgeon Lieutenant-Colonel Brownjones" will be spoken of and addressed as Doctor just as freely in the future as in the past. But if it pleases Dr. Brownjones to have the superscription of his official envelopes reach from the left to the right, and perhaps turn over into a new line, there is no great harm in it except the waste of the time of the clerks who have to indite the address. What we feel about the matter is this: the doctor of a regiment, a brigade, or an army corps stands, as it were, between the executive officers and the men in all that concerns the sanitation, the capacity for endurance, and the food of the soldier; he is a friend of both parties, and he has the confidence of both, as anyone who has seen service with our troops can testify. From the decision of a doctor whether a man is fit for duty under certain circumstances there is no appeal, and we deem this position so very honourable and so very necessary that we shrink from the notion of any change that will induce the rank and file to associate in their minds the doctor and the executive (or so-called combatant) officer. No one could think any more of an Army doctor even if he came to be called Colonel or General colloquially, which will scarcely be the case in this day and generation. Some of the men might think less of the doctor's very onerous and very sacred duties in consequence of the change of title. We are convinced the agitation has been a mistake. And after refusing the prayer of the medical men, the SECRETARY for WAR has, in ultimately granting it, coupled it with conditions which have been invented simply *post rive*. A doctor is not to have any executive functions. He is never to take command, save where he had previously the right to do so. He may be the most profound of tacticians, but any lieutenant will always be over him for aught relating to fighting. And "Brigade-Surgeon Lieutenant-Colonel MacGillcuddy of the Reeks" or "Surgeon Major General Sir Donald Farintosh-Mackay" will be "Doctor" in the one case and "Sir Donald" in the other to the end of time, both with men and with officers. As for the junior ranks, one can hardly conceive of the nature of the man who would prefer to be called "Surgeon Lieutenant" or even "Surgeon-Major Lieutenant-Colonel" in mess or in hospital. The thing reminds us of a true tale of American titles. A certain banker in New York is familiarly called General. An English visitor interested in military matters began to question him about his share in the Civil War. It turned out that he had never even worn a uniform, but had been Postmaster-General in the Cabinet of a former President! We cannot think our Surgeons-General want to be mistaken for Major-Generals in Society. And if not, what is the use of the "concession" wrung

from the reluctant Mr. STANHOPE? We believe the long-winded titles will become, within a couple of years, practically disused, even if they ever come into use. They are "Dead Sea Apples," which are but "dust and ashes."

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*From Page 12.*

PUNCH, OR THE LONDON CHARIVARI.

*Pol. Off.* So I do. The fact is, General, supposing we arrange a treaty, do you think it wise for us to surrender the fortress—

*Second Gen. Off. (interrupting).* Alas! my dear friend, I fear I can be of no help to you—it is entirely out of my line.

*Pol. Off. (annoyed).* But aren't you a General?

*Second Gen. Off.* Certainly. A General-Chaplain. Farewell, dear friend. [Exit.]

*Pol. Off.* Well of all the— *(Enter Third General Officer.)* Well, Sir, who and what are you?

*Third Gen. Off. (briskly).* A General. Now then, look sharp! No time to lose. Hear you require me. How can I help you?

*Pol. Off. (aside).* Ah, this is the sort of man I want! *(Aloud.)* Well then, General, we are arranging a treaty, and I want your advice about retaining a fortress on the right of the river—

*Third Gen. Off. (interrupting).* Sorry. Can't help! Not my province. Good bye! [Exit.]

*Pol. Off. (shouting after him).* But aren't you a General?

*Third Gen. Off. (voice heard in the distance).* Yes. General-Postman!

*[Scene closes in upon political official language unfit for publication.]*



THE CIVIL & MILITARY GAZETTE, WEDNESDAY, AUGUST 26, 1891. LAHORE.  
THE DOCTOR'S DEMANDS.

A Dialogue in the Club Smoking Room.

*Dramatis Personæ* | Major Shrapnell, R. A.  
| Surgeon Major Lancel, M.S.

Major S. (log).—I see Stanhope has given way about your titles question.

Doctor L.—Yes in a measure. He has compromised, and as in all compromises no one is satisfied. Certainly our people are not, and the agitation will recommence the moment the new warrant is issued, which will be as soon as the House rises in August. We are just waiting to see what we have gained in the business.

Major S.—How did the compromise come about? It seemed at first as if Stanhope meant not to move.

Doctor L.—We had a very strong combination of all the colleges and schools, and Stanhope had to give in. Unfortunately we in the Medical Staff could take no personal public share in the business, and we were latterly represented by three men who, although they made a bold stand, came in the end to compromise.

Major S.—Who were the three?

Doctor L.—Sir Andrew Clark, Dr. Farquharson and Dr. Macnamara, formerly of Calcutta. Clark was very keen, but he has no army experience or personal knowledge. He was formerly a Royal Naval Doctor, but he is President of the College of Physicians, and is Gladstone's personal doctor. Farquharson is an Aberdeenshire squire, an M. P., and a Guards' Doctor, never was on field service and is only in name an Army Surgeon. Macnamara belongs to the Indian service, and as you remember was the well-known Calcutta oculist. None of them feel the pinch of the shoe, and so they compromised for double titles. It was a pity to compromise, as now the agitation must recommence.

Major S.—What is it your people want? Your demands seem insatiable. It is like the Sybil of old with her constantly increasing cry for more.

Doctor L.—Yes, we are the Grabbies of the present day, and our evolution is going on so rapidly in civil and military life, that no one can say where it is to end. We don't even see the end ourselves: you see we deal with human life, daily rising in value, and that means much. What we now claim is to be made into a Royal Corps like the R.A. or R.E., that is to say, we want our 5,000 Medical Staff Corps men, Regulars, Militia and Volunteers, welded with us into one body. Now we are called "staff," and they corps. We all want to be a corps, and let a real "staff" develop from it. Some of our fellows hate the corps—or take little or no interest in its work or discipline, and hence we want to compel them to feel that they must sink or swim with it. You know the R.E.'s until 1856 were not joined to their men, and formerly the drivers R.A. were not under the battery commander, but had officers of their own. Such rotten methods have long since passed away with them, but we are now in the same shaky state they once were in.

Major S.—But why can't they make you a Corps? Every one is in a corps now-a-days—armourers, schoolmasters, army service people. What prevents your being so organized?

Doctor L.—Harman, the Military Secretary, and some other War Office people say, if we are made into a corps we shall begin to claim

general command outside our own Department, and also if we are made into a corps, military titles must be given to us. Harman, Wolseley and Redvers Buller, and of course "George" object to this.

Major S.—But your fellows don't want general command.

Doctor L.—No, not generally, but since Harman and the rest raised the question, we are beginning to ask why we should not end the business, go the whole hog and fight for the principle that "the senior on the spot is to command, no matter what his Corps may be."

Major S.—That's rather a tall order isn't it? What do your old fellows say to that?

Doctor L.—They all faint away at once, but they really were so sat upon in regimental days that they even yet hardly call their souls their own. All the younger men are quite different. They mean to have definiteness and rights at any cost. The present wretched and indefinite system could not go on. So we mean either to mend it or end it.

Major S.—But won't they swamp you with civilians?

Doctor L.—I hardly think so.—That was always Wolseley's pet theory. He said: "If you ask for defined army rank we will appeal to the Civil doctors against you." We trumped his card at once.

Major S.—How?

Doctor L.—By direct appeal to the civil profession, and by raising the Volunteer Medical Staff Corps amongst the students. This Corps is now 1,000 strong, dressed, drilled and armed on the lines of the Regular Medical Staff Corps. We have enrolled the students in it, are teaching them our routine of work and beating it into their heads that their cause and ours is one. In the late agitation few fellows came forward, and now the curriculum is to be five years at college, so we hope to get good terms.

Major S.—Then you think you checkmated Wolseley?

Doctor L.—Yes, certainly, but we never regarded him as really dangerous. You know his brother belonged to us, and now I see in Dublin, where the civil doctors are an important body, he has been making a very sweetly worded speech, saying no distinction exists between us and the remainder of the army. This is very different from his evidence before the Camperdown Commission, but we never dreaded Wolseley, in any way whatever.

Major S.—Who then is the man you want to conquer?

Doctor L.—One man and one man only. R.—s. B.—r. He is a very strong man, technically very efficient, in opinions independent to the last degree, has heaps of money, no mere War Office place hunter, and he knows every weak point in our armour far better than we do ourselves. He gave very definite evidence against any concession to us, and as Stanhope has conceded, we claim a victory over him. It will take fifteen years to get an equally good man as R.—B.—at the War Office, and in that fifteen years we can surely come to terms with the soldiers. You see Stanhope's tenure of office is very shaky. The bye-elections are all going against the Conservatives; any day they may be out, and then we hope Clarke's influence with Gladstone and Bannerman, who will be the new War Minister will be of use, and we may come to terms—be made into a Royal Corps with definite titles and a fixed position in the army.

Major S.—But not general command. I can't stomach that. You don't want the P. M. O. to command the Division?

Doctor L.—Time alone can tell. Why should not we command if the Military Works people do, and now that Redvers Buller has given general command to the Army Service Corps, the man whose rations I condemn to-day may command me to-morrow. Not if I know it old chappie. We must be either perfectly independent or go in for full command in every way.

Major S.—Then I suppose we shall run your Hospitals while you are doing all the fighting.

Doctor L.—By no means my dear fellow, you stick to your guns, and if you are the senior on the spot you command all arms and services. We run the hospitals, and if we are likewise the senior we run the whole show. We can easily learn, and are daily learning your work, but ours takes five years, and needs a college diploma. It's a little startling at first, but its nothing when you are used to it. Buller must have seen that in our army, without general command, no officer or corps can get justice or even survive. Hence he gave the Commissariat general command—only fancy what that means. If we are continually to be harangued, and told that we have no command, that we are non-combatants, departmental officers and outsiders, and have no rank, a new movement, more thorough, more lasting, and I hope absolutely final, will develop, and we will claim everything the Sapper gets. By everything I mean everything. Is that clear?

Major S.—Yes, decidedly clear, and hopelessly Utopian.

Doctor L.—Utopian? Why? I don't see that. It is I and not you that passes the recruit into the army. Throughout his whole career I am daily in contact with him on most vital questions. His food, his cooking, his lodgement, his duties, are daily under my inspection and report. It is I, and not you, who hears from him the real story of his life. He can't go to a prison until I see him; he can't go to a gymnastic class until I inspect him. If war is declared, it is my examination, and not yours, which allows him to go; and finally, when his service is over it is I, and not you, that invalid him out of the army. He seems to be tied hand and foot to me, yet I have no power to carry out my ideas as to his life and lodgement, and all my suggestions and recommendations have to be acted upon by you to whom human life is a closed book and who must decide on a hundred cases by rule of thumb for or against my suggestions. If it is Utopian for me to ask for a stronger position with reference to him, I accept such a Utopia, and I believe hundreds of men would accept it too. No movement for the soldier's benefit these last 50 years but has emanated from us, and more still can emanate if we had the power, but we have no power as you well know. What does command mean to-day? You have allowed every ignorant Volunteer officer to claim it and to exercise it. Wolseley has proclaimed 1,000 times that formal drills and all the marching past humbug is lost time—the sanitary knowledge we have is a distinct factor in military success, and it is certain day by day to come more to the front. I don't think the idea at all Utopian. Quite the contrary. It is startling and novel if you



## THE CIVIL &amp; MILITARY GAZETTE,

like, but nothing more. Fifty years hence people will wonder it was not always so.

*Major S.*—The future must take care of itself. I never heard such a wild idea—no other army ever does such a thing. To even dream of such a thing is an absurdity.

*Doctor L.*—It was the custom in our own army up to the end of last century; medical officers held double commissions, and doctors have often commanded battalions and done it well.

*Major S.*—I have no doubt they commanded all right, but who cared for the sick, or who would now care for the sick if they assumed general command?

*Doctor L.*—It would probably be the very best thing that ever happened for the sick and wounded. At present the medical service has a completely powerless position in the army. It is expected to do a lot of work, and receives little or no aid to do it. To meet a general officer who cares one iota for the efficiency of his hospitals is the rarest thing in the army, and we never can enforce our own demands. You can't think what a killing tag war is for us; we are sent to it quite unprepared, and receive little or no help in our work, and we are blamed for failures notwithstanding. If we had the chance of a medical officer becoming a General, he might one day do much for us, because he would know our wants. Think what an aid Nairne has had in having Roberts, a gunner chieftain, to support him in his Artillery work. Look at what Luck is doing for the Cavalry, and think what could be achieved if Roberts was against him. Napier of Magdala was a Sapper, and knew Sapper wants, and stood by his corps; but we never get a chance, and our chiefs say they are never listened to. We have no disciplined Hospital Corps in India, no clerks, no European orderlies, no permanently organized Field Hospitals, no transport of our own: our very bearers belong to the Commissariat. The whole thing is backward, rotten and defective to a degree; and worst of all we receive no sympathy whatever in our efforts at progress. No General cares an iota, nor knows how to remedy the condition. I think a medical General once in a way would be a god-send and a real help to many sides of army life. That other armies don't do it may be true, but their field of service is different. They don't serve in all kinds of beastly climates as we do. Look atague alone, how it eats up a regiment. You speak to a C. O. about it; he doesn't know what it is, nor how to save his men from it. The other day I showed your Colonel a case of pneumonia. He said, what is that? But pneumonia does much damage to soldiers in winter campaigns. I think such knowledge requisite for all leaders of men. If a private soldier through neglect let his rifle get corroded and rusty, you would run him in, but behind the rifle is a better rifle, more intricate more elaborately put together, and you know nothing at all about it, and through ignorance let it get rusty and corroded. That better rifle is the soldier's life. Of that life I, and not you, am the theoretical guardian.

*Major S.*—Why, Lancelot, you are getting quite eloquent over the matter. You had better stomp the country and you will move the gallery to raptures.

*Dr. L.*—Gallery or no gallery, you watch the turn things are taking. What you treat as a joke to-day must be tackled in sober earnest very soon, and the matter must be dealt with in

a thorough manner, and I think in our favour. We are to a man dead against "privilege," and the army is full of that for certain classes, and all outside these classes are simply nowhere. We mean to end all that. It is ending in civil life, and only lingers in the army because it is the home and last resting place of class fights and advantages. The day for these things is over. It is dead, and can't be revived. Our fellows are, to a man, discontented, and dissatisfaction is everywhere evident. We feel the times are with us, but our own long subservience in the army has paralysed our energy in achieving liberty. You see it in the field where men are afraid even to try to make the machine go lest they should be jumped on and insulted as has been done to heaps of our people in peace and war. Did you read Harman's stupid evidence and the attempts of others to classify us in the world? They drove the spurs well home when their mount was secure, but now and then you get a buck jumper who dismounts his rider. We are the buck jumpers to-day.

*Major S.*—Well, old man, keep your hair on. I see you also are on the buck. I have no doubt I shall soon see you all Brigadier General Surgeons, and called "Stanhope's Own Medical Hussars." That ought to stop your mouths, surely. Ta-ta,

(Conversation closes),  
Che sara sara.

July 1891.



# BROAD ARROW

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SATURDAY, OCT. 11, 1890.

## A.M.S. RANK.

SIR,—In the Comments in your issue of the 4th inst. you say you still have a difficulty in understanding what the officers of the Medical Staff mean when they assert that granting them definite rank and titles would increase their efficiency. It goes without saying that, in any large machine, the less friction there is the more smoothly will it work, and the more successfully will the work it is intended to perform be accomplished. Now we claim that it is much easier for an officer who has titular rank to have his orders carried out, and that his order or opinion has more weight than that of an officer who is looked upon by the rest of the Army as merely a civilian dressed in uniform. This, I think, will certainly be admitted by officers who served in the Commissariat and Transport Staff in Egypt in 1882, and also in the Nile Campaign, when they contrast their position in the former—when they had only relative rank, with vague designations ending with “general”—with the position of authority and influence they had in the latter campaign when they had been granted honorary rank, and were, consequently, called by easily-understood military titles. Any one of these officers would say how much more easy it was for them to carry out their duties under the latter regime. The benefit of the change must be even more apparent to the officers on the supernumerary list of the Army Service Corps, who now possess substantive rank, although their command is limited precisely as it was before. It is very annoying, and it should not be necessary for the medical officer of the army to have to constantly explain his position in the Service. He should be called by a title which would convey to all in the Service the rank he holds, and be, so to speak, his commission for having the authority which alone can enable him to carry on his duties with satisfaction to himself and to the welfare of the Army as a whole. Again, it is unnecessary for me to inform you that whatever makes men satisfied with their position must make them more zealous in carrying out their work. The position of anyone in the Army who is not of it and has no rank is most uncomfortable, and an officer who finds himself hampered at every turn owing to the anomaly of his position loses all zeal, and becomes useless and inefficient, though he may still dawdle on, simply putting in his time for pension. In a word, the medical officers of the Army have reason, and I think good reason, to believe that, giving them substantive rank with command limited as it is at present, calling them by titles which alone are understood by officers and soldiers, and forming them into a corps with the men who work under them, and thus welding them into the Army, would enable them to perform their many duties in peace and war more efficiently than at present; and they therefore urge the Secretary of State for War to act on the expressed opinion of all the great medical and surgical corporations in the United Kingdom. It is very good of you to say that you consider the present Medical Staff “quite the reverse of ignorant, and that they are highly trained and fully up to the standard of all practical army requirements.” No one of its members has ever “indicted the existing Medical Staff as incapable, half educated, and inefficient;” but what we do say—and it is clear to everyone who has any knowledge of competitive examinations—is, that the more popular this service is, and the more contented its members, the keener will be the competition for it, the better the class of men obtained, and the better therefore the advice and treatment which the Army will have at its disposal. We do not know what you consider the “standard of all practical Army requirements;” but we consider that this standard is the very highest professional standard attainable, since in most places abroad and always on active service, the Army doctor is the only medical and surgical skill which officers and soldiers have access to.

7th October.

M.

Jan. 24, 1891.

## ARMY MEDICAL DEPARTMENT.

SIR,—Those who have the welfare of the Army Medical Service at heart, read with much interest your paragraph in a recent issue which stated that Mr. Theophilus Clarke was about to vacate the appointment, which he has held for so many years, of “chief adviser to the Director-General Army Medical Department.” It is, perhaps, hardly fair to criticise the work which he has done, but doubtless he himself will look back on those many years with regret that his want of practical knowledge of the actual working of the Department rendered his task a difficult one, and caused him to fall into errors of judgment which one who had had the opportunity of serving in its ranks, would easily have avoided. His case has possibly in some instances resembled that of the agent of an Irish estate, whom the tenantry blame for anything they do not approve of, while, if on the other hand they have anything to praise, they give the landlord the credit of having done it in spite of the agent. It is Mr. Clarke's province to keep the records, and under the Director-General, arrange the stations, and work out every detail connected with the Medical Officers of the Army from the day they join till death or retirement ends their career. He holds relatively to the Director-General the same position as an Assistant-Adjutant-General does to a General, a Brigade-Major to a Brigadier-General, or an Adjutant to a Colonel. It would certainly seem an anomaly if any of those positions were held by a civilian pure and simple, and surely then it cannot be right that such should be the case with reference to the right-hand man of the Director-General, who has under his orders upwards of seven-hundred officers. Whatever Mr. Stanhope's dictum may be as to the many changes which have been suggested for the improvement of the Army Medical Service, he can have no second opinion

as to the course he should follow when Mr. Clarke leaves the office. There is no doubt that he will try to make Medical Officers contented with their lot, and he must know perfectly well that a certain move towards accomplishing such a result would be the appointment to Mr. Clarke's vacancy of a Brigade-Surgeon or senior Surgeon-Major, who, having himself been through all the vicissitudes of military medical life, could best advise the Director-General on all subjects affecting his officers and the well-being of the department. Such an appointment would give the greatest satisfaction throughout the whole Medical Service, and financially be a saving to the State.

20th Jan.

M.

It will be good news to Medical Officers that soon after Parliament meets Dr. Farquharson, M.P., will call the attention of Mr. Stanhope to the irritating and vexatious restrictions on exchanges. The Medical Staff is now practically debarred from this privilege altogether. It ought to be unnecessary to go again into the advisability of allowing exchanges as regards the interests of the public service. The matter occupied the attention of Parliament for some weeks in 1875, and it may be taken as settled that the principle of an officer providing a substitute, if approved of by the authorities, is good for the Service generally. At all events it may be asserted that not one in a thousand of the working officers would say otherwise. The only people inimical to exchanges are those who want to reserve good places for their friends. If a man who has interest has always a run of good stations and appointments, there is good reason for grumbling on the part of the others who have to do the rough and unpopular work. No one is ever aggrieved about an exchange. A married man who wants to stay at home, perhaps for the education of his family, gets a single man to go abroad for him, and every one is satisfied, while the public service gains by an officer taking a tour of foreign service who is anxious and willing to go, instead of one who will return home on leave as soon as possible. There cannot be much doubt that the military members of the House will endorse this view, and it is to be hoped that Dr. Farquharson will have ample support in his efforts to get these absurdities removed.

Feb. 7, 1891.

## ARMY MEDICAL DEPARTMENT.

SIR,—Allow me as one having some experience, and a voice, to dissent from the suggestion of M. in your issue of the 24th January, 1890, as to a medical officer succeeding Mr. Theophilus Clarke. The past history of medical officers at the headquarters' office does not, by any means, justify the belief that we shall have a thoroughly disinterested and experienced individual, if one should become the successor of Mr. Clarke. Hitherto, those medical officers who have occupied seats in Whitehall Yard (now Victoria-street) have been chiefly busy feathering their own nests, rather than casting eyes out of the charmed circle to view the claims of their brethren. We have heard enough, and to spare, of medical officers filling positions at the headquarters' office for years and years, obtaining extensions, beyond the regulation period for these snug berths; and, finally, when compelled to leave, finding for themselves comfortable posts at Royal Military Academies, London Recruiting Depôts, and so on; appointments that others with superior claims out of the “Medical Staff Mutual Admiration Society,” looked for in vain when the officers at Whitehall Yard were seeking them. The fact is simply this, that if the Director-General keeps his eyes and ears open, and wide open too, which he should do, it is immaterial whether a civilian fills Mr. Clarke's place or a medical officer. The Director-General already has a so-called right-hand man and “medical adviser” in the Surgeon-General at headquarters, and another would be like the fifth wheel of a coach.

2nd Feb.

Yours, etc.,

PRO ET CON.

Feb. 14, 1891.

## EXCHANGES IN THE A.M.S.

SIR,—My attention has been directed to a paragraph in *The Broad Arrow* of 24th January, wherein the writer states that the “Medical Staff is now practically debarred” from exchanging. Nothing could be more opposed to fact. Exchanges in the troping season are as plentiful as blackberries; and if the writer had the slightest idea from whom the opposition to freedom of exchange does come, he would be anything but sanguine that “military” Members of the House would get the present freedom enlarged. Of course a man who has been refused an exchange, for clearly-defined reasons, is apt to generalise from his particular case. The Army Medical Staff have more than enough real grievances to put forward without



## THE BROAD ARROW AND NAVAL &amp; MILITARY GAZETTE.

setting up imaginary ones.

3rd Feb.

I am, your obedient servant,

W. H. P.

Feb. 21, 1891.

## EXCHANGES IN THE A. M. S.

SIR,—Your correspondent "W. H. P." is evidently ill-informed on this subject. His simile about blackberries is, however, a happy one, as the same season in which these absurd restrictions on the exchanges of Medical Officers were imposed was remarkable for a total failure of that useful fruit. In 1889 it was decided that Medical Officers, when once warned for foreign service—no matter if they had not to embark for six months—should be debarred altogether from exchanging; and anyone conversant with the subject knows that five out of six exchanges are made after an officer is informed of his foreign destination, and that in other departments of the Army every facility is given for arranging accordingly. This is a simple matter of fact, which anyone can find out for himself. Since 1889 further difficulties have been raised, and the assertion that Medical Officers are practically debarred altogether from exchanging is not too strong; while their proportion of foreign service makes this privilege of great importance to them.

I am, etc.,

16th Feb.

MEDICO.

Feb. 28, 1891.

The end of the agitation of the Army Medical Staff is a "compound" title which will perhaps strike them, as well as those opposed to their pretensions, as a peculiarly appropriate termination to the discussion. Mr. Stanhope's letter of 2nd February, in reply to Sir Andrew Clark's communication of 17th January, 1891, is precise and categorical. It leaves matters pretty much where they were, with the exception of some very proper concessions in the matter of sick leave, also in the vital matter of titles, to which latter the A. M. S. attached so great importance. They now are to be colonel-surgeons and captain-surgeons, not colonels and captains, although no one will probably raise any protest, beyond that conveyed by a smile, if in social intercourse one only of the ingredients is exhibited. Together or separately, society will probably manage to swallow the dose without making a very wry face.

Certainly the "mess subsidies" grievance was a shadowy affair. As the Secretary of State points out, the Medical Staff have, at their own request, and because the majority are married men, been relieved of all mess and band subscriptions, while they retain, by courtesy, the essential privileges of the mess to which they are attached as honorary members. They can hardly contend, however, it is essential to the hygiene of the Army that they should have control over the direction of a society from which they have at their own request been permitted to retire, or over the expenditure of funds, to which they do not contribute one farthing.

Court privileges, dress distinctions, and social consideration, are matters which Mr. Stanhope protests he does not understand from a grievance point of view, if at all. The first he very wisely leaves to the Lord Chamberlain and the A. M. S. to settle between themselves, as it cannot possibly affect any one else. If the Court is particularly anxious for freer intercourse with the Army Medical Staff, the Lord Chamberlain will speedily find a way to bring the two parties more constantly together. The rest of the Army would certainly not object if the A. M. S. even had its headquarters in Windsor Castle, and in the prosecution of physical research were thus enabled to test the value of its theories *in corpore vili* of the royal Jeames' and Thomases.

If any branch of the Service requires a distinctive dress, it is assuredly the medical branch. The combatant ranks would certainly not object to this. The grievance, however, appears rather to consist in the existing distinction, and the desire evidently is to hide the departmental expert under the uniform of the regimental soldier. The social consideration bogey is plainly beyond even the omnipotence of a Secretary of State. No W.O. ukase could possibly make peeresses and

leaders of Society throw themselves into the arms of the A.M.S. if they prefer the arms of other people—of which, however, there is no evidence. On the contrary the military medicos have no difficulty in holding their own both in Love and in War, and in the latter the last two V.C.s have fallen to their share.

If there is any lesson to be learnt from the unsuccessful attempt to dictate to the military authorities, it is that the A.M.S. took the field in a dual capacity. They clamoured, being civilians, for military authority, rights, and privileges; and, being soldiers, for the consideration due to highly qualified members of a civil profession. Sir Andrew Clark's advocacy and letter have not helped the A.M.S. It was just barely susceptible of the slightest suspicion of Trade-Unionism, and a little suggestive of a possible strike, if the terms demanded were not conceded. Time alone will show whether the power of "calling out" the military members of the medical profession, or, at all events, of boycotting the A.M.S., really rests with the professors and lecturers at the various universities and anatomical schools. We very much doubt it. The A.M.S. knows that it receives, as it deserves, every consideration at the hands of the combatant ranks.

March 7, 1891.

## THE ARMY MEDICAL DEPARTMENT.

[Communicated.]

THE most staunch controversialist will scarcely gainsay the fact that the affairs of the Army Medical Service have for some time past received voluminous attention. One of the most important professional journals has for years past opened its columns, under a special heading, to correspondence on the grievances of the officers, and the military journals have also permitted their pages to be utilised for the ventilation of the same subject; and, finally, to crown all, lest the whole question had not received sufficient attention and been adequately sifted, we have had within the last seven years no less than two special committees, whose proceedings are to be found in the notorious blue-books, to inquire into military medical affairs. But the strange part of this flood of literature is this—in the midst of it all we do not trace a word, or even a hint, alluding to one of the main causes of departmental discontent and army medical unpopularity: viz., that which arises from what may be termed *internal causes*—that is, causes associated with the workings of the headquarter office. Rank, status, foreign service, titles, etc., all these if granted cannot but fail to be successful in removing the sense of wrong felt by Army doctors, while a canker exists in the very heart of the department. One is not here concerned, or prepared to argue, whether the grievances so powerfully recorded are real, or whether their remedy by further Royal Warrants should be carried out as a matter of justice, for this has already been advanced by numerous correspondents, many of whom have shown conspicuous ability in wielding the pen; but it may not be out of place to refer to the patronage and power exercised at the headquarters of the Medical Staff. Now, it is a notorious fact that the nominations to different appointments, and the recommendations for honours, distinctions, and advancement made by the successive Directors-General, have by no means been exercised with that strict sense of impartiality which should have characterised these acts. This is the more to be deeply regretted, as some of these Directors-General were distinguished and competent men who, previous to occupying the highest position permitted to Army medical officers, had earned an enviable popularity for justice and fairness. Whence, then, comes it that such men, once in office as chiefs of the Medical Staff, lent themselves to acts which alienated friends, and caused their names to be mentioned with contempt? It is difficult to answer this question, and one courts a response on the part of those immediately concerned in so important a subject. Has it anything to do with a tainted atmosphere at the administrative office, which needs immediate rectification by sanitary measures of a sweeping description, and to which the Public Health Act in some of its clauses should be made to apply? Without desiring to open old sores, it may be stated that some years ago such terms as "a sink of" and "stinking in the nostrils," found place in letters which appeared respecting the Medical Headquarter Office. Examples of the matters so briefly adverted to in these lines could, if necessary, be particularised, and some will readily occur to such of the Army medical officers who may have been readers of the different papers, military and medical. If, then, this condition of affairs needs a remedy—and no one can, it may be assumed, deny that it does—one should be found. Is it wild to propose that an experienced medical officer of high rank and acknowledged ability, independent of the Director-General, and preferably one on the retired list, should be



## BROAD ARROW

March 28, 1891.

## WHOM SHALL WE BELIEVE?

SIR,—Lord Wolseley, at the recent banquet in Dublin of the Royal College of Surgeons, Ireland, stated in his speech that the distinction between combatants and non-combatants in the Army is unknown. How, then, can we reconcile with this statement the evidence given before Lord Camperdown's Committee by H.R.H. the Field-Marshal Commanding-in-Chief, at page 106, para. 2463, where, in a reply to Mr. Macnamara, the Duke says:—"The medical officers are not combatant officers of the Army, they are the Medical Department of the Army." "The veterinary surgeons are not officers of the Army, they are the Veterinary Department," etc. I have it on the most unquestionable authority, and as a matter to be proved, if necessary, that the *revised proofs* of his Royal Highness's evidence as to the Medical Department was, literally and accurately, that "medical officers are not officers of the Army, and that the word combatant, although appearing in the evidence quoted, did not find any place in the words of the Duke, i.e. that the word "combatant" was inserted after the word "not" in the printed Report of the Camperdown Committee, as very much of an after-thought; by whom it is not easy to divine. Well, then, if the Army doctors are not officers of the Army, what are they? I feel sure your sense of justice will obtain the insertion of this letter to throw light on an anomaly.

Yours, etc.,  
ONE PUZZLED.Junior United Service Club,  
22nd March.

April 11, 1891.

NON-COMBATANT OFFICER'S RIGHT TO COMMAND  
DETACHMENT EN ROUTE.

SIR,—The following appeared in your issue of Saturday last: "Army Surgeons have ere now laboured under the impression that when no commissioned officer was present with a detachment *en route*, the medical officer could give the word of command, but when this happened the non-commissioned officer, on one occasion a lance-corporal, respectfully intervened and claimed his authority as a combatant." You practically say that a non-combatant officer, although the only officer present, is never in command of troops. A quartermaster is a non-combatant commissioned officer, yet he is frequently in command of troops *en route*. Recently a detachment of cavalry came into a local barracks under the command of the quartermaster, who was the only officer present. I don't know if there was any attempt on the part of the senior non-commissioned officer to dispute his right to give the word of command. Had there been, it would have gone hard with the non-commissioned officer. I quite understand that even the newly-joined subaltern would take the command of a detachment *en route*, although a ten-years non-commissioned quartermaster was present. I have known a quartermaster (captain's rank) act as captain of the day in barracks. Your statement is so keenly discussed that, as one interested, I venture to write you on the subject.

I am, etc.

T. H.

6th April.  
[If "T. H." will again read our Comments, carefully, he will see that no mention was made therein of quartermasters. The quartermaster has multifarious duties which excuse his attendance at ordinary parades, but he is nevertheless a combatant officer. As such, if on the line of march and present with troops, he takes rank and, if necessary, command, according to his seniority and the date of his commission. In regard to medical officers the case is entirely different. They have no combatant rank, can give no word of command, and neither on parade nor at mess are held responsible for anything which calls for military authority. Their rank and seniority apply solely to choice of quarters in barracks, and such matters. In cases of emergency the quartermaster may certainly be asked to perform the duties of captain of the day or orderly officer.—ED. Broad Arrow.]

Unless the Medical Staff of the Army is prepared to go out on strike, with the usual accompaniments of pickets and "exclusive dealing," it will have to accept with the best grace it can the concessions made to it by the Secretary of State for War, and to forego the power to assume active command of troops in the field or in quarters, which would ensue, were they incorporated organically into the general Army, on the lines followed in the case of the Royal Engineers. Is it not about time that the A.M.S. gave up all this senseless agitation and grasping after shadows, and allow Sir Andrew Clarke to attend to his own business while they attend to theirs? What possible connection is there between the numbers of decorated R.E.'s and A.M.S.'s?

The A.M.S., it may be assumed, wouldn't be satisfied even if a special order of knighthood were instituted, and

appointed to the staff of the Field-Marshal Commanding in Chief, occupying the position of Adjutant-General for the Army Medical Corps, to advise H.R.H. as to giving effect to recommendations for appointments, honours, and advancement, emanating from the head of the Medical Staff? There is a military member of the Government of India who has a voice on military affairs in the Council of the Viceroy, independent of the Commander-in-Chief. Why, then, should not such an appointment as here suggested be made on the Duke's staff, without infringing on the discipline and subordination of the Medical Staff? The argument that the Head of the Medical Department is the best person to recommend medical officers for appointments, advancement, honours, etc., has in the past been proved a complete fallacy.

SATURDAY, MARCH 14, 1891.

IF the intelligence be true that Mr. Stanhope's concessions in the matter of the rank and titles of medical officers are rejected as inadequate by the Medical Staff in India, we can only say that the Medical Staff is in a fair way to alienate the sympathies of every well-wisher to its cause. It is to be earnestly hoped that wiser counsels will prevail, and that those who direct the current of opinion within the Service will be brought to see the indiscretion—to use a mild term—of clamouring for more when so much has been promised. So long as Mr. Stanhope, acting, as he declared, upon the opinion of his "military advisers," hesitated to carry out the recommendations of Lord Camperdown's Committee, his position was untenable, inasmuch as the Committee was instituted for the express purpose of making a searching inquiry into grievances, and suggesting, after judicial investigation, the best means of rectifying them; but from the moment of giving effect to those recommendations, the Secretary of State has, in our view, acquired a right to demand that no more shall be expected of him, and that his decision shall be received with cheerful acceptance by those who can correctly estimate the amount of patient and diligent labour involved in collecting the materials for the report on which he has acted. Just let us glance for a moment at the history of this rank question. When relative rank in the Army was abolished in the letter, though not in the spirit, it was contended on the part of medical officers that the last vestige of military status, which received its death-blow in their withdrawal from regiments, was taken from them, and there was a clamour for its restoration. When it was explained that there was nothing to restore, inasmuch as relative rank was a mere term which, though abrogated, was adequately replaced by the terms "ranking with" and "ranking as," it was affirmed that these new formulæ amounted to a negation of rank, and that the only reparation for expressing the same thing in a different way was to take an entirely new departure by conferring some form of substantive rank, honorary or titular. Viewed in this fashion, the case appeared to us singularly weak; but from the moment that honorary rank was conferred upon other departments whose members formed no portion of the fighting strength of the Army, the demand of the medical officers became at once much stronger, and the evidence given before Lord Camperdown's Committee doubtless influenced its recommendation in favour of composite titles. Surely medical officers may be satisfied with the results achieved. If they have not got the utmost that many of them asked for, they have got a very large instalment of their demands, and it should at least be remembered that in military, as in civil, affairs compromise is the basis of every enduring settlement.

March 21, 1891.

Which is it? Sergeant-major or surgeon-major? The *Monthly Army List* for March (p. 786) notifies that two surgeons-major are promoted quartermasters with the honorary rank of lieutenant. This will hardly meet Sir Andrew Clarke's views, or those of the A. M. S. Of course it is a printer's error, but it emphasises the objection of the Army Medical Staff to this particular compound title. Major-surgeon is less liable to mispronunciation.

Surg. Maj. H. Hewitt, Medical S. C. Quar. Mast., with the hon. rank of Lieut., vice Hon. Lieut. W. Warrington, dec. (Gaz. 21 Apr.)  
Surg. Maj. H. A. Adams, Medical S. C. Quar. Mast., with the hon. rank of Lieut., vice Hon. Surg. Maj. J. D. Marshall, ret. (Gaz. 3 Feb.)

## MEDICAL STAFF.

Surg. Maj. J. J. Green, ret., upon retired pay (Gaz. 3 Feb.) 4Feb.  
Surg. Maj. H. Adams, Medical S. C. Quar. Mast., with the hon. rank of Lieut., vice Hon. 4Feb.  
Capt. J. D. Marshall, ret. (Gaz. 3 Feb.)  
Surg. Maj. J. Hewitt, Medical S. C. Quar. Mast., with the hon. rank of Lieut., vice Hon.



## BROAD ARROW

the companionship bestowed upon every member of the medical profession on appointment. *Alieni appetens*—they want something possessed by others, without having deserved it or even being qualified for it, whether that something is a C.M.G. or the distinguishing designation of the combatant officer, and they practically threaten that they will refrain from exercising the whole of the skill they possess in the art of healing sick soldiery, unless they get their wish. That is to say, Sir Andrew Clarke threatens it in their name. Threatened men live long, and the British Army is hardly likely to find itself deserted by its medical officers, because the authorities fail to see the advantage of placing the combatant ranks under the immediate authority of a highly scientific, energetic, and zealous body of members of a totally distinct profession.

April 25, 1891.

A combatant, in the ordinary acceptance of the word, being one who fights with another (an antagonist in arms), it follows that the term cannot, with accuracy, be restricted to those officers alone whose ordinary duty it is to command, and to direct men whose particular business is actual fighting, to the exclusion of all departmental officials of every description; but that it is also the correct description of all officers in the Service who may, under any conceivable circumstances, be called upon to exercise that authority over others, created by the commissioned rank, and to put to their legitimate use the weapons with which they are armed.

Lord Wolseley is credited with the statement that in the Army the distinction between combatant and non-combatant is unknown; whereas, H.R.H. the Commander-in-chief (it was last month pointed out by a correspondent), in giving evidence before Lord Camperdown's committee, stated that "medical officers are not combatant officers of the Army," and, according to another version, that they "are not officers of the Army." Nevertheless, they certainly are commissioned by her Majesty as "officers in the Medical Department of our Army"; and quartermasters are commissioned as quartermasters in "our Land Forces," with a separate commission to the honorary rank of lieutenant, with all its privileges; and all officers and soldiers are commanded to acknowledge the honorary lieutenant as a lieutenant.

The distinction between combatant and non-combatant is, at the best, very shadowy. The records of our never ending campaigns show that, on service, combatant and non-combatant run the same risks, and give and receive the same knocks and blows; and it is difficult to conceive a state of affairs when, in the absence of a regular subaltern officer, an honorary lieutenant of any department present on duty is not to be obeyed as an officer should be, or is not to temporarily assume the normal authority of the combatant officer.

A letter, which will be found on another page, from one fully entitled by position and experience to speak with authority, and to be listened to with respect, draws a hard and fast line between the two classes, while he apparently thinks the claim of quartermasters to assume the command of troops in the absence of combatant officers, only less well justified than that of the medical officers; that is to say, the surgeon and honorary captain would, under certain circumstances, be right in issuing orders to the quartermaster and honorary lieutenant. It is easy enough to put forward reasons and arguments to demonstrate that which should be the regulation; but it is more difficult to assert with authority that which is. One thing is very certain, no honorary lieutenant or captain would for one moment be asked, ordered, or expected, to accompany any party or detachment, if it were to be practically under the orders of a lance corporal, for that is what it really might come to. Honorary rank means something; at the very least it means all that is conveyed in the wording of the officer's honorary commission; and these words are:—"And we do hereby command all our officers and soldiers, whom it may concern, to acknowledge you as a (here follows the honorary rank) aforesaid."

## COMBATANT RANK.

SIR,—I understand the following only to be combatant officers in our Army:—1. Generals; 2. Colonels; 3. Majors; 4. Captains; 5. Lieutenants—in their various grades of each rank, and not honorary; and that the following are all non-combatant officers:—Medical officers, Paymasters, Quartermasters, Riding-masters, Veterinary Surgeons. All the latter are eligible and qualified to sit as members on any court-martial, but never as president. I have very great esteem for the quartermasters, but how under these regulations, which I have mentioned, they can be called combatant officers is a puzzle to me, especially when unfortunately they are gazetted honorary lieutenants. As regards the medical officers, they are trained to company and battalion drill, also sword drill and riding, besides keeping soldiers' accounts, disposal of prisoners, and they have to pass an examination in interior economy, the payment and messing of troops, also an examination in military law, and are placed in command of men of their own corps, and having honorary rank as well as the paymaster and the quartermaster. I myself cannot see that they have nothing to do with the Army as regards giving orders to the men in the absence of an officer of combatant rank. I have been in the Army for over 30 years, and have had a more varied experience in acquiring a knowledge of the regulations than has fallen to the lot of many officers, and I maintain that in the absence of a combatant officer and in the presence of a non-combatant officer, no non-commissioned officer, whatever his rank may be, can take command of the soldiers then present if the officer, i.e., non-combatant officer chooses to assume command for the time being. These officers hold commissions with honorary ranks, as you know, and their orders must be obeyed by all who are not holding commissions, but are serving as soldiers or warrant officers, that is if there is no combatant officer present to assume command; and this being the case, I fail to see how this comparison can be made between medical officers and quartermasters.

Yours truly,  
Southsea, 16th April. S. MOORES, Lieut.-Colonel.

## NON-COMBATANT OFFICERS' RIGHT TO COMMAND DETACHMENTS EN ROUTE.

SIR,—Referring to a paragraph under the above heading in your issue of the 11th inst., perhaps you will allow me to mention an amusing instance in point which occurred to myself. In 1842, when quartered in Canada as assistant-surgeon of the King's Dragoon Guards, I was marching with D troop from Kingston to Montreal. For some reason or other, not stated in my journal, our last day's march into Montreal took place on a Sunday, consequently the streets were crowded and our passage difficult through the long, narrow principal street of the city. I happened to be riding in front with the captain, while the two subalterns rode in rear of the troop. Just as we were passing the Roman Catholic Cathedral, we met the colonel of the 7th Hussars, and our captain stopped to speak to him. Meanwhile (marching by files) we were approaching the officer's guard opposite Nelson's Column. Seeing this (the junior officers evidently not being aware that the captain had fallen back), I turned to the troop sergeant-major and said, "Of course, you know what to do. Give the command, 'Draw swords; eyes left.'" He did so. The officer's guard, formed by that smartest of regiments the 71st H.L.I., turned out as a matter of course, and duly saluted with bugle and drum, sorely puzzled, however, as were several officers lounging about, as to why the troop sergeant-major, and not I, gave the word of command.

(We were marching in frock-coats and forage caps.) Presently, our captain (now, like his two subalterns and, I fear, most of the troop, all dead) galloped up and explained the incident to the officer on guard. The latter (subsequently a peer of the realm) got sorely chafed for a time for having saluted the doctor, who did not return the compliment beyond looking out of the corner of his left eye and thoroughly enjoying the joke! Had I given the word of command and passed on, not only would no one have been the wiser at the time, but I am sure that my own brother officers, the late Sir George Cathcart included, would have laughed heartily, and thoroughly appreciated my *esprit de corps* under the circumstances.

Faithfully yours,  
Junior United Service Club,  
13th April. D. I. G.

May 2, 1891.

An officer writes:—  
D. I. G.'s letter in *The Broad Arrow* last Saturday is all my eye. The subaltern officers were there, and the troop-sergeant-major was guilty of a piece of cheek in opening his mouth; he might have ridden back to the subaltern officers, and the senior would have given the necessary command. No doubt. Our correspondent may be congratulated on his aptitude for calling a spade a spade.



## THE BROAD ARROW

*Apocryph* of the subject of Medical Officers, and the assumption of a combatant position, perhaps one of the most extraordinary instances on record occurred during the Indian Mutiny, when a medical officer carried the colours of a regiment, the circumstances of which must be familiar to many officers still living. If we mistake not, it was on the occasion of the assault on Lucknow, under Havelock, on 25th September, 1857, when the 78th Highlanders advanced under a heavy fire. Lieutenant Kirby, who carried the Queen's Colour of the old Ross-shire Buffs, was shot down; as he fell, the Colour was grasped by a bandsman, named Glen, from whom it was wrested by Sergeant Reid, of the Grenadier company, who carried it but a short distance. After a few paces he was also struck, when the Colour was seized by Assistant-Surgeon Valentine M. McMaster, who continued to carry it until the regiment halted near the Residency gate. Dr. McMaster, who received the V.C. for a subsequent act of gallantry, died in 1872, then surgeon of Havelock's favourite Ross-shire Buffs.

## COMBATANT RANK.

SIR,—A little incident which occurred half a century ago is recorded in *The Broad Arrow* of 25th April by a communication signed "D. I. G." It records how an assistant surgeon of the King's Dragoon Guards gave the word of command to a troop of his regiment, and was duly saluted by an officers' guard of the Highland Light Infantry commanded by a subaltern, now Lord M——. Your present correspondent, who was at that same time assistant surgeon of the H.L.I., well remembers how his old friend and comrade was good-naturedly chaffed for his military zeal, and how his own brother officer of the H.L.I. shared in the badinage. D. I. G. and myself are two of a very small remnant of army medical officers who, having served as regimental surgeons, had retired from the service long before the new system was inaugurated, but who have watched its progress with many misgivings. Perhaps you will grant to age a little space, which you might perhaps deny to youth, while a brief contrast is drawn between the two systems. In our time, if a man proved worthy, he received as a medical officer the esteem and respect of all ranks in his regiment. His position and duties were defined. He had no military duties to perform. He had many privileges which combatant officers could not claim. He had ample assistance in the performance of his professional duties. He knew all about the constitutions of the men under his medical charge, the wives also of married men, and their children, some of the latter of whom he may have assisted to bring into the world. By all these he was trusted and esteemed, and thus his life was made happy and contented. Of course grievances occasionally cropped up, scarcity and brevity of leave being one of them, but on the whole his position as a regimental officer was without any drawback. If it ever was unsatisfactory the fault was pretty sure to lie with himself. Now contrast with this the system which at present prevails. Medical officers do not belong to regiments, but to localities. If a regiment is much on the move, each move brings with it a change of medical officer. Taking two years as the longest stay of a regiment at one station, it is lucky if it retains the services of the same medical officers during all that time. It is much more likely that these medical officers may be changed several times. How then can any medical man be expected to know doubtful constitutions, or to take that general interest in the state of a regiment which he always did under the old regime? We all know how, in private life, families and individuals cling to their family doctor; this privilege is denied now to our regimental families and individuals. The sooner the army authorities return to the old system the better for the public service it will be. This return, however, would require to be accompanied by one or two improvements. There ought to be no professional distinction or control of practice. The assistant surgeon is often more highly educated and experienced professionally than his superior officer. In *non-professional* matters of course the superior rank ought to prevail. Much is written nowadays about the claim of army medical officers to relative rank with combatant officers in Her Majesty's service. Except in the choice of quarters this foolish outcry should be abandoned. If a medical officer possesses a university degree his rank in civil and court life makes him quite independent of regimental military rank. Indeed, except where substantial privileges are involved, he ought rather to eschew it. Medical officers do not, except on emergencies, sit upon court-martials; so, in civil life, are medical men exempt from acting as jurymen. There is really no point that could be referred to in which medical officers do not receive all the respect which is due to them as officers and gentlemen. In all this I confidently say that D. I. G. and the small remnant of us of the old regime that remain would cordially concur should these lines ever reach

the eyes of such.

Yours obediently,

M.D. &amp; J.P.

United Service Club, Edinburgh, 29th April.

SIR,—I have read with some interest your remarks, and the letters in your paper, on combatant rank. The whole matter is in a state of muddle. One thing, however, is quite clear. Any officer, medical or commissioned, is legally qualified to sit as president of a court-martial, although there is a proviso in the Queen's Regulations which states that they are not to be appointed presidents. Indeed, medical officers frequently try their own men of the Medical Staff Corps, and I imagine that on service, if combatant officers (they ought rather to be called executive officers) are *hors de combat*, the doctors would be justified in taking command. In the old days, when doctors were regimental officers, this was well understood. But they demanded more pay and higher rank, and so the number had to be reduced, and the regimental doctors had to go. Now, they want substantive rank and titles. Nowadays more come from the Irish schools, and fewer Englishmen or Scotchmen enter the Medical Staff. In fact, the old Scotch army "pill" will soon be unknown. About the last thing in the world a Scotchman would care for is a substantive title. He would rather have an extra sixpence a day than be called Field Marshal! But I must pull up. I know *The Broad Arrow* is tender with the doctors.

Yours faithfully,

AN EXECUTIVE OFFICER.

Naval and Military Club, 29th April.

[*"Tender with the doctors!" Well, we have tried to hold the balance fairly, and yet, judging from letters we have received, there are medics who do not altogether appreciate our efforts.—*ED. B.A.]

May 9, 1891.

## COMBATANT RANK.

SIR,—I have read with more than ordinary interest the letters, good, bad, and indifferent, in *The Broad Arrow* during the last few weeks, on the never-ending subject of combatant rank, and its application as a term to Army surgeons. As your editorial note in reply to a querist about a month ago covers, in my humble opinion, the whole question, I fail to see the *raison d'être* of the voluminous correspondence with which you are afflicted. One or two of these epistles, penned I notice by surgeons of the older school, and belonging to the days when the Army doctor was a regimental and not a staff officer, corroborate in all respects the views you expressed in your answer. The gentleman who as assistant-surgeon served abroad in the "K. D. G.," and who gave his own experiences, when he prompted the non-commissioned officer in acknowledging a salute paid to a marching detachment, states a case eminently showing that the custom and usage of the Service was in his time, as now, against any assumption of military command by a regimental surgeon or assistant; and I could cite numerous instances where analogous cases have happened when combatant officers were out of the way and the "non-com." assumed command, although the doctor was present. But beyond the letter of "D. I. G.," I notice with pleasure the communication you published last week signed "M. D. & J. P.," for this officer places the question at issue in its true light, in showing clearly the honoured position held by regimental surgeons and assistant-surgeons in the good old days when they belonged to, and looked upon as their home, the corps to which they were gazetted. Then, as your correspondent admirably puts it, if a medical man was a good fellow, and proved himself to be *bon camarade*, he gained the esteem, respect, and generally the friendship, of all ranks in the regiment; while, although he had no military duties to perform, and most certainly never coveted parade command, he enjoyed innumerable privileges which combatant officers could not claim. To the colonel he usually was, perhaps, even more than the adjutant, and, next to the major, the *Fidus Achates*, where delicate questions were involved. He was often the "guide, philosopher, and friend" to the subalterns, and regarded by the officers' wives, and the women and children of the corps, as one in whom they could trust. The iron hammer of the iconoclast has destroyed all these pleasant associations, and the Medical Staff who now fill the places of the regimental surgeons have no sooner become acquainted with the corps to which they chance to be temporarily attached, than they are despatched by the authorities to some regiment where they are strangers and pilgrims, uncared for and unknown. The "Executive Officer" is also quite right in saying that it is the new and not the old school that want substantive rank; but I cannot follow him in his suggestion that, if all combatant officers were *hors de combat*, the doctor would of right assume command. He would do so, no doubt, and be obeyed, but not as an absolute right.

Your obedient servant,

H. G. B.

6th May.



## BROAD ARROW

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Southsea, 16th April.

Yours truly,  
S. MOORES, Lieut.-Colonel.

SIR,—The Secretary of State for War is reported in the *Times* of the 21st to have stated, in reply to Mr. Bartley, that, in respect of the title question, neither he nor H.R.H. the Commander-in-chief had been "officially approached through any recognised channel." Allow me to explain that the reason for this is, simply and straightforwardly, that no medical officer has such an abiding faith in the head of his department as to make the latter the official mouthpiece of his individual grievance on the rank and title subject, as he knows that such official representation might bring on him some, or a number, of the following pains and penalties: e.g.—a big D; removal from a congenial station (if occupied) to one infinitely less agreeable; or, peradventure, transposition to an elevated position on the foreign roster; or, finally, a B.C. against his name in the departmental archives. If a plebiscite were taken, the distrust now alluded to would very soon become manifest. The fact received publicity long ago in the columns of the *British Medical Journal*, through which army medical officers enjoy a sense of security in opening out their grievances not permitted to them through the so-called "recognised official channel." It would be well, therefore, if your columns reiterate this matter for general military information, in case (which is exceedingly doubtful) the subject is of any interest outside the Medical Staff.

Yours,  
18th April.  
RIEN N'EST DEAU QUE LA VRAI.

(We were marching in frock-coats and forage caps.) Presently, our captain (now, like his two subalterns and, I fear, most of the troop, all dead) galloped up and explained the incident to the officer on guard. The latter (subsequently a peer of the realm) got sorely chafed for a time for having saluted the doctor, who did not return the compliment beyond looking out of the corner of his left eye and thoroughly enjoying the joke! Had I given the word of command and passed on, not only would no one have been the wiser at the time, but I am sure that my own brother officers, the late Sir George Cathcart included, would have laughed heartily, and thoroughly appreciated my *esprit de corps* under the circumstances.

Junior United Service Club,  
13th April.

Faithfully yours,  
D. I. G.

May 2, 1891.

An officer writes:—

D. I. G.'s letter in *The Broad Arrow* last Saturday is all my eye. The subaltern officers were there, and the troop-sergeant major was guilty of a piece of cheek in opening his mouth; he might have ridden back to the subaltern officers, and the senior would have given the necessary command.

No doubt. Our correspondent may be congratulated on his aptitude for calling a spade a spade.



SIR,—The Secretary of State for War is reported in the *Times* of the 21st to have stated, in reply to Mr. Bartley, that, in respect of the title question, neither he nor H.R.H. the Commander-in-chief had been "*officially approached through any recognised channel.*" Allow me to explain that the reason for this is, simply and straightforwardly, that no medical officer has such an abiding faith in the head of his department as to make the latter the official mouthpiece of his individual grievance on the rank and title subject, as he knows that such official representation might bring on him some, or a number, of the following pains and penalties: *e.g.*—a big D; removal from a congenial station (if occupied) to one infinitely less agreeable; or, peradventure, transposition to an elevated position on the foreign roster; or, finally, a B.C. against his name in the departmental archives. If a plebiscite were taken, the distrust now alluded to would very soon become manifest. The fact received publicity long ago in the columns of the *British Medical Journal*, through which army medical officers enjoy a sense of security in opening out their grievances not permitted to them through the so-called "recognised official channel." It would be well, therefore, if your columns reiterate this matter for general military information, in case (which is exceedingly doubtful) the subject is of any interest outside the Medical Staff.

Yours,

18th April.

RIEN N'EST BEAU QUE LA VRAI.



May 16, 1891.

As a result of the continued agitation amongst the officers of the Medical Staff for "combatant rank," pure and simple, the intended Royal Warrant conferring upon them the composite title of surgeon-lieutenant, surgeon-captain, and so on, will not be issued, and no change will be made in the status of medical officers—at least for the present.

It appears that Mr. Stanhope has learned that the majority of the officers are not in favour of the composite title which it was at first thought would satisfy them, whilst the latest representations on the subject made to the Secretary of State by Sir Andrew Clark have not been supported by the head of the Army Medical Department. A substantial boon will, however, be obtained by an extension of the period of sick leave from six to twelve months.

As so much has been said of late on the subject of "command" by Medical Officers, it would be interesting to learn why so much difficulty exists in nominating a successor to the command of the depot of the Medical Staff Corps at Aldershot, which is shortly to become vacant by the retirement of Surgeon-Major W. Johnston. We gather that one officer who was desirous of the post visited the camp the other day, but was so awed by the fact that he would have under his command between three and four hundred men, that he declined it. Formerly the depot was under the command of a regimental officer, and later was administered very satisfactorily, we believe, by one of the present quartermasters of the Medical Staff as a captain. It certainly seems advisable to return to this system, as so much difficulty prevails in finding a doctor qualified for the post.

May 30, 1891.

#### THE ARMY DOCTORS AND MR. STANHOPE.

SIR,—In *The Broad Arrow* of the 16th your remarks on the result of the most recent interview between the Secretary of State for War on the one side and Sir Andrew Clark and Mr. Macnamara, on behalf of the Medical Staff, on the other, seem to indicate that Mr. Stanhope is unable to act in the matter of rank and titles in consequence of the opposition of the head of the Medical Department to the concessions being granted, and that matters have thus come to a deadlock. If this is really the position, would it not be well if the Secretary of State for War was influenced more by the views of the many than the one? for it is indisputable that Sir Andrew Clark and Mr. Macnamara are in complete possession of the sentiments expressed by the large body of Army medical officers, and of which, for reasons plainly pointed out in your issue of the 28th April, the Director-General is in complete official ignorance. It is also an open secret that there is one very potent motive inclining the head of the Medical Department towards the "military advisers' side of the controversy. I am in a position to state with confidence that no objection was offered at the interview to the acceptance of the composite titles, provided only they were made to carry with them actual rank, for such titles as captain, major, or lieutenant-colonel, whether in substantive or composite form, carry no meaning without the rank pertaining thereto, and never can. As to the designation of "Royal Medical Staff" or "Royal Medical Staff Corps" for the better amalgamation of the M.S. and M.S.C.—why, that was recommended not only by the Commission over which Lord Camperdown presided, but also by the one under the presidency of Lord Morley after the Egyptian war, and to withhold it is to treat with contempt the result of much deliberation by competent men. That the Medical Department is surging with discontent owing to grievances which are remediable without any expense whatever to the State, is beyond question, and therefore it is reasonable to predict that until the subject of rank and titles is settled, dissatisfaction, and its concomitant agitation, will not cease. I have it on good authority that the Secretary of State for War is in favour of doing justice to the department but for the obstructions he is meeting with at the Horse Guards.

Yours faithfully,

23rd May.

BIS DAT QUI CITO DAT.

June 13, 1891.

"A rose, if called by any other name," etc., and in like manner a black draught prescribed by a "Brigade Surgeon Lieutenant-Colonel" will probably induce the same sensations as if swallowed by direction of a practitioner more briefly distinguished. The authorities constantly experience the pressure of public opinion, urging them to do *something*. Changes of name involve no bickerings with the Treasury, and have consequently become a favourite outlet for official energy.

Some few years ago the Commissariat and Transport Staff agitated for substantive in place of relative rank, and success crowned their efforts. Under these circumstances the doctors may to a great extent be pardoned for indulging in a similar crusade. The victory in the latter case has however proved less complete than that gained by the former department, and further attempts may therefore be anticipated. The rations issued by Major Jones are no less tough or indigestible than those formerly provided by Mr. Smith, and proficiency or otherwise in the practice of hygiene can scarcely depend upon the title of the doctor. The absurdity in both cases is apparent; but really the victorious pretenders were less entitled to the coveted distinction than those who have been practically defeated.

Admitting this, it must however be remembered that circumstances alter cases, and the rank bestowed upon Commissariat officers was not entirely the result of a sentimental regard for their aspirations. The amalgamation of supply and transport duties with those of the quartermaster-general's department was a wise and economical arrangement, and to have compulsorily retired the civilian officers of the Army Service Corps would have involved great waste of money.

It is contended that the titles "lieutenant," "captain," and so on, would be an assistance to doctors whose duties include a share in the maintenance of discipline. This seems difficult to understand, since, be the rank what it may, the individual remains a doctor, and as such must continue to be so regarded. Power of maintaining discipline depends upon personal capacity, and the extent to which authority has been conceded for that purpose, not upon the title of the officer by whom justice is administered. If the P.M.O. in charge of a hospital has power to send a man of the Medical Staff Corps to cells for 168 hours, with the further addition of 21 days' C. B., what more can he want to place him on the same footing as any other commanding officer? Colonel Jones, "Royal Medical Staff," would be no more powerful a personage than Deputy Surgeon-General Jones, Army Medical Staff; whilst the social position in both cases would equally depend upon personal merit.

That any benefit can accrue to the Medical Staff from the new titles which Mr. Stanhope has sanctioned is very unlikely, but it is quite certain that in the eyes of the Service at large the Secretary of State has acted rightly in declining to bestow any rank tending to disguise the identity of an honourable profession.

June 20, 1891.

#### COMBATANT RANK.

SIR,—In a former letter with the purport of which you were good enough to coincide, I ventured to express the views of some of us old Army surgeons on the subject of what is termed "substantive rank" in the British Army. I believe that you will also agree with me that the warrant which has been intimated by the War Minister as about to be issued is more or less, if not altogether, objectionable. The substantial boons as to status, choice of quarters, precedence, etc., ought to have existed, if they did not exist, long ago. In many instances they have existed by courtesy, but the proposed new nomenclature must surely appear to you to be utterly preposterous and ridiculous. The titles surgeon-general and surgeon-major are bad enough, but what could be more ridiculous than surgeon-colonel, surgeon-lieutenant-colonel, surgeon-captain, surgeon-lieutenant? Fancy being announced in society as "Surgeon-colonel" or "Surgeon-lieutenant So-and-so"! The terms colonel, captain, lieutenant, have a meaning of their own, but it is one quite inapplicable to medical officers. I venture to assert that the latter will very much dislike having to assume a title so ludicrous. The term Army surgeon is itself inaccurate. In civil life we have surgeons, physicians, general practitioners, specialists, dentists, all of which titles have in the Army been amalgamated under one title, "surgeon." This might be judiciously rectified by the authorities. If the opinion of a disinterested individual be of any value I would say, Drop the term surgeon altogether. Let men be gazetted under the term "medical officers:" according to a fixed scale of service give corresponding advantages of pay, precedence, etc., but attach no nominal rank such as now proposed. If a regiment requires more than one medical officer, let the senior in length of service have control over the junior in all matters not professional, but



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let them be professionally on an equality. And as to emolument, let it be remembered how greatly of late years the remuneration of medical men has been advanced. Such I believe to be the true solution of the just grievances of the existing medical officers of the British Army. Their present position is, to say the least, equivocal; when they leave and return to civil practice they of course resume their individuality. I have always remembered with amusement how, when on a voyage to the West Indies to rejoin my regiment after sick-leave, I noticed a common-looking negro seaman amongst the crew. When we sighted Dominica, to my amazement my negro friend appeared on the quarter-deck in full evening dress, and took command of the ship. He proved to be a pilot for that island who had taken a voyage to learn seamanship—as a common seaman he posed as a nobody; as a pilot he was indispensable. So with the medical profession: as Army medical officers their position is uncertain and not very attractive, while when they leave the Service not a few of them attain to eminence.

Caledonian United Service Club,  
Edinburgh, 15th June.  
M.D. and J.P.

THE concession of substantive rank and compound titles to the Army Medical Staff should be, and doubtless will be, accepted as a satisfactory solution of a controversy in which neither party has been wholly in the right. On the abstract title of medical officers to Army rank there is ground for much difference of opinion, and it is on this field that the contest has mainly been waged; but their right to be treated in the matter as other departmental officers is less disputable, and it is this right which gives strength to their case. That doctors should be permitted to hold titles which peculiarly belong to those who lead and command troops in the field is a proposition which, nakedly stated, is hard to prove, and the objections to which are obvious; but that they should continue to be excluded from titles that have been conferred in the form of honorary rank upon other departmental officers who neither lead nor command is a proposition which, to say the least, is equally hard to maintain. Mr. Stanhope and his military advisers have exhibited a wise and conciliatory spirit in yielding to the pressure put upon them both from within and from without; and, though the grant of honorary rank, which we have so often advocated, would have been a more logical recognition of claims based upon concessions to other departmental officers, the doctors, having obtained the substance of their demands, will do well to rest and be thankful. Mr. Stanhope's letter to Sir Andrew Clarke clearly shows that the governing idea of the new rank is to preserve the badge of the profession in the title. This is a point for which many medical officers have contended, thereby proving that their pride in their calling was their dominant sentiment, and it was but right that they should be primarily considered. There may appear very little difference between Surgeon Major-General Medical Staff and Major-General Medical Staff, but in reality there is a great deal, for the professional designation is more apparent. It is a great pity that the simplicity of the professional prefix to each rank should have been violated by the intercalation of so preposterous and unwieldy a title as Brigade-Surgeon-Lieutenant-Colonel. This absurdity is opposed to the principle of a military title with the intelligible professional prefix of "Surgeon," and it says very little for the ingenuity of the authorities if some better means cannot be found of providing for the present Brigade Surgeons without permitting an operative suggestion of unlimited ridicule to be introduced into a Royal Warrant.

July 4, 1891.

## ARMY DOCTORS AND COMPOUND TITLES.

SIR,—With regard to the concession of substantive rank and compound titles to medical officers of the Army by the War Minister, I should like to know how they are to be addressed in social life, whether by the medical or military portion of the title. It has often been stated that medical officers in contending for intelligible army status and title want to cease to be doctors, and desire military command other than that of the Medical Staff Corps. This is an entire misstatement, and unsupported by evidence (*vide* the evidence before the Camperdown Committee); they want nothing of the kind, but merely to be put on the same footing as commissariat officers, paymasters, and inspectors of Army schools, who are granted honorary military titles to denote their real rank in the Army. Lord Wolseley, in a recent speech at Dublin, remarked "that there was no difference between combatants and non-combatants."

In the proposed new nomenclature I consider the "cart is put before the horse." The military title should come first, as that gives the real position of rank. Of course officially the actual rank will be known and recognised, but socially all medical officers will be called, as at present, doctors. Why should not a medical officer be called colonel, major, captain, &c., with his medical position denoted as surgeon, Army Medical Staff Corps, surgeon of such or such a battalion, sanitary officer, &c.? This is done in the American and Turkish armies, and I believe also in the French and Italian. The title of surgeon or doctor gives no rank, and is applied to all medical officers, whether they are M.D.'s or have any number of medical degrees. In conclusion, I should like to mention that Sir Donald Stewart, late Commander-in-chief in India, in his evidence before Lord Camperdown's committee, was in favour of giving proper military rank to medical officers of the Army.

I am, Sir, yours faithfully,  
29th June. PERSEVERE.

SIR,—With reference to an article in your issue of the 20th June relative to titles for the Medical Staff, I am of opinion that there is only one way of settling the difficulty satisfactorily, viz., to bestow upon all the non-combatant branches honorary and titular rank, and the following initials to follow their names for their respective departments: M.S. for Medical Staff, A.V.D. for Army Veterinary Department, and A.P.D. for the Army Pay Department.

Windsor, 29th June. Faithfully yours,  
A FIELD OFFICER.

Aug. 15, 1891.

The Royal Warrant defining the future ranks of officers of the Medical Staff is issued to-day. It is to be hoped that the long-vexed question of combatant rank is now settled and done with. As the Warrant appears just as we are going to press, we have not time to carefully examine and consider it, but there are one or two points which at once arrest attention. In the first place, the retired pay of a surgeon-major of 20 years' service is not provided for, for the contingency may arise of an officer of this service not being recommended for lieutenant-colonel under Art. 339 A. A similar oversight occurs under Half-Pay.

SATURDAY, AUGUST 22, 1891.

THE one salient and welcome feature of the new Warrant for the Army Medical Staff is the concession of sick leave on the same scale as is approved for regimental officers. The blemish which disfigures the Warrant, and which, we greatly fear, will aggravate the discontent it is generously intended to allay, is the monstrous title of Brigade-Surgeon-Lieutenant-Colonel which has so unadvisedly been imported into it. Medical officers who wish their army rank to appear in their designation will probably find cause for contentment in the military grading affixed to their purely professional title; but "Brigade Surgeon" is not a professional title at all, and does not qualify in a professional sense the military designation attached to it. The compound term had its use as a distinctive appellation for the highest class of medical officers below administrative rank. It is useless and even ridiculous when a military classification is adopted. It not only mars the principle which runs through the new nomenclature, but its unwieldiness gives an air of affectation which invites ridicule, and on this ground alone it threatens to be extremely unpopular, which is all the more unfortunate as the system of compound titles is avowedly adopted as a concession and is intended as a boon. That there was some difficulty in differentiating the senior surgeons-major from the brigade-surgeons we can readily conceive, but it is hard to believe that the course adopted is the only practicable solution. As brigade-surgeons and surgeons-major of twenty years' service both now rank as lieutenant-colonel, but with different rates of pay, we utterly fail to see why the common designation of surgeons-lieutenant-colonel could not have been adopted, and the several rates of pay properly provided for. We are perfectly certain that the arrangement adopted has not even the promise of finality. As regards the sick leave, the feeling of gratification will be unmixed and general. For years past we have had abundant evidence that the limit of such leave has been too narrow, and productive of much well-founded discontent. Officers whose health has been broken in tropical service could not recover in the time allotted to them, and have passed on to the



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non-effective list, only to discover when they came back to duty that they had irretrievably lost their seniority under circumstances surely of all others entirely beyond their own control. This grievance is now permanently laid, and the liberal amount of leave to be allowed effectually prevents its revival. If Mr. Stanhope could have seen his way to introduce into the Warrant a clause restoring the period of foreign service to its former limit, the double concession might even have reconciled our medical brethren to the incongruous title which by the Warrant has been imposed upon an important section of them.

## THE NEW ARMY MEDICAL WARRANT.

SIR,—The Medical Staff has thankfully received the new warrant giving substantive rank and titles; but only as a moiety of its requirements; in a similar manner to half a loaf being better than no bread. But, after all, has any great boon been conferred on the brigade surgeons? These (in many instances) bald and grey-headed patriarchs, averaging from 50 to 54½ years of age, enjoy the great privilege of ranking as lieutenant-colonels, while their brethren of the so-called combatant ranks attain to their lieutenant-colonelcies at about 43 or 44 years of age, if not earlier, while many of these hold the rank of colonels after four years in command of a regiment. Taking roughly the O.C.'s of say twelve corps, some cavalry and others infantry, the average age may be put down at 46 years, and a large proportion are full colonels. Under such circumstances it is regrettable that some more consideration was not shown to the brigade surgeons by giving them the title of surgeon-colonels, and the doctor-surgeon-generals surgeons colonel on the staff, for the duties of the brigade surgeons are both administrative and executive. However, we now live in hope that the next step will (as indeed it must) be, notwithstanding the prejudices of the "Military advisers" of the Secretary of State, the amalgamation of the Medical Staff and Medical Staff Corps into a Royal Corps. For facility of reference and general information, permit me to quote from the recommendations of Lord Morley's and Lord Camperdown's Committees on this subject. Lord Morley's Committee, in 1883, says:—"The anomalous position of a department without subordinates, and a corps without officers is pointed out in para. 211. Such absence of discipline as has been commented on in the Egyptian and other campaigns is apparently in some measure due to the unsatisfactory relations of the Army Medical Department to the Army Hospital Corps. The Committee recommends, after hearing conflicting evidence, that the corps should be merged in the department, and like other corps in the Service, receive the honour of being constituted a Royal Corps, and that the officers and men should wear the same uniform. Lord Camperdown's Committee, 1890, recommends under the column "Proposed Rank and Title," "Royal Medical Staff," but in no part is the long-winded title of brigade-surgeon-leutenant-colonel even remotely suggested.

Yours, etc.,

JAMAIS EN ARRIERE.

20th August.

Dec. 5, 1892.

The question how officers of the Army Medical Staff ought to be addressed in social life should, without delay, be officially settled. The official title is cumbersome and cacophonous. No one, speaking, would say "Surgeon-Colonel"; and if half of the compound title is to be dropped, it is pretty certain it will not be the latter half. In writing it is a different matter. In ordinary correspondence probably a letter would commence "Dear Colonel," or, if something more formal were deemed right, "Dear Surgeon-Colonel," but in no case could "Dear Surgeon" be considered fitting. The title is undoubtedly a compound title, and, strictly speaking, no severance should take place, but it is an impossibility to adhere to this. Dr. and Mr. however cannot be justified any longer in opposition to the Regulations. Slips of the tongue may occur, as it will take some time to get rid of the old habit of styling every member of the medical profession "doctor." It holds good still in civil life, where it is used as something less familiar than calling a surgeon by his surname, without prefix, and less formal than constantly addressing him as Mr. Blank. It would however be more satisfactory were the authorities to speak out plainly, and say which is right and which is wrong. At the same time this official utterance is not likely to be forthcoming. It has been sought repeatedly by Volunteer officers, a much more influential body than the A. M. S., but the W. O. maintains a sphinx-like silence, and doesn't even "wink the other eye."

Jan. 23, 1892.

## COMPOUND TITLES.

SIR,—I should not have again troubled your correspondence columns on this subject had it not been that "C. B." has once more, in your issue of the 16th inst., passed some remarks on my second letter, which appeared in *The Broad Arrow* on the 26th December. I wish now to make some statements, and to ask a few pointed questions, which "C. B." might, at his leisure, answer. "C. B." has apologised to me for blundering over the wholesale use of "doctor" as applied to the Army Medical Officers. That is all I require; but he does not end there, for he also refers to my remarks about his vituperation. What else can it be termed when he not only expresses his views about Army surgeons obtaining and using the so-called combatant titles, but also has quite unnecessarily, in a feeble way, a shy at the Medical Staff Corps, by dubbing them as "a few men (not to perform soldiers' duties however) under them," i.e., M.O.s. I again ask "C. B." are these M.S.C. non-commissioned officers and men civilians or soldiers, and if the latter, what are the civilian duties they perform? Let us stick to the point and avoid idle generalities. Then, "C. B." airily talks of "justice to Ireland;" "justice to the working man," etc., etc. Why not? Do not politicians, statesmen, and even emperors see that this is but a reasonable cry? Not all the sophisms of "C. B." about "desires of" will contravene the fact that the cry is a reality, and that justice must inevitably be done. If Mr. Stanhope did not consider that compound titles should, in justice or equity, be given to the Medical Staff, why did he recommend Her Most Gracious Majesty the Queen-Empress to grant them in a royal warrant? Sir, the days of bigotry are numbered and replaced by broad-mindedness, so that "C. B." speaks in a minority. He alludes to the war services of medical officers, and their being in large numbers at the base or line of communications. The medical officer has to stay where he is posted, and cannot help that; nor yet can every regiment with its officers be at the front and in the fighting line, for some must be at the base or line of communications. What fighting do the officers of such corps go through to merit medals or decorations any more than Army surgeons? Now for the questions I wish to put: 1st. How long ago is it since "C. B." became fired with the zeal of championship for military titles being exclusively applied to the so-called combatants? 2nd. Has it only been since the titles were granted to the Army surgeons? 3rd. Did he contribute his views on this subject to your columns when the Ordnance and Commissariat Departments got their combatant titles, or was he then too young to gain experience and express the fruits of that experience on paper? If it be true, as "C. B." states, that "combatant officers of the Army are rightly jealous of their combatant titles, and displeased to find that others who are not combatants are desirous of assuming them," then all I can say is that some qualification of these sentiments would not be out of place, for I know combatants of some corps who do not display that feeling. I have, of course, no means of knowing why "C. B." should pose as a representative of the whole Service in cribbed views about this matter. I leave the officers of other departments to deal with "C. B." as I have no inclination to give, what I may call, effete sentiments further attention.

I am, etc.,

M. S.

17th January.

SIR,—I cannot think the acrimonious tone indulged in by your correspondents, both combatant and medical, correctly expresses the feeling which really exists between these two branches of the Army. I can at least answer for myself, and I am glad to say that some of the best friends I have are numbered amongst the regimental officers of the Army. Like many other states and conditions the animus is, I hope, only "on paper," and it would be very extraordinary if it were otherwise when you consider that all the world over we serve "shoulder to shoulder," and have been in many a "tight corner" together. I would venture to hope that you will use the influence of *The Broad Arrow* to minimise the feeling "on paper." The new titles are now, for better or worse, *un fait accompli*.

I am, etc.,

M. S.

Plymouth, 18th January.

SIR,—Referring to "C. B.'s" letter of 16th January, there can be little doubt that the writer at least is "jealous of his combatant rank," and "displeased to find that others who are not combatants are desirous of assuming it." This brave soldier (whose service in "two campaigns as a company officer" of course makes his opinion invaluable and almost settles the matter) would deny to a department whose heroism and self-sacrifice is never questioned, their claim to titles which in our Army indicate an officer's grade and service. He naturally avoids any analysis of our duties in peace, or any reference to the large proportion of our work which is purely military, and



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which could not be performed without special education; and he endeavours to detract from our war services, although it has been shown that our casualties on active service are in equal if not greater proportion to the strength employed than in any other branch of the Army. It is not supposed to be the rôle of brave and honourable men to minimise the danger of others of equal pluck and merit, but to do so is quite in accordance with the false and cowardly statements continually advanced by gentlemen on the opposite side, in order to raise a laugh or suggest what is absolutely untrue. This, however, is without doubt the public and private form of many of our enemies, and is rightly ascribed to jealousy of a very low and contemptible character. It was stated recently in the *British Medical Journal* that Mr. Stanhope was surprised to find how thoroughly jealous was the animosity shown to the Medical Staff. Unworthy as the feeling is, it is nevertheless the case that it is the moving spirit of the untruthful evidence and pretended chaff which is published in so many papers, although the editors do not always allow the British privilege of a fair retort. The attempt to lower our public credit has recently been carried to an extreme degree, in proportion as we have shown ourselves determined to claim recognition of our services as officers in the only way both the Army and the nation can clearly understand. At the close of his clever letter "C. B." says that if non-combatants obtain these titles "military rank will lose its significance and value." What then is its present significance? Are the possessors thereof, and no others, the "fighting" officers; or is it the case that hosts of others, such as paymasters, Army Service Corps, schoolmasters, etc., hold it as well? It strikes me that "C. B." with his vast experience is after all but a poor hand at an argument or else very ignorant. The fact is that such men as he evidently is do not mind falsifying the truth when their spitefulness gains the upper hand. They can talk with admirable humour of our gold lace, brass spurs, and jack boots, and they can jauntily use tap-room expressions such as "twopenny dam" (*vide* another letter), but they really cannot understand that men whose brains are as good as theirs, whose services are as valuable, and who devote their lives equally to the service of their country, object to be considered by the public as of an inferior grade. It is evident to any man with a head on his shoulders that the so-called combatant titles merely indicate length of service and standing; such being the case, army surgeons—who are soldiers too—insist on preferring their claims to use them. Without them, in the present condition of things we are certainly at a disadvantage; without them, too, it is to be feared that many combatants would be absolute nonentities; it is hoped that clever old campaigner "C. B." would not be among the number. I will conclude by reminding you that there are many old officers who fully support our endeavour to free ourselves from the assumed superiority of a narrow-minded and jealous clique. These, however, are honest men, keeping in view the interests both of the soldier and the country; they are not members of that selfish and unpatriotic cabal of which the gallant "C. B." is, no doubt, a promising member.

18th Jan.

I am, etc.,

OUTSPOKEN.

SIR,—Whilst this matter is under discussion in your paper it may be well to give prominence to what appeared in the *British Medical Journal* of the 16th inst., as affording another instance of the manner in which the claims of medical officers to consideration are regarded by Court officials. It appears that an eminent medical officer of the Indian service, who is an honorary physician to the Queen, and who was present at the commemoration service in Westminster Abbey on Jubilee day, asked that he might, like other members of the staff on the Queen's household, be granted the Jubilee medal. After some delay the following reply was sent by Sir H. Ponsonby:—"Honorary physicians to the Queen are not in the Queen's household, and have not received the Jubilee medal. Honorary physicians to the Prince of Wales are in H. R. H.'s household occupying the same relative position to the physicians-in-ordinary as the physicians-extraordinary to the Queen do to Her Majesty's physicians-in-ordinary." This decision will be unpleasant reading to those distinguished officers of the Medical Staff and Indian medical services who have been appointed honorary physicians and surgeons to Her Majesty, as, up to the present they all were considered to be in Her Majesty's household. This incident called to mind one that occurred while Lord Dufferin was Viceroy of India, when, through the jealousy of certain military officials at Simla, "honorary surgeons to the Viceroy" were deprived of the right to wear the aiguillette, though this privilege had been enjoyed by them for several years, and had been introduced without opposition from the military department at headquarters. To make matters worse, when Lord Dufferin applied for permission for his honorary surgeons to wear the sash ordained for the honorary surgeons and physicians to the Queen he was refused. It is these petty

slights that keep up the feeling of irritation so prevalent in the medical services.

I am, etc.,

J. H. N.

SIR,—Will you allow me to contribute to the correspondence which is going on in your columns on the never-ending question of command and rank? I think it must be admitted that a combatant title which does not carry with it the universal exercise of command, according to the degree of rank and the seniority of the officer bearing it, is entirely valueless; to bestow it is to create a sham, and the desire to obtain it is inexplicable. For example, the rank of colonel is usually understood to indicate an officer to whom the command of a brigade or some equally-important military duty would naturally be entrusted. But a colonel, whose authority as such is limited to the particular corps to which he belongs, is a functionary for whose existence I fail to discover the *raison d'être*. In short, the possession of Army rank, to mean anything, must entail command in the full sense of the word. That anomalies in the form of emasculate ranks already exist, is no reason why such errors should be multiplied. In answer to the clamour of the Army doctors, Mr. Stanhope yielded so far as to bestow the "compound titles" now so deservedly unpopular. As a sop to Cerberus the experiment has been a failure, for Cerberus is still hungry, and the titles themselves are as wearisome to those whose duty it is to utter them as they have proved unsatisfying to those who bear them. The doctors, like the Irish, make no secret of their desire to make "justice" a wide and far-reaching demand: they will have the rank, the whole rank, and nothing but the rank. This is intelligible, in so far that they have forced us to understand that such is their demand, but as for the *motif* of the agitation I have given up searching for it; it is wholly a mystery. I cannot descend to the mere vulgar idea of supposing that so excellent a body of gentlemen desire to masquerade in society; such an assumption would be an inexcusable insult to a body of officers for whom I entertain the highest respect. There must be some other explanation, but I confess I am wholly at a loss to discover it. That Captain Jones, "Royal," or any other, Medical Staff, would necessarily appear to be a combatant officer until the truth was discovered, is quite as certain as that to the conscientious bearer of the title the constant explanation of his real status would soon prove excessively irksome. To confer combatant titles upon the army doctors can, therefore, result in only this one *dénouement*, that those amongst them who do not desire a vulgar masquerade will be bored by making constant and gratuitous explanations, whilst the others will have at least a limited scope for their histrionic powers. Under such circumstances, can the game be worth the candle? The situation, in my opinion, is quite simple. The doctors are not unanimous in desiring combatant titles, but they are absolutely united in objecting to the cumbersome designations which have been bestowed upon them. Let the folly be at an end; King Stork has proved an evil monarch to the whole of his subjects, who should therefore ask the kingmaker to depose him, and reinstate King Log. The doctors number amongst them men who would probably have proved themselves quite as good soldiers as physicians. They have, however, chosen to practice the art of healing rather than that of slaying. The hand of time cannot be put back, and it is too late to adopt the contrary profession, but it will never be too late to be content with that which has been chosen. A surgeon, called by any name, practices an honourable calling, and is deserving of respect, which he can in no way enhance by attaching to it an unnatural appellation.

17th January.

I am, etc.,

P. K. S.

[With our article elsewhere, and the present letters, the correspondence on this subject will now close.—ED. B.A.]

## PHONETIC DECAY.

AT the time, when the officers of the Army Medical Staff were clamouring at the top of their voices for specific combatant rank as distinguished from a general departmental military title, those opposed to the claim thus put forward, ventured to prophesy that, were any partial concession made in the desired direction, the calm which might ensue would at best be but temporary, and that the conferring of titles compounded of military-departmental and combatant prefixes would merely serve as the thin end of a wedge to be later driven home with redoubled vigour, until the military-departmental prefix disappeared from sight, and nothing remained uncovered but the combatant portion. The prophecy has been realised, for now the clamour is renewed with the avowed object of eliminating that which may be described as the departmental ingredient of the medico-military compound. In this there is not so

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# BRITISH MEDICAL JOURNAL:

THE BRITISH MEDICAL JOURNAL.

[May 28, 1887.]

## 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 this 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 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.

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 thus: 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, or the Pay or Commissariat Departments.

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, 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.

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 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 HAPPY MEMBER 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 ape them in their military titles, and would convince the Secretary of State for War that we do not wish for "titles so disreputable to our profession, and conflicting with it the rank military, which would make it impossible to everyone what we were, and what corresponding military status colonel-surgeon, major-general-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.

### 4<sup>th</sup> JUNE RELATIVE RANK AND WHAT IT MEANT. 1889.

SIR.—As a statement has been made in high quarters that the expression "relative rank" had no particular meaning or special value, permit me to call attention to the fact that in the year 1863 a Royal Warrant was issued prescribing the privileges attaching to the relative rank of medical officers, and that in this warrant occurred the following sentences:—

"Relative rank should carry with it all precedence and advantages attaching to the military rank with which it corresponds."

"Choice of quarters shall be regulated by relative rank according to date of commission."

"Relative rank shall not entitle the holder to salutes from ships or fortress, nor to the turning out of guards; but it shall entitle him, if commissioned, to salutes by sentries, or by individual soldiers."

"All commissioned officers serving with the troops shall be entitled to funeral honours, according to their relative military rank."

The warrant from which the foregoing extracts are taken abrogated certain privileges which had been conferred on medical officers by the Royal Warrant of 1858. Had these privileges not been tampered with, the position and status of medical officers in the army would have been established beyond all cavil.—I am, etc.,

M. S.



## THE BRITISH MEDICAL JOURNAL.

## 13. M. 2 RELATIVE RANK. 4 June 87-

LETTERS from all parts of the world continue to pour in upon us. It is becoming more evident every day that unless something is done to allay this universal discontent, the medical services of the British and Indian armies will become so discredited at the sources of supply as eventually to drive the authorities to seek recruits among the least eligible ranks of the profession. It appears to us from the evidence before us, which is simply overwhelming, that the gulf between the combatant and medical branches of the army is becoming wider and deeper every day, and we must add that this fact, for such it is, is not sufficiently appreciated by those in authority on both sides of the question. Our correspondents, one and all, say that it is useless to go on repeating that the abolition of relative rank has made no difference; to those whose duties are confined to administrative work in London offices, probably it has not; but the executive officers of the departments of the medical services at home and abroad tell a different story, and with one accord say that their official and social positions have been perceptibly lowered by this measure. Ere it is too late, we most earnestly urge the authorities concerned to take up this question seriously, and to find some reasonable settlement of the points at issue. It is quite clear that an explanatory word or two in a warrant will not satisfy the service, or meet the requirements of the case. Whatever the intention of this measure was, its effect has been most mischievous. It is not the business of the press to suggest a remedy; those who unintentionally did the wrong must find the remedy.

In this connection attention may be drawn to the letter which we publish to-day recalling the terms of the Warrant of 1863, which, far from treating relative rank as of no value and its abolition or otherwise as unimportant, attributed to it the highest importance. That Warrant superseded the Royal Warrant of 1858, which was the issue of a most important Royal Commission. The supersession of the privileges granted by the Warrant of 1858 was the beginning of the subsequent and present troubles.

## HONORARY RANK.

DR. WM. STEWART (Surgeon-General retired) has addressed the following letter to Mr. Ernest Hart, Chairman of the Parliamentary Bills Committee: The medical officers of the army owe you a deep debt of gratitude for the able way in which you have advocated their cause in the matter of the abolition of relative rank. I have always held that medical officers, from the nature of their military duties, their technical and professional training, and their weighty responsibilities, especially in time of war, should be invested with actual or army rank, rather than honorary rank; but if there be any insuperable obstacle to the former, then honorary rank is the only alternative, now that relative rank has been proclaimed by the highest authority to be a meaningless term. From an experience of a third of a century in all the various grades (executive and administrative), I feel certain that it is the want of definite rank and standing that has done more than anything else to perpetuate that unworthy and petty jealousy that has all along stood in the way of military medical initiative and advancement; and exposes medical officers, whenever an opportunity offers, to unfair disparagement in the columns of certain so-called service journals. Grant medical officers proper military rank and status, and all heart-burnings and jealousy on the part of their opponents would, I believe, die a natural death. The article in the JOURNAL of May 7th is a splendid one; it gives a summary of the chief points bearing on the question, and of the important and twofold duties of the Medical Staff.

A SURGEON-GENERAL writes: I quite agree with your correspondent "Pilgrim's" (JOURNAL, May 21st) remarks touching such titles as "Surgeon-Lieutenant," "Surgeon-Colonel," etc. A medical officer sees as much active service, and often much more, than his so-called combatant brother officers, and there is no reason that I see why any word should be prefixed to his army rank to deprive it of any advantage or honour it may carry.

I have two near relatives in the Indian army wherein I served. One is a Commissariat officer, and he is called plainly Colonel A., not Commissary-Colonel A.; the other served all his time in the Revenue Survey, and was never on active service; he has retired as plain Major-General A., not as Revenue-Survey-General A. Both occupations are perfectly honourable and worthy of being followed by soldiers, and yet I am sure my relations would resent having their rank spoiled by these prefixes.

I remember, when I first joined the army, the engineers were always spoken of, and looked down upon by the cavalry and line, as "non-combatants"; but they made a stout fight of it, and insisted upon having their position recognised. If we likewise are determined, and insist upon it, the Horse Guards must grant our just demands. They have raised the question, and it should not now be allowed to rest until we have settled it satisfactorily, once for all.

## 49 June RISKS OF ARMY MEDICAL OFFICERS. 1890.

A CORRESPONDENT in Egypt sends us the following table, which is of interest as showing the risks run by officers of the Medical Staff in time of war. It will be seen that, as regards security to life, it is far better to be in the Artillery, Engineers, or Infantry, to serve on the General Staff, or in any other department of the army, rather than in the so-called non-combatant Medical Staff. The specially high death-rate in the Camel Regiment might possibly be explained by the military authorities.

NILE EXPEDITION, March 18th, 1884, to July 31st, 1885.

Arms of Service.	Percentage of Deaths to Strength.
Camel Regiment .. ..	30.45
Cavalry .. ..	7.40
Artillery .. ..	0.00
Engineers .. ..	0.00
Infantry .. ..	4.89
General Staff .. ..	4.48
Chaplain's Department .. ..	0.00
Commissariat Department .. ..	0.00
Medical Staff .. ..	6.93
Ordnance Department .. ..	0.00
Pay Department .. ..	0.00
Veterinary Department .. ..	0.00

June 11, 1887.

## RELATIVE RANK.

LETTER FROM THE SECRETARY AT WAR TO THE CHAIRMAN OF THE PARLIAMENTARY COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

THE following communication has this week been addressed to Mr. Ernest Hart, Chairman of the Parliamentary Bills Committee of the British Medical Association, in reply to the communication addressed by Mr. Hart to Mr. Stanhope, on the subject of relative rank, published in the JOURNAL of May 7th, p. 1009.

Pal Mall, June 6th, 1887.

Sir,—I am directed by the Secretary of State for War to acknowledge your letter of April 27th, on the subject of relative and honorary rank, and to inform you that recent verbal changes in the Pay Warrant have not affected, and were not intended to affect, injuriously either the rank, position, or privileges of medical officers in the army.

I am further to invite your attention to Article 126 of the Pay and Promotion Warrant of 1884, omitted from the revised Warrant of January, 1887, from which you will see that the classification of staff-officers of the army generally, commonly called relative rank, merely interpreted the relationship to one another of individual officers holding certain staff-appointments, the definition of such relationship being necessary to regulate the allowances, etc., attaching to their several appointments.

The grant of titular or honorary rank to the officers of the Commissariat, Ordnance, and Pay Departments was a reasonable concession to officers drawn from the combatant ranks in which they already held such titles, and, of course, rendered the term relative rank in their case unnecessary.

In the case of strictly professional departments, who had distinctive academic or professional titles of their own, it appeared sufficient to classify the several grades of such officers with the corresponding grades of combatant officers in such clear and precise terms as would leave no doubt in the mind of any person regarding the rank in the army held by them.

While in deference to the desire of the British Medical Association for information, I have been instructed to enter thus fully into recent changes, which have not, so far as Mr. Stanhope is aware, inflicted any injustice on any member of the Medical Department, and which, as already stated by him on several occasions in the House of Commons, were not intended to do so, I am to add that Mr. Stanhope has no reason to suppose that either the medical profession in general, or those members of it serving in the army in particular, are desirous that officers of the Medical Staff should be called by titles so dissociated from the duties of their honourable profession as those of colonel, major, or captain.—I have the honour to be, Sir, your obedient servant,

RALPH THOMPSON.

Ernest Hart, Esq., British Medical Association, 429, Strand.

## RANK OF MEDICAL OFFICERS OF ARMY.

THE following telegram, dated Allahabad, June 9th, has been received by the Editor:—

"Medical Staff, India, unanimous in supporting movement regarding honorary rank. The composite titles proposed, 'surgeon-captain,' etc., would be found awkward and impracticable."



H. W. L. writes: In celebrating Her Majesty's Jubilee, it is sincerely to be hoped that the claims of the profession in the army will not be overlooked by the State in the dispensing of this year's honours. It is to be trusted that the long existing barrier erected by the Horse Guards separating the medical department from the other branches of the army, may soon be shattered by the unerring artillery of common sense, and the claim for substantive title conceded. There is no longer a division of feeling existing as to the justice of the claims put forward by the profession for true military titles for army surgeons, similar in every respect to the other branches, namely, those who feed and pay the army, and to whom they now feel themselves distinctly inferior, since any little military position they may have once felt they possessed, has now been abolished as a useless "term," "a mere expression," whilst these highly honoured officers have had very recently conferred upon them true military titles.

It is difficult for the civilian to at once see that by existing warrants, in a strictly military sense, these eminent military officers of the Pay, Ordnance, and Commissariat Departments are distinctly the superiors of the Medical Staff; in fact, to-day the profession in the army has no standing, no rank, no actual military position.

The medical officers of the army have rendered great service to the State, and they have had to bear all the hardships and dangers in actual warfare just as combatant officers, in addition to those other risks in which combatant officers had no share. The greatly improved health of the troops, the diminished mortality, which in recent years has reflected such credit on the surgeons, and the increased number of men of all ranks available for daily duty, compared with former years, proves that the Medical Staff of the army are working and advancing with the age in the progress of thought and teaching in the treatment of the sick and in the care of those placed under their charge.

I venture to suggest a scheme which would appear to simplify the very vexed question of substantive rank, since "relative" and "honorary" are only assimilated titles and no longer of value in the estimation of military authorities. All corps and departments as the Transport, the Ordnance, the Pay, and the Medical, to be designated by a military prefix of rank and an affix denoting the corps to which each officer belonged, thus:

Major	Commissariat.
"	Ordnance.
"	Army Pay.
"	Medical Staff.
"	Telegraph.

ONE OF MANY writes: I beg to most strongly endorse the letter of your correspondent "M.S." in the JOURNAL of May 28th. As he says, "The titles must be absolutely the same, or they will most certainly be considered inferior." The introduction of such unwieldy and complicated compound titles as surgeon-lieutenant-colonel, brigade-surgeon-lieutenant-colonel, lieutenant-colonel-surgeon, etc., will give satisfaction to no one. They will only increase the confusion that already exists among our combatant brethren—let alone the world at large—as to the meaning of the present designations of the officers of the Medical Staff. All combatant officers probably know what a surgeon or a surgeon-major is, and many may understand the terms surgeon-general, but I can from personal observation positively assert that very few indeed either of the officers or of the men know what is meant by a brigade-surgeon or a deputy surgeon-general, except that it is a medical man, but of what rank he may be they have not the least idea. It seems quite probable that the above unhappy medium may eventually be offered us as a sop by the powers that be; but should it be accepted (which I sincerely hope may not be the case), I can emphatically affirm that both by the officers and by the men of the combatant branches we shall still be looked upon as considerably the inferiors of the Commissariat, Ordnance, and Pay Departments of the army, an opinion which at the present moment they very strongly entertain, and a fact which is brought home to us in a hundred ways in our daily intercourse with combatant officers. We are all proud of our position as medical men, and cannot see how the fact of our being called Major So-and-so, Surgeon-Major Medical Staff, can in any way "dissociate us from our honourable profession."

At the interview between the Director-General of the Medical Staff and the Parliamentary Bills Committee of the British Medical Association, Sir Thomas Crawford stated: "Medical officers are engaged solely for health purposes; they are not responsible for duties which pertain to all that is understood by military command." We are responsible for such duties. Do we not administer discipline and military law over a vast number of thousands of men? The medical officer commanding a detachment of the Medical Staff Corps has, and exercises—with the sole exception of the power of convening regimental courts-martial—the same disciplinary powers over the officers and men under him as the commanding officer of a regiment has over the corps he commands. We have now administered discipline over the Medical Staff Corps for some years, quite a long enough period to judge how the plan has worked. I ask, Has the result shown that their exercise of military command has led officers to "subordinate their purely medical duties to their military positions"? It has not. Have the sick been less carefully and thoroughly tended, or have any of our purely medical duties been neglected for the sake of our purely military work? Again I emphatically say such is not the case.

The discontent in the Medical Department is universal and very great, and is not likely to be appeased till, by the granting of honorary rank pure and simple, we are put in a position of equality with the Commissariat, Ordnance, and Pay Departments, to whom we feel we should not be held to be in any way inferior. The Medical Department of the army owe a deep debt of gratitude to you and to the Parliamentary Bills Committee of the British Medical Association for the able manner in which you have advocated our rights. I am only one of very many others who earnestly hope that you will continue to exercise your powerful interest on our behalf till this vexed question has been satisfactorily settled by the concession of that honorary rank to which we are fairly entitled.

MEDICAL STAFF writes: Against any proposed scheme of military titles to army medical officers it is constantly urged that no title will be satisfactory which will dissociate them from their honourable profession. Should this objection be applied to civil life, members of the medical profession who have received orders of knighthood or baronetcies will in future add their professional title as a prefix to their courtesy title. We will thus have "Dr. Sir Wm. Gull, Bart., and Dr. Sir H. Acton, K.C.B." Surely Colonel A. Jones, M.D., Royal Surgeons, would be quite as distinctive professionally as Sir Wm. Gull, Bart., M.D., F.R.S., and in neither case is there any desire to sink the profession to which both belong.

#### A ROYAL CORPS OF SURGEONS.

R. P. B. TAFFER, M.D., M.S. Lond. (Brighton) writes: ARMY SURGEONS should agitate for changing their department into a Royal Corps of Surgeons, similar to the Engineers. The rank should be either substantive or honorary. The various corps might then be known as follows: Colonel Williams, R.A.; Major Jones, R.E.; Captain Smith, R.S. (R.A., Royal Artillery; R.E., Royal Engineers; R.S., Royal Surgeons.)

The above is the only real remedy for the grievances of army surgeons and the only logical way out of the difficulty.

#### 18 June RANK OF ARMY MEDICAL OFFICERS. 1887.

MEDICAL STAFF writes: The account of your interview with a high Government official in the JOURNAL of May 28th, and the views elicited on that occasion are of so important and, I regret to add, startling a nature that I crave a little of your valuable space to notice, paragraph by paragraph, the article in question.

Paragraph 1 is merely introductory.

Paragraph 2. Whatever the astonishment of Whitehall Yard may be, it will be simply nothing compared to the amazement of army medical officers when they read this paragraph. Under the present system of promotion by selection, it would be simply madness for any medical officer to submit a complaint to the authorities. He would become a "marked man," would be looked upon as a mutineer or ring-leader, and might just as well retire from the service, as he would never be promoted. We all understand this very well, and so can only express our disgust and grievances through the public press.

Paragraph 3. "Relative rank was the cause of much inconvenience." Very likely; so military jealousy has swept it away. Strange it is that nothing has been said explaining when the inconvenience or anomaly was felt. Anyhow, the effect has been disastrous, as we have been lowered in the social and military scale, and, so far as the command and discipline of the Medical Staff Corps is concerned, the new arrangement will never work.

Paragraph 4. I submit that "reasonable doubts" must be felt, else why this universal agitation and dissent coming from medical officers in all parts of the world?

Paragraph 5 is an astounding one. Surely we "have to administer discipline and military law," as we command the Medical Staff Corps, as well as being "engaged solely for health purposes." If a titular designation belongs to the "purely fighting branch of the army," why has it been recently given to the Commissariat, the Ordnance, and the Paymasters? They are non-fighting, and the latter command no men at all. It is said to be told that, to please the military and smooth away their jealousies, we are to be sacrificed. In the army a military status is required, as well as being "a good doctor."

The last paragraph requires no comment. It is very suspicious that this new Warrant was only sprung on us just when the department had been filled up to its maximum strength; and the announcement that there will be no examination next August is most significant. The "coming man" is held to be responsible for this manoeuvre, as well as for the inspired articles and letters against us in a medical contemporary of yours.

To settle the important matter as to the wishes of officers of the Medical Staff, let 1,000 voting-cards be printed and circulated, to be filled up and returned to the Editor of the BRITISH MEDICAL JOURNAL, marked *confidential*. We should be happy to defray printing and postage; and by sanctioning this you would confer one more great favour on the Medical Staff.

"Ma." (Egypt) writes: Mr. Stanhope's reply in the House to Dr. Clark's question (JOURNAL, May 14th, Medical-Parliamentary) is open to grave objection. We are astounded that he does not suppose that we wish for titles such as colonel-major, and captain. One would imagine that the recent correspondence in your pages and the representations of the Parliamentary Bills Committee would have removed any doubts he may have entertained on the subject. These titles are the only practicable designations by which can be known to all the relative positions of officers in and of the Medical Staff itself. As it is now, we are all called "Dr.," to which title the large majority of us have about as much claim as Mr. Stanhope himself.

Supposing it possible that this universal "doctor" dubbing could be avoided, we should then find in many cases that the Surgeon-General would be "Mr. Jones, and the last-joined Surgeon "Dr. Smith," which of these would then be the senior socially, the Surgeon who is a "Doctor of Medicine," or the Surgeon-General who is merely a "professional gentleman" (vide Doct's Paraph).

Mr. Stanhope fears that the bestowal of titular rank would dissociate us from our profession are groundless; a medical man is invariably known as such by all with whom he comes in contact; and were it possible that one of our number could ever attain the rank of "Honorary Field-Marshal Commanding-in-Chief," the superadded "Medical Staff" would set forth his honourable profession. Carry Mr. Stanhope's theory a step further, and it would almost appear incumbent on those baronets, knights, etc., in the profession, who may be graduates also, to resign their titles, and to avoid dissociation by return to their honourable designation of "Dr." Apart altogether from this side of the question, there is yet another cogent reason why we should have military titles in common with every officer who holds Her Majesty's commission, namely, that were the army like a scientific society, where each member takes rank according to his individual merits and attainments, our professional titles would "place" us, but the army is a body in which the genius of a Newton in the person of a subaltern must bow to the mediocrity of a ploughman if invested with the rank of a "major." Nothing other than military rank and military title will protect the grey-haired military surgeon from the supercilious treatment to which he is subjected by officers who, unable justly to appreciate his services, have not the good taste to respect his years.

It is a significant fact that rank has been given to all those departments for which the "combatant" officer can qualify, but pertinaciously withheld from those departments for which the "State" cannot supply the necessary mental stamina.

BRIGADE-SURGEON writes: I have read with great satisfaction the numerous letters published in the valuable pages of the JOURNAL in favour of military rank for the officers of the Medical Staff.

I wish to state that almost the whole body of medical officers in the army are at this moment in favour of real rank being granted to the Department. The Medical Staff see the urgent necessity for the science of medicine to obtain a recognised standing in the army. And any rank that is granted must be a levelling up of the profession of medicine to that now occupied by the Royal Engineers, the Army Pay and Commissariat Departments. They have true military rank, and are designated accordingly.

It is now more than twenty-six years since I joined the service, and I feel that I am justified in freely expressing my opinion that the time has now come for the medical profession to be placed on a proper footing in the army. I have communicated with a large number of military surgeons of all grades, and I have not met one who is not in favour of the movement you are so faithfully supporting.

We of the Medical Staff, in tendering our claims for true rank, have no desire to sink the science of medicine, but, on the contrary, our desire is to elevate it and have its position recognised beyond the possibility of doubt.



## THE BRITISH MEDICAL JOURNAL.

HOW THE ABOLITION OF RELATIVE RANK IS  
25<sup>th</sup> June REGARDED IN INDIA. 1887—

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 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 tablegroaned with letters from all parts of the world.

June 25, 1887.

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 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 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, it is something apart, a thing to be borne with, tolerated, but not 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 medicine 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. What 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 wasting 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.

## THE ARMY MEDICAL SERVICE AND THE BRITISH MEDICAL ASSOCIATION.

The happy results of the exertions of the Parliamentary Bills Committee of the British Medical Association on behalf of the Army Medical Service are showing themselves in all directions. Army medical officers have joined the Association in great numbers of late years, and are recognising the fact that most of the concessions obtained by the warrants of the last twenty years have been mainly due to the work of the Committee. The Chairman of the Committee continues to receive telegrams and letters of thanks from army surgeons in all parts of the world. Thus far it is a significant fact that the views of the Director-General on the subject of relative and honorary rank find no support in his department, with which, on these points, we regret to find that he seems hopelessly at variance. It is much to be hoped that the Director-General will take means to secure for himself from the Secretary of State at War more accurate information of the feeling of the department than seems to be in the possession of Sir Ralph Thompson. The cordial feelings of the department towards the Association was manifested very markedly at the reception of the South-Eastern Branch at Netley on June 16th, and the South-Eastern Branch at Aldershot on June 17th. The intimate association of the civil and military branches of the Association can but be mutually advantageous. No doubt the proceedings at Dublin will tend yet further to strengthen it.



## 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 debenture 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 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 where 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 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. ROBIN, and WAR MEDICALIST writes: The House 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 of 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 Jesculapian art, an added predilection for the field and martial life gives 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 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.

July 2, 1887.

## AN APPEAL FOR GRIEVANCES.

SIR,—I have followed with keen interest the controversy about "relative rank," and am most anxious to do what I can to help my old comrades in their struggle. But my difficulty is this—and I believe it has been felt by others—I find it almost impossible to explain to my civilian friends wherein the real grievance lies, and in what respect army surgeons have been injured by the operation of the recent Warrant. The case for the authorities, so far as I understand it, is that relative rank was a mere term, which meant nothing and conveyed nothing, and the withdrawal of which, therefore, cannot do any harm; and the Director-General goes so far as to say that no case of real or even suggested damage has been brought under his notice; that he will gladly receive reports of such cases, and will carefully consider each on its own merits. Our opponents, therefore, have a plausible answer to our case, for they say, "You grant that relative rank is worthless, for its simple restoration would not satisfy your claims, and as compensation for the loss of a thing which was of no use you are now asking for something much more definite, and which you have never had before."

Now, I want to be able to answer all this; I want to get clear and definite statements of actual hardship cast in a tangible form, or even plausible suggestions of lines on which hardship may possibly run in the future. These seem to me essential in view of a parliamentary discussion, and in view of the fact that Mr. Stanhope fairly cornered Sir G. Hunter's deputation, by asking what relative rank really meant. Appreciating as I do to the full the important statement made by the Indian medical officer in the JOURNAL of June 25th, I would venture to hint that his statement is a little vague. Perhaps at some future time he might explain how social position has been injuriously affected by the Warrant, and how "official privileges" are curtailed by a change which apparently leaves the rank of the medical officer for all practical purposes exactly where it was. Of course we cannot ignore "sentiment," the importance of which Mr. Stanhope frankly admitted, but in a discussion like this we want something more tangible; and if any one will respond to my appeal, and supply the information which is needed, he will be doing a real service to the cause.—I am, etc.,

ROBERT FARQUHARSON.

House of Commons, June 28th.

SURGEON-GENERAL (Bengal, Retired) writes: I have been favoured with the perusal of a letter from a distinguished medical officer in India, who is in a position to form a sound judgment, which states in clear and forcible terms the disadvantages under which the abolition of relative rank has placed the medical officers serving in that country. He says: "Up to the date of the issue of the late Royal Warrant every officer in the Imperial army considered that medical officers had distinct rank; it was called 'relative rank,' but, as I shall show you, by the Bengal Army Regulations, it was identical with 'honorary rank,' and was cherished as a distinct social and official privilege, quite apart from any concurrent advantages of pensions," etc.

The War Office, through its representative in the House of Commons, has been careful to tell us that "relative rank" means nothing, and that it is a mere "term," and that the reply lately given to a question in the House of Commons by the Under-Secretary of State for India on the rank of the medical officers of the Indian army bears no other construction except that they have no rank at all. At the headquarters of the Government of India all military officers (in private) say the same thing, so that the position is a clearly defined one; and no alteration of the Warrant in the sense of the amended paragraph 115a, last published, will meet the case. If relative rank means nothing, medical officers must have honorary rank accorded to them exactly in the same manner as it is granted to officers of the Pay and Commissariat Departments of the army.

Military discipline prevents our moving in this matter, and we must look to our universities and schools to put pressure at once on the Government by direct addresses in the interests of their alumni, and by moving their members of Parliament to insist on a rectification of the position.

The Parliamentary Bills Committee of the British Medical Association has earned the gratitude of the services by its action, but more is needed. Every medical corporation in the United Kingdom must rouse itself in defence of the social and official position of its alumni in the military services; and I trust that no medical faculty will lag behind.

I have had copies made of extracts from official documents, showing how the authorities have hitherto regarded "relative rank." The first (marked I) is an extract from the Bengal Army Regulations, which shows clearly that the authority which issued these regulations considered relative and honorary rank as one and the same thing.

The second extract (marked II) is from a despatch from Her Majesty's Secretary of State for India, published so lately as 1882. He is pointing out the benefits which the medical service had of late years received, and one of these prominently noted benefits is "higher relative rank," "a privilege which carries along with it" certain other advantages.

When men are wanted for the army, "relative rank" is paraded as a "privilege," but now we are told it means nothing—is a mere "term."

The third extract (marked III) I have given to show you the anomaly of the position. The Army Circular quoted gives to certain senior apothecaries, men without education and without any professional qualification—usually sons of privates and non-commissioned officers—honorary rank, not relative rank, but honorary rank "with all the advantages attaching to the army rank which they hold."



## THE BRITISH MEDICAL JOURNAL.

## I.—Extract from the Bengal Army Regulations.

50. Nature of Relative Rank.—Relative and honorary rank carries with it all precedence and advantages attaching to the military rank with which it corresponds; but such rank does not entitle the holder to military command of any kind whatever, nor to the presidency of courts martial, courts of inquiry, committees, or boards of survey (Para. 12, Sec. 8), unless when specially ordered.

51. Relative Rank does not receive Salutes.—Relative rank does not entitle the holder to salutes from ships or fortresses, nor to the turning out of guards; but it entitles him, if commissioned, to salute by sentries or by individual soldiers.

## II.—Extract from Indian Medical Department Circulars and Orders, 1882.

22. "Medical officers, it must be recollected, have of late years been granted higher relative rank, a privilege which carries with it a higher rate of pension and a higher rate of retirement if an officer is compelled to leave the service from ill-health before completing seventeen years' service in India. By these rules, medical officers on joining from probation at once rank as captains, a rank only gained by a staff corps officer after twelve years' service."

## III.—Extract from Clause 83, Army Circulars, India, for July, 1884.

3. "The relative rank will be—senior apothecary, after three years' service in first grade, as deputy commissary, with the advantages attaching to the honorary rank of captain. Senior apothecary under three years' service in the first grade, as assistant commissary, with the advantages attaching to the honorary rank of lieutenant. Senior apothecary, second grade, as deputy assistant commissary, with the advantages attaching to the honorary rank of lieutenant."

The services were, I believe, quite satisfied until the new Army Warrant appeared. All that they wanted was a due observance of their relative rank with combatant officers, and that they had.

The new Warrant abolished relative rank for combatant officers, and, of course, implied this for medical officers. When the alarm arose, the assurance was given that no change had been made regarding medical officers, but we who have had experience in India know very well that the Warrant will be interpreted in its literal sense by combatant officers, whereby medical officers will be in constant risk of slight, and of their position being ignored. This is a matter which is indisputable, and is the basis of our protest.

To restore confidence and bring about contentment, we require the concession of honorary rank which is equally due to the medical service as it was to those branches of the army that lately obtained it. It is due because of the close association of the medical service with all military detail, and especially because of the exposure of medical officers in war to all the risks thereof.

We do not desire the extinction of our professional titles, for these are our pride; but we believe these can be so attached to a military title as to indicate our rank in the army in a way that everyone will understand and respect. Moreover, it is well known that, in some of the foreign armies such titles are in use, that no inconvenience has been felt—nay, that everything has gone on quite smoothly. What has been done in these armies can surely be done in ours.

We have the root of the thing already in such titles as Surgeon-General, Deputy Surgeon-General, and Surgeon-Major; it only requires a little thought to adjust titles for the other grades—such as Surgeon-Colonel, Surgeon-Lieutenant-Colonel, and Surgeon-Captain. Or, if the American plan be preferred, let the rank be Colonel and so on, with the duty-title added. I prefer the former, because it at once indicates the profession, whereas the other leaves it in doubt, when a man is personally addressed, whether he is Colonel-combatant or Colonel-doctor.

ROYAL SURGEON writes: I heartily approve of the suggestion of "Medical Staff," that a plébiscite of army surgeons should be taken on the honorary rank question. From many letters received from home and abroad, I am confident we have an overwhelming majority in favour of honorary rank and the title "Royal Corps of Surgeons." I would also suggest the advisability of the Director-General inviting the medical officers attending the meeting of the British Medical Association in Dublin to a friendly conference to discuss this question with him. Recognising as I do the great services of Sir Thomas Crawford in the past, it appears to my mind simply astounding that he should sanction a great and grievous wrong being inflicted on his junior officers.

July 9, 1887.

## CABLEGRAM FROM INDIA. SHIMOKHI

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."

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 deputation 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 command 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 *British Medical Journal*, and the account of the deputation from their Association to the Secretary of State, in the *Journal* of the 26th 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.

## 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 of 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

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 discrepancy 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.



July 23, 1887.]

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 no 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.

QUO FAS ET GLORIA DUCUNT writes: I am the grandson, son, brother, nephew, and cousin of combatant officers of the army and navy, and hope to be an army surgeon. I do not think that the Army Medical Staff will gain by the present agitation for substantive or honorary rank; but let them have the old relative rank, it worked well. I have always found that the medical officers are regarded as part of the army, and that they will gain anything by being called Captain, Major, or Colonel, I cannot believe; in fact, I think they will lose. I have often heard it asked, Who was Colonel Jones? Oh! he was only a paymaster; and I should not like members of my profession styled Colonel Smith, only a doctor. That the present officers of Commissariat and Pay Departments should be given honorary rank is only just; the majority have passed through the combatant branches of the service, and all now entering must have held a combatant commission for a number of years (even, I think).

Again, why should we seek to be entitled, like the combatants, to assume the lion's skin? Surely it is our duty and pleasure to cure and not to kill. That the combatants are jealous of the Army Medical Staff is true, and naturally so; the pay and pensions of the Army Medical Staff are better. I am sure that every right-minded soldier gives the Army Medical Staff their due, and if an army surgeon did not get on with his brother-officers, in nine cases out of ten it is his own fault. If a medical man enters the army, surely he does not want to be a soldier and try to throw his profession away; if he does, let him keep out of the army, for he will find it useless. By the present agitation I am afraid that the Army Medical Staff will lose more than they gain, and especially by keeping out of the service many of the most able (and therefore most enthusiastic medically) juniors, and so let in an inferior class of men, many perhaps not the social equals of their brother-officers, combatant or non-combatant.

July 16, 1887.

## RANK FOR ARMY MEDICAL OFFICERS.

T. DE R. 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 time to take up my pen and address you on this highly important matter. I do so now, feeling that in advocating the claims put forward by the army-doctors, you are 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, and 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 the profession at large for their support, since those in high places refuse him a 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.

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## RELATIVE RANK.

SORTIS 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 *non des parens*), 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 fold of military rank, now that we are called upon to perform military duties and endowed with military command over our 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 myself.

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.



PRIVATE AND CONFIDENTIAL.]

July 1887.

## British Medical Association.

## 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, etc.

*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.

## DOING AND UNDOING.

If there is one thing which more than another is characteristic of

it is the system of doing of the service, but in no valent and mischievous Staff of the Army. Does evidence of Sir Thomas dical Department of the We have first the famous t's, the outcome of the health of the army after notorious, was in all its Director-General puts it valuable privileges were particularly "those that rank in the service." Of y of candidates fell off. und out of that sprang ion of the department. rs, "did not restore the urrant of 1858 gave," sly either the service ame the "Unification a failure," it did not didates. In 1876 the and a new Warrant was e of its immediate pre- the root of the matter; , or indifferent, were not ng Commission in 1879, ow in force. To a great ored to the service, and ever since been at the admission to Netley has ions shown, the London et from the large number n of whom any service ect that the War Office, ol of Dame Experience, But no, after all this their old work of "un- suppose, coming from g, and efficiency of the t and most deadly ever service, was struck, "a the service awoke to the position and left in the followers." Their "re-

again and again had to n to leave the Medical it was in the days of the rt Jackson, the "Prince as it, "with beasts at this important question, with his own officers, nd should labour under sentimental grievance, om official complaints. at this unhappy depart- ler the guidance of Lord a its financial side, its y of its relative rank, the

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."

present system of retirement is to be "revised" to its detriment, its training school for the specialities of military service abolished, and then—no candidates, and, as musicians have it, *da capo*—another Commission of inquiry, and a fresh Warrant, to go the way of all that went before it. More "doing," to be followed in due course by "undoing."



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and the same sticks to me; and other men find, of course, the same if in public employ.

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 Master—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 has been 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 sagacious and envious feeling the blessings of health and comfort, so ungrudgingly dispensed at the risk of life, ease, and oftentimes considerable pecuniary loss, are basely acknowledged; in fact, I am not sure that the military medical man does not absolutely 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 MEDICINE writes:

"A Doctor lately was a Captain made";

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 claims (however sentimental they may be) of those who naturally look upon him as their protector. It is the outcry, 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 suppression of the privileges granted by the Warrant of 1855 was the beginning of the subsequent and present troubles." I quite agree with you, and go further, perhaps, in saying that it was a grievous error, and productive of great jealousy, giving the rank of Captain to the Surgeon on first appointment. Departmentalisation is neither efficient nor economical, and, in an army constituted as it is, I 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, lead-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-quarters 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 puzzled, then twitted for being dumb.

UNBORN 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, I 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 ordnance, captain of ordnance, major of ordnance, 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 those 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 sham where officers are really men of the quill or lance.

#### ARMY-SURGEONS AS COMBATANT OFFICERS.

M.D. AND Wm MEDALLER 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, I consider a midday ug and damaging misnomer exists. And I hold and assert 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 liver.



and the name sticks to me; and other men find, of course, the same if in public employ.

Now, I am not in the least proud of this title, and do not care for it any more than being misnamed 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 absolutely 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 claims (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, in 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, I 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-quarters 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!

UMBRA 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, I 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 manly, but I don't like the demand of "fighting designations" for doctors, as that must be a sham where officers are really men of the quill or lancet.

#### 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, I consider a misleading and damaging misnomer exists. And I hold and assert 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.







July 1887.

## British Medical Association.

### 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, etc.

*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.



*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.

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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, store keepers, 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 in 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* requires no further answer.

*Question 4.—E. B. A. D.*



July 30, 1887.

## NAVAL AND MILITARY MEDICAL SERVICES.

## 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

## 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."

## DOING AND UNDOING.

If there is one thing which more than another is characteristic of the military administration of this country, it is the system of doing and undoing. It pervades every branch of the service, but in no department has this system been more prevalent and mischievous than in the administration of the Medical Staff of the Army. Does anyone doubt this? Let him turn to the evidence of Sir Thomas Crawford, the Director-General of the Medical Department of the Army, given in our issue of July 23rd. We have first the famous Warrant of 1858, known as Lord Herbert's, the outcome of the inquiry by a Royal Commission into the health of the army after the Crimean war. This Warrant, as is notorious, was in all its important provisions short-lived. The Director-General puts it mildly when he says "that some of the valuable privileges were gradually taken from the medical officers," particularly "those that had special reference to their position and rank in the service." Of course, discontent followed, and the supply of candidates fell off. Then came Admiral Milne's Committee, and out of that sprang another Warrant, with another re-organisation of the department. This Warrant, as the Director-General shows, "did not restore the whole of the privileges which the Warrant of 1858 gave," and the result was it did not satisfy either the service or the profession generally. Then came the "Unification Warrant" of 1873. This also "proved a failure," it did not allay discontent, it did not attract candidates. In 1876 the service was again put into the melting-pot, and a new Warrant was issued. This document, any more than some of its immediate predecessors, was not a success; it did not go to the root of the matter; suitable, or indeed any candidates, good, bad, or indifferent, were not forthcoming. There came another tinkering Commission in 1879, and in due time out of it came the Warrant now in force. To a great extent confidence and contentment were restored to the service, and an ample supply of high-class candidates has ever since been at the command of the State. The competition for admission to Netley has been real, and, as we have on previous occasions shown, the London independent examiners have been able to select from the large number of competitors a body of young medical men of whom any service may well be proud. We might naturally expect that the War Office, after its many costly lessons in the dear school of Dame Experience, would at last learn to let "well alone." But no, after all this "doing," the officials cannot refrain from their old work of "undoing." Acting on advice, we are left to suppose, coming from quarters unfriendly to the peace, well-being, and efficiency of the department, a blow, we believe the heaviest and most deadly ever dealt to any body of officers in Her Majesty's service, was struck, "a bolt out of the blue," and one fine morning the service awoke to the fact, that they were stripped of their military position and left in the unenviable condition of well-dressed "camp-followers." Their "relative rank" was abolished.

From the evidence before us, as we have again and again had to assert, the effect of this measure has been to leave the Medical Department of the Army pretty much where it was in the days of the American War of Independence, when Robert Jackson, the "Prince of Army Surgeons," fought, as St. Paul has it, "with beasts at Ephesus." It is a great misfortune that, on this important question, the Director-General does not see eye to eye with his own officers, who smart under this unworthy treatment, and should labour under the impression that this is a press-fomented, sentimental grievance, merely because his brother officers shrink from official complaints. But this is not all; it is only too evident that this unhappy department is to be once more "reorganised." Under the guidance of Lord Randolph Churchill it is to be attacked on its financial side, its modest prospects of promotion are to go the way of its relative rank, the present system of retirement is to be "revised" to its detriment, its training school for the specialities of military service abolished, and then—no candidates, and, as musicians have it, *da capo*—another Commission of inquiry, and a fresh Warrant, to go the way of all that went before it. More "doing," to be followed in due course by "undoing."



July 23, 1887.]

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 securing a proper status in the service.

The same struggle is at hand and the question of "status" never ceases to be agitated on equal footing.

The Director-General of the Army Medical Department has intensified if the former abroad a little to see that the bestowal of such rank of the United States army is urged against it before it is too late.

Since this important point of jealousy, which up to the line officers upon the staff has subsided, definitely established and been secured, without a discipline.

That officers who incur equally should be so reasonable, and it is hard of what should be an obstacle never be deliberately created, free from its ancient. While in our army the full complement, with which only relative rank demand, and probably all it may be "sentiment" a service in which they do not have a direct practice officers.

\* \* \* The above communique indicates the interest of officers and their demands.

QUO FAS ET GLORIA DECI and cousin of combatant surgeons. I do not think agitation for substantive rank, it worked well. I am part of the army, and Major, or Colonel, I can often hear it asked, Why and I should not like to doctor. That the present be given honorary rank combatant branches of the infant commission for a year.

Again, why should we lion's skin? Surely it is the combatants are jealous the pay and pensions of every right-minded soldier army surgeon does not get it is his own fault. If a to be a soldier and try to out of the army, for he afraid that the Army Medical by keeping out of the so enthusiastic medically? In perhaps not the social combatant.

## RANK

T. DE B. G. writes: I have peered in the pages of the *Booms*.

As a member of the profession to take up my pen so now, feeling that in a you are gaining for the position for the science.

I congratulate you on with the War Office; an Association agrees with are founded upon a true.

When Tommy Atkins standing, and the "good and failing that he is no rank as "an outsider," the profession at large a hearing.

It has been stated that the army is excessively head. Now the total of the appointment of a position, would clear the independent of any War Office the surgeons of the high ship, as they consider it option to find a director his own against those who tion, since, to save trouble differently, even against

\* \* \* An eminent officer Department, writes to ally the present source withdraw my sons, both I intended for the Army

## 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, store keepers, handmasters, 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.

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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 1. Proposal E objected to for the same reason as in Example 1.

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.

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If there is one thing which more than another is characteristic of the military administration of this country, it is the system of doing and undoing. It pervades every branch of the service, but in no department has this system been more prevalent and mischievous than in the administration of the Medical Staff of the Army. Does anyone doubt this? Let him turn to the evidence of Sir Thomas Crawford, the Director-General of the Medical Department of the Army, given in our issue of July 23rd. We have first the famous Warrant of 1858, known as Lord Herbert's, the outcome of the inquiry by a Royal Commission into the health of the army after the Crimean war. This Warrant, as is notorious, was in all its important provisions short-lived. The Director-General puts it mildly when he says "that some of the valuable privileges were gradually taken from the medical officers," particularly "those that had special reference to their position and rank in the service." Of course, discontent followed, and the supply of candidates fell off. Then came Admiral Milne's Committee, and out of that sprang another Warrant, with another re-organisation of the department. This Warrant, as the Director-General shows, "did not restore the whole of the privileges which the Warrant of 1858 gave," and the result was it did not satisfy either the service or the profession generally. Then came the "Unification Warrant" of 1873. This also "proved a failure," it did not allay discontent, it did not attract candidates. In 1876 the service was again put into the melting-pot, and a new Warrant was issued. This document, any more than some of its immediate predecessors, was not a success; it did not go to the root of the matter; suitable, or indeed any candidates, good, bad, or indifferent, were not forthcoming. There came another tinkering Commission in 1879, and in due time out of it came the Warrant now in force. To a great extent confidence and contentment were restored to the service, and an ample supply of high-class candidates has ever since been at the command of the State. The competition for admission to Netley has been real, and, as we have on previous occasions shown, the London independent examiners have been able to select from the large number of competitors a body of young medical men of whom any service may well be proud. We might naturally expect that the War Office, after its many costly lessons in the dear school of Dame Experience, would at last learn to let "well alone." But no, after all this "doing," the officials cannot refrain from their old work of "undoing." Acting on advice, we are left to suppose, coming from quarters unfriendly to the peace, well-being, and efficiency of the department, a blow, we believe the heaviest and most deadly ever dealt to any body of officers in Her Majesty's service, was struck, "a bolt out of the blue;" and one fine morning the service awoke to the fact, that they were stripped of their military position and left in the unenviable condition of well-dressed "camp-followers." Their "relative rank" was abolished.

From the evidence before us, as we have again and again had to assert, the effect of this measure has been to leave the Medical Department of the Army pretty much where it was in the days of the American War of Independence, when Robert Jackson, the "Prince of Army Surgeons," fought, as St. Paul has it, "with beasts at Ephesus." It is a great misfortune that, on this important question, the Director-General does not see eye to eye with his own officers, who smart under this unworthy treatment, and should labour under the impression that this is a press-fomented, sentimental grievance, merely because his brother officers shrink from official complaints. But this is not all; it is only too evident that this unhappy department is to be once more "reorganised." Under the guidance of Lord Randolph Churchill it is to be attacked on its financial side, its modest prospects of promotion are to go the way of its relative rank, the present system of retirement is to be "revised" to its detriment, its training school for the specialities of military service abolished, and then—no candidates, and, as musicians have it, *da capo*—another Commission of inquiry, and a fresh Warrant, to go the way of all that went before it. More "doing," to be followed in due course by "undoing."



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, £53 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.

**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 requires no further answer.

Question 4.—Answer. E. B. A. D.

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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 £288 per annum, or, including allowances, £55 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."

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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-Colonel.

Surgeon-Lieut. Colonel.

Surgeon-Major.

Surgeon-Captain.

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.

Proposal C.—Officers of the Medical Staff shall be commissioned as

Director and General.

Surgeon and Major-General.

Surgeon and Colonel.

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-General.

Surgeon-Colonel.

Surgeon-Lieut.-Colonel.

Surgeon-Major.

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, see the 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 proposal 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 would be 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. It is 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; E, 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 requires no further answer.

Question 4.—Answer. E. B. A. D.

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#### RELATIVE RANK.

THE following cablegram from Allahabad has been received through the Indo-European Telegraph Company, vid 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."

#### DOING AND UNDOING.

IF there is one thing which more than another is characteristic of the military administration of this country, it is the system of doing and undoing. It pervades every branch of the service, but in no department has this system been more prevalent and mischievous than in the administration of the Medical Staff of the Army. Does anyone doubt this? Let him turn to the evidence of Sir Thomas Crawford, the Director-General of the Medical Department of the Army, given in our issue of July 23rd. We have first the famous Warrant of 1858, known as Lord Herbert's, the outcome of the inquiry by a Royal Commission into the health of the army after the Crimean war. This Warrant, as is notorious, was in all its important provisions short-lived. The Director-General puts it mildly when he says "that some of the valuable privileges were gradually taken from the medical officers," particularly "those that had special reference to their position and rank in the service." Of course, discontent followed, and the supply of candidates fell off. Then came Admiral Milne's Committee, and out of that sprang another Warrant, with another re-organisation of the department. This Warrant, as the Director-General shows, "did not restore the whole of the privileges which the Warrant of 1858 gave," and the result was it did not satisfy either the service or the profession generally. Then came the "Unification Warrant" of 1873. This also "proved a failure," it did not allay discontent, it did no attract candidates. In 1876 the service was again put into the melting-pot, and a new Warrant was issued. This document, any more than some of its immediate predecessors, was not a success; it did not go to the root of the matter; suitable, or indeed any candidates, good, bad, or indifferent, were not forthcoming. There came another tinkering Commission in 1879, and in due time out of it came the Warrant now in force. To a great extent confidence and contentment were restored to the service, and an ample supply of high-class candidates has ever since been at the command of the State. The competition for admission to Netley has been real, and, as we have on previous occasions shown, the London independent examiners have been able to select from the large number of competitors a body of young medical men of whom any service may well be proud. We might naturally expect that the War Office, after its many costly lessons in the dear school of Dame Experience, would at last learn to let "well alone." But no, after all this "doing," the officials cannot refrain from their old work of "undoing." Acting on advice, we are left to suppose, coming from quarters unfriendly to the peace, well-being, and efficiency of the department, a blow, we believe the heaviest and most deadly ever dealt to any body of officers in Her Majesty's service, was struck, "a bolt out of the blue;" and one fine morning the service awoke to the fact, that they were stripped of their military position and left in the unenviable condition of well-dressed "camp-followers." Their "relative rank" was abolished.

From the evidence before us, as we have again and again had to assert, the effect of this measure has been to leave the Medical Department of the Army pretty much where it was in the days of the American War of Independence, when Robert Jackson, the "Prince of Army Surgeons," fought, as St. Paul has it, "with beasts at Ephesus." It is a great misfortune that, on this important question, the Director-General does not see eye to eye with his own officers, who smart under this unworthy treatment, and should labour under the impression that this is a press-fomented, sentimental grievance, merely because his brother officers shrink from official complaints. But this is not all; it is only too evident that this unhappy department is to be once more "reorganised." Under the guidance of Lord Randolph Churchill it is to be attacked on its financial side, its modest prospects of promotion are to go the way of its relative rank, the present system of retirement is to be "revised" to its detriment, its training school for the specialities of military service abolished, and then—no candidates, and, as musicians have it, *da capo*—another Commission of inquiry, and a fresh Warrant, to go the way of all that went before it. More "doing," to be followed in due course by "undoing."



Aug. 6, 1887.

## 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-

tion the first-class railway fares of the representatives of the Branches."

Dr. Davidson 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. G. N. Macnamara.—Sir W. Foster moved:

"That the best thanks of the Association be given to Mr. G. 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. Foster, who had given the best years of his life to the Association.

Election of Treasurer.—Professor Garthorn 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 bye-law."

The motion was seconded by Dr. MARTIN, and unanimously agreed to.

Dr. HOOTMAN, 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. and Mrs. HART for their contributions. As evidence of their gratitude he proposed 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.

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**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 hand 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, and 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, so 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.

**VIGOR** writes: In the *Journal* of July 22nd, at page 139, the Director-General of the 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 existing. 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 returns 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 courage, as well as his anxiety to serve his country. 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.

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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

order 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

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**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 reversion 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 HENRIE** }  
A. W. DONALD } Presidents.  
JAMES A. HOFE }

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, 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, 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.

and proceeding with some vigour its decision to appeal against the infringement of the 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 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, those mischievous agitators are doing a world of harm to the Medical Staff of the army.



sations 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.

tion the first-class railway fares of the representatives of the branches."

Dr. Davidson seconded the amendment, which, however, was decisively negatived, and the motion for the adoption of the report, omitting the paragraph 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. G. N. Macnamara.—Sir W. Foster moved—  
"That the best thanks of the Association be given to Mr. G. 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. Fowler, who had given the best years of his life to the Association.

Resolution.—Dr. Davidson proposed:—  
"That Dr. Holmes be, and he be hereby elected Treasurer to the British Medical Association for the ensuing three years, in accordance with the bye-law."

The motion was seconded by Dr. MINTIE, and unanimously agreed to.

Dr. HOLMES, in returning thanks for his election, said it did him least good to know that after many years' work he had gained the confidence and trust of his colleagues. It 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 doing his duty.

Report of the Parliamentary Bills Committee.—Mr. ERNEST HART moved the adoption of the report (published at page 297 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. SIBLEY for his able and efficient management.

Mr. SIBLEY 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.

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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 8th, 1887.

The following letter has been received in reply:—

(Copy.)

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 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.

and proceeding 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 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, those mischievous agitators are doing a world of harm to the Medical Staff of the army.



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.



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SUBORDINATE (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, and 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 180, 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 1854 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.

JURIST 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 returns 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 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.

SENSE writes: Everyone who knows Sir Thomas Crawford must acknowledge his great ability and unflinching courtesy, as well as his anxiety to serve his country. 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. Hereafter 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

order 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

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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 MACRAE, 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 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, 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 HOSKIE,  
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 10th, 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.

and governing 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 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, those mischievous agitators are doing a world of harm to the Medical Staff of the army.



Aug. 6, 1887.

## 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-

tion the first-class railway fares of the representatives of the branches."

Dr. Davidson 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. G. N. Macnamara.*—Sir W. Foster moved—

"That the best thanks of the Association be given to Mr. G. 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. Fowler, who had given the best years of his life to the Association.

*Election of Treasurer.*—Professor Gairdner proposed—

"That Dr. Holmes be, and he is hereby elected Treasurer to the British Medical Association for the ensuing three years, in accordance with the bye-law."

The motion was seconded by Dr. Myles, and unanimously agreed to.

Dr. HOLMES, 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 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. SIBLEY, who had shown very commendable energy in the way in which he proposed 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.



Aug. 6, 1887.

**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 *confrères*. 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 happens 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.

**Wx**, 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 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 8th, 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. Wolseley's *Pocket-Book*, last edition, to see to what a position he would relegate us. 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 same rank and title as a brigade-surgeon, who has had to endure all 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 is it 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?

### ARMY MEDICAL AFFAIRS IN PARLIAMENT.

"A GENERAL OFFICER A.M.D." writes: "The whole department, and, indeed, the whole profession, is deeply indebted to you for the energy and personal influence which have enabled you to secure for publication such full and immediate reports of the highly important evidence given by Mr. Knox and by Sir Thomas Crawford before the Army Estimates Committee of the House of Commons. They are the more important, because no report is accessible elsewhere, and without your timely intervention the department and the medical members of Parliament would have been without information of the attack on Netley, and on the retirement and pay of army medical officers which is impending, if Lord Randolph Churchill follow in the House the bent indicated by his questions. 'Forewarned is forearmed.' Your leaders and the reports you have published have given fair warning. It is satisfactory to know that our medical members will 'consult for the republic of medicine,' and help us in the House. But surely more is needed. Your leaders should be reprinted and issued to every member of the House, and every medical officer (indeed, every medical man) who has any influence with an M.P. should exert it to ward off this gratuitous attack. Let them do so without delay. I am sure that Dr. Farquharson, Sir W. Foster, and Dr. Cameron will give them help; but strenuous efforts should be made to defend Netley and the present pay and retirement by a full statement to every M.P." To this we have only to add that the articles in question are reprinted in pamphlet form, and can be had for distribution to M.P.'s on application to the Editor of the *BRITISH MEDICAL JOURNAL*, 429, Strand.

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.



Dr. GAIRDNER (President-elect) proposed "The Army and Navy." In doing so, he thanked the Association for having elected him President for the next year, when they would meet in Glasgow, where he hoped the meeting of the Association would be a success. He did not know why he had been selected to propose this toast, unless it was because of his supreme ignorance of the subject. [Laughter.] One thing, however, he had distinctly in mind, namely, that Sir D. Mac-lagan had advised the graduates in Edinburgh that they should not join the Medical Department of the Army, because it was not a present a position which any medical gentleman should occupy. [Cheers.]

Major-General the Hon. T. C. DORMER, C.B., briefly responded. =

## 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 recent 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.

#### 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 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, 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 to 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



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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 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, 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 his 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, from a field-marshal to a corporal; honorary rank, which the other branches, with the exception of the medical, might attain to; and relative rank, which was the only army rank a medical officer had. This 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. Enough 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 status among the other officers: and if he had none, he found that 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, precedences, 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 subsistent 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 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 those present army medical officers distinctly declare that they dare not, for obvious reasons, make any individual statement of their disagreement with the alteration arrogated 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.

## 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 receives when on home service.—I am, etc.,

FRANCIS T. HEUSTON, M.D.

DR. J. P. H. BOLEMAN, Surgeon-Major of 23 years' full-pay service (Perron, 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 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, those mischievous agitators are doing a world of harm to the Medical Staff of the army.



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.







Aug. 20, 1887.

## 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 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 *rare* bird, 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."

Aug. 27, 1887.

## 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."



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 Sudan, in both of which success was “signal and complete.”

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 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 a grievous wrong, permit me to subscribe myself, yours truly,  
S. B. PARTRIDGE, Q.H.S.,  
Deputy Surgeon-General Bengal Army (retired).

Sept. 3, 1887.

#### 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



Aug. 20, 1887.

## 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 Shelburne 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. Brodick'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."

Aug. 27, 1887.

## 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 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 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 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 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 been 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 subdue 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 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 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 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 "noble" profession, etc.; "honourable" in this connection was not then invented, or doubtless it would

## 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



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 appeased.

#### ARMY SURGEONS AND ARMY SURGERY.

PUTTING aside the burning questions of rank which are at this moment in a sense *sub judice*, it may be well to place before our readers some of the well-founded claims which military surgeons have to the support and gratitude both of their fellow practitioners and of the country at large, so that if need arise to urge those claims, the appeal may not be wasted on ignorant or indifferent auditors.

John Bell, in a passage full of manly eloquence, says of the responsibilities of the military surgeon: "He is to act alone and unassisted in cases where decision and perfect knowledge are required; in wounds of the most desperate nature, more various than can be imagined, and to which all parts of the body are equally exposed. His duties, difficult at all times, are often to be performed amongst the hurry, confusion, and horrors of battle. Even in the seasons of the greatest difficulty, cold and heat, hunger and fatigue, vexation of mind, and all the distresses of foreign service, aggravate disease, and while they render his exertions of so much importance, teach him imperiously the necessity of an accurate and ready knowledge of his profession. It is to him that his fellow-soldiers look up at the moments of distress; his charities and his friendship are prized beyond all price. What part of education is there needful, or even ornamental, for the surgeon living at his ease in some luxurious city, which the military surgeon does not require? What qualifications of the head, or of the heart? He has no one to consult with in the moment in which the lives of numbers are determined. He has no support but the remembrance of faithful studies and his inward consciousness of knowledge, nor anything to encourage him in the many humble yet

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 or country.

There is no marble monument above the place where the gallant Landon lies; but he sleeps as well in his turf-covered grave as he would in Westminster.

To these men we may apply in an especial sense the fine words of Sir James 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 minister to the welfare of their fellow-man."

#### RELATIVE RANK.

WE have received a great mass of documents from the officers of the Army Medical Staff expressing individually their views on the subject of rank and title in the department. A hurried examination of these indicates an enormous preponderance of opinion in favour of the views already expressed in the published correspondence addressed to us. Replies continue to be received from day to day, and as many officers are writing to say that they have not received any copies of the circular, we may take this opportunity of stating that the lists at our disposal were restricted, and appear to have been inadequate; we shall be happy to forward copies to any medical officer who has not received a copy of the queries and would desire to have one.

The analysis of the replies will be proceeded with in due course, but it is not probable that it can appear before an early date in October, as it is only proper to leave time for officers at distant stations to send in their replies.

The committee appointed at the last annual meeting met on the following day, and have received strong representations from a considerable number of officers of various stations, who desire individually to make communications to the committee. It has necessarily adjourned over the vacation, but will resume the inquiry in October, when further results will be reported. Meantime, we have ample evidence before us that the opinion of the department, both in England and in India, grows in intensity, and we have every reason to believe that sentiments of dissatisfaction are so general, so widespread, and so deep that it will be absolutely necessary that some steps should be taken to give satisfaction to the medical officers, both of the British and of the Indian services. Nor is there any doubt that this sentiment will communicate itself to the medical schools, and that the consequent restriction of candidates will speedily make itself felt in a manner which will require the attention which the War Office, as at present advised, seems indisposed to give to it.

E. F. writes: In continuation of my previous letter on the subject of forming the Medical Staff into a civil department of the army, may I say a few words? My suggestion will probably cause some irritation at first sight; but, for all that, it is worthy of consideration.

For years past I have watched the growth of the jealousy I have referred to. It acquired a fatal force after the Warrant of 1879 gave the rank of captain to surgeons on joining. This Warrant caused the supersession of all the subalterns then in the army—some of them with ten or twelve years' service—by the newly-joined surgeons. These young surgeons, new to military life, and ignorant of the existing irritation, foolishly boasted of their superior rank, thus adding fuel to the flame. It was a singular impolicy to give this rank; it was not needed, and the measure has been disastrous to the good feeling that once existed.

Another point is the creation of a false military spirit in the Medical Staff by the system adopted in connection with the command of the Medical Staff Corps. The concession made to us of the disciplinary control of the corps was a just and necessary measure; but it did not require that medical officers should become drill-sergeants, or should go through the mysteries of the goose-step in their old age.

You will, doubtless, remember the heated controversy that filled the service papers early in the year 1882 on this subject. No doubt can exist that an unhealthy feeling manifested itself at that time in the Medical Staff, which seemed to forget that it was a body of scientific men, commissioned in the army to perform honourable and humane duties of a nature entirely opposed to this combative spirit. I could adduce many facts in support of this view; for my present purpose one will suffice. A senior medical officer told me that he took more pleasure from the red books (army regulations) on his table than from all his scientific and professional books together.

My object in now writing is to induce my brethren in the Medical Staff to look at this matter in its true light. Above and beyond all things, we are, and must ever be, medical officers; and if we are not good professional men we are nothing. Our relative rank is necessary to us solely from the exigencies of military service. It confers no glory, but simply places us in possession of rights without which our position in the army would be intolerable; but it does no more than this.

The medical officer whose fame rests upon his relative rank, and not upon his professional skill, has but a poor reputation; for, as he puts off his badges of rank, his claim to respect disappears with them. But the military surgeon who is known for his skill, his tenderness, and administrative ability is one who needs no extrinsic aid from his relative rank to make him the equal of every surgeon in the service. The names of Parkes and Porter, Murchison or Macnamara owe absolutely nothing of their fame to their military rank. Shall we, then, show ourselves to be degenerate successors of these men, and, by fighting our own battles, leave the world to believe that our science is but a dress in our eyes, and that we seek the same distinctions that convert ambitious shopmen into majors and colonels of volunteers?



## THE BRITISH MEDICAL JOURNAL.

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 gassed 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 on a point 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 slight 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 no status, 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 discarded. 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.

Sept. 17, 1887.

## 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 civilians 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 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 authoritative case, giving rise to the fact, 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 half? 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 counsel, 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. 316.) It was, therefore, in his power to have created a new departure, 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 waistcoat to conjure up a new name "Medical Staff." [His own bodyguard.]

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 their profession. Chivalry demands that military service, in any form, should not be weighed by gold but untarnished honour, unshuffled 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.

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 professional 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 of 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.

Oct. 1, 1887.

## 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 me 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 intend 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) ever imagine, for it is a blow dealt at our social position," etc.

My letter makes no mention of "insult or slight" 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



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 assuaged.

#### ARMY SURGEONS AND ARMY SURGERY.

PUTTING aside the burning questions of rank which are at this moment in a sense *sub judice*, it may be well to place before our readers some of the well-founded claims which military surgeons have to the support and gratitude both of their fellow practitioners and of the country at large, so that if need arise to urge those claims, the appeal may not be wasted on ignorant or indifferent auditors.

John Bell, in a passage full of manly eloquence, says of the responsibilities of the military surgeon: "He is to act alone and unassisted in cases where decision and perfect knowledge are required; in wounds of the most desperate nature, more various than can be imagined, and to which all parts of the body are equally exposed. His duties, difficult at all times, are often to be performed amongst the hurry, confusion, and horrors of battle. Even in the seasons of the greatest difficulty, cold and heat, hunger and fatigue, vexation of mind, and all the distresses of foreign service, aggravate disease, and while they render his exertions of so much importance, teach him imperiously the necessity of an accurate and ready knowledge of his profession. It is to him that his fellow-soldiers look up at the moments of distress; his charities and his friendship are prized beyond all price. What part of education is there needful, or even ornamental, for the surgeon living at his ease in some luxurious city, which the military surgeon does not require? What qualifications of the head, or of the heart? He has no one to consult with in the moment in which the lives of numbers are determined. He has no support but the remembrance of faithful studies and his inward consciousness of knowledge, nor anything to encourage him in the many humble yet

becoming duties which he has to fulfil except his own honest principles and good feeling."

In spite of all these onerous responsibilities, the pay and position of the army surgeon have undergone constant and arbitrary alterations, so that he has been fain to cry out like Jacob, to his ungrateful master, "Thou hast changed my wages this ten times." Yet notwithstanding this unworthy treatment, he has ever been found zealous to obey either the call of duty or the summons of honour.

Equal to his civilian brother in the number and value of his studies and qualifications, he has been required to pass, in addition, special examinations not less searching than those originally surmounted, and to undergo an extra training not less careful than that previously undergone. There is no country in the world where British valour has conquered, or where, even in defeat, the stubborn pluck of Britons has covered the ground with their slain, that is not the resting-place of the bones and of the dust of our military surgeons.

On the many battlefields of Flanders, beneath the burning sun of Spain, in the valley of Inkerman, in the well of Cambronne, on the shame-stained hill of Majuba—there, side by side with their brethren in arms, sleeping the last sleep of the brave, lie the army surgeons of England. They marched and conquered and fell, with their comrades, alike in bravery and honour, alike in suffering and privation; to them as much as to those is owing the fame of our glory; it is only in appreciation and reward that there is a difference. Yet how much their country owes them.

It was a military surgeon (George James Guthrie) who, without a colleague, found himself, at the close of the bloody field of Albuera, in charge of over 300 wounded—and while the combatant officers (among whom he had fought with the bravest) lay down to rest, worn out with the long fight, he betook himself to his professional duties, and throughout the weary night, and all next day, devoted himself to the alleviation of the sufferings of friend and foe alike.

It was of Guthrie that the historian writes:—"The sudden retreat of Hill's corps d'armée, warmly pursued by the enemy from Asanjanca on the Tagus to Salamanca on the Tormes, encumbered with a large hospital of over 800 sick and wounded, which had been formed at Madrid, and with 2,000 sick on the whole on the line of march, without conveyance, rendered the position of the surgeon, as to character and reputation, perhaps even more critical than that of the General, who could at all times have turned and beaten his opponent. The commissariat stores and depôt at Madrid were lost, but the whole of the hospital and the sick and wounded were saved through the energy and decision of the medical officers. Arrested on the bridge of Alba de Tormes, one half of them were delivered over to proper officers, whom Mr. Guthrie had assembled to receive them, and returned to their regiments, while the remainder were sent forward to Ciudad Rodrigo, in compact and regular order, instead of being allowed to wander over the whole country."

What a glorious moment for Guthrie was that when he heard the Iron Duke, so usually sparse of compliment, declare "that his conduct was worthy of the imitation of the whole army." How still more glorious must it have been to receive, as he did, the thanks of his recovered patients, saved at Albuera by his exertions, "in grateful recognition of his courage and coolness, promptitude and fertility of resource, as well as of his unflinching patience and energy."

The medical officer whose fame rests upon his relative rank, and not upon his professional skill, has but a poor reputation; for, as he puts off his badge of rank, his claim to respect disappears with them. But the military surgeon who is known for his skill, his tenderness, and administrative ability is one who needs no extrinsic aid from his relative rank to make him the equal of every officer in the service. The names of Parkes and Porter, Murchison or Macanaza owe absolutely nothing of their fame to their military rank. Shall we, then, show ourselves to be degenerate successors of those men, and, by fighting for a title, leave the world to believe that our science is but drawn in our own eyes, and that we seek the same distinctions that convert ambitious shopmen into majors and sergeants of volunteers?

It was no combatant officer, but a military surgeon (Brydon) whom Sale saw ride in through the gates of Jellalabad, on the point to die from fatigue, exhaustion, and hunger, the survivor of Keith's army of Afghanistan. The same Brydon who, in after years, was one of that little band of heroes whose fame shall last as long as the glory of their country, who, behind the frail walls of the Lucknow Residency, kept the rebel hordes at bay, and saved the honour of English women and of England.

Does the Duke of Cambridge, as he reads general orders about "combatant" and "non-combatant" officers, ever think of that misty autumn day when, surrounded by the surging mass of Russian footmen, he was only saved from death by gallant Surgeon Wilson, of the 11th Hussars, who, rallying a handful of men to the rescue, dashed into the grey mass of Russians, and brought the Duke safe and sound out of his danger? Has Lord Viscount Wolsley any fraternal recollection of that incident on the day of Inkerman (worth a dozen Tel-el-Kebir), when Dr. Wolsley of the 20th Foot, finding himself, unarmed, with but a handful of Englishmen by him, amidst the swarming host of Russians, instead of surrendering as a non-combatant ought, first breathed a prayer to God for his soul, then catching up a musket and bayonet lying at his feet, shouted out to the soldiers round him: "Fix bayonets! Charge! and keep up the hill!" and so tore his way through the dense mass opposed to him, and with half of his little band of heroes came safely out?

Do the critics of the Army Medical Department ask for the scientific achievement of its officers? Let them read the works of Guthrie, of McLeod, of Sayre, of Maclean, of Aitkin, of Parkes, of Longmore, of de Chaumont, of Porter, and of a score more belonging to its ranks! Do they require examples of the bravery of these men? Let them read the instances we have quoted, only selections from the records of our brave; but one other we will give, since we knew and loved its hero well. It was Surgeon-General Reade, who on September 16th 1857, charged down on 300 Sepoys with only a very few soldiers, because the enemy were annoying our wounded by their fire, and defeated the rebels; it was he who, two days afterwards, was the first man up the breach at the storming of Delhi, and, with a sergeant, spiked a gun, and who was recommended for promotion in public despatches "for unwearying exertion and gallant conduct in the field."

Are instances of devotion and endurance wanted? What said Sir Charles Wilson of the Medical Staff during the Sudan 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; and when they reached the Nile, one of the doctors actually fainted from pure fatigue and want of sleep, while performing an operation.....No body of men," says Sir Charles, "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 Dr. 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 soldier shrieking aloud in his sufferings, and, creeping, forgetful of self, to where this man lay, gave him a morphia 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



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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.

**THIRRELL 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 surgeon's. The engineer, from lieutenant to colonel, may lead a non-militant life, yet to him accrue successive military titles. The parallel is the more complete that engineer and medical officers 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 hold 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 fosterappers 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 220 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-sent latrines. Of the said 90 not 10 are performing duties that require military knowledge or military rank any more, or so much as, required by a brigade-surgeon.

**"SIR-LODGE" 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' service, when the surgeon draws pay of a lieutenant, and it is during this time that money is desirable. Would not a continuation of relative and honorary rank meet all requirements—on joining, a surgeon to have relative and honorary rank of captain?

**DOORNS (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 to do 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 class, 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 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 link 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 Suva 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.

## 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 Surgeon-Major Bodley 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 recent number of the JOURNAL, you were good enough to insert a letter of mine, giving the incidents of a slight which was offered to me shortly after the new Warrant came out. You have probably many more letters to the same effect, but to imagine I would publish the names and facts of the case when, for obvious reasons, I dare not officially send them on to my chief, shows an ignorance of the elements of discipline which surprises me in an officer of Surgeon-Major Ash's service.

"It is a singular comment upon the statements of the Director-General at Dublin and the challenge of Surgeon-Major Ash, that of the many hundreds of letters which we have received on this subject adverse to the views of Sir T. Crawford, every officer (with the sole exceptions of Drs. Ash and Bodley, who concur in the Director-General's opinions) requests that his name shall not be published.

Oct. 8, 1887.

## THE DISADVANTAGES OF THE ARMY MEDICAL STAFF.

**LEIGH writes:** I do not doubt that the recent discussions in the JOURNAL have attracted attention to 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 surgeons 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 compromise 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 discount 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 discount 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 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 commission 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.

**ANDREW 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.

15th October CIVIL OR MILITARY. 1887.

**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.

It is 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 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.?



## THE BRITISH MEDICAL JOURNAL.

## 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 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."

21<sup>st</sup> Oct. 1887. THE RULE AT THE OFFICE. "A SENIOR OFFICER" writes: The excellent letter from "Amdax" in the JOURNAL of October 8th on the above subject is so true, and so much to the point, that I should be much obliged if you would kindly insert these few lines, in which I am anxious to state that there are very few of us who have not been exasperated and irritated at various times by the official referred to. He is paramount; and we dislike going to the office, on his account, even to do the most urgent business. Surely the Director-General should not place us too much in the power of this official.

Oct. 29, 1887.

## RELATIVE RANK.

HARD CASE 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 uniform 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 uniform. 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 SENIOR writes: Reverting 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 superior 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 contact 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 8s. 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 6s. 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 unparagoned 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 has 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 usual *alterum pariter* principle. I have no interest in the matter.

BLOOD-SUCKER. THE RULE AT THE OFFICE. 5<sup>th</sup> NOV. 1887.

SUMMONS writes: I should like to say a word about the discussion of certain well-known War Office officials at the Headquarters Army Medical Department. On arriving at home after a term of foreign service, I reported myself at headquarters and inquired for the Director-General. I was told he was not at the office, but would I see Mr. —, which I accordingly did. This gentleman was most courteous to me in his manner, and gave me the station I asked for. Half a dozen of my brother officers were also there on the same mission. The unanimous opinion on the subject was that it was derogatory to us as soldiers to be "told off" by a civilian War Office clerk. Surely, Sir, when the Director-General is not present, the next senior officer should be the one to interview the officers of the Medical Staff returning from foreign service, and to tell them off to their station.

Imagine the feelings of a regimental officer reporting himself at army headquarters, and asking to see the Adjutant-General or Military Secretary, and being told that they were not at the office that day, but would be seen Mr. —, a War Office writer.

It is such acts as these at headquarters Army Medical Department which engender in the minds of the officers of the corps a feeling that they are neither fish nor fowl, but a species of hybrid at anyone's beck and call.

19<sup>th</sup> NOV. REFORM OF THE ARMY MEDICAL DEPARTMENT, 1887.

F. 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 not 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.

LETTER FROM THE SECRETARY OF STATE FOR 26<sup>th</sup> NOV. WAR ON ARMY MEDICAL RANK, 1887.

The subjoined letter indicates, in its last paragraph, a tendency to concession on the part of the War Office, and shows that the Secretary for War is now aware that the abolition of relative rank, which he formerly declared to be entirely unimportant, has in effect worked so prejudicial a change that some steps at least are necessary to undo the mischievous effect of that ill-advised course. In so far as it once justifies, and in some measure attempts to meet, the protest which we have raised on behalf of the whole body of army medical officers who feel deeply injured by the course which the War Office had taken, and by the attitude which it assumed. The concession indicated in this paragraph is a step in the direction of the proposal C. in the letter which we recently addressed to the officers of the department, and concerning which we publish this week an analysis of the answers. Publication in the *Gazette*, unless accompanied by a corresponding change in the wording of the Commission, would hardly meet the necessities of the case. At the same time we welcome the assumption of a more conciliatory attitude on the part of the authorities; and we feel sure that any such reasonable adequate steps to relieve the grievances of which we have been only the mouth-piece, will be welcomed and accepted by the department with a respectful desire to give full weight to the kindly intentions manifested. Any merely nominal concession would only aggravate the situation; a substantial measure of relief is urgently called for.

Pal Mall, London, S.W., November 2nd, 1887.

Sir,—I am directed by the Secretary for War to acknowledge the receipt of your letter of September 21st last, addressed to the Marquis of Salisbury, giving expression to the apprehensions entertained by the President and Council of the Royal College of Surgeons, Ireland, respecting the operation of Clauses 125 and 125A of the recently promulgated Royal Warrant.

The same having been referred to Mr. Stanhope for consideration, I am to acquaint you that the recent changes referred to above do not, as already stated by him in the House of Commons, injuriously affect the position of medical officers in the army, nor were they intended to bear that interpretation. 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.

The Secretary of State for War, I am to add, has, however, given directions that in future, whenever a medical officer's name appears in the *London Gazette*, on appointment or promotion in the department, his corresponding military rank shall be announced, together with his departmental rank.—I have the honour to be, Sir, your obedient servant,

RALPH THOMPSON.  
The Secretary of the Council of the Royal College of Surgeons in Ireland, Dublin.



Nov. 26, 1887.

## 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 uncalled for 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 firm, 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.

Dec. 3, 1887.

## THE LETTER OF THE SECRETARY OF STATE FOR WAR ON ARMY MEDICAL RANK.

We published last week the official reply of the Secretary of State for War to the application of the Royal College of Surgeons in Ireland on behalf of the army medical service, of which we have again received this week printed copies. It is most satisfactory that the efforts of the British Medical Association on behalf of the army medical officers are supported by so highly influential a body as the Royal College of Surgeons in Ireland, who will, we trust, continue to press this subject on the attention of the Government.

In reply to more than one correspondent, and in accord with their request, we have to state that the reprint of the analyses of the opinions of the officers of the Army Medical Department, now appearing in the JOURNAL, will be issued at a nominal cost, at which it may be obtained at the office of the JOURNAL by anyone interested who may wish to send it to their friends in Parliament, or to persons who can influence public opinion or the Government.

Dec. 10, 1887.

## A BALLAD OF THE SERVICES (1887).

"And so in toil, yet not in weariness, they persevere their way, sowing seed of which they reap not whether they shall reap any fruit, content because they are in the path of duty; best if only they see or think that they minister to the welfare of their fellow man."—Sir James Paget.

Poets sing of battle's splendour, how their heroes fought and died  
For their country, for their freedom, in their youth and manly pride.  
Rouser cheered deeds of glory, and undying halos flung  
Round the gods and men of Helios, when the world was fresh and young.  
Died since then of fame and prowess, brightened many a battle-field;  
Of his judicious, wise, and firm predecessor. I use advisedly the epithet firm,  
Noble hearts like Spartan victors, fighting sank upon their shield.  
Yet how many hearts were broken, when the tidings came afar,  
That the loved ones slept for ever, on the crimsoned fields of war.  
But the heroes, few remember when the laurel wreaths are given,  
Have in noble duties perished, or in purer paths ways striven.  
Who in sickness and in sorrow, cheered the soldier on his way,  
O'er the burning sands of Egypt, in the tropics day by day?  
When the scorching sunlight made him, when the fever racked his brain,  
Who then saved the throbbing temples, cooled his lips, relieved his pain?  
When his life's blood quick was gushing, and the spirit near its flight,  
Who then stopped the precious fountain, changing darkness into light?  
Ah! my brethren, grant the glory we for toil and labour reap;  
Let us not unward, brave and fearless; let our records angels keep.  
In the battle smoke and thunder, facing death with undimmed breast,  
Striving in thy spear and duty, take thy glory—or thy rest.

TOWNSHIP.

## "THE MEDICAL STAFF AND THE GREAT ANALYSIS."

Sir,—I cannot let a post go without writing to offer my sincere and hearty 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.

## 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.

M.S. writes: "A Senior Surgeon-Major," in the JOURNAL for November 26th, 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 bear 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 commission proposed the appointment of nine brigade-surgeons to districts of the second class, with a staff salary of 300 rupees per mensem. 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 service, 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 to be shared—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.

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 civilian 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 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

\* Dr. Theophilus  
Clarke writes  
your journal  
has often done  
in the Army  
Med. Dept.  
See p. 104.



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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 Farrier."

"Invitation.—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."

Jan. 7, 1888.]

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## 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. McKee, 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 earned 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 1885 from illness contracted on active service in Egypt and the Sudan. Surgeon-Major Porter died at Cabal on January 7th, 1886, 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 Suakin, loved by all who knew him. In March, 1886, Surgeon Lane died of wounds received in action in the Eastern Sudan. 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 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 poor, 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 military 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 committing 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



Feb. 4, 1888.

## 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.

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.

1. "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	...	6.93
Pay Department	...	0.00
Veterinary Department	...	0.00

## THE DUTIES AND PAY OF THE MEDICAL STAFF. March 3, 1888.

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-



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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. 9 12 6	Chaplain 4th class	£ s. d. 9 10 0	D. A. C. G.	£ s. d. 9 12 6	Paymaster	£ s. d. 9 15 0	Lieut. under 3 years	£ s. d. 9 9 7	Lieut.	£ s. d. 9 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 Do. higher (brevet rank)	0 17 7	Captain Do. higher (brevet rank)	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	Major	1 5 0	Major	1 5 3
After 25 years' service	(Surg.-Major) Brigadier	1 7 6	Do. after 10 years	1 10 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 to 9 17 9	Generals	4 5 0 to 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.



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.

3 "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	...	...	6.93
Pay Department	...	...	0.00
Veterinary Department	...	...	0.00

—BRITISH MEDICAL JOURNAL, Dec. 31st, 1887.

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-

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:—

- With regular troops.
- With militia.
- As officers of the Medical Staff Corps.
- 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.



## THE BRITISH MEDICAL JOURNAL.

March 3, 1888.

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. 0 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 0	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 16 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	Do. higher (brevet rank)	0 17 7	Do. higher (brevet rank)	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	Major	1 5 0	Major	1 2 10 1/2
After 25 years' service	{ Surg.-Maj. 1 7 6 } { Surgeon 1 10 0 }		Do. after 10 years	1 10 0	"	1 2 6	—	1 10 0	Chief Paymaster	1 10 0	Lt.-Colonel	1 12 0	Lt.-Colonel	1 8 11 1/2
Uncertain	Dep. Surg.-General.	2 0 0	Dep. Com.-General.	2 0 0	—	—	Dep. Com.-General	2 0 0	As Sen.	1 12 0	Colonel	1 6 0	Lt.-Colonel C.O.	1 11 10
"	General.	2 15 0	Com. Genl.	3 0 0	Chap.-Genl.	£800 yearly	General	3 0 0	—	—	Generals	4 5 0 to 9 17 9	Generals	4 5 0 to 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 £245,000, 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.

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## MR. STANHOPE AND THE RANK OF ARMY MEDICAL

7<sup>th</sup> April 1888. 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.

## The British Medical Journal.

SATURDAY, SEPTEMBER 14TH, 1889.

## 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 toils in unhealthy climates, or retire-

## The British Medical Journal.

SATURDAY, SEPTEMBER 21st, 1889.

### 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



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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.

## The British Medical Journal.

SATURDAY, SEPTEMBER 14TH, 1889.

## 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



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.



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 cumbrous 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-

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SATURDAY, SEPTEMBER 28TH, 1889.

### 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,



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IV. Oct. 5, 1889.

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

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

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



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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-

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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.



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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.



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IV.

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

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

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.

Nov. 30, 1889.

#### THE REPORT OF LORD CAMPERDOWN'S COMMITTEE.

##### V.

We have received a number of communications, some concurring with, and others dissenting from, our leading articles commenting on the recommendations of the late Committee. This was, of course, to be expected; for it is known that, with practical unanimity on a few, there is considerable divergence of opinion on many of the recommendations.

We aimed in our articles more at submitting analytical comments than pressing concrete views; for we fear that, while the report of the Committee may ameliorate or tide over, it will not settle the wants or just demands of the medical service. Nothing will apparently do that but the granting of complete departmental autonomy, and real military status and titles to the officers. This seems the only solution consistent with modern military organisation, a fact already grasped in France, and about to be acted on in Russia; it is not overlooked even in the German army, in which, the spirit of Junkerism and caste, although rampant, is not allowed to override sound military considerations. Many of our correspondents have pointed out that the recent more autonomous and military reorganisation of the Commissariat, Ordnance, and Pay Departments, as being steps in the right direction, must lead to a similar reorganisation in the Medical Department. It cannot and will not consent to lag behind, but must be levelled up. This point will, however, have to be fought out; for the military prejudice against conceding genuine army status to the Medical Department is so strong that nothing but the sheer force of outside public opinion will probably overcome it. But such opinion wants educating, and is of slow growth in this country, and may even not move without some such breakdown as occurred in the Crimea.

While finality must be kept in view, and strenuously fought for, forward movements of all kinds must not be despised or neglected; where, therefore, the recommendations of the Committee are in advance, they should we think, be accepted and made the most of.

A correspondent of wide experience, and in present touch with the authorities, sends us some comments which, we believe, represent the views of a large number of medical officers. He thinks that while compound titles will assuredly not satisfy a large number, they will define and express the relative rank of the holder, and should, therefore, be tentatively accepted as a step towards pure military titles; instead of surgeon-captain he would prefer captain and surgeon. He thinks there should only be one examination for promotion to surgeon-major,

which should include military law and organisation, and take place between the tenth and twelfth years of service. Administrative capacity depends less upon book knowledge than on personal qualities, which ought to be well gauged during twenty or thirty years' executive service. He is against the extension of age service proposed for surgeons-general, except in special cases, and is, so far, probably anticipating the outcome of the recommendation, for we hear the actuaries have reported against the extension on the score that it will really involve additional expense. He thinks the new voluntary retirement rule of three years in any rank should not be applied retrospectively to any officer now serving above the rank of surgeon. He favours the proposal to amalgamate the brigade-surgeons and deputy surgeons-general into one list, but points out that it would give rise to present financial difficulties. To meet these he would divide districts and charges into first and second class, like the district commands in India, the former to be held by seniors on the present pay of deputies, and the latter to be held by juniors at the present, or slightly increased, pay of brigade-surgeons. He would attach a surgeon to each regiment for five years, but not until he had undergone at least a year's training with his own department in a large station hospital. We would go somewhat further than this, and would not attach him until he acquired the rank of captain, if the first three years are to be spent in subaltern rank.

Passing to Mr. Bartley's dissent, our correspondent avers that that gentleman betrays either singular ignorance of the conditions of service in our army, or is very uncandid in his criticisms. In his dissent he conveniently forgets that pensions are but deferred pay, and in the medical department are coupled with a liability to be recalled to service up to a comparatively advanced age; even as it is, a considerable number of the so-called non-effectives are actually employed to the great financial advantage of the Government. It should also be remembered that while the retired list has increased in recent years, the active list has sunk from 1,100 to 800 officers.

In regard to the dissent of the three, where Mr. Bartley's name again figures, our correspondent points out that their retrograde proposal, to deprive medical officers of the limited command they possess over hospital establishments, is so utterly contrary to all modern advances in military organisation, both in our own and in foreign armies, as to demonstrate their unfitness to take an unprejudiced view of the matter.

Our chief object in this controversy, we would remind correspondents, is to let all the light possible into the subjects discussed, because we feel that the Medical Department has nothing to fear from honest criticism. Its contentions are good and legitimate, and as common sense prevails so will military prejudice, which tenaciously endeavours to prevent or limit sound medical organisation, recede and disappear.

#### NOTES ON THE MEDICAL ORGANISATION OF THE EGYPTIAN ARMY. 22<sup>d</sup> 24/890.

By SURGEON-MAJOR J. G. ROGERS, D.S.O., M.S.,  
Sewas 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 Sewa (Major-General), C. Adjutant-General; El Sewa (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 Sewa.

**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.

#### SPECIAL THE MEDICAL SERVICE IN MODERN WAR. 1890.

A CORRESPONDENT sends us the following remarks upon the lecture on the above subject by Surgeon-General Marston, C.B., before the Royal United Service Institution.

On reading over Dr. Marston's lecture, it seems to me he goes too little into detail to excite much discussion, yet there are some points I think should have been more criticised by those present when it was delivered. He says: "It has almost come to be an article of popular faith, if not of popular conviction, that you can by a very limited training convert an intelligent but uneducated individual into an expert and skilful dresser of wounds; and further on, 'that you can teach any number of men at once as a drill what must virtually be acquired as the result of personal experience.' I may be wrong, but this seems to cast doubt on the possibility or utility of teaching any but the specially educated first aid to wounded, or bearer or ambulance drill; and indirectly, therefore, on the reliability of our Army and Volunteer Medical Staff Corps for the discharge of their important duties. I do not share these doubts, having had ample opportunities of judging of the capacity of our Medical Staff Corps for learning, and also for putting into practice in the field what they had been taught. They are not expected to discharge the duties of highly trained medical officers, but to arrest hæmorrhage and adjust such appliances as will enable the wounded to be conveyed to the medical officer with a minimum of risk and suffering; this I have had ocular demonstration they can do in a most satisfactory manner."

In a further paragraph the lecturer appears to advocate that field hospitals should be pushed more to the front than at present. I cannot agree with him, and for the reason he says elsewhere, that it is a great object to get the disabled to the rear as speedily as possible, so as not to encumber the front. The bearer companies should always be in full touch of the fighting line; but the hospitals should not, I think, be advanced, especially in war with semi-savage people, who in the event of a reverse would not respect the Geneva flag. The lecturer talks of an army corps of 30,000 men in India want-

ing 30,000 "defenceless followers" to accompany it. A large number of these will be dhoolie bearers, and I maintain very many could be dispensed with. In the past, when there were no roads in India, dhoolies were a necessary mode of conveyance, but not so now in many cases. I recollect, in 1881, a large conveyance of sick being sent from Kandahar almost wholly in dhoolies, when there was a very fair road for spring-wheeled carriages. I have seen dhoolies employed as the only sick transport along the Grand Trunk Road—the finest road in the world. In my opinion spring-wheeled sick carriage is not utilised in India as it might and ought to be nowadays; there are few places where it could not follow field guns. It would cut down the host of followers, of which Dr. Marston complains. We took with us in the Zulu and the Beccooni expeditions in South Africa, in 1879, Woolwich ambulance and pharmacy and surgery waggons; and in 1881 Hawke's tender ambulances went as far as Malwand from Kandahar, and I witnessed their ability to get over bad ground. But why should the 30,000 camp followers be quite "defenceless?" Only the other day I listened to a most interesting discussion in the United Service Institution on naval affairs, and one of the points insisted on was that all so-called non-combatants on board ship should be taught to handle a pistol, cutlass, and rifle. Why should not the same be done with a large portion of these followers? It could certainly be done with the native army hospital corps. The men of the Medical Staff Corps have on more than one occasion had to act as guard and escort when in an enemy's country. I heartily agree with Dr. Marston in his strictures on the want of field hospitals and bearer companies organised and working as distinct units at any of our stations. I know that when my columns were sent out from Aldershot fully equipped as for field service, the medical was the only branch not furnished with a properly equipped and manned unit. This is grievously unfair. How can defects be found out without trial? I further certainly agree that if in the new Queen's Regulations the principal medical officer of an army in the field is to be omitted from the list of officers on the general's staff, a very grave mistake will be committed. I do not envy the responsibility which the general who dispenses with the advice of his principal medical officer recklessly takes upon his shoulders. It is another attempt to make the medical department a mere civil body in the army. James H. H. H.

April 5, 1890.

#### 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 Johnston 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. Johnston further observes: "At this moment I command men, not 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



# NOW READY. **The Report and the Evidence**

of LORD CAMPERDOWN'S COMMITTEE  
 APPOINTED to ENQUIRE into the PAY, STATUS,  
 and CONDITIONS of SERVICE of MEDICAL  
 OFFICERS of the ARMY. To be had at the Office  
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The above may be obtained from Messrs. ALLEN  
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## THE BRITISH MEDICAL JOURNAL.

socially, men who would not enter the service to make money,  
 but in order to participate in the benefits, not pecuniary but other-  
 wise, 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."

As regards the status of medical officers in Q. 615, we are in-  
 formed that according to Lord Dalhousie, warrant, medical officers  
 were to have a precedence and advantages of a corresponding sub-  
 stantive 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 sub-  
 alterns 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 En-  
 gineers. I would give them a position in the Army List, which  
 would be extremely popular with them, and do no harm to any-  
 one 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 Camper-  
 down 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 re-  
 plied (Q. 2,466): "I cannot alter my opinion—my military in-  
 stincts 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. 249), stated that accord-  
 ing to his "experience of medical officers, or many of them, their  
 great aim is to appear what they are not, affecting to be com-  
 batant 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 Govern-  
 ment 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 effi-  
 ciently. 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 satisfac-  
 tory conclusion to which all unprejudiced persons must arrive  
 after reading the evidence and report of Lord Camperdown's Com-  
 mittee.

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.

SATURDAY, MAY 24TH, 1890.

## THE COLLEGES AND THE ARMY MEDICAL SERVICE.

IN the JOURNAL for April 20th, 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, indef-  
 ensible withholding of sufficient and intelligible military status  
 and titles from medical officers, is not merely a grievous in-  
 justice 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  
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*April 1890.*



## Royal College of Surgeons in Ireland.

### Grievances of the Army Medical Department.

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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 enquired 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.

If this recommendation were carried out we believe that the prolonged discontent of the Army Medical Staff would at once come to an end, for we have traced it clearly to the fact that the Officers do not consider themselves as placed on terms of equality with those of other branches of the service.

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NOW READY.  
**The Report and the Evidence**  
 of LORD CAMPERDOWN'S COMMITTEE  
 APPOINTED to ENQUIRE into the PAY, STATUS,  
 and CONDITIONS of SERVICE of MEDICAL  
 OFFICERS of the ARMY. To be had at the Office  
 of the BRITISH MEDICAL ASSOCIATION, 429, Strand.  
 Price 2s.; by Parcel Post, 2s. 3d. Postage stamps  
 must accompany applications.

INDIA.  
 The above may be obtained from Messrs. ALLEN  
 and COMPANY, 7, Wellesley Place, Calcutta. Price  
 Two Rupees.

#### THE BRITISH MEDICAL JOURNAL.

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."

As regards the status of medical officers in Q. 615, we are informed that according to Lord ~~Harman~~ 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. 249), 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.

<sup>1</sup> 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.

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.

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# THE HISTORY OF THE UNITED STATES

## CHAPTER I. THE DISCOVERY OF AMERICA

The first discovery of America was made by Christopher Columbus in 1492. He was an Italian explorer who sailed for Spain. He discovered the New World on October 12, 1492.

Columbus was not the first European to reach America. There were many other explorers who came before him. But he was the first to make a voyage across the Atlantic Ocean to the Americas.

His voyage was a great success. He discovered a new world of land and people. He brought back many treasures to Spain.

His discovery led to the colonization of America. Many people came to live in the New World. They built cities and towns. They grew crops and raised animals.

The discovery of America was a great event in the history of the world. It opened up a new world of opportunity for people.

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24<sup>th</sup> May 1890.

#### 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.<sup>1</sup> 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 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.

<sup>1</sup> JOURNAL, May 10th, 1890, p. 1106.

14<sup>th</sup> June 1890.

#### 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.

#### 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 an i 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 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.







## THE BRITISH MEDICAL JOURNAL.

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 Committee.

Army Medical Department is now passing, and the strong sympathy which the civil profession entertain for them in view of the non-redressal of their serious grievances which has given rise to such weighty measures. We think it only right to add that the same feeling is felt throughout all the schools of Great Britain.

June 21, 1890.]

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attendance on university or other systematic lectures. Clinical and practical are to be taken to mean hospital and dispensary attendance or pupillage to a registered practitioner. Fourthly. That for the better correlation of subjects, and to prevent overlapping in the various lecture courses, the Dean of the Medical Faculty be required from session to session to lay before the University court a full syllabus of all lecture courses given within the University, of all extramural classes recognised by the University, and of all non-university classes necessary for graduation. Fifthly. That, in accordance with the recommendation of the General Medical Council, the number of systematic lectures in the curriculum be reduced. Sixthly. That for the better sequence of subjects in the curriculum and the better apportionment of examinations, the programme of changes already approved by the Senate and University Court be adopted, with the modifications required by the five years' curriculum. Seventhly. That those clinical teachers whose lectures are compulsory for graduation shall, like the professors of the Medical Faculty, be ex officio examiners for degrees in medicine. Eighthly. That the number of assessors to examinations be increased to one for each subject. Ninthly. That all oral examinations be conducted in public.

3. Finance.—The Committee recommends: First. That after two winter sessions and one summer session of practical anatomy, every student shall receive, without payment of further fee, a perpetual ticket, which shall entitle him to dissecting room attendance in perpetuity. Secondly. That all class and laboratory fees be paid into a common fund. Thirdly. That the professors of the Medical Faculty be paid by salary. Fourthly. That inquiry be made into the conditions of the Wilson bequest with a view to using the funds of the bequest to found a medical fellowship or lectureship. Fifthly. That the class of medical fees be abolished, and that the funds thereby set free be devoted to some practical purpose within the medical curriculum.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An extraordinary committee of the College was held on Wednesday, June 18th, the President, Sir ANDREW CLARK, Bart., in the chair.

It was announced that Dr. Thomas Oliver had been appointed Goulstonian Lecturer for the ensuing year, and Dr. Broadbent Lumsden Lecturer.

Communications were read from the Chairman of the Board of Examiners in Chemistry; and from the Secretary of the International Medical Congress about to be held at Berlin; and also one from the Metropolitan Asylums Board, enclosing the full details of the scheme for making the fever hospitals available for purposes of clinical instruction, the scheme having received the final sanction of the Local Government Board.

An important communication was received from the legal representatives of the descendants of Sir Hans Sloane respecting the Physic Garden at Chelsea, at present in the occupation of the Society of Apothecaries, and after some discussion the subject was referred to the Council for consideration.

A letter was received referring to the grievances of the army medical officers and the general dissatisfaction at present existing throughout the service, and inviting the College to take up their cause.

Dr. FARQUHARSON moved a resolution to the effect that the College should, in conjunction with other licensing bodies, send a deputation to the Secretary of State for War pointing out the grievances and urging the claims of the Army Medical Department. He said that the army medical officers were a scattered body unable to combine, and it was therefore the duty of bodies like the College to take up their cause; he thought that prompt action was urgently needed, and that it was most important that the deputation should go before the Estimates came on in the House of Commons. They should insist that the report of Lord Camperdown's Committee should be adopted by the Government, and they ought to try to obtain the formation of a Royal Corps on the same lines as the Royal Engineers.

Sir DYCK DUCKWORTH seconded the resolution, and said that the treatment the subject had received from the Secretary of State for War was unfair, ignominious, and intolerable, seeing the importance of the subject and the great care bestowed on it by the Committee. He thought that such a deputation as was proposed should have great weight, and must succeed in its object. Owing to misunderstandings about the question of rank very serious breakdowns might occur.

Dr. BALFOUR said that, as the representative of the College at the Committee, he was sure that every endeavour had been made to get at the root of the grievances, but their recommendations had been set aside by the Secretary for War by the advice of his military advisers.

Sir GUYER HUNTER said that in India the medical men were either engaged in civil or in military duties. During sixteen years in the former capacity no friction had ever occurred, whilst when engaged in the latter capacity friction with the military officers was constantly arising. He felt sure that if the College went to the Government it would succeed.

Sir JOSEPH FAYRE, after alluding to the hesitation he felt in

speaking on this subject owing to his official position, gave the College the opinions which his long experience had led him to form.

Dr. PYE-SMITH thought the College was not in a position to express an opinion at all; it had not sufficient knowledge of the subject, and had no right to form an opinion. On all medical questions, and on those relating to education, it could pronounce with weight and effect and was entitled to be heard.

The PRESIDENT observed that no improvement in this or kindred matters had ever taken place except as the result of agitation from without, and he thought the evidence collected by the Committee already referred to did supply the College with ample knowledge on the subject. It was a duty which ought to be undertaken by the College whether it succeeded or not.

Dr. JOSEPH EWART thought that they would succeed; at any rate they must not show want of courage. The reforms must eventually be conceded, if not at once.

Dr. PLAYFAIR also supported the resolution, and thought it was clearly their duty to come to the rescue of their military brethren.

Dr. QUAIN thought they had a good right to ask why the report of the Committee had been ignored, and was decidedly of opinion that the College should take action in the matter.

After a few words from Dr. FARQUHARSON, the resolution was put and agreed to.

A report from the Committee of Management was received and adopted.

The consideration of the amended scheme for the reconstitution of the University of London was postponed pending the report of the Committee of the College, who had been appointed to discuss the whole question.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Recognition of Colleges and Hospitals.—At the last meeting of the Council of the Royal College of Surgeons a report was received from the Committee of Management, and was adopted subject to the approval of the College of Physicians. The Committee recommended that as the Cooper Medical College, San Francisco, had fulfilled the requirements respecting a preliminary examination in arts, it should now be added to the list of institutions recognised by the Conjoint Board for professional study. They further recommended that the Royal Portsmouth Hospital be added to the list of hospitals recognised by the Board; but with respect to an application from the College of State Medicine, the Committee resolved "that they were not at present prepared to recommend to the two Colleges to recognise the Laboratory of the College of State Medicine as a place of instruction for the diploma in Public Health."

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Examiners.—The following gentlemen have been elected examiners:—First Examination. Elementary Anatomy: Messrs. C. A. Ballance, F.R.C.S. Eng.; Arthur Hensman, F.R.C.S. Eng.; W. Arbuthnot Lane, F.R.C.S. Eng.; C. Barrett Lockwood, F.R.C.S. Eng.; and C. Stonham, F.R.C.S. Eng. Elementary Physiology: Messrs. J. R. Radford, M.R.C.S. Eng., and W. G. Spencer, F.R.C.S. Eng. — Second Examination. Anatomy: Messrs. W. Anderson, F.R.C.S. Eng.; J. N. C. Davies-Colley, F.R.C.S. Eng.; Howard Marsh, F.R.C.S. Eng.; and G. D. Thane, M.R.C.S. Eng. Physiology: C. H. Golding-Bird, F.R.C.S. Eng.; Vincent D. Harris, F.R.C.S. Eng.; and B. T. Lowne, F.R.C.S. Eng. — Third Examination. Midwifery: Drs. William Duncan, F.R.C.S. Eng.; W. S. A. Griffith, F.R.C.S. Eng.; Peter Horrocks, M.R.C.S. Eng.; and J. B. Potter, M.R.C.S. Eng. — First Professional Examination for the Diploma of Fellow. Anatomy: W. H. Bennett, F.R.C.S. Eng.; W. Bruce Clarke, F.R.C.S. Eng.; A. Pearce Gould, F.R.C.S. Eng.; G. H. Makins, F.R.C.S. Eng.; and Frederick Treves, F.R.C.S. Eng. Physiology: John Barlow, F.R.C.S. Eng.; B. T. Lowne, F.R.C.S. Eng.; D'Arcy Power, F.R.C.S. Eng.; and Gerald F. Yeo, F.R.C.S. Eng.—Mr. A. Winterbottom has resigned his appointment as member of the Board of Examiners in Dental Surgery.

Mr. John Marshall.—At the last meeting of the Council it was

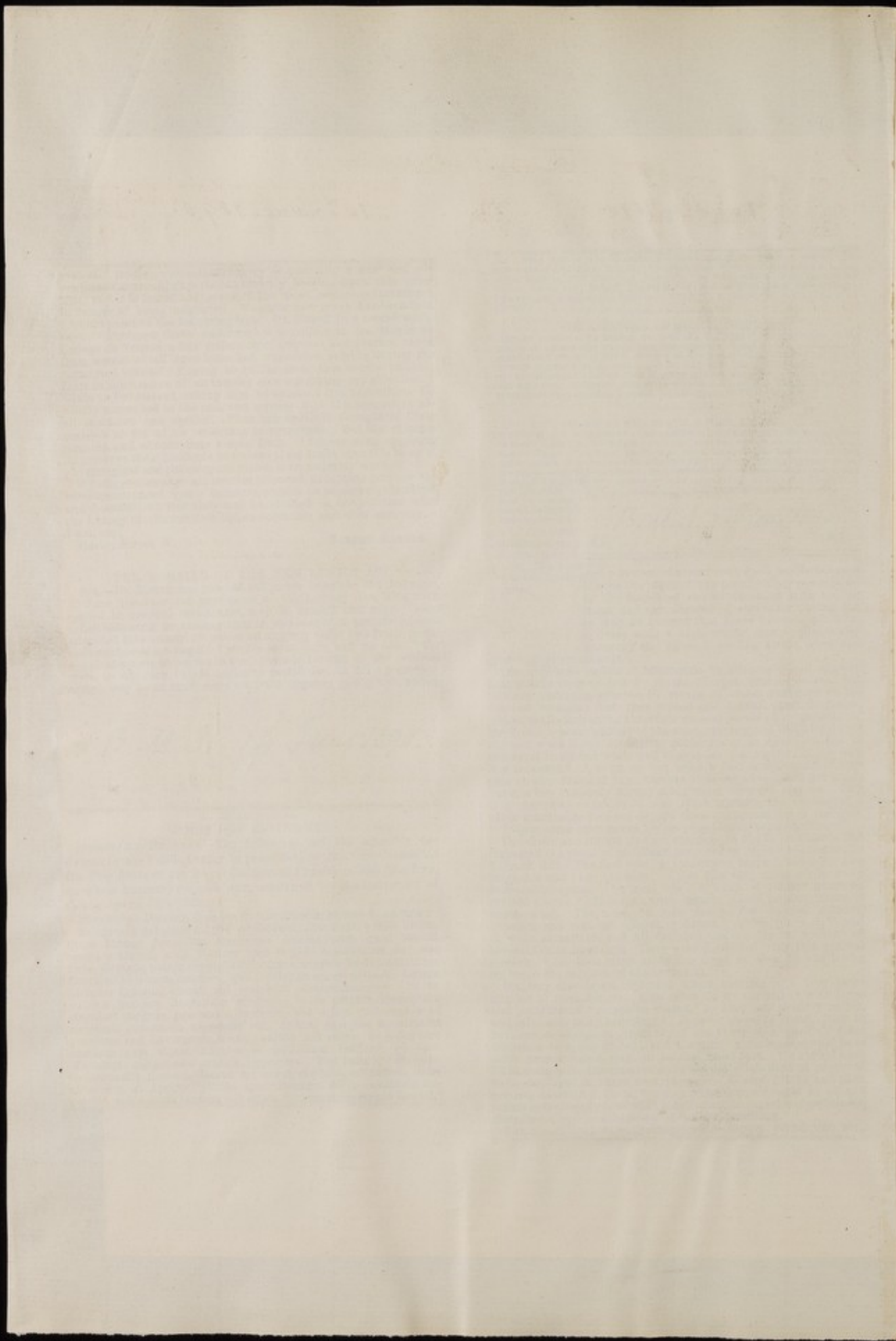
are being most r granted that commendations Army Medical quantity and service and the are only in a questions of status and efficiency has nominated C. Macnamara, College on the , be joined by if Surgeons of Glasgow, Royal thecares' Com-

MAJOR.

ry careful of before public y which Sir mitted of a Egypt on the relative rank y—a baseless ect. He has ss, it stands i the basis of rmy medical ller—and we blicity in the

\* from Surgeon Major William Johnston, Commanding Depot Medical Staff Corps, Aldershot. dated 23rd May. 1890 "See Lancet". (page 50)







attendance on university or other systematic lectures. Clinical and practical are here taken to mean hospital and dispensary attendance or pupillage to a registered practitioner. Fourthly. That for the better correlation of subjects, and to prevent overlapping in the various lecture courses, the Dean of the Medical Faculty be required from session to session to lay before the University Court a full syllabus of all lecture courses given within the University, of all extramural classes recognised by the University, and of all non-university classes necessary for graduation. Fifthly. That, in accordance with the recommendation of the General Medical Council, the number of systematic lectures in the curriculum be reduced. Sixthly. That for the better sequence of subjects in the curriculum and the better apportionment of examinations, the programme of changes already approved by the Senate and University Court be adopted, with the modifications required by the five years' curriculum. Seventhly. That those clinical teachers whose lectures are compulsory for graduation shall, like the professors of the Medical Faculty, be *ex officio* examiners for degrees in medicine. Eighthly. That the number of assessors to examiners be increased to one for each subject. Ninthly. That all oral examinations be conducted in public.

3. *Finance*.—The Committee recommends: First. That after two winter sessions and one summer session of practical anatomy, every student shall receive, without payment of further fee, a perpetual ticket, which shall entitle him to dissecting room attendance in perpetuity. Secondly. That all class and laboratory fees be laid into a common fund. Thirdly. That the professors of the Medical Faculty be paid by salary. Fourthly. That inquiry be made into the conditions of the Wilson bequest with a view to using the funds of the bequest to found a medical fellowship or lectureship. Fifthly. That the class of medical bonds be abolished, and that the funds thereby set free be devoted to some practical purpose within the medical curriculum.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia of the College was held on Wednesday, June 18th, the President, Sir ANDREW CLARK, Bart., in the chair.

It was announced that Dr. Thomas Oliver had been appointed Goulstonian Lecturer for the ensuing year, and Dr. Broadbent Lumsden Lecturer.

Communications were read from the Chairman of the Board of Examiners in Chemistry; and from the Secretary of the International Medical Congress about to be held at Berlin; and also one from the Metropolitan Asylums Board, enclosing the full details of the scheme for making the fever hospitals available for purposes of clinical instruction, the scheme having received the final sanction of the Local Government Board.

An important communication was received from the legal representatives of the descendants of Sir Hans Sloane respecting the Physic Garden at Chelsea, at present in the occupation of the Society of Apothecaries, and after some discussion the subject was referred to the Council for consideration.

A letter was received referring to the grievances of the army medical officers and the general dissatisfaction at present existing throughout the service, and inviting the College to take up their cause.

Dr. FARQUHARSON moved a resolution to the effect that the College should, in conjunction with other licensing bodies, send a deputation to the Secretary of State for War pointing out the grievances and urging the claims of the Army Medical Department. He said that the army medical officers were a scattered body unable to combine, and it was therefore the duty of bodies like the College to take up their cause; he thought that prompt action was urgently needed, and that it was most important that the deputation should go before the Estimates came on in the House of Commons. They should insist that the report of Lord Camperdown's Committee should be adopted by the Government, and they ought to try to obtain the formation of a Royal Corps on the same lines as the Royal Engineers.

Sir DYCE DUCKWORTH seconded the resolution, and said that the treatment the subject had received from the Secretary of State for War was unfair, ignominious, and intolerable, seeing the importance of the subject and the great care bestowed on it by the Committee. He thought that such a deputation as was proposed should have great weight, and must succeed in its object. Owing to misunderstandings about the question of rank very serious breakdowns might occur.

Dr. BALFOUR said that, as the representative of the College at the Committee, he was sure that every endeavour had been made to get at the root of the grievances, but their recommendations had been set aside by the Secretary for War by the advice of his military advisers.

Sir GUYER HUNTER said that in India the medical men were either engaged in civil or in military duties. During sixteen years in the former capacity no friction had ever occurred, whilst when engaged in the latter capacity friction with the military officers was constantly arising. He felt sure that if the College went to the Government it would succeed.

Sir JOSEPH FAYRER, after alluding to the hesitation he felt in

speaking on this subject owing to his official position, gave the College the opinions which his long experience had led him to form.

Dr. PYE-SMITH thought the College was not in a position to express an opinion at all; it had not sufficient knowledge of the subject, and had no right to form an opinion. On all medical questions, and on those relating to education, it could pronounce with weight and effect and was entitled to be heard.

The PRESIDENT observed that no improvement in this or kindred matters had ever taken place except as the result of agitation from without, and he thought the evidence collected by the Committee already referred to did supply the College with ample knowledge on the subject. It was a duty which ought to be undertaken by the College whether it succeeded or not.

Dr. JOSEPH EWART thought that they would succeed; at any rate they must not show want of courage. The reforms must eventually be conceded, if not at once.

Dr. PLAYFAIR also supported the resolution, and thought it was clearly their duty to come to the rescue of their military brethren.

Dr. QUAIN thought they had a good right to ask why the report of the Committee had been ignored, and was decidedly of opinion that the College should take action in the matter.

After a few words from Dr. FARQUHARSON, the resolution was put and agreed to.

A report from the Committee of Management was received and adopted.

The consideration of the amended scheme for the reconstitution of the University of London was postponed pending the report of the Committee of the College, who had been appointed to discuss the whole question.

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Mr. John Marshall.—At the last meeting of the Council it was

\* from Surgeon Major William Johnston, Commanding Depot Medical Staff Corps, Aldershot. Dated 23<sup>rd</sup> May 1890 "See Lancet" (page 50)



unanimously resolved that the best thanks of the Council be given to Mr. Marshall for his efficient services as representative of the College in the General Medical Council. The Council likewise expressed their deep regret that Mr. Marshall had determined to retire from his seat on the Council of the College.

*The Select Committee on Hospitals.*—In response to an application by Mr. J. F. Symms-Jeune, expressing the hope that the Council would assist the Select Committee in their inquiry respecting the metropolitan hospitals, etc., and requesting to be furnished with the names of gentlemen willing to act as witnesses, the Council have signified their approval, and it was left to any member who might so desire to give evidence.

*The University of London and the Royal Colleges.*—The Registrar of the London University has forwarded to the Council copies of the scheme for the reconstitution of the University, as amended since the conference with the representatives of the two Royal Colleges, and sanctioned by the Senate. The Council referred the scheme to the delegates of the two Colleges, to consider and report to a subsequent meeting of the Council.

**KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.**—The following Licentiate in Medicine of the College having complied with the by-laws, have, pursuant to the provisions of the Supplemental Charter of Victoria, dated December 12th, 1878, been duly admitted Members of the College:

J. Crawford, Lic. Med., 1868, London; S. T. Gordon, Lic. Med., 1874, Dublin.

At special examinations for the licences of the College, held on Tuesday, June 10th, 1890, the following registered medical practitioners were successful:

*For the Licence to Practise Medicine.*—J. A. Baird, L.R.C.S.I., Dublin; J. H. Dormer, L.R.C.S.I., Newtownbarry, co. Wexford.

*For the Licence to Practise Midwifery.*—J. A. Baird, L.R.C.S.I., Dublin.

**ERRATUM.**—In the examination list for the F.R.C.S., in the JOURNAL of June 14th, p. 1405, line 2, for "M. L. Trenchmann" read "M. L. Trechmann."

## NAVAL AND MILITARY MEDICAL SERVICES.

### 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 the 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.

#### 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).

### 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 BRITISH MEDICAL JOURNAL.

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 buried. 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.

July 12, 1890.

## SIR REDVERS BULLER.

SIR REDVERS BULLER, having made before the War Office Committee presided over by Lord Camperdown, 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 authorises the publication of his entire withdrawal and regret.

## MR. STANHOPE AND THE MEDICAL CORPORATIONS.

THE Royal College of Physicians, in order to give the greater effect to the representations which it and the other great licensing bodies are making to the Secretary of State for War as to the grave dissatisfaction at present existing both in the Medical Department and in the civil profession at the non-fulfilment of the recommendations of Lord Camperdown's Committee on Rank and Titles of Army Medical Officers, is making arrangements for an early deputation to the Secretary of State for War, which will include representatives of most of the great licensing bodies in Great Britain. This will be one of the most representative and influential deputations from members of the medical profession which has ever waited upon a Minister, and it can hardly be doubted that the military advisers of the War Office will not fail to see that it is only the sense of the grave importance of the crisis of dissatisfaction through which the

Army Medical Department is now passing, and the strong sympathy which the civil profession entertain for them in view of the non-redressal of their serious grievances which has given rise to such weighty measures. We think it only right to add that the same feeling is felt throughout all the schools of Great Britain, and that memorials drawn and submitted in the schools on behalf of the Parliamentary Bills Committee of the British Medical Association (with whom this movement has originated) are being most extensively signed; and that it may be taken for granted that unless steps are speedily taken to carry out the recommendations of that Committee, the supply of candidates for the Army Medical Department will be so seriously impaired both in quantity and quality, as gravely to affect the efficiency of the service and the welfare of the army. The concessions demanded are only in a minor degree financial, and relate mainly to questions of sentiment, having, however, a material bearing on status and efficiency. The President of the Royal College of Surgeons has nominated Mr. Bryant, Sir William Mac Cormac, Mr. N. C. Macnamara, with himself, to act as representatives of that College on the deputation. The deputation will, we understand, be joined by the College of Physicians of Edinburgh, College of Surgeons of Edinburgh, Faculty of Physicians and Surgeons, Glasgow, Royal College of Surgeons of Ireland, and the Dublin Apothecaries' Company. No day has yet been appointed.

## SOLDIER SURGEONS.

AND wherefore, soldiers! to our country's shame,  
Is there no record yet of Thomson's name?  
No stone to mark how that devoted one  
By the Red Alma, when the fray was done,  
In mercy to the wounded of the overthrow,  
Remained to do his Godlike work—alone?  
Where'er he looked were marks of fire and steel,  
Spent shot and shell, dismantled gun and wheel,  
The broken sabre and the cloven helm—  
All that could daunt the soul or overwhelm;  
Corpses in heaps, the dead and staggering steed,  
And groups of wounded in their direst need!  
But yet the gallant Scot maintained his post,  
Beside a remnant of the Russian host,  
Whose wounds—such wounds! his orders were to dress  
And soothe the sufferers in their mad distress.  
Foes to a man—right pleasant patients they—  
Eight hundred Calmucks who had lost the day;  
But down he knelt beneath the lowering heaven,  
And, in pursuance of the order given,  
Went to his duty with a manly heart,  
Soldier and surgeon, true to either part!  
With only one attendant who could speak  
His country's tongue amid increasing shriek  
And groan and wail and cry, woful to hear—  
The raven and the vulture hovering near—  
There, unappalled by all these sounds and sights,  
Nobly he toiled two fearful days and nights,  
Limb after limb examined and bound up,  
And poured the cordial balsam in the cup,  
Desisting only when himself struck down,  
The unconscious winner of a world's renown.  
No better they who, battle blade in hand,  
Support the martial glories of their land,  
Than he, who by no stirring passions warmed,  
Flings down his sword when all beside are armed,  
In field, or trench, perchance his gory bed,  
Soothes and sustains his comrades under fire  
With a devotion no neglect can tire.  
Neglect! by Heavens! they were a sorry crew  
Could well forget the deeds such heroes do!  
The lives they save, the courage men reveal  
Who rush on death, confiding in their zeal,  
Which most a nation's gratitude deserve—  
Those who in peril's hour show skill and nerve,  
Or they, the brainless chiefs, whose'er they be,  
Who could not make between their camp and sea,  
The two ends of a wretched roadway meet,  
That starving thousands and their steeds might eat,  
Though food for both, on Balaklava's shore,  
Hotted in heaps within their cannon's roar?  
Neglect! Up, every man now sound and whole,  
Whose wounds were saved before Sebastopol—  
Up, all whom ill-paid Science rescued thence  
From desolating plague and pestilence;  
And one and all, in your preserver's case,  
Call on a thankless Government to place  
Honours on breasts as yet unjustly bare!  
Were these the men that lost an army there?  
In siege or battle, under any sun,  
Our soldier surgeons yield the palm to none!

SURGEON-MAJOR.

July 26, 1890.

## A "CAMEL STORY."

RESPONSIBLE officers in high position should be very careful of the "illustrative" facts which they give in evidence before public committees in support of their opinions. The story which Sir Redvers Buller 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 *canard*, 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 and forms the basis of a violent attack in a service contemporary on the army medical officers and their claims. We appeal to Sir Redvers Buller—and we believe we shall not appeal in vain—to repudiate 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.

## MILITARY TITLES.

SURGEON-MAJOR writes: There are certainly a number of the Indian Medical Service who object to pure military titles. What is the object in the present titles? Surely a title which indicates the profession of the individual is the more rational. Would pure military titles improve our relation with our combatant brethren? Has the abolition of relative rank hurt us? Our position is not analogous to the Royal Engineers.

\*.\* Our correspondent's arguments are really in favour of a compound title. He evidently represents the limited element in the Indian Medical Service, which is not military at all but civilian. He cannot put himself in the place of the medical staff, or even of those of his own service who stick to a military career. He ignores the fact that the medical staff command men and perform duties of an even more military kind than those of officers of other departments who, nevertheless, have distinct military status and titles which are denied to the "doctors." We regret there should exist a small body in the Indian service who are out of sympathy with the great mass of their military medical brethren in their legitimate aspirations.

HALF PAY says: He was recently staying at a favourite watering place, and was addressed as "Sergeant-Major," "Colonel," "Doctor," and what not, to such an extent that he really began to doubt his own identity. Why, he asks, should I, more than any other officer, be subject to the humiliation and ridicule attached to such an uncertain military position?

## "MESS STORIES."

A CORRESPONDENT points out that in the above book by "Proteus," page 37, the following summing up of a story occurs: "If they (army medical officers) are gentlemen they are not doctors, and if doctors certainly under no circumstances are they gentlemen." Medical officers would be more than human if they did not resent such snobbery as this, which finds currency in certain military circles. Let your correspondent "M.D.Oxon." see to it.

## LEAVE IN INDIA.

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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.

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## THE BRITISH MEDICAL JOURNAL.

SATURDAY, SEPTEMBER 13TH, 1890.

THE SOLDIER AND HIS DOCTOR.

THE BRITISH MEDICAL JOURNAL.

[July 26 1890.]

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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. FARRY, 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. CAOLY, representing the Royal College of Surgeons of Ireland, said that in 1889 there were 429 officers in the medical services 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.

departments. The Committee declared that the army medical officers had "a logical correctness" in the complaints of having no definite army rank, and recommended the formation of a Royal Medical Staff with compound titles. They

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have come to the front in tributed to enlighten public on the one side are palpable, and on the other only a scribed as "instinct." We remitting energy because we ourselves that it is based upon expediency—that of the well-his medical officer. But for which a few highly placed ling to use even such wretched sorable and utterly unfounded could have come before this. permit much longer postponement, with rank and titles far ns of the Camperdown Commit-granted to the medical services

QUESTION.  
of your annotation on "Surgeon-  
Journal for September 27th, may  
book, *In Darkest Africa*, Surgeon  
ad to the command of the Zambesi  
in the latter capacity Mr. Bonny was  
t Captain and Surgeon Parke. I de-  
nded a company and performed his  
just as Mr. Parke is known now as  
sairs is known as "Lieutenant Stairs,  
aptain of one of Stanley's companies.  
an in the army in a position of autho-  
id have army rank and titles, if his  
to use Surgeon Parke's words—"more

DOWN.  
is a beautiful example of this pro-  
story of State for India, it is notified  
of the Indian Medical Service as re-  
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our disposal, including the result of the plebiscite, which showed that three-fourths of the whole of the department claimed definite army rank and titles as necessary for the due performance of their duties and to place them in a position of fair legitimate equality with the other reconstituted army

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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 dissentient 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 tinier 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 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.

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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 unbiased 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.

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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.

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.



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 1889 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.



## 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



SATURDAY, SEPTEMBER 13TH, 1890.

## THE SOLDIER AND HIS DOCTOR.

THE excellent result of the recent open discussion in the public press of the claims of the army medical officers to redress of their proved grievances promises, we may hope, to help forward in no small degree the public comprehension of the question at issue. Those claims have gone through a succession of phases, the progression being such as to mark their substantial justice and to give promise of not distant success. At first the claims for military rank and title did not recommend themselves much more to the civil members of the profession than they did to the military authorities, and when first we undertook to investigate them we were met by luke-warmness and opposition on all sides. The strength of the arguments adduced by those whose complaints came before us, their firmness and moderation, and the consideration of the important issues involved, induced us, however, to persevere. From the columns of the BRITISH MEDICAL JOURNAL the subject was transferred to the Parliamentary Bills Committee of the Association, and a report favourable to these claims was prepared and submitted by the Chairman of the Committee to the general meeting of the Association in Dublin, in 1887. Even there, however, opposition manifested itself in so influential a form, that it became necessary to consent to refer this question for reinvestigation by a Special Committee appointed by the Council. That Committee was appointed, and included some of those civilians and former army medical officers who supported the Director-General of the Department at the meeting in throwing doubt upon the text of the Chairman's report; it was only by adopting the novel expedient of a plebiscite among the army medical officers—obtained by an elaborated series of questions which opened the ground for a full statement of all that could be urged for and against the claim to a substantive rank and military titles—that the final result was attained of completely establishing the justice and wisdom of this and all the other claims put forward. A report in that sense was accordingly adopted, and the whole of the documents were then formally laid before the Secretary of State for War. Mr. Stanhope found the mass of evidence so weighty, and the claim put forward for reconsideration so pressing that—notwithstanding the light-hearted and semi-contemptuous manner in which during the previous session he had treated the questions put in the House of Commons by the friends of the Parliamentary Bills Committee—he evidently felt some step must be taken to investigate complaints and discontent which up to that date his military advisers had endeavoured to smother, to deny, or to daunt.

The army medical officers had been represented as contented and without complaint, and the successful efforts made by the Chairman of the Parliamentary Bills Committee and by the Editor of the BRITISH MEDICAL JOURNAL to discover the nature of the evils and to point out the justice and wisdom of a measure of relief were treated as the proposals of ambitious agitation. This common official device was one of which the Secretary for War now saw the unsubstantial flimsiness, and, acceding to the demand for official investigation or redress, he appointed the departmental Commission of which Lord Camperdown was Chairman. No representative medical officer of the department was appointed, but the London Colleges—which up to this date had been speechless and inactive on the subject—were requested to appoint each a delegate on the Committee. These delegates did excellent service on the Committee, and materially aided the successful elucidation of the facts.

Before this Committee came the whole of the documents at our disposal, including the result of the plebiscite, which showed that three-fourths of the whole of the department claimed definite army rank and titles as necessary for the due performance of their duties and to place them in a position of fair legitimate equality with the other reconstituted army

departments. The Committee declared that the army medical officers had "a logical correctness" in the complaints of having no definite army rank, and recommended the formation of a Royal Medical Staff with compound titles. They condemned the killing six-year terms of foreign service; the three years in a rank before the pension thereof can be obtained; the invidious distinction between combatant and medical officers in the matter of sick leave; the non-adjustment of rates of pay in India; the delay in the first gazettement of medical candidates.

Mr. Stanhope has, however, once more allowed himself to be overruled by his "military advisers" who were heard before the Commission, and whose arguments were there considered with all the respect due to their position. But what argument failed to effect has been conceded by the Secretary for War to their "military instinct"—for which, perhaps, it would not be unfair to read "class prejudice." This unexpected, if not unprecedented, denial of justice by Mr. Stanhope has caused natural and increasing dissatisfaction, and will continue to work the most serious harm to the service and to the country until it is remedied.

The great medical corporations have now taken up the case, and in response to the facts and appeals which have been put before them and the documents which we have been able to furnish, they have thrown their great weight into the scale. The whole subject has been submitted since the prorogation of Parliament to open public discussion. At the outset we had found the public press either hostile or wholly indifferent to the new claims, and even those journals most disposed to take a broad view of any question declined to enter upon the discussion. The constant circulation of documents, the analysis of the evidence before the Camperdown Committee, the vigour of the parliamentary statements put forward—late and ineffective as was the opportunity afforded—the energy, ability, and good sense of the medical officers who have come to the front in the public discussion, have all contributed to enlighten public opinion upon a question on which on the one side are palpable justice, "logic," and sound sense, and on the other only a class prejudice euphemistically described as "instinct." We have carried on this battle with unremitting energy because we have from the outset convinced ourselves that it is based upon wisdom, fairness, and the highest expediency—that of the well-being of the soldier as well as of his medical officer. But for the extraordinary obstinacy with which a few highly placed officers have opposed it—not scrupling to use even such wretched weapons as Sir Redvers Buller's memorable and utterly unfounded camel story—the inevitable end would have come before this. Public opinion, however, will not permit much longer postponement. A complete military autonomy, with rank and titles far beyond the modest recommendations of the Camperdown Committee, have been or are about to be granted to the medical services.

## THE TITLE QUESTION.

SURGEON-GENERAL writes: Referring to your annotation on "Surgeon-Major's" letter in the BRITISH MEDICAL JOURNAL for September 27th, may I be permitted to remark that in Stanley's book, *In Darkest Africa*, Surgeon Parke appears "in orders" as appointed to the command of the Zanibari company as Captain and Surgeon; and in the latter capacity Mr. Bonny was detailed as transport officer and to assist Captain and Surgeon Parke. Lieutenant Stairs in the same way commanded a company and performed his pioneering and engineering work. But, just as Mr. Parke is known now as "Surgeon or Dr. Parke, M.S.," so Mr. Stairs is known as "Lieutenant Stairs, R.E." Even Major Bartlett was only Captain of one of Stanley's companies. But this is not the question. Every man in the army in a position of authority and holding command of men should have army rank and titles, if his work, whatever it may be, is not to be—to use Surgeon Parke's words—"more a failure than a success."

## LEVELLING DOWN.

SURGEON-GENERAL writes: The following is a beautiful example of this process. "Under the authority of the Secretary of State for India, it is notified that, in order to assimilate the practice of the Indian Medical Service as regards the dating of surgeons' commissions to that of the British Service, officers hereafter entering the Indian Medical Service will reckon service for pension, as well as for promotion, continuously from the date of passing out of the Medical School at Netley. The time spent there is no longer to be allowed to count as service for pension or promotion." Would not the reverse process of "levelling up" have been more just, generous, and graceful? If the Medical Staff of the British army were under a disadvantage in this matter, as we admit they were, surely the Secretary for War might well have placed the two services on an equality, by granting this small privilege to the British Service.



Navy are opposed to the titles; the report and recommendations of the Camperdown Commission cannot be met by reference to the feeling of those whose hostile evidence before the Commission was overridden by the decision of that Commission and their reported conclusions. The Parliamentary Bills Committee, having full knowledge of the strength and widespread character of the feeling now entertained by the Army Medical Service, and throughout the civil profession, respectfully but urgently beg the Secretary of State for War to give effect to the recommendations of Lord Camperdown's Commission.

The next, undated, is from fifty-eight students of the Belfast Medical School; and the last, also undated, from sixty students of St. Mary's Hospital Medical School; both almost identical in terms with those of the memorial from the Aberdeen and Dublin students. There are further appended memorials from the students of fifteen medical schools, couched in similar terms.

In this important Parliamentary Return we thus have memorials not only from the principal licensing medical corporations, but from the students of the chief medical schools in the three kingdoms, all, with one exception, setting forth the grievances of army medical officers, and the methods of redressing them, with great intelligence and unanimity. He would, indeed, be an impolitic Minister who could venture to disregard such a powerful consensus of opinion, more especially when he had no just or reasonable argument to oppose to it. The discordant exception which we notice with regret among these memorials is that from the Royal College of Surgeons of Edinburgh. No doubt the College meant to support the claims of army medical officers, but the remedy it proposes for the want of that due military status, title, and authority, without which they find they can neither carry out their duties nor socially exist in the service, shows an entire misapprehension of the points in contention. The College recommends relative rank, which Mr. Stanhope declared he abolished because it was useless and unmeaning; and couples it with the utterly unworkable proposal of "restricting their (medical officers') duties to those of a professional nature only." What is the use of talking of rank for those whom it would thus make mere civilian camp followers? To restrict a medical officer's duties as proposed is not only utterly impossible in any army, but is directly contrary to the great advances made in military medical organisation in our own and in foreign armies during the past thirty years. Such a proposal was indeed hinted in the hostile dissent on the Camperdown Commission, only, however, to be criticised as absurd and retrograde in the last degree. A soldier does not cease to be under discipline when he enters a military hospital, and would the College propose to take away the administration of the hospital from the medical officer, as in the bad old times of dual authority? The fact is the medical officer, no more than any other, cannot at once be military and civilian—he must be one or other; he cannot, if restricted to his "professional duties only," train, discipline, and command his military subordinates or administer his hospital, and if he ceases to do these things he simply ceases to be an officer. We strongly advise the Council of the College to study the history of the struggle which had been waged from Sidney Herbert's Commission downwards against dual authority and restricted functions in the Army Medical Service, evils which brought such misery to all concerned, and we feel certain they will quickly cancel their unfortunate proposal. The College has many of its Fellows and Licentiates holding commissions in the Medical Staff, all of whom would, we venture to say, repudiate the impossible and retrograde recommendation the Council has made.

Oct. 11, 1890.

## THE ARMY MEDICAL SERVICE.

ON delivering the first lecture of the season at Guy's Hospital, Mr. R. Clement Lucas alluded to the army medical services as follows:—

"In attempting to advise such a large number of new students as to their future—gentlemen who by the choice of this hospital have raised the medical school once more to the position it so long occupied, of being the largest in the metropolis—I can but feel a grave responsibility. There are many branches of this noble profession, but there is one, the Army Medical Service, which I feel it right to warn you against; I do so for your own sakes, because I know you can do better, and contrary to a strong feeling of patriotism, which prompts me to say 'Go, suffer, and die, regardless of the ill-bestowed honours of an ungrateful country.' The Army Medical Service has never received its proper recognition at the hands of the State, and in advising you not to enter it, I do but repeat the advice given to me in this very theatre by the Lecturer on Anatomy more than twenty years ago. It is a service which has never found favour with the metropolitan schools, and the reason is obvious. The Army Medical officers are in an altogether anomalous position; they wear uniform and are classed as officers without having military rank. They command men, yet have no title, either to indicate their position or by which to enforce obedience. They are classed as non-combatants, yet are exposed to greater risks than the combatant officers, the relative mortality being as three to two. Now that military rank has been granted to the commissary officers, quartermasters, and others, the position of the medical officers is rendered still more anomalous, and some change on the lines of the Camperdown Commission must be eventually adopted. For my part, I can see no finality short of an organisation similar to that of the Royal Engineers, with actual military rank, and the departmental title of Royal Surgeons."

Oct. 18, 1890.

## THE MEMORIAL OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

DEPUTY SURGEON-GENERAL ALEXANDER MACLEAY, M.D., C.M., F.R.C.S.E. (retired) (Thurso, Caithness), writes: As one who has been through two great wars—namely, the Crimean and the Indian Mutiny—and who has been a quarter of a century in Her Majesty's Military Service, permit me to express my deep regret that the Royal College of Surgeons of Edinburgh (of which I am a Member and Fellow) should have been so exceptionally badly informed as to have sent such a memorial as it has done to the Secretary of State for War on the subject of rank and titles for the medical officers of the army.

"Relative rank"—declared by Mr. Stanhope to be no rank—and confinement to purely "professional duties" are the recommendations of this College, which entirely overlooks the fact that the medical officers are responsible for the command, discipline, drill, efficiency, quarters, stores, and payment of some thousands of soldiers and officers in the field and elsewhere; that the medical officers die for their country at a rate higher by more than one-third than the other officers of the army; that they have earned thirteen Victoria Crosses, which, in proportion to their number, is equal, I should say, to any corps in the service; that they are as much exposed under fire as any officers are killed and wounded like other officers; have to fight like other officers, as at Rorke's Drift, and, therefore, are not only physicians and surgeons, but soldiers in the strictest and most liberal sense as well.

## FAIR PLAY.

M.D. writes: Is it fair play for a certain obstructive military clique, first to do their best to prevent a superior professional and social class of medical officers from entering or remaining in the service, and then insolently declaring that the doctors in the army are unfit for, or unworthy of, military status and titles? If they do not get "gentlemen and good doctors" in the army it is their own fault, for both the one and the other will certainly not at this time of day suffer themselves to be treated otherwise than as equals by men who in many instances are in no wise their social or other superiors, except in their own puffed-up imaginations.

## A PROBLEM.

A CORRESPONDENT propounds the following: Two young brothers take, say, the degree of B.A. at the same university. One enters Sandhurst as a university candidate, and in due time joins the army in the rank and grade of Lieutenant, which is given him in order that he may exercise the military functions of discipline, command, etc.; the other proceeds to take the additional degree of M.B., and also joins the army as a medical officer, also involving the exercise of discipline, command, etc. Both are equally under martial law, and subject to the same war risks. The B.A. has clear, defined military rank and title, but the B.A. and M.B. is coolly informed that, because the latter letters are attached to his name, he does not require and is not entitled to definite military status and title, and must for the rest of his career be the military and social inferior of his own brother. Explain in the natural course of things how this comes about.

## THE PROFESSION AND TITLES.

M.S. writes, with reference to the oft-repeated argument of "my military advisers" that the dignity of the noble profession of medicine would be lowered by our being called by any other title than "doctor." Has it ever occurred to them that Sir Andrew Clark and other titled members of the profession are never styled Dr. Sir Andrew, etc., and by dropping the "Dr." for "Sir" do these eminent men thereby fall in the estimation of themselves, their professional brethren, or the public? If not, how can Mr. Stanhope and his military advisers maintain that the titles of Captain, Major, etc., would lower the dignity of the doctors who obtain them? Perhaps they agree with Mr. Bartley that military titles are "shams and tinsel," but it does not look like it. If the title of "Sir" does not affect professional status, why should that of "Colonel"?



*See British Medical Journal 15<sup>th</sup> Sep. 1890. page 653*

## 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

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The first, dated April 9th, 1890, was forwarded by the Dean of the Faculty from fifty-one students of the University of Aberdeen. The memorialists state that they, in common with the students of other medical schools, are well aware of the unredressed grievances of the Army Medical Department; also of the great disappointment felt that the conclusions of Lord Camperdown's Commission have not been embodied in a Royal Warrant. They urge that the popularity of the service in the medical schools, and its consequent efficiency, can only be maintained by the well-founded claims of the medical officers being fully met.

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The next, dated July 1st, is from the Provost and Senior Fellows of Trinity College, Dublin. Great regret is expressed that the claims of medical officers, as stated in evidence before the Departmental Committee of the War Office, still remain unsatisfied; that the unredressed grievances of army medical officers, being well known throughout the medical schools, are bringing the service into a position of great unpopularity, which will seriously affect the number and quality of the candidates seeking admission into it; that the increase of candidates in recent examinations resulted from legitimate hopes, founded on the recommendations of the Committee.

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Navy are opposed to the titles; the report and recommendations of the Camperdown Commission cannot be met by reference to the feeling of those whose hostile evidence before the Commission was overridden by the decision of that Commission and their reported conclusions. The Parliamentary Bills Committee, having full knowledge of the strength and widespread character of the feeling now entertained by the Army Medical Service, and throughout the civil profession, respectfully but urgently beg the Secretary of State for War to give effect to the recommendations of Lord Camperdown's Commission.

The next, undated, is from fifty-eight students of the Belfast Medical School; and the last, also undated, from sixty students of St. Mary's Hospital Medical School; both almost identical in terms with those of the memorial from the Aberdeen and Dublin students. There are further appended memorials from the students of fifteen medical schools, couched in similar terms.

In this important Parliamentary Return we thus have memorials not only from the principal licensing medical corporations, but from the students of the chief medical schools in the three kingdoms, all, with one exception, setting forth the grievances of army medical officers, and the methods of redressing them, with great intelligence and unanimity. He would, indeed, be an impolitic Minister who could venture to disregard such a powerful consensus of opinion, more especially when he had no just or reasonable argument to oppose to it. The discordant exception which we notice with regret among these memorials is that from the Royal College of Surgeons of Edinburgh. No doubt the College meant to support the claims of army medical officers, but the remedy it proposes for the want of that due military status, title, and authority, without which they find they can neither carry out their duties nor socially exist in the service, shows an entire misapprehension of the points in contention. The College recommends relative rank, which Mr. Stanhope declared he abolished because it was useless and unmeaning; and couples it with the utterly unworkable proposal of "restricting their (medical officers') duties to those of a professional nature only." What is the use of talking of rank for those whom it would thus make mere civilian camp followers? To restrict a medical officer's duties as proposed is not only utterly impossible in any army, but is directly contrary to the great advances made in military medical organisation in our own and in foreign armies during the past thirty years. Such a proposal was indeed hinted in the hostile dissent on the Camperdown Commission, only, however, to be criticised as absurd and retrograde in the last degree. A soldier does not cease to be under discipline when he enters a military hospital, and would the College propose to take away the administration of the hospital from the medical officer, as in the bad old times of dual authority? The fact is the medical officer, no more than any other, cannot at once be military and civilian—he must be one or other; he cannot, if restricted to his "professional duties only," train, discipline, and command his military subordinates or administer his hospital, and if he ceases to do these things he simply ceases to be an officer. We strongly advise the Council of the College to study the history of the struggle which had been waged from Sidney Herbert's Commission downwards against dual authority and restricted functions in the Army Medical Service, evils which brought such misery to all concerned, and we feel certain they will quickly cancel their unfortunate proposal. The College has many of its Fellows and Licentiates holding commissions in the Medical Staff, all of whom would, we venture to say, repudiate the impossible and retrograde recommendation the Council has made.

Oct. 11, 1890.

## THE ARMY MEDICAL SERVICE.

On delivering the first lecture of the season at Guy's Hospital, Mr. R. Clement Lucas alluded to the army medical services as follows:—

"In attempting to advise such a large number of new students as to their future—gentlemen who by the choice of this hospital have raised the medical school once more to the position it so long occupied, of being the largest in the metropolis—I can but feel a grave responsibility. There are many branches of this noble profession, but there is one, the Army Medical Service, which I feel it right to warn you against: I do so for your own sakes, because I know you can do better, and contrary to a strong feeling of patriotism, which prompts me to say 'Go, suffer, and die, regardless of the ill-bestowed honours of an ungrateful country.' The Army Medical Service has never received its proper recognition at the hands of the State, and in advising you not to enter it, I do but repeat the advice given to me in this very theatre by the Lecturer on Anatomy more than twenty years ago. It is a service which has never found favour with the metropolitan schools, and the reason is obvious. The Army Medical officers are in an altogether anomalous position; they wear uniform and are classed as officers without having military rank. They command men, yet have no title, either to indicate their position or by which to enforce obedience. They are classed as non-combatants, yet are exposed to greater risks than the combatant officers, the relative mortality being as three to two. Now that military rank has been granted to the commissary officers, quartermasters, and others, the position of the medical officers is rendered still more anomalous, and some change on the lines of the Camperdown Commission must be eventually adopted. For my part, I can see no finality short of an organisation similar to that of the Royal Engineers, with actual military rank, and the departmental title of Royal Surgeons."

Oct. 18, 1890.

## THE MEMORIAL OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

DEPUTY SURGEON-GENERAL ALEXANDER MACLEAY, M.D., C.M., F.R.C.S.E. (retired) (Thurso, Caithness), writes: As one who has been through two great wars—namely, the Crimean and the Indian Mutiny—and who has been a quarter of a century in Her Majesty's Military Service, permit me to express my deep regret that the Royal College of Surgeons of Edinburgh (of which I am a Member and Fellow) should have been so exceptionally badly informed as to have sent such a memorial as it has done to the Secretary of State for War on the subject of rank and titles for the medical officers of the army.

"Relative rank," declared by Mr. Stanhope to be no rank—and confinement to purely "professional duties" are the recommendations of this College, which entirely overlooks the fact that the medical officers are responsible for the command, discipline, drill, efficiency, quarters, stores, and payment of some thousands of soldiers and officers in the field and elsewhere; that the medical officers die for their country at a rate higher by more than one-third than the other officers of the army; that they have earned thirteen Victoria Crosses, which, in proportion to their number, is equal, I should say, to any corps in the service; that they are as much exposed under fire as any officers; are killed and wounded like other officers; have to fight like other officers, as at Rorke's Drift, and, therefore, are not only physicians and surgeons, but soldiers in the strictest and most liberal sense as well.

## FAIR PLAY.

M.D. writes: Is it fair play for a certain obstructive military clique, first to do their best to prevent a superior professional and social class of medical officers from entering or remaining in the service, and then insolently declaring that the doctors in the army are unfit for, or unworthy of, military status and titles? If they do not get "gentlemen and good doctors" in the army it is their own fault, for both the one and the other will certainly not at this time of day suffer themselves to be treated otherwise than as equals by men who in many instances are in no wise their social or other superiors, except in their own puffed-up imaginations.

## A PROBLEM.

A CORRESPONDENT propounds the following: Two young brothers take, say, the degree of B.A. at the same university. One enters Sandhurst as a university candidate, and in due time joins the army in the rank and grade of lieutenant, which is given him in order that he may exercise the military functions of discipline, command, etc.; the other proceeds to take the additional degree of M.B., and also joins the army as a medical officer, also involving the exercise of discipline, command, etc. Both are equally under martial law, and subject to the same war risks. The B.A. has clear, defined military rank and title, but the B.A. and M.B. is coolly informed that, because the latter letters are attached to his name, he does not require and is not entitled to definite military status and title, and must for the rest of his career be the military and social inferior of his own brother. Explain in the natural course of things how this comes about.

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*See British Medical Journal 13<sup>th</sup> Sep. 1890. page 653*

## 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 gazetted 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 gazetting 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.



*See British Medical Journal 13.5.90.  
page 653.*

## 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*).

<i>Medical.</i>	<i>SURGEON-MAJOR</i>	<i>Military.</i>
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.
Sanitary duties in the field, camps, and quarters.		Instruction of the Corps in infantry and stretcher drill.
Recruiting and invaliding.		Responsibilities in regard to pay, clothing, arms, and equipment of the Medical Staff Corps.
Hospital administration in peace and war.		Preparation of pay-lists, clothing-ledgers, and equipment returns.
Technical training of the Medical Staff Corps.		Accounting officers for hospital buildings, equipment, supplies, & stores.
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.



(PRIVATE).

*See British Medical Journal "13<sup>th</sup> Sep<sup>r</sup> 1890. Page 653.*

## 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	...	...	...	48	...	...	...	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?



Sept. 6, 1890.

**THE ARMY MEDICAL DEPARTMENT AND MILITARY RANK.**  
An important memorandum on the question of military rank for medical officers in the British army has been drawn up by Dr. Rouire, of Paris, who has made a special study of the organisation of the medical service in the different armies of Europe, and to whose opinion on all matters connected with this subject the greatest weight is attached by the military authorities in France. The following abstract of this document, which has been presented through Mr. C. Macnamara to the members of Lord Camperdown's Commission, may be of interest to our readers. Dr. Rouire speaks with no uncertain sound on the question of military titles. He says that the claim of English medical officers to be on an equal footing with officers of other branches of the service and to have the same titular distinctions of rank as combatants is not only fair in itself, but necessary for the welfare of the army. It is impossible that the medical department can be efficiently worked if the men of the army medical corps are led to believe that the officers under whose orders they serve are in an inferior position to the officers of other departments. "Is it possible," asks Dr. Rouire, "that the soldier, whose ideas are simple, whose mental power is often limited, should understand that the medical officer who leads him on the field, even up to the front line, should be kept in an inferior rank, deprived of the titles which are the appanage of the officers of other branches of the service? Has not the soldier of the medical corps a right to ask if it is not in consequence of some sort of incapacity that his officer has been judged unworthy of substantive rank and titles?" The action and authority of the medical staff must inevitably suffer from such limitations of their position as those recognised in the regulations. The same cause will often make the relations of the medical officer

with other officers a source of annoyance and of actual difficulty in the discharge of his duty.

Dr. Rouire lays stress on the absurdity of the regulations which give the direction of the ambulances after these are detached from the troops to the medical staff, and ridicules the illogical nature of an arrangement which gives authority over non-commissioned, and often commissioned, officers to an officer having no actual rank. In asking for substantive rank the English medical staff are only asking for what is absolutely necessary. In the last century the army surgeon did not go on to the field of battle, but remained strictly in the rear. Now the medical service has greatly extended. In nearly all European armies the direct command of the men belonging to the medical department has been given to the medical staff, both on active service and in time of peace. For half a century the tendency has everywhere been to "militarise" the medical staff. Certain armies (the Italian, Swiss, and American) have completed their evolution in this direction, and the medical officers are included among the combatants pure and simple. The German army has nearly reached the same stage. In Russia and Belgium the command of the soldiers attached to the military hospitals has recently been given to the medical staff.

In France the new regulations give full authority to the medical officer over the medical corps. In Italy the medical officer is called simply Captain, Major, and General, and all military regulations include him, except that he is not called on to take part in councils of war or to serve on courts-martial in cases which involve the penalty of death.

The English medical staff are entrusted with the instruction and command of the Army Medical Corps, with results which appear to Dr. Rouire, who has seen the working of the system at Aldershot and elsewhere, "in every way excellent." He says: "The hospitals of Aldershot and Netley are equal in cleanliness, good keeping, and interior police to the best barracks of the English army which I visited in London, and those who have the responsibility of command are entitled to its rights and prerogatives; from the fact of their having obtained a diploma, they ought not to be considered as inferior to all the other officers."

The "militarisation" of the medical service follows as an inevitable historical law. The engineers were at first a civil department; so were the artillery; even the infantry was for a long time considered inferior to the cavalry. It is not found absurd in the Italian, Swiss, and American armies to use purely military titles for the medical staff. What is absurd, on the contrary, is the use of titles

Oct. 25, 1890.

**THE RANK OF ARMY MEDICAL OFFICERS.**

We understand that the various memorials presented to Mr. Stanhope by the Medical Licensing Corporation, the Parliamentary Bills Committee of the British Medical Association, the various medical schools, and the representations made from other sources, with regard to the rank and status of medical officers of the army, have been considered at a conference held at the War Office. It is not, however, probable that any official notification of the decision arrived at will be made before the meeting of Parliament.

Nov. 1, 1890.

**EXPERIENCES OF A DEPUTY SURGEON-GENERAL.**

A CORRESPONDENT writes: 1. Although a very senior officer, ranking as Colonel on the staff of the General commanding the district, the Deputy Surgeon-General was never asked inside his door.  
2. Junior officers looking for the office of some other department, when they enter that of the Deputy Surgeon-General by mistake—although they know him well both officially and privately—fail to pay him that amount of respect due to a senior officer, as they neither salute nor yet address him "Sir."  
3. Staff officers of Captain's rank—young enough to be his sons—when they first meet him in the morning and have to approach him, either officially or otherwise, never think of saluting or addressing him "Sir," their general salute being a familiar, disrespectful nod of the head, usually followed by "Good morning, Brown."  
4. Other staff officers, ranking as Majors and Lieutenant-Colonels, with sixteen and twelve years' less service respectively than the Deputy Surgeon-General, when approached by these same officers, staff, regimental, and departmental, are on all occasions saluted, and in the course of conversation addressed as "yes, Sir," or "no, Sir."  
5. Cards were left by the Deputy Surgeon-General, on his arrival in the station, on the commanding officers and officers of the various regiments quartered in the garrison; only three of these honoured him—and that after some considerable delay—with an invitation to consider himself an honorary member of their mess during his stay in the station, a courtesy promptly accorded all other officers of the district staff after they leave cards on the respective regiments.  
6. Not one of the commanding officers, and only a few of the other officers, of the various regiments deemed it worth their while to return his visit, either officially or yet privately on his family.  
7. In the discharge of daily duty, passing through the garrison in uniform, with the insignia of rank on his shoulders, when approached by junior officers, they either give him an impertinent nod or pass on without taking any notice at all.  
In the face of the above authenticated facts, it is to be wondered at that officers of the medical staff should estrange themselves from so-called "combatant officers"—and their doing so is most injurious in the interests of the service.  
Again, 1. What is the use of gawdoling medical officers, notifying that they rank as Major, Lieutenant-Colonel, Colonel, etc.?  
2. What is the use of the rank when it fails to command the respect due to it?  
3. Where is the medical officer's rank?  
Who answers: "They have no rank other than that accorded them to regulate the drawing of their allowances, etc.," and there is no use in the authorities any longer attempting to hoodwink the British public on this point. For obvious reasons, medical officers, like all other officers, should on no account be placed in a false position where they have to assert their rights; and, were it not that a sense of refined gentlemanly feeling guides them on this subject, the official complaints would be loud, frequent, and justifiable, for their position in the service at present is intolerable.

**ANOTHER NON-COMBATANT!**

The *Indian Pioneer* of September 17th describes the position during the recent outbreak of the Lushai tribes as follows:

The forts, or stockaded posts, Chingsail and Ajaj, were held by 300 frontier police, and at the time of the attack, when Captain Browne, the political officer, was killed in passing between these posts, Lieutenant Cole was in the former, and Dr. Melville in the latter—the only two European officers. This was accidental, but, as the *Pioneer* says, "fortunate in a way, as each fort has now a British officer to direct the defence; and though one of them is nominally a non-combatant, we know from past experience that the members of the medical service acquit themselves well when they join the fighting ranks."

What do Mr. Stanhope's "military advisers" say to this? A mere "doctor," little better than a camp follower, again thrown into a position where he must assume directly combatant functions and command! One would have thought from the evidence and instincts of these gentlemen, such a reversal of the order of things could not happen. Yet the *Pioneer* declares that, from "past experience," doctors under such circumstances "acquit themselves well." We fear the advisers to whom Mr. Stanhope has hitherto listened conveniently ignore experiences of the kind past, present, and certain to come, when these conflict with their own narrow prejudices and traditions.

**A WORD OF WARNING.**

At the opening address at St. Vincent's Hospital, Dublin, Mr. I. S. McArdle spoke as follows: "Many of you aspire to positions in the Medical Department of the Army.....In the army alone, and in our army alone of all the armies in the world, is the surgeon a nonentity. They are merely appendages, and they are treated as if non-essential to the wellbeing of the body of which they are a part and for which they have done so much. A spirit unworthy of Englishmen has sprung up in the ranks of the combatants, and apparently they wish to place the profession of arms on a pinnacle high above that of medicine.....There was a time when our best men thronged the home and Indian services, but the unsatisfactory state of these departments has caused a sad falling off in competitors.....The veriest pauper in civil life can select his own attendant; the poor soldier alone amongst men must be satisfied with what his masters provide.....So long as the service is so unpopular men of culture and great ability will seek elsewhere the position they are refused in our army.....A time will come when our ranks will close up, and demand a proper treatment of their members in whatever service they may be placed, and when the War Office will disregard the selfish advice of its military prompters, and do justice to a body which has been a credit to the service.....What they ask is a recognition of their proper position in the army, equivalent to that held by surgeons in the armies of France, Germany, and elsewhere."

Mr. McArdle speaks with much force and directness, and there is only one of his statements we would desire to qualify. We have the best reason for believing that the opposition to



Navy are opposed of the Camperdown feeling of those overridden by conclusions. I ledge of the a entertained by profession, res War to give e Commission.

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Sept. 6, 1890.

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such as brigade-surgeon, surgeon-major, and so forth, which neither soldier nor officer can understand. "For the soldier, the officer who commands him, is according to his rank, general, colonel, or captain; he feels this so much that in those European armies where the grades of the combatant officers are not yet given to the medical staff, the men of their own accord often name medical officers in that way, thus anticipating the change which must speedily come." It was the intention of Napoleon I. on two occasions, in 1801 and 1807, to give to the medical staff all the prerogatives of the officers of the artillery and engineers, and he was only prevented from carrying out this project by his incessant wars. Dr. Rouire affirms that similar views are held by the best French generals at the present time—"by those to whom the general command of the French army would be confided in case of serious war." "It is," concludes Dr. Rouire, "the interest of commanding officers to induce the medical staff as much as possible to interest themselves in military affairs, to make them as military as possible, to keep on good terms with those whose military rôle it is to enable the general to bring as many rifles as possible into the field of battle, and to secure the removal after the battle, as rapidly as possible, of the masses of sick and wounded men who may otherwise hinder the action of the army, services without which fighting is impossible at the present day."

In a further communication to Mr. Macnamara, dated June 24th, Dr. Rouire says that the French Chamber of Deputies and Senate have just voted the "complete autonomy" of the sanitary service of the army. This means that military surgeons are henceforth to take the initiative in ordering expenditure relative to their service. The Medical Department in the French army is now absolutely on the same footing as the engineers and the artillery. Dr. Rouire adds that the views expressed in his first memorandum have the full approval of M. de Freycinet, the French Minister of War, of his *Chef de Cabinet*, General Brault, and of General Saussier, who is Military Governor of Paris and Commander-in-Chief of the French army.

Oct. 25, 1890.

## THE RANK OF ARMY MEDICAL OFFICERS.

We understand that the various memorials presented to Mr. Hope by the Medical Licensing Corporations, the Parliamentary Bills Committee of the British Medical Association, the various medical schools, and the representations made from other sources with regard to the rank and status of medical officers of the army have been considered at a conference held at the War Office. It is not, however, probable that any official notification of the decision arrived at will be made before the meeting of Parliament.



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"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?



Sept. 6, 1890.

**THE ARMY MEDICAL DEPARTMENT AND MILITARY RANK.**  
An important memorandum on the question of military rank for medical officers in the British army has been drawn up by Dr. Rouire, of Paris, who has made a special study of the organisation of the medical service in the different armies of Europe, and to whose opinion on all matters connected with this subject the greatest weight is attached by the military authorities in France. The following abstract of this document, which has been presented through Mr. C. Macnamara to the members of Lord Camperdown's Commission, may be of interest to our readers. Dr. Rouire speaks with no uncertain sound on the question of military titles. He says that the claim of English medical officers to be on an equal footing with officers of other branches of the service and to have the same titular distinctions of rank as combatants is not only fair in itself, but necessary for the welfare of the army. It is impossible that the medical department can be efficiently worked if the men of the army medical corps are led to believe that the officers under whose orders they serve are in an inferior position to the officers of other departments. "Is it possible," asks Dr. Rouire, "that the soldier, whose ideas are simple, whose mental power is often limited, should understand that the medical officer who leads him on the field, even up to the front line, should be kept in an inferior rank, deprived of the titles which are the appanage of the officers of other branches of the service? Has not the soldier of the medical corps a right to ask if it is not in consequence of some sort of incapacity that his officer has been judged unworthy of substantive rank and titles?" The action and authority of the medical staff must inevitably suffer from such limitations of their position as those recognised in the regulations. The same cause will often make the relations of the medical officer

with other officers a source of annoyance and of actual difficulty in the discharge of his duty.

Dr. Rouire lays stress on the absurdity of the regulations which give the direction of the ambulances after these are detached from the troops to the medical staff, and ridicules the illogical nature of an arrangement which gives authority over non-commissioned, and often commissioned, officers to an officer having no actual rank. In asking for substantive rank the English medical staff are only asking for what is absolutely necessary. In the last century the army surgeon did not go on to the field of battle, but remained strictly in the rear. Now the medical service has greatly extended. In nearly all European armies the direct command of the men belonging to the medical department has been given to the medical staff, both on active service and in time of peace. For half a century the tendency has everywhere been to "militarise" the medical staff. Certain armies (the Italian, Swiss, and American) have completed their evolution in this direction, and the medical officers are included among the combatants pure and simple. The German army has nearly reached the same stage. In Russia and Belgium the command of the soldiers attached to the military hospitals has recently been given to the medical staff.

In France the new regulations give full authority to the medical officer over the medical corps. In Italy the medical officer is called simply Captain, Major, and General, and all military regulations include him, except that he is not called on to take part in councils of war or to serve on courts-martial in cases which involve the penalty of death.

The English medical staff are entrusted with the instruction and command of the Army Medical Corps, with results which appear to Dr. Rouire, who has seen the working of the system at Aldershot and elsewhere, "in every way excellent." He says: "The hospitals of Aldershot and Netley are equal in cleanliness, good keeping, and interior police to the best barracks of the English army which I visited in London, and those who have the responsibility of command are entitled to its rights and prerogatives; from the fact of their having obtained a diploma, they ought not to be considered as inferior to all the other officers."

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Oct. 25, 1890.

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Nov. 1, 1890.

**EXPERIENCES OF A DEPUTY SURGEON-GENERAL.**

A CORRESPONDENT writes: 1. Although a very senior officer, ranking as Colonel on the staff of the General commanding the district, the Deputy Surgeon-General was never asked inside his door.

2. Junior officers looking for the office of some other department, when they enter that of the Deputy Surgeon-General by mistake—although they know him well both officially and privately—fail to pay him that amount of respect due to a senior officer, as they neither salute nor yet address him "Sir."

3. Staff officers of Captain's rank—young enough to be his sons—when they first meet him in the morning and have to approach him, either officially or otherwise, never think of saluting or addressing him "Sir," their general salute being a familiar, disrespectful nod of the head, usually followed by "Good morning, Brown."

4. Other staff officers, ranking as Majors and Lieutenant-Colonels, with sixteen and twelve years' less service respectively than the Deputy Surgeon-General, when approached by these same officers, staff, regimental, and departmental, are on all occasions saluted, and in the course of conversation addressed as "yes, Sir," or "no, Sir."

5. Cards were left by the Deputy Surgeon-General, on his arrival in the station, on the commanding officers and officers of the various regiments quartered in the garrison; only three of these honoured him—and that after some considerable delay—with an invitation to consider himself an honorary member of their mess during his stay in the station, a courtesy promptly accorded all other officers of the district staff after they leave cards on the respective regiments.

6. Not one of the commanding officers, and only a few of the other officers, of the various regiments deemed it worth their while to return his visit, either officially or yet privately on his family.

7. In the discharge of daily duty, passing through the garrison in uniform, with the insignia of rank on his shoulders, when approached by junior officers, they either give him an impudent nod or pass on without taking any notice at all.

In the face of the above authenticated facts, is it to be wondered at that officers of the medical staff should estrange themselves from so-called "combatant officers?"—and their doing so is most injurious in the interests of the service.

Again: 1. What is the use of gawditing medical officers, notifying that they rank as Major, Lieutenant-Colonel, Colonel, etc.?

2. What is the use of the rank when it fails to command the respect due to it?

3. Where is the medical officer's rank?

Who answers: "They have no rank other than that accorded them to regulate the drawing of their allowances, etc.;" and there is no use in the authorities any longer attempting to hoodwink the British public on this point. For obvious reasons, medical officers, like all other officers, should on no account be placed in a false position where they have to assert their rights; and, were it not that a sense of refined gentlemanly feeling guides them on this subject, the official complaints would be loud, frequent, and justifiable, for their position in the service at present is intolerable.

**ANOTHER NON-COMBATANT!**

THE *Indian Pioneer* of September 17th describes the position during the recent outbreak of the Lushai tribes as follows:

The forts, or stockaded posts, Chingsil and Aijal, were held by 300 frontier police, and at the time of the attack, when Captain Browne, the political officer, was killed in passing between these posts, Lieutenant Cole was in the former, and Dr. Melville in the latter—the only two European officers. This was accidental, but, as the *Pioneer* says, "fortunate in a way, as each fort has now a British officer to direct the defence; and though one of them is nominally a non-combatant, we know from past experience that the members of the medical service acquit themselves well when they join the fighting ranks."

What do Mr. Stanhope's "military advisers" say to this? A mere "doctor," little better than a camp follower, again thrown into a position where he must assume directly combatant functions and command! One would have thought from the evidence and instincts of these gentlemen, such a reversal of the order of things could not happen. Yet the *Pioneer* declares that, from "past experience," doctors under such circumstances "acquit themselves well." We fear the advisers to whom Mr. Stanhope has hitherto listened conveniently ignore experiences of the kind past, present, and certain to come, when these conflict with their own narrow prejudices and traditions.

**A WORD OF WARNING.**

At the opening address at St. Vincent's Hospital, Dublin, Mr. I. S. McArdle spoke as follows: "Many of you aspire to positions in the Medical Department of the Army.....In the army alone, and in our army alone of all the armies in the world, is the surgeon a nonentity. They are merely appendages, and they are treated as if non-essential to the wellbeing of the body of which they are a part and for which they have done so much. A spirit unworthy of Englishmen has sprung up in the ranks of the combatants, and apparently they wish to place the profession of arms on a pinnacle high above that of medicine.....There was a time when our best men thronged the home and Indian services, but the unsatisfactory state of these departments has caused a sad falling off in competitors.....The veriest pauper in civil life can select his own attendant; the poor soldier alone amongst men must be satisfied with what his masters provide.....So long as the service is so unpopular men of culture and great ability will seek elsewhere the position they are refused in our army.....A time will come when

our ranks will close up, and demand a proper treatment of their members in whatever service they may be placed, and when the War Office will disregard the selfish advice of its military prompters, and do justice to a body which has been a credit to the service.....What they ask is a recognition of their proper position in the army, equivalent to that held by surgeons in the armies of France, Germany, and elsewhere."

Mr. McArdle speaks with much force and directness, and there is only one of his statements we would desire to qualify. We have the best reason for believing that the opposition to



granting due military status and titles to medical officers is by no means universal in the combatant ranks. They are many, and those among our best soldiers—of whom Sir Donald Stewart is a type—who are prepared and desirous to see justice done to the medical department. Many others, of course, young and lacking in experience, take their cue from a clique above them, and so blackball and snub medical and other officers who they consider not exactly belonging to the ideal "fighting caste," which they vainly hope to create.

Nov. 8, 1890.

## MR. STANHOPE AND THE DEPARTMENT.

A CORRESPONDENT expresses fear that Mr. Stanhope may assume a position of inertia first, on account of the numbers coming forward for the last examination; and secondly, because of the conflicting claims of those who demand pure military and those who desire compound titles. He thinks efforts should have chiefly been directed to urge the carrying out of the recommendations of the Camperdown Commission, as expressed on the following four points:—

1. Royal corps.
2. Compound titles.
3. Names in Official Lists according to seniority, and not at the bottom.
4. Seniority recognised on mixed boards.

\* We have no fear that Mr. Stanhope will assume the position of inertia which our correspondent dreads. On the contrary, we know the question of rank and title for medical officers is now receiving his personal attention.

## THE MEMORIAL OF THE ROYAL COLLEGE OF SURGEONS, EDINBURGH.

SURGEON-GENERAL RETIRED writes: As a member of the College I repudiate the retrograde and impossible recommendations made to Mr. Stanhope by the Council; they are diametrically opposed to the desires and necessities of the Medical Staff, and the College should lose no time in cancelling them. Not even "my military advisers" would have ventured to recommend that medical officers should be confined to "purely professional duties," because such would have covered them with ridicule. No one having the slightest knowledge of army organisation could be betrayed into such a blunder. Is it possible the College are ignorant of the duties of medical officers in our own and in foreign armies, and that the French have, after many tentative trials, just conferred complete autonomy on their army medical service? Have they not learned that dual authority and responsibility in administration, besides being intolerable to self-respecting men, is altogether fatal to efficiency?

## ARMY MEDICAL CORPS.

A. M. C. writes: The statement in the *Veterinary Journal* for August (commented on in the *BRITISH MEDICAL JOURNAL*) that the Veterinary have "stronger" claims than the Medical Department to have their rank expressed by military titles, leads me to point out the following: In the *Manual of Military Law*, chapter xi, paragraphs 6 and 7, the constitution of the military forces of the Crown is defined as follows:—With cavalry, artillery, engineers, infantry, army service corps, and ordnance store corps, the medical staff corps forms an integral part of the army; but there are other departments, namely, chaplains, veterinary, and pay, connected with the army, but not corps within the meaning of the Army Act. Such is the definition. Though the pay department receive and use military titles, it would thus seem the three departments named do not possess claims equal to the medical. If Mr. Stanhope really decides to do something for us, it is very desirable a well chosen name should be selected for a unified corps of officers and men. I would suggest Army Medical Corps, as being short and to the point; Royal Medical Staff Corps is too long, and Royal Corps of Surgeons could hardly be applied to the men.

Nov. 29, 1890.

## SALUTING.

INQUIRER writes: The question in the *BRITISH MEDICAL JOURNAL* of September 20th by "B.M.S." whether junior combatant officers are obliged to salute senior medical officers, is answered in the negative by an Indian colonel. Very well. To carry the question a stage further: if the combatant is not obliged to salute the medical officer, whom he regards as a civilian, the latter as a civilian is surely not bound to salute the former. There must be reciprocity, or an end of these enforced courtesies. As these questions are at the very root of military subordination, should they not be authoritatively settled?

## MILITARY VERSUS MEDICAL RANK.

ANTI-JUNKERISM writes: What a farce it is to delude the public into the belief that the medical officer's rank is real and carries honours with it. At Gibraltar, for instance, the guards turn out and salute the Major-General commanding infantry and artillery, but the Surgeon-General who ranks with these officers receives no such compliment. If his rank is real, why are such honours not paid? The truth is, it is a mere bogus rank, and none know this better than those generous "military advisers" who frame regulations so as to have all honour and glory to their own noble selves.

## REDUCTION OF ADMINISTRATIVE APPOINTMENTS.

A CORRESPONDENT points out that successive reductions have lately brought down the number of administrative appointments from forty to thirty-three. The latter is all the 800 or 900 executive medical officers have now to look to as service prizes. It is time intending candidates were made aware of the meagre inducements to serve now held forth.

## THE RECOMMENDATIONS OF THE ROYAL COLLEGE OF SURGEONS, EDINBURGH.

A FELLOW of the College, and a member of the Medical Staff, records the strongest protest to the Rip Van Winkle recommendations of the Council sent to the War Secretary. Although there are three Fellows on the active list now stationed within easy hail, not one of them were asked their opinions by the Council. Some extraordinary circumstances must have caused this usual breach of courtesy. The inference is that the memorial must have been hastily drafted, and could hardly have been freely discussed. In any case, no time should be lost in altering or cancelling it.

## INDIAN MEDICAL SERVICE.

AN officer of high rank in the military portion of the Indian Medical Service, writes that our correspondent "Surgeon-Major Madras," by no means represents the feeling or position of his service on the rank and title controversy. He reiterates that the quasi-division of the Indian Service into civil and military is working up mischief and antagonism. The military portion feel they are unfairly treated, as they can neither become Surgeon-General to the Government of India, who is chosen from the civil portion, nor Surgeon-General to Her Majesty's Forces, who belongs to the Medical Staff. They are, in fact, nobody's children, and between the two chiefs fall to the ground. The senior military and civil portions are entirely separated the better; and the military should be amalgamated or assimilated with the Medical Staff.

## THE PAY OF ARMY OFFICERS, MILITARY AND MEDICAL.

It has long been a stock argument, and was employed by the present Adjutant-General before the Camperdown Commission (Q. 1511), that, if combatant officers had the pull in title and "swagger," the medical had the best of it in pay. But we believe there is much fallacy in the parallel, and that it by no means holds, especially in India, where a very large number of officers find a career. A correspondent sends us some cuttings from the *Pioneer*, in the columns of which an agitation is at present going on regarding accelerated promotion in the Indian Staff Corps. We find in the tables given that the pay of the Staff Corps, rank for rank and years of service, is quite as good as that of the medical services, and even better in the ranks of captain and lieutenant. Our correspondent remarks: "The army is regarded by the public as an ill paid profession, to enter which as a combatant officer would be ruin for a man devoid of large private means; and the knowledge that it affords numerous careers at least equal, if not superior, to the army medical services, both in point of pay and position, will excite considerable surprise to numbers of your readers." The comparison need not be confined to India, but may be brought nearer home; while there are many well paid military staff appointments, and a large number of civil posts under the Colonial and Foreign Offices open to combatant officers, there are absolutely no remunerative appointments either within or without the medical department open to medical officers. They must look entirely to their departmental pay, but this is conveniently forgotten or ignored by such critics as we have already named. We venture to affirm that if the matter could be worked out in plain figures, it would be found that the average general officer who has held commands and other appointments had at the end of his career fingered more public money than the average surgeon-general of like age and length of service. It is useless therefore to talk of the reward being honour and glory on one side, and solid money on the other. If we might be allowed to play on the elegant expression used before the Commission, the "swag" and the "swagger," are by no means divorced in the army, as the uninitiated are asked to believe.

Dec. 13, 1890.

## MILITARY PAY.

A CORRESPONDENT writes he is glad we drew attention to the fallacy that the medical is so much better than the combatant pay. Years ago he heard a discussion of this subject at a mess in India; a captain complained that the assistant-surgeon was better paid than he was; the former receiving 415, the latter 450, rupees per month. The surgeon asked him how long he had been in India, and what leave he had got; the answer was three years, during which he had enjoyed twelve months leave. "Then," was the reply, "you have had three years' pay for two years' service, while during the same time I have not had a day's leave." Where do the better pay and conditions of service come in? The total absence of any "plums" in the shape of Government appointments is a serious drawback to this Medical Staff. The only thing the retired medical officer has to look to is the munificent pay of £150 a year for day and night duty at some regimental district. This is the only thing the Director-General has to offer a man, in probably broken health, after many years' service in unhealthy climates. It is well that intending candidates for the Army Medical Service and their friends, should be warned against the fallacious good pay argument.

## IMPORTANT MEDICAL CHANGES IN INDIA.

A CORRESPONDENT, writing hurriedly from Bengal, informs us he had just learned on good authority that the Government of India contemplate the abolition of the military portion of the Indian Medical Service, retaining for it the civil charges, and handing over the military charges to the Medical Staff, but without extra pay. We should be in no way surprised if this rumour proved correct; many things have lately pointed to the separation of the civil and military duties in the Indian service, the present quasi-union of which has not worked smoothly and has given rise to conflicting interests and claims. But we cannot think the Indian Government would be mean enough to fold the charge of native corps on the Medical Staff without extra pay, though in these days of short-sighted economies to waste the medical services it is hard to say what may not be done—or attempted.

## SICKNESS AND RETIREMENT.

SINCE joins issue with "L. J." on the principle of employing retired pay medical officers. He says the establishment has never been sufficient to fill all the home appointments, and retired pay officers are now employed in lieu of militia surgeons and private practitioners as in former days. Would the foreign service of the active list be increased by the employment of civilians at home? Not at all. Besides the retired pay officers had done their full share of foreign service before retirement, and "L. J." will probably feel this when he himself retires. The old "blockships" at home were usually filled by men who were taken off the regular foreign service roster.

Monday, December 23rd.

Rank of Army Medical Officers.—Dr. FARQUHARSON asked the Secretary State for War if he was able to inform the House what answer he has given, intended to give to the British Medical Association, the various medical corporations, and the medical schools, who recently memorialised him by deputation and otherwise, with regard to the proposed changes in the Army Medical Department.—Mr. STANHOPE replied that the hon. gentleman would no doubt agree with him that the answer should be given to the deputation which he received some months ago. Various circumstances had prevented him giving an earlier reply, and he would see that it would be given not later than January.



Dec. 27, 1890

## THE BRITISH MEDICAL JOURNAL.

## WAITING FOR THE VERDICT.

MR. STANHOPE has now made a definite promise in answer to a question put to him by Dr. Farquharson, that he will in January state the intentions of the War Office with reference to the Army Medical Department. The medium of communication is to be that of a formal reply to the deputation of the Medical Corporations which waited upon him some months ago, and with the importance and authority of which he was so much impressed.

As the speakers on that occasion, without exception, urged the necessity for a final and permanent settlement of the relative rank question by the formation of a Royal Corps, we still venture to hope that Mr. Stanhope may shake his mind clear from the prejudices of his military advisers, and make his term of office memorable by conceding this measure of reform. But if, as rumour has it, his inclinations point to an acceptance pure and simple of the finding of Lord Camperdown's Committee, it is our duty to tell him that the time has gone by when any half measures can be regarded as a solution of the difficulty. A year or two ago they might have been accepted with something like gratitude, and agitation might have died away for a time; but the period which has elapsed since the appearance of the Blue Book has not been wasted. Public opinion has matured and time elapsed, valuable experience has been gained, the sympathy and co-operation of the medical profession have been freely offered, and the conclusion now finally reached and endorsed by all who have practical knowledge of the working of the Department under the altered conditions of modern warfare is that nothing short of definite and defined absolute rank will meet the urgent necessities of the case.

Meanwhile, it is high time that something were done, and done quickly, to allay discontent, and to check the rising tide of unrest, uncertainty, and distrust which threatens to sweep over the Department. Not only are the medical officers placed in anomalous and unsatisfactory relations with their military brethren by the absence of defined rank and title, but their health is injured and their domestic comfort destroyed by prolonged periods of foreign service which prevent oppressive exchange regulations prevent them from modifying.

The abolition of seven appointments as deputy surgeon-general has sensibly diminished the prizes of the service, and we can hardly be surprised, therefore, to learn that year by year the harassed and disappointed members of a once happy and contented Department should seek to shelter themselves in increased numbers behind the sweet security of the half-pay list. Since April last thirteen executive officers, with periods of service varying from ten to twenty-one years, have voluntarily retired, and it is understood that many others will follow before long. This is not a healthy state of matters; and we commend it to the earnest consideration of the authorities. Fortunately, a remedy is at hand which will settle the grievances without increasing the burdens of the taxpayer. We are not without hope that Mr. Stanhope may have the courage to apply it.

At the present moment the inducements of the Service are so small and the unpleasant position in which medical officers find themselves is so strongly marked that it is impossible to recommend students of the medical schools to do anything else than to refrain from becoming candidates for such undesirable positions, and there is abundant internal evidence that the class of candidates likely to come forward until these grievances are remedied will be far below the standard which the army and the soldier may fairly claim. Mr. Stanhope will have no right to expect a good class of candidates until a Royal Army Medical Corps is established with substantive rank in that corps on the model of the Royal Engineer Corps.

## TWELVE REASONS FOR MILITARY RANK.

AN Indian officer sends us twelve reasons for the above, which may be condensed as follows:—

1. Because, being a Surgeon-Major ranking "as" Lieutenant-Colonel, and declared by Royal Warrant entitled to "all the advantages and precedence of that rank," I nevertheless do not get them.
2. Because I bear and have borne equal risks in action with combatants, and much greater dangers in peace.
3. Because, while the military distinction of the Victoria Cross has been conferred on some fourteen medical officers, they nevertheless lived and died plain "Doctor" or "Mr."
4. Because I see paymasters, commissaries, schoolmasters, etc., whose duties are purely non-combatant, in possession of military rank and titles.
5. Because I must dine at a regimental mess and find myself treated as the junior member therein.
6. Because while combatant officers are treated by juniors with deference and respect, no such military etiquette falls to me.
7. Because on parade I am shown as a nonentity, neither entitled to save myself by my sword nor defend others.
8. Because subscriptions are demanded of me as a Lieutenant-Colonel, while in every other way recognition of the rank is deliberately withheld.
9. Because my name is invariably in all lists placed below that of junior Lieutenants.
10. Because while I salute my military seniors my juniors pay no such respect to me.
11. Because, on mixed boards, I am studiously, and with aforethought, deprived of the rank which a Royal Warrant is supposed to confer.
12. Because the possession of due military status and title would protect me and hurt no one else.

## THE RANK AND TITLES QUESTION.

A SENIOR writes: It is undoubtedly true the great majority of the medical officers regard the recommendations of the Camperdown Commission as imperfect. They will be content with nothing short of unequivocal military status and titles; half measures will not remedy long ingrained grievances. The "military advisers" will no doubt think they make great concessions by granting compound titles, but such will not in the eyes of the world bring the equality which must be insisted on. The titles would be sure to fall into disuse, and the term "doctor," as now, be generally conferred.

Dec. 13, 1890.

## HONORARY RANK.

A CORRESPONDENT, advertising to the fact that in the *Gazette* of November 28th a number of Indian apothecaries were gazetted, "ranking as honorary captains and lieutenants," naturally asks, if these men, why not medical officers—their superior officers?

"We can offer no solution of the question. Why not ask 'my military advisers?' They ought to know; for, if their intellects cannot evolve a reason, their 'instincts' should suggest one."

Jan. 3, 1891.

REFERRING to the kind of honorary rank accorded to Indian apothecaries, a correspondent points out that a previous correspondent had fallen into a mistake: that the Royal Warrants only makes the commissions of those officers "Senior Apothecaries ranking as Honorary Lieutenants and Captains," and not Honorary Lieutenants and Captains. These subordinate officers, in short, now hold the same anomalous position towards Honorary Captains and Lieutenants as medical officers hold towards substantive Captains, etc.

"We thank our correspondent for the correction; but an honorary rank that confers no title is surely a curiosity; it is a further illustration of the hollowness of the phrase 'ranking as.'"

## COMMISSIONS FOR APOTHECARIES.

The following Royal Warrant, dated the 19th July, 1890, sanctions the grant of Commissions to the Senior Apothecaries of the Subordinate Medical Department in India:—

Victoria, R. I. Whereas it has been represented to Us that it is expedient that Senior Apothecaries of the Subordinate Medical Department in India should be granted Commissions as such: Our will and pleasure is that:—

1. Commissions shall be granted to all Senior Apothecaries in the Service at the date of this Our Warrant, and to all Warrant Officers subsequently promoted to the rank of Senior Apothecary.

2. There shall be two grades of Senior Apothecaries, who shall rank as follows for purposes of precedence and other advantages attaching to corresponding military rank:—

As Honorary Captain.—Senior Apothecary of the 1st Grade, after three years service in the grade.

As Honorary Lieutenant.—Senior Apothecary of the 1st Grade, with less than three years' service in the grade. Senior Apothecary of the 2nd grade.

Senior Apothecaries shall have authority, under the Medical Officers, to command members of their own Department, hospital attendants, patients in military hospitals, and such warrant officers, non-commissioned officers, and men as may be attached thereto (without their own officers) for hospital duty.

Jan. 10, 1891.

## NON-COMBATANT COMBATANTS.

A COMBATANT draws our attention to the following, extracted from the *Memoirs of the Bengal Artillery*, by Captain Buckle, 1852, pages 16 and 17, showing that it is not to-day nor yesterday that medical officers have led troops in action:—

"The battalion of Sipahis left at Patna with two 6-pounders and 70 Europeans, under Lieutenant Cochrane, was defeated in an engagement into which they were forced in assisting our ally, Ramnair, against the Emperor's forces in January, 1780. The conduct of the European troops is spoken of as highly creditable. The European officers of the Sipahis all fell, and the Sipahis were cut to pieces or dispersed. The English who remained fought their way back to the city under Doctor Fullerton."



Jan. 10, 1891.

## THE PRINCIPLE OF EQUALITY.

A CORRESPONDENT sends us a long communication, in the form of a dialogue between himself and an old friend—a retired combatant officer. The latter wanted particularly to know what was now wrong with the medical department, and was told, they want to be placed on an equality with other officers, without which there can be no fraternity, confidence, or conjoined action, and no army solidarity. The military authorities regard the medical officer's commission as conferring an altogether inferior status, as belonging to a department rather than to the army, as conferring certain advantages of military rank, but not the rank itself, and this notwithstanding that the medical officers exercise command of a corps of men both in peace and war. Their position is thus wholly anomalous, and not paralleled by that of any other body of men. "But why," said the old officer, "should you be called upon to perform any other duty except doctoring pure and simple?" This displayed great ignorance of modern military medical organisation; and he was told the duties of medical officers were so comprehensive and mixed that it was impossible to restrict them as he proposed, but, even if it were possible, it would require the expensive and inefficient system of having two persons to do what is better done by one. He wanted to know what they wished to be called; and was told it was a matter of detail; but, at all events, their title should set forth their military rank, and not, as at present, obscure and confuse it. The social question was next discussed, and although the old gentleman disclaimed all prejudice, it was but too clear he could not shake it off, and wound up by uttering the old warning: "Take care that you don't lose more than you will gain by changes!"

## MEDICAL MILITARY PAY.

AUDAX writes: A recent correspondent draws attention to the fact that all the Director-General of the Army Medical Department has to offer a retired officer, after twenty or thirty years' hard service in unhealthy climates, is the magnificent sum of £210 a year, in addition to retired pay, for employment at certain stations under the warrant of 1879. That sum is inadequate for the duties they are called upon to perform, although men with families to educate are obliged to accept it. The State has decidedly the best of the bargain; for what are the duties? At the depot of a military district they range from the duties of the most junior to those of the most experienced officer. All the medical and sanitary duties of a large barracks and its surroundings fall to him; the discipline and interior economy of the Medical Staff Corps employed; responsibility for hospital equipment and stores; and, not least, the important recruiting duties. On all of these he brings the valuable knowledge of a life-long training and experience; he works single-handed, and is practically on duty day and night, and has often the utmost difficulty in obtaining leave, on which he is sometimes called upon to provide a substitute. Surely he well earns so, per diem? Why, bringing his special military training to bear on recruiting alone many times over saves his small salary to the State.

Now, some of the best of these so-called retired pay appointments are tenanted by civil practitioners. This is wrong and unfair to the Medical Staff; whatever value they possess they should surely fall to the regular army surgeon, who alone is properly fitted to fill them. A medical man in private practice cannot, even if he would, duly perform all the functions appertaining to them. More especially is this true of the recruiting duties, evidence of which fact army medical officers constantly have before them in the medical history sheets of young soldiers. Nothing but long army training and experience will make a man successful, much more an expert, examiner of recruits. It is to be feared this truth was not fully appreciated in the late administration of the department.

To induce the best among the retired officers to accept these onerous and exacting appointments, the War Office should make them more attractive in a pecuniary sense. I would advocate that the officers holding them should draw the military allowances of their rank, in addition to the present pay, the whole, if necessary on financial grounds, to be given in a consolidated sum.

## SURGEON I. P. DOYLE.

IN his despatches to the Adjutant-General in India, Major-General Sir George White, K.C.B., V.C., late commanding the Upper Burma Force, wrote: "Surgeon I. P. Doyle, I.M.D., Madras, distinguished himself much by personal courage and care of the sick. On December 9th, 1888, he was twice wounded. On January 1st, 1889, during the withdrawal from Kan to Gangaw, he again distinguished himself, and it is greatly in consequence of his courage and bearing that the wounded got safely into Gangaw. I commend this officer very specially to the consideration of His Excellency the Commander-in-Chief."

The General Officer commanding at Bangalore recently presented the Insigula of Companion of the Distinguished Service Order to Surgeon I. P. Doyle in the presence of the troops and garrison. The General said, in presenting the recipient:

"Surgeon Doyle, you are as yet a young soldier, but I think that the position you occupy this day might well excite the envy of the oldest soldier in the ranks, inasmuch as you have achieved what should be, and I believe is, the dearest ambition of every good soldier, and that is the approval of your Sovereign for gallant conduct before the enemy. What adds, I think, to the interest of this presentation is that you belong to that branch of our profession, the members of which, although their duties are not strictly combatant, yet have ever shown themselves ready to sacrifice themselves at the call of duty, and many of whom have lately been specially fortunate in finding opportunities of distinguishing themselves on service in the presence of an enemy."

The General then dismounted and pinned the insigula on to Dr. Doyle's left breast, which completed the ceremony.

Jan. 17, 1891.

## NOW READY.

## An Analysis of the Evidence

of EXPERTS before the CAMPERDOWN COMMITTEE on the RANK and POSITION of ARMY MEDICAL OFFICERS. To be had at the Office of the BRITISH MEDICAL ASSOCIATION, 429, Strand, Price 3d. Postage stamps must accompany applications. Copies will also be supplied free to Officers and others who wish to distribute them in a useful direction.

## RANK OF ARMY MEDICAL OFFICERS.

The Parliamentary Bills Committee has published the analysis of "the evidence of experts before the Camperdown Committee." We strongly advise all interested in this subject to procure copies of this very clear and vigorous analysis of the evidence given by the military and medico-military witnesses, as we feel sure a perusal of this pamphlet will enable them to judge of the proper value of the evidence which was given on both sides. They will be supplied to officers desiring to circulate them, and sold at the price of 3d. per copy.

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Jan. 24, 1891

## PARLIAMENTARY BILLS COMMITTEE.

A MEETING of the Parliamentary Bills Committee of the British Medical Association was held on January 13th at the offices of the Association, 429, Strand.

## RANK, ETC., OF ARMY MEDICAL OFFICERS.

The CHAIRMAN said they were not in a position to report more than that the matter was in a very active stage. Mr. Stanhope was pledged to give a final decision as to the recommendations of the Camperdown Commission in the course of this month, and certain private interviews had taken place recently on the subject, which were of great promise, but of which he did not feel at liberty to speak publicly. Personally, he thought that their labours were about to reach the period of fruition, and he took a hopeful view of the position.

## ARMY "DOCTORS."

PERSIVORE maintains that in recommending such titles as Surgeon-Captain, etc., the Commission put the cart before the horse. He advocates putting the military title first, the professional after it. Unless this is done, the medical officers will continue to be colloquially simply "doctors." How, with a compound title, are they to be addressed in society? There is no middle position between the military and civilian in the army; if medical officers are not soldiers, then they must be civilians pure and simple.

## PROMOTION IN THE MEDICAL DEPARTMENT.

SENEX writes: The recent promotions for the Chin Lushai Expedition, in which the medical department did not figure, seems to show that for it promotion for field service is practically at an end. In other branches of the army promotion by selection is fully carried out, and we see colonel after colonel superseded. In the Medical Staff promotion is entirely by seniority, tempered by absolute unfitness. This, of course, simplifies administration, but the result is the senior ranks are crowded with old men, some, indeed, old before their time through severe foreign service in the executive ranks.

## PAY OF ARMY MEDICAL OFFICERS.

HISTORIAN writes: It is right to dispel the popular error that the pay and allowances of medical officers are out of proportion to those of other officers. The Appendix of the Camperdown Report shows that the pay of the Royal Engineers in every rank exceeds that of medical officers. A deputy surgeon-general receives £261 9s. 4d. a year, but the similar rank of colonel on the Staff £287 19s. 4d. A surgeon-general—ranking as a major-general—receives £1,387 1s. 1d. per annum, but a major-general in command £1,500; see Article 117 of the Pay Grant. Interested persons like to throw dust in the eyes of the public on this matter.

## OFFICER COMMANDING TROOPS ON BOARD.

We have before us copy of a General Order issued at a Mediterranean station, in which a surgeon-major is named as "in medical charge of invalids and officer commanding troops on board" one of Her Majesty's troopships. This shows that the military authorities do not hesitate when it suits them, and probably when they have no alternative, to place a medical officer in command of a mixed body of soldiers. What do "my military advisers" say to this? Can a "civilian" command troops? We wonder if the surgeon-major received any command money?

Jan. 31, 1891.

We understand that the Secretary of State for War has recently been in communication, both personally and by letter, with Sir Andrew Clark, President of the Royal College of Physicians, as to the question of the rank and titles of army medical officers.

## CHANGES IN "THE OFFICE A.M.D."

N. writes: It has become generally known to the officers of the Medical Staff of the army that Mr. Clarke, who for very many years has been the right-hand man of the Director-General A.M.D., is about to retire, and much interest is manifested as to whether his successor in such a responsible appointment is to be, like him, a civilian, or a new departure made and one of themselves installed in his stead.

There can be little doubt but that it is not to the advantage of the medical service—individually and collectively—that a civilian, who must of necessity know nothing of the ins and outs of the medical officer's life at home, abroad, or on active service, should, to a great extent, work out the routine connected with all that affects so large a body of officers, while, were Mr. Clarke's vacancy to be filled by an officer of the Medical Staff, naturally animated by the same feelings as his brother officers, the change would be hailed with satisfaction by the entire medical service, and there is every reason to believe that the army at large would benefit by such an alteration in the staff of the Director-General.

\*If the change here indicated could be carried out we should be pleased, but there is little chance of it. Our correspondent does not seem to realise how powerfully the civil element in the War Office controls army administration. It is rightly or wrongly a constitutional axiom that the military and civil element must be united in carrying out army administration; civil rule, therefore, permeates every department, not only as carrying out the constitutional theory, but on the more practical ground of maintaining continuity of administration. But while it must be admitted that permanent officials are essential in every department of the State, that is no reason, of course, why they should be thrust into positions, or arrogate to themselves functions, for which they may be little suited. Our correspondent thinks that certain of the duties now, or lately, carried out by Mr. Clarke would be better in the hands of a medical officer, meaning, no doubt, the keeping of the roster and the posting of medical officers; we agree with him. But it is not necessary that Mr. Clarke's civil successor should be called upon or permitted to take up such duties; he can be fully employed, and may well be trusted with, the custody of confidential records and documents, and continue to form the connecting link in the office with the Permanent Under-Secretary for War. In this connection we think we are right in stating that when the roster was instituted on the recommendation of Mr. Sidney Herbert's Commission of 1858, it was intended to be an open document in the hands of the Surgeon-General at head

*Zeophilus  
Clarke.*



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quarters, on whom, therefore, the duty of posting officers under the orders of the Director-General would naturally fall. We do not envy the individual on whom the duty falls, as it is necessarily somewhat of an invidious character, but, at all events, it should be considered military and not civil.

## HOW ARMY MEDICAL OFFICERS ARE DISPOSED OF.

A CORRESPONDENT writes: The *London Gazette* of January 20th announces the resignation by Surgeon John Robert Stevenson Robertson, M.R.C.S., of the commission he has held since August, 1883. It is a pity that the *Gazette* did not give the reason why Mr. Robertson sacrificed seven of the best years of his life, as it would be a salutary warning to those thinking of entering the service.

The reason was that he was refused the privilege of exchanging, although he offered a suitable substitute to go to India in his place, and his object in remaining at home was to qualify for an examination which would further mark his high attainments in the profession. Although his application was strongly backed by the principal medical officer in Ireland, the military authorities refused him this privilege, which is freely conceded to the youngest Lieutenants in the service for reasons which are altogether unknown to the Queen's or any other regulations. It might be thought that Mr. Robertson—who was in the terrible square at Abu Klea, and was the first to attend to Sir Herbert Stewart—would have been treated with a little consideration. But the "military authorities" see doctors forced out of the service with a light heart. Possibly before long their complacency will be disturbed.

## COMPOUND TITLES.

SICK OF IT writes: The whole principle of compound titles is absurd, and the medical is the only body to whom it is proposed to apply it. Why should an M.R.C.S. or an I.R.C.P. be described as "Surgeon-Lieutenant" any more than "Physician-Lieutenant"? The "Surgeon-General" at headquarters deals almost exclusively with statistics and hygiene; why should he not be called "Statistician-General" or "Hygienist-General"? Then, again, why not describe the Adjutant-General for Musketry as "Musketeer-General"?

SATURDAY, FEBRUARY 14TH, 1891.

## MR. STANHOPE AND THE ARMY MEDICAL STAFF.

We are enabled to lay before the profession to-day the promised statement by the Secretary of State for War as to the steps he is prepared to take to meet the well-founded dissatisfaction which has for some years existed in the Army Medical Staff with reference to rank and titles.

In accordance with the undertaking given by Mr. Stanhope in the House of Commons, the statement takes the form of a letter addressed to Sir Andrew Clark, who, as President of the Royal College of Physicians, headed the deputation from the medical corporations which waited upon the Secretary of State for War last July. Sir Andrew Clark has since been in communication with Mr. Stanhope; and we are enabled to give completeness to the narrative by reproducing the letter in which, at Mr. Stanhope's request, Sir Andrew Clark makes a statement of the grievances of the department and of the remedies which he would suggest. It is in reply to this communication that Mr. Stanhope has written the important letter, which will be read with so much interest by our brethren of the Army Medical Service.

Medical officers of the army will learn with satisfaction that with regard to sick leave they are for the future to be put on the same footing as other departmental and regimental officers. On the other hand, Mr. Stanhope declines to carry out the recommendation of Lord Camperdown's Committee as to the term of foreign service; this refusal appears to be due to the misapprehension that the alteration would involve a considerable extra annual outlay. So far from this being the case, the alteration would not necessarily lead to any extra expenditure; whereas the maintenance of the present arbitrary system, involving an increase from five to six years of service in trying climates, will, in the opinion of those most competent to judge, result in a serious addition to the non-effective list by invaliding, and to a larger number of deaths.

But, as Mr. Stanhope frankly admits, the question of rank is the main grievance, and to this section of his letter every reader will turn with the greatest interest. Upon the satisfactory settlement of this point the whole question hinges, and if it were once fairly met all the discontent, heart-burnings, and agitation which have for years distracted the department would be set at rest. Mr. Stanhope is willing to grant "the composite titles recommended by Lord Camperdown's Commission." It is to be feared that the tardy con-

cession of a somewhat ambiguous privilege will not satisfy the majority of the army medical officers. Opinion has matured and developed since that report was issued, and the almost unanimous voice of the department has now declared that nothing less than definite substantive rank will meet the exigencies of the position. This, as we have often pointed out, can be secured, and all friction removed, by the establishment of a Royal Medical Corps, based on the analogy of the Royal Engineers.

In order that the question should be clearly understood, it must always be borne in mind that rank and title are not synonymous or convertible terms. Title is an honorary designation; rank is a military status with certain rights and privileges attached thereto. It is probable that much stress will be laid, by those opposed to further concessions, on the concluding paragraph of Sir Andrew Clark's letter; and particular attention may be directed to the explanatory footnote which, in supplying the letter for publication, he has requested us to append to it. The distinction between rank and title must be constantly kept in mind; a failure to appreciate its importance has led many to object to the granting of substantive rank on the ground that it would entitle medical officers to exercise general military command. Medical officers do not ask for any command beyond that already exercised by them; even were any medical officer foolish enough to make such a claim, it would not be difficult to show that in the Queen's regulations and the Pay Warrant the principle of *limited* command is fully recognised in the case of officers now holding substantive rank.

It must be reluctantly confessed that Mr. Stanhope's long-expected statement does not remove the just grievances of the army medical officers; for, while he concedes composite titles, he makes no statement as to the nature of the rank which will be associated with these titles. This, as has been said above, is to omit the essential point in the whole question, and Mr. Stanhope's reply therefore cannot be accepted as final. The Parliamentary Bills Committee of the Association, which was the first to put its hand to the plough, will not look back; and Sir Andrew Clark—who has acted with so much tact and ability as a representative not only of the Royal College of Physicians, but of the profession at large—will, we have reason to believe, shortly address a further letter to the Secretary of State for War. It is to be hoped that Mr. Stanhope may yet see his way to allay further agitation, may yet fulfil the wishes of the medical profession, and, in the words of the President of the Royal College of Physicians, render the incorporation of the medical officers of the army "organic, homogeneous, and complete."

## THE ARMY MEDICAL STAFF.

CORRESPONDENCE BETWEEN SIR ANDREW CLARK AND THE SECRETARY OF STATE FOR WAR.<sup>1</sup>

DEAR MR. STANHOPE.—I. Since I had the honour of conferring with you at the War Office a few weeks ago, concerning the complaints of the army medical officers, I have made a fresh inquiry into the subject, and now proceed to lay before you, in the fewest words and in the broadest manner, the results of it.

2. Although I have had many conversations and much correspondence with military and with medical officers upon the subject, no one has been privy to my purpose of addressing you, and I alone am responsible for all that follows. And I think I may venture to say, for what follows, that it is not submitted in support of either party to the discussion, but with an unaffected desire to help in bringing about such a settlement of the question as should be at once just, wise, and practicable.

3. There exists a widespread dissatisfaction among the medical officers of the army as to their present position and privileges; and it appears to be widening and deepening on account of the injustice with which they consider that they have been treated by the Horse Guards and the Government.

4. A few distinguished combatant officers, and a still fewer number of medical officers in high position, allege that there are no adequate grounds for this dissatisfaction; but the great majority of the former, and almost all of the latter class of officers, acknowledge that the medical department is in an anomalous, unsatisfactory, and dangerous condition, and aver

<sup>1</sup> Sir Andrew Clark's letter is printed from his first draft, and any slight verbal discrepancies between the text here given and that forwarded to Mr. Stanhope, are attributable to this cause.



that some radical reconstitution of it is essential to the safety and success of the army in any times of important expeditions and of war.

5. This dissatisfaction began about the time of the Crimean war, when in consequence of the disasters which occurred during that campaign, and the sweep and strength of public opinion concerning them, new duties and responsibilities were imposed upon medical officers. It was hoped thereby that they would be no longer mere ministers to sickness, but preventers of disease. Since then there has been continual friction between the combatant and the medical officers: frequently recurring unsuccessful efforts to allay grievances and to bring about harmonious and efficient co-operation in work; occasional failures in the achievement of practicable aims; avoidance of the medical service by the highest class of men; and a state of chronic and perilous dissatisfaction throughout the department—smarting under the injustice from which it has suffered and the indignities to which it considers that it has been exposed.

6. It appears probable that the executive opposition to the claims of the medical officers arises naturally, but not excusably, out of the nature of some of the duties now required of the medical department. The medical officer has not merely to obey the instructions and discharge routine duties imposed upon him by the authorities, but in the fulfilment of his highest functions to the State, in his responsibility for the life, health, and efficiency of the soldier, for the safety and wellbeing of expeditions, and for the due protection and preservation of armies in the field, he has to initiate proceedings, he has to search out defects, he has to inquire into the existence of causes of disease, he has even to question the propriety of strategical arrangements, and so appear to encroach upon the heretofore supreme and not-to-be-questioned authority of the combatant officer.

But experience shows that our safety and our success in war, however much they may depend upon arms of precision and competent commanders, depend still more upon the hearty and efficient discharge of those duties which keep the army free from disease, and the soldier in health and strength. It would seem, therefore, necessary that officers entrusted with important duties should, in the discharge of them, be fully protected from the direct or indirect intimidation which arises out of irrational or ignorant opposition.

7. Among the grounds of the prevailing dissatisfaction are, setting aside the smaller ones which occur in the intercourse of daily life but are not without their sting, the refusal to medical

officers of the Court privileges, their just place on judicial inquiries, the social consideration due to their position, the subsidies granted to the messes of combatant officers, the dress distinctions, the proportion of rewards and honours, the limitations of foreign service, the definite rank, the conditions of sick leave granted to combatant officers.

8. It is alleged that the one necessary and sufficient cure for this dissatisfaction is the transformation of the whole medical department into a Royal Army Medical Corps, the grant of definite substantive rank to its officers, and its homogeneous incorporation into the general army on the lines of the Royal Engineers, who in an earlier stage of their development occupied a position similar to that which the army medical officers now occupy.

9. To this remedy of complete incorporation and substantive rank only a few objections appear to be made, and they are easily answered.

a. The remedy is declared to be contrary to military instincts, and is, therefore, strongly disliked. This was the argument used against the incorporation of the engineers and against the incorporation of the medical officers of the armies of foreign nations. Experience is the only way of testing the strength of this argument, and the testimony of experience is uniform and conclusive. Every instance of the incorporation of medical officers has proved successful. Since the grant of substantive rank and title, friction has ceased, jealousies have subsided, and concurrent harmonious and efficient action has followed.

b. It is alleged that the grant of military title to non-combatant officers is an unwarrantable innovation, which is undesired, and likely to bring about confusion. This argument is based on the assumption that military title implies the duty of fighting. But that this is an inaccurate statement, and that the holding of military title is not an innovation is conclusively proved by the fact that numerous non-fighting officers in the discharge of judicial, transport, supply, and store duties hold military titles. No confusion has been hitherto traced to the possession of military title and rank by non-combatant officers.

c. Seeing that medical officers are a well-educated body of persons, have numerous military responsibilities; that, with the exception of fighting, they have almost every other military duty to perform in their own corps; that they are exposed to greater perils to health and life than combatant officers; that their proportion of sickness, unfitness for service, and deaths is greater than that of any other class, and that the only two officers who, within the last two years, have been decorated with the Victoria Cross were medical officers, it is impossible, with any show of justice, to maintain the state-

ment that medical officers are unworthy of military title and rank.

d. It is held by a very few distinguished generals that the medical officers have no right to a title which can in no way belong to them; and that the medical title conferred upon them by the State is, and ought to be, sufficient for their proper place and work.

To this it is replied that medical officers have more numerous and important military duties to perform than riding masters, school inspectors, and officers of the Pa' and Store Departments, who are invested with military rank and titles.

As respects the sufficiency of the medical designation, I find a general consensus of opinion to the effect that it is not sufficient to confer upon the medical officer the freedom, independence, privileges, and authority necessary to the efficient and satisfactory discharge of his duties.

Reviewing these observations, I conclude that, in order to prevent the spread of dissatisfaction, and the continuance of what exists, in an important arm of the service—reviewing these and other observations which I have made, I am of opinion, in order to allay the dissatisfaction which exists among the army medical officers, to prevent the medical schools' systematic agitation against the military service, to avert a dearth of candidates, to bring about a healthy condition of the whole medical department, it would be wise, as well as just, to attempt a final settlement of the question. I am further of opinion that such a settlement can be made only in one of two ways: Either by placing the Medical on the same general footing as the Chaplains' Department and doing away entirely with all question of rank, or else by forming the Medical Department into a Royal Army Medical Corps and according substantive rank and title to its officers. This would be received; but I infer, from what I have heard, that what would be received with unqualified satisfaction would be—

1. Formation of a Royal Army Medical Corps.
2. Grant of substantive rank and title.
3. Rank of lieutenant for first three years of service.
4. Return to former periods of service abroad, namely, five years and three years, instead of six years and four years.
5. The same privileges as combatant officers with respect to sick furlough.

Finally, in respect of titles, I am myself of opinion that the compound titles<sup>2</sup> suggested by the Camperdown Committee should be accepted by the medical officers if it should not seem to you desirable to make their incorporation organic, homogeneous and complete.—I am, dear Mr. Stanhope, yours sincerely,

ANDREW CLARK.

<sup>2</sup> Sir Andrew Clark requests us to append to this sentence the following explanatory note:—That is as distinct from substantive rank, which must necessarily accompany them, and of which rank they are to be the guarantee and expression.

February 2nd, 1891.

DEAR SIR ANDREW CLARK.—The question which you and your colleagues so ably brought before us of the status of the officers of the Army Medical Staff has received my most careful consideration. I have also had the advantage of a letter from yourself, setting forth in detail your view of the grievances of these officers. I gather that they are as follows:—

1. Undue length of foreign service.
2. Conditions of sick leave.
3. Proportion of rewards and honours.
4. Court privileges.
5. Dress distinctions.
6. Social consideration.
7. Mess subsidies.
8. Rank.

As to 1. The only way of increasing the home service of medical officers is to increase the numbers employed at home, and this could only be done by employing them on duties which would take up a very small portion of their time, and in which they would gain no experience, and therefore undoubtedly deteriorate in their professional knowledge. An increase of establishment sufficiently appreciable to affect the length of home service would cost £27,000 a year. For these reasons I am not able to accept this proposal.

2. I am happy on this point to be able to meet their wishes.

3. I am quite sure that the Commander-in-Chief is always glad to give favourable consideration to any recommendation made in favour of these officers for rewards for distinguished service; such rewards, however, can hardly be made a matter of proportion. In such cases it must necessarily depend on the opportunities which officers—whether combatant or medical—have of distinguishing themselves.

4. I cannot learn what this grievance is, but I will consult with the Lord Chamberlain, who, I am quite sure, will remedy any proved grievance which may exist.

5. I have been quite unable to discover what this grievance consists of. I may say that neither on this point nor as regards 4 have I had any complaint.

6. So far as regulations can go these officers are put on an equality with their combatant brethren; but social consideration is a matter not to be controlled by regulation, and must be left to the good sense and good feeling of the officers of Her Majesty's service, both combatant and non-combatant.

7. I do not understand what this grievance is. Medical officers were at one time commissioned to regiments. They were then, of course, members of the mess. Later they were attached to regiments; they were then also treated as mem-



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bers of the mess, but they objected that, as many of them were married, it was a hardship to have to pay mess and band subscriptions to a regiment with which they were only temporarily connected. To meet this objection, they were relieved of the responsibilities of membership; and now, if they use a mess, they do so as honorary members, and as such are free from mess and band subscriptions. I do not see what more is required.

8. This, I take it, is the main grievance. The question is a difficult one, and in some respects its difficulties seem to be hardly appreciated by these officers. It must not be forgotten that the essence of a combatant military commission is the power to command; and to do what is suggested—namely, "to incorporate the medical staff into the general army and to give its officers substantive rank and military titles," which, as you rightly say, is done in the case of the Royal Engineers—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. This I know you do not advocate.

Medical officers have already, in the terms of their commission, "command over junior officers and subordinates employed in the medical staff, and over all officers and soldiers attached thereto, and over all patients in military hospitals." I do not think, and in this I gather that you agree, that they should have more than this.

The question of the presidency of courts-martial is involved in that of command; and I do not think it expedient or possible to extend the scope of the medical officers' commissions in this respect. They now hold courts-martial on the soldiers of the Medical Staff Corps.

The presidency of boards must, I think, follow the same consideration; and I should point out that, owing to the advanced rank in which medical officers enter the army, and the rapidity with which they attain the higher grades, they would almost invariably supersede combatant officers, who would be junior to them in rank though far senior to them in service.

Possibly with the view of meeting some of the difficulties I have indicated, you advocate that these officers whom you speak of as belonging to the Army Medical Department should be made officers of a corps like the Royal Engineers.

There is, however, now no Army Medical Department, the officers belong to the Army Medical Staff, and they command (*inter alia*) the men of the Army Medical Corps. From this position they derive considerable advantage. But if they are to become officers of the corps, and to be commissioned to it, they must accept the position of all other corps or regimental officers, and draw only regimental allowances. This will entail upon them considerable pecuniary loss and other disadvantages.

A further question would also arise as to their initial rank. An officer in the Royal Engineers, to which corps they wish to assimilate themselves, is promoted to be Captain after eleven years' service. I hardly think these officers would like to be put on such a footing.

The considerations above mentioned do not, however, exclude the adoption of the other alternative mentioned by you, and I am glad to be able to come to the conclusion that I should be justified in advising Her Majesty to confer upon medical officers the composite titles recommended by Lord Camperdown's Commission, and I trust that this concession will finally put an end to the regrettable agitation which has, in my opinion, obscured the true bearings of this important matter.

Believe me,  
Yours very faithfully,  
(Signed) EDWARD STANHOPE.

Feb. 28, 1891.

## MR. STANHOPE'S LETTER.

A WELL-INFORMED correspondent writes: The letter which Mr. Stanhope has addressed to Sir Andrew Clark on the subject of the army medical grievances does not do much to soften the discontent of the department. This will be shown in Sir Andrew's reply, which will also embody the views of the Irish College of Surgeons, and of other licensing bodies. It is stated that at the recent examination for admission to the medical department of the army nine out of twenty places, including the first four, were taken by Irishmen.

## MR. STANHOPE'S DIFFICULTIES.

M.S. writes: Are any so blind as those who will not see? Most of Mr. Stanhope's difficulties can be easily resolved, if it be truly desired to get over them. On the command difficulty let him only turn to the supernumerary list of the Army Service Corps, or the Indian Commissariat, to find that officers holding combatant rank and titles can be incorporated in the general army without having any command outside their own corps. Then the seniority hindrance can be remedied, as regards the junior medical officers, by the recommendation of the Camperdown Commission that they should spend the first few years as lieutenants; and as regards the seniors, it does not apply, for they are far outstripped in promotion by their combatant brethren. Look at brigade-surgeons, men varying in age from 30 to 35 years, and in service from 26 to 32 years; whereas the last promoted full colonel in the army is not yet 44 years of age, and has but 24 years' service, while the second last—a Royal Engineer—is 46 years old, and has 28 years' service. The difficulty in the matter of pay can easily be adjusted by granting extra corps pay, as in the Royal Engineers and Army Service Corps. It is to be feared Mr. Stanhope's reply to Sir Andrew Clark's letter will not

be regarded as a message of peace. Composite titles are not now considered sufficient by the majority of medical officers; if substantive army rank and title be impossible, has he any objection to honorary? That has already been granted freely to numerous non-combatants.

ROYAL MEDICAL CORPS writes: Mr. Stanhope's statement that if medical officers became officers of a Royal Medical Corps they would draw only regimental instead of staff allowances, through which they would suffer pecuniary loss, should be examined. The loss may be estimated at 1s. 6d. per day for each executive rank. But Mr. Stanhope must be reminded that such loss would be made good by the issue of corps pay, to an equivalent amount, exactly as in the Royal Engineers and Army Service Corps. Any loss in so-called regimental allowances would be covered by corps pay in the different ranks. This would not involve any extra expense to the State, no more than any loss to the individuals concerned.

\* Just so. So many thousand pounds are yearly voted for the pay and allowances of medical officers. Nobody asks Mr. Stanhope to spend more money on the present establishment. The total pay, as it stands, was considered enough, though no more than sufficient, by the Camperdown Commission. Medical officers are quite indifferent as to how the Accountant-General's Department may make up their pay. They will, indeed, be the last to object to the mode in which accounts are kept, provided that pay and allowances work out present totals.

SURGEON M.S. wants to know: 1. Whether the sum of £27,000 has been saved since the introduction of the extra year added to foreign service, because, if not, how would it cost that sum to revert to the old rule?

2. As regards sick leave, is not the fact that it required the recommendation of a special commission to effect this very ordinary piece of fair dealing a sufficient commentary on the way in which medical officers have hitherto been treated?

3, 4, 5, and 6. Social questions may not be capable of adjustment by regulation, but Mr. Stanhope should peruse general army orders to see whether this is a fact or not?

7. This question is again shirked. Does Mr. Stanhope think us so foolish as to agitate for subsidies to messes other than our own?

8. The rank question is also shirked. The terms rank and title are cleverly confounded. When have medical officers held courts-martial on soldiers of the Medical Staff Corps? Since when has there been "no Army Medical Department"? Are not medical officers themselves quite willing to serve in the "initial" rank of lieutenant for three years? Do not officers of the Royal Engineers enter from four to six years younger than medical officers? Mr. Stanhope should get his facts from trustworthy and unprejudiced sources.

THIRTY YEARS' SERVICE writes: I have read Sir Andrew Clark's letter with admiration and Mr. Stanhope's reply with regret—but without surprise. The difficulties in the way of rank and command were easily surmounted in the reorganisation of the Commissariat, and would be also in the Medical if the will existed.

PENJAN fears that Mr. Stanhope delayed his decision on the rank and titles question until he saw whether a sufficient number—quality no object—of misguided candidates would come forward for the next examination. If we are to have composite titles without accompanying *bona-fide* rank, shall we sign ourselves on mixed boards "Surgeon-Captain" below second Lieutenants? or will our names appear, as heretofore, in official and other lists as "Surgeon-Colonels" under the back-jointed subalterns?

T. E. H. gathers from the correspondence between Sir Andrew Clark and Mr. Stanhope that the establishment of a Royal Medical Corps with *bona-fide* rank and titles therein is not at present likely to be obtained by medical officers, but is certain ultimately to come. Meanwhile the titles of Surgeon and Lieutenant, etc., may be granted. Mr. Stanhope and his military advisers constantly remark that if a military title were given the question of command enters, and combatant officers seem to think the medical want to encroach upon their special functions. This is a complete delusion; let it not be lost sight of that medical officers are not given combatant commissions on being first gazetted, and so therefore are precluded from assuming combatant command. When a captain of infantry joins the Pay Department he resigns his combatant commission, but retains his title, showing that title and command are not synonymous. Let it be drummed into Mr. Stanhope that medical officers want no command beyond what they have already got.

\* The mixing up of general command with military title is a purely false issue raised to frighten Mr. Stanhope.

March 14, 1891.

THE MARKET VALUE OF TITLES WITHOUT DEFINED RANK. M.S. writes: Mr. Stanhope, in his reply to Sir Andrew Clark—no doubt at the instigation of his military advisers—tries to confuse titles with rank, or implies that they are synonymous terms. Let me give him a practical illustration of the value of our supposed present rank. Surgeons are supposed to rank "as" captains; but the practically alien Indian Government, under whom they are compelled to serve, coolly ignores the "as," and serves out subalterns' allowances to them for the first six years of service, thereby immorally pocketing one-fourth of their pay. But while this injustice is suffered, the surgeons are mockingly compelled to wear the valueless badges of captains on their uniforms. How can Mr. Stanhope then declare that the present indefinite rank of surgeons carries with it the allowances and privileges of captains? If Royal Warrants are worth anything, why do they not run in the Queen's dominions? Or is the surgeon's rank meant to be a hollow mockery?

## HIGHEST DISTINCTIONS IN THE ARMY.

M.S. writes: The Duke of Connaught is reported to have stated at Netley that the highest distinctions of the army are open to medical officers. 1. Why, then, has no medical officer ever received a G.C.B. or G.C.M.G.? 2. Why can a medical officer not attain a higher army rank than major-general? 3. Why has a medical officer never received the thanks of Parliament, or been included in such a vote? The statements of the Duke are misleading, and should be corrected.

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and thanking only as  
Lieutenant Colonel



Feb. 21, 1891.]

THE BRITISH MEDICAL JOURNAL.

## PARLIAMENTARY BILLS COMMITTEE.

A MEETING of the Parliamentary Bills Committee was held at the offices of the Association, on February 18th, Mr. S. W. SMILEY in the chair. The members present were Dr. Agar, Dr. Harrison, Mr. Macnamara, Mr. Hugh Ker, Dr. Esler, Dr. Holman, Dr. Phillips, Dr. Crocker, Dr. Mickle, Mr. Wallace, Mr. Vacher, Mr. Galton, Mr. Joseph White, Dr. Langdon Down, Mr. Rivington. Dr. Aveling and Mr. B. F. C. Costelloe, barrister-at-law, and, during a part of the meeting, Dr. Farquharson, M.P., were also present.

Letters of apology for non-attendance were received from the Treasurer, Mr. J. H. Hemming, Dr. Philipson, Mr. Noble Smith, Mr. W. D. Spanton, Dr. Carter, and Dr. F. Needham.

## ARMY MEDICAL OFFICERS.

The following memorandum, giving a brief retrospect of the steps which had been taken with regard to the rank and status of medical officers of the army was submitted:

The stages by which the present position of this prolonged but important controversy has been reached, as well as the part played in it by the medical corporations and schools and by the Parliamentary Bills Committee of the British Medical Association, may be briefly reviewed with advantage now that the medical officers and their opponents are getting to close quarters.

It is clear that it was the military necessities involved in the reconstruction of the Commissariat, Ordnance, and Pay Departments which led to the sudden abolition of relative rank in January, 1887. But while these departments were then receiving anxious attention on the part of the military authorities, the medical was either overlooked or more probably treated with indifference.

It was some months before the medical officers were fully aroused to the gravity of the position, or rather want of position, in which they found themselves by the abolition of relative rank. But, once realised, the depth, strength, and force of the agitation which speedily set in were fully recognised by all who had any knowledge of it, except those who had brought about the crisis by interference with the only rank possessed by the Medical Staff.

When the subject came before the meeting of the British Medical Association at Dublin in August, 1887, Sir Thomas Crawford, K.C.B., the then Director-General of the Army Medical Department, expressed his incredulity as to the universality or earnestness of the agitation among medical officers; and this led to the issuing of circulars by the Parliamentary Bills Committee to medical officers at home and abroad, through which a *plébiscite* was obtained on the rank and titles considered necessary to enable them to duly perform their army duties and to place them in a position of fair and legitimate equality with the other reconstructed army departments.

The response to the circular was of no uncertain kind, and much disconcerted those who had vainly endeavoured to minimise or officially frown down the agitation. Three-fourths of the officers distinctly voted for definitive army rank and titles, and only a very small fraction deprecated agitation and declared themselves content with an undefined *status quo*.

Meanwhile the agitation gathered force and voice to such an extent that the Council of the British Medical Association memorialised the War Minister on the subject in February, 1888, setting forth the results of the *plébiscite*, and urging the importance of the rank and titles question. Mr. Stanhope, in reply to questions asked in the House of Commons during the session of that year, made conciliatory answers, and it was hoped matters would soon receive favourable attention at his hands. But such hopes were disappointed when, on the Estimates coming before the House in December, he said he thought the grievances of medical officers were mainly sentimental, and he had also previously gone out of his way to belittle and decry relative rank as useless and unmeaning, and therefore, of course, its abolition was not a vital matter to those concerned. It was now quite clear that Mr. Stanhope had been influenced by the military party, who refuse to acknowledge any equality between medical officers and themselves, and who, with a persistency curious and inexplicable to civilians, oppose every concession towards the medical staff. But the controversy could not be

allayed, and daily acquired such volume, through publicity mainly afforded by the BRITISH MEDICAL JOURNAL, that the War Minister was driven to the usual refuge of a Committee which should take evidence and report on the pay, status, and conditions of service of the medical officers of the army and navy. It will be noticed that the latter service was officially dragged into the controversy, although it had made no complaints similar to those advanced by the army. Lord Camperdown's Committee, in due course made its report and recommendations in August, 1889, the chief of which were, that neither the pay nor retirement of army medical officers could be safely interfered with; that relative rank should be restored in a "Royal Medical Staff," and expressed in compound titles from Surgeon-Lieutenant upward; that foreign service should not exceed five years consecutively. But important dissents, emanating from the combatant naval and military minority of the Committee, were appended to these recommendations.

Meanwhile the criticism and comments which followed in the press on the report were of the most exhaustive character; and while the recommendations on pay, retirement, service, and examinations were viewed with much satisfaction, it became apparent that those on rank and title, at first received with considerable favour, were being more and more estimated at a doubtful value. But the main question was, What will Mr. Stanhope do with the recommendations of the Committee of his own creation? This was anxiously asked, because it was no secret that the hostile military party were more than ever strenuously endeavouring to neutralise every concession to the "doctors," as they term them. It was also a matter of suspicious public comment that the evidence given before the Committee had been withheld, on the supposed ground that some of it was not likely to redound to the credit of the military witnesses examined. But Mr. Stanhope at length consented to its publication, which was undertaken by the British Medical Association. The evidence of some of the military witnesses was sufficiently startling and even amusing; but its chief feature was the utter weakness displayed in the contention that it would be wrong to concede definitive army rank and title to medical officers on the ground that they were not soldiers, but civilians. When pressed on this point, they broke down helplessly, for lack of reason or argument, and were driven helplessly, for lack of reason or argument, to take refuge in appeals to military instincts! The publication of this evidence and the regrettable animus undoubtedly displayed, opened the eyes of both the medical profession and medical officers to the true nature of the opposition they had arrayed against them, and showed that nothing short of radical reform would secure the betterment of the medical service. It was then seen that the compromise of restored relative rank and compound titles recommended by the Camperdown Commission would afford no sufficient barrier against after-encroachments of the hostile military faction. So it was thought that nothing short of a consolidated corps, after the model of the Royal Engineers, would properly safeguard the status and interests of the Medical Staff; and this idea afterwards found expression through Sir Andrew Clark while heading a deputation to Mr. Stanhope from the medical corporations.

Mr. Stanhope had, meanwhile, at the instance of his "military advisers," declined to give effect to the really valuable part of the Camperdown recommendations, and by so doing had turned the current of the agitation in the direction of substantive military rank and title, in which it now so strongly flows. The controversy, in truth, has been worked up to the position it now occupies by the delays and refusals which have sprung from the influence of the military party, who are hostile to every concession. The medical profession may, indeed, be charged with having shifted ground, but it has been forced on by the obstinate refusal to listen to any sort of compromise, and the wholly unreasoning opposition with which its more modest claims have been met, as proved in the "evidence."

Mr. Stanhope's decision—we trust not his final one—is contained in his letter to Sir Andrew Clark, in answer to a masterly statement which the President of the College of Physicians had laid before him, and which were both published in the BRITISH MEDICAL JOURNAL of February 14th. We have still to get Sir Andrew's reply, which will no doubt be equally able.



## ARMY MEDICAL SERVICE RELATIVE RANK.

In order to help the discussion on the very critical and difficult situation in which we are placed by Mr. Stanhope's reply to Mr. Bartley, I have put on paper a few brief reasons why, in my opinion, it will be good policy to accept the Government proposals by way of compromise.

1. In order to show the authorities that we can adopt a conciliatory attitude, and that if we cannot get all we want we are inclined to come to some sort of terms.

2. It is hardly fair to say off-hand that this concession means nothing, and should be contemptuously rejected. My impression is that it means something, and may be made to mean a good deal more; and it would give us an irresistibly firm platform for future agitation, if we are able to say that we have fairly tried the practical working of the compound titles and found that they do not carry out the object for which they were granted.

3. Some say, put your back to the wall and fight on till the end. But there is no use fighting unless we can have some substantial backing either in the House or outside, and so far as I can make out, we have neither. In order to make an impression on a Minister, it is necessary to put down a reduction of a vote, or move something specific, and then take a division. But to do this without at all events a numerically respectable minority, would be simply suicidal, and a sterile grumble, followed up by one or two other members and brought on at the far end of the Session, would produce no effect on Mr. Stanhope's mind, and we have little backing outside, because it is difficult to explain to the lay mind what our grievances really are, and because every civilian to whom I have spoken sneers at the idea of a doctor being called a Colonel, and all our supporters outside the House are representatives of a class interest, and are, therefore, looked upon with suspicion by politicians.

4. After all the trouble taken by Sir Andrew Clark, and the Parliamentary Bills Committee, it would be a pity to admit that our efforts have entirely failed. I think we are fairly entitled to take the line that we have extorted from the War Minister a concession which he refused at first.

5. This concession being practically all that was asked by the Departmental Committee, gives Mr. Stanhope a very strong argumentative position in debate.

6. Our last trump card has been stolen from us by the large number of competitors for the last list of vacancies. It is useless and would be ungracious to point out that these men are far below the old level of efficiency; the answer will be that they are, and that they have at all events passed the prescribed standard. For these reasons I am of opinion that we shall gain nothing by prolonging this struggle, but that if the rank of these titles is carefully defined by Warrant, and if some alterations in the nomenclature is introduced, we may safely accept them as an instalment of the ideal which shall some day be reached.

April 25th, 1891.

ROBERT FARQUHARSON, M.P., M.D.

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The concession in the matter of sick leave will be gratefully accepted; not so the refusal to limit the continuous foreign service to five years. Mr. Stanhope concedes the compound title, but says nothing of the rank with which it is to be associated, which is the very kernel of the matter. It is evident that a critical moment in the controversy has now arrived, and the Parliamentary Bills Committee of the British Medical Association will in no way abate its vigilance till justice be done.

The following resolution, proposed by Mr. MACNAMARA and seconded by Dr. KER, was unanimously adopted:—"That a committee be appointed, with instructions to draw the attention of the Secretary of State for War to the conclusion arrived at by the British Medical Association, regarding the position of the affairs of the Army Medical Staff, and to take such further steps as may seem necessary to secure these officers unequivocal substantive rank and corresponding military titles, for which purpose the Association believes it is necessary the Army Medical Staff should be converted into a Royal Army Medical Corps, on the lines of the Royal Engineers."

The following gentlemen were appointed members of the Committee: President of Parliamentary Bills Committee, Treasurer of the Association, Sir Walter Foster, M.P., Dr. Farquharson, M.P., Surgeon-General Cornish, Mr. Macnamara.

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The response to the circular was of no uncertain kind, and much disconcerted those who had vainly endeavoured to minimise or officially frown down the agitation. Three-fourths of the officers distinctly voted for definitive army rank and titles, and only a very small fraction deprecated agitation and declared themselves content with an undefined *status quo*.

Meanwhile the agitation gathered force and voice to such an extent that the Council of the British Medical Association memorialised the War Minister on the subject in February, 1888, setting forth the results of the *plebiscite*, and urging the importance of the rank and titles question. Mr. Stanhope, in reply to questions asked in the House of Commons during the session of that year, made conciliatory answers, and it was hoped matters would soon receive favourable attention at his hands. But such hopes were disappointed when, on the Estimates coming before the House in December, he said he thought the grievances of medical officers were mainly sentimental, and he had also previously gone out of his way to belittle and decry relative rank as useless and unmeaning, and therefore, of course, its abolition was not a vital matter to those concerned. It was now quite clear that Mr. Stanhope had been influenced by the military party, who refuse to acknowledge any equality between medical officers and themselves, and who, with a persistency curious and inexplicable to civilians, oppose every concession towards the medical staff. But the controversy could not be

allayed, and daily acquired such volume, through publicity mainly afforded by the BRITISH MEDICAL JOURNAL, that the War Minister was driven to the usual refuge of a Committee which should take evidence and report on the pay, status, and conditions of service of the medical officers of the army and navy. It will be noticed that the latter service was officially dragged into the controversy, although it had made no complaints similar to those advanced by the army. Lord Camperdown's Committee in due course made its report and recommendations in August, 1889, the chief of which were, that neither the pay nor retirement of army medical officers could be safely interfered with; that relative rank should be restored in a "Royal Medical Staff," and expressed in compound titles from Surgeon-Lieutenant upward; that foreign service should not exceed five years consecutively. But important dissents, emanating from the combatant naval and military minority of the Committee, were appended to these recommendations.

Meanwhile the criticism and comments which followed in the press on the report were of the most exhaustive character; and while the recommendations on pay, retirement, service, and examinations were viewed with much satisfaction, it became apparent that those on rank and title, at first received with considerable favour, were being more and more estimated at a doubtful value. But the main question was, What will Mr. Stanhope do with the recommendations of the Committee of his own creation? This was anxiously asked, because it was no secret that the hostile military party were more than ever strenuously endeavouring to neutralise every concession to the "doctors," as they term them. It was also a matter of suspicious public comment that the evidence given before the Committee had been withheld, on the supposed ground that some of it was not likely to redound to the credit of the military witnesses examined. But Mr. Stanhope at length consented to its publication, which was undertaken by the British Medical Association. The evidence of some of the military witnesses was sufficiently startling and even amusing; but its chief feature was the utter weakness displayed in the contention that it would be wrong to concede definitive army rank and title to medical officers on the ground that they were not soldiers, but civilians. When pressed on this point, they broke down hopelessly under cross-examination, and were driven helplessly, for lack of reason or argument, to take refuge in appeals to military instincts! The publication of this evidence and the regrettable animus undoubtedly displayed, opened the eyes of both the medical profession and medical officers to the true nature of the opposition they had arrayed against them, and showed that nothing short of radical reform would secure the betterment of the medical service. It was then seen that the compromise of restored relative rank and compound titles recommended by the Camperdown Commission would afford no sufficient barrier against after-encroachments of the hostile military faction. So it was thought that nothing short of a consolidated corps, after the model of the Royal Engineers, would properly safeguard the status and interests of the Medical Staff; and this idea afterwards found expression through Sir Andrew Clark while heading a deputation to Mr. Stanhope from the medical corporations.

Mr. Stanhope had, meanwhile, at the instance of his "military advisers," declined to give effect to the really valuable part of the Camperdown recommendations, and by so doing had turned the current of the agitation in the direction of substantive military rank and title, in which it now so strongly flows. The controversy, in truth, has been worked up to the position it now occupies by the delays and refusals which have sprung from the influence of the military party, who are hostile to every concession. The medical profession may, indeed, be charged with having shifted ground, but it has been forced on by the obstinate refusal to listen to any sort of compromise, and the wholly unreasoning opposition with which its more modest claims have been met, as proved in the "evidence."

Mr. Stanhope's decision—we trust not his final one—is contained in his letter to Sir Andrew Clark, in answer to a masterly statement which the President of the College of Physicians had laid before him, and which were both published in the BRITISH MEDICAL JOURNAL of February 14th. We have still to get Sir Andrew's reply, which will no doubt be equally able.



## ARMY MEDICAL SERVICE RELATIVE RANK.

In order to help the discussion on the very critical and difficult situation in which we are placed by Mr. Stanhope's reply to Mr. Bartley, I have put on paper a few brief reasons why, in my opinion, it will be good policy to accept the Government proposals by way of compromise.

1. In order to show the authorities that we can adopt a conciliatory attitude, and that if we cannot get all we want we are inclined to come to some sort of terms.

2. It is hardly fair to say off-hand that this concession means nothing, and should be contemptuously rejected. My impression is that it means something, and may be made to mean a good deal more; and it would give us an irresistibly firm platform for future agitation, if we are able to say that we have fairly tried the practical working of the compound titles and found that they do not carry out the object for which they were granted.

3. Some say, put your back to the wall and fight on till the end. But there is no use fighting unless we can have some substantial backing either in the House or outside, and so far as I can make out, we have neither. In order to make an impression on a Minister, it is necessary to put down a reduction of a vote, or move something specific, and then take a division. But to do this without at all events a numerically respectable minority, would be simply suicidal, and a sterile grumble, followed up by one or two other members and brought on at the fag end of the Session, would produce no effect on Mr. Stanhope's mind, and we have little backing outside, because it is difficult to explain to the lay mind what our grievances really are, and because every civilian to whom I have spoken sneers at the idea of a doctor being called a Colonel, and all our supporters outside the House are representatives of a class interest, and are, therefore, looked upon with suspicion by politicians.

4. After all the trouble taken by Sir Andrew Clark, and the Parliamentary Bills Committee, it would be a pity to admit that our efforts have entirely failed. I think we are fairly entitled to take the line that we have extorted from the War Minister a concession which he refused at first.

5. This concession being practically all that was asked by the Departmental Committee, gives Mr. Stanhope a very strong argumentative position in debate.

6. Our last trump card has been stolen from us by the large number of competitors for the last list of vacancies. It is useless and would be ungracious to point out that these men are far below the old level of efficiency; the answer will be that they are, and that they have at all events passed the prescribed standard. For these reasons I am of opinion that we shall gain nothing by prolonging this struggle, but that if the rank of these titles is carefully defined by Warrant, and if some alterations in the nomenclature is introduced, we may safely accept them as an instalment of the ideal which shall some day be reached.

April 25th, 1891.

ROBERT FARQUHARSON, M.P., M.D.

*See Times*  
*21. April 1891-*



# THE HISTORY OF THE UNITED STATES

OF THE UNITED STATES OF AMERICA  
FROM 1776 TO 1876

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March 14, 1891.]

## THE BRITISH MEDICAL JOURNAL.

On March 7th Mr. Henry Gray Croly, President of the Royal College of Surgeons, Ireland, entertained His Excellency Lord Zetland and about 200 other guests at a grand banquet in the Museum of the College. The room was most handsomely decorated, and as all officers appeared in uniform the scene was a very bright and attractive one. Amongst those present were General Lord Wolseley, Lord Crofton, Lord Longford, Judge Boyd, Sir George Porter, Bart., Sir C. Cameron, Sir W. Stokes, Sir Andrew Reed, Surgeon-General Sinclair, P.M.O., Sir R. Jackson, C.B.; Dr. Finny, President of the College of Physicians; Dr. Gordon, President of the Royal Academy of Medicine; the Provost of Trinity College; Dr. Carte, Vice-President, Royal College of Surgeons, etc. In reply to the toast of his health, the Lord Lieutenant spoke at some length, and referred to the work which was being carried on for the relief of the distress in the West of Ireland, where no fewer than 90,000 individuals are being helped either by employment on the new railways and Government roads or by food provided by the relief funds. In proposing the toast of "The Army and Navy," the President said they had always in the past great Irishmen in the army, and it was a great thing to see that reputation perpetuated. In Ireland people believed there was nothing to be got without agitation, and they should agitate until the grievances of the army medical officers were remedied. They wanted them to get, amongst other things, shorter periods of foreign service. He (the President) went to London a short time ago with the President of the Royal College of Physicians there, and they put before Mr. Stanhope the grievances of which they complained. Some of these had, he believed, been dealt with, but a good deal yet remained to be done. Lord Wolseley responded, and said the President, he regretted to find, had drawn some distinction in his remarks between the combatants and non-combatants of the army. That was a distinction unknown in the army. They looked upon the doctors as the most valuable members of their profession. They never drew a distinction between combatants and non-combatants in Her Majesty's army. This fact was particularly brought to his memory at present because he saw seated there a comrade of his own, with whom he had served in all parts of the world, who had been not only a good friend and comrade, but, if he might venture to say, one of the best and ablest soldiers he had ever known—he referred to his friend Sir Robert Jackson. The members of the army owed and owned a deep debt of gratitude to the members of the medical and surgical profession, not merely because some of them owed to them the fact that they were alive to-day—he himself was one of these—but because they had done so much for the army in times of peace. It was a well-known fact—known, he did not doubt, to all present—that it was owing to the members of the medical profession the question of the housing of the soldiers had come to be considered. The barracks in this country and England had been a disgrace to civilisation, and to the British Government, and he was glad that this reform had been brought about without the agitation to which the President had referred. It had not been by coercing or bringing great pressure to bear upon the Government, but was owing to the outspoken manner in which the question had been treated by the medical officers of the army that the question had been taken up. And when the soldiers before long were better housed than they are now and in a manner that becomes the great nation which has the privilege of paying for those houses, it would be a great satisfaction to men like himself that in bringing about this state of things they were largely indebted to the profession which was so well represented that evening. Surgeon-General Sinclair also responded, as did Dr. Macaulay on behalf of the navy.

March 21, 1891.

## LORD WOLSELEY ON THE MEDICAL SERVICES.

GENERAL WOLSELEY was a guest at the recent banquet of the Royal College of Surgeons of Ireland, and, in response to the toast of the Army and Navy, replied, according to the report in the *Irish Times*, as follows: "It was to him a great pleasure to have to speak of the profession to which he had the honour to belong, and especially on an occasion like the present, when he spoke at the table of the most distinguished members of a profession so intimately allied to that of arms as the surgical and medical professions were. The President, he regretted to find, had drawn some distinction in his remarks between the combatants and non-combatants of the army. Well, that was a distinction unknown to the army. They looked upon the doctors as the most valuable members of their profession. They never drew a distinction between combatants and non-combatants in Her Majesty's army. . . . He thanked them most cordially for the army, and he begged to include in that thanks the medical officers of the profession to which he had the honour to belong." We take it for granted his lordship was correctly reported; and, if so, there is not a word in the above speech to which we do not accord hearty applause. We sincerely trust these are now the

gallant soldier's permanent sentiments. But the profession and the medical officers may well ask, is this the veritable Lord Wolseley of the *Pocket Book* and the Camperdown Commission? If the army knows no distinction, and "they never drew a distinction between combatants and non-combatants," how was it that, in reply to Q. 1408 at the Commission, Lord Wolseley was unable to say whether the men of the Army Medical Department were soldiers or not? Is he able to reconcile his late generous speech on this point with the recorded evidence of Mr. Stanhope's other "military advisers" as given before the Commission?

## THE RANK OF ARMY MEDICAL OFFICERS.

MR. STANHOPE, in answer to a question by Dr. Farquharson in the House of Commons, has promised to print and circulate for the information of members the letter from Sir Andrew Clark, President of the Royal College of Physicians, in continuation of previous correspondence with reference to the rank of army medical officers, together with a communication recently addressed to him by the Parliamentary Bills Committee, and signed by Mr. Sibley, Deputy-Chairman, and Mr. Macnamara, who it will be remembered was a member of Lord Camperdown's Commission.

## THE TITLES MUDDLE.

SURGEON-MAJOR draws our attention to the fact that, at page 786 of the official monthly *Army List* for March two surgeon-majors (*sic*) of the Medical Staff Corps are promoted to be quartermasters, with the honorary rank of lieutenant. Of course, sergeant-majors are meant, but if such absurd mistakes over titles of medical officers are actually made in an officially revised list, can we wonder that the ordinary civilian mind is sorely puzzled over the army designations of these officers? We hope Mr. Stanhope will cast his eye over page 786 of the list published "by authority."

## RANK AND TITLES.

PERSEVERE trusts that the Parliamentary Bills Committee of the British Medical Association will not be satisfied until substantive rank with military title is granted to army doctors. Nothing else will safeguard them. Royal Medical Staff Corps will always distinguish the medical from other officers, just as Paymaster, Inspector of Schools, added after the military title, do these officers.

I. M. S. asks: Why is the Indian Medical Service more popular, judging from the higher standard of those competing for entrance; and why are the proportion of retirements from it fewer at twenty years than in the Medical Staff? The answer seems to be, the haven of refuge which the civil branch affords to Indian medical officers. The seniors are able to pass to it when military service becomes, in the absence of defined status, unpleasant or intolerable. Many of the best Indian medical officers seek civil employ on that ground, which, however, is a distinct loss to the military service. Cannot military advisers at home and abroad see this? The Medical Staff have no civil outlet, and are, therefore, driven to retire early. Men as they advance in years will not stand being placed in an anomalous and undefined position. The true remedy is substantive rank with military titles.

RANK writes: I have met with a retired army officer who cannot credit that the relative rank of medical officers has been abolished, and that they have now no rank. Could you refer me to numbers of the *BRITISH MEDICAL JOURNAL* which will supply convincing information on this point?

\*. Relative rank was abolished as an army rank by the Royal Warrant, Pay, etc., in January, 1887. Medical officers had no other. See articles in the *BRITISH MEDICAL JOURNAL*, September 14th, 21st, and 28th, and October 5th, 1889, on the report of Lord Camperdown's Commission.



March 28, 1891.]

THE BRITISH MEDICAL JOURNAL.

## SENTENCE DELIVERED.

THE verdict has been given at last. Mr. Stanhope has put his foot firmly down, in the hope no doubt of being able to stamp out the remains of the "regrettable agitation," to which he referred in a previous letter, and to get rid of a controversy in which he has certainly not had the best of it. We have always given him credit, however, for liberal leanings towards the Army Medical Department, and a certain amount of veiled sympathy for their aspirations, and his final communication seems to show traces of perplexing doubt and of the wish to cut the Gordian knot of difficulty by a sharp stroke of the scissors. We still believe that if he could have had his own way he would have agreed with his Permanent Under-Secretary, Sir Ralph Thompson, that: "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."

But unhappily the shadow of the War Office has been cast across his path, and his military advisers, whilst they praise with unvarying unanimity the services of their medical brethren, oppose those concessions which would contribute to further efficiency, and jealously refuse to share their titles with those who partake of the dangers, if they do not reap the full honours, of war. It is quite impossible for any unprejudiced person to read the correspondence which we publish to-day without being convinced that the medical officers' claims are well-nigh unanswerable, and that, in the words of Sir Donald Stewart, their concession "would be extremely popular with them, and do no harm to anyone else."

Sir Andrew Clark's letter is conceived in a high and generous spirit of perfect judicial frankness, and is marked by the sympathetic eloquence and perfect mastery of detail which characterises all that the President of the College of Physicians says or writes.

The communication from the Parliamentary Bills Committee (for which Mr. Macnamara is mainly responsible) is of no less importance, and it has the special value of wide personal experience, and accurate knowledge of the working of the Department in modern times. To these weighty documents the War Minister makes a curt reply, basing his position on arguments already used, giving a flat refusal to grant anything more, and slamming the door in the face of further official correspondence.

Before we turn away to think matters over quietly, and to concert some plan for future action, let us see where we exactly stand, and what we have actually got out of Mr. Stanhope. In the first place, let us be thankful for the mercies that have come in our way, even if they be small. The assimilation of the two branches of the service for sick leave purposes is a fair and equitable arrangement, and removes a glaring grievance which had been allowed to exist too long.

On the question of foreign service Mr. Stanhope fortunately seems inclined to give way, having based his original refusal on a misapprehension, which has been very effectually disposed of by Sir A. Clark. The extension of the time of duty abroad from five to six years is not only harassing and inconvenient, but it has been shown on statistical evidence that prolonged continuous tropical service is seriously detrimental to health, and all the medical officers ask—and it surely is not a very unreasonable demand—is that whilst the total period of foreign service shall not be reduced, it shall be less continuous. In this way the stress and strain of tropical climates will bear less hardly on the constitution, no extra expense will be incurred, and efficiency as well as true economy will undoubtedly be promoted.

After all, the question of rank is the real kernel of this controversy, and it is here that Mr. Stanhope's attitude disappoints us most. But let us say at the outset that, from his own point of view, he is able to take his stand on one bit of apparently firm ground. He has granted precisely what his own Committee asked him to grant, and there is a certain amount of plausibility in his now turning round and taunting the medical officers for their dissatisfaction with the terms which their advocates accepted in their name hardly three

years ago. But the reply is obvious. Since the date of the Report evolution of opinion has rapidly progressed. Experience has been gathered of the working of the Department under the altered conditions of modern warfare, and one of the most strenuous advocates of the forward movement is Mr. Macnamara, who originally concurred in the proposals of the Committee, but whose outspoken and vigorous advocacy of a Royal Corps has done such good service to the cause. Nor must it be forgotten that the influential deputation which Sir Andrew Clark headed last summer directed its observations almost exclusively to this special point.

It has now become too evident that compound titles are mere tinkering with the full question, and that they confer little more than the expression of the exploded relative rank which admittedly meant nothing, and which was very properly withdrawn some years ago. But if this is all we are to get in the meantime, we hope that Mr. Stanhope will be pressed to define very distinctly by Royal warrant the actual rank which these titles convey, so that the experiment can be fairly tried what value they really have in expressing the doctor's military status, and in helping him to do his duty efficiently at the real time of need. We must confess, however, that we are rather sceptical as to the success of this compromise. We have over and over again expressed our conviction, which time has only deepened, that the only permanent solution of the difficulty lies in the establishment of a Royal Corps within which the medical officers should enjoy that definite and officially gazetted rank which can only in this way be made intelligible to the average military mind. It is very difficult to understand why a system which works with admirable smoothness in America and elsewhere should not be equally successful here, and we believe that in no other way can we remove the jealous friction of the so-called combatant ranks and ensure the perfect working of a machine on whose efficiency depends the full success of our army system in peace or in war. Mr. Stanhope's flimsy excuse about general military command has been completely demolished by Sir Andrew Clark. Supposing, for the sake of argument, that any doctor should so far lose possession of his senses as to claim the right to manoeuvre troops in the field. Let the possibility of such a thing be forbidden in the strictest way by regulation; if, indeed—as Mr. Stanhope admits that he is "well aware command can be limited"—the prohibition does not already exist. Mr. Stanhope must know perfectly well, or, at all events, his military advisers do, that medical men have never made any such claim, and that their only wish is to be allowed to do their duty within the prescribed limits and strictly according to the rules of the service, which have distinctly laid down, or, at all events, should be made to lay down, that they can never be allowed to assume a position which they do not want and for which they must be manifestly unfit.

Finally, let us say that, although we leave the court disappointed with the verdict, we must not be discouraged. Our next appeal must be to public opinion. We believe that Sir Andrew Clark will before long publish a reply to Mr. Stanhope's letter, and we would exhort all those who have the interest of the department at heart to keep pegging away with voice and pen until justice is done and peace is restored. It may be that there is not much to be hoped for under the present régime; but a day will come when, under the recommendation of Lord Hartington's Commission, the Horse Guards will be brought more into touch with popular sentiment and with the spirit of modern progress; and this may be the dawning day of a firm and final settlement of the grievances of the Army Medical Department.



March 28, 1891.]

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## 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 avowed 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 (b) or (c) 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 as 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

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War, who will be accompanied by the Director-General of the Army Medical Staff, and the President of the Royal College of Physicians and Mr. Macnamara (Parliamentary Bills Committee of the British Medical Association, as representing the Army Medical officers.



March 28, 1891.]

THE BRITISH MEDICAL JOURNAL.

## SENTENCE DELIVERED.

THE verdict has been given at last. Mr. Stanhope has put his foot firmly down, in the hope no doubt of being able to stamp out the remains of the "regrettable agitation," to which he referred in a previous letter, and to get rid of a controversy in which he has certainly not had the best of it. We have always given him credit, however, for liberal leanings towards the Army Medical Department, and a certain amount of veiled sympathy for their aspirations, and his final communication seems to show traces of perplexing doubt and of the wish to cut the Gordian knot of difficulty by a sharp stroke of the scissors. We still believe that if he could have had his own way he would have agreed with his Permanent Under-Secretary, Sir Ralph Thompson, that: "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."

But unhappily the shadow of the War Office has been cast across his path, and his military advisers, whilst they praise with unvarying unanimity the services of their medical brethren, oppose those concessions which would contribute to further efficiency, and jealously refuse to share their titles with those who partake of the dangers, if they do not reap the full honours, of war. It is quite impossible for any unprejudiced person to read the correspondence which we publish to-day without being convinced that the medical officers' claims are well-nigh unanswerable, and that, in the words of Sir Donald Stewart, their concession "would be extremely popular with them, and do no harm to anyone else."

Sir Andrew Clark's letter is conceived in a high and generous spirit of perfect judicial frankness, and is marked by the sympathetic eloquence and perfect mastery of detail which characterises all that the President of the College of Physicians says or writes.

The communication from the Parliamentary Bills Committee (for which Mr. Macnamara is mainly responsible) is of no less importance, and it has the special value of wide personal experience, and accurate knowledge of the working of the Department in modern times. To these weighty documents the War Minister makes a curt reply, basing his position on arguments already used, giving a flat refusal to grant anything more, and slamming the door in the face of further official correspondence.

Before we turn away to think matters over quietly, and to concert some plan for future action, let us see where we exactly stand, and what we have actually got out of Mr. Stanhope. In the first place, let us be thankful for the mercies that have come in our way, even if they be small. The assimilation of the two branches of the service for sick leave purposes is a fair and equitable arrangement, and removes a glaring grievance which had been allowed to exist too long.

On the question of foreign service Mr. Stanhope fortunately seems inclined to give way, having based his original refusal on a misapprehension, which has been very effectually disposed of by Sir A. Clark. The extension of the time of duty abroad from five to six years is not only harassing and inconvenient, but it has been shown on statistical evidence that prolonged continuous tropical service is seriously detrimental to health, and all the medical officers ask—and it surely is not a very unreasonable demand—is that whilst the total period of foreign service shall not be reduced, it shall be less continuous. In this way the stress and strain of tropical climates will bear less hardly on the constitution, no extra expense will be incurred, and efficiency as well as true economy will undoubtedly be promoted.

After all, the question of rank is the real kernel of this controversy, and it is here that Mr. Stanhope's attitude disappoints us most. But let us say at the outset that, from his own point of view, he is able to take his stand on one bit of apparently firm ground. He has granted precisely what his own Committee asked him to grant, and there is a certain amount of plausibility in his now turning round and taunting the medical officers for their dissatisfaction with the terms which their advocates accepted in their name hardly three

years ago. But the reply is obvious. Since the date of the Report evolution of opinion has rapidly progressed. Experience has been gathered of the working of the Department under the altered conditions of modern warfare, and one of the most strenuous advocates of the forward movement is Mr. Macnamara, who originally concurred in the proposals of the Committee, but whose outspoken and vigorous advocacy of a Royal Corps has done such good service to the cause. Nor must it be forgotten that the influential deputation which Sir Andrew Clark headed last summer directed its observations almost exclusively to this special point.

It has now become too evident that compound titles are mere tinkering with the full question, and that they confer little more than the expression of the exploded relative rank which admittedly meant nothing, and which was very properly withdrawn some years ago. But if this is all we are to get in the meantime, we hope that Mr. Stanhope will be pressed to define very distinctly by Royal warrant the actual rank which these titles convey, so that the experiment can be fairly tried what value they really have in expressing the doctor's military status, and in helping him to do his duty efficiently at the real time of need. We must confess, however, that we are rather sceptical as to the success of this compromise. We have over and over again expressed our conviction, which time has only deepened, that the only permanent solution of the difficulty lies in the establishment of a Royal Corps within which the medical officers should enjoy that definite and officially gazetted rank which can only in this way be made intelligible to the average military mind. It is very difficult to understand why a system which works with admirable smoothness in America and elsewhere should not be equally successful here, and we believe that in no other way can we remove the jealous friction of the so-called combatant ranks and ensure the perfect working of a machine on whose efficiency depends the full success of our army system in peace or in war. Mr. Stanhope's flimsy excuse about general military command has been completely demolished by Sir Andrew Clark. Supposing, for the sake of argument, that any doctor should so far lose possession of his senses as to claim the right to manoeuvre troops in the field. Let the possibility of such a thing be forbidden in the strictest way by regulation; if, indeed—as Mr. Stanhope admits that he is—"well aware command can be limited"—the prohibition does not already exist. Mr. Stanhope must know perfectly well, or, at all events, his military advisers do, that medical men have never made any such claim, and that their only wish is to be allowed to do their duty within the prescribed limits and strictly according to the rules of the service, which have distinctly laid down, or, at all events, should be made to lay down, that they can never be allowed to assume a position which they do not want and for which they must be manifestly unfit.

Finally, let us say that, although we leave the court disappointed with the verdict, we must not be discouraged. Our next appeal must be to public opinion. We believe that Sir Andrew Clark will before long publish a reply to Mr. Stanhope's letter, and we would exhort all those who have the interest of the department at heart to keep pegging away with voice and pen until justice is done and peace is restored. It may be that there is not much to be hoped for under the present régime; but a day will come when, under the recommendation of Lord Hartington's Commission, the Horse Guards will be brought more into touch with popular sentiment and with the spirit of modern progress; and this may be the dawning day of a firm and final settlement of the grievances of the Army Medical Department.



## 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



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 so honourably won.

Again, and in like manner, when Surgeon Reynolds received the Victoria Cross for his gallant conduct at Rorke's 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 of military life these may seem to be small things, unworthy of 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 a 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 of 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 a kind and measure of support perhaps never before accorded to 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 officers 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 all 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 101 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

Q. 135.

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

Q. 162.

"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:

Q. 181, 183, Lord Camperdown's Committee.

"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.

Q. 566.

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

Q. 249.

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.

Sir Ralph Thompson's Committee, p. 46.

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. 490 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.



March 28, 1891.]

## THE BRITISH MEDICAL JOURNAL.

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.

April 4, 1891.

## A NON-COMBATANT.

It is really very annoying that our friend the enemy will not take the trouble to understand the official view as to the status of medical officers of the British army. We all know that they are non-combatants, and that no self-respecting War Minister would ever dream of recommending them for the honours or rank which fall to the lot of those other officers who build the bridges or have charge of the baggage mules. Yet somehow or other we never have a little war or a horrible massacre but one of these medical officers is killed or wounded. It is true that, being a non-combatant, he ought not, according to the rules of war as understood of the Horse Guards, to have been wounded or killed; and this reflection must be a great source of consolation to him or to his widow, as the case may be. It is, however, mortifying to find how backward the Manikurs are; even after enjoying the advantages of British protection for more than half a century, they have entirely failed to distinguish between the combatant and the (officially) non-combatant. One combatant officer has been killed, and, so far as appears, the only other officer touched was the only "non-combatant" officer present—Surgeon Calvert.

April 18, 1891.

## PROMOTION OF MEDICAL OFFICERS TO RANK OF LIEUTENANT-COLONEL.

ONE OF THEM writes: General HARRISON stated (Q. 250) before Lord Camperdown's Committee that medical officers were always gazetted as corresponding with certain ranks, so supporting the statement of the military party that their army rank was clearly defined. On April 1st, 1891, twenty-four officers attained the so-called rank of lieutenant-colonel. No gazette publishes this to the army or to the public; these officers simply drift into the rank without it in any way being made public. In no other branch of the service does an officer obtain promotion without such promotion being notified in the *Gazette*. Presumably the rank of these officers is of so shadowy a description that the *London Gazette* can take no cognisance of it.

## "A BIRD IN THE HAND."

It is hardly necessary for us to direct the anxious consideration of the Army Medical Department to Mr. Stanhope's answer to Mr. Bartley. Matters have now reached a very critical point, and much tact and judgment will be required to play the next move with effect. We understand that Sir Andrew Clark will shortly summon a representative meeting to take stock of the situation, and we will postpone all further comment until we are in a position to announce what decision has been arrived at.

May 2, 1891.

## MR. STANHOPE'S OFFER.

We understand that a conference has been arranged to take place on Tuesday next, May 5th, between the Minister for War, who will be accompanied by the Director-General of the Army Medical Staff, and the President of the Royal College of Physicians and Mr. Macnamara (Parliamentary Bills Committee of the British Medical Association, as representing the Army Medical officers.

## PARLIAMENTARY BILLS COMMITTEE.

A MEETING of the Parliamentary Bills Committee of the British Medical Association was held at the offices of the Association, on April 28th.

## RANK OF ARMY MEDICAL OFFICERS.

DR. FARQUHARSON, M.P., at the request of the CHAIRMAN made a statement on this subject. He said that in reply to a question put the other day in the House of Commons by Mr. Bartley, the Secretary of State for War had stated that he had had no communication from any responsible authority on the subject of the grievances of army medical officers, but he was quite prepared to grant compound titles and one or two other things for which they had asked, if he got an assurance that the medical officers were prepared to accept these concessions. A meeting had been held on April 27th, at the house of Sir Andrew Clark, when the general feeling was expressed that these titles and other concessions offered should be accepted, in the hope that they might be found to work well, and to remove the grievances complained of. He (Dr. Farquharson) advised their acceptance, as at least an experiment, on the distinct understanding that it was definitely explained and laid down by Royal Warrant that the titles should be held to convey absolutely the military rank which they were supposed to convey. It would be wise policy, he considered, on the part of army medical officers to accept what was now offered; if the arrangement was found not to work well it would then be time to ask that it might be reconsidered.

SIR WALTER FOSTER, M.P., said he quite agreed with what Dr. Farquharson had said. He did not think that the present was a satisfactory settlement of the whole matter, but it was a concession up to a certain point, and in all questions of concession by a department like the War Office it was their duty to get as much as they could and to ask for as much as they wanted. He thought they should accept this much for the present. It would be a gain, he hoped, in public as well as in military consideration. It was something to have achieved, and the Association would doubtless be glad to support the medical officers again should further action become necessary.

The following resolution, moved by Dr. WITHERS MOORE, President of the Council, and seconded by Mr. HUGH KEEL, was carried unanimously:—"This Committee recommends the army medical officers to accept the offer made by the Secretary of State for War of composite titles on the condition that they carry with them all the privileges attached to the corresponding military rank, but with command limited to the department."

May 9, 1891.

## MR. STANHOPE AND THE MEDICAL OFFICERS OF THE ARMY.

A CONFERENCE was held at the House of COMMONS on Tuesday, May 5th, between the President of the Royal College of Physicians, Mr. Macnamara, and Dr. Farquharson and the Secretary of State for War. The proceedings were of a most cordial and friendly character, and Mr. Stanhope promised to consider the points laid before him by Sir Andrew Clark and Mr. Macnamara and to furnish an early reply.

May 23, 1891.

## RANK AND TITLES.

A NAVAL MEDICAL OFFICER writes: When the present agitation began I was much opposed to my brethren in the army assuming titles that seemed to conceal their identity as medical men; but my opinions have now completely changed. Military titles by the institution of honorary rank received a new and wider significance; they denote military grade, but the distinctive function is indicated by the name of the corps or department attached; *per se*, they do not necessarily denote functions of command either limited or unlimited. Is there any reason, therefore, why they should not be borne by medical officers in common with other branches of the army? Relative rank is entirely discredited, and its absurdity is well illustrated in a Commissary General "ranking as" Major General, and yet being styled Honorary Colonel. Mr. Stanhope and his military advisers may adopt compound or polysyllabic titles for medical officers as a way out of a difficulty, but such never will or can come into general social use. In the executive branch of the navy there are no fewer than ten grades of officers each with a distinctive title, from Naval Cadet to Admiral, yet only two are in use colloquially, namely, Captain and Admiral. The Lieutenant, although he may rank with an army Captain or Major, has to put up with plain Mr. That the concession of honorary military rank and title would create a similar demand among naval medical officers is entirely unfounded; the latter consider that the veriest bogey raised up before the Camperdown Commission. The cases of army and naval medical officers are in no way parallel.

If Mr. Stanhope and his advisers adopt a *non possumus* attitude, history will repeat itself; although in the end Junkerism must yield, yet meanwhile the medical staff will be recruited from a class both socially and professionally undesirable, and who will be the first to point the finger of scorn, and complain of these Queen's hard bargains? Will it be the *fine et origo mali*, my "military advisers?"



June 6, 1891.]

THE BRITISH MEDICAL JOURNAL.

## RANK OF ARMY MEDICAL OFFICERS.

CONCESSION OF SUBSTANTIVE RANK AND  
COMPOUND TITLES.

We have received the following correspondence for publication:

House of Commons, June 2nd, 1891.

DEAR DR. FARQUHARSON,—I send you a copy of a letter which I have recently addressed to Sir Andrew Clark, and which I think you may wish to see.—Believe me, yours truly,  
EDWARD STANHOPE.

War Office, May 26th, 1891.

DEAR SIR ANDREW CLARK,—In continuation of the correspondence which has passed between us, and in reference to the conversation which I recently had with you relative to the status of the medical officers of the army, I now have the pleasure to inform you that I have given directions for the preparation of a Royal Warrant conferring the following privileges upon the officers in question:—

1. The following substantive ranks to be granted, such ranks to carry precedence and other advantages (except military command, as laid down in present regulations) attaching to the rank indicated by the military portion of the title:

Surgeon Major-General.	Surgeon Lieutenant-Colonel.
Surgeon-Colonel.	Surgeon-Major.
Brigade Surgeon Lieutenant-Colonel.	Surgeon-Captain.
	Surgeon-Lieutenant.

2. Medical officers to be granted sick leave on the same conditions as those which apply to combatant officers.

I trust that this will bring to an end the controversies that have recently prevailed, and which personally I have much regretted.

Thanking you for the assistance which you have given in arriving at a settlement, I remain, yours very faithfully,  
(Signed) E. STANHOPE.

## MR. STANHOPE'S DECISION.

THE courteous letter, dated May 26th, from Mr. Stanhope to Sir Andrew Clark, which we are enabled to publish to-day, conveys the decision of the War Minister on the long-contested question of the rank and title of army medical officers. The struggle, out of which at last something practical is evolving, has extended over four years, and has been as severe as it has been protracted.

When medical officers were left rankless and with very anomalous titles it was no marvel that a serious agitation speedily arose. It was intolerable that a great body of public servants, essential to the very existence of the Army and sharing in all its dangers, should be placed, through military indifference and jealousy, in the position of camp followers. The matter was taken up by the Parliamentary Bills Committee of the British Medical Association and found free ventilation in the columns of this JOURNAL.

Under such pressure the War Minister resorted to the usual expedient of a Committee, which sat under the chairmanship of Lord Camperdown. This Committee took evidence, and presented a careful report; but it is well known that the chief recommendations of that Commission were set aside by Mr. Stanhope at the instance of his "military advisers."

The medical officers and their friends, seeing that these military authorities would not agree even to compromise, were then driven to formulate demands for complete equality with combatant officers both in rank and title in a Royal Medical Corps. They could not be blamed for the advocacy of such radical measures when their opponents seemed deaf to even the most modest demands, founded alike on justice and common sense.

At this stage the warm sympathy of the medical corporations of the United Kingdom was enlisted, and the War Minister received a fully representative deputation, headed by Sir Andrew Clark, who has since taken a leading part in representing to Mr. Stanhope the views of the profession. At last we are able to announce with much pleasure that wiser counsels have prevailed at the War Office, and Mr. Stanhope now concedes, with a good grace, that which he had previously withheld.

We congratulate him on his honourable courage, and the medical officers on the solution of a question which lately seemed as interminable as intolerable. Possibly some medical officers may not be altogether satisfied with compound titles, but they are undoubtedly a great advance on the existing ones. They at all events express army position of which not even the wilfully blind can feign ignorance, and the concession will, we believe, be recognised as a real attempt to remedy the grievance.

The promise that the rank expressed in the titles shall be "substantive" is a concession of the very first importance; the unmistakable expression of that fact will clear away a whole mass of incongruities. It only remains for Mr. Stanhope to define this substantive rank in such terms, both in warrant and regulations, that it cannot possibly be afterwards undermined, set aside, or whittled down in "Army Orders." The granting of sick leave to medical on the same terms as to other officers is so obvious a piece of justice that the marvel is how it was not conceded long ago; nevertheless, Mr. Stanhope must be thanked for doing away with such an absurd and inequitable distinction, even at the eleventh hour.

It will be noted that he has not mentioned the reduction of the recently increased tours of foreign service, but as in a previous letter he expressed his readiness to revert to the old periods if this were found possible, it may be hoped that this matter also may yet be arranged. The medical officers of the army will, we believe, accept Mr. Stanhope's concessions in the same frank spirit with which he offers them. They indicate a cordial desire on his part to remove the grievances of army medical officers, they are distinct steps in advance, and will, we believe, be found to work well in practice.

June 13, 1891.

## THE DINNER OF THE ARMY MEDICAL STAFF.

THE annual dinner of the Army Medical Staff was held at the Hôtel Métropole on Monday last. In the absence of the Director-General, who has recently suffered from influenza, the chair was taken by Surgeon-General J. Sinclair, P.M.O., Dublin. After the usual loyal toasts, the Chairman gave that of "The Sister Services" (the medical departments of the Royal Navy and of India). Sir Joseph Fayrer, in reply, reiterated the regret already expressed by the Chairman, and which every officer present felt at the absence of Sir William Mackinnon. He referred to Mr. Stanhope's recent letter, and said that it appeared to him to be a step in the process of evolution to that higher state of things to which the medical officers had a right; meanwhile, he strongly advised that the officers of the army should possess their souls in patience. Sir Thomas Crawford proposed "The Health of the Guests," and dwelt especially upon the debt of gratitude which medical officers owed to the British Medical Association and the BRITISH MEDICAL JOURNAL, and to Sir Andrew Clark. The President of the College of Surgeons having replied, "The Health of the Chairman" was proposed by Sir William MacCormac. Surgeon-General Sinclair, in the course of his reply, said that the Medical Staff ought to congratulate itself upon the measure of success which had attended the efforts of the medical profession for the improvement of their position. In his opinion, the development of the medical service would be progressive, and the experience of each campaign would suggest improvements. He trusted the day was not far distant when, in recognition of its services to the army, it would become a Royal Medical Corps. In response to loud calls, Sir Andrew Clark then made an eloquent little speech. He said that the demand for substantive rank was not due to any desire to pose as major-generals or lieutenant-colonels, and not for any personal satisfaction, but because it was felt to be necessary for the benefit of the public services. It was not a question of a class, but one of national importance and national safety. The President of the College of Physicians referred also to the services which the BRITISH MEDICAL JOURNAL had been able to render to the army medical officers during the recent prolonged contest, and he concluded by expressing his belief that the formation of a Royal Medical Corps was only a question of time.

## THE PROPOSED TITLES.

BRIGADE-SURGEON writes: The officers of the Medical Staff are indeed pleased to learn through your columns that the long controversy relative to their military rank has at last been settled in a satisfactory manner, thanks to the valuable support rendered them by their brethren in civil life, and to the BRITISH MEDICAL JOURNAL. Before the promised warrant is issued, I trust a representation will be made to Mr. Stanhope relative to the proposed title for brigade-surgeons, which is very distasteful to them. One of the greatest objections raised



## THE BRITISH MEDICAL JOURNAL.

## THE NEW TITLES: BRIGADE-SURGEONS.

against the compound titles was their length and unwieldiness, but if Brigade-surgeon (from the first an unmeaning term) is to be prefixed to Lieutenant-colonel, the title will be utterly unpronounceable, and obviously will never be used either by the individual holding it, or by anyone addressing him. With just as much reason should the two grades of surgeon-major be styled respectively surgeon-major lieutenant-colonel and surgeon-major major as brigade-surgeon lieutenant-colonel. The compound titles are given to show the military rank and the profession, not the departmental grade. The recommendation of Lord Camperdown's Committee was that "brigade-surgeons" should be styled surgeon lieutenant-colonel in common with the other officers holding the relative rank of lieutenant-colonel, and that fifty at the top of the list of these officers should draw the pay and allowances of brigade-surgeons. To make them even more distinct they could be placed in the *Army List* under the heading of "Brigade-Surgeons." This would meet any difficulty there might be, and would be much more acceptable to the officers of that rank than the title brigade-surgeon lieutenant-colonel.

\* \* We fully agree with our correspondent that the blot in the proposed compound titles is the absurdly unwieldy one for brigade-surgeons. That departmental rank was originally instituted solely to redress the balance between the huge executive and small administrative grades, but did not carry increased relative rank. In considering the compound titles the Camperdown Commission saw the difficulty in dealing with the brigade-surgeons, and hence the recommendation as to the "senior fifty." But another way out of the difficulty was suggested in evidence before them—namely, to give the brigade-surgeons a step in rank and call them in common with the present deputies surgeon-colonel. A combined list of the kind would give the authorities a much larger field from which to select administrative medical officers under the rank of surgeon-major general, such selected officers to be called "on the staff," with increased emolument and retirement. We trust Mr. Stanhope, before issuing the promised warrant, will take into due consideration the whole question of the rank and title of the important body of brigade-surgeons.

June 20, 1891.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**  
AN extraordinary comitia of the College was held on Tuesday, June 16th. Sir ANDREW CLARK, Bart., M.D., President, in the Chair.

The Censors' Board nominated Dr. Pye-Smith Lumleian Lecturer for the ensuing year, and Dr. Sidney Martin Goulstonian Lecturer. A communication was read from the Secretary of State for War promising the promulgation of a Royal Warrant in respect of the Army Medical Department, as already notified in our columns.—The President observed that it could not be said that the College was unable to exert any public influence, as since it had first moved in the matter every demand that had been put forward had been granted save one, and that was the formation of an Army Medical Corps, which, being very costly, would necessarily take some time.

Friday, June 19th.

**COMBATANT TITLES.**—Mr. E. STANHOPE, in reply to Major RASCH, said the extension of the combatant titles given to medical officers would necessarily be followed by their extension to the surgeons of the veterinary staff.

## NEW TITLES.

PERSEVERE writes: With regard to the concession of substantive rank and compound titles granted by the War Minister, I should like to ask you to inform the medical officers of the army. How are they to be addressed in social life? whether by the military or medical portion attached to the rank; for in my opinion, unless a medical officer is called by the military title, the old familiar term "doctor" will be applied to all the medical officers whatever his "rank" may be. I am afraid the composite title will not be considered satisfactory.

\* \* Our correspondent propounds a question which we will not pretend to answer. The "substantive rank and compound titles" expressing it will doubtless command official recognition not hitherto regarded in respect to medical officers; social recognition must also in time follow. At all events, time will show what the all-round value of Mr. Stanhope's concessions are; we do not think it wise to discount them as worthless without trial.

## MR. STANHOPE'S CONCESSIONS.

ANTI-HUMBUG writes: You congratulate Mr. Stanhope on his concessions; let me rather congratulate you on having carried the first parallel of the enemy. I am myself unable to feel grateful, except to you and Sir Andrew Clark and some others, for obtaining a partial concession. The proper mode of addressing medical officers will still be a dilemma. I hope you and your friends will, before it is too late, endeavour to obtain titles that can be utilised in daily life. The new titles will doubtless be a subject of rude mirth among combatant officers.

\* \* Perhaps at first; but in the end?

## COMBATANT AND NON-COMBATANT.

SERGEON M.S. writes: In 1887 I was in medical charge of a military post in Upper Burma when a very senior and well-known general officer passed through, making use of our station mess for the short time he was in the place. Shortly afterwards he passed back, inspected the station, and was taken by me over the hospital, in which were at least 100 sick men, the nature of whose diseases I personally explained to him. Being on this occasion in a position to return hospitality, he asked the officer commanding the post and a lieutenant, the only other combatant officer present, to dine with him, but the commissariat officer and myself, the only others in the station, were ignored. We both at the time felt rather sore, and could not but envy our luckier comrades this pleasant diversion in the monotonous existence led in our stockade. This is but another example of the distinctions made between combatant and non-combatant officers.

\* \* The army knows no difference between combatants and non-combatants," vide speech of Lord Wolseley at Dublin lately!

June 27, 1891.

## COURT PRIVILEGES.

OBSERVER says: Mr. Stanhope promised Sir Andrew Clark to communicate with the Lord Chamberlain on this subject. If he has done so it is as yet without effect. In the lists of the last State ball as given in the Times of June 4th among all branches of the service present army medical officers were conspicuous by their absence.

ANOTHER BRIGADE-SURGEON writes: Mr. Stanhope has almost succeeded, and against overwhelming odds, in giving peace to the medical department; let us be grateful to him. The true rational way of dealing with brigade-surgeons is to give them a step in rank—here, if necessary—and placing them and the deputies on one list; the latter should be termed "on the staff." The three years' service towards pension has stopped the retirement of the senior ranks, and the average age of brigade-surgeons is 51 years, and service 29 years. Surely they are worthy of a step in rank.

LEX urges that (in the interests of discipline) brigade-surgeons, who are often called upon to perform administrative duties, should be on the same list as deputies. If the financial question stands in the way, Mr. Stanhope can give them the step in rank but not to carry allowances; he will find the age of brigade-surgeons closely corresponds with that of combatants when they succeed to the rank of colonel. The one list is the true solution of the difficulty in title.

A CORRESPONDENT says: Only two more things are necessary to give Mr. Stanhope's scheme a fair trial, namely: Brigade-Surgeons to be called Surgeons-Colonel, and Deputies to be called Surgeons-Colonel on the Staff. This would assimilate the position of the latter very closely to Commanding Royal Engineers, and bring them into direct position with General Officers Commanding.

A CORRESPONDENT forwards a cutting from the *Globe* of June 16th, headed "Military Matters," in which the new medical titles are declared not likely to be taken into use "except in official correspondence," and the concession to be, therefore, "a very shadowy affair." If this is the way the opponents of the medical officers are to treat Mr. Stanhope's concessions, will matters be any "forwarder?"

\* \* Medical officers may make up their minds that those to whom the concessions are distasteful will do their best to minimise them. But these persons will have to reckon with the press and the public of the country.

## COMPOUND TITLES.

T. E. H. writes: The symmetry and compactness of these titles is destroyed by the proposed title of Brigade-surgeon Lieutenant-Colonel. Some of the proposals made to obviate this seem quite satisfactory. Why not classify the Surgeons Lieutenant-Colonel with 1st and 2nd class? Such a system is pursued in the Chaplain's and Veterinary Department. Mr. Stanhope has promised substantive, and therefore real, rank, not honorary or relative, and limited only in command. It is to be hoped that will be clearly affirmed in any warrant.

\* \* The Camperdown Commission recommended the senior fifty Surgeons Lieutenant-Colonel to be classified as Brigade-Surgeons.

July 4, 1891.

## HOUSE OF COMMONS.—Thursday, June 25th.

In Committee of Supply: The Army Estimates.—Dr. TANNER, on the vote of the Army Medical Service, congratulated the Secretary of State for War on the concessions made. There was a strong feeling that opportunities should be given for further study. It would entail no increase of expenditure and the plan was that carried out in Germany and some other countries. The length of foreign service had been increased a year, and he thought there was a tendency to minimise the risks and the conditions of such foreign service, and home appointments were too frequently filled by half-pay officers. He hoped Mr. Stanhope would take into thorough consideration the suggestions offered by the Committee last year, one of which was the formation of a medical corps, putting the officers of the Army Medical Department on the same footing as officers of the Royal Engineers. He concluded by asking whether something could not be done in connection with the question of sanitary boards, the subject of sick leave had been brought before the House last year, and he did not think that a satisfactory answer was then given. Sir W. GYER HUNTER regretted the absence of the hon. member for West Aberdeenshire (Dr. Farquharson) who had taken a very active part in the endeavour that had been made to remove the grievances of the Army Medical Department. He understood the officers of the department were extremely grateful to the Secretary for War for having given them compound titles, and placed their leave on the same footing as that of other members of the service. He thought it would be well if the Secretary for War could see his way to modify the new title of the brigade-surgeon. Many medical officers coming home on leave spent a great deal of time in the hospitals and medical schools, thus gaining an increased knowledge of medical science. There were many such opportunities both in this country and in India, which rendered it less necessary to ask for leave for study. He thanked Mr. Stanhope for the concessions he had granted and trusted he would, on a future occasion, give those which still remained behind.—Mr. E. STANHOPE: I have to thank the hon. gentleman for the way in which he has spoken of the concessions I have been able, consistently with my duty, to make to the demands of the officers of the Army Medical Department. I am sure the hon. member for West Aberdeenshire (Dr. Farquharson), had he been here, would have said much the same thing, for although he has always taken a very strong line, I have always found him open to conviction. The discussion which has taken place on the subject has been painful to me in many respects, and I am glad that some of the points that have been raised have been satisfactorily solved. I rejoice to find that the compound titles have been accepted as generally satisfactory to the service, as I desire to work as harmoniously as I can with the medical branch of the profession. I can assure the hon. member for Cork (Dr. Tanner) that the same sick leave is given to medical officers as to other officers. The hon. member has suggested that additional facilities should be given to medical officers for the purposes of study. I shall be very glad to consider this and the other points the hon. member has brought to my notice, and if I can meet the wishes of the medical service any further I shall be happy to do so.—Dr. TANNER: With regard to the sanitary boards?—Mr. E. STANHOPE: The question is at present under consideration.

## THE CONCESSIONS.

JUSTITIA is sorry that those who have been fighting the battle of the medical officers with the War Office did not stand out for the formation of a Royal Army Medical Corps, "as the only remedy for the full and just relief of the grievances of the Army Medical Officers," as expressed in Sir Andrew Clark's letter to Mr. Stanhope of March 17th. The almost unanimous opinion of medical officers against compound titles, which confer little more than the expression of the exploded relative rank merited some consideration. I trust that mere expediency will never give place to justice.

\* \* Our correspondent has always been a consistent and uncompromising opponent of any concessions short of substantive military rank and title for medical officers in a Royal corps. We respect and sympathise with his views, but we cannot agree that concession of a part jeopardises the realisation ultimately of the whole. We would remind our correspondent that no wise statesman overlooks practical politics in the pursuit of the theoretical, nor in so doing does he necessarily sacrifice justice to expediency.



"The Queen has been pleased, by Royal Warrant, dated 7th August, 1891, to approve of the alteration of the designations of the Departmental Rank of the Officers of the Medical Staff now serving, as follows:—

- "Surgeons-General, ranking as Major-Generals, to be Surgeons-Major-General.
- "Deputy Surgeons-General, ranking as Colonels, to be Surgeons-Colonel.
- "Brigade Surgeons, ranking as Lieutenant-Colonels, to be Brigade Surgeons-Lieutenant-Colonel.
- "Surgeons-Major, ranking as Lieutenant-Colonels, to be Surgeons-Lieutenant-Colonel.
- "Surgeons-Major, ranking as Majors, to be Surgeons-Major.
- "Surgeons, ranking as Captains, to be Surgeons-Captain.
- "The rank of the Director-General of the Army Medical Department is that of Surgeon-Major-General."

## THE BRITISH MEDICAL JOURNAL.

July 18, 1891.

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## British Medical Journal.

SATURDAY, AUGUST 22ND, 1891.

## THE NEW ARMY MEDICAL WARRANT.

THE long-expected Royal Warrant relating to the Medical Staff, dated August 10th, of which we gave the text in a Special Supplement to our last number, has been issued as a special army order. It is headed "Alteration of Ranks of, and Grant of Sick Leave to, Officers of the Medical Staff." It takes the form, as will be seen (p. 442), not of an original document, but of a revision of certain Articles in the existing Pay and Promotion Warrant. It is the outcome of the protests following the sudden and officially unexplained abolition of relative rank, and of the proceedings thereupon of the Parliamentary Bills Committee of the British Medical Association and the subsequent representations of the great medical corporations in support of their contentions, and of the conclusions arrived at thereon by the Camperdown Commission. It is one of a series of such Warrants following what may be held as the Charter of the medical department issued in 1858. The insidious and persistent endeavour hitherto of the ruling military hierarchy to nullify any concessions of army rank and position given in these Warrants, makes the medical officers and the profession suspicious of such documents, and will doubtless lead to a close scrutiny of the language and provisions of this one. It is a true saying that legal quibbling can always drive a coach-and-four through an Act of Parliament, and it is the experience of medical officers that military ingenuity can generally contrive to undermine the stoutest provisions of their Royal Warrants.

We sincerely trust that, whatever may be the value of the provisions in this Warrant, a better and more loyal spirit may be shown them by those whose duty is not merely to issue instructions in the name of the Queen but also to obey them.

We take the preamble as affording a key to the subsequent Articles added or amended, and find it runs as follows: "Whereas We have deemed it expedient to alter in some respects the designation of the departmental ranks of Our Medical Staff," etc.

The use of the qualification "in some respects" indicates that the alterations which follow are not considered by the War Office large or organic, while the word "departmental" before ranks implies that the changes are more internal than external to the Medical Staff. But as that body is a part of and in direct relation to the army at large, it surely cannot be contended that the definitions and alterations are departmental alone. That this is the correct interpretation is clear from the amendments themselves. The new Article 267A runs:

"The substantive ranks of the officers of Our Medical Staff ..... shall carry precedence and other advantages attaching to the rank indicated by the military portion of the title, but shall not, except, etc."

Let it be noted that the term "substantive" is applied for the first time to the rank of medical officers. Mr. Stanhope we know contends that they always possessed it, although in

face of the fact that their rank was always called relative, up to the abolition of the term.

In a certain sense, of course, the rank of departmental officers must *inter se* be substantive; but that, as medical officers contend, is a totally different matter from the wider substantive army rank. We shall watch with curiosity the construction which the military authorities may place upon the term "substantive" in this Article; for it is scarcely to be hoped they will avoid tilting at it. They will not, we fear, even outside the important exceptions of general military command, and the presidency of courts-martial, courts of inquiry, committees and boards of survey, freely give, if they can help it, the precedence to medical officers indicated by the military portion of their new titles. We cannot, however, imagine how they can well avoid it on official and ceremonial occasions, and when medical officers sit as members of mixed boards. The new titles themselves form part of the Article. We are quite aware they are distasteful to many medical officers, but we think it would be wise loyally to accept them and give them a fair trial. They at least possess the undeniable merit of being self-interpreting, so that the most dense, perverted, or assumed ignorance, civil or military, can scarcely be proof against their clear meaning, and the correspondence in rank which they set forth. We much regret that their symmetry has been marred by the very uncouth "Brigade-surgeon-lieutenant-colonel." This could have been avoided, and very properly, if these semi-administrative officers had been included in the rank of Surgeon-colonel. That such will yet come about without involving financial difficulties, so easily and conveniently conjured up, we have little doubt.

There is another matter which the Warrant does not touch—whether the new titles will be applied to medical officers on the retired list. The scales of pay in Article 326 are the same as those already existing. Most of the alterations which follow are verbal; but we notice that in Article 339A the Director-General can refuse to recommend a Surgeon-Major of twenty-years' service for promotion to the rank of Surgeon-Lieutenant-Colonel. By this a great and serious power and responsibility is entrusted to the head of the Department, and, we may be sure, it will not be used without much caution; especially as no provision in the retired pay schedule seems made for an officer so passed over, except to be forced out of the service on a gratuity.

Article 345A, granting sick leave to medical on the same conditions as to regimental officers will meet with universal approval and wonder that such an obvious justice could have been so long withheld. Such are the salient points of the new Warrant, which we have no doubt will be speedily subjected to the keenest scrutiny. It is a great source of satisfaction that the report which Mr. Ernest Hart presented to the annual meeting of the British Medical Association has thus fructified—after encountering much official denial and obstruction—into a practical measure of honourable reform. At least we have now secured that recognition of the claim of army medical officers to substantive rank which he put in the front of his demands on behalf of the service, and that obvious measure of justice involved in extension of the previously restricted sick leave. The whole of the Royal Medical Corps scheme is not yet granted, but this was not included in the conclusions of the Camperdown Commission. We give Mr. Stanhope credit for having fully acted up to his promises, and we trust he will not allow either the spirit or the letter of his Warrant to be lightly set aside.

Aug. 29, 1891.

## THE NEW WARRANT.

We are, as anticipated, already receiving trenchant criticisms of the provisions of the new Warrant. We cannot blame the department for not accepting anything now on trust, or for subjecting the articles and wording of their warrants to close scrutiny and analysis.

One correspondent entreats us to represent to Mr. Stanhope the incongruous character of the title Brigade-Surgeon-Lieutenant-Colonel. We entirely agree with him that this interpolated title mars the symmetry of the whole sequence, and hope it will soon be merged into that of Surgeon-Colonel. Its owners are, we think, fully entitled by virtue of age, seniority, and the semi-administrative character of their functions to the higher rank.

Another correspondent, adverting to the limitations laid down in precedence, asks whether, on the trial of a man of the Medical Staff Corps, for instance, a Surgeon-Lieutenant-Colonel would have to sit as a member under the presidency of a junior major, say, of the Army Service Corps.



"Veterinary Department, The Queen has been pleased, by Royal Warrant dated 26th September, 1891, to approve of the alteration of the designations of the Departmental Rank of the Officers of the Veterinary Department now serving as follows:—

- "Principal Veterinary-Surgeon, ranking as Colonel, to be Director-General, with the rank of Veterinary-Colonel.
- "Inspecting Veterinary-Surgeons, ranking as Lieutenant-Colonels, to be Veterinary-Lieutenant-Colonels.
- "Veterinary-Surgeons, First Class, ranking as Majors, to be Veterinary-Majors.
- "Veterinary-Surgeons, First Class, ranking as Captains, to be Veterinary-Captains.
- "Veterinary-Surgeons, ranking as Lieutenants, to be Veterinary-Lieutenants."

THE BRITISH MEDICAL JOURNAL

# ARMY ORDER.<sup>1</sup>

## SPECIAL.

WAR OFFICE,

August 10th, 1891.

The following Royal Warrant is promulgated to the Army by His Royal Highness the Commander-in-Chief, with the approval of the Secretary of State for War.

## ROYAL WARRANT.

### ALTERATION OF RANKS OF, AND GRANT OF SICK LEAVE TO, OFFICERS OF THE MEDICAL STAFF.

VICTORIA R.

WHEREAS We have deemed it expedient to alter in some respects the designations of the departmental ranks of Our Medical Staff, and also to provide for the grant of sick leave to Officers of Our Medical Staff on the same conditions as those which are applicable to regimental Officers.

OUR WILL AND PLEASURE is that the following amendments shall be made in Our Warrant of the 6th April, 1891:—

1. The following shall be inserted after Article 267:—

267A. The substantive ranks of the Officers of Our Medical Staff shall be as follows. These ranks shall carry precedence and other advantages attaching to the rank indicated by the military portion of the title, but shall not (except as provided in Articles 269 and 271) entitle the Officer to military command, or to the Presidency of Courts-Martial, Courts of Enquiry, Committees, or Boards of Survey.

SURGEON-MAJOR-GENERAL.  
SURGEON-COLONEL.  
BRIGADE-SURGEON-LIEUTENANT-COLONEL.  
SURGEON-LIEUTENANT-COLONEL.  
SURGEON-MAJOR.  
SURGEON-CAPTAIN.  
SURGEON-LIEUTENANT.

The Director-General of the Army Medical Department shall hold the substantive rank of SURGEON-MAJOR-GENERAL.

2. In Article 268, in the first and second lines, the words "The undermentioned Officers" shall be substituted for "An Officer of a department of Our Army not having honorary rank;" and all references to Medical Officers in the Article shall be omitted.

<sup>1</sup> Published as a Special Supplement to the BRITISH MEDICAL JOURNAL of August 15th.

3. In Article 326, the following shall be substituted for the pay tables:—

	At Headquarters, inclusive of all Allowances.	Exclusive of Allowances.	
		Yearly.	Daily.
		£ s. d.	£ s. d.
DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT	1,500 0 0		
SURGEON-MAJOR-GENERAL	1,300 0 0	2 15 0	
SURGEON-COLONEL	900 0 0	2 0 0	
BRIGADE-SURGEON-LIEUTENANT-COLONEL	750 0 0	1 19 0	
After 5 years in the rank			1 13 0
SURGEON-LIEUTENANT-COLONEL			
After 20 years' service	650 0 0	1 5 0	
After 25 years' service	650 0 0	1 7 6	
SURGEON-MAJOR OR SURGEON-LIEUTENANT-COLONEL			
After 10 years' service	650 0 0	1 0 0	
After 15 years' service	650 0 0	1 2 6	
SURGEON-CAPTAIN OR SURGEON-LIEUTENANT		Yearly.	
After 5 years' service		200 0 0	
After 10 years' service		250 0 0	
After 15 years' service			Daily.
SURGEON on probation			0 15 0
QUARTERMASTER			0 8 0
		As a Quarter-master of Infantry.	
		(Arts. 187 and 191.)	

4. In Article 334, in the last line, and in Article 335, in the first line, the term "Surgeon-Lieutenant" shall be substituted for "Surgeon."

5. The following shall be inserted after Articles 338 and 339 respectively, under the head of "Promotion":—

338A. A Surgeon-Lieutenant shall, if he be recommended by the Director-General, be promoted to the rank of Surgeon-Captain on completing 3 years' full pay service.

339A. A Surgeon-Major shall, if he be recommended by the Director-General, be promoted to the rank of Surgeon-Lieutenant-Colonel on completing 20 years' full pay service.

6. In Article 339, in the first line, the term "Surgeon-Captain" shall be substituted for "Surgeon."

7. In Article 340, in the first line, the term "Brigade-Surgeon-Lieutenant-Colonel" shall be substituted for "Brigade-Surgeon," and in the third line, the term "Surgeons-Lieutenant-Colonel" shall be substituted for "Surgeons-Major."

8. In Articles 341, 342, 343, 347, 361, and 367 the term "Surgeon-Major-General" shall be substituted for "Surgeon-General," "Surgeon-Colonel" for "Deputy Surgeon-General," and "Brigade-Surgeon-Lieutenant-Colonel" for "Brigade-Surgeon." In Article 347 the words "Surgeon-Captain or Surgeon-Lieutenant" will also be substituted for "Surgeon."

to undergo thorough training. It is impossible to and we therefore encourage retirement on pension upon that amount of. Our correspondent commented on, will be

writes: One of the titles controversy was on retirement from those now on the for service," to this the best authority the to say the least, is ding. We hardly think as has been definitely certain the question

ould ask the Director-or medical officers in ngly says the Warrant, elancholy rather than ill departmental, not ble that the lowest and e addressed "doctor," er the first question if correspondent are no lected to unfair treat- any good in any War- dence. Conventional but holds tenaciously at the adoption of the erstood will somehow at the military rather s employed if one or

arrant seem to be (1) ary. Does Art. 107 of after August, 1889, no the retired pay of his to all ranks, including 7, and six of the same ver twenty-five years' ion. In another form nes to twenty years' order to secure £1 a 2,500? This is a matter ound to explain and mination not to inter-

g critique, says it is a eate a Royal Medical who oppose medical loss over the military d are actually reduced : Tommy Atkins will Doctor." Are medical ditled to salutes and of being able to stop (the Director-General, : it will open the door e with much our cor-

the BRITISH MEDICAL oints are, sick leave is counts in total full nts against full-pay now supposed to be such thing, because de applicable to him, as alleged the sooner

m India in the future ivers will be granted combatant titles, to le-surgeon, the social term "doctor" must nsideration of society r, simply, in common ons-major to be ad- l, brigade-surgeons- illed surgeon-colonel at ranks: 4, surgeons- according to usage, om could not offend

The civilian title of geons without a de- eve, harmonise with ers, and are, there- cult matter to get d dominated by what r common sense or

he should now be res the question is arcaistic sense. We thing more difficult matters. We can d must deal with it

MEDICAL JOURNAL officer addressed a "Colonel," you remark this station a lieu- old friend, a deputy surgeon-general; the latter replied to "Mr. Lieutenant-Colonel," who did not see it, but handed it up to the general commanding, who made the "Dr." eat humble pie. Suppose the cases in this instance reversed,



"The Queen has been pleased, by Royal Warrant, dated 7th August, 1891, to approve of the alteration of the designations of the Departmental Rank of the Officers of the Medical Staff now serving, as follows:—

"Surgeons-General, ranking as Major-Generals, to be Surgeons-Major-General.

"Deputy Surgeons-General, ranking as Colonels, to be Surgeons-Colonel.

"Brigade Surgeons, ranking as Lieutenant-Colonels, to be Brigade Surgeons-Lieutenant-Colonel.

"Surgeons-Major, ranking as Lieutenant-Colonels, to be Surgeons-Lieutenant-Colonel.

"Surgeons-Major, ranking as Majors, to be Surgeons-Major.

"Surgeons, ranking as Captains, to be Surgeons-Captain.

"The rank of the Director-General of the Army Medical Department is that of Surgeon-Major-General."

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July 18, 1891.

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INQUIRER writes: Mr. Stanhope informed Dr. Tanner that the relation of medical officers to mixed boards was under consideration. It is to be hoped that medical officers will now take their places according to their rank; in no other way can they bring their influence and knowledge on sanitary matters duly to bear. Combatants must learn that the days of overbearing precedence are over.

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ARMY ORDER.<sup>1</sup>

## SPECIAL.

WAR OFFICE,

August 10th, 1891.

The following Royal Warrant is promulgated to the Army by His Royal Highness the Commander-in-Chief, with the approval of the Secretary of State for War.

## ROYAL WARRANT.

ALTERATION OF RANKS OF, AND GRANT OF  
SICK LEAVE TO, OFFICERS OF  
THE MEDICAL STAFF.

VICTORIA R.

WHEREAS We have deemed it expedient to alter in some respects the designations of the departmental ranks of Our Medical Staff, and also to provide for the grant of sick leave to Officers of Our Medical Staff on the same conditions as those which are applicable to regimental Officers.

OUR WILL and PLEASURE is that the following amendments shall be made in Our Warrant of the 6th April, 1891:—

1. The following shall be inserted after Article 267:—

267A. The substantive ranks of the Officers of Our Medical Staff shall be as follows. These ranks shall carry precedence and other advantages attaching to the rank indicated by the military portion of the title, but shall not (except as provided in Articles 269 and 271) entitle the Officer to military command, or to the Presidency of Courts-Martial, Courts of Enquiry, Committees, or Boards of Survey.

SURGEON-MAJOR-GENERAL.

SURGEON-COLONEL.

BRIGADE-SURGEON-LIEUTENANT-COLONEL.

SURGEON-LIEUTENANT-COLONEL.

SURGEON-MAJOR.

SURGEON-CAPTAIN.

SURGEON-LIEUTENANT.

The Director-General of the Army Medical Department shall hold the substantive rank of SURGEON-MAJOR-GENERAL.

2. In Article 268, in the first and second lines, the words "The undermentioned Officers" shall be substituted for "An Officer of a department of Our Army not having honorary rank;" and all references to Medical Officers in the Article shall be omitted.

<sup>1</sup> Published as a Special Supplement to the BRITISH MEDICAL JOURNAL of August 15th.

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	At Headquarters, inclusive of all Allowances.	Exclusive of Allowances.
	Yearly. £ s. d.	Daily. £ s. d.
DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT ... ..	1,500 0 0	...
SURGEON-MAJOR-GENERAL ... ..	1,300 0 0	2 15 0
SURGEON-COLONEL ... ..	900 0 0	2 0 0
BRIGADE-SURGEON-LIEUTENANT-COLONEL ... ..	750 0 0	1 10 0
After 5 years in the rank ... ..	...	1 13 0
SURGEON-LIEUTENANT-COLONEL—		
After 20 years' service ... ..	650 0 0	1 5 0
After 25 years' service ... ..	650 0 0	1 7 6
SURGEON-MAJOR OR SURGEON-LIEUTENANT-COLONEL ... ..	650 0 0	1 0 0
After 15 years' service ... ..	650 0 0	1 2 6
SURGEON-CAPTAIN OR SURGEON-LIEUTENANT ... ..	...	Yearly. 200 0 0
SURGEON-CAPTAIN—		
After 5 years' service ... ..	...	250 0 0
After 10 years' service ... ..	...	Daily. 0 15 0
SURGEON on probation ... ..	...	0 8 0
QUARTERMASTER ... ..	...	As a Quartermaster of Infantry. (Arts. 187 and 191.)

4. In Article 334, in the last line, and in Article 336, in the first line, the term "Surgeon-Lieutenant" shall be substituted for "Surgeon."

5. The following shall be inserted after Articles 338 and 339 respectively, under the head of "Promotion":—

338A. A Surgeon-Lieutenant shall, if he be recommended by the Director-General, be promoted to the rank of Surgeon-Captain on completing 3 years' full pay service.

339A. A Surgeon-Major shall, if he be recommended by the Director-General, be promoted to the rank of Surgeon-Lieutenant-Colonel on completing 20 years' full pay service.

6. In Article 339, in the first line, the term "Surgeon-Captain" shall be substituted for "Surgeon."

7. In Article 340, in the first line, the term "Brigade-Surgeon-Lieutenant-Colonel" shall be substituted for "Brigade-Surgeon," and in the third line, the term "Surgeons-Lieutenant-Colonel" shall be substituted for "Surgeons-Major."

8. In Articles 341, 342, 343, 347, 361, and 367 the term "Surgeon-Major-General" shall be substituted for "Surgeon-General," "Surgeon-Colonel" for "Deputy Surgeon-General," and "Brigade-Surgeon-Lieutenant-Colonel" for "Brigade-Surgeon." In Article 347 the words "Surgeon-Captain or Surgeon-Lieutenant" will also be substituted for "Surgeon."



9. In Articles 362, 365, and 368 the words "or Surgeon-Lieutenant-Colonel" shall be inserted after "Surgeon-Major," the term "Surgeon-Captain" shall be substituted for "Surgeon," and the term "Brigade-Surgeon-Lieutenant-Colonel" shall be substituted for "Brigade-Surgeon."

10. In Article 367, in the fourth line, the term "Surgeon-Lieutenant-Colonel" shall be substituted for "Surgeon-Major."

11. The following shall be inserted after Article 345:

#### SICK LEAVE.

345A. An officer of Our Medical Staff may be allowed sick leave of absence on full pay on the same conditions as those laid down for regimental officers by Article 258.

12. In Article 451, the words, "except as provided in Article 345A," shall be inserted at the beginning.

13. The following shall be substituted for the portions of the tables showing the half-pay and retired pay of Officers of Our Medical Staff in Articles 1046 and 1071:—

#### MEDICAL STAFF AND MEDICAL OFFICERS OF HOUSEHOLD TROOPS—HALF-PAY.

	Daily.	
	£ s. d.	
SURGEON-MAJOR-GENERAL ... ..	2 0 0	
SURGEON-COLONEL ... ..	1 15 0	
BRIGADE-SURGEON-LIEUTENANT-COLONEL—		
Under 30 years' service ... ..	1 7 6	
After 30 " " " " " "	1 10 0	
SURGEON-LIEUTENANT-COLONEL—		
After 20 years' service ... ..	1 0 0	
" 25 " " " " " "	1 2 6	
" 30 " " " " " "	1 5 0	
SURGEON-LIEUTENANT-COLONEL, SURGEON-MAJOR, SURGEON-CAPTAIN, or SURGEON-LIEUTENANT—		
Under 5 years' service ... ..	0 6 0	
After 5 " " " " " "	0 8 0	
" 10 " " " " " "	0 10 0	
" 15 " " " " " "	0 13 6	

QUARTERMASTER, Medical Staff—The half-pay laid down for a Quartermaster in Article 1042.

#### MEDICAL STAFF AND MEDICAL OFFICERS OF HOUSEHOLD TROOPS—RETIRED PAY.

	Yearly.	
	£ s. d.	
DIRECTOR-GENERAL, ARMY MEDICAL DEPARTMENT—		
After 7 years' service as Director-General, and not less than 30 years' service in the department ... ..	1,125 0 0	
After 5 years' service as Director-General, and not less than 30 years' service in the department... ..	1,000 0 0	

	Yearly.	
	£ s. d.	
Under 5 years' service as Director-General, if retiring on account of ill-health, and after not less than 30 years' service in the department ... ..	875 0 0	
After 3 years' service as Director-General, but with less than 30 years' service in the department, in addition to the retired pay of a Surgeon-Major-General ... ..	100 0 0	

	Daily.	
	£ s. d.	
SURGEON-MAJOR-GENERAL, on retirement under Articles 347, 457, or 458, or with 3 years' service as such, <sup>1</sup> if retiring voluntarily ... ..	2 0 0	

SURGEON-COLONEL, on retirement under Article 347, 457, or 458, or with 3 years' service as such, <sup>1</sup> if retiring voluntarily ... ..	1 15 0	

BRIGADE-SURGEON-LIEUTENANT-COLONEL, on retirement under Article 347, 457, or 458, or with 3 years' service as such, <sup>1</sup> if retiring voluntarily—		

Under 30 years' service ... ..	1 7 6	
After 30 " " " " " "	1 10 0	

SURGEON-LIEUTENANT-COLONEL—		
After 20 years' service ... ..	1 0 0	
" 25 " " " " " "	1 2 6	
" 30 " " " " " "	1 5 0	

	Gratuity.	
	£	
SURGEON-LIEUTENANT-COLONEL, SURGEON-MAJOR, SURGEON-CAPTAIN, or SURGEON-LIEUTENANT—		

After 10 years' service ... ..	1,250	
" 15 " " " " " "	1,800	
" 18 " " " " " "	2,500	

QUARTER-MASTER, Medical Staff—As laid down in Article 1060.

14. In Article 1071—I., in the first line, the words "Surgeon-Lieutenant-Colonel, Surgeon-Major, or Surgeon-Captain" shall be substituted for "Surgeon-Major or Surgeon."

Given at Our Court at Osborne, this 7th day of August, in the 55th year of Our Reign.

By Her Majesty's Command,

EDWARD STANHOPE.

By Command,

REDVERS BULLER, A.G.

<sup>1</sup> The requirement of 3 years' service in the rank only applies, in the case of the Medical Staff, to Officers promoted since the date of the Warrant of the 26th August, 1889.



"Veterinary Department, The Queen has been pleased, by Royal Warrant dated 26th September, 1891, to approve of the alteration of the designations of the Departmental Rank of the Officers of the Veterinary Department now serving as follows:—

- "Principal Veterinary-Surgeon, ranking as Colonel, to be Director-General, with the rank of Veterinary-Colonel.
- "Inspecting Veterinary-Surgeons, ranking as Lieutenant-Colonels, to be Veterinary-Lieutenant-Colonels.
- "Veterinary-Surgeons, First Class, ranking as Majors, to be Veterinary-Majors.
- "Veterinary-Surgeons, ranking as Captains, to be Veterinary-Captains.
- "Veterinary-Surgeons, ranking as Lieutenants, to be Veterinary-Lieutenants."

# THE BRITISH MEDICAL JOURNAL.

Sept. 19, 1891.

## THE NEW WARRANT.

THE provisions of the medical Warrant continue to undergo thorough analysis at the hands of numerous correspondents. It is impossible to publish the communications received in full, and we therefore endeavour to give their pith and sense in running commentary.

"Pension" expresses a well-founded alarm that retirement on pension at twenty years may no longer be held to depend upon that amount of full-pay service, but upon so-called promotion. Our correspondent may rely that this important matter, so freely commented on, will be pressed on Mr. Stanhope's attention.

"Mr. —" writing with "Lieutenant-Colonel" writes: One of the most glaring grievances in the recent rank and titles controversy was the anomalous military position of medical officers on retirement from the army; yet it is odd the Warrant wholly ignores those now on the retired list, even although "liable to be recalled for service," to this another "One of Those" adds that he hears on the best authority the new titles are to be denied retired officers, which, to say the least, is ungracious, as such levelling up would cost nothing. We hardly think the extension of the new titles to retired officers has been definitely refused, but rather allowed to slide, although it is certain the question will soon crop up.

"He who cannot be Mentioned" suggests we should ask the Director-General how juniors are now to address senior medical officers in social intercourse. "Doctor" also very hesitatingly says the Warrant, except in relation to sick leave, is a source of melancholy rather than rejoicing; rank, although called substantive, is still departmental, not army; the new designations are so unmanageable that the lowest and highest medical officers will alike continue to be addressed "doctor." We are sure the Director-General would not answer the first question if asked; the pessimist forebodings of the second correspondent are no marvel—medical officers have so long been subjected to unfair treatment that only the most sanguine can believe in any good in any Warrant; nevertheless we would counsel hope and patience. Conventional language in social intercourse is of slow growth, but holds tenaciously when once rooted; it will therefore be likely that the adoption of the new titles in society will take time, but once understood will somehow fit themselves in; we think it very probable that the military rather than the professional portion of the title will be employed if one or other is to be dropped.

"Enquirer" writes: The vital points in the Warrant seem to be (1) definition of the term substantive rank; (2) query Does Art. 103 of the Pay Warrant, 1889, which lays down that, after August, 1889, no medical officer can retire voluntarily and receive the retired pay of his rank unless he has served three years in it, apply to all ranks, including retirement at twenty years' service? Arts. 36, 42, and 43 of the same Warrant apply more directly to medical officers over twenty-five years' service, and therefore do not answer the question. In another form the question is, Will a surgeon-major, when he comes to twenty years' service, have twenty-three years in order to secure £1 a day pension, or be forced to go on a gratuity of £2.50? This is a matter which, if really left in doubt, Mr. Stanhope is bound to explain and rectify, in accordance with his promise and determination not to interfere with retired officers at twenty years' service.

"An Old Soldier" writes: The compound titles, although an improvement, are a mistake; they are sure to be wrested to tell against the medical officer. Likewise the keeping up of the inferiority of medical officers on mixed courts and boards shows that the military authorities desire to perpetuate discreditable prejudices; the medical profession has too long submitted to the contemptuous treatment of the War Office and Horse Guards.

"Deputy Surgeon-General Retired," in a long critique, says it is a thousand pities the Warrant did not at once create a Royal Medical Corps on the lines of the Royal Engineers; those who oppose medical officers will do everything they can to ignore or gloss over the military portion of the new titles; deputy surgeons-general are actually reduced titularly in rank by being styled surgeons-colonel; Tommy Atkins will no longer call them by the title of "General and Doctor." Are medical officers, now that their rank is substantive, entitled to salutes and compliments by guards? The arbitrary power of being able to stop promotion at twenty years, placed in the hands of the Director-General, is dangerous, and should be resolutely opposed; it will open the door to jobbery and stabs in the dark. We sympathise with much our correspondent advances.

"L.S." writes: The comments on sick leave in the BRITISH MEDICAL JOURNAL of August 29th are rather mixed; the points are, sick leave is composed of such on full pay for one year which counts in total full-pay service; and, further, on half-pay which counts against full-pay service. The medical officer, in these respects, is now supposed to be on a par with regimental officers, but is really no such thing, because Art. 128 of the Pay Warrant has not been made applicable to him. We will not dispute these points, but if they are as alleged the sooner they are cleared up the better.

Lastly, an "Indian Medical Officer" writing from India in the future tense, says now that British and Indian medical officers will be granted substantive rank, and be designated by ordinary combatant titles, to which will be prefixed the word surgeon, or brigade-surgeon, the social usage in addressing these officers by the general term "doctor" must be changed. He proposes the following for the consideration of society generally. 1. Surgeons-lieutenant to be styled Mr. simply, in common with all subalterns; 2. surgeons-captain and surgeons-major to be addressed as such; 3. surgeons-lieutenant-colonel, brigade-surgeons-lieutenant-colonel, and surgeons-colonel to be called surgeon-colonel in accordance with common usage in the combatant ranks; 4. surgeons-major-general to be addressed surgeon-general according to usage. Such nomenclature being in accordance with custom could not offend anyone, and would soon cease to seem strange. The civilian title of doctor, used indiscriminately, ought to cease; surgeons without a degree are in no way entitled to it.

The remarks of the last correspondent, we believe, harmonise with the views of many British and Indian medical officers, and are, therefore, worthy of consideration; but it is a difficult matter to get "society" to listen, much more to educate it; it is dominated by what is called fashion, which is not distinguished for common sense or "sweet reasonableness."

Sept. 26, 1891.

"In the Dark" wishes to know by what title he should now be addressed by his friends in conversation, and declares the question is put in all sincerity and neither in a satirical nor sarcastic sense. We really cannot pretend to answer it. There is nothing more difficult than to anticipate the vagaries of fashion in such matters. We can only, with others, wait and see the outcome, and must deal with it when it appears.

"Another Correspondent" says: In the BRITISH MEDICAL JOURNAL of July 25th, wherein it is stated a senior staff officer addressed a medical friend as "Surgeon-Major-Lieutenant-Colonel," you remark the former was probably "poking fun." Now, at this station a lieutenant-colonel addressed a letter as "Dr." to his old friend, a deputy surgeon-general; the latter replied to "Mr. Lieutenant-Colonel," who did not see it, but handed it up to the general commanding, who made the "Dr." eat humble pie. Suppose the cases in this instance reversed,

Undoubtedly he would; but we imagine in all possible cases such a conjunction would be carefully avoided by the nomination of a more junior medical officer. This, however, points to one evil of the denial of precedence on mixed boards and courts, and that is, the oldest and most experienced medical officers will often be set aside to avoid collision with junior presidents. He further points out that by the Pay Warrant of April 4th, 1891, a surgeon-major ranking as a lieutenant-colonel is entitled to £1 5s. a day after twenty years' service, with no other qualification than length of service to that amount. But the new Warrant imposes a fresh condition—that he must be recommended for the step by the Director-General. We have already drawn attention to this new and serious power placed in the Director-General's hands, and its consequences are undoubtedly far-reaching. How does it affect retirement? Mr. Stanhope released at the bidding of the economists to place obstacles to voluntary retirement after twenty years. But as pension only begins when it is clear that refusal to give an officer the step would either force him out on a gratuity or condemn him to serve on, on less than £1 5s. a day. We trust that very stringent rules and reasons will be laid down for refusing such a step to any officer, or, better still, that the clause be altogether cancelled.

It has been also pointed out that Article 256 of the Pay Warrant, quoted in Article 364 of the new Warrant, does not deal with the most important condition under which the regimental officer serves in relation to sick leave, and which is to be applied to the medical officer. If the regimental officer has not recovered in the time laid down in the Article quoted, then he is placed on temporary sick leave, during which he receives in lieu of full pay the rates laid down for half pay in accordance with Article 1208 of the Warrant. All the time up to one year counts as full pay towards retirement, and in the Royal Engineers towards promotion also. This is doubtless quite correct, but does not affect the broad fact that medical officers are now, as they always have been, on the same footing when suffering from sickness contracted in and by the service as their combatant brethren. They could not expect more; the marvel is they ever got less. We hope the rule in the Royal Engineers will be applied to the Medical Staff.

Another correspondent asks whether by the new Warrant the Medical Staff becomes an integral part of the army. This we cannot well answer. He further asks whether his precedence extends in and among the general body of officers of the army. We would unhesitatingly answer in the affirmative; otherwise words have no meaning and warrants are a farce.

Sept. 12, 1891.

## THE NEW WARRANT.

A FURTHER series of important criticisms have reached us. An "Anxious One" writes: "The enormous power conferred on the Director-General in Art. 339A, of the new Warrant, is received by the majority of the Medical Staff with mingling and alarm. The wisdom of leaving the future prospects of a large body of officers to the decision of one man, however wise and just, is extremely doubtful. If an officer is required to serve three years in the ranks, is the privilege of retiring after twenty years taken away?"

We have already pointed out the important bearing of this article on promotion, pay, and retirement, and must say the more it is looked at the greater seems the necessity of its removal. "When I was gazetted to be surgeon-major it was with the relative rank of lieutenant-colonel, and such title I now mean to assume, as I cannot pose as a surgeon-major of twelve years' service."

This old officer puts his finger on an anomaly not really new to him, since he has laboured under it for the past seventeen years, but still intensified and accentuated by the new warrant. The Gazette has announced that the new titles will only apply to those now serving, but it is evident the War Office have no means worked out the bearings of the case sufficiently. The question which presents itself is, Are the many retired officers now serving in appointments, and the still greater number "liable to be recalled for service" outside the titular and other provisions of the warrant?

If they are, consider the anomaly; those in appointments are serving side by side, and daily signing their names to documents together with others on full pay. Is a difference between them to be kept up? Imagine the supreme confusion which this will create when the reservists are recalled for service. Such considerations at once suggest how far and in what manner are the titular and precedence provisions of the new Warrant to be applied to the old and retired officers. It is impossible the matter can rest as it is.

A "Surgeon Captain" points out that by the new rank of surgeon-lieutenant medical officers lose about £21 per annum for the first three years. Two lines in the Allowance Regulations would rectify this, and create no greater anomaly than already exists in the case of special privileges granted to engineer and commanding officers. We have no doubt our correspondent speaks by the book, and although the matter is not of vital importance it should not be lost sight of.

A "Victim" says the new Warrant brings to a head the question of Indian allowances. It is well known how to this day the Indian Government have most inequitably refused to recognise financially the Warrant of 1878, and give only lieutenants' allowances to surgeons ranking as captains. Now is their opportunity for doing tardy justice. Let the lieutenants' allowances hold good for the first three years, and then give those of captain.

We cannot imagine how the Indian Government can now possibly avoid such an equitable arrangement, more especially as the Warrant must be applied to the Indian Medical Service. If they again refuse, we say let the Home Government be called upon to enforce Her Majesty's warrants in all parts of her dominions.

Another correspondent reveals how Mr. Stanhope distinctly promised that all the conditions relating to the sick leave of combatant regimental officers should be applied to medical officers; but the Warrant apparently fails to do that. All regimental officers are granted from twelve to eighteen months sick leave on full pay, as provided in Art. 256 of the Pay Warrant. After that they have one year more on half pay, as laid down in Art. 1208, all of which counts as full pay service for or towards retirement. But although Art. 256 is quoted in the new Warrant, it fails to include Art. 1208, so that only half and not all the advantages of regimental officers are secured for medical officers.

We will not say our correspondent's reading of the Warrant is wrong, but *a priori*, should argue that it can hardly be right, because two such important articles on the same subject must surely hinge upon each other and hang together. If the Art. 1208 is not mentioned in the new Warrant, should have been quoted, then it is an omission which should be rectified.

One thing is already clear—Mr. Stanhope must be prepared to furnish specific explanations, or even undertake revision, in points of the new Warrant which may be proved to be obscure or inequitable.



what would have been the result? We think the general, if he acted at all, should have reprimanded both for playing with each other's titles; but as it is the Lieutenant-colonel only showed himself a weak man, devoid of any sense of humour.

Oct. 10, 1891.

#### THE NEW WARRANT.

PERSEVERE is anxious that the question by what titles medical officers shall in future be addressed in conversation, both official and private, should not be left to the vagaries of fashion, but authoritatively settled by reference, for decision, to the War Minister. The present common use of the medical portion of the title only confers no army status.

"Another Correspondent" asks whether the refusal to extend the new titles to officers on the retired list, especially to such as are actually serving or "liable to be recalled to service," is not another move with the object of discouraging retirements. Some years ago, he says, the complaint was that voluntary retirements were altogether too numerous, but this can hardly be said lately. The truth seems to be that while official assurances were solemnly given that such retirements, at twenty years' service at any rate, would not be interfered with, yet they have been discouraged and even prevented in various ways, as follows: By withdrawing the step of honorary rank on retirement; by making retired pay appointments difficult to get, or when obtained making the duties thereof unnecessarily harassing and disagreeable for elderly officers; by the studied neglect of the true reserve of retired officers, in the frantic effort to enrol a sham (but cheap) one, made up of medical men already tied by the leg in private practice and civil appointments; lastly, by in the new Warrant either affirming or suspiciously leaving it open to be afterwards "ruled" that the pension of a rank can only follow three years in it.

We again repeat that we do not believe the new titles have been definitely refused to retired officers, but feel sure they will ultimately be conceded.

"Surgeon-Major, Retired," writes: I recently attended a public gathering, wearing the uniform of the rank of Lieutenant-Colonel, but bearing on my card the title of Surgeon-Major; surely such an absurdity requires only strong representation to be removed.

We quite agree: the title of Surgeon-Major had originally some meaning, when the old regimental surgeons never got beyond the rank of captain, but because a misnomer and anomaly the moment it became associated with officers ranking as Lieutenant-Colonels; our correspondent's case is another argument for the retention of the consecutive title to retired officers.

"A Correspondent" asks where a copy of the new Warrant may be obtained; we refer him to the September *Army List*.

Our attention has also been drawn to other points connected with the Warrant. The new ranks are headed in the *Army List*, Surgeons-Captain, Major, etc., whereas they ought to be written, Surgeon-Captains, Colonels, etc.

Also that Surgeon-Major-General has already been written Surgeon Major-General, which is putting the hyphen in the wrong place, or indeed using it when it is not required at all. Such blunders as these will no doubt be rectified in time, whether made with intention or through inadvertence.

Further, it has also been pointed out that the Director-General has always had the power of stopping the increase of pay after twenty years' service, by acting under Art. 427 of the Royal Warrant, Pay and Promotion 1887, which reads as follows:

"Increase of pay for length of service shall not be granted unless the officer has performed his duties with zeal and ability." No medical officer ever obtained that increase of pay unless his application when submitted was recommended by the head of his department; and the rank at twenty years' service being now made substantive, places him in no worse position than his seniors or juniors.

Granting that this statement is correct, it only meets half the question which has been raised; the other is, Will the creation of a substantive rank of Surgeon-Lieutenant-Colonel bar retirement at twenty years, by requiring a three years' service in the rank?

Oct. 24, 1891.

#### THE NEW WARRANT.

A RETIRED A. M. OFFICER writes: There is only one course open to retired surgeons-majors of twenty years' service, that is, to send their uniforms to the tailor, giving him directions to alter badges, etc., to the rank of major.

MA.—RANKING WITH LIEUTENANT-COLONEL writes: We hope soon to see your "running commentaries" on the titles question embodied and submitted to those in authority.

The position of retired officers was the pivot on which the original argument for self-interpreting titles hinged. They still have nothing to show for perhaps a quarter of a century of active military service, and might surely be allowed the option of using the outward and visible signs, whatever may be their value, of the new titles.

"Verax" writes: No one ever questioned the fact that, under Article 427 of the Pay Warrant, the Director-General has always had the power of stopping the increase of pay after twenty years' service; but that was not the point raised, which is as to the qualification of a surgeon-major required by the recent warrant before he could retire on the pension of £1 a day, which is quite a different thing, and concerning which the article quoted has nothing whatever to do. He always had a right to retire at twenty years' service on £1 a day; now the new warrant says he cannot do so in future unless he is promoted, and he cannot be promoted until he is recommended.

It seems evident to us that this important point must be authoritatively settled; our correspondent's contention virtually amounts to the cancelling of retirement at twenty years' service on £1 a day which would be contrary to Mr. Stanhope's pledges.

"A Correspondent" points out the effect of the denial of the Presidency of courts of inquiry to medical officers, as follows: If a soldier absents himself for twenty-one days, Section 72 of the Army Act directs that a court of inquiry be assembled to record the absence; any commanding officer can do this except the medical, as the latter is not permitted to appoint a medical officer as president for the duty.

In the name of common sense, he asks, how can a soldier of the Medical Staff Corps, under such circumstances, respect his commanding officer? The section of "my military advisers" in this matter is subversive of discipline; they make the medical officer ridiculous in the eyes of the army; and then cry out that he is unfit for command.

Just so; they will not concede co-ordinate rank and authority to medical commanding officers, but have no scruples in raising an unfair outcry about the discipline of the Medical Staff Corps, as was done some years ago in South Africa.

"Traveler" writes: The chief difficulty which prevented the formation of a Royal Medical Corps by the new Warrant was declared to be the spectre of pay and allowances. But, to show how easily financial bugbears can be laid when there is a mind to do so, let me state what has recently been done in the Royal Artillery. The garrison artillery was not a popular branch among the officers of the corps; so, to make it more attractive, "armament" pay has been granted, commencing with the lieutenant-colonel at £8. down to the lieutenant at 2s. a day.

Of course, it matters little how pay is made up so long as totals are acceptable. A pound a day in a Royal Medical Corps, made up of two or more items, would still have been 20 shillings.

Nov. 14, 1891.

#### THE NEW WARRANT.

RETIRED writes: Permit me to thank you for your valuable support given to the Army Medical Service, and to beg you will not lose sight of the question of titles for retired officers. I was obliged to retire as a surgeon-major after twenty years' hard service in India and China, and I constantly feel the want of a title which will express my real rank on retiring from the army.

BREACH OF FAITH says: Clause (Art.) 330a, of the recent Warrant has created widespread alarm and disgust, and nothing but its being cancelled will allay the fears of the Medical Staff. In no other branch of the army is the pension of any officer dependent on the consent of his head. It was the right to retire on £1 a day after twenty years' service that induced many men to enter the department. This right must be restored untrammelled. I propose we endeavour to obtain a "covenant" similar to that enjoyed by the Indian Medical Service, to prevent this constant tampering with our conditions of service. Is that service less efficient because it is not cursed with "examinations" and "recommendations for promotion"? Certainly not.

BERGADRE-SURGEON writes: On referring to the last *Army List* I find that those medical officers on the retired list "liable (at a moment's notice) to be recalled for service," are still without the new titles. Surely this is an oversight which the attention of the War Minister should be called to. As these officers are retained on the active list it seems unfair to withhold the new title.

"The attention of the Secretary of State for War will be called to this matter, which has already formed the subject of comment."

SURGEON-CAPTAIN writes: Allow me to correct a statement made by a correspondent, that the medical officer in command of a detachment of the Medical Staff Corps cannot appoint a court of inquiry to investigate illegal absence; he can, and such court is composed exclusively of medical officers. It is only on mixed courts of inquiry that a medical officer is not to be president.

ROYAL SURGEON, writing on the same subject, makes a similar correction; the principal medical officer of the district as commanding officer of the Medical Staff Corps can undoubtedly assemble a court of inquiry, composed of medical officers, in the same manner as any regimental commanding officer. What medical officers cannot claim as a right is the presidency of mixed courts, though we have (he says) the authority of the Adjutant-General in stating that the general officer commanding can make a medical officer president of any mixed court of inquiry or board.

"We should be glad if our correspondent would let us know where the above opinion of the Adjutant-General is to be found."

VERAX writes: Allow me to call attention to a very important point not yet commented on. At the end of the new Warrant the rates of retired pay are laid down, but no officer under twenty years' service can (apparently) under any circumstance obtain any retired pay. How does this tally with the new Pay Warrant? Art. 455 of that document provides for the removal to half pay of a departmental officer under Art. 50, which provides for retirement for permanent disability, that he "be retired from our army with such retired pay or gratuity as he may be entitled to at the expiration of five years from the date on which he was placed on the half pay list." This article is quite new, and has cancelled Art. 105 of the former Warrant, which provided for any officer suffering from permanent disability being granted permanent retired pay, at the rate of the half pay he was entitled to during the first five years of ill health, for which he could draw half pay. From all this it appears a medical officer who has not served twenty years on full pay will be obliged, after five years on half pay, to accept a gratuity, in lieu of retired pay; unless, fortunately for him, he be under ten years' service and therefore not entitled to any gratuity; in which case he would, under Art. 107, be granted retired pay equal to the half pay of his rank; or, to put it otherwise, if of nine years and a-half service he would receive (pension) £150 a year; but if of eleven years, a gratuity of £1,000, with which he might purchase an annuity of from £50 to £75 a year. The state of chaos into which these regulations affecting the Medical Staff have fallen is deplorable, and requires the urgent attention of the Parliamentary Bills Committee.

"Presuming our correspondent's reading of the various articles affecting the retirement of medical officers is correct, we can well endorse his conclusion that these regulations are absurdly anomalous. A medical officer having the misfortune to become permanently disabled cannot surely be in a worse position at eleven years' service than he was at nine. On the face of them the various articles of the Pay Warrant do not seem harmonious, when applied to medical officers, and it is well the subject should be thoroughly threshed out."

Nov. 28, 1891.

#### CONCERNING THE RECENT ARMY MEDICAL WARRANT.

SINCE the issue of the Warrant in August we have given a weekly summary of criticisms on its provisions, forwarded to us by medical officers of the army. It is now time, we think, to recapitulate and review, with a practical object, the more important of these. In considering the Warrant as a whole, it is well to recall the fact that it was not promulgated without delay, and even evident reluctance; and, although it follows mainly the recommendations of the Camperdown Commission, yet, in view of the enlarged demands which were placed before the Secretary of State for War when those recommendations were for a time unwisely set aside, it must be regarded in the light of a compromise. Even as such, however, it should be given a fair trial, although that by no means precludes a close scrutiny of its provisions.

Medical officers, indeed, have so repeatedly seen the plainest orders in former warrants insidiously whittled away, or deliberately set aside, that they may be forgiven if they now show distrust and do not take anything for granted. The questions which have been raised may be reviewed in the order in which they present themselves in the Warrant. The first, and perhaps the most important, is the real nature of the "substantive rank" set forth in Article 267A.



## THE BRITISH MEDICAL JOURNAL.

Mr. Stanhope, we know, maintains that medical officers always had such rank, although they themselves and ordinary outsiders thought it was only relative. Now, however, we have not merely his dictum but the magic term itself, for the first time in black and white in a medical warrant. Yet it is not unqualified, and its significance is held to be seriously impaired by undue limitations, both expressed, and, we fear, implied.

The Article lays down: "These (substantive) ranks shall carry precedence and other advantages attaching to the rank indicated by the military portion of the title," yet winds up by refusing medical officers their full seniority on mixed courts and boards. Now, it may once more be clearly stated that medical officers fully recognise and admit that the function of command must and shall be limited in their case, but they are by no means content that their rank should be shorn of its honourable precedence in matters not involved in that function. They, in short, cannot acquiesce in any implied general or normal inferiority. Take the instance of Surgeon-Major-Generals—are the usual outward signs of "precedence" to be given them in the customary honour paid by guards to officers bearing the "military portion" of their title? If not, why not? Such questions are not idle; upon their answer depends the main question whether the rank of medical officers is really substantive or shadowy, genuine or sham. The mere term substantive is worth nothing if the pith and sense are squeezed out of it by all sorts of exceptions and limitations.

The second question concerns the new compound titles. It is not our duty at present to discuss the merits of purely military *versus* compound titles but rather to consider the objections raised to some of the latter, as well as the necessity of their more extended application to the medical services at large. The great blot in the sequence of the new titles is the cumbersome and mongrel combination—Brigade-Surgeon-Lieutenant-Colonel. The recommendation of the Commission on this rank would have been distinctly preferable; but still more so would have been the merging of it in the rank of Surgeon-Colonel. We have advocated this not on theoretical but on practical grounds; it is notorious that in the event of war the bulk of the administrative medical officers for divisions and brigades would, on the score of physical fitness alone, have to be drawn from the younger but anomalous brigade rank. If so in war, why not in peace? It would greatly simplify administration, and we cannot believe that the supposed financial difficulties in forming the two grades into one rank are insuperable or incapable of adjustment.

Another matter is the extension of the new titles to retired officers as well as those of the Indian and auxiliary forces. This should be settled without delay, as in war time all three would speedily be mixed with the active medical staff, and the result, as matters stand, would be serious and even ridiculous confusion. Such would be supreme under the probable anomaly of a new Surgeon-Lieutenant-Colonel serving under a mobilised old Surgeon-Major!

The third question turns on Article 339A, which provides that Surgeon-Majors, on completion of twenty years' service, shall be promoted only on the recommendation of the Director-General. It has been very forcibly and justly argued that this is a new and dangerous power to entrust to any man, upon whom, moreover, it places an unduly heavy responsibility. It is a far-reaching power; without the recommendation there can be no promotion, without the promotion no pension, for the one must be antecedent to the other. It might thus be that an officer's career might be utterly wasted and blasted at middle life on insufficient grounds. The article also seems to alter vitally an important condition of service, in this way. Although the Director-General may under previous warrants always have submitted names for movement into the higher relative grade at twenty years' service, yet that involved no new title or substantive promotion, nor, as far as appears, would his refusal have jeopardised pension. We trust Mr. Stanhope will give his earnest attention to this point, and, if possible,

allay well founded alarm. It has been further asked whether this new promotion at twenty years does not virtually cancel retirement at that period by necessitating a three years' service in the rank? We think not, because under Articles 1046 and 1071 of the Pay, as amended in the new Warrant, only the ranks of Surgeon-Major-General, Surgeon-Colonel, and Brigade-Surgeon-Lieutenant-Colonel, are named as requiring three years' service in the rank for pension thereof, if retiring voluntarily. The fourth question relates to sick leave, and ought to be beyond cavil, as Article 345A declares it to be "on the same conditions as those laid down for regimental officers by Article 258."

Nevertheless, as has been ably pointed out, that Article is interdependent on others, making the whole a sort of puzzle. We understand, however, that a revise of these conflicting Articles is in hand and will shortly appear.

The fifth and last point is the full application of the Warrant to India—a proceeding which may be delayed, but not indefinitely held over. We have seen how necessary this is on the score of titles, but it is equally so on that of finance. It is unfortunately too true for the credit of the Indian Government that it has hitherto readily adopted such of the provisions of former medical warrants as cost nothing, but stolidly and shabbily withheld those conferring financial benefits. Witness the still unredressed grievances of surgeons and brigade-surgeons under the Warrant of 1879. We protest against any repetition of this narrow and unworthy policy, which is derogatory to Her Majesty's warrants and unfair to the medical services. Why should it be so illiberal specially to them? When the so-called "mud-majors" were created, and on similar occasions since, there was no financial boggling or difficulty in adjusting Indian pay to the new ranks and rates. Neither should there be any such towards the Medical Department. We trust Mr. Stanhope will insist that the new Warrant shall be applied fully and in no mutilated form in India.

Dec. 12, 1891.

## THE NEW WARRANT.

PARIS wants to know whether the new warrant affects the Indian Medical Service, and if so, when it will be applied to it?

"\* Undoubtedly the new warrant affects all the medical services in India, as we pointed out in a late article, but when it may be applied to that country is a question we cannot answer."

VERAX draws further attention to the warrants bearing on sick retired pay. He says: Article 1068, Chaplains' Department, reads: "If retired on account of medical unfitness caused by military duty, and not qualified for retired pay under the above scale, a chaplain shall be granted retired pay equal to the half-pay of his rank." Now, Article 106 of the Pay Warrant in force prior to 1891 made a similar provision for the medical officer, but that has been left out of the present warrant and the gratuity inserted. Was that a mistake or intentional? Undoubtedly the latter, and of serious import. It is a point which all medical officers appointed, promoted, or to be promoted under the Pay Warrant of 1891 should inquire into without delay; those who do not come under it are at present safe under the preamble of the warrant, which runs: "Provided, further, that any officer who entered Our service before the date of this Our Warrant shall be eligible to accept for himself, or to have conferred upon his family, in lieu of the rates granted by this Our Warrant, such half-pay or gratuity, retired pay, widow's pension, or compassionate allowance as might have been awarded for the rank he held on the day before such date in virtue of length of service under any of Our Warrants in force on that day." I like to give you chapter and verse for any criticism I offer on points in the warrant, and it would be well if your other critical correspondents did the same.

"\* We are obliged for the important contributions our correspondent has sent on this subject, the value of which is enhanced by his habit of giving "chapter and verse." If the revise of the Pay Warrant, which we hear is now in hand, does not satisfactorily clear up the conflicting rules on the sick leave and retired sick pay questions, our correspondent's analytical grasp of these regulations should be brought freely to bear."

CRITIC affirms that by Paragraph 122, Section vi, Queen's Regulations, a medical commanding officer cannot assemble a court of inquiry should a soldier under his command meet with an injury, because he cannot detail a medical officer as president. He, in short, is considered incompetent to treat the injury, but unfit to investigate how it occurred! The object of such limitations is to lower the authority and prestige of medical officers in the eyes of the army.

"\* Whatever may be the object, they unquestionably have that effect. M.S. writes: The main point in the new warrant is, has Mr. Stanhope fulfilled his promise and granted substantive army rank? After careful considerations it is evident he has not. The preamble distinctly states that the alterations proposed are in "the designations of the departmental rank"—that is, merely an alteration in the designation of existing rank. The words "substantive rank" in Article 1, therefore, clearly refer to the substantive departmental rank which medical officers hold *inter se*. The word "army rank" is omitted throughout, and it is evident it does not apply to them from their being excepted from the presidency of courts, boards, etc. The warrant is cleverly worded to deceive the general public, and possibly Mr. Stanhope himself, as a civilian, but not those whose vital interests are at stake. What then has been granted? Only new titles, which, after three months' experience, medical officers are ceasing to use, and sick leave merely the same as that granted to so-called combatants. Truly a poor result of such prolonged agitation!"



## THE BRITISH MEDICAL JOURNAL.

"\* Our correspondent's strictures on the new warrant, if always forcible, are sometimes hardly fair. Those who think the warrant a distinct advance in the position of medical officers cannot admit that the agitation has been barren. We quite agree with him that the nature of the substantive rank named must be clearly defined, as also the extent of the army, not departmental, "precedence and advantages" attached to the "military portion" of the title. We feel assured Mr. Stanhope is incapable of knowingly attaching his name to any imposture. We cannot think our correspondent warranted in saying that medical officers are ceasing to use the new titles. Why should they? Is the new title of surgeon-colonel more distasteful than that of the old surgeon-major. The new titles, at least, show the army rank of the medical officers, and to discredit or disuse them is more likely to delay than to hasten the consummation of purely military titles.

MEDICAL STAFF writes: In a recent article you mention only three parts of the warrant as open to question, and I think all can be explained by existing regulations.

First, the limitation of full seniority to medical officers on mixed courts and boards flows from limitation in command, in which you acquiesce; medical officers cannot claim to sit as presidents, because these are for the time essentially commanding officers.

Secondly, the question of guards turning out to surgeon-major-generals is plainly settled by Section III, Paragraph 30, Queen's Regulations, 1858, which declares "Sentries only are required to pay compliments to commissioned officers of the departments of the army according to their rank." Further, the spirit of the regulations shows that compliments by guards are intended solely for the person in supreme command, as under certain circumstances (Paragraph 28 as above) general officers themselves are not entitled to such compliments; and even under other conditions, both they and field officers are only entitled to "shoulder arms," and not the "present."

Thirdly, reference to former warrants will show that the recommendation of the Director-General has always been required in the promotion of all ranks from "surgeon" upwards. The statement, therefore, that an officer not promoted after twenty years to surgeon-lieutenant-colonel would be debarred from going on pension is surely fallacious; because the pension is based on length of service, quite regardless of rank.

"\* Our comments in the article referred to were based on a mass of criticism sent us by army medical officers, and may or may not include the parts of the warrant open to question. We should be glad to see all matters so open satisfactorily cleared up; but we fear our correspondent's explanations will not be accepted in that light, although from a rigid official point of view they may be considered conclusive. We are aware that the all-pervading theory of command—which he apparently accepts—knows no limitation, and may be stretched to override and annul every portion of the rank and seniority of departmental officers; but it is just against this convenient and overshadowing theory that we protest, as fatal to all military status among so-called non-combatant officers. If the function of command can be limited in medical and other departmental officers, so can bounds be set to its arrogancy amongst the purely military, otherwise the substantive or other rank conferred by warrant is of no avail. It was to this we alluded when we spoke of the pith and sense being squeezed out of the term "substantive" by all sorts of exceptions and limitations.

Our correspondent doubtless correctly quotes the Queen's Regulations of 1858; but is the Medical Warrant of 1891 to be read only in the light of these pre-existing regulations? If so, the sooner the old is brought into harmony with the new the better. It is not the necessary limitations of the salutes by guards to general officers that is the point, but the entire denial of any such recognition of rank to Surgeon-Major-Generals.

On the third point, we repeat, we do not for a moment believe that Mr. Stanhope intentionally broke pledges on retirement at twenty years' service, but has been misled? We refer our correspondent to Paragraph 13 of the new warrant, in which he will not find any provision for the retirement of a Surgeon-Major on pension, but only on gratuity. The inference, therefore, is, that promotion to Surgeon-Lieutenant-Colonel is to be antecedent to pension, and such a reading seriously conflicts with the mere assertion that such pension is "based on length of service quite regardless of rank." We do not suppose the apparent new rule could or would be made retrospective, but it is of deep and significant import for officers of the future.

Dec. 19, 1891.

## ARMY MEDICAL OFFICERS: TIME ON HALF-PAY.

By a Royal Warrant, dated November 10th, just issued, we are glad to see that Article 1208 of the Pay Warrant has been revised by the insertion of the words "or officer of our Medical Staff" after the words "combatant officer." This important revision extends to medical officers the same privilege as that enjoyed by combatant officers as regards reckoning time on half-pay towards retirement, where such half-pay is, on account of ill-health, contracted in the performance of military duty.

We trust that other revisions of the Warrant will follow, in order to clear up doubtful points raised under the recent Medical Warrant.

## RANK OF MEDICAL OFFICERS IN THE INDIAN MEDICAL SERVICE.

The London Gazette of December 15th publishes the following Royal Warrant:—

WHEREAS We deem it expedient to revise the Rules for the promotion and precedence of our Indian Medical Service:

Our Will and Pleasure is that Our Warrants of 30th April, 1887, and 5th February, 1890, be cancelled, and that from and after the 7th August, 1891, the following rules shall be established, and that by these rules Our Viceroy and Governor-General in Council, and Our Governors in Council of Madras and Bombay respectively, shall be governed.

## 1. The substantive ranks of Medical Officers in Our Indian Military Forces shall be as follows:—

Surgeon-Major-General.  
Surgeon-Colonel.  
Brigade-Surgeon-Lieutenant-Colonel.  
Surgeon-Lieutenant-Colonel.  
Surgeon-Major.  
Surgeon-Captain.  
Surgeon-Lieutenant.

These ranks shall carry precedence and other advantages attaching to the rank indicated by the military portion of the title, but shall not (except as provided in Article 7) entitle the officer to military command, or to the presidency of courts-martial, courts of inquiry, committees, or boards of survey.

2. The officers of our Indian Medical Service shall command the medical officers and subordinates, the Army Hospital Native Corps, the hospital attendants, and others doing duty in military hospitals, as well as all patients in military hospitals, and shall command the medical staff Corps when doing duty therewith, in the same manner as officers of the Medical Staff, as well as such officers, non-commissioned officers, and men as may be attached for duty to the Medical Staff Corps, but otherwise they shall not hold any military command.

3. A Surgeon-Lieutenant shall be promoted to the rank of Surgeon-Captain on completing three years' full-pay service.

4. A Surgeon-Captain shall be promoted to the rank of Surgeon-Major on completing 12 years' full-pay service.

5. A Surgeon-Major shall be promoted to the rank of Surgeon-Lieutenant-Colonel on completing 20 years' full-pay service.

6. All promotion from the rank of Surgeon-Lieutenant-Colonel to that of Brigade-Surgeon-Lieutenant-Colonel shall be given by selection for ability and merit.

7. All promotion from the rank of Brigade-Surgeon-Lieutenant-Colonel to that of Surgeon-Colonel, and from the rank of Surgeon-Colonel to that of Surgeon-Major-General, shall be given by selection for ability and merit, and the grounds of such selection shall be stated to Us in writing, and recorded in the Office of Our Secretary of State for India.

8. On appointment as Our Honorary Physician or Surgeon under Article 11, an Officer below the rank of Surgeon-Colonel shall be promoted to that rank, retaining supernumerary of his rank until he would have attained the rank of Surgeon-Colonel in ordinary course.

9. In case of distinguished services in the field, an Officer of Our Indian Medical Service may be promoted from any rank to that next above it, retaining supernumerary in the higher rank until he would have been promoted in ordinary course, or until selected for further promotion for which he shall be eligible according to his standard in the higher rank.

10. With a view to maintain the efficiency of the Service, Medical Officers shall be placed on the Retired List when they attain the following ages:—

Surgeon-Major-General	60
Surgeon-Colonel	58
Brigade-Surgeon-Lieutenant-Colonel	56
Surgeon-Lieutenant-Colonel	54
Surgeon-Major	52

But as respects Officers below the rank of Surgeon-Colonel who entered the Service prior to the 13th January, 1890, this rule shall be relaxed, and an Officer who has attained the age of 55 years without having attained the rank of Surgeon-Colonel shall be permitted to remain in the Service for three years more, on his perfect competency and fitness being certified in such manner as Our Secretary of State for India in Council may direct. In any special case where it would appear to be for the good of Our Service that the Officer should be continued in employment, he may be so continued, subject in each case to the sanction of Our Secretary of State for India in Council.

11. Six of the most meritorious Medical Officers of the Service shall be named Our Honorary Physicians, and six Our Honorary Surgeons.

Given at Our Court at Windsor, this seventh day of December, in the Fifty-fifth year of Our Reign.

By Her Majesty's command.

Cross.

Jan. 16, 1892.

## THE NEW WARRANT.

X. writes: In the BRITISH MEDICAL JOURNAL of November 28th, 1891, you published a leading article under the above heading, concerning which I will, with your permission, make a few remarks. There can be no doubt whatever but that the Medical Staff has gained enormously by the issue of the late Warrant, for which we may indeed thank the British Medical Association—its Parliamentary Bills Committee, its JOURNAL, and the editor of the latter—but there is still much to be done. The question of "substantive" rank must be more clearly defined, and we must demand, and never rest till we obtain, our proper position on mixed courts and boards. The following instance will show to what an extent jealousy on the part of the military is carried, especially in India.

A few months ago a mixed board was ordered to assemble at a certain station in Bengal to decide as to the fitness of an officer of the Indian Medical Service for an extension of service. The board was ordered to consist of the principal medical officer of the district, the officer commanding the regiment to which the medical officer belonged, and another senior executive medical officer. The principal medical officer being (as it was at first thought) senior was to be president, but at the last moment it was found the colonel of the regiment was the senior, and he was ordered to preside—a fair and equitable arrangement. A few days afterwards the same principal medical officer was obliged to sit as a member of a mixed board on some barracks, the president being the officer commanding the station (a small outlying one), who was a junior captain. Thus we have the military element superseding the principal medical officer when junior in rank, but compelling him (under an order extant in India, which was alluded to by the BRITISH MEDICAL JOURNAL some time back) to sit as member, though holding the rank of full colonel, under the presidency of a young captain.

The next point I must allude to is the designation of the "brigade-surgeon-lieutenant-colonel," which you properly designate as "cumbersome and mongrel." Your proposed remedy is to merge it in the rank of surgeon-colonel. I regret exceedingly to be obliged to dissent from this proposal, and I think you will, on further consideration, agree with me. There can be no doubt but that under the Warrant of 1879 the granting of the rank of captain to young surgeons entering the service was injudicious and caused an immense amount of ill-feeling and jealousy amongst senior officers, especially on board ship, where their rank entitled them to choice of cabin before officers many years their senior in the army. If the "brigade-surgeons" were now to be given the rank and title of surgeon-colonel the same thing would happen, the rank and title of surgeon-colonel the same thing would happen, only in a more intense degree, as senior officers would be affected. I would remind you that the rank of "full" colonel in the army has been all but abolished and is only now conferred on a very few officers selected for special purposes, such as "assistant-adjutant-general," "colonels on the staff," to hold a special position, that is the command of regimental districts, etc. The old system of granting the rank of "full" colonel to regimental lieutenant-colonels after four years in the rank has entirely ceased, and in a year or so more no regimental officer will even rank higher than lieutenant-colonel, except in the rare case of



getting a brevet in the field. The proposal then to add to "full" colonels to a small body like the Medical Staff would, if granted, arouse the intensest jealousy and irritation in the army. A brigade-surgeon-lieutenant-colonel holds a position equivalent to that of a lieutenant-colonel commanding a regiment, and it would be quite out of place to bestow on him a higher rank.

Again, the financial question comes in, as "full" colonels draw much larger allowances, that is, 3s. 6d. instead of 1s. 6d., lodging allowance, higher "fuel and light," forage for two horses instead of one, one and a-half ton of baggage than travelling instead of one ton, and so on. I say nothing of "cheapening the rank," which it would most certainly do, as it would tend to lower the position of the principal medical officers to that of senior medical officers in charge of hospitals.

Before I leave this part of the question I will allude to your third point, which turns on Article 323 (a), "which provides that surgeon-majors, on completion of 20 years' service, shall be promoted only on the recommendation of the Director-General." Your correspondents argue that it is not right or fair to entrust such power to any man, and indeed, that an officer's whole future will depend on the *ipse dixit* of the Director-General. To this I would answer—not more than the promotion of surgeon-lieutenant-colonel to brigade-surgeon-lieutenant-colonel, or of this rank again to that of surgeon-colonel, and finally the selection of surgeon-major-general. It is quite an error to suppose the Director-General has or ever had such supreme or autocratic power. Every case is laid before H. R. H. the Commander-in-Chief, and is judged on its merits, and no officer is passed over for promotion unless clear evidence of incompetency, inefficiency, intemperance, etc., can be brought forward. Indeed, it is well known that several medical officers were promoted in the past to the higher grades who were really incompetent, but against whom no actual proof or evidence could be adduced. Why then should surgeon-major be treated differently to their seniors? One thing certainly should be clearly defined, namely, the right of surgeon-major to retire at 20 years' full-pay service on a day, and this right should not be dependent on promotion to the higher grade. For my own part, as a very old officer of the department, I consider that it is at 20 years' service our men should be, so to speak, sorted out, and no medical officer should be advanced to the rank of surgeon-lieutenant-colonel unless there is a fair and reasonable prospect of his becoming an efficient administrative officer in the future. No major is promoted to the rank of lieutenant-colonel unless he is fit to command a regiment.

#### THE INDIAN MEDICAL SERVICE.

A FEW weeks ago a representation was made to high authority on behalf of an eminent medical officer of the Indian Medical Service (Surgeon-General) asking that he might, like other members of the staff on the Queen's Household, receive the Jubilee medal. It was pointed out that he is an honorary physician to the Queen; that he was at home on Jubilee day, and present at the commemorative service in Westminster Abbey; and that his services have been most distinguished. After some delay, a reply has been received to the following effect, from Sir A. Ponsonby:—

"Honorary physicians to the Queen are not in the Queen's Household, and have not received the Jubilee medal. Honorary physicians to the Prince of Wales are in H. R. H.'s Household, occupying the same relative position to the physicians in ordinary as the physicians-extraordinary to the Queen do to Her Majesty's physicians in ordinary."

It will probably be as much a disappointment as a surprise to the medical officers of the army to learn that such is the case, and that they do not share the privileges enjoyed by equestrian, A.D.C.'s, and physicians extraordinary, and others on the list of those in attendance on the Sovereign; to learn, in short, that they are not in the Household of the Queen, and are not entitled to the Jubilee medal.

Our correspondent's arguments against increasing the list of surgeon-colonels. But it is clear something must be done with the anomalous brigade rank and title, as well as clearing up the question of surgeon-major retiring on pension.

LARGE WARRANTS, like primary planets with secondary satellites, seem incomplete until surrounded by smaller ones. The new Medical Warrant is already accompanied by three supplementary and explanatory, and the creation of others may follow. The last one extending the new titles to the Reserve has not applied them to retired medical officers as such, because, as we suppose, the problem is considered intricate.

"Surgeon-Lieutenant-Colonel" asks whether retired officers can assume the titles, while another protests it is unfair should they not be allowed to do so. Why, he contends, should he, a surgeon-major over twenty years' service, be given the rank of lieutenant-colonel yet denied the compound title expressing it?

We must say we know of no good reason except that, until it is authoritatively given, he is certainly not entitled to it. But we do not think he would be deemed criminal if he chooses to assume it in a non-official way.

FEB. 6, 1892

#### THE NEW WARRANT.

MR. — RANKING WITH LIEUTENANT-COLONEL writes: While concurring with you that the extension of the new titles to medical officers on the retired list may present some intricacy, could the difficulty not be met by allowing all medical officers to assume the new titles corresponding with their rank on retirement? It would be optional with those having a step of honorary rank to avail themselves of the permission, as it is evident they are not by actual service eligible. But it is hard that those qualified by length of service should not be able to avail themselves of the new titles, now scattered far and wide in the auxiliary forces.

M.S. writes: A serious objection to the extension of the new titles to retired officers lies in the fact that a large number of them holding high rank as Deputy-Surgeon-General, Brigade-Surgeon, etc., are employed in appointments doing the duty of junior surgeons. Confering the higher new titles on men doing such work would make the designations doubly offensive to the regimental officers of the army.

"\* Our first correspondent makes a reasonable suggestion, but the absence of a precedent—that terrible official condition—would probably stand in the way of its being adopted. The principle of giving a step of honorary rank, now abandoned, to meritorious officers on retirement may have been bad (we cannot say we think so); but the rank so granted was just as *bona fide* in a titular sense as any other conferred by gazing. Holders of it, therefore, seem as freely entitled to use the corresponding new designations as non-holders. We demur to the dictum that a title is necessarily based on "actual service" in it.

The objection of our second correspondent towards extending the new titles to the retired list do not appear valid. Brigade-Surgeons are executive; there can be nothing derogatory to their army rank in doing any or all of the duties of a junior surgeon when such is unavoidable, as must be when in sole charge of a retired pay appointment.

The numbers so employed holding the honorary rank of Deputy-Surgeon-General are few, decreasing, and on the way to extinction. We hold that while medical seniors in the army or elsewhere should not be called upon to do the drudgery of juniors, yet, so far as the abstract status of professional work is concerned, it is independent of and superior to military titles. At the same time it is very undesirable that medical officers with high titular rank should be given or hold appointments involving inferior duties.

SURGEON-GENERAL (RETIRED) thinks "Royal Surgeon" did well in bringing to notice the initiative in orally addressing medical officers given by Major-General Moncrieff. Sooner or later army rank and military titles, pure and simple (with or without a Royal Medical Corps), will have to be conceded as in other armies. As the term surgeon denotes no military rank, it, rather than the military portion of the title can be contracted for brevity in signatures, etc., while the words Medical Staff after, fully expresses the function of the individual.

VOLENTIER says medical men at large can do much to create convenient colloquial titles for medical officers. Since the issue of the Warrant he has made it a point in speaking of his volunteer medical brethren to call them by their purely military titles; so that at his death he never seldom hears the conventional "doctor" used. If this system were universally followed it would soon take root.

"\* We have before expressed the opinion that the colloquial titles of medical officers are more likely to spread from use, and went among the volunteers than from the regular army.

VERAX writes: Reverting to recent correspondence in your columns, "X" does not seem to grasp the situation in regard to Article 323A of the Warrant. He argues that the power given to the Director-General would be restrained by the influence of the Commander-in-Chief. But the restraint of the latter must be nominal. Otherwise the professional knowledge of the former would be set at naught. When the present body of officers entered it was on the distinct understanding that they would be promoted to the rank of Lieutenant-Colonel after completion of twenty years' full-pay service; and further, that they were to retire, if they wished, on a stated pension, after a given number of years; and also, that promotion to certain ranks named, but which did not include Lieutenant-Colonel, was to be by selection. "X" argues that the authorities were unwise in not going down the list to the Surgeon-Majors, and beginning the selection there; but such could only be done by a warrant which would not be retrospective. Promises made in warrants are somewhat imperfect obligations, which, however binding in conscience, can not be made the subject of an action at law or in equity; as laid down by Vice-Chancellor Malins, "in *ex Tufnell*," yet they have the force of law on account of the well-trusted probity of the Promiser; therefore, you argued *stricti juris*. The recommendation of "X" would be a clear breach of a *quasi* contract in which services needed were obtained. "X" must know how difficult it is for the Director-General to obtain exact information upon each and all of the 800 officers under him; and must have heard of Confidential Reports where libels of the grossest nature have been put forward under the protecting plea of privilege; and whereby officers might be judged and condemned on *ex parte* evidence. It may be said that the 42nd Section of the Army Act, giving the right of appeal, protects from such reports; but in this case of appeal evidence which is refused to be made known to the officer appealing is put forward, and judgment given in an *ex parte* application without further right of appeal. What would our law courts say to such a method or rule of procedure? Your remarks, I repeat, were therefore right and proper; more than that, as you have actually succeeded in convincing the War Office of injustice in the past, you may again do so in the future.

"\* The verdict of our learned correspondent is flattering to us; we cannot pretend to deep legal knowledge, but readily accept his exposition of military law over the matters in dispute, on which we have only endeavoured to bring common sense and ordinary equity to bear.

#### THE NEW TITLES.

WE have received a copy of the *Portsmouth and Southern District Directory* (official, monthly), recently issued by the Deputy-Adjutant-General (A.V.D.), and our attention has been drawn to the slipshod way in which the various ranks of the Medical Staff serving at Portsmouth are inserted; they are jumbled indiscriminately in no order of seniority, and in marked contrast to those of other corps and departments, and to Netley, where the medical list is detailed in due order of seniority. We suppose the list is furnished by the Principal Medical Officer, and think he is the proper person to rectify the shortcoming. While the compound titles of the medical officers are duly inserted, we find the veterinary officer described simply as "Major," without any compounding. Is this departure by "authority" with which we see the *Directory* is published?

FEB. 27, 1892.

#### THE SOUTHERN DISTRICT DIRECTORY.

WE are glad to learn that the medical imperfections we commented on in the January have been remedied in the February number of this publication. The lists, we observe, are "compiled from returns furnished by the naval authorities and each corps in garrison." Does this account for the following insertion (*sic*): "Veterinary Officer—Major J. A. Woods, A.V.D.?"

#### THE NEW WARRANT.

A CORRESPONDENT calls attention to a paragraph in a recent review in *Blackwood* (p. 212) of the Marbot Memoirs by Lieutenant-General Sir George Chesney, K.C.B., as follows: "Nowadays, after the recent novelty in military rank, if a general were to ride up to a British regiment which had lost its commanding officer, and ask where the colonel was, he would probably be told that the Colonel was making a poultice. But, indeed, military rank in the British army has undergone such a levelling down of late years that it is hard to say where the process is likely to stop." That remark is so contemptuous and gratuitously insulting should come from such a pen and be inserted in such a well-informed periodical is both sad and surprising.

"\* We regret to think that a man of the author's reputation should stoop to such sorry stuff. The shocking contingency he pictures has not even the merit of remote probability. No medical officer with the rank or title of Colonel belongs to, or is attached to, a British regiment; but if he were, it is less than likely he would be engaged in the work suggested; but even if he be charged to do, what has that got to do with his manhood, or right to fair military status and title while serving and sharing in the dangers of the army? Why suggest "making a poultice," of all things, on the battle-field? Might not the missing Colonel be equally imagined as bolting horses, totalling up ledgers, or serving out groceries? Officers who do these things have military rank and titles. Why "novelty" or



## THE BRITISH MEDICAL JOURNAL.

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Secondly, the question of guards turning out to surgeon-major-generals is plainly settled by Section III, Paragraph 30, Queen's Regulations, 1880, which declares "Sentries only are required to pay compliments to commissioned officers of the departments of the army according to their rank." Further, the spirit of the regulations shows that compliments by guards are intended solely for the person in supreme command; as under certain circumstances (Paragraph 28 as above) general officers themselves are not entitled to such compliments; and even under other conditions, both they and field officers are only entitled to "shoulder arms," and not the "present."

Thirdly, reference to former warrants will show that the recommendation of the Director-General has always been required in the promotion of all ranks from "surgeon" upwards. The statement, therefore, that an officer not promoted after twenty years to surgeon-lieutenant-colonel would be debarred from going on pension is surely fallacious; because the pension is based on length of service, quite regardless of rank.

\* Our comments in the article referred to were based on a mass of criticism sent us by army medical officers, and may or may not include the parts of the warrant open to question. We should be glad to see all matters so open satisfactorily cleared up; but we fear our correspondent's explanations will not be accepted in that light, although from a rigid official point of view they may be considered conclusive. We are aware that the all-pervading theory of command—which he apparently accepts—knows no limitation, and may be stretched to override and annul every portion of the rank and seniority of departmental officers; but it is just against this convenient and overshadowing theory that we protest, as fatal to all military status among so-called non-combatant officers. If the function of command can be limited in medical and other departmental officers, so can bounds be set to its arrogance amongst the purely military; otherwise the substantive or other rank conferred by warrant is of no avail. It was to this we alluded when we spoke of the pith and sense being squeezed out of the term "substantive" by all sorts of exceptions and limitations.

Our correspondent doubtless correctly quotes the Queen's Regulations of 1880; but is the Medical Warrant of 1891 to be read only in the light of these pre-existing regulations? If so, the sooner the old is brought into harmony with the new the better. It is not the necessary limitations of the salutes by guards to general officers that is the point, but the entire denial of any such recognition of rank to Surgeon-Major-Generals.

On the third point, we repeat, we do not for a moment believe that Mr. Stanhope intentionally broke pledges on retirement at twenty years' service, but has been misled? We refer our correspondent to Paragraph 13 of the new warrant, in which he will not find any provision for the retirement of a Surgeon-Major on pension, but only on gratuity. The inference, therefore, is, that promotion to Surgeon-Lieutenant-Colonel is to be antecedent to pension, and such a reading seriously conflicts with the mere assertion that such pension is "based on length of service quite regardless of rank." We do not suppose the apparent new rule could or would be made retrospective, but it is of deep and significant import for officers of the future.

Dec. 19, 1891.

**ARMY MEDICAL OFFICERS: TIME ON HALF-PAY.**  
By a Royal Warrant, dated November 10th, just issued, we are glad to see that Article 1208 of the Pay Warrant has been revised by the insertion of the words "or officer of our Medical Staff" after the words "combatant officer." This important revision extends to medical officers the same privilege as that enjoyed by combatant officers as regards reckoning time on half-pay towards retirement, where such half-pay is, on account of ill-health, contracted in the performance of military duty.

We trust that other revisions of the Warrant will follow, in order to clear up doubtful points raised under the recent Medical Warrant.

#### RANK OF MEDICAL OFFICERS IN THE INDIAN MEDICAL SERVICE.

THE *London Gazette* of December 15th publishes the following Royal Warrant:—

WHEREAS We deem it expedient to revise the Rules for the promotion and precedence of Our Indian Medical Service:

Our Will and Pleasure is that Our Warrants of 30th April, 1887, and 5th February, 1889, be cancelled, and that from and after the 7th August, 1891, the following rules shall be established, and that by these rules Our Viceroy and Governor-General in Council, and Our Governors in Council of Madras and Bombay respectively, shall be governed.

1. The substantive ranks of Medical Officers in Our Indian Military Forces shall be as follows:—  
Surgeon-Major-General.  
Surgeon-Colonel.  
Brigade-Surgeon-Lieutenant-Colonel.  
Surgeon-Lieutenant-Colonel.  
Surgeon-Major.  
Surgeon-Captain.  
Surgeon-Lieutenant.

These ranks shall carry precedence and other advantages attaching to the rank indicated by the military portion of the title, but shall not (except as provided in Article 2) entitle the officer to military command, or to the presidency of courts-martial, courts of inquiry, committees, or boards of survey.

2. The officers of Our Indian Medical Service shall command the medical officers and subordinates, the Army Hospital Native Corps, the hospital attendants, and others doing duty in military hospitals, as well as all patients in military hospitals, and shall command the medical staff Corps when doing duty therewith, in the same manner as officers of the Medical Staff, as well as such officers, non-commissioned officers, and men as may be attached for duty to the Medical Staff Corps, but otherwise they shall not hold any military command.

3. A Surgeon-Lieutenant shall be promoted to the rank of Surgeon-Captain on completing three years' full-pay service.

4. A Surgeon-Captain shall be promoted to the rank of Surgeon-Major on completing 12 years' full-pay service.

5. A Surgeon-Major shall be promoted to the rank of Surgeon-Lieutenant-Colonel on completing 20 years' full-pay service.

6. All promotion from the rank of Surgeon-Lieutenant-Colonel to that of Brigade-Surgeon-Lieutenant-Colonel shall be given by selection for ability and merit.

7. All promotion from the rank of Brigade-Surgeon-Lieutenant-Colonel to that of Surgeon-Colonel, and from the rank of Surgeon-Colonel to that of Surgeon-Major-General, shall be given by selection for ability and merit, and the grounds of such selection shall be stated in writing, and recorded in the Office of Our Secretary of State for India.

8. On appointment as Our Honorary Physician or Surgeon under Article 11, an Officer below the rank of Surgeon-Colonel shall be promoted to that rank, remaining supernumerary of his rank until he would have attained the rank of Surgeon-Colonel in ordinary course.

9. In case of distinguished service in the field, an Officer of Our Indian Medical Service may be promoted from any rank to that next above it, remaining supernumerary in the higher rank until he would have been promoted in ordinary course, or until selected for further promotion for which he shall be eligible according to his standard in the higher rank.

10. With a view to maintain the efficiency of the Service, Medical Officers shall be placed on the Retired List when they attain the following ages:—

Surgeon-Major-General	...	...	...	60
Surgeon-Colonel	...	...	...	55
Brigade-Surgeon-Lieutenant-Colonel	...	...	...	55
Surgeon-Lieutenant-Colonel	...	...	...	55
Surgeon-Major	...	...	...	55

But as respects Officers below the rank of Surgeon-Colonel who entered the Service prior to the 13th January, 1880, this rule shall be relaxed, and an Officer who has attained the age of 50 years without having attained the rank of Surgeon-Colonel shall be permitted to remain in the Service for three years more, on his perfect competency and fitness being certified in such manner as Our Secretary of State for India in Council may direct. In any special case where it would appear to be for the good of Our Service that the Officer should be continued in employment, he may be so continued, subject in each case to the sanction of Our Secretary of State for India in Council.

11. Six of the most meritorious Medical Officers of the Service shall be named Our Honorary Physicians, and six Our Honorary Surgeons.

Given at Our Court at Windsor, this seventh day of December, in the Fifty-fifth year of Our Reign.

By Her Majesty's command.

Cross.

Jan. 16, 1892.

#### THE NEW WARRANT.

X. writes: In the *BRITISH MEDICAL JOURNAL* of November 28th, 1891, you published an article under the above heading, concerning which I will, with your permission, make a few remarks. There can be no doubt whatever but that the Medical Staff has gained enormously by the issue of the late warrant, for which we may indeed thank the British Medical Association—its Parliamentary Bills Committee, its JOURNAL, and the editor of the latter—but there is still much to be done. The question of "substantive" rank must be more clearly defined, and we must demand, and never rest till we obtain, our proper position on mixed courts and boards. The following instance will show to what an extent jealousy on the part of the military is carried, especially in India.

A few months ago a mixed board was ordered to assemble at a certain station in Bengal to decide as to the fitness of an officer of the Indian Medical Service for an extension of service. The board was ordered to consist of the principal medical officer of the district, the officer commanding the regiment to which the medical officer belonged, and another senior executive medical officer. The principal medical officer being (as it was at first thought) senior was to be president, but at the last moment it was found the colonel of the regiment was the senior, and he was ordered to preside—a fair and equitable arrangement. A few days afterwards the same principal medical officer was obliged to sit as a member of a mixed board on some barracks, the president being the principal medical officer when junior in rank, but compelling him (under an order extant in India, which was alluded to by the *BRITISH MEDICAL JOURNAL* some time back) to sit as member, though holding the rank of full colonel, under the presidency of a young captain.

The next point I must allude to is the designation of the "brigade-surgeon-lieutenant-colonel," which you properly designate as "cumbersome and mongrel." Your proposed remedy is to merge it in the rank of surgeon-colonel. I regret exceedingly to be obliged, to dissent from this proposal, and I think you will, on further consideration, agree with me. There can be no doubt but that under the Warrant of 1879 the granting of the rank of captain to young surgeons entering the service was injudicious and caused an immense amount of ill-feeling and jealousy among combatant officers, especially on board ship, where their rank entitled them to choice of cabin before officers many years their seniors in the army. If the "brigade-surgeons" were now to be given the rank and title of surgeon-colonel, the same thing would happen, only in a more intense degree, as senior officers would be affected. I would remind you that the rank of "full" colonel in the army has been all but abolished and is only now conferred on a very few officers selected for special positions, such as "assistant-adjutants-general," "colonels on the staff," to hold a special position, that is the command of regimental districts, etc. The old system of granting the rank of "full" colonel to regimental lieutenant-colonels after four years in the rank has entirely ceased, and in a year or so more no regimental officer will even rank higher than lieutenant-colonel, except in the rare case of



### THE INDIAN MEDICAL SERVICE.

A FEW weeks ago a representation was made to high authority on behalf of an eminent medical officer of the Indian Medical Service (Surgeon-General ——) asking that he might, like other members of the staff on the Queen's Household, receive the Jubilee medal. It was pointed out that he is an honorary physician to the Queen; that he was at home on Jubilee day, and present at the commemoration service in Westminster Abbey; and that his services have been most distinguished. After some delay, a reply has been received to the following effect, from Sir A. Ponsonby:—

“Honorary physicians to the Queen *are not* in the Queen's Household, and have not received the Jubilee medal. Honorary physicians to the Prince of Wales are in H. R. H.'s Household, occupying the same relative position to the physicians in ordinary as the physicians-extraordinary to the Queen do to Her Majesty's physicians in ordinary.”

It will probably be as much a disappointment as a surprise to the medical officers of the army to learn that such is the case, and that they do not share the privileges enjoyed by equerries, A.D.C.'s, and physicians extraordinary, and others on the list of those in attendance on the Sovereign; to learn, in short, that they are not in the Household of the Queen, and are not entitled to the Jubilee medal.



Sir Joseph Fagner told me it was  
he who made this application in  
favor of a distinguished brother  
Indian Officer.



getting a brevet in the field. The proposal then to add to "full" colonels to a small body like the Medical Staff would, if granted, arouse the intensest jealousy and irritation in the army. A brigade-surgeon-lieutenant-colonel holds a position equivalent to that of a lieutenant-colonel commanding a regiment, and it would be quite out of place to bestow on him a higher rank.

Again, the financial question comes in, as "full" colonels draw much larger allowances, that is, 3s. 6d. instead of 3s. 4d., lodging allowance, higher "fuel and light," forage for two horses instead of one, one and a-half ton of baggage when travelling instead of one ton, and so on. I say nothing of "cheapening the rank," which it would most certainly do, as it would tend to lower the position of the principal medical officers to that of senior medical officers in charge of hospitals.

Before I leave this part of the question I will allude to your third point, which turns on Article 339 (a), "which provides that surgeons-majors, on completion of 20 years' service, shall be promoted only on the recommendation of the Director-General." Your correspondents argue that it is not right or fair to entrust such power to any man, and, indeed, that an officer's whole future will depend on the *ipse dixit* of the Director-General. To this I would answer—not more than the promotion of surgeon-lieutenant-colonel to brigade-surgeon-lieutenant-colonel, or of this rank again to that of surgeon-colonel, and finally the selection of surgeons-major-general. It is quite an error to suppose the Director-General has or ever had such supreme or autocratic power.

Every case is laid before H.R.H. the Commander-in-Chief, and is judged on its merits, and no officer is passed over for promotion unless clear evidence of incompetency, inefficiency, intemperance, etc., can be brought forward. Indeed, it is well known that several medical officers were promoted in the past to the higher grades who were really incompetent, but against whom no actual proof or evidence could be adduced. Why then should surgeons-major be treated differently to their seniors? One thing certainly should be clearly defined, namely, the right of surgeons-major to retire at 20 years' full-pay service on £1 a day, and this right should not be dependent on promotion to the higher grade. For my own part, as a very old officer of the department, I consider that it is at 20 years' service our men should be, so to speak, sorted out, and no medical officer should be advanced to the rank of surgeon-lieutenant-colonel unless there is a fair and reasonable prospect of his becoming an efficient administrative officer in the future. No major is promoted to the rank of lieutenant-colonel unless he is fit to command a regiment. Why, then, should a surgeon-major be promoted if he is inefficient? Yet this is what has been done up to now, and the day a surgeon-major attained his 20th year of service he ranked as lieutenant-colonel, though, perhaps, quite unfit for the duties of a higher grade. I hold that the closest investigation should be made into an officer's efficiency when he is completing his 19th year of service, and if he is proved to be incompetent he should be allowed to retire on his £1 a day, or, if he prefers to serve on, it should be with the rank and pay of a surgeon-major till he proves his fitness for further advancement.

I would propose to get over the difficulty about the title of brigade-surgeon-lieutenant-colonel by abolishing it altogether, and calling all medical officers over 20 years' standing surgeons-lieutenant-colonel till promoted to the rank of surgeon-colonel.

The senior 30, or rather the "selected 50," should be so shown in the Army List, and the words "brigade-surgeon," in brackets, might be entered under the rank of surgeon-lieutenant-colonel, as is done in the case of Staff officers, who are shown as Colonel A., Assistant-Adjutant-General, or Lieutenant-Colonel B., Deputy Assistant-Adjutant-General. There is no doubt but that the title of brigade-surgeon-lieutenant-colonel has more or less wrecked the compound titles, and if it could be got rid of it would be a decided advantage.

The department can never rest till it is made a "Royal Medical Staff Corps" on the lines of the Royal Engineers, and our warrants are extended to India in their entirety.

\*. The above is from the pen of a valued correspondent, than whom no one is better able to speak on the subject. In giving publicity to the reasonable aspirations of medical officers towards securing definite army status we desire to do so with due regard to the rights and feelings of all others concerned. The more the claims of medical officers are fair and reasonable the stronger will they be, and we quite see the force of our correspondent's arguments against increasing the list of surgeon-colonels. But it is clear something must be done with the anomalous brigade rank and title, as well as clearing up the question of surgeons-major retiring on pension.

LARGE WARRANTS, like primary planets with secondary satellites, seem incomplete until surrounded by smaller ones. The new Medical Warrant is already accompanied by three supplementary and explanatory, and the creation of others may follow. The last one extending the new titles to the Reserve has not applied them to retired medical officers as such, because, as we suppose, the problem is considered intricate.

"Surgeon-Lieutenant-Colonel" asks whether retired officers can assume the titles, while another protests it is unfair should they not be allowed to do so. Why, he contends, should he, a surgeon-major over twenty years' service, be given the rank of lieutenant-colonel yet denied the compound title expressing it?

We must say we know of no good reason except that, until it is authoritatively given, he is certainly not entitled to it. But we do not think he would be deemed criminal if he chooses to assume it in a non-official way.

FEB. 6, 1892

#### THE NEW WARRANT.

MR. — RANKING WITH LIEUTENANT-COLONEL writes: While concurring with you that the extension of the new titles to medical officers on the retired list may present some intricacy, could the difficulty not be met by allowing all medical officers to assume the new titles corresponding with their rank on retirement? It would be optional with those having a step of honorary rank to avail themselves of the permission, as it is evident they are not by actual service eligible. But it is hard that those qualified by length of service should not be able to avail themselves of the new titles, now scattered far and wide in the auxiliary forces.

M.S. writes: A serious objection towards extending the new titles to retired officers lies in the fact that a large number of them holding high rank as Deputy-Surgeon-General, Brigade-Surgeon, etc., are employed in appointments doing the duty of junior surgeons. Conferring the higher new titles on men doing such work would make the designations doubly offensive to the regimental officers of the army.

\*. Our first correspondent makes a reasonable suggestion, but the absence of a precedent—that terrible official condition—would probably stand in the way of its being adopted. The principle of giving a step of honorary rank, now abandoned, to meritorious officers on retirement may have been bad (we cannot say we think so); but the rank so granted was just as *bona fide* in a titular sense as any other conferred by gazing. Holders of it, therefore, seem as freely entitled to use the corresponding new designations as non-holders. We demur to the dictum that a title is necessarily based on "actual service" in it.

The objection of our second correspondent towards extending the new titles to the retired list do not appear valid. Brigade-Surgeons are executive; there can be nothing derogatory to their army rank in doing any or all of the duties of a junior surgeon when such is unavoidable, as must be when in sole charge of a retired pay appointment. The numbers so employed holding the honorary rank of Deputy-Surgeon-General are few, decreasing, and on the way to extinction. We hold that while medical seniors in the army or elsewhere should not be called upon to do the drudgery of juniors, yet, so far as the abstract status of professional work is concerned, it is independent of and superior to military titles. At the same time it is very undesirable that medical officers with high titular rank should be given or hold appointments involving inferior duties.

SURGEON-GENERAL (RETIRED) thinks "Royal Surgeon" did well in bringing to notice the initiative in orally addressing medical officers given by Major-General Moncrieff. Sooner or later army rank and military titles, pure and simple, with or without a Royal Medical Corps, will have to be conceded as in other armies. As the term Surgeon denotes no military rank, it, rather than the military portion of the title can be contracted for brevity in signatures, etc., while the words Medical Staff after, fully expresses the function of the individual.

VOLUNTEER says medical men at large can do much to create convenient colloquial titles for medical officers. Since the issue of the Warrant he has made it a point in speaking of his volunteer medical brethren to call them by their purely military titles; so that at his depot he now seldom hears the conventional "doctor" used. If this system were universally followed it would soon take root.

\*. We have before expressed the opinion that the colloquial titles of medical officers are more likely to spread from use, and wont among the volunteers than from the regular army.

VERAX writes: Reverting to recent correspondence in your columns, "X" does not seem to grasp the situation in regard to Article 339a of the Warrant. He argues that the power given to the Director-General would be restrained by the influence of the Commander-in-Chief. But the restraint of the latter must be nominal. Otherwise the professional knowledge of the former would be set at naught. When the present body of officers entered it was on the distinct understanding that they would be promoted to the rank of Lieutenant-Colonel after completion of twenty years full pay service; and further, that they were to retire, if they wished, on a stated pension, after a given number of years; and also, that promotion to certain ranks named, but which did not include Lieutenant-Colonel, was to be by selection. "X" argues that the authorities were unwise in not going down the list to the Surgeon-Majors, and beginning the selection there; but such could only be done by a warrant which would not be retrospective. Promises made in warrants are somewhat imperfect obligations, which, however binding in conscience on the Crown, can not be made the subject of an action at Law or in Equity; as laid down by Vice-Chancellor Malins, "in re Fufnell," yet they have the force of law on account of the well-trusted probity of the Promiser; therefore, you argued *stricti iuris*. The recommendation of "X" would be a clear breach of a *quasi* contract in which services needed were obtained. "X" must know how difficult it is for the Director-General to obtain exact information upon each and all of the 800 officers under him; and must have heard of Confidential Reports where libels of the grossest nature have been put forward under the protecting plea of privilege; and whereby officers right be judged and condemned on *ex parte* evidence. It may be said that the 42nd Section of the Army Act, giving the right of appeal, protects from such reports; but in this case of appeal evidence which is refused to be made known to the officer appealing is put forward, and judgment given in his *ex parte* application without further right of appeal. What would our law courts say to such a method or rule of procedure? Your remarks, I repeat, were therefore right and proper: more than that, as you have actually succeeded in convincing the War Office of injustice in the past, you may again do so in the future.

\*. The verdict of our learned correspondent is flattering to us; we cannot pretend to deep legal knowledge, but readily accept his exposition of military law over the matters in dispute, on which we have only endeavoured to bring common sense and ordinary equity to bear.

#### THE NEW TITLES.

WE have received a copy of the *Portsmouth and Southern District Directory* (official, monthly, edited by the Deputy-Adjutant-General (A.)), and our attention has been drawn to the slipshod way in which the various ranks of the Medical Staff serving at Portsmouth are inserted; they are jumbled indiscriminately in no order of seniority, and in marked contrast to those of other corps and departments, and to Netley, where the medical list is detailed in due order of seniority. We suppose the list is furnished by the Principal Medical Officer, and think he is the proper person to rectify the shortcomings. While the compound titles of the medical officers are duly inserted, we find the veterinary officer described simply as "Major," without any compounding. Is this departure by "authority" with which we see the *Directory* is published?

FEB. 27, 1892.

#### THE SOUTHERN DISTRICT DIRECTORY.

WE are glad to learn that the medical imperfections we commented on in the January have been remedied in the February number of this publication. The lists, we observe, are "compiled from returns furnished by the naval authorities and each corps in garrison." Does this account for the following insertion (*sic*): "Veterinary Officer—Major J. A. Woods, A.V.R.?"

#### THE NEW WARRANT.

A CORRESPONDENT calls attention to a paragraph in a recent review in *Blackwood* (p. 212) of the Marbot Memoirs by Lieutenant-General Sir George Chesney, K.C.B., as follows: "Nowadays, after the recent novelty in military rank, if a general were to ride up to a British regiment which had lost its commanding officer, and ask where the Colonel was, he would probably be told that the Colonel was making a poultice. But, indeed, military rank in the British army has undergone such a levelling down of late years that it is hard to say where the process is likely to stop." That remark so contemptuous and gratuitously insulting should come from such a pen and be inserted in such a well informed periodical is both sad and surprising.

\*. We regret to think that a man of the author's reputation should stoop to such sorry stuff. The shocking contingency he pictures has not even the merit of remote probability. No medical officer with the rank or title of Colonel belongs to, or is attached to, a British regiment; but if he were, it is less than likely he would be engaged in the work suggested; but even if he chanced so to be, what has that got to do with his manhood, or right to fair military status and title while serving and sharing in the dangers of the army? Why suggest "making a poultice," of all things, on the battle-field? Might not the missing Colonel be equally imagined as bolusing horses, totalling up ledgers, or serving out groceries? Officers who do these things have military rank and titles. Why "novelty" or



"British"? Have our own medical and departmental officers, as well as those of foreign services, hitherto had no military rank or title? Why "levelling down"? Would it not better fit on to the extreme pretensions of a fighting caste to call the process levelling up? But, really, Sir George should be more careful of his reputation, and leave such unworthy sneers and paltry misleading suggestions to smaller men.

Another correspondent remarks: "I very fully endorse the comment recently made of the 'unfair anomaly' that Brigade-Surgeon Lieutenant-Colonels in their dual rank should share the disabilities both of those above and below them." These officers now fill the administrative positions of Surgeon-Colonels at many home and foreign stations, such as Chatham, Curragh, Bermuda, Ceylon, etc. and like them are compelled to serve three years in the rank before they can retire, though unlike them they are compulsorily retired at 55 years of age. As the rank in question is the only one to which the majority of senior medical officers can look, why should there not be some modification made in it both of the pension and retirement rules?

"\* We certainly think the Brigade-Surgeon-Lieutenant-Colonels are pretty heavily handicapped from their title upwards."

FIAT JUSTITIA cannot see why the new titles "now scattered far and wide in the Auxiliary Forces" should be withheld from retired officers. Surgeon-Major certainly does not express the rank of such of them as retired after 20 and 25 years' honorable service. Cannot the mighty force of precedent be created to meet such a wholly equitable extension?

MR. RANKING WITH LIEUTENANT-COLONEL, writing on the same subject, says, sentiment has always been admitted as an element in the rank controversy; but something more substantial is involved, when the new Surgeon-Lieutenant-Colonel of 20 years takes titular and social precedence of the old retired Surgeon-Majors of over 25 years' service. RETIRED PAX would like some explanation of the false position assigned in the Army List to medical officers who retired before the issue of the Warrant, but are still liable to be recalled to service. Their names appear between surgeon-lieutenant-colonels, years their juniors, and surgeon-capitains. Is it to be inferred that these surgeon-majors are considered to have the substantive rank of majors only while their previous relative rank of lieutenant-colonel is ignored? Such would seem to be the case, because only the dates of their seniority as surgeon-majors are given. Either the Warrant should be applied to these officers or their names placed in a separate list altogether.

Another correspondent points out that as these retired officers are shown in the active list what possible ground can there be for withholding from them the provisions of the Warrant? "Inquirer" further points out that although the departments of the army are arranged in the Army List alphabetically yet the same sequence is not observed in the detail of the station staffs at home and abroad. In these lists the principal medical officer is always placed last.

"\* The remoter hearings of all new warrants seem never to be fully thought out before their issue, hence a crowd of anomalies follow hard on their promulgation. Of these one undoubtedly is the position as regards rank and title of the older retired medical officers liable to be recalled to service, who, nominally non-effective, are actually and practically on the active list. The remedy seems easy, and Mr. Stanhope should order its application if no one will take the initiative. As regards the curiosities and inconsistencies of the Army List, although published by authority, it has long been a source of wonder who the responsible editor could be. When the tough problem of precedence among the army departments in the List was discussed some years ago it was considered a happy thought, if not a triumph of genius, to solve it by the bold expedient of placing them alphabetically. If that was and is a masterful solution, why not, as our correspondent asks, carry it to a full and logical conclusion in the station staff lists? Perhaps the ghostly editor may take the hint.

Referring to the precedence of medical officers as distinctly and authoritatively laid down in the Warrant, another correspondent writes: Commotion has been raised at Malta by the position assigned to the surgeon-major-general at the funeral of the late major-general commanding the infantry brigade. According to custom on such occasions eight of the most senior officers were detailed as pall-bearers, but the surgeon-major-general, although several years senior to the major-general commanding the artillery, was named after him. No question of command could attach in this solemn parade, as the Governor himself, in supreme command, was present with all his staff. Such is one of the many ways in which medical Royal Warrants are set at naught.

"\* Presuming that the facts were as stated, it is sad to think that even in the presence of the Great Leveller, the spirit of military arrogance can find such paltry expression.

A DELUDED RECRUIT, writing from India, January 24th, thanks us for our articles insisting on the extension of the Warrant in its integrity to India, and says there are still no signs of the readjustment of pay, surgeon-capitains continuing to draw the allowances of subalterns. Also, although obliged to appear mounted on fatiguing field days they get no forage allowance, but may, as a great concession, put their leg over a government troop horse, one, probably, impracticable in the ranks, and that few care to ride. On seven separate field days the writer was supplied with six different animals. No other officer would be expected to ride at short notice any beast brought to him.

"\* We congratulate our correspondent on being alive to tell the tale. We know by repute that ill-conditioned brutes often supplied to medical officers on such occasions, vicious biters, buckers, bolters, but—with a nod and a wink—euphemistically called chargers.

MARCH 19, 1892

#### THE NEW WARRANT.

From India we have received the following communications:  
ONE WHO HOPES thanks us for advocating that the provisions of the Warrant—financial and otherwise—should be fully applied to India. He says the reduction of the tours of foreign service to the old terms of five and three years is an urgent necessity; this would only be in accordance with the recommendations of the Camperdown Commission and Mr. Stanhope's own views as expressed to one of the medical depu-

"\* We have been assured by several correspondents that the augmented tours of foreign service have not been of the smallest benefit to the roster, and are positively disadvantageous both to the State and to individuals, by injuriously affecting the health and efficiency of the medical officers. We should like to know what is now the official view of these extended tours. The financial application of the Warrant to India, we are sorry to find, is still in abeyance.

QUERRA writes: The Warrant has not changed or improved the position of medical officers attached to native regiments; they continue to pay the highest subscriptions without any recognised military position in the regiment or at mess; they always figure at the tail of all lists, and

are the last to be listened to or consulted. It is constantly said the position of the medical officer depends upon his personal qualities. Why should it? That of every other officer depends on the rank given him in the Queen's Commission. In fact, the position of a regimental medical officer in India is so ill-defined and unsatisfactory that the usual punishment inflicted on a peccant medical officer in civil employ is to relegate him to military duty. Is this encouraging for those who adopt that branch? The only way to solve the difficulty is to introduce the station hospital system into the native army.

INDIA writes: It is often averred in the press that Indian medical officers dislike the new titles. As a body, they neither like nor dislike them more than the medical staff; it is the want of due military status that is the great grievance. Combatant officers continue to deny this to medical officers; but why they should so begrudge a body to whom they are daily indebted, both in their own persons and in their families, for many purely voluntary kindnesses, passes comprehension; self-interest alone ought to dictate another policy. While the Warrant has been of advantage in practically admitting medical officers had grievances, it has as yet conferred no solid advantages. What is wanted is a satisfactory definition of the term substantive army rank; until this is unmistakably set forth, combatant officers will continue, in defiance of justice and against their own best interests, to deny medical officers due military status, and to treat them as a socially inferior order.

"\* Events seem ripening for changes in the hospital system of native troops, as well as in the relations between medical officers in civil and military employ in India.

Alluding to the new titles, and Sir George Chesney's gratuitous and discourteous sneer in his *Blackwood* essay, a correspondent says: Good humoured banter over the comic side of the duties of various branches of the service has long been freely given and well received in the army, but Sir George's allusion is not of that kind, but a combination of snarl, bad taste, and ignorance. Can it be that his extraordinary ignorance of existing relations between British regiments and medical officers is the result of his long want of touch with both while engaged in work anything but military?

Another correspondent writes: A veterinary captain informs him he was announced at the Horse Guards as Captain, and his official letters are also so addressed. Does this, he asks, explain the entry in the *Southern District Directory*?

#### SERVICE WITH NATIVE REGIMENTS.

NEMO sends us another of many complaints we have received concerning the very unsatisfactory position of especially senior medical officers of the Indian service with native regiments. Generally their military and social position is wholly ignored, yet they are compelled to figure as regimental officers, and to subscribe according to their paper rank. At mess they have no voice or recognised position, and do not even count as "mine host" to mess guests, although duly called upon to pay the piper. The true remedy is the formation of station hospitals for native troops.

"\* The position of a medical officer, especially at mess with a native corps, is no doubt just as anomalous as was that of their brethren with British troops in the old regimental days. A few years ago we understood that the formation of native station hospitals was an essential part in the reorganisation of native troops for field service. Why has it not been carried out?

MARCH 26, 1892.

#### THE NEW TITLES.

OUR attention has been drawn to the following occurrence at Gibraltar:—A certain medical officer put the military portion of his title in writing on his printed card before his name instead of in conjunction with his departmental designation, which caused the following extraordinary paragraph to flare out in *Fortress Orders* of February 23rd without the surgeon-major-general, the local head of the department, having been consulted.

"It having come to the knowledge of His Excellency the General Officer Commanding that officers of the Medical Staff have in some instances adopted the military designation of their rank without affixing their departmental titles, His Excellency desires that the terms and conditions of Army Order No. 167, of 1891, may be strictly adhered to in future."

Although this unprecedented fulmination was directed against the action of one medical officer only, the whole body of them naturally felt indignant and aggrieved in the unwarranted and misguiding use of the plural number by which they were all held up to obloquy in the garrison, contrary alike to the spirit of the regulations and courteous usage. On this feeling being made known to His Excellency by the principal medical officer, the following appeared in *Fortress Orders* of March 1st:—

"His Excellency the General Officer Commanding having been informed by the principal medical officer that officers of the Medical Staff are not in the habit of using their military titles without affixing their departmental designation, has seen fit to cancel *Fortress Order* of February 23rd."

"\* Even civilians can judge that the first of the above regrettable orders could not but be gravely detrimental to military discipline, and the prompt manner in which it was cancelled by the second shows that its authors soon recognised the obvious fact. To publish such an order in a large garrison, calculated to humiliate a body of officers like the medical, whose relations to the soldier are so intimate and personal, could not but weaken military authority and respect generally. But the whole matter, indeed, was beneath the dignity of a *Fortress Order*, for surely the offending officer could have been dealt with privately. But when this is said, we must add our belief that all sound-thinking medical officers will regret and condemn the (probably thoughtless) action which brought it about. They can well afford to await the ultimate evolution, whether written or colloquial, which their titles may undergo; but, meanwhile, they have no right, and it should be beneath their dignity, to assume titles to which they have no official claim. The order in question is but another example of the irrational irritation which the new titles have caused in certain military circles; it is, in fact, an unintended testimony to their value, for, had they been considered worthless or unmeaning, no notice would have been taken of the eccentricity of the offending medical officer.



JULY 2, 1892.

## ARMY MEDICAL SERVICES.

MEMORANDUM, ON FURTHER DESIDERATA, TO BE SUBMITTED TO THE SECRETARY OF STATE FOR WAR.

It is proposed by the Chairman of the Parliamentary Bills Committee to submit to the Secretary of State for War and to the Secretary of State for India respectively the following memorandum, relating to points which it is considered require their favourable consideration, with the view of fully carrying out the spirit of the recent Army Medical Warrants. Medical officers of the department who are interested in the questions herein discussed are requested at once to communicate to Mr. Ernest Hart any observations which they would wish to offer on the text of the memorandum, together with any further suggestions under these heads, and facts illustrative of the propositions conveyed in the text.

## MEMORANDUM.

1. *The Compound Titles.*—The new compound titles have (with the exception of the anomalous and cumbersome brigade-surgeon-lieutenant-colonel) been well received by the great majority of medical officers, and are recognised as setting forth in intelligible consecutive form their military rank and status. They have been applied to all full-pay medical officers of the Home and Indian Armies, and also of the auxiliary forces, but withheld from officers who had retired before the promulgation of the Warrant, on the ground that there is no precedent so to confer them, and that to do so would somehow be unjust to those on the active list.

We fail to see either the force or fairness of this argument, and, in the interests of the service and the officers concerned, are convinced it is both officially unsound and impolitic.

At present there are about 150 retired medical officers "liable to be recalled to service" up to 55 years of age, but only about twelve who, having retired during the past two years by all officers, and is a salutary custom DOUBT FOR INDIVIDUALS and the State; but exchanges between medical officers seem needlessly hampered by restrictions which are looked upon as vexatious. We would press for the removal or modification of two: that, when practicable, they should be allowed to exchange within a reasonable time after being warned for foreign service; and that they should be allowed to exchange abroad any time after return home, if physically fit. The reasonable restrictions of the Queen's Regulations seem equally applicable to medical as other officers, and are all that is necessary.

SEPT. 17, 1892.

## THE WORK OF THE LATE ADMINISTRATION AND THE NEXT.

## III.—THE ARMY MEDICAL SERVICES.

*The Army Medical Service: Abolition of Honorary Rank; Discontent in the Service: Proceedings of the Parliamentary Bills Committee of the British Medical Association; Camperdown Committee: Questions in Parliament: Representations of the Colleges: Royal Warrant of August, 1891.*

It has been the fate of the Army Medical Service for years to come into collision with successive Governments, and the last Administration unfortunately proved no exception. We may safely say that in these recurring conflicts it has found little to choose in good or evil between opposing political parties, because those in power, when dealing with the doctors, were always largely influenced by the traditional jealousy and unfriendliness of dominant military officialism towards the department.

We have before insisted that in every controversy over their military status and titles the medical officers were never the primary aggressors, but initially always on the defensive. They have repeatedly had to resist open or insidious, designing or simply stupid, attempts to lower or altogether take away their rightful position as officers of an important integral portion of the army. The recent controversy, which was begun in 1887, as will be apparent on review, has been eminently one of defence against gratuitous aggression. Shortly after Mr. Stanhope's accession to office, he found it necessary, in reorganising the Army Supply Departments, to abolish relative rank in them; but in so doing he swept that rank clean out of the Pay Warrant of January, 1887, forgetful or heedless that, such being the only rank possessed by the Medical Department, it was thereby left absolutely rankless.

We are quite willing to believe, as Mr. Stanhope's explanation intimated, that this *coup* was effected without any deliberate intention of injuring medical officers, but rather from sheer indifference, as if they were of no account. When the department awoke to the position which the sudden, unceremonious, and still unexplained abolition of relative rank had left medical officers, great was the indignation. This immediately and naturally, owing to our part in connection with the procuring of army and navy medical warrants, found expression in communications to the Editor of the *BRITISH MEDICAL JOURNAL* and the Chairman of the Parliamentary Bills Committee of the British Medical Association. Their sentiment of indignation and dismay was, however, at first treated with an affectation of incredulity and indifference by official persons, not excluding some of those high in office in the headquarters of the department itself.

In vain, however, did Mr. Stanhope, misled by his military advisers, belittle the agitation, and declare that, as relative rank never had any meaning, its loss inflicted no injury on medical officers; in vain, also, did his henchmen assure him that the agitation was the work of a few, of whom Mr. Ernest Hart had inconsiderately made himself the mouthpiece, and that the great bulk of the medical officers were content and felt no grievance. Well aware from the number and wide area of the remonstrances addressed to him that these official assurances were gross misrepresentations, the Chairman of the Parliamentary Bills Committee issued circulars to medical officers of all ranks, setting forth in alternate propositions questions and proposals as to the military rank and titles considered necessary for the due performance of duty, and for placing medical officers on a fair military equality with the other reconstituted army departments. The analysis of the answers thus obtained gave the broad result that three-fourths of the whole were anxious for definite army rank and military titles, and only 5 per cent. for the *status quo*.

The Committee, early in 1888, placed the results of the analysis before the Secretary of State for War, and urged his earnest attention to the position of affairs. But when subsequently questioned thereon on their behalf by Dr. Farquharson in the House of Commons, he again, doubtless on short-sighted advice, simply condemned "collective action on the part of medical officers," declining, also, at the time to listen to the statements of a civilian body on behalf of their military brethren. But despite of such ill-judged efforts to stifle discussion, the tide of discontent rolled on and gathered volume, chiefly through the columns of the *BRITISH MEDICAL JOURNAL* during 1888; so that, early in 1889, Mr. Stanhope found it expedient to institute a committee, under Lord Camperdown, to report on the "pay, status, and conditions of service of the medical officers of the army and navy."

It was at the time pointed out there was no occasion to drag in the naval service, which had not shared in the agitation; and this view was found to be correct in the light of the Committee's report. Although the medical services had no direct representatives on the Committee they found two in the able retired officers nominated for it by the Royal Colleges of Physicians and Surgeons. Evidence was led from officers of all branches of the service, as well as from permanent officials. The Report and recommendations of this Committee were finally presented to Parliament in August, 1889, and may be summarised as follows: Pay, retired pay, and rules of retirement were no more than adequate, and could not be safely or honorably interfered with; relative rank in a Royal Medical Staff to be restored, with consecutive compound titles, from surgeon-lieutenant to surgeon-major-general; sick leave to be the same for medical as for combatant officers; foreign tours not to exceed five years consecutively; the financial advantages of warrants to be extended, as far as practicable, to India; certain conditions of entrance and examinations for promotion to be modified. The Committee also stated that the rank of medical officers should be clearly stated on their commissions, and in all regulations; and Royal warrants should not be issued altering military status or position without the official representatives of all classes of officers affected being consulted.



JULY 2, 1892.

to India in 1864, when a complete readjustment of medical pay took place and the present rates were fixed; this fact upsets the argument of the unalterable fixity of the Indian rates—a theory which, on the face of it, is absolutely untenable.

But in India, as elsewhere, the scale of pay is governed by military rank; yet the Government have most inequitably refused to give surgeon-captains of the medical staff during their first five or six years' service pay and allowances other than those of subalterns—an indefensible departure from their own regulations which has never been attempted on any class but medical officers. The rank of brigade-surgeon has also never been equitably recognised; although, in view of the seniority it confers, new and responsible duties have been thrust upon it, no extra emolument has been given as in every other portion of the Empire. These undeniable financial inequalities, so apparent to all, call for redress.

3. *Tours of Foreign Service.*—The Camperdown Commission recommended, on data placed before them, that foreign service tours for medical officers should not continuously exceed five years, but this important finding has been set aside. With the great wear and tear which the duties of medical officers necessarily involve, a six years' tour in such a climate as India, for instance, is too long; it tends to break down the health and swell the half-pay and retired lists, does not give the State better service, and has no good practical effect on the foreign roster. Its negative good and positive evil, therefore, call for the speedy adoption of the recommendation of the Commission.

4. *Study Time on Full Pay.*—As the recurrent and prolonged tours of foreign service, together with harassing duties in out-of-the-way places, render professional study difficult or impossible, it is very necessary, if army medical officers are expected to keep abreast in professional knowledge, that study time on full pay should be granted, similarly as in the navy. Study should be allowed at any of the great medical schools of the kingdom, where alone the most recent advances in medicine and surgery can be seen in full practice.

5. *Exchanging.*—The privilege of exchanging is very highly

years, bear the new titles. Of this reserve, about 40 are employed under Article 352, Royal Warrant, Pay, etc., as well as 40 more (or 80 in all) of those, who, from being over age, are not liable to recall.

If the new titles are necessary for the status, and of much advantage in the due performance of the duties of medical officers on the active list, then they must equally be so for those who, although retired, are still actively employed. It is, therefore, most desirable that the new titles be extended to all officers employed under Article 352, whether liable to recall or not.

Confusion and friction must result if those with the old misleading and undefined titles are recalled to service with those bearing the new; under such circumstances the anomaly would probably be witnessed of an active surgeon-lieut.-colonel serving under a senior reserve officer having the title of surgeon-major only.

We would even advocate a step further, not on the ground of necessity, but as a wise and politic act, which would be received by the medical profession with much satisfaction, namely, the permissive and optional use of the new titles by all retired medical officers, according to the relative rank they bore on retirement. The public are slow to apprehend the true import of military titles, and retired medical officers find themselves the victims of much misunderstanding in social life when brought into contact with those bearing the new titles. We are not aware that by such a gracious act any essential principle would be violated, because, never before have military titles been changed on such a far-reaching scale by Royal Warrant; and, after all, the new titles create no new ranks, but only give fuller expression to existing rank.

2. *The Full Application of the Warrant to India.*—The new Warrant has been extended to India in all except its financial bearings, and this important omission has been justified in the House of Commons on the ground that the Indian rates of pay are not affected by changes in the home rates. This statement we beg leave to traverse; the medical Warrant of 1858, although tardily, was nevertheless financially applied

to all officers, and is a salutary custom both for individuals and the State; but exchanges between medical officers seem needlessly hampered by restrictions which are looked upon as vexatious. We would press for the removal or modification of two: that, when practicable, they should be allowed to exchange within a reasonable time after being warned for foreign service; and that they should be allowed to exchange abroad any time after return home, if physically fit. The reasonable restrictions of the Queen's Regulations seem equally applicable to medical as other officers, and are all that is necessary.

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Months passed before any definite information was extracted how these important and weighty recommendations were to be dealt with. At last Mr. Stanhope informed Dr. Farquharson, who put the question on behalf of the Parliamentary Bills Committee in the House in March, 1890, that he did not propose to give effect to recommendations involving expenditure, and, "as regards the recommendation to confer combatant titles on medical officers, I find that my military advisers are unanimously opposed to it;" also, "he did not intend to publish the evidence."

The opinion of his "military advisers" on the subject was indeed no news, for the opposition to giving medical officers any

military status at all had been already stated, considered, and over-ruled by the Committee; but the surprise was that Mr. Stanhope elected to be guided by such prejudices, against the unbiassed and independent opinion of his own Committee, before whom they had been fully heard.

On March 15th, 1890, we were enabled to publish Mr. Stanhope's official decisions on the individual recommendations, which amounted practically to the rejection of everything vital on the question of rank. Even the financial application of warrants to India was declared "a matter for India"—a dictum which we distinctly traversed, and now hold to be untenable. It was then clear that the hostile military party had the upper hand, and were determined not merely to reject the recommendations of the Committee and the claims of medical officers, but to flout the entire medical profession. But later on, when the Army Estimates came before the House, a wiser spirit and policy was happily noticeable, and Mr. Stanhope consented to produce, although not to print, the wished-for evidence given before the Committee, which, with his permission, was forthwith published at the expense of the British Medical Association. It revealed, in a very offensive form, the determined and unreasoning hostility of the "fighting caste" military party to the plainest equitable claims of medical officers to suitable military status, and even a reckless desire almost to cut them adrift from the army, rather than acknowledge any official approach to equality. But there were honourable exceptions, such as in the person of that distinguished and enlightened general officer, Sir Donald Stewart, whose wide and varied experience saw no difficulty in granting his medical brother officers all necessary military status and titles.

The controversy from this time assumed a wider public aspect; the medical colleges and schools of the kingdom were approached, and their moral support was asked and given. Some of these went to the root of the matter, and declared that as it had been determined to set aside the Recommendations of Lord Camperdown's Committee, no full settlement was now possible until the Medical Staff was formed into a corps with its own men like the Royal Engineers, and officers thereof having purely military rank and titles for all purposes except general command; such a step would only be following the example of many of the great military powers.

In the end, Mr. Stanhope consented to receive in July, 1890, a very influential deputation from the Colleges in support of the claims investigated by the Camperdown Commission and broadly accepted by the department. They forcibly laid before him the gravity of the position which had been brought about, and received the courteous reply that he would reconsider matters, and be prepared to receive further communications through Sir Andrew Clark, Bart. Meanwhile, the Chairman of the Parliamentary Bills Committee had brought the question anew in all its bearings before the whole of the members of the House of Commons, and before the professors and students of the schools.

During succeeding months an interesting correspondence passed between Sir Andrew Clark and Mr. Stanhope, and was published in our columns. From this it was evident that the latter was preparing to recede from the *non possumus* attitude which had been unwisely thrust upon him by his military advisers. We now wrote: "It is impossible for any unprejudiced person to read the correspondence without being

Oct. 15, 1892.

## THE WORK OF THE LATE ADMINISTRATION AND THE NEXT.

### IV.—PROSPECTIVE MEASURES REQUIRED.

ARMY MEDICAL SERVICE.—Our readers will be aware that during the past six years of the controversy we had full and certainly unique opportunities of judging of its merits or demerits in every detail. A large number of correspondents sent us many confidential communications, for which we return thanks, and of which we endeavoured to make the best use, in setting forth a balance of opinion. Since the issue of the Warrant, we have also been favoured with many searching criticisms into its provisions, and the direction in which it requires to be strengthened or supplemented; such points we recently embodied in a memorandum, which we proposed to submit to the Secretary of State for War; it will be convenient to take the points *seriatim*, and discuss them in the light of further criticism which we have had since it was issued.

1. *Full Application of Rank*.—What rank? That set forth as "substantive" in the Warrant; which on mature reflection we think can only mean substantive army rank, because that and honorary rank are the only ranks now known in the service and named in the regulations. Some have thought it to mean substantive departmental rank, but, in the first place, there is no such rank; and secondly, both text and context of Article 267A forbid such an interpretation. The precedence and advantages the rank conveys are those attaching to the military portion of the medical officer's title; while the limitations in command and the presidency of mixed courts and boards can only refer to the army at large, and could have no significance in an inter-departmental rank. The nature of the rank being, therefore, clear, within defined limitations in the Royal Warrant, any infringement of its scope by Regulation for Her Majesty's Army, or Army Order, cannot be permitted, and the whole must be brought into harmony, which has not yet been done.

We would name the invidious and indefensible order, contrary to Sir Sidney Herbert's Royal Commission, by which medical officers are practically excluded from sitting on mixed boards, and are called only as witnesses; their presence on many such boards, relating to military sanitation and hygiene, would undoubtedly be of great advantage to the army; but, lest they should in the matter of seniority come between the wind and the assumed superior combatant class, they, forsooth, are, by a side order, relegated to the position of helpless and voiceless witnesses. The public can hardly be aware that such absurd prejudices are still pandered to in the army.

Again, we would like to know what sense or justice there can be in the rule that the oldest and most senior medical officer must always be held junior to the youngest combatant at the semi-social mess table; this is a clear violation of the precedence resting on military title, and must be swept away. Then on what ground, except that of obsolete custom, are the names of medical officers always placed last in staff and other military lists. The departments in the *Army List* are ranged alphabetically; and, at the very least, individual medical officers are entitled to have their names placed in a similar order in all staff and official lists. Further, we know how general officers, with some most honorable exceptions of the highest rank, and Court, and other officials, are permitted to play ducks and drakes with the precedence of medical officers at ceremonial functions; this is an unwarrantable abuse of place and power which must be put a stop to by regulations which cannot be perverted or ignored. The precedence attaching to the military portion of the title must be made a reality, which no jack-in-office will presume to infringe. Some civilians may think these matters are not so important as we make them; but life in the army is made up of many elements of precedence and etiquette, without which it becomes insupportable. We are quite aware it is semi-officially held and stealthily acted on that the grand theory of command practically overshadows and annuls the military



precedence of non-combatants; which convenient assumption, if true, of course reduces a Royal Warrant conveying rank and titles to such officers to a veritable mockery, delusion, and a snare. We hardly think even the most stiff-necked and hidebound upholder of military caste would venture to affirm publicly that any document bearing Her Majesty's sign manual was of that character. The command theory, indeed, has its limits, like everything else, and medical officers are fully prepared to recognise where it should come in, and where it should not, in matters of army precedence.

2. *Full Application of the New Titles.*—The compound titles have, of course, been given to all active officers of the Home, Indian, and Auxiliary Forces, but have been withheld from those on the Reserve or Retired Lists who had ceased to be active before the issue of the Warrant. The value of these titles, in being consecutive and showing conclusively the military status of the holder, is unquestionable. It has again been suggested that the rank would be better emphasised if the conjunction "and" be inserted, thus, "Surgeon and Captain etc." There is good historical precedent for this course. It is one which we advocated from the first and which had very influential support. We regret that it was not adopted and we think the suggestion is one which should be further considered by the authorities. Some have called them cumbersome, but the objection has not been strongly pressed, except in the case of brigade-surgeon-lieutenant-colonel, which is mongrel as well. It is a pity that no better title has yet been evolved for this important rank.

That the new titles should be extended to those retired officers who are "liable to be recalled to service" is universally recognised; there are at present about 140 of them bearing the old titles, and nothing short of wilful and perverse titular confusion can result; should they be brought back to serve; for instance, an old recalled surgeon-major might assume seniority and command over a new surgeon-lieutenant-colonel! But besides those subject to recall, there are a number who, although not liable, being over 55 years of age, are still serving in retired-pay appointments under Article 352 of the Pay Warrant; it seems very proper that these officers should also have the new titles. But we might go beyond both classes, and inform the Secretary of State for War that it would be a great boon and gracious act to extend the optional use of the new titles to all retired officers. Most of them, particularly the old surgeon-majors ranking as or with lieutenant-colonels, find themselves titularly handicapped in public and social life by their younger brethren. If precedent is wanting for such retrospective action, one might be created for a concession at once harmless, reasonable, and inexpensive.

3. *Financial Application to India.*—This was one of the recommendations of Lord Camperdown's Committee; but we are sorry to say, although just and equitable on the face of it, still not only refused but excused on grounds which we venture to characterise as illogical, inconsistent, and indefensible. What are the facts? The Medical Staff in 1892 are actually serving in India in the ranks and pay of the Warrant of 1858, long since obsolete everywhere else. That Warrant was tardily accepted in 1864, and the Indian ranks and pay entirely remodelled on it. But in the teeth of that it was actually lately put in Mr. Curzon's mouth in the House of Commons that Indian pay had no connection with and did not vary with the home rates as settled by Warrants! This pay grievance in India is a great loss, especially to young officers, who did not engage to serve under the Warrant of 1858, which was abrogated before some of them were born. As the Medical Staff are in theory and practice lent to India, it is the duty of the Secretary of State for War to see that thereby they do not suffer pecuniary loss. The financial application of Warrants is not, therefore, as Mr. Stanhope put it, "a matter for India," but for the Home Government, and is all the more important and urgent in these days of a vanishing rupee!

4. *Tours of Foreign Service.*—The recommendation of the Committee that these should not exceed five years consecutively has as yet been ignored. It was based on the great and lamentably heavy sick- and death-rate of army medical officers, which is undoubtedly mainly caused by the stress of constant duty and the strain of service in unhealthy climates. The imposition of an extra year on each foreign tour must aggravate these evils. We put it to the War Minister to find out whether this most unpopular measure has been of the smallest good in lengthening the home tours; has it not rather resembled the famous but futile lengthening of Paddy's blanket? But it is also full of absurdities; Ceylon, for instance, is too hot for more than four years, but the adjoining temperate plains of Madras may be borne for six!

5. *Leave for Study.*—Medical officers are expected to keep abreast of the ever-advancing tide of professional knowledge, in spite of long foreign tours, harassing duties, and conditions of life most inimical to study. We say study is impossible without leisure, and knowledge merely acquired from

Nov. 19, 1892.

#### THE WORK OF THE LATE ADMINISTRATION AND THE NEXT!

##### VII.—THE ARMY MEDICAL RESERVES.

It is an administrative truism requiring little demonstration that no peace establishment of the Army Medical Department can be kept up of a strength which will fully meet the demands of a modern campaign on a large scale. This fact, now so clear and universally acknowledged, was, indeed, becoming apparent long ago, and was one of the grounds which led, under the Warrant of 1879, to the formation of a reserve, through the earlier retirement of medical officers, coupled with liability of recall to service in emergency up to 55 years of age. Under this most wise provision a substantial, highly efficient, and experienced reserve of some 150 army medical officers has already been formed, which, being entirely within call, cannot but prove of ready advantage in emergency by releasing the younger active list from home duties for service with army corps in the field. So undoubted are the reality and value of this reserve that to stunt it by checking or discouraging voluntary retirement after twenty years' service would, we are convinced, be a wholly retrograde policy, and prove a serious blunder in the stress of our first military emergency. We are confident that the keenest economist, when fully in possession of facts, would be fain to admit that no reserve can possibly be so good as this, and that earlier retired pay is money well spent in building up a body so thoroughly efficient and reliable—two qualities essential in any reserve worth the name. Yet, notwithstanding its incontestable advantage and value to the army, for some inscrutable reason it was the official cue during the late controversy to treat it with studied neglect, and silently bury it in the non-effective list. From this strange official conduct the public at large, and even ill-informed members of Parliament, were led to believe and act as if the medical retired list was wholly non-effective—a total and serious misapprehension which we protested against at the time. It was during the curious and temporary eclipse of the retired reserve that, in February, 1888, another was created, by Warrant, entitled "The Establishment of Army Medical Reserve of Officers," composed of the semi-civilian officers already in organic connection with the auxiliary forces. We directed full attention to the provision and aims of that Warrant at the time of its promulgation, and now propose to review them again after four years' experience.

Whatever may have been the influences, motives, or objects underlying the inception of the Warrant, they were instinctively regarded by army medical officers as boding no good to themselves and the regular service, and we must allow they had grounds for such suspicions. It was noticed as significant that the new reserve was officially heralded as if no prior retired reserve at all existed; this, it was possible, foreshadowed an intention of extinguishing the latter by cancelling the earlier retirement provision of the Warrant of 1879, in deference to the ill-considered outcry of certain economists against the non-effective vote. Also, there were certain clauses and instructions, somewhat obtrusively set forth, relating to the employment of the new reservists on so-called "contract rates" with troops at home, which looked as if it were proposed to cut down the Medical Staff still further, and so consign its remaining members to unlimited and merciless foreign service. We sincerely hoped at the time that, at least for the fair fame of those responsible for medical administration, no such ill-judged and concealed schemes could be in the background; but if they ever existed, as was feared in well-informed quarters, such was the storm of destructive criticism, chiefly in these columns, aroused by the suspicion of them, that their authors never allowed them to come to the front, while their discomfiture



Months passed before any definite information was extracted how these important and weighty recommendations were to be dealt with. At last Mr. Stanhope informed Dr. Farquharson, who put the question on behalf of the Parliamentary Bills Committee in the House in March, 1890, that he did not propose to give effect to recommendations involving expenditure, and, "as regards the recommendation to confer combatant titles on medical officers, I find that my military advisers are unanimously opposed to it;" also, "he did not intend to publish the evidence."

The opinion of his "military advisers" on the subject was indeed no news, for the opposition to giving medical officers any

conviction that the medical officers' claims are well-nigh unanswerable."

Although Mr. Stanhope was not prepared to form a consolidated Medical Corps, his attitude of conciliation was such that all parties felt the controversy should be closed in the spirit of compromise. Accordingly, on August 10th, 1891, a Royal Warrant appeared, giving the compound titles, and with the following important provision: "The substantive ranks of Our Medical Staff . . . shall carry precedence and other advantages attaching to the rank indicated by the military portion of the title."

Sick leave was conceded on the same terms as to combatants. Pay and retirement was unaltered, except that in the upper ranks three years' service was required before voluntary retirement could carry the pension of the rank. The Warrant was ultimately extended to the Indian service and to the auxiliary forces as far as applicable.

Thus ended a controversy forced on the medical service, yet happily ending in a distinct step forward. In any general retrospect we feel bound to express thanks to Mr. Stanhope for the ultimate concessions he made, and to express the belief that, had he been left to his own fair-minded action, the questions at issue would have been met and settled long before they were.

The final goal of the medical service towards a unified autonomy has not yet been reached, but a road has been opened to it. While thankful for what has been achieved, not a little yet remains to be done in order to bring previous and still existing rules and orders into harmony with the recent Warrant, as well as to give effect to certain recommendations of the Camperdown Committee which have thus far been ignored.

We propose to direct attention to omissions and defects in the conciliatory but firm spirit which we have always held to be the proper temper in which to approach and discuss such subjects.

recommendations of Lord Camperdown's Committee, no full settlement was now possible until the Medical Staff was formed into a corps with its own men like the Royal Engineers, and officers thereof having purely military rank and titles for all purposes except general command; such a step would only be following the example of many of the great military powers.

In the end, Mr. Stanhope consented to receive in July, 1890, a very influential deputation from the Colleges in support of the claims investigated by the Camperdown Commission and broadly accepted by the department. They forcibly laid before him the gravity of the position which had been brought about, and received the courteous reply that he would reconsider matters, and be prepared to receive further communications through Sir Andrew Clark, Bart. Meanwhile, the Chairman of the Parliamentary Bills Committee had brought the question anew in all its bearings before the whole of the members of the House of Commons, and before the professors and students of the schools.

During succeeding months an interesting correspondence passed between Sir Andrew Clark and Mr. Stanhope, and was published in our columns. From this it was evident that the latter was preparing to recede from the *non possumus* attitude which had been unwisely thrust upon him by his military advisers. We now wrote: "It is impossible for any unprejudiced person to read the correspondence without being



convinced that the medical officers' claims are well-nigh unanswerable."

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military status at all had been already stated, considered, and over-ruled by the Committee; but the surprise was that Mr. Stanhope elected to be guided by such prejudices, against the unbiassed and independent opinion of his own Committee, before whom they had been fully heard.

On March 15th, 1890, we were enabled to publish Mr. Stanhope's official decisions on the individual recommendations, which amounted practically to the rejection of everything vital on the question of rank. Even the financial application of warrants to India was declared "a matter for India"—a dictum which we distinctly traversed, and now hold to be untenable. It was then clear that the hostile military party had the upper hand, and were determined not merely to reject the recommendations of the Committee and the claims of medical officers, but to flout the entire medical profession. But later on, when the Army Estimates came before the House, a wiser spirit and policy was happily noticeable, and Mr. Stanhope consented to produce, although not to print, the wished-for evidence given before the Committee, which, with his permission, was forthwith published at the expense of the British Medical Association. It revealed, in a very offensive form, the determined and unreasoning hostility of the "fighting caste" military party to the plainest equitable claims of medical officers to suitable military status, and even a reckless desire almost to cut them adrift from the army, rather than acknowledge any official approach to equality. But there were honourable exceptions, such as in the person of that distinguished and enlightened general officer, Sir Donald Stewart, whose wide and varied experience saw no difficulty in granting his medical brother officers all necessary military status and titles.

The controversy from this time assumed a wider public aspect; the medical colleges and schools of the kingdom were approached, and their moral support was asked and given. Some of these went to the root of the matter, and declared that as it had been determined to set aside the recommendations of Lord Camperdown's Committee, no full settlement was now possible until the Medical Staff was formed into a corps with its own men like the Royal Engineers, and officers thereof having purely military rank and titles for all purposes except general command; such a step would only be following the example of many of the great military powers.

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OCT. 15, 1892.

## THE WORK OF THE LATE ADMINISTRATION AND THE NEXT.

### IV.—PROSPECTIVE MEASURES REQUIRED.

ARMY MEDICAL SERVICE.—Our readers will be aware that during the past six years of the controversy we had full and certainly unique opportunities of judging of its merits or demerits in every detail. A large number of correspondents sent us many confidential communications, for which we return thanks, and of which we endeavoured to make the best use, in setting forth a balance of opinion. Since the issue of the Warrant, we have also been favoured with many searching criticisms into its provisions, and the direction in which it requires to be strengthened or supplemented; such points we recently embodied in a memorandum, which we proposed to submit to the Secretary of State for War; it will be convenient to take the points *seriatim*, and discuss them in the light of further criticism which we have had since it was issued.

1. *Full Application of Rank.*—What rank? That set forth as "substantive" in the Warrant; which on mature reflection we think can only mean substantive army rank, because that and honorary rank are the only ranks now known in the service and named in the regulations. Some have thought it to mean substantive departmental rank, but, in the first place, there is no such rank; and secondly, both text and context of Article 267A forbid such an interpretation. The precedence and advantages the rank conveys are those attaching to the military portion of the medical officer's title; while the limitations in command and the presidency of mixed courts and boards can only refer to the army at large, and could have no significance in an inter-departmental rank. The nature of the rank being, therefore, clear, within defined limitations in the Royal Warrant, any infringement of its scope by Regulation for Her Majesty's Army, or Army Order, cannot be permitted, and the whole must be brought into harmony, which has not yet been done.

We would name the invidious and indefensible order, contrary to Sir Sidney Herbert's Royal Commission, by which medical officers are practically excluded from sitting on mixed boards, and are called only as witnesses; their presence on many such boards, relating to military sanitation and hygiene, would undoubtedly be of great advantage to the army; but, lest they should in the matter of seniority come between the wind and the assumed superior combatant class, they, forsooth, are, by a side order, relegated to the position of helpless and voteless witnesses. The public can hardly be aware that such absurd prejudices are still pandered to in the army.

Again, we would like to know what sense or justice there can be in the rule that the oldest and most senior medical officer must always be held junior to the youngest combatant at the semi-social mess table; this is a clear violation of the precedence resting on military title, and must be swept away. Then on what ground, except that of obsolete custom, are the names of medical officers always placed last in staff and other military lists. The departments in the *Army List* are ranged alphabetically; and, at the very least, individual medical officers are entitled to have their names placed in a similar order in all staff and official lists. Further, we know how general officers, with some most honorable exceptions of the highest rank, and Court, and other officials, are permitted to play ducks and drakes with the precedence of medical officers at ceremonial functions; this is an unwarrantable abuse of place and power which must be put a stop to by regulations which cannot be perverted or ignored. The precedence attaching to the military portion of the title must be made a reality, which no jack-in-office will presume to infringe. Some civilians may think these matters are not so important as we make them; but life in the army is made up of many elements of precedence and etiquette, without which it becomes insupportable. We are quite aware it is semi-officially held and stealthily acted on that the grand theory of command practically overshadows and annuls the military



precedence of non-combatants; which convenient assumption, if true, of course reduces a Royal Warrant conveying rank and titles to such officers to a veritable mockery, delusion, and a snare. We hardly think even the most stiff-necked and hidebound upholder of military caste would venture to affirm publicly that any document bearing Her Majesty's sign manual was of that character. The command theory, indeed, has its limits, like everything else, and medical officers are fully prepared to recognise where it should come in, and where it should not, in matters of army precedence.

2. *Full Application of the New Titles.*—The compound titles have, of course, been given to all active officers of the Home, Indian, and Auxiliary Forces, but have been withheld from those on the Reserve or Retired Lists who had ceased to be active before the issue of the Warrant. The value of these titles, in being consecutive and showing conclusively the military status of the holder, is unquestionable. It has again been suggested that the rank would be better emphasised if the conjunction "and" be inserted, thus, "Surgeon and Captain etc." There is good historical precedent for this course. It is one which we advocated from the first and which had very influential support. We regret that it was not adopted and we think the suggestion is one which should be further considered by the authorities. Some have called them cumbersome, but the objection has not been strongly pressed, except in the case of brigade-surgeon-lieutenant-colonel, which is mongrel as well. It is a pity that no better title has yet been evolved for this important rank.

That the new titles should be extended to those retired officers who are "liable to be recalled to service" is uni-

books imperfect; the developments in medicine and surgery must be witnessed in hospital practice to be of real benefit, and this is fully recognised in the navy, where study time is accorded. Let the same be done in the army, and medical officers granted leave on full pay—say six months—between the sixth and twelfth years of service for study at one of the great medical schools of the kingdom. Similar arrangements might be made in this matter as in France, where batches of army medical officers are allowed to have leave for certain periods for special study. We are sure the benefit to the individual directly and to the service indirectly would amply repay the State.

6. *Exchanges.*—The privilege of exchanging is a boon greatly prized in all grades of the service, and, within due limits, of much benefit to the State. But exchanges between medical officers have, we think, been needlessly hampered by vexatious restrictions, both written and unwritten, as we understand. They seem compelled to exchange places on the roster in the dark, while other officers always know what they are doing and where they are going. They should be allowed to exchange within a reasonable time after being warned for foreign service, and at any time after return home, if physically fit. What is the objection in the latter case; is it that they are too liable to return in shattered health after over-long foreign tours? What a confession! We think the reasonable restrictions in the Queen's Regulations on exchanging are all that is required for medical as for other officers.

The suggestions which we have put forward are based upon correction and amplification of the existing Warrant and cognate regulations. We do not by any means imply that the existing Warrant—which takes as its point of departure in respect to rank and title the actual organisation of the Army Medical Staff and the bestowal of compound titles in respect to that organisation—can be accepted as final. We have good reason to know that the wish nearest the heart of the great body of army medical officers is that the Army Medical Staff should be organised as a separate corps, upon the model of the Royal Engineers, and with a distinct and recognised title as a "Royal Army Medical Staff." Such a reorganisation we have always advocated; it would imply corresponding revision and modification of rank and title. The officers of the



was complete on many of the volunteer medical officers declaring they would never lend themselves to projects jeopardising the regular Army Medical Service.

The apprehension of evil designs on the department was scouted by some, yet received a measure of corroboration when the evidence of the Camperdown Commission was published. In it were revealed false economists apparently indifferent to efficiency, provided they could compass some poor temporary savings in the Estimates; also a military party so determined to prevent medical officers from having any reasonable military status that, rather than grant such, they would assist at the crippling of the department. But it was part of the good work of this Commission, which, we think, has hardly received due appreciation, not only to expose but to discredit these parties, to overrule their evidence and to set it aside.

Although the Warrant was launched with considerable official acclaim, it did not glide into smooth waters or at once attract many recruits; but they gradually came in, and have now for some time reached a somewhat stationary total of about 150 out of about 1,000 available officers. The arguments for and against this reserve are still much the same as four years ago, and can be concentrated into such answers as may be given to one comprehensive question—Who and what are the members of the reserve; can they in reason be expected to fulfil the serious duties undertaken, or which in the stress of emergency may be imposed on them?

We consider it is not an exaggeration to say that according as that question is fully and honestly answered, so will the reserve be declared valuable or worthless, reliable or only make-believe. We approach the subject dispassionately, and with respect for members of the reserve, who join it doubtless at inconvenience and expense to themselves. But while eliminating all personal elements from the discussion, we claim freedom in the interests of the army and the State, and we consider it a duty to point out to those in authority wherein we think this auxiliary medical reserve scheme, as we shall call it, is defective. We even aspire to enlighten a new House of Commons on it, because, judging from experience, we anticipate and fear that when the next fit of economy seizes that august assembly there may not be wanting confiding but ill-informed members who will invoke this auxiliary medical reserve in justification of proposed further reductions of an already undermanned regular medical service.

It is the first essential of any reserve that its personnel be trained, and readily available to meet the duties required of it. Now, setting aside the "contract rates" instructions, the object of the auxiliary medical reserve, as stated in the warrant, is that it "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." But the officers who are expected to do that are not any new or unattached body, but merely certain of the existing medical officers of the militia, yeomanry, and volunteers, placed in a separate nominal list; for it is expressly laid down: "The acceptance of appointments in the Army Medical Reserve will in no way modify the position of medical officers in the regiments or corps of the auxiliary forces to which they belong."

It is apparent that these two illogical instructions largely contradict and cancel each other, and also betray the inherent military weakness of the scheme; for how can the self-same men, in great national emergency, be at once active in the auxiliary and reserve in the regular forces? It is a double and incompatible function; we assume, of course, that in great national emergency the auxiliary forces will be embodied at once; and if so, what will be the position of the doubly "called out" reservists? We therefore cannot regard the reserve as any real addition to our medical strength, but rather a mere paper manipulation, in which all the officers are counted twice, and some, as the militiamen, even three times, in different departments of the *Army List*.

By no shuffling and transposition of names can any *bond fide* reserve be thus formed; and such an obvious truth could hardly have escaped the notice of the authors of the scheme, unless, indeed, because they were the while looking too intently on the puerile "contract rates" clauses. Perhaps the great national emergency they professed to have in view was only a factitious military one to be brought about through unwisely-reduced army establishments. It is, therefore, apparent that the services of the reserve remain as before pledged to their corps in all genuine emergencies; but there is a further question whether they be not also heavily mortgaged in civil life against all military service whatever; for, with few exceptions, the members of the reserve, liable to be "called out" at any time, are gentlemen deeply committed in private practice, while many hold important local appointments such as officers of health, physicians and surgeons to hospitals, dispensaries, police, etc. It is hard to imagine such ties being easily or cheerfully severed in a moment at the behest of the War Office. No doubt the gentlemen themselves may retort on their critics that they are the best judges of their private affairs; but that assertion alone hardly gives the nation the required assurance that their civil and military engagements are really compatible.

It is true the matter of compatibility between such engagements applies to almost every member of the volunteer army, but with peculiar and double force to the medical members. We have no doubt our volunteers would turn out to a man in actual danger, but only at the cost of serious dislocation in the affairs of civil life. Our medical reservists cannot but feel this deeply and especially; they may have all the will in the world to meet their military engagements, but find absolute inability to do so when the pinch actually comes. We imagine that resignation would not then be possible, as, assuredly, it would not be the becoming alternative; for the War Office is doubtless armed with compulsory powers over volunteers which it would not be slow, as in duty bound, to use. It would be well if these considerations were more squarely looked in the face. The Army Order 27 of 1889 by which the reservists were relieved of the danger of being called up except "as fixed by statute," and were promised such local duties as would not interfere with their civil engagements, does not mend matters, but brings into clear light the fact that the reserve can be employed under very limited and exceptional circumstances.

We once more revert to the primary thesis, medical reserves are required; the retired reserve is admirable so far as it goes, but is not sufficient; the auxiliary reserve is not on a satisfactory footing. What, therefore, should be done? We cannot attempt to solve this problem in detail, but can indicate the spirit and conditions in which, as it seems to us, it should be approached.

There are at least two principles or conditions on which the value of all military reserves turn. The one is that the proper function of a reserve is to supplement or augment an active force in war, but in no way to supplant or supersede it in peace; the next is that reserves must be ready trained, unattached, and easily mobilised when wanted. Applying these conditions to medical reserves, in what direction do they guide us? The first is that the reserve must not be played off against the active force; the War Minister must firmly keep up the active strength of the Medical Staff sufficient for two army corps, in all the first lines of assistance in the field. He must positively refuse to listen to the insidious suggestions of pseudo-economists, with which he is certain to be pelted, that there will be no danger or difficulty in eking out an attenuated medical staff by resort to a cheap reserve. From the day he may listen and be led to act on such disastrous advice we may be certain that army medical inefficiency and unpreparedness will follow. The second is that the retired army medical is the only part of our reserves which at present meets conditions for sudden emergency, which the auxiliary does not and cannot as at present constituted. The former, therefore, should be fully fostered and the latter judiciously reconstituted.

In future reorganisation we would suggest that the War Office should take the medical profession more into its confidence; it would make better progress, frame better instructions, and avoid the misunderstandings and distrust which the sudden promulgation of ill-digested warrants is apt to produce. But preliminary to the formation of any auxiliary reserve, the volunteer medical service should be entirely recast and organised within itself for brigade, divisional, and army corps duties on a war footing. When this is done it will then appear whether, at its present strength, it can spare any medical officers at all for regular reserve duties. We have said nothing of reserves of men, which are needed just as much as reserves of officers; but are glad to learn that solid progress has been made in the First Class Army Reserve of the Medical Staff Corps and the affiliated Militia Reserve of the corps.

Finally, as suggested by Mr. John Furley, a good deal might be said to urge the Secretary of State for War to consider how far and how best our army medical reserves might be strengthened, by entering into an arrangement with and scheduling both the *matériel* and *personnel* of the various ambulance and Red Cross Societies scattered throughout the kingdom.

#### RETIREMENT AFTER TWENTY YEARS' SERVICE.

WEST AFRICA writes: How will service on the West Coast of Africa be affected by the new regulation requiring promotion to Surgeon-Lieutenant-Colonel before retirement? Service there has always counted double towards retirement, although not towards promotion. This is an important matter for those who have served or are about to serve on the West Coast.

\*.\* We cannot pretend to give any authoritative interpretation of the regulations, which rests with the War Office. Although there certainly would seem some element of doubt in the late Warrant concerning the exact bearing of promotion and retirement after twenty years' service, we have not heard of anyone refused promotion or retirement at that period. Our correspondent may rest assured that faith will not be broken over the conditions of West African service in any case.

DEC. 3, 1892.

#### WEST AFRICA, RETIREMENT AFTER TWENTY YEARS' SERVICE.

WEST AFRICA writes: Your correspondent "West Africa," in the *BRITISH MEDICAL JOURNAL* of November 19th, has no cause for anxiety. In obedience to the regulations he is doubtless in possession of a copy of the edition of the Royal Warrant for pay, etc., of May 26th, 1892, which was promulgated by Army Order 108 of 1892, and in Article 107 thereof he will see that the retirement of Surgeon-Majors, after 20 years' service, which, apparently by an oversight, was omitted from the Royal Warrant of August 7th, 1891 (Army Order 187 of 1891), has again been provided for.



# THE "MEMORANDUM" ON THE ARMY MEDICAL DEPARTMENT.

It will be seen from a paragraph in a military paper which we print in our Service Column, that the Director-General of the Army Medical Department is believed in military circles to have expressed to the Secretary of State for War a favourable opinion on the main requirements of the Memorandum on Desiderata for the Department, prepared by the Chairman of our Parliamentary Bills Committee, which was approved by the Committee and has been published in the BRITISH MEDICAL JOURNAL. This is of good omen, and all will hope that the statement is authentic. Sir W. Mackinnon, who has the interests of the service at heart, could hardly confer a greater benefit on the army, on the public, and on his department, than by giving his valued and energetic support to these very essential reforms.

## THE DIRECTOR-GENERAL ON THE DESIDERATA.

THE *Broad Arrow* has a paragraph, but we know not on what basis, to the effect that "it is reported, with some authority, that the desiderata of the Army Medical Staff, recently submitted by the Chairman of the Parliamentary Bills Committee of the British Medical Association to the Secretary of State for War, have been transmitted by the latter to the Director-General of the Department for his consideration, and that Sir William Mackinnon has given the following opinions on the points referred to him: (1) That as regards foreign service, he is in favour of reverting to the old tour of five years for India. (2) That as to purely military titles, although personally adverse to them, he has been bound to allow that the large majority of his officers are in favour of their being conceded. (3) That the formation of a Royal corps has his emphatic approval. (4) That interference with his power to sanction, or to object to, exchanges is to be deprecated.

## THE MILITARY SERVICES.

The pages of the JOURNAL have recently contained full analyses of the present position and needs of the medical officers of the army. That position is not yet satisfactory, and it will, we believe, be clearly recognised that this is not a class question, but one which nearly affects the honour and social status of the medical profession as a whole; we cannot afford, even if we were disposed so to do, to allow our brethren who are serving the State in the army to be subjected to slights, or to be placed in a position of social or official inferiority. The late Warrant was accepted with a loyal intention of making it work if it would. It has now become clear that it has not removed all the legitimate grievances, and we shall not rest until a medical officer of the army shall be accorded his right place in the military hierarchy, a place which must be determined not by the greater or less intelligence of commanding officers, or the higher or lower standard of courtesy of military messes, but by the clear words of the proper official document. The present uncertainty leads to all sorts of anomalies, unjust to the officers of a skilled branch of the service, and detrimental to the best interests of the army and of the country.

DEC. 10, 1892.

## THE MEMORANDUM.

OMEGA contends that unless the recommendations of Lord Camperdown's Committee relative to the rank of Brigade-Surgeon be obtained, it would be better to abolish it as a "useless" rank altogether. The officers of the rank passed over for promotion are simply degraded in the eyes of all; if supersession is needful, let it take place in the rank of Surgeon-Lieutenant-Colonel. He also contends that ten years is a long enough tenure of retired pay appointments.

"We feel confident that supersession in the Brigade rank would only take place except for very sufficient reasons; nor do we think it 'useless,' as those in receipt of retired pay therefrom will doubtless testify.

PROGRESS writes: The value of a title lies very much in its utility, and as those of medical officers cannot be used in conversation they are socially almost useless. Juniors and regimental officers do not know how to address senior medical officers; and as each is left to his own device the result is unpleasant to all. Either we must be addressed by the military portion of the title, or insist on perfect titular equality in a corps of Royal Surgeons with other branches of the army.

ANOTHER correspondent sends us cuttings from *Truth* on the question of Indian pay, representing the annual loss to the junior officers of the Medical Staff calculated at the rate of Government exchange, a matter which we have also frequently set forth. We cordially endorse the following extract from the comments of our contemporary: "The Home Government would do well to look into the treatment of the Army Medical Staff in India, for the repetition of incessant slights and petty injustices is certain to react unfavourably upon the popularity of the service."

We thank another correspondent for a very lucid summary of the arguments which might be placed before the Secretary of State for War on the various points of the Memorandum, as well as for the absolute need of the formation of a Consolidated Royal Medical Corps. He insists that the officers of the army do not recognise the partly civil and partly military compound titles as indicating an army, but rather a medical rank only; and again points out that the question of general military command, so harped on by the combatant party, is effectively dealt with in Article 29 of the Royal Warrant, Pay, etc., wherein "a departmental officer serving on his commission shall not in virtue of his rank or position hold any military command outside his department."

JAN. 21, 1893.

## ARMY MEDICAL SERVICES.

THE CHAIRMAN said he had, in accordance with the resolution passed at the last meeting of the Committee, forwarded a copy of the memorandum on further desiderata as to the Army Medical Services to the Secretary of State for War, and he believed that the Secretary of State was in close communication with his officers on the subject. It was very important that the army medical officers should have a corps, and that their rota of service should be brought down to the same period as the combatants.

MAY 20, 1893.

## THE ARMY MEDICAL DEPARTMENT.

### DEPUTATION TO THE WAR OFFICE.

ON Monday afternoon the Secretary of State for War, Mr. Campbell-Bannerman, received an influential deputation from the Parliamentary Bills Committee of the British Medical Association, who desired to urge various amendments in the conditions of service of the Army Medical Department at home and abroad. The deputation included Mr. Ernest Hart (Chairman of the Parliamentary Bills Committee), Dr. J. W. Moore (Vice-President of the Royal College of Physicians, Ireland), Dr. Carte and Dr. Heuston (representing the Royal College of Surgeons, Ireland), Dr. Bridgwater, Mr. C. N. Macnamara, Surgeon-Major-General Thomson, Surgeon-General Sir William Moore, Surgeon-General G. L. Hinde, C.B., Brigade-Surgeon-Lieutenant-Colonel McLeod, Brigade-Surgeon J. F. Beattie, Brigade-Surgeon F. P. Staples, and Brigade-Surgeon J. F. Fishbourne, etc. Amongst the members of Parliament who accompanied the deputation were Dr. Farquharson, Dr. Cameron, and Dr. Macgregor.

The following gentlemen were prevented from being present at the deputation: Dr. Withers Moore, Dr. Holman, Dr. Edward Hamilton (Dublin), Surgeon-General Sir James Hanbury, and Surgeon-General Ewart.

The following memoranda were submitted to Mr. Campbell-Bannerman, on behalf of the deputation, by the Chairman:

### MEMORANDA FOR AMENDMENTS IN THE CONDITIONS OF SERVICE IN THE ARMY MEDICAL DEPARTMENT—AT HOME AND ABROAD.

#### I.—FORMATION OF A CORPS.

THE Army Medical Staff and Medical Staff Corps should be formed into a consolidated corps on lines similar to the Royal Engineers, the Army Service Corps, and Ordnance Store Corps, but with limited army command as at present.

This would be for the advantage of the army generally, and would undoubtedly increase the efficiency of the medical department both in peace and war.

The change would not add anything to the total cost of the department. The present scale of pay and allowances should not be interfered with, but, if necessary, made "special" for the corps.

The officers of the Volunteer Medical Staff Corps, and of the Militia Medical Staff Corps, are now integral portions of these corps in a regimental sense; so it is merely an extension of this system that is asked for.

#### II.—FOREIGN SERVICE.

This should be restored to the old rates—namely, five years in India and healthy Colonies, and three years in unhealthy Colonies, according to the recommendation of the Camperdown Commission, which was practically acceded to by Mr. Stanhope over a year ago.

Since the six-year rule has been introduced, the number of officers granted sick leave to England and in India has steadily increased; and it is frequently impossible for medical officers in India to obtain any leave except on medical certificate—for example, last hot season, nearly 50 per cent. of the medical officers serving in the Oudh and Rohilkund districts (namely, 13 out of 31) were absent on sick leave at one time, and only one on ordinary leave.

It is probable (judging from the past) that a fair proportion of medical officers would volunteer for an extra year in India, to be granted conditionally if in good health, and this would reduce the number to be brought home.

The number of medical officers required for duty in the Indian transports is always equal (or very nearly so) to the number to be relieved. The chief invaliding of medical officers occurs in the last two years of service in India. The medical are practically the only departmental officers whose services are utilised in transports; so that their services during relief cannot be said to be "lost" as those of other officers are who do not do duty with troops on board.

The value of service lost from sickness, and the cost of pass-



ages to and fro through invaliding, would probably be found to equal, if it did not exceed, any saving that might accrue from the increased length of tour.

Practically, the Medical Staff is the only department affected, as the Commissariat Department, Ordnance Store Corps, Pay Department, and Chaplains, do not serve in India; and the Veterinary Department, having no Colonial service, get much longer tours (at least double) at home than do the Medical Staff.

The Royal Engineer officers, who do not go to India for public works appointments, only serve, according to a recent revision, five years in India, and get in succession tours of five, six, or seven years at home.

Finally, the extended period is most unpopular, and many officers retire at twenty or twenty-five years' service sooner than face the risks of these lengthened tours. See copies of letters attached.

### III.—TITLES.

Some revision of the new titles is required. The term Brigade-Surgeon-Lieutenant-Colonel is especially awkward. This title is unnecessary. Surgeon-Lieutenant-Colonel is quite enough for all officers holding the rank of Lieutenant-Colonel, the first fifty being placed in a separate list, and the words "Brigade-Surgeons" in brackets being placed after Surgeon-Lieutenant-Colonel, to specify position in service. This would also be in accordance with a recommendation of the Camperdown Commission.

It is also suggested that the word "and" be interpolated between the word Surgeon and the military affix—for example, Surgeon and Lieutenant, etc. The new titles should be granted to all officers liable to be recalled to service, or now employed, and their use might also be allowed by all retired medical officers.

### IV.—THE RETIREMENT REGULATIONS.

"Three years in a rank" before being permitted to retire is too long. The Camperdown Commission recommended "a certain time," but three years cannot, under the conditions of service, be considered "reasonable."

No doubt if medical officers obtained promotion comparatively young, say at 50 years of age or under, to the rank of Surgeon-Colonel, three years in a rank would be fair enough, but now for some time past (and for some time to come this will continue) the rank of Brigade-Surgeon-Lieutenant-Colonel is only gained after over twenty-six years' service, and at about 49 to 50 years of age, while that of Surgeon-Colonel, except in the cases of the very few officers who obtain special promotion, is not reached till officers are verging on 55.

In consequence of this the ranks of Surgeon-Colonel and Surgeon-Major-General, with compulsory retirement at 60, have to be passed through in five or six years, which causes an immense amount of difficulty in providing for the administrative appointments abroad.

Since the "three years in a rank" rule was instituted, not one single officer has retired voluntarily within that time, and so frequent have been the consequent reliefs in the administrative ranks that in the past fifteen months no fewer than ten changes have taken place in appointments held by Surgeon-Major-Generals, with a strength of ten officers, and twenty changes in appointments held by Surgeon-Colonels, with a strength of twenty-four officers, a total of thirty changes in thirty-four appointments, mostly due to unavoidable moves.

This question is further well illustrated by the difficulty found in providing for the relief of the Principal Medical Officer at Malta: the first Surgeon-Major-General for foreign service at home having only landed a few months ago from India, an officer who had been three and a-half years at Hong Kong had to be posted to that station (Malta), and kept idle for several months till the appointment became vacant.

It is suggested that the qualifying "time in a rank" for retirement be shortened considerably, say to one or two years; at all events, till promotion comes to men who are younger than at present.

### V.—EXTENSION OF SERVICE FOR SURGEON-MAJOR-GENERALS.

This bears most hardly on the Department, as, when a Surgeon-Major-General is granted an extension for two years, an actual money fine, through delay and loss of the step, is inflicted on the next Senior Surgeon-Colonels, Brigade-Surgeon-Lieutenant-Colonels, and Surgeon-Lieutenant-Colonels of at least £1,600.

It may (and probably will) hereafter altogether deprive some officers of promotion, and if they should die, or have to retire through ill-health before promotion, the far-reaching results of these extensions will unfairly deprive their families of the higher rates of pensions.

The system of extension was (it is well understood) introduced on account of the difficulty in finding a Surgeon-Major-General for the appointment of Principal Medical Officer in India, but this could be got over by making a rule that that appointment must be given to an officer of the Medical Staff. N.B. The Indian Medical Department has a Surgeon-Major-General in each Presidency already, so it has no possible

equitable claim to hold both these appointments.

If, however, it is considered advantageous to the public service that a Surgeon-Major-General should be exceptionally retained beyond 60 years of age, the officer so dealt with should be seconded, and the step filled up by a promotion as if he had retired.

### VI.—THE DETAILING OF MEDICAL OFFICERS FOR SERVICE IN PARTICULAR PRESIDENCIES.

Up to the last trooping season the Director-General detailed all medical officers proceeding to India for duty to one of the three Presidencies, meeting, as far as possible, the wishes of each individual.

This rule was changed a few months ago, and medical officers, even of administrative rank, are now merely ordered to "India."

This rule is most intensely unpopular, and presses hardly.

Officers who have served in a particular Presidency, or part of India, generally desire to return thereto. Many of them qualify in the language of the district for which they receive money rewards from Government, which rewards will be wasted if they are not allowed to return to the part of India in which they qualified.

It is most useful also for officers to be acquainted with the customs, the climate, the diseases, hill stations, means of transport, etc., of one part of India.

No other department or body of officers are treated thus, and on board the troopships every officer knows, at least, to which Presidency he is going, except the medical officers.

This new rule is felt in many ways to be a hardship, and causes much expense by compelling officers to purchase clothes and kits suitable to different climates.

The only possible reason for the change is to place more power in the hands of the Principal Medical Officer in India in case of mobilisation for war, so that all that is necessary now is to give this power to the Principal Medical Officer, namely, in case of necessity to have full authority to move medical officers where required.

It is also understood that the present Principal Medical Officer in India is desirous of introducing a rule to the effect that medical officers should not return to the Presidencies in which they previously served.

If this be carried into effect it will be exceedingly unpopular, and cannot in any conceivable way conduce to the efficiency of the service, for many reasons which might be adduced.

It is probable that four Army Corps will be formed in India, and it will be for the good of the State that medical officers

should, as far as possible, return to service with the Army Corps they know, and the part of India they have had practical experience of.

### VII.—OFFICERS OF THE MEDICAL STAFF BEING COMPELLED TO TAKE CHARGE OF NATIVE TROOPS.

This is an entirely new suggestion, lately put forward by Surgeon-Major-General Rice with the Government of India, who proposes that medical officers should be employed indiscriminately, and without extra remuneration, with British and native troops.

Officers of the Medical Staff are engaged by the Secretary of State for War for duty with the officers and men of the British Army, and to force them, against their will or inclination, to do duty with native troops, will not only be unpopular, particularly if no extra pay be given, but will be an apparent infringement of the implied rules under which they enter the Queen's service.

It is only necessary for officers of the Medical Staff to decline to pass the examinations in the native language, and to insist on the presence of an interpreter every time they visit a sick native, to render any such regulation inoperative.

It must be remembered that the officers of the Medical Staff are only lent to the Indian Government, and for that Government to impose conditions of service on them, which it could not force on the local Indian Medical Service, would be not only in itself unfair, but probably altogether beyond the strictly constitutional rights of the case.

### VIII.—THE EXTENSION OF THE WARRANT OF 1879 TO INDIA IN ITS FINANCIAL ASPECTS.

On this point much has been said, and the letter from the Parliamentary Bills Committee of March 9th from the British Medical Association covers all the ground.

It, however, remains to be added that in 1880 or 1881, a despatch, written, it is believed, by General Oliver Newmarch, now of the India Office, and signed by General Wilson, then Military Member of Council to the Government of India, was sent to the Secretary of State for India, in which a Staff allowance for charge of Station Hospitals was strongly recommended, but was refused by the then Secretary of State for India.

In 1887, at the desire of Lord Cross, all the Brigade-Surgeons then serving in India individually sent in memorials to the Secretary of State asking for a Staff allowance, and Sir John Gorst, writing to Sir Henry Fletcher, M.P., admitted these to be "just claims," yet the memorialists' prayers were



refused because the Government of India would not recommend the grant.

Thus, in 1880 or 1881 we have the Government of India recommending what in 1887 they refuse to grant, and we find the Secretary of State for India in 1887 admitting it as a "just claim," though in 1880 or 1881 he refused to sanction the allowance being given.

#### IX.—STUDY TIME ON FULL PAY.

As the recurrent and prolonged tours of foreign service, together with harassing duties in out-of-the-way places, render professional studies difficult or impossible, it is very necessary, if army medical officers are expected to keep abreast in professional knowledge, that study time on full pay should be granted, similarly as in the navy. Study should be allowed at any of the great medical schools of the kingdom, where alone the most recent advances in medicine and surgery can be seen in full practice.

#### X.—EXCHANGING.

The privilege of exchanging is very highly prized by all officers, and is a salutary custom both for individuals and the State; but exchanges between medical officers seem needlessly hampered by restrictions which are looked upon as vexatious. We would press for the removal or modification of two: that, when practicable, they should be allowed to exchange within a reasonable time after being warned for foreign service; and that they should be allowed to exchange abroad any time after return home, if physically fit. The reasonable restrictions of the Queen's Regulations seem equally applicable to medical as other officers, and are all that is necessary.

#### APPENDIX.

##### LETTERS FROM FOUR SENIOR AND TWO JUNIOR OFFICERS, MEDICAL STAFF, LATELY RETURNED FROM INDIA.

I HAVE no hesitation in saying that the introduction of the six years' tour of service was most unpopular; and those medical officers who were in India at the time of its introduction felt it most keenly, for its being made retrospective appeared to them a distinct breach of contract. Speaking for myself, it had nearly driven me out of the service; and it was only the fact that I had the good luck to obtain seven months' general leave during my fifth hot weather, that enabled me to remain in the Army Medical Staff. But this is a privilege which few can count upon, for the number of medical officers invalided causes the disappearance of that "margin," which is theoretically supposed to exist, in the strength of the Army Medical Staff, and which should be available to provide for leave of absence from all causes. Under the six-year rule it cannot be expected that the invaliding rate will remain *in statu quo*.

Further, it is my experience that the majority of the younger officers have so much "taken out of them" in the first four or five years, that their work in the sixth year is perfunctory and unsatisfactory—a sure evidence that, if not actually out of health, they are decidedly below par, and the service suffers from their want of energy—a deficiency beyond their own control.

I desire to draw your most earnest and special attention to the killing effects of the six years in India rule on our officers of the Army Medical Staff.

I beg you will consider that no one question is by itself so important as the six years rule, inasmuch as it operates against the physical, technical, and, I think, mental efficiency of our officers. It is pitiful to notice the physical inefficiency of our once strong young men at home and abroad, all weakened by long Indian service.

The Indian Medical Service hardly serves so long at a spell as six years, and it then comes home for eighteen months or two years furlough and mental and physical rest and change.

We come home to anxiety, heavy work, and no rest whatever. We get no Sunday or Thursday holiday, and I cannot exaggerate our sufferings in India from sheer worry and work.

I feel this matter so keenly that some short time since I had an interview with Lord Sandhurst, and told him fully and thoroughly that it was the one killing grievance needing urgent and early redress, and I will say the same to any committee or official who needs the evidence.

Young Royal Engineer officers go out for five years; commanding officers of battalions only remain four years; change to the depot and to linked battalions cause increasing change to the combatants. We remain always the drudges of the Indian life. The Indian furlough system has, as a rule, been one year after five in India. We spend six, and get no furlough, but duty at once on landing.

I would ask some other officers to give you their opinion on this vital—this burning question.

To conclude, I say that no grievance that now exists at all compares with this one for urgency.

I can state as a fact that the six years' tour in India is intensely unpopular among the officers of the Army Medical Staff.

Men invalid to avoid it, and this throws extra work on those left behind, so that now, in India, it is most difficult for officers to get leave except on medical certificate. I have seen the evil effects myself, and felt them, as I was six years out my last tour, and it very nearly proved fatal to me.

I get letters constantly from India on this subject, and everyone condemns the system.

In any representation that is made to the Secretary of State re our department, there must be the very strongest appeal against the six years' tour in India. That extra year tells very severely upon men, particularly of our department and profession, and the result is that the services of a great many men are lost to the Indian Government through invaliding of officers at the end of their fourth or fifth year. A man, although very seedy, holds on for his fifth year if he knows he is going home at the end of it, but he cannot do so with the sixth before him, and he gives in, is invalided for six months, at the end of which time he gets extension, and in the meantime some other poor fellow is deprived of leave very essential to the preservation of his own health. From these causes the department is often (I had almost written generally, and I think it would have been nearer the truth) below strength, and unable to meet with all the little camps, movements of troops, etc., etc., which, as you know, are constantly taking place.

From an experience of the whole of India, I am convinced that the State is very much the loser by the sixth year of service, and there cannot be the shadow of a doubt about the discontent in the department caused by that extra year. Five years' continuous service in India is as much as anyone can stand with such work as ours. Military officers get leave much more

than we do, and get a year or eighteen months home every three or four years, in addition to the privilege and general leave given to them in India for shooting, etc., etc. They also get three months' privilege leave to Australia, or to China and Japan, on *Indian pay*, which we cannot get, or very rarely, because of the numbers on sick leave at home.

There is another point to which our officers are badly treated by the Indian Government, and which the military authorities should see put right. It is this, that when an officer is made a surgeon captain, he is not given the privileges of the captain's rank, although at the same time he is made to pay for quarters, etc., etc., as a captain. The Indian Government recognises the rank where it is disadvantageous to the officer, and refuses to recognise it where it is beneficial to him.

Do not forget either to insist upon the fact that we go to India to do duty with the *British* troops there, lent to the Indian Government, and as a part of the English army so lent. The Indian Government is gradually freeing its own military medical officers for the lucrative civil appointments available, and getting (ordering—nilly-willy) our men to do all the duties with native troops. There should be no possible ground for misunderstanding on this point, namely, that our men need not—indeed, that they can refuse to—take charge of native troops, except in case of war, or other very pressing emergency, and such emergency should not be supposed to mean shortness of officers arising from want of administrative foresight on the part of the Government or military authorities. I cannot emphasise the great importance of this safeguard of the individuality of our department in India, and of the specific nature of our charges and duties, as connected solely with the British troops of the army there.

See to this, please. Our men are not bound to qualify in the native languages (most of them dislike them and have no aptitude for them), they are, therefore, unfit to treat native sick, and could hardly have any responsibility for the lives of men whose language they do not understand, and with whom, therefore, they are unable to communicate sufficiently to elicit the information necessary for the diagnosis and treatment of cases.

By the way, another very important point. Medical officers at such places as Attock and Campbellpore (there are a good many of them) are unable to get their annual privilege leave unless they make their own arrangements for medical officers to take their duties. It is in accordance with existing regulations that the State shall be put to no expense in letting an officer have his privilege leave. This regulation bears very hardly upon officers of a department which has only one officer at certain stations, and the authorities should arrange for their annual relief from the constant and continuous anxiety and responsibility of their charges. Regimental officers on detachment duty at Attock, for instance, can easily arrange to have an officer sent to relieve them from the regimental headquarters, but who will go from Rawul Pindi, if the authorities will not arrange for his relief, to let a medical officer, Attock go on leave? To begin with, all the medical officers at Pindi cannot get their leave in the same year, and in such places as Attock or Campbellpore, both very hot, it is essential that the medical officers should be able to get their privilege leave yearly, without fail, and the State ought to relieve them so as to enable them to get that leave. At such stations as Shahjehanpore, where there is a civil surgeon, the military medical officer and the civil surgeon can arrange, and generally do so, to do each other's work and let each other go; but in places such as Attock and Campbellpore, there is no civil surgeon, and the poor unfortunate military medical officer is like a rat in a hole and cannot get out. This has given rise to much discontent.

A few facts with reference to the six years' service in India: As I have now done my six years, and reduction of the time would take me abroad sooner again, I cannot be said to have any personal motives for wanting a reduction in the tour. I simply send you this, as I feel that six years is too long a time to be on continuous service in India.

To show my point, I take my own batch, as it is really the first one which has come under the six years rule; a few of the batch before us did, but not many. We came into the service forty strong; one man left before leaving India. I enclose a list of the names, putting a line for the name of a man I have forgotten. We were all sent abroad from within four to twelve months after getting our commissions; all but ten whose names I have marked; were sent to India (one of these ten, namely, Hayes, was in India only six months, so I have not counted him). Of the twenty-nine who went to India over six years ago, only nineteen are now returning—six whose names I have marked thus: died, five due to India (namely, of enteric, dysentery, or cholera); one was killed in Kashmir, and so should not be counted; of the remainder, twelve had to be sent on sick leave at different times, eleven to England and one to Kashmir. Those sent home marked thus: the one to Kashmir thus: 1. Of those sent home, two—namely, Stokes and Rose, were so bad that they have almost been on half-pay ever since. Of those remaining, two—namely, Carden and Lavie, had to be given hill stations or sick leave to the hills, and almost died during the last year. Carden came home a perfect wreck, and Lavie had to be sent home early in the season out of his turn, so as to get him out of the country. If you look at these few facts it will be seen that a shorter tour of Indian service would have really been a saving to Government, as the passages home and back of those invalided must have cost a good deal—practically, out of twenty-nine who went out, only eight were able to stand the six years, and one of these (Elkington) was stationed at Pindi, and was upon the hills a good many summers. (Those marked thus: I have left the service, and the one marked thus: died of phthisis in Mauritius). Hoping these few figures may be of some use, as they are the first batch on which the six years' experiment has been tried.

Of these six died, ten Invalided Home, and one to Hills; total, seventeen died or invalided out of twenty-nine.

* Tarr.	Kearney.	* Ramsey.
* Munby.	* Hennessy (D).	Lavie.
* Melville (H).	* Saw (H).	* Rose (H).
* Miles.	* Stokes (H).	* Cox.
* Rayner.	* Hall (H).	* Locker.
* Carden.	* Kennedy (Hills).	* Brown.
* Genge (D).	* Tate (D).	* Corkery.
* Renny (D).	* Kendall.	* Crook.
* Thick (D).	* Elkington.	* Squire.
* Cocks.	* Dill.	* Walsh (D).
* Wilson.	* Buchanan (H).	* O'Donnell.
* Black (H).	* Skerrett (H).	* Hayman (H).
* D. Dead.	* Adamson (H).	* Hayes.
	H. Invalided Home.	HILLS. Invalided to Hills.

Is there any chance of our reverting to the heretofore sufficiently long term of five years as a foreign tour? Of course the question must interest our whole department, but only those undergoing the exile know what an amount of interference those doing duty in India take in it. Personally, I have only succeeded in finishing four years in the East, and am now home on sick leave. With the help of ordinary leave (which, when it did come, only came to be cancelled), I might have held out for five years; but I am sure my six years would have found me without health or energy enough to work with justice to self or service. In all stations I have seen in India our men lived on a maximum of work with little or no leave, and those I have met whose fate it was to have finished six years under these circumstances, had suffered in health. Of course, it is not



for me, a junior, to say what is right and what is wrong. I can only hold my own opinion, an opinion, however, I venture to say which is held by a big majority of medical officers serving abroad, and that is—that the sixth year is fatal, and its abolition comes before the question of titles and everything else. Hoping you will excuse me for troubling you. We in India understood the reduction to five years was certain, but the Estimates, etc., seem to have come and gone, and nothing has occurred, so the matter is still a query.

Dr. FARQUHARSON, M.P., in introducing the deputation, said they consisted of practical and experienced members of the Army Medical Service who asked certain concessions which would promote the comfort, convenience, status, and efficiency of that service in both peace and war.

Mr. ERNEST HART said that so far as he gathered the feeling of the profession and of the Army Medical Service, one of the most important points they wished to urge was a shortening of the tour of foreign service. It might be said that this point, unlike the others they wished to urge, involved a financial question, but, although some additional expenditure might seem to be involved, that would be largely compensated by the reduction of the costs caused by invaliding under the present system of six years' continuous service in India. Of twenty-nine in the batch who went to India since the introduction of the six years' tour, no fewer than seventeen either died or were invalided. The next point urged was the formation of an army medical corps. In this matter they were not asking for anything that was not conceded to the Engineers, the Commissariat, the Ordnance Store Corps, the Volunteer Medical Staff, and the Militia Medical Staff. They had been told that if this were conceded the special allowances must be struck out; but that was an answer of those who did not wish to do the thing desired. The Engineers, although a corps, had still their special allowances, and there was no reason beyond a purely formal one why such an unjust condition should be attached to the concession. The Secretary of State might still by a stroke of the pen sanction a continuance of the special allowances without costing the country a penny more.

Mr. CAMPBELL-BANNERMAN: What would you regard as the advantage of making the Army Medical Service into a corps with officers?

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Brigade-Surgeon STAPLES and Mr. MACNAMARA afterwards dealt with other points, including that of officers of the Medical Staff being compelled to take charge of native troops, to the extension of the Warrant of 1879 to India in its financial aspects, and the desirableness of greater facilities for exchanging, etc.

Mr. CAMPBELL-BANNERMAN, in reply, explained that he was present rather to hear than to say anything, but he noticed that the points submitted were of very great importance, and that the question of tour of service in India was the most important of all, and would require very careful examination. Generally, he could say that the testimony given that day was very strong and very striking, and that the Government were bound to consider the health of those in the medical service, and through that the efficiency of that service. With regard to the proposal to consolidate all the branches of the service into a corps, that had been considered before, and he had no strong opinion one way or another on the subject. He had been amused to find that there was some disposition to object to the ample titles with which the officers were at present furnished; but he rather thought the general opinion of the country would concur. Whether, however, the titles could be simplified as proposed was a matter on which he could hardly give an off-hand opinion at that moment. The circumstances of the service were, of course, peculiar in themselves, and a comparison with other branches of the service might often be entirely misleading. At all events, those for whom he spoke would be most anxious to do anything they could which would meet the sentiments as well as the necessities and the efficiency of the officers of the service. He could not say more than that, because many things had to be taken into consideration before a decision could be come to. In giving a reply of this kind his object was not evasion, but only to get full time for the consideration of every point. They wanted to do nothing but justice to the medical staff, for they knew how excellent and valuable its services were, and everything that had been said should receive the most real and genuine consideration.

The interview then concluded with an expression of thanks to the Secretary of State.

## THE ARMY MEDICAL DEPARTMENT IN INDIA.

DEPUTATION TO THE EARL OF KIMBERLEY.

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# Parliamentary Bills Committee.

## ARMY MEDICAL OFFICERS.

### CORRESPONDENCE WITH THE SECRETARY OF STATE FOR WAR.

BRITISH MEDICAL ASSOCIATION,  
PARLIAMENTARY BILLS COMMITTEE,  
429, Strand, W.C.

22nd December, 1892.

THE SECRETARY OF STATE FOR WAR.

SIR,—I have the honour to submit herewith Memorandum and Memorial relating to certain grievances of the Army Medical Officers which remain unredressed by the recent Warrant. This memorandum has been the result of long and careful investigation into the facts referred to the British Medical Association by a considerable number of medical officers of the army serving in Great Britain, India and the Colonies.

The British Medical Association has had the honour of bringing before the Secretary of War on several occasions certain grievances of medical officers, and they have to acknowledge with gratitude the attention which has been paid to such representations and the important ameliorations which have followed upon them. The present state of things, however, is still universally acknowledged to be in many respects unsatisfactory, and the constant communications made by individual officers of all ranks show that the sense of grievance and dissatisfaction in respect to the points submitted in the accompanying memorandum, is still very widespread, and tends to render the service unattractive and unpopular to the profession generally, and to classes of educated students whose services would be most valuable to the nation.

We believe that you will find that most of the suggestions which we herewith respectfully offer may be carried out without any considerable financial or other sacrifice, and further, with the information at our disposal of which we will gladly place more details at your service if you desire them, we are enabled to assure you that the adoption of these suggestions will greatly tend to the efficiency of the service and to the public advantage.

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Your most obedient servant,

(Signed) ERNEST HART,  
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It is proposed by the Chairman of the Parliamentary Bills Committee to submit to the Secretary of State for War and to the Secretary of State for India respectively the following memorandum, relating to points which it is considered require their favourable consideration, with the view of fully carrying out the spirit of the recent Army Medical Warrants. Medical officers of the department who are interested in the questions herein discussed are requested at once to communicate to Mr. Ernest Hart any observations which they would wish to offer on the

Lord KIMBERLEY: I do not suppose that would be admitted quite.

Mr. HART said the records of the Foreign Office would show

arguments which had been used would be fully considered. He hoped they would not think that he was in the smallest degree insensible to the services rendered by the medical

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for me, a junior, to say what is right and what is wrong. I can only hold my own opinion, an opinion, however, I venture to say which is held by a big majority of medical officers serving abroad, and that is—that the sixth year is fatal, and its abolition comes before the question of titles and everything else. Hoping you will excuse me for troubling you. We in India understood the reduction to five years was certain, but the Estimates, etc., seem to have come and gone, and nothing has occurred, so the matter is still a query.

Dr. FARQUHARSON, M.P., in introducing the deputation, said they consisted of practical and experienced members of the Army Medical Service who asked certain concessions which would promote the comfort, convenience, status, and efficiency of that service in both peace and war.

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## Parliamentary Bills Committee.

### ARMY MEDICAL OFFICERS.

#### CORRESPONDENCE WITH THE SECRETARY OF STATE FOR WAR.

BRITISH MEDICAL ASSOCIATION,  
PARLIAMENTARY BILLS COMMITTEE,  
429, Strand, W.C.

22nd December, 1892.

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SIR,—I have the honour to submit herewith Memorandum and Memorial relating to certain grievances of the Army Medical Officers which remain unredressed by the recent Warrant. This memorandum has been the result of long and careful investigation into the facts referred to the British Medical Association by a considerable number of medical officers of the army serving in Great Britain, India and the Colonies.

The British Medical Association has had the honour of bringing before the Secretary of War on several occasions certain grievances of medical officers, and they have to acknowledge with gratitude the attention which has been paid to such representations and the important ameliorations which have followed upon them. The present state of things, however, is still universally acknowledged to be in many respects unsatisfactory, and the constant communications made by individual officers of all ranks show that the sense of grievance and dissatisfaction in respect to the points submitted in the accompanying memorandum, is still very widespread, and tends to render the service unattractive and unpopular to the profession generally, and to classes of educated students whose services would be most valuable to the nation.

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text of the memorandum, together with any further suggestions under these heads, and facts illustrative of the propositions conveyed in the text.

#### MEMORANDUM.

1. *The Compound Titles.*—The new compound titles have (with the exception of the anomalous and cumbersome brigade-surgeon-lieutenant-colonel) been well received by the great majority of medical officers, and are recognised as setting forth in intelligible consecutive form their military rank and status. They have been applied to all full-pay medical officers of the Home and Indian Armies, and also of the auxiliary forces, but withheld from officers who had retired before the promulgation of the Warrant, on the ground that there is no precedent so to confer them, and that to do so would somehow be unjust to those on the active list.

We fail to see either the force or fairness of this argument, and, in the interests of the Service and the officers concerned, are convinced it is both officially unsound and impolitic.

At present there are about 150 retired medical officers "liable to be recalled to service" up to 55 years of age, but only about twelve who, having retired during the past two years, bear the new titles. Of this reserve, about 40 are employed under Article 352, Royal Warrant, Pay, etc., as well as 40 more (or 80 in all) of those who, from being over age, are not liable to recall.

If the new titles are necessary for the status, and of much advantage in the due performance of the duties of medical officers on the active list, then they must equally be so for those who, although retired, are still actively employed. It is, therefore, most desirable that the new titles be extended to all officers employed under Article 352, whether liable to recall or not.

Confusion and friction must result if those with the old misleading and undefined titles are recalled to service with those bearing the new; under such circumstances the anomaly would probably be witnessed of an active surgeon-lieutenant-colonel serving under a senior reserve officer having the title of surgeon-major only.

We would even advocate a step further, not on the ground of necessity, but as a wise and politic act, which would be received by the medical profession with much satisfaction, namely, the permissive and optional use of the new titles by all retired medical officers, according to the relative rank they bore on retirement. The public are slow to apprehend the true import of military titles, and retired medical officers find themselves the victims of much misunderstanding in social life when brought into contact with those bearing the new titles. We are not aware that by such a gracious act any essential principle would be violated, because, never before have military titles been changed on such a far-reaching scale by Royal Warrant; and, after all, the new titles create no new ranks, but only give fuller expression to existing rank.

2. *The Full Application of the Warrant to India.*—The new Warrant has been extended to India in all except its financial bearings, and this important omission has been justified in the House of Commons on the ground that the Indian rates of pay are not affected by changes in the home rates. This statement we beg leave to traverse; the medical Warrant of 1858, although tardily, was nevertheless financially applied to India in 1864, when a complete readjustment of medical pay took place and the present rates were fixed; this fact upsets the argument of the unalterable fixity of the Indian rates—a theory which, on the face of it, is absolutely untenable.

But in India, as elsewhere, the scale of pay is governed by military rank: yet the Government have most inequitably refused to give surgeon-captains of the medical staff during their first five or six years' service pay and allowances other than those of subalterns—an indefensible departure from their own regulations which has never been attempted on any class but medical officers. The rank of brigade-surgeon has also never been equitably recognised; although, in view of the seniority it confers, new and responsible duties have been thrust upon it, no extra emolument has been given as in every other portion of the Empire. These undeniable financial inequalities, so apparent to all, call for redress.

3. *Tours of Foreign Service.*—The Camperdown Commission recommended, on data placed before them, that foreign service tours for medical officers should not continuously exceed five years, but this important finding has been set aside. With the great wear and tear which the duties of medical officers necessarily involve, a six years' tour in such a climate as India, for instance, is too long; it tends to break down the health and swell the half-pay and retired lists, does not give the State better service, and has no good practical effect on the foreign roster. Its negative good and positive evil, therefore, call for the speedy adoption of the recommendation of the Commission.



4. *Study Time on Full Pay.*—As the recurrent and prolonged tours of foreign service, together with harassing duties in out-of-the-way places, render professional study difficult or impossible, it is very necessary, if army medical officers are expected to keep abreast in professional knowledge, that study time on full pay should be granted, similarly as in the navy. Study should be allowed at any of the great medical schools of the kingdom, where alone the most recent advances in medicine and surgery can be seen in full practice.

5. *Exchanging.*—The privilege of exchanging is very highly prized by all officers, and is a salutary custom both for individuals and the State; but exchanges between medical officers seem needlessly hampered by restrictions which are looked upon as vexatious. We would press for the removal or modification of two: that, when practicable, they should be allowed to exchange within a reasonable time after being warned for foreign service; and that they should be allowed to exchange abroad any time after return home, if physically fit. The reasonable restrictions of the Queen's Regulations seem equally applicable to medical as other officers, and are all that is necessary.

BRITISH MEDICAL ASSOCIATION,

PARLIAMENTARY BILLS COMMITTEE,

429, Strand, London, W.C.

16th March, 1893.

THE RIGHT HON. CAMPBELL-BANNERMAN, M.P.,

Secretary of State for War,

War Office, Pall Mall, W.

SIR,—I had the honour of addressing to you on the 22nd December last, on behalf of the Parliamentary Bills Committee of the British Medical Association, a statement of certain grievances remaining unredressed of the medical officers of the British Army, of whom a very large proportion are members of this Association. I have now the honour to ask you whether you would be good enough now to do us the favour of appointing a day on which you will receive a deputation from this Association on the subject, and whether you would prefer that this deputation should be a public one, accompanied by Members of Parliament, of whom a great number have signified their sympathy and approval of the claims which I have had the honour to put before you, or whether you would prefer, in the first instance, that it should be a smaller and private deputation.

As I wish to communicate your pleasure on the matter to an early meeting of my committee which will be summoned, and as that committee, which consists of delegates from all parts of the kingdom, can only be called together when the business for their consideration has been fully prepared, I venture to ask for as early and as full a reply as may be convenient.

I am sure that you will recognise that the importance of the subject and the history of the past connection of this Association with the reforms which have usefully been introduced on successive occasions into the organisation of the Medical Department of the Army, more than justify my addressing you by direction of the Committee on this matter, and will ensure that courteous attention of the subject-matter of the memorial which I have had the honour to forward to you, which has never been lacking on the part of the past Governments.

Herewith I beg to enclose a list of the Members of the British Medical Association of its organised branches, and of the delegates of these branches to the Parliamentary Committee of the Association, of which I have the honour to subscribe myself,

Your faithful servant,

(Signed) ERNEST HART,

Chairman.







with the compliments of the Chairman.

## Parliamentary Bills Committee.

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I have submitted a similar memorandum to the Secretary of State for War, and beg respectfully to call your attention to those points which refer to the army in India.

I have the honour to be,

Your most obedient servant,

(Signed) ERNEST HART,  
Chairman of the Committee.

*(The Memorandum is printed with the correspondence with the Secretary of State for War, sent herewith.)*

SIR.—I am directed by the Secretary of State for India in Council to acknowledge the receipt of your letter of December 22nd, 1892, with accompanying memorandum on certain points in the position of army medical officers which, in the opinion of the Committee which you represent, require the favourable consideration of the Secretaries of State for War and for India, with the view of fully carrying out the spirit of the recent army medical warrants.

In reply, I am to state that with regard to points 1, 3, 4, and 5 (compound titles, tours of foreign service,



study time on full pay, exchanging), no action can be initiated except by the War Office; and the Earl of Kimberley can therefore express no opinion at present on the suggested changes.

On the second point—"the full application of the Warrant to India"—I am to observe that the "new Warrant" to which your memorandum refers, that is, that of 1891, although it altered the titles, and to some extent the ranks, of medical officers, did not make any change in the rates of pay and allowances, which have in fact remained unaltered since 1879. As regards the Royal Warrant of 1879, the instructions appended to it at the time of its publication expressly notified that it would not be applicable to army medical officers while in India or on the Indian Establishment, and that no additional emolument would, under its provisions, accrue to medical officers serving in that country.

With regard to your statement that the Medical Warrant of 1858 was financially applied to India, although tardily in 1864, I am to point out that the readjustment which then took place in the rates of pay of medical officers serving in that country was coincident with the abolition of head-money and other allowances previously drawn by the officers in medical charge of regiments and brigades. The changes in the pay of British medical officers which have been made by subsequent Royal Warrants have not been extended to India because it has been held that the existing rates afforded a suitable and adequate remuneration for the duties performed.

So far as the Earl of Kimberley is aware, the argument of the "unalterable fixity of the Indian rates" has never been advanced by this office, but, as at present advised, he sees no sufficient grounds for increasing those rates.

I am, &c.,

HORACE WALPOLE.

INDIA OFFICE, WHITEHALL, S.W., Feb. 9th.

#### BRITISH MEDICAL ASSOCIATION.

PARLIAMENTARY BILLS COMMITTEE.

429, Strand, London, W.C.

9th March, 1893.

MY LORD,—In acknowledging receipt of your courteous reply to the Memorandum on various points connected with the Medical Staff of the Army, which, as Chairman of the Parliamentary Bills Committee of the British Medical Association, I had the honour to submit, I trust your Lordship will allow me to say, with regret, that the answer is not regarded as conclusive, and further consideration is therefore craved, as follows:—

Your Memorialists are well aware that certain of the points in the Memorandum (notably 1, 4 and 5) would fall more directly under the cognizance of the War Office; but 3 (tours of foreign service), we submit has an immediate relation to the India Office. The extension of these times in India, from 5 to 6 years, has not, we contend, appreciably equalised, as expected, the home and foreign rosters; but, by undoubtedly steadily tending to increase sick, invalid, and complete non-effective service, is at once against true efficiency and sound economy.

It is undeniable that medical duty in India, from its very nature and conditions, involves graver risks to life, and is more trying and wearing to European constitutions than any other, and should therefore, instead of being prolonged, even be shortened.

But it is on point 2, particularly (full application of warrants to India), that your memorialists would urge special attention, because it is directly within the scope of your lordship's administration; at the same time, we hold it intimately concerns the Secretary of State for War, because, as the Medical Staff in theory and in practice is only temporarily lent by him to the Indian Government, it should be his province to see that officers of the Home establishment so transferred, do not suffer in rank, status, or emolument. We contend that officers of the rank



of Surgeon-Captain, and Brigade-Surgeon-Lieutenant-Colonel, through the refusal of the Indian Government to accept Medical Warrants equitably in full, have for years suffered in all three.

We respectfully beg to traverse your lordship's apparent assumption that the Indian Government have a dispensing power over the provisions of Medical or other Royal Warrants, which we believe to be equally binding both in law and honour on every Government under the Crown.

But even if we waived the strict legality of the implied veto, the unexplained fact seems left, that it is only used over Medical Warrants; as we may infer from the circumstance that similar warrants concerning Majors of Engineers, Artillery and Infantry during late years were promptly applied to the scales of pay laid down in India, without any doubt or cavil whatever. We only ask that what was thus at once conceded to others should not be indefinitely withheld from Medical Officers.

While pressing these matters on broad grounds, your memorialists would also offer some remarks on the more specific points of your lordship's letter. The first is, that the existing financial grading of the Medical Staff in India rests on the obsolete warrant of 1858 absolutely, and on nothing else. The financial readjustment of 1864 was, of course, "coincident" with the abolition of head money, which abolition was merely a necessary result of the recognition of the relative military ranks created by the warrant, but in no way a cause of the readjustment. It follows, that the recognition of rank financially in 1864, was not merely a precedent, but an initial reason for further readjustments under subsequent warrants.

The financial reservation towards India in the Warrant of 1879, was, we submit, contrary to precedent, and in itself distinctly unjust; and, therefore, always open to fair-minded revision; such an opportunity came, and now presses, under the Warrant of 1891, which supplanted that of 1879, but contains no financial restrictions.

We are glad your lordship repudiates the theory of the "unalterable fixity of Indian rates," which, although absurd and probably unintended, was a fair logical deduction from some utterances on the subject of your predecessor in office. Under any theory, we think some readjustment is surely required after the lapse of thirty years; during which such vast changes have come about, not alone in the conditions of service, but in the relative value of the Indian currency.

Meanwhile, your memorialists crave that Surgeon-Captains may, from the date they acquire the rank, receive the Indian allowances of it; and that Brigade-Surgeon-Lieutenant-Colonels, although not given higher military rank, may obtain in India such due financial recognition as is accorded in every other part of the Empire, as well on account of their selected seniority as on the increased administrative duties imposed.

We would remind your Lordship that the financial success of the Station Hospital system in India, resulting, as we understand, in an annual saving of about ten lakhs of rupees, has been made mainly possible only through the zeal, devotion, and self-sacrifice of Brigade-Surgeons, who, although burdened with greatly increased administrative and financial responsibilities, have never had an anna of this huge saving returned to them as compensating charge-pay; a deprivation not merely against the original expressed intention of Government, but contrary to every equitable tradition, custom and precedent of Indian administration.

Permit me, in conclusion, to state that, from what we learn, we fear the recent over-strained and parsimonious conditions of Indian service are already injuring professional efficiency in the Medical Staff, not only through straitened means and ill-health, but by the officers losing heart; this will speedily react on the quality of candidates for the service.

We trust your Lordship may make further inquiry into these allegations, and reconsider the questions involved.

I have the honour to be,

Your obedient servant,

ERNEST HART.







General C. M. Jessop, Brigade-Surgeon Jerome Morgan, Deputy-Surgeon-General James Ross, Deputy-Surgeon-General C. H. Harvey.

The following gentlemen were prevented from being present at the deputation: Surgeon-General Ewart, Dr. Edward Hamilton, Surgeon-General Sir James Hanbury, Dr. Holman, Sir Guyer Hunter, and Dr. Withers Moore.

A series of memoranda, as published on page 1047, were presented to the Earl of Kimberley.

Dr. CAMERON, M.P., in introducing the deputation, said it represented the Parliamentary Bills Committee of the British Medical Association, a body which embraced almost all the medical practitioners in the country, and which was fortunate enough to have many members who had held high command in India. The present deputation had that day waited upon Mr. Campbell-Bannerman, the Minister for War, to lay before him various points that more immediately concerned the administration of his department; and they now wished to lay before his lordship points which more immediately concerned the India Office. Mr. Campbell-Bannerman had listened with great interest to the representations made to him, and at the conclusion of the interview he made a statement which left upon the minds of the deputation a most favourable impression. The deputation were perfectly certain that his lordship would admit that in no part of Her Majesty's dominions did the Army depend so much upon the sanitary administration as was the case in India, where Butler's words applied with much stronger force than anywhere else—

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Than half a hundred men of war.

Mr. ERNEST HART said he would pass over clause 1 ("Formation of a Corps") as being a matter especially for the War Office. As to Clause 2 ("Foreign Service"), that also no doubt might be said to be very largely a question for the War Office; but, on the other hand, they could not help feeling that to some extent the extended tour which the Indian Government for the purposes of economy had felt the necessity for carrying out was a matter for the India Office.

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Lord KIMBERLEY: They had no authority to come to any understanding without the consent of the India Office, which they did not have.

Mr. HART said whether the agreement were effective or non-effective—and they now knew, from what his lordship had said, that it was non-effective—it went to this extent. He was speaking only on Saturday to a medical officer, who told him that in 1881 he sent in his papers of resignation because under the new rules if he went to India he would be losing money, but was induced by the then Director-General to withdraw them on the strength of this understanding.

Lord KIMBERLEY asked whether it was alleged that the duties on the station hospitals were heavier than under the old arrangement?

The deputation said there were considerably more responsibilities and duties.

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Dr. CARTE, representing the Royal College of Surgeons in Ireland, pointed out that great dissatisfaction existed owing to the deductions which took place, to the extent of £50 a year, which seemed contrary to the conditions of service. Mr. Campbell-Bannerman had told them that the question

of the extension to six years was one of finance. He (Dr. Carte) maintained that the service in India was undermanned. He knew of an instance where an officer, after five years' service, got leave of absence, but was recalled after two days because cholera had broken out.

Brigade-Surgeon T. P. STAPLES said the young men complained that, although they were promised to be paid in sterling, they had to take depreciated currency. When he was at Lucknow there were six hospitals. These were now all in one. This had the effect of bringing together a very large number of sick. The work of the officers was increased, they had to pass examinations, and yet received no extra pay. It was an insult to ask the medical officers to do these duties for nothing.

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Brigade-Surgeon STAPLES said that was practically so.

Lord KIMBERLEY said he did not at present think they had made out this part of their case, but he would give the point careful consideration. It was impossible, without knowing exactly what was the proposal and what was the grievance, to express an opinion. When a change was made with regard to the rank, the matter was brought before the India Office, and Lord Cranbrook informed the War Office that he positively declined to admit as a charge on the Indian revenue any charge for increased pay, on the ground that the consolidated pay was considered sufficient by the Indian Government. The India Office entirely objected to be put to heavy expense by warrants which were issued by the War Office without their consent, without their concurrence, and to which they objected. His Department gave full and ample notice that it would not be bound by those warrants. Of course, if justice required it, they would have to take another view, and must not be bound by financial considerations, but the present was a most unfavourable time to consider points of this kind when pressure was being put on from the War Office, the Treasury, and even from the House of Commons. He did not in the least find fault with them. They naturally and properly wished that the interests of their service should be attended to as much as possible; but the India Office held to the ground that it would not be bound by these warrants. If there was to be a revision of medical pay, it should be considered upon its merits, and not in reference to this warrant. If the War Office wanted more pay, it must get the money from the House of Commons. As to the depreciation of the rupee, he admitted what had been said, but he was not in a position to make any announcement at present. It was quite certain that some mode of dealing with it must be devised, and that it could not be postponed for any very long period. He had listened with great attention to what had been said about station hospitals. He could not make any promises, but if the matter came up for reconsideration the arguments which had been used would be fully considered. He hoped they would not think that he was in the smallest degree insensible to the services rendered by the medical



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according to the recommendation of the Camperdown Commission, which was practically acceded to by Mr. Stanhope over a year ago. Since the six years rule had been intro-

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officers in India, or that he did not want to give due and proper remuneration to every officer, as there were no officers in the service who had more right to be considered than they had. If his answer appeared to be unsatisfactory, he was compelled to give it from the fact that this matter had been before that office for many years, because successive Secretaries of State had taken the same ground, and that he was in the position of being obliged to resist the demands upon the Treasury. More than that he was afraid he could not say. If upon examination there should seem to be especial points upon which the War Office felt they should recommend changes, he believed he might say that it was not at all probable that the India Office would raise any serious objection. The deputation then thanked his lordship, and withdrew.

#### DEPUTATIONS TO MINISTERS.

THE work of the Parliamentary Bills Committee of the Association ranges over a great variety of subjects, and involves the consideration of a mass of detail, as well as of questions of principle, and brings the Committee more and more into habitual communication with nearly all the public offices and great departments of the State. For the most part, the questions which have to be submitted to Ministers and to the heads of public offices are dealt with by correspondence, by memoranda, and by questions put and answered in the House of Commons.

The result of the deputations to the Secretaries of State for War and for India were also such as to lead to anticipations, which we are glad to believe to be well founded, that the revision of some at least of the conditions of service complained of will not long be delayed. The composition of the deputation was of itself such that it could not fail to impress Ministers with a sense of the serious character of the grievances still unremedied, and the requirements as yet unfulfilled which men of such long service, of such mature experience, and of such undoubted administrative capacity combined to bring under their notice. Men such as Surgeon-General Thomson, Surgeon-General Hinde, Brigade-Surgeon Staples, and others of long experience in the highest administrative posts, from which they have only just retired crowned with honour and distinction, must perforce claim the courteous attention of the great departments in which they have long held so high a place. No officer in actual service could by the rules of discipline take part, but although dumb they yet spoke by the voice of these and other distinguished men but recently their acting colleagues in the highest grades of the service. The presence of the representatives of the two Colleges of the metropolis of Ireland, which furnish nearly half of the members of the Army Medical Department, gave great additional weight, and we feel sure that we are speaking the unanimous sentiments of the whole department in expressing their hearty thanks to the invaluable support afforded by the presence of Dr. J. W. Moore, Vice-President, representing the Royal College of Physicians of Ireland, and of Dr. Carte and Mr. Heuston, representing the Royal College of Surgeons of Ireland. Mr. Macnamara, Dr. Bridgwater, and Dr. Holman—the former as a member of the Camperdown Commission, and the latter as leading members of the Parliamentary Bills Committee, and standing high in the Council of the Association, of which they are Vice-Presidents—brought the weight of civil influence to bear. It would not be reasonable to expect more decided answers than were given, but the whole tenor of Mr. Campbell-Bannerman's reply gave the positive assurance of a very thorough re-examination of the questions submitted, with the desire to arrive at a favourable conclusion. To the suggestion of the formation of an Army Medical Corps, he announced himself as personally favourable; and, indeed, it is difficult to conceive why what is understood to be mainly a personal objection, arising out of what would seem to be an irrational and indefensible prejudice, can much longer delay this very necessary, absolutely costless, and much-needed step in advance. So, too, the palpable injustice, amounting to cruelty, of the six years' tour of foreign service for army medical officers was stated to Mr. Campbell-Bannerman with a force and completeness of detail which he confessed greatly impressed him. We need not for the moment dwell on other points, but it may be noted that on these important questions Lord Kim-

berley, on behalf of the India Office, stated that that office would not be likely to interpose any objection to the initiative of the War Office. On the matter of the extra charge pay for brigade-surgeons in charge of station hospitals, he, for high administrative reasons which have at this moment a peculiar force in relation to the general government of India and its relations to the British home administration, declined to admit any claim based upon the British warrants, but he undertook to re-examine the matter on the basis of its own merits, and, as Sir Joseph Fayer kindly, faithfully, and staunchly pointed out to his lordship, the service and the deputation are quite content to rely upon the merits of the case and those alone. On some other points Lord Kimberley declined to anticipate a judgment upon intentions which are well known upon written evidence to exist, but of which he had as yet no official cognisance; he referred especially to the new proposals of the principal medical officer for India in respect to the destination of medical officers on their first going out and on their return to India. In both matters, however, there was intimated a preliminary acquiescence in the views submitted. Both deputations retired well satisfied with the immediate results of their representations, a satisfaction, however, which must be considered to be only conditional and subject to the still urgent necessity of continuous parliamentary pressure until the points at issue are adequately solved in such a manner as to restore efficiency to the service and contentment of the reasonable demands which are put forward.

SATURDAY, MAY 27TH, 1893.

#### THE DEPUTATIONS TO THE WAR AND INDIAN MINISTERS.

##### I.

As we observed last week, the influential deputations, which had interviews with the Secretaries of State for War and for India, will in all probability exercise an important influence on the future well-being of the Army Medical Service. They were received with marked courtesy, and were given every encouragement to state their case with perfect candour.

The Secretary of State for War, as the Minister more directly concerned, probably showed a keener interest in the representations made, but Lord Kimberley also listened with marked attention, although it was impossible not to notice that, through him, the Indian Government still affect to regard the Medical Staff as no child of theirs, and apparently fail to realise its essential importance in Indian army administration. We shall revert to this curious and obstinate feature of the Indian official mind later on.

We think the deputation to the War Minister was well advised in not pressing too closely, or far, the more contentious subject of a consolidated medical corps; for, although this must be kept steadily in view as the true ultimate goal in army medical reform, yet, pending further and fuller evolution, there is danger that by insisting on it too rigidly, minor, though pressing, reforms may be postponed which can and ought to be dealt with at once. There was one fresh objection, evidently of military origin, which cropped up against a consolidated corps, and which ought to be noticed and traversed, namely, that the number of officers would be altogether disproportionate to the strength of men. The force of the argument might be admitted if the only standard of proportion was that in cavalry and infantry regiments; but if we turn to the Royal Engineers, with which alone a possible consolidated medical corps could be compared, the objection is found invalid. The corps of Royal Engineers has about 5,000 men to 1,000 officers; a consolidated medical corps would have about 2,400 men to some 550 officers serving out of India, and, in that country, 3,000 enlisted natives to 300 officers. These are, of course, peace figures, but in war mobilisation with the reserves of the Medical Staff Corps and Militia and Volunteers called up, together with detachments of Transport and other corps attached to the Medical Department, the Medical Staff would have under its immediate command no fewer than 5,000 or 6,000 men, independent of natives in India. The "dispropor-



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We trust Mr. Campbell-Bannerman's deliberations bring him to see that unreasoning military prejudice alone delays a consolidated medical corps with revised titles, and that the free concession of such would not only remove most of the disabilities under which medical officers labour, but, without additional cost, would be of marked advantage to efficiency.

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Not less mythical is any supposed financial advantage; it was argued that reliefs were very expensive, because the services of one medical officer in four were annually lost in transit. In a certain sense, no doubt, the services of all soldiers are, not lost, but in abeyance during relief transit, but that is partly the price of our foreign dominion. Why should it be specially debited to medical officers? Their services, of all others, are least lost or in abeyance through reliefs; in nineteen cases out of twenty, at any rate, they are fully utilised in transports; and not seldom there is a difficulty in getting a sufficient number of medical officers under relief for duty in Indian transports, especially during return voyages, when crowded with weary invalids. The services of medical officers are, indeed, secured far beyond those of any other class; Sunday and Saturday, workday and holiday, day and night, by sea and on land, at home and abroad, with a minimum of leave or leisure; why then, these heartless calculations of loss of service by the careful actuaries of the War Office?

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This theory is, of course, little more than an official traditional fiction, but it supplies the true key to the attitude and action of the Indian Government toward medical Royal Warrants; because, by repudiating paternity towards the Medical Staff, it claims a dispensing power over inconvenient clauses in its Warrants. The Indian Government also asserts—rather contradictorily—some kind of co-ordinate authority in the issue of these Warrants; for, it will be noted, Lord Kimberley stated to the deputation that late Warrants were promulgated not only without the consent but against the wishes of the India Office, and therefore could not be fully recognised by the latter.

We cannot say how far it is constitutionally entitled to assume this position; but the broad outcome is that, while the Indian Government accepts as a matter of course the services of the Medical Staff, it claims a right to dictate terms independent of Royal Warrants. These terms, we venture to say, are not such as would attract good medical officers to a local service, and thus the Indian Government obtains a large and essential portion of its medical aid indirectly, on conditions which would not be accepted directly.

We put it to the Indian Government: Supposing the 300 officers of the Medical Staff were withdrawn from India, how much extra in pay and pensions would it cost to replace them by a local service? The cost would undoubtedly be so much heavier that its very contemplation ought to lead to a little more liberality in the treatment of the Medical Staff. We think the latter has honest cause of complaint, for not only is one-third of its number constantly employed in India, but by far the larger and more onerous part of its foreign service is in that country. Many of the Medical Staff spend fifteen or twenty, and even five-and-twenty years in India without any voluntary element in such service; it would be but fair to apprise candidates on entrance of such facts; and also, that the Indian Government does not necessarily hold itself bound by Royal Warrants connected with their service. Once again, let us also remark, parenthetically, that it is only apparently over medical Warrants, not those relating to other branches of the army, that the India Office claims a dispensing power. These considerations, we think, go to the root of the Indian difficulty, and give some explanation how it is that the Medical Staff so constantly comes to grief between the two stools of the War and India Offices; it has indeed to serve two masters with the proverbial troublesome results. But having by hook or by crook got the Medical Staff, what we further complain of is that the Indian Government then departs from and sets aside its own invariable custom and traditions by refusing charge pay, such as to brigade-surgeon-lieutenant-colonels in

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The result of the deputations to the Secretaries of State for War and for India were also such as to lead to anticipations, which we are glad to believe to be well founded, that the revision of some at least of the conditions of service complained of will not long be delayed. The composition of the deputation was of itself such that it could not fail to impress Ministers with a sense of the serious character of the grievances still unremedied, and the requirements as yet unfulfilled which men of such long service, of such mature experience, and of such undoubted administrative capacity combined to bring under their notice. Men such as Surgeon-General Thomson, Surgeon-General Hinde, Brigade-Surgeon Staples, and others of long experience in the highest administrative posts, from which they have only just retired crowned with honour and distinction, must perforce claim the courteous attention of the great departments in which they have long held so high a place. No officer in actual service could by the rules of discipline take part, but although dumb they yet spoke by the voice of these and other distinguished men but recently their acting colleagues in the highest grades of the service. The presence of the representatives of the two Colleges of the metropolis of Ireland, which furnish nearly half of the members of the Army Medical Department, gave great additional weight, and we feel sure that we are speaking the unanimous sentiments of the whole department in expressing their hearty thanks to the invaluable support afforded by the presence of Dr. J. W. Moore, Vice-President, representing the Royal College of Physicians of Ireland, and of Dr. Carte and Mr. Heuston, representing the Royal College of Surgeons of Ireland. Mr. Macnamara, Dr. Bridgwater, and Dr. Holman—the former as a member of the Camperdown Commission, and the latter as leading members of the Parliamentary Bills Committee, and standing high in the Council of the Association, of which they are Vice-Presidents—brought the weight of civil influence to bear. It would not be reasonable to expect more decided answers than were given, but the whole tenor of Mr. Campbell-Bannerman's reply gave the positive assurance of a very thorough re-examination of the questions submitted, with the desire to arrive at a favourable conclusion. To the suggestion of the formation of an Army Medical Corps, he announced himself as personally favourable; and, indeed, it is difficult to conceive why what is understood to be mainly a personal objection, arising out of what would seem to be an irrational and indefensible prejudice, can much longer delay this very necessary, absolutely costless, and much-needed step in advance. So, too, the palpable injustice, amounting to cruelty, of the six years' tour of foreign service for army medical officers was stated to Mr. Campbell-Bannerman with a force and completeness of detail which he confessed greatly impressed him. We need not for the moment dwell on other points, but it may be noted that on these important questions Lord Kim-

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speedily put a stop to them, and revert to the old rates, not merely as advocated by us and the profession at large, but as an important recommendation of the War Office's own Camperdown Commission.

In the brief time available for the interview, the deputation could not, of course, fully set forth the other points in the Memorandum, namely, titles, retirement, extension of service, detailing of medical officers for India, charge of native troops, extension of warrants to India, study time, exchanging, but all are now clearly before the authorities. To some of these points we will revert in reviewing the results of the deputation which at the same time waited on the Secretary of State for India.

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## THE DEPUTATIONS TO THE WAR AND INDIAN MINISTERS.

### II.

To understand fully the peculiar attitude hitherto maintained by Indian officials towards the Medical Staff serving in India, it is necessary to make a short historical retrospect, beginning with the question, How comes it to be in that country at all, seeing that certain other branches of the army, as the Service and Ordnance Store Corps, the Chaplains, and Pay-



the responsible direction of the great station hospitals. It was pointed out to Lord Kimberley that at the time these hospitals were instituted and thereby nearly a lakh and a-half of rupees saved, there was a very distinct understanding that a portion of that sum would be returned in the shape of charge pay as an acknowledgment of the greatly increased duties and responsibilities thrown upon the medical officers. Although his lordship challenged this understanding, we doubt not he will on investigation find it a fact; and we thought we noticed some inclination on his part to reconsider the case on its obvious merits.

We are glad also to note that he placed no veto on reversion to the old tours of service, provided the War Office took the initiative. It is high time the War and India Office, instead of recrimination and cross purposes, came to a fair common understanding regarding the terms of service of the Medical Staff in India; for, from many opportunities of judging, we fear the pressure of Indian service, together with the financial collapse of the rupee, is reacting very injuriously on the medical service of the army. We know the case of a young graduate who, in discussing a career, was advised by his father, an old medical officer, not to enter the Medical Staff because he would "only waste his life in India." No doubt this is not a solitary instance of the kind. These may

JUNE 3, 1893.

## THE DEPUTATIONS.

**SURGEON-MAJOR** writes: I protest against the suggestion that we should ask for the title of "Captain and Surgeon" after the analogy of the Pay Department. No composite title can be satisfactory; the present one has, I believe, served a most useful educational purpose, for it has shown the combatant branch that medical officers can be in possession of a quasi-military title with substantive rank without in any way interfering with combatant prerogatives. Mr. Campbell-Bannerman asks the department to give "real and genuine consideration," and I presume desires the result to be communicated to him. For such an object I would suggest a plebiscite on one question only—Are you in favour of a composite or a simple military title? This would preclude alternative compound titles, and I have no doubt 95 per cent. of answers would be for simple military rank in a Royal military corps.

\* We have no doubt a plebiscite would reveal a vote such as our correspondent predicts; but the pace should not be forced. We are glad our correspondent recognises the fact that the composite titles have had an educational effect, for that, we believe, was the object of the far-seeing men who suggested them to the Camperdown Commission. Gradual evolution is still the true policy.

**MEDICAL STAFF** writes: The Medical Staff must feel grateful for the energy with which you are endeavouring to obtain improvement in the condition of the Army Medical Service. In the list of casualties in the batch sent to India in 1886 I notice my name (say Brown) is not mentioned as having been invalided to the hills, where I went on sick leave from Burnah in 1887; perhaps there were more casualties if the truth was known. As regards our present rank, it is not recognised, so that we are no better off than before; indeed the 100 officers of the rank of Surgeon-Lieutenant, always serving at home, have £25 less than before the warrant, which means a saving to the Government of £2,500 a year.

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**RETIRED SURGEON-MAJOR WITH RANK OF LIEUTENANT-COLONEL** writes: I have read with much interest the memoranda of the deputation. As regards the application of the new titles to retired officers it is nowhere more needed than to the old Surgeon-Majors who retired with the rank of Lieutenant-Colonel. One of the best arguments for a consolidated corps is that it would improve the discipline of the Medical Staff Corps by making the men more sufficiently recognise that the medical are their officers. Men always more implicitly obey officers of their own corps in all branches of the service. I sincerely trust the six years foreign tours will be stopped and the titles altered as suggested by "Surgeon and Lieutenant, etc., etc."

\* This correspondent is an old and very distinguished medical officer, who in honourable retirement takes much interest in the welfare of his department. He, at all events, has no selfish end in advocating reforms.

JULY 1, 1893.

Tuesday, June 27th.

## SUPPLY.

**The Army Estimates: the Committee of Supply.**—On the vote of £288,200 for medical establishments, pay, etc., Mr. HANBURY, in the course of a general criticism, said that the pay of medical officers ran up to very nearly £300,000, and the total vote for the medical service would amount to £700,000 a year. He complained that the non-effective vote ran up to as much as 75 per cent. of the effective vote. This was due to the exceptional conditions on which medical officers were allowed to go on retired pay. After ten years' service a man was allowed to retire with a gratuity of £1,200, which was a large sum in addition to the pay he had received. After twenty years' service a medical officer could retire on a pension of £365 a year, and at a later period on a much larger pension. In these years of service a medical man acquired much information and experience of which the country ought to have the benefit in times of emergency. In addition, he found that the men who made this exceedingly good bargain had open to them seventy-one good home berths with incomes of £150 a year. It was not fair that, depriving their country so early of their services on good pensions, they should be allowed to have these good berths too; and he hoped the system would be put an end to. He then asked why the recommendations of the Camperdown Committee as to the financial saving which might be effected by a more reasonable distribution of the work had not been carried out. He feared that medical officers of the army were by no means efficiently trained in field hospital and bearer company work. The responsibility for this rested upon the War Office. He then touched upon the alleged insanitary condition of camps and barracks. He then went on to recommend the reversion to the old system of regimental hospitals. He admitted there was a strong feeling of discontent with regard to the anomalous and unsatisfactory position of the medical department in relation to the executive, and regretted that the medical officers had a great hankering after military titles, as if it were not sufficient honour for them to bear the titles of their own profession. We should have chaplains by-and-by calling for military rank, and commanding people while they were at church.

Dr. FARQUHARSON said Mr. Hanbury had not done full justice either to the army medical officers or to the late Secretary of State for War, who

had brought forward a large vote for the reconstruction of barracks and he hoped that in a few years the evils of former days would become things of the past. With regard to the pressure brought to bear on the Secretary of State, he would ask how were members of Parliament to discharge their duty if they were not to make use of the information they received in order to obtain redress for grievances? He was happy to say that he had taken some part in transmitting the views of his friends outside to his friends inside the House. He denied that medical officers were too largely paid. Good men could not be got unless you paid them well. He would join his hon. friend in asking the Secretary of State for War to bestow some attention on the recommendations of the Camperdown Committee. If young medical officers were to be attached to regiments for a certain number of years and others to be attached occasionally, it would be a great advantage. We were now going on in a process of evolution which must land us in another state of development. He hoped the respectful requests of the army medical officers to be constituted into a Royal corps, like the Engineers, would be duly considered. The combined titles which had been given to them, though cumbersome, had afforded them great satisfaction. The army doctor was no longer a mere doctor, he had to command a large number of men. There were now under the actual command of medical officers more than 6,000 men, a number greater than that of the Royal Engineers, and it was rightly thought that in commanding these men officially they should have full army titles. But there was another point to which they attached far greater importance, and that was to the shortening of the period of continuous foreign service. Formerly the medical officer had to serve five years in India, he had now to serve six, which was a great strain upon his physical and mental capacity. Out of 25 medical officers who went to India 17 died or were invalided, and out of 8 survivors 2 were so ill that they had to be removed to the hills, while nearly all the others returned home in considerably impaired health. The greatest breakdown occurred in the fourth year of service, and that of course left a small balance of those who had to serve the remaining two years; and it was impossible to estimate damage of this kind merely by figures. Medical officers came back shattered and debilitated, many of them carrying the misery of their impairment of health down to their graves. The military officer could get frequent leave to go to the hills, and was always able to arrange his work so as to keep out of the heat of the sun, but the doctor was at everyone's beck and call at every hour of the day, conditions of work which were peculiarly harassing and exhausting. He left the case of the army medical officers with confidence in the hands of his right hon. friend.

Major RASCH said he did not think the medical department had much to complain of.

He was followed by Mr. BARTLEY, who, as a lay member of the Camper-

General GOLDSWORTHY also testified to the special strain of the work in India, and said that medical men ought to have extra leave to recruit themselves in the hills.

Mr. CAMPBELL-BANNERMAN said he had been asked to attempt the impossible task of preventing combination in a discontented service by treating claims as ridiculous and diminishing the retirements and pensions. He was not aware there was any disposition on the part of the department to allow medical officers to occupy positions in which the duties were light. He held a subordinate position at the War Office when the regimental system was put an end to and the hospital system was adopted. The change was distasteful to regimental officers and men imbued with old traditions, but it was cordially supported by the more progressive officers and members of the medical service. No doubt in the old days it was a pleasant thing for the colonel of a regiment to have



with him medical officers who looked upon the regiment as their home; but that was incidental to the long-service system and disappeared with the short-service system. Would anyone justify the state of things which formerly existed, when a medical man in a hospital would attend to a man of his own regiment and pass by the men of other regiments, however urgent their claims might be? By remaining in one regiment a medical man lost touch of the progress of medical science and of public spirit. The medical man of the present time might not be so good a soldier, but he was a better doctor. As to the lack of experience in field duty, before a medical man joined the medical staff he must go for a certain period for special instruction in field work. He admitted that it was rather a weak point that there should be no practical experience of what might occur in war, and there was a general opinion that something might be done to remedy that, not necessarily in connection with the autumn manoeuvres. It was thought that in some way or other a week or a fortnight's practice might be given. As to the questions affecting the medical officers, raised by his hon. friend the member for Aberdeenshire, the most important was the length of service in India. There were only two ways of shortening the period of service in India—either by shortening the time of service at home or by increasing the medical staff. It was suggested that there would be less invaliding and that money would be saved in that way. He was now looking carefully into that point. He had just received a report as to the percentage of invaliding and of death in the first, second, third, fourth, fifth, and sixth years of service, and the figures of that report, which were founded on actual fact, did not bear out the complaints made of the extreme effect upon the health of their long service. The result of the figures was rather singular. The West Indies, Bermuda, China, Straits Settlements, Ceylon, and Mauritius—all of which were called unhealthy stations, and in which the period of service was only four years—had been more healthy during the last ten years than stations not treated with that exceptional indulgence. That showed that the matter required very carefully looking into. As to the question of medical officers' titles, he held an entirely open mind. He was not surprised that gentlemen with so many words before their names should desire to drop a few of them; but he was reluctant to see the medical character of the army doctor merged in the military, though, no doubt, there was something to be said in favour of their having a military title. He would be most reluctant to see the good old, homely, and honourable title of doctor merged in some other title not distinctive of the man's duties. As to the question of examinations which had been raised, there was no desire to do anything in the least degree unfair to the medical schools outside London. On that question his position was this—he was quite willing to consider anything that would prevent unfairness to either Scotland or Ireland, but he would rather wait for complaints from Scotland. His fellow-countrymen were not backward in crying out when they were hurt, and he had no complaints from Scotland. Until he heard that Scotchmen shared the views of Irishmen on this matter, he was disposed to leave the matter alone. As to those officers who had been described as highly ornamental members of the medical staff, he could only say that the officers at the head of that portion of the service were extremely hard worked. When the medical officers were employed abroad they were exposed in a far greater degree to climatic dangers than the combatant officers were. The latter could protect themselves in some degree against those dangers, but the duties of the medical officers required them to expose themselves to them. He greatly regretted that there should be any spirit of discontent prevalent in the medical branch of the service, and he could assure those hon. members who had an interest in the matter that he would do his best to meet every substantial grievance in reference to the medical officers that was brought under his notice.

Mr. BRODRICK said he wished to enter his protest against the combination of the whole medical profession for the purpose of bringing pressure to bear upon the Government in connection with this subject.

Sir G. CHESNEY said no doubt the medical staff in all parts of the world amounted to a considerable number, to several thousand men, but they were only a military body in the sense that they were under the Mutiny Act and were subject to the military officer in command, pretty much as nurses were. But in no case were they required to take part in active operations, and there was no justification for regarding them as part of the combatant service, so that the youngest subaltern must be chosen to command before them. He would remind the Secretary for War that in the combatant branch of the army there was a strong feeling against what they considered a degradation in the wholesale way that concessions were made to non-combatants.

The vote was then agreed to.

#### THE ARMY MEDICAL VOTE.

In the present thunderous state of the political atmosphere it might almost be esteemed a breach of privilege to compare the House of Commons to the House of Bourbon, but the debate on Tuesday evening on the Medical Vote in the Army Estimates shows that there are some members who possess one characteristic of that famous family—they learn nothing and they forget nothing. They forget none of the old fallacies, they can learn none of the lessons of modern warfare or modern science. Mr. Hanbury mourns that medical officers of the army still "have a hankering after military titles, whereas it ought to be sufficient honour to them to bear the titles of their own profession;" Mr. Bartley wants the War Office to put down its foot and say there shall be no further concessions made to the Medical Department, as

to whose "imaginary grievances" he professed to speak in a tone of authority; Mr. A. C. Morton was "astonished at the rage after titles in this service," and thought the title of doctor or physician much higher than that of field marshal; Mr. Brodrick "entered his protest" against the medical profession as a whole sympathising with and supporting their brethren in the army. Sir G. Chesney, the engineer officer who, it may be remembered, not long ago gave a measure of his knowledge of modern warfare by committing himself to the implied opinion that the chief duty of the senior medical officer with a regiment in the field was the making of poultices, suggested that the only sense in which medical officers could be considered to belong to the army was that they were under the Mutiny Act, and were "subject to the military officer in command pretty much the same as nurses were." He also felt himself "degraded" by the concessions made to non-combatants!

Sir G. Chesney's further assertion that "in no case were they required to take part in active operations" is so far from the truth that we can only suppose that he was incorrectly heard, for it is impossible to suppose him ignorant of the fact that medical officers with the fighting line are as much exposed to the enemy's fire as the so-called "combatant officers." Not to go back to distant times, we may recall that the only officers who received the Victoria Cross for exceptional bravery during the last Burmese war were two medical officers who defended the wounded, not by calling themselves "doctor" or "physician"—titles for which the savage has perhaps less esteem than Mr. Hanbury—but with sword and revolver.

Dr. Farquharson had very little trouble in showing the fallacy of the arguments—to dignify them with that name—which were clearly founded upon the opinions of officers who have long left the service, and are out of touch with its needs and with the spirit of the age. Mr. Hanbury, who, though not one of the "fighting caste," made himself the mouthpiece of some of its most obsolete notions, appeared to desire to go back on the terms of the Warrant of 1879, and to return to the conditions which prevailed prior to its issue, when,

as a matter of fact, medical officers could not be procured.

Members of Parliament who appeal to the honourable titles indicating status in the medical profession may be reminded, in the first place, that the title of "Dr." can only be legally assumed by graduates of a university, and that the question at issue is not the status of the officers of the Army Medical Department in the medical profession, but their status in the army. Their status in the army can only be officially determined by definite military rank and titles.

Several speakers alleged that medical officers of the army had combined to put further pressure on the Secretary of State for War with the view to obtaining further concessions. Upon this, as on so many other points, these members were entirely misinformed. No such combination exists or has existed. The question was taken up by retired officers, whose influence with their civilian brethren in the medical profession, acting through the Parliamentary Bills Committee of the British Medical Association, has been sufficient to convince the public of the justice of the demands made on behalf of the Army Medical Department. These demands were either made in the interests of the army at large or asked for the revocation of novel regulations which were felt to bear hardly on the officers of the department. Briefly the concessions asked for—which will not cost the country one penny—were the formation of the Army Medical Staff and Medical Staff Corps into one corps; the reduction of foreign service to the old rates; the alteration of the regulation requiring three years in a rank before being permitted to retire on the pension of that rank, which would be for the good of the service, by presenting constant change of administrative officers; the cessation of the extension of service of surgeon-major-generals to the age of 62, which extension inflicts serious pecuniary loss on the next three grades, and is a breach of the Warrant of 1879, and finally the extension of that warrant to India. As Dr. Farquharson, in the course of his able and temperate speech, observed, all that is asked is the carrying out of the recommendation of the Camperdown



JULY 1, 1893.

the responsible direction of the great station hospitals. It was pointed out to Lord Kimberley that at the time these hospitals were instituted and thereby nearly a lakh and a half of rupees saved, there was a very distinct understanding that a portion of that sum would be returned in the shape of charge pay as an acknowledgment of the greatly increased duties and responsibilities thrown upon the medical officers. Although his lordship challenged this understanding, we doubt not he will on investigation find it a fact; and we thought we noticed some inclination on his part to reconsider the case on its obvious merits.

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JUNE 3, 1893.

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down Committee, expressed his opinion that Mr. Stanhope had done all that was possible to satisfy the demands of the medical profession. He was surprised that the titles given were not sufficient, and feared that further alleged grievances were about to be brought forward. He thought the time had come when the War Office must put its foot down and say there would be no more concessions to the medical department. The non-effective service amounted to fully 75 per cent., and in fact that branch was as costly as the effective branch. He objected to the present facilities for early retirement.

Dr. KENNY asked whether any conclusion had been come to with regard to the recent alterations in the appointment of examiners to the medical service of the army. He suggested that the Dublin and Edinburgh Colleges should each be allowed to send two members to the Medical Examining Board, thus bringing the total number of members to eight.

Mr. A. C. MORROX thought the medical service, which cost nearly half a million a year, contained too many ornaments who drew high salaries and did very little work. He was astonished at the rage after titles in this service. He thought the title of doctor or physician was much higher than that of field-marshal; the one was associated with the saving of life, the other was associated with slaying.

Mr. PLUNKET pointed out that a large number of those who entered the service came from Ireland and Scotland, and he thought that the medical authorities of those parts of the countries ought to be represented upon the examining board either by the appointment of additional examiners or of assessors.

Mr. JEFFREYS stated that there must be some prizes in every profession. The position of an army surgeon was a very poor one compared with medical men in other walks of life, and for that reason he thought it desirable that some official rank should be given to him. Besides, surgeons were not connected with any particular regiment, but formed a corps of their own, and unless they had some rank in the field they could not properly carry out their duties. In time of war the country wanted the best medical men, and it could only obtain them by offering sufficient salary and conferring some rank on those appointed. Colonel LOCKWOOD, while hoping that there would be no further increase in the vote, said the stress of the work of medical men in India was so great that the term of service in India ought to be shortened.



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Committee. He expressed his belief that the case of the army medical officers might be left with confidence in the hands of the Secretary of State for War, and we were glad to perceive that Mr. Campbell-Bannerman showed no disposition to re-echo the "Junker" views to which the House had been condemned to listen. He very clearly indicated his opinion that it was absurd to try to prevent discontent by treating legitimate claims as ridiculous, and diminishing retirements and pensions. He acknowledged the importance of the complaint as to the length of service in India, and stated that he was now looking carefully into the matter. We suspect from the tone of the observation which fell from him that some of the facts and statistics which have been laid before him, with the apparent intention of showing that the extended tour of service in India did not have an unfavourable effect upon the health of the officers of the department, will turn out to be founded on misconception. We trust that on a fuller inspection of all the facts, including those which have been brought to his notice by the Parliamentary Bills Committee, he may see his way to remedy a grievance which is felt to be one of the most serious character by the whole Department. This extended tour affects medical officers only and no other branch of the service, and we find that Mr. Campbell-Bannerman himself admitted that medical officers employed abroad were exposed in a far greater degree to climatic dangers than other officers, since they were unable to protect themselves in any degree from dangers due to climate, and were in fact, owing to the nature of their duties, compelled to expose themselves to it.

We trust that his expressed intention to meet every substantial grievance in reference to the medical officers which has been brought under his notice will result in his being able to remedy this most serious grievance, and to recognise the essentially military duties of the Army Medical Department by defined military titles.

JULY 8, 1893.

#### THE ARMY MEDICAL DEPARTMENT AND ITS DIFFICULTIES.

THE question put by Mr. A. C. Morton to the Secretary of State for War on July 4th, raises a point of vast importance, and one which has recently led to a great deal of correspondence in the military journals. Some of the letters there published from medical officers, evidently of much experience, have pointed out that the Army Medical Department is far from being prepared for war. The story told of the conditions under which a field hospital was sent on active service during one of our late campaigns recalls some of the worst instances of confusion recorded during the earlier stage of the Crimean War. Officers and men were gathered from all parts of the United Kingdom, totally unknown to each other, and quite unaccustomed to working together, while the stores were sent out without organisation, in a different ship from the officers and men, mixed up when landed with hundreds of other packages, and only got into order after some three weeks' work. Even then it was discovered that the cases were too heavy to be carried by mules or camels, the only method of transport available. The appeal of the medical officers to be allowed to practise annually with their field hospitals and bearer companies is one which must commend itself to every man of common

sense, and we are glad to see that Mr. Campbell-Bannerman has made up his mind that some additional opportunity should be afforded to the Medical Department for special training in field duties.

It is to be hoped that no opposition may at the last moment arise in the quarter in which other proposals for the greater efficiency of the Army Medical Department have so often encountered obstruction. That a very bitter feeling exists was shown recently in a rather curious manner by a long article published some weeks ago in the *Broad Arrow*, under the title "Military Trades Unionism." A note

was prefixed to this article, in which the editor stated that "neither the tone of, nor the arguments expressed in the following article are in harmony with the traditions of this journal." We fear, however, his further surmise is more or less correct—it is borne out by the utterances of certain speakers on the medical vote in the Army Estimates—that the sentiments in the article are still held by not a few—shall we style them combatant reactionaries?—in the service. We altogether repudiate, however, the suggestion that they are also the views of any considerable—much less any influential—section of the medical department itself.

The writer begins by formulating the legitimate question how far military officers are justified in combining for redress of grievances; but instead of discussing it in an abstract fashion, he speedily shows it is merely introduced as the groundwork of an utterly unfair and embittered attack on medical officers; partly for presuming to have any grievances at all, much more for daring to ventilate them through the intervention of such representative bodies as the Medical Schools, or the Parliamentary Bills Committee of the British Medical Association.

We have no intention of examining or refuting his assertions and misrepresentations in detail, and, indeed, would not notice them at all did they not curiously forecast the tone adopted by certain speakers in the subsequent debate on the Estimates. They unfortunately but too clearly show

judice in opposition to the claims of medical officers for due army status. At one time they almost equally opposed the Commissariat, Pay, and Transport officers, until these departments became recruited from ex-regimental officers. If by any possibility medical officers could likewise be recruited from the same sacred "fighting caste" all opposition to them would doubtless also cease. But that cannot be; and therefore, argue these gentlemen, medical officers can have no genuine grievances because they have no real army rights; but in any case, reasons the writer in the *Broad Arrow*, whether grievances are real or supposed, attempts to obtain redress is mere trades unionism, which should and could be summarily suppressed, "for the fact will always remain that, schools or no schools, a resolute Secretary of State could crush the agitation in ten minutes if he liked."

Practically, although not so bluntly, these antiquated and absurd sentiments found expression in the debate on the medical vote. The resolute Minister of the desired type has, however, not yet appeared, nor is he likely to appear; but the wish to invoke him shows the lengths the opponents of the medical officers would go did they but have the power. We can assure all such opponents, be they military or civil, that no combination exists or can exist among medical officers which can by any misnomer be called military trades unionism. They can and do individually represent their grievances to their friends and to the public in a perfectly legitimate fashion; and it is the duty of their friends, if they think them wronged, to seek redress at the hands of those who have the power to give it. Are they to grin and bear any sort of invidious injustice out of deference to the prejudices of a section of the army? As an integral part of the military machine they claim such army status as is their clear due, and such as is necessary for the proper performance of important military duties above and beyond, although intimately connected with, the duties of their civil profession. They complain that if such be granted in what the writer calls "panic-stricken warrants," ever so guardedly or tentatively, a section of the army immediately does everything it can to set aside and minimise such concessions. It is from no love of self-assertion that army medical officers are constantly called upon to maintain an attitude of defence of their rights; and that if he and his class would only do to medical officers as they would like to be done by, "pernicious agitation" and "hateful deputations" would stop of themselves, without violence at the hands of a "resolute Secretary."



If the charge of military trades unionism could be maintained, as it cannot, against medical officers, it might well be thrown back in the teeth of the writer, for what of the indiscriminate black-bullings of medical officers, simply because they are medical officers, at certain military clubs? What sort of military combination is that? The secret ballot can possibly be defended if used against admittedly obnoxious individuals, but its wholesale employment against a class, and that body an essential and integral part of the national army, is nothing less than a public scandal and offence. It is useless to say that such military trades unionism is the work of a contemptible few, for the many must share the discredit, and the reputation of the club suffer while they fail to put it down. What more than surprises us is that, rather than grant the Army Medical Department proper military status, there is a faction who would in

SEPT. 2, 1893

### THE GRIEVANCES OF ARMY MEDICAL OFFICERS.

#### REPLY OF THE SECRETARY OF STATE FOR WAR.

The Secretary of State for War has sent the following reply to the representations of the Parliamentary Bills Committee. We can only characterise it as eminently unsatisfactory and disappointing. Somehow the officers of the Army Medical Service had been led to expect better things of the present War Secretary, which will make their disappointment all the keener. We venture to say astonishment will be mingled with regret, for the reply is not merely in the usual *non possumus* strain, but has an element of *non volumus* as well.

Not one of the representations have met with a favourable response; not a point has been granted, except that retired medical officers, liable to recall to service, may use the new compound titles. This was a concession so obvious and necessary that not even official wrong-headedness could advise the War Minister to refuse it.

It is evident that those who oppose every concession towards medical officers have won the official ear. The reasons set forth for the various refusals will be subjected to the close criticism they demand and deserve. We fear this letter may prove a new starting point in the further ventilation of medical officers' grievances, which might, as we hoped, have been prevented by a little more sympathetic treatment of and concession to what we must characterise as both reasonable and easily-met demands. We will return to the subject matter of the letter in a future article.

4840/686

War Office, Pall Mall, S.W.,  
August 26th, 1893.

SIR,—I am directed by the Secretary of State for War to acquaint you that he has had under his careful consideration the various points affecting the status and organisation of the Medical Staff of the army, which were submitted to him by the deputation of the Parliamentary Bills Committee that attended at this office on May 15th last, and which had formed the subject of previous correspondence.

Following, for convenience sake, the order in which these several points were formulated in the printed memorandum handed in by the deputation, I am now instructed to convey to you the decision at which Mr. Campbell-Bannerman has arrived.

#### I.—FORMATION OF A CORPS.

It is observed that the proposal for subverting the existing status of the Medical Staff, and converting it from a departmental into a regimental organisation is not sustained by arguments which tend to show the necessity for such a course. It was admitted by the deputation that the question was largely one of sentiment; and, though it is alleged that such a measure would be for the "advantage of the army generally and would increase the efficiency of the Medical Department both in peace and war," no evidence can be traced in support of these general propositions.

Under the present system the control of the medical officers over their men of the Medical Staff Corps is complete and indisputable, and the standard of efficiency is adequately maintained. Mr. Campbell-Bannerman regrets, therefore, that he can see no ground for adopting an arrangement which even its own advocates fail to justify by any tangible argument, and which will certainly give rise to many serious administrative and technical difficulties.

#### II.—FOREIGN SERVICE.

To this subject I am to state that Mr. Campbell-Bannerman has given the most careful consideration, particularly in its bearing upon the health of the Medical Staff. It was urged by the deputation, and asserted with more detail in the memorandum, that invaliding has steadily increased since the imposition of the six years' rule; and also that the chief invaliding occurs in the last two years of service in India. The Secretary of State has, consequently, caused a close inquiry to be made into the invaliding returns for a term of years, with the view of determining whether any prejudicial effect has been wrought by the prolongation of the tour of service from five to six years. In the result it has been demonstrated beyond a doubt that invaliding reaches its maximum after four years of foreign service, and thenceforward steadily declines, so that from a hygienic point of view medical officers are not prejudiced by the extension of service so much deprecated. On the other hand, any diminution in the length of the tour would offer great disadvantages, in that its inevitable effect would be to shorten the period of home service by increasing the frequency of the foreign tour. It is true that this might be obviated by an increase to the establishment, involving considerable additional expenditure, but, in view of the facts stated, Mr. Campbell-Bannerman does not feel justified in imposing this charge upon the public.

#### III.—TITLES.

The titles now enjoyed by officers of the Medical Staff were conferred after much discussion and mature deliberation. They were recommended by Lord Camperdown's Committee, and accepted as a satisfactory settlement by Sir Andrew Clark, who was spokesman of the deputation from the medical corporations of the United Kingdom. The modifications now proposed—namely, the obliteration of the rank of Brigade-Surgeon-Lieutenant-Colonel and the interpolation of the word "and" between the word "Surgeon" and the military affix do not, I am to state, recommend themselves to the Secretary of State's approval. A Brigade-Surgeon is an officer of higher rank than a Surgeon-Lieutenant-Colonel, and attains that rank on promotion by selection. The alteration of titles has not affected the gradations of substantive rank, and the prefix "Brigade-Surgeon" must therefore be retained to differentiate a body of officers from those who are junior not only in service but also in rank. As it was of the essence of the new titles that the professional qualifications should be joined to the military rank, the insertion of the word "and" is inadmissible. I am to add, however, in this connection, that Mr. Campbell-Bannerman is prepared to admit the claim of retired medical officers who are liable to be recalled to service to be invested with the new titles, and steps will be taken at an early date to give effect to this decision.

#### IV.—THE RETIREMENT REGULATIONS.

Exception is taken to the provision that three years' service in a rank should be a condition precedent to voluntary retirement in such a rank; but whilst the equity of this provision is clear in the interests of the public, who should not be called upon to pay rates of pension for which no adequate service in the rank has been rendered, nothing was urged against the existing conditions except the anxiety of officers to retire upon the higher rates, and the facilities for promotion which the satisfaction of this anxiety would create. I am to state that Mr. Campbell-Bannerman cannot see his way to modify this important condition, holding as he does that three years' service is a fair and reasonable period wherein to qualify for an increased scale of pension on voluntary retirement, and I am to add that the condition is of universal application throughout the service.

#### V.—EXTENSION OF SERVICE FOR SURGEON-MAJOR-GENERALS.

The regulation that provides for the retention of Surgeon-Major-Generals up to 62 years of age limits its application to cases in which it is considered that the interests "of the public service would be materially advanced by it."

In such a case personal claims must clearly be subordinated to the public interests, and it would not be right to force out an officer whose services are required, simply in order to replace him by another, less suitable, on account of some theoretical claim for promotion, or to second him in order to promote an officer for whom no employment could be found.

These cases can seldom occur, and when they do occur public interest must have the first consideration.

#### VI.—THE DETAILING OF MEDICAL OFFICERS FOR SERVICE IN PARTICULAR PRESIDENCIES.

As it has been found necessary to refer this subject to the Government of India for consideration, I am to state that Mr. Campbell-Bannerman's answer on this point will be conveyed to you later on.



Committee. He expressed his belief that the case of army medical officers might be left with confidence in the hands of the Secretary of State for War, and we were glad to perceive that Mr. Campbell-Bannerman showed no disposition to re-echo the "Junker" views to which the House had been condemned to listen. He very clearly indicated his opinion that it was absurd to try to prevent discontent by treating legitimate claims as ridiculous, and diminishing retirements and pensions. He acknowledged the importance of the complaint as to the length of service in India, and stated that he was now looking carefully into the matter. We suspect from the tone of the observations which fell from him that some of the facts and statistics which have been laid before him, with the apparent intention of showing that the extended tour of service in India did not have an unfavourable effect upon the health of the officers of the department, will turn out to be founded on misconception. We trust that on a fuller inspection of the facts, including those which have been brought to his notice by the Parliamentary Bills Committee, he may see his way to remedy a grievance which is felt to be one of the most serious character by the whole Department. This extended tour affects medical officers only and no other branch of the service, and we find that Mr. Campbell-Bannerman himself admitted that medical officers employed abroad were exposed in a far greater degree to climatic dangers than other officers, since they were unable to protect themselves in any degree from dangers due to climate, and were in fact, owing to the nature of their duties, compelled to expose themselves to it.

We trust that his expressed intention to meet every substantial grievance in reference to the medical officers which has been brought under his notice will result in his being able to remedy this most serious grievance, and to recognise the essentially military duties of the Army Medical Department by defined military titles.

JULY 8, 1893.

the inner feeling of a certain section of the service towards medical officers, not that the arguments are new, for they are of a type familiar in this very controversy twenty or thirty years ago, but which we hoped had by this time finally disappeared under the influence of a broader and juster criticism. But nothing dies so hard as class prejudices, especially when crystallised in military life. It is worth while, however, while avoiding details, to glance once again at the creed or theory from which these unreasoning and unworthy prejudices spring, and which both animates and vitiates the arguments by which they are sought to be defended. It dates from the era of stiff stocks, pipe clay, and drill square soldiering, a time when an army was not considered a varied and complicated organisation, but a mere collection of fighting units, men with muskets, somehow self-existent and independent of departments to feed, pay, clothe, transport, and, above all, keep them in health. The officers of these departments, it is considered, may be under the Mutiny Act, may share in all the duties and dangers of service both in peace and war, but are in no sense soldiers or entitled to military status. The necessities of modern warfare, the demands of civilisation, and a juster appreciation of the rights of individuals have emancipated the army departments one by one from such mediæval ideas. But our military Bourbons are still fighting in the last ditch of privilege and pre-

sense, and we are glad to see that Mr. Campbell-Bannerman has made up his mind that some additional opportunity should be afforded to the Medical Department for special training in field duties.

It is to be hoped that no opposition may at the last moment arise in the quarter in which other proposals for the greater efficiency of the Army Medical Department have so often encountered obstruction. That a very bitter feeling exists was shown recently in a rather curious manner by a long article published some weeks ago in the *Broad Arrow*, under the title "Military Trades Unionism." A note



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#### VII.—OFFICERS OF THE MEDICAL STAFF BEING COMPELLED TO TAKE CHARGE OF NATIVE TROOPS.

It has been ascertained that no information has reached the Secretary of State for India of any proposal for placing officers of the British Medical Service in charge of native troops in India. Mr. Campbell-Bannerman feels, therefore, that no remarks are called for from him upon this subject.

#### VIII.—THE EXTENSION OF THE WARRANT OF 1879 TO INDIA IN ITS FINANCIAL ASPECTS.

Mr. Campbell-Bannerman understands that this matter has already been the subject of a direct communication from the Parliamentary Bills Committee to the India Office; but I am to observe that when the Royal Warrant of 1879 was promulgated it was expressly announced that its financial conditions would not be "applicable to Army medical officers while in India or on the Indian Establishment," and that "no additional emolument would under its provisions accrue to medical officers serving in that country." This stipulation was contained in the Secretary of State's instructions printed as an addendum to the Warrant, and issued simultaneously with it. From this position the India Office has never receded, so that one of the deputation was in error when he stated that the attitude of the India Office upon the question was not duly communicated to all army medical officers when the Warrant was promulgated. I am to remark that if Royal warrants for the army at home and in the colonies are to have force in India, as contended for by the deputation, it would have the effect of considerably reducing the emoluments of all the other ranks of the Department.

#### IX.—STUDY TIME ON FULL PAY.

On this subject I am to observe that provision already exists for granting special leave when the circumstances of the case appear to justify it. The concession of the indulgence is obviously limited by the necessity of providing for the duties of the absentees, but, as a matter of fact, very few applications have been received even within the limit assigned.

#### X.—EXCHANGING.

Mr. Campbell-Bannerman agrees with the Parliamentary Bills Committee in its estimate of the value to be attached to this privilege; but he considers that the rules which now govern exchanges are as liberal as is compatible with efficient departmental administration. Surgeon-Majors and Surgeon-Captains are, unless there are special reasons to the contrary, allowed to exchange twice in their several ranks. There is no interdict against exchanges after the issue of instructions for foreign service; but, having in view the strain upon health of a tour in India, a period of twelve months at home is exacted before officers who have been abroad are permitted to exchange back to the foreign roster.

I think that I have now dealt with all the points brought forward by the deputation, and I am desired by Mr. Campbell-Bannerman to express his regret that, after the most careful consideration, he has not found it possible to meet on most of them the view entertained by your Committee; but he trusts that the explanation I have given will be found satisfactory.

—I am, Sir, your obedient Servant,

ARTHUR L. HALIBURTON.

The Chairman of the Parliamentary Bills  
Committee of the British Medical Association,  
429, Strand, W.

SEPT. 9, 1893.

#### THE GRIEVANCES OF ARMY MEDICAL OFFICERS.

WE have already expressed an opinion that the reply of the Secretary of State for War, published in the *BRITISH MEDICAL JOURNAL* for September 2nd, to the representations of the Parliamentary Bills Committee on the grievances of army medical officers will be received by the latter with keen disappointment and discouragement, not alone as a mere present refusal of their prayer, but as a prospective closure of future appeals, on the ground of the grievances having already been found unsubstantial. We are confident Mr. Campbell-Bannerman would give no decision on matters he had not personally considered, but we know from long experience that on such subjects as those contained in the memorandum Ministers are not only largely influenced, but mainly led by the opinions of the official advisers they call in; if these are hostile the answer is almost certain to be unfavourable. That his advisers in this instance were hostile is evident, so that we do not stretch surmises unduly or violate probabilities rashly in recognising in the reply the advice of old irreconcilables towards the medical service. If you make up your mind to refuse a reform the best line of resistance is simply to deny the abuse attacked; any

halting or qualified admission of its existence might be fatal; this is the method of the reply. It can then be said, **How can you ask for redress of a non-existent grievance?**

And this insoluble question affords a ready made answer to all future representations. Should these grievances be set before a future Minister, what so easy as for the permanent official to "draw the papers" from the registry, and triumphantly read, "Your predecessor in office herein records these grievances to be mythical."

That such procedure is not at all uncommon or unfamiliar, anyone who has had recurrent disputes with public officers knows full well. We are, therefore, quite prepared to see it tried in future with all and sundry who venture to interfere in the grievances handled in this reply.

Our attitude towards the denial of the grievances set forth is simply this: the Parliamentary Bills Committee, having no love of agitation for its own sake, would positively refuse to champion reforms in the Army Medical Service if they thought them undesirable, or believed the evils upon which they rested unreal. But, from a very wide and confidential field of correspondence, which, for obvious reasons, cannot be directly open to high placed administrators, the Committee have not the least doubt of the genuineness of the grievances placed before Ministers by the deputation; and contend that they at once press destructively on the medical service, and thereby are opposed to army efficiency. Take the matter of the extended tours, which is one of health and strain, are the medical officers themselves to be held incapable of feeling where the shoe pinches? Or, in the matter of corps formation: everyone not positively or wilfully blind must be aware that, whatever the elaboration on paper, the present inchoate medical corps organisation renders it weak and unfit for war. But when we, therefore, suggest the more complete fusion of the medical officers and men into a consolidated corps, thereby giving them a better army status, and by increased cohesion and efficiency securing advantage to the army generally, we are met by the flat rejoinder that "no evidence can be traced in support of these general propositions."

When the strain and inevitable break-down in war comes, we fear the now little sought for evidence will be only too obtrusive. Probably also, as before, the first to make bitter complaint at the collapse of the department will be those who now deny its grievances, and refuse reforms. But the representations and replies at the instance of the Parliamentary Bills Committee will remain recorded in the evil day, so that the public will be able to place the responsibility on the right shoulders. We will return to the detailed arguments in the reply in a future criticism.

SEPT. 16, 1893.

#### THE GRIEVANCES OF ARMY MEDICAL OFFICERS.

##### II.

ACCORDING to our contemporary, the *Army and Navy Gazette*, with whom we agree, the reply of the Secretary of State for War to the suggested alterations and reforms in the Army Medical Service is especially regrettable in the entire want of conciliatory tone. There is nothing to smooth the harshness of total refusal, which makes it all the more necessary to examine the grounds upon which such an extreme and uncompromising stand is made. We regret to say the more the arguments or, rather, statements are looked into the more merely negative and the less conclusive do they appear. The very form of the reply but too plainly indicates that it was framed, not merely as a present refusal, but also as a ready weapon against anticipated prospective demands. It was doubtless felt by the military advisers that the controversy was becoming uncomfortably narrowed to plain issues; therefore, it was desirable to closure further awkward importunities. So long as this might be temporarily done, it mattered little how. And so, this long, laborious, and weary controversy has for a time culminated—probably with some sense of relief and rest to the less ardent spirits. But, unless we are wholly belied by the past, the



fall will not be long, for hitherto apparent quiescence in the department has proved but a prelude to the renewal of insidious attacks and consequent rousing to defence. If we are mistaken in this forecast it will come to us as a new revelation. After all that has been said and done by the Parliamentary Bills Committee, the medical schools, and by individual representatives in this contest, it is, of course, not possible to let the reply remain unchallenged; and, therefore, we propose to traverse it rapidly in detail, so that, when the certain revival of the controversy comes about, we may know where we are, and have some ready arguments at hand.

The first and most fundamental of the matters in dispute is the formation of a consolidated medical corps. The suggestion that such would bring much solidarity, efficiency, and contentment to the medical service is characterised in the reply as a "subverting of the existing status of the Medical Staff," probably on the old untenable ground of the difference between staff and regimental allowances. But as no more money is asked or required, the adjustment of allowances is a mere accountant's bogey. We challenge any army administrator to say whether the existing status or conditions of the medical service, as a whole, would for a moment be contemplated or followed if it were necessary to create a medical corps *de novo*. The existing relations between officers and men of the Army Medical Service are wholly anomalous, because they had their origin in adventitious and almost fortuitous circumstances. The Medical Staff, as we find it, is simply the result of unification between the old regimental and unattached medical officers; the present Medical Staff Corps is a body of which the Medical Staff were not even the original officers, but others, called lieutenants and captains of orderlies. But the administrative absurdity of these intermediary officers led to their abolition, and brought the Medical Staff and the Medical Staff Corps into direct but, at the same time, very anomalous contact, and so they still remain.

But if it follows, which we wholly deny as in any degree necessary, that organic union between the corps and the officers would subvert the status of the latter, then what is the status of the officers in the organic unit called the Volunteer Medical Staff Corps? Will it be denied that the organic union in that corps better fits it for service in war? The truth is that the auxiliary medical service is ahead of the regular in everything pertaining to corps organisation and field efficiency. We altogether deny, on the best of testimony, that in the present haphazard and scratch arrangements between the Medical Staff and the Medical Staff Corps for field service "the standard of efficiency is adequately maintained," as the reply asserts. The officers and men have no proper bond of union, not to mention opportunities of drilling together as bearer company and field hospital units; until a closer corps organisation is brought about we look for no improvement in this absolutely serious state of field efficiency in the medical department. Instead of subverting, a proper corps organisation would raise and define the army status of medical officers; but this, we fear, is just what is not wanted by a powerful section of the army, whatever the risks and costs towards efficiency. We venture to think the subject of corps organisation in the medical service will soon force itself on the authorities.

The question of foreign service was one in which concessions were confidently expected from the very nature of the case, so that a cold and hard refusal of any modification whatever must prove profoundly discouraging. We know the exacting nature of foreign service is already, on wary

4. Medical officers have command over all their own establishments and those attached thereto; those subject to the medical officers have army rank and titles, but they have not themselves.

5. Medical officers alone, of all officers not belonging to the fighting troops, accompany them into action and under fire, sharing in all the dangers of the field and trenches, as proved by the official returns showing the very large proportion killed, wounded, and invalided, as compared with all other branches of the army; also of medical officers who have won the Victoria Cross for conspicuous bravery.

6. They find that without the same substantive rank and titles as other officers they are placed in an inferior position to all officers of the army.

7. Substantive army rank with military titles is already held by the medical officers of many European armies, and of the United States, and is declared to work admirably.

8. They therefore claim to be amalgamated with the Medical Staff Corps—already a military organisation—and hold army rank and titles therein.

The evidence given before the Camperdown Commission by the heads of the army show how worthless army departmental rank is. Since the deputation which waited on Mr. Stanhope some years ago, asking for compound titles and restoration of relative rank, the situation has completely changed. The Commander-in-Chief has declared "relative rank to be no rank at all." Lord Wolseley stated the fact of belonging to the Army Medical Department gave the medical officer no military position. These are the grounds upon which they claim army rank and titles.

SEPT. 30, 1893.

### THE GRIEVANCES OF ARMY MEDICAL OFFICERS.

#### III.

No part of the controversy has been more embittered than that of the application of military or quasi-military titles to medical officers. Yet it ought to have been a matter of pure indifference to the combatant holders of them if there had been any sincerity in the oft-repeated protestation that not only were such titles useless to medical officers, but so common as to be derogatory to the noble profession of medicine. But this very disparaging of military titles, together with the anxiety to prevent medical officers having them, was only proof positive of their supreme significance and value in the army. Nowhere is the legal definition of title—"that which gives just right to possession"—better illustrated than in military titular designation, which is, in fact, the very embodiment and evidence of army status. To parody a well-known line emphatically, in military life the rank is but the title stamp. It is therefore desirable to look very particularly into this matter, which meets with such a point blank "inadmissible" in the reply.

Now, a sort of army rank has never been denied to medical officers, provided it was sufficiently indefinable and inarticulate, but its translation into recognised military titular designation has ever been opposed by a powerful section of the army with peculiar vehemence.

At last, where some sort of title stamp to their rank could no longer be refused without danger, compound consecutive titles were conceded—an important advance undoubtedly on the old style, which had neither sense nor sequence, as, when an officer ranking with or as a lieutenant-colonel was called a surgeon-major. Yet, while the compound titles express gradation in rank clearly enough officially, they have proved too cumbrous and unpronounceable in colloquial and social use. The public fail to grasp them, and, by the usual process of phonetic curtailment, tend to lop off the military portion, thus leaving the possessor much as before, with no definite or easy expression of army status.

Nor have the hybrid titles had fair play, for a section of combatants have very ungenerously, and unwisely, we think for themselves, done their best to cast ridicule on them, by inventing grotesque combinations, or by feigning invincible ignorance. Such puerilities have naturally excited disgust and even resentment among medical officers, who are forced to see that their opponents will allow no proper rest in any compound compromise. Therefore, not merely to stop unworthy fooleries with their titles, but to assert their clear position as soldiers, as well as doctors, sharing in all the duties and dangers of the army, medical officers are compelled to ask for pure military titles, with a departmental affix; such as cannot be gainsaid, and are already freely conceded to the departments of pay, stores, and supply. To have given the officers of these departments pure military titles may have been an administrative mistake, but for that the medical officers had no responsibility, and they can now therefore, with a clear right, claim equality at least.

SEPT. 23, 1893.

SURGEON-GENERAL RETIRED would answer the question—Why do army surgeons want military rank and titles, and are not satisfied with any departmental rank?—as follows:

1. Because army rank with military titles is the one rank recognised in the army.

2. Formerly combatant officers only had army rank and titles; all others had relative rank.

3. Relative rank is abolished: now all officers and men have army rank, except medical officers, veterinary surgeons, and army chaplains, the latter two exercising command.



#### VII.—OFFICERS OF THE MEDICAL STAFF BEING COMPELLED TO TAKE CHARGE OF NATIVE TROOPS.

It has been ascertained that no information has reached the Secretary of State for India of any proposal for placing officers of the British Medical Service in charge of native troops in India. Mr. Campbell-Bannerman feels, therefore, that no remarks are called for from him upon this subject.

#### VIII.—THE EXTENSION OF THE WARRANT OF 1879 TO INDIA IN ITS FINANCIAL ASPECTS.

Mr. Campbell-Bannerman understands that this matter has already been the subject of a direct communication from the Parliamentary Bills Committee to the India Office; but I am to observe that when the Royal Warrant of 1879 was promulgated it was expressly announced that its financial conditions would not be "applicable to Army medical officers while in India or on the Indian Establishment," and that "no additional emolument would under its provisions accrue to medical officers serving in that country." This stipulation was contained in the Secretary of State's instructions printed as an addendum to the Warrant, and issued simultaneously with it. From this position the India Office has never receded, so that one of the deputation was in error when he stated that the attitude of the India Office upon the question was not duly communicated to all army medical officers when the Warrant was promulgated. I am to remark that if Royal warrants for the army at home and in the colonies are to have force in India, as contended for by the deputation, it would have the effect of considerably reducing the emoluments of all the other ranks of the Department.

#### IX.—STUDY TIME ON FULL PAY.

On this subject I am to observe that provision already exists for granting special leave when the circumstances of the case appear to justify it. The concession of the indulgence is obviously limited by the necessity of providing for the duties of the absentees, but, as a matter of fact, very few applications have been received even within the limit assigned.

#### X.—EXCHANGING.

Mr. Campbell-Bannerman agrees with the Parliamentary Bills Committee in its estimate of the value to be attached to this privilege; but he considers that the rules which now govern exchanges are as liberal as is compatible with efficient departmental administration. Surgeon-Majors and Surgeon-Captains are, unless there are special reasons to the contrary, allowed to exchange twice in their several ranks. There is no interdiction against exchanges after the issue of instructions for foreign service; but, having in view the strain upon health of a tour in India, a period of twelve months at home is exacted before officers who have been abroad are permitted to exchange back to the foreign roster.

I think that I have now dealt with all the points brought forward by the deputation, and I am desired by Mr. Campbell-Bannerman to express his regret that, after the most careful consideration, he has not found it possible to meet on most of them the view entertained by your Committee; but he trusts that the explanation I have given will be found satisfactory.

I am, Sir, your obedient Servant,

ARTHUR L. HALIBURTON.

The Chairman of the Parliamentary Bills Committee of the British Medical Association, 429, Strand, W.

SEPT. 9, 1893.

#### THE GRIEVANCES OF ARMY MEDICAL OFFICERS.

WE have already expressed an opinion that the reply of the Secretary of State for War, published in the *BRITISH MEDICAL JOURNAL* for September 2nd, to the representations of the Parliamentary Bills Committee on the grievances of army medical officers will be received by the latter with keen disappointment and discouragement, not alone as a mere present refusal of their prayer, but as a prospective closure of future appeals, on the ground of the grievances having already been found unsubstantial. We are confident Mr. Campbell-Bannerman would give no decision on matters he had not personally considered, but we know from long experience that on such subjects as those contained in the memorandum Ministers are not only largely influenced, but mainly led by the opinions of the official advisers they call in; if these are hostile the answer is almost certain to be unfavourable. That his advisers in this instance were hostile is evident, so that we do not stretch surmises unduly or violate probabilities rashly in recognising in the reply the advice of old irreconcilables towards the medical service. If you make up your mind to refuse a reform the best line of resistance is simply to deny the abuse attacked; any

halting or qualified admission of its existence might be fatal; this is the method of the reply. It can then be said, How can you ask for redress of a non-existent grievance? And this insoluble question affords a ready made answer to all future representations. Should these grievances be set before a future Minister, what so easy as for the permanent official to "draw the papers" from the registry, and triumphantly read, "Your predecessor in office herein records these grievances to be mythical."

That such procedure is not at all uncommon or unfamiliar, anyone who has had recurrent disputes with public officers knows full well. We are, therefore, quite prepared to see it tried in future with all and sundry who venture to interfere in the grievances handled in this reply.

Our attitude towards the denial of the grievances set forth is simply this: the Parliamentary Bills Committee, having no love of agitation for its own sake, would positively refuse to champion reforms in the Army Medical Service if they thought them undesirable, or believed the evils upon which they rested unreal. But, from a very wide and confidential field of correspondence, which, for obvious reasons, cannot be directly open to high placed administrators, the Committee have not the least doubt of the genuineness of the grievances placed before Ministers by the deputation; and contend that they at once press destructively on the medical service, and thereby are opposed to army efficiency. Take the matter of the extended tours, which is one of health and strain, are the medical officers themselves to be held incapable of feeling where the shoe pinches? Or, in the matter of corps formation: everyone not positively or wilfully blind must be aware that, whatever the elaboration on paper, the present inchoate medical corps organisation renders it weak and unfit for war. But when we, therefore, suggest the more complete fusion of the medical officers and men into a consolidated corps, thereby giving them a better army status, and by increased cohesion and efficiency securing advantage to the army generally, we are met by the flat rejoinder that "no evidence can be traced in support of these general propositions."

When the strain and inevitable break-down in war comes, we fear the now little sought for evidence will be only too obtrusive. Probably also, as before, the first to make bitter complaint at the collapse of the department will be those who now deny its grievances, and refuse reforms. But the representations and replies at the instance of the Parliamentary Bills Committee will remain recorded in the evil day, so that the public will be able to place the responsibility on the right shoulders. We will return to the detailed arguments in the reply in a future criticism.

SEPT. 16, 1893.

#### THE GRIEVANCES OF ARMY MEDICAL OFFICERS.

##### II.

ACCORDING to our contemporary, the *Army and Navy Gazette*, with whom we agree, the reply of the Secretary of State for War to the suggested alterations and reforms in the Army Medical Service is especially regrettable in the entire want of conciliatory tone. There is nothing to smooth the harshness of total refusal, which makes it all the more necessary to examine the grounds upon which such an extreme and uncompromising stand is made. We regret to say the more the arguments or, rather, statements are looked into the more merely negative and the less conclusive do they appear. The very form of the reply but too plainly indicates that it was framed, not merely as a present refusal, but also as a ready weapon against anticipated prospective demands. It was doubtless felt by the military advisers that the controversy was becoming uncomfortably narrowed to plain issues; therefore, it was desirable to closure further awkward importunities. So long as this might be temporarily done, it mattered little how. And so, this long, laborious, and weary controversy has for a time culminated—probably with some sense of relief and rest to the less ardent spirits. But, unless we are wholly belied by the past, the



fall will not be long, for hitherto apparent quiescence in the department has proved but a prelude to the renewal of insidious attacks and consequent rousing to defence. If we are mistaken in this forecast it will come to us as a new revelation. After all that has been said and done by the

advice, deterring capable candidates from competing for commissions in the medical service; and this will increase in the absence of any amelioration. The determination to apply the screw in India at any risk will speedily react on the popularity of the service. It may be argued, surely, if the conditions of service in European hospitals in India are such as to break down and cause a "maximum" of invaliding after four years, can it be a paying policy to take six out of the survivors?

We can imagine a man in his fourth year, even if in weakly health, struggling on for one more, who could not possibly face a sixth; is it unlikely then, that not a few are unwillingly driven in their fourth year to take refuge in the unpopular mercies of a medical board? The broad accuracy has never been impugned of our statistics concerning the unhappy fate of the first batch of twenty-nine young medical officers sent to India under the new six years rule. More than half succumbed, one way and another, to the conditions of service, and yet that seems twisted into an argument for extracting the last possible pound of flesh from the survivors. We do not, of course, have data before us to afford positive actuarial deductions, but are morally certain that when the cost by death, invaliding, sickness, and ultimate non-effectiveness are duly summed up the sixth year in India will be proved a financial mistake. On this ground alone, and on no higher, for it never had a higher, notwithstanding the vague talk of increasing home service, do we think it will be abandoned. Meanwhile it is persisted in, and a very valuable and deliberate recommendation of the Camperdown Commission thereby ignored. The other points in the reply must be held over for future remark.

But if it follows, which we wholly deny as in any degree necessary, that organic union between the corps and the officers would subvert the status of the latter, then what is the status of the officers in the organic unit called the Volunteer Medical Staff Corps? Will it be denied that the organic union in that corps better fits it for service in war? The truth is that the auxiliary medical service is ahead of the regular in everything pertaining to corps organisation and field efficiency. We altogether deny, on the best of testimony, that in the present haphazard and scratch arrangements between the Medical Staff and the Medical Staff Corps for field service "the standard of efficiency is adequately maintained," as the reply asserts. The officers and men have no proper bond of union, not to mention opportunities of drilling together as bearer company and field hospital units; until a closer corps organisation is brought about we look for no improvement in this absolutely serious state of field efficiency in the medical department. Instead of subverting, a proper corps organisation would raise and define the army status of medical officers; but this, we fear, is just what is not wanted by a powerful section of the army, whatever the risks and costs towards efficiency. We venture to think the subject of corps organisation in the medical service will soon force itself on the authorities.

The question of foreign service was one in which concessions were confidently expected from the very nature of the case, so that a cold and hard refusal of any modification whatever must prove profoundly discouraging. We know the exacting nature of foreign service is already, on wary

SEPT. 23, 1893.

SURGEON-GENERAL RETIRED would answer the question—Why do army surgeons want military rank and titles, and are not satisfied with any departmental rank?—as follows:

1. Because army rank with military titles is the one rank recognised in the army.
2. Formerly combatant officers only had army rank and titles; all others had relative rank.
3. Relative rank is abolished; now all officers and men have army rank, except medical officers, veterinary surgeons, and army chaplains, the latter 100 exercising command.



It should also not be forgotten that the titular claims of medical officers have arisen only since when these departments were finally reorganised, and relative rank swept away. The other departments were for a time quite as much in a state of flux as the medical; but, unlike it, have now attained a fair position of stability and rest. To the retort of combatants that the desire of medical officers for purely titular rank is only a false sentiment, and to enable them to appear to be what they are not, we say: Why is this argument not applied to the officers of the departments just named? They are certainly more non-combatant than the medical; yet their substantive or honorary titular rank is unchallenged, and they are not branded as mere military masqueraders. As for sentiment, true or false, that cannot safely be disparaged—least of all in an army, of which in the shape of *esprit de corps* it is indeed the very life. We put the following ordinary case, sentimental to a certain extent if you will, to any reasonable unprejudiced mind. An army medical officer may serve his Queen and country for all the best days of a lifetime, in every clime, both in peace and war; he may be wounded in battle; may even earn the purely service distinction of the Victoria Cross for valour in action, and yet, as far as titular army rank, popularly understood, is concerned, retire into civil life with no handle to his name to show he had ever been in the army at all. On the other hand, there are plenty of officers, who had all their lives been practical civilians, handling money, stores, or supplies, with a minimum of risk in peace and none at all in the field, who retire with purely military titles, known and read of all men, and obtaining a popular credit and status thereby, unknown to their neighbour the retired army doctor. Is there not a monstrous incongruity in such parallel cases?

Our apology for entering at length into this portion of the memorandum and reply is simply its importance, and the moral certainty that it will soon again come to the front. For the reply is a mere negative, settling nothing, except the granting of the new titles to retired officers liable to recall to service, the continued refusal of which would have been a very climax of official wrongheadedness. It is stated in the reply, "As it was of the essence of the new titles that the professional qualification should be joined to the military rank, the insertion of the word 'and' is inadmissible." We can see the argument, although we fail to grasp its logic; but it is not the professional "qualification," but a sort of generic appellation that is joined to the military title; how it could be invalidated in its essence by the conjunction "and" we fail to see. It is enough to record that all modifications of the titles now "enjoyed" by medical men are declared "inadmissible;" the *non voluimus* of the reply is nowhere more accentuated than in that.

The other points, which are more purely of departmental interest, we must hold over.

Our contemporary the *Army and Navy Gazette* publishes some very outspoken criticisms from a correspondent, who, it declares, from "his rank, position, and great experience," is not only entitled to give expression to his views, but should command a respectful hearing. Without in any way endorsing all his views, or admitting the justice of some of his remarks, we fear there is not a little in the sad account he gives which is only too true; his account, at all events, in many ways justifies much that has recently been written on the condition of the medical department in these columns. He says: "I fear the medical department is pretty rotten. As a body, the doctors are too anxious to play at soldiers without exactly knowing how or why they should do so. At the same time, I do not think there is a doubt but that their present condition of unrest is entirely the fault of those in authority..... I think myself that it is the height of all snobishness and bad taste for combatants to go through the world degrading the men who would have to look after all their wants on the battle field; but they do it, and until a much better example is set them at headquarters will continue to do it..... If we were going to war, I have no hesitation in saying that the 1st Army Corps would march to destruction. Generally speaking, the departmental organisation—I say it, though I was always a combatant myself in my days of activity—is simply abominable; and the terms in which the workers in departmental hives are treated and

spoken of by beardless subalterns, unchecked by seniors, is simply a standing disgrace to the army of a civilised State. I can imagine nothing more calculated to create disaster. It is a state of things that should be put a stop to at once if the army is maintained, as presumably it is, for fighting purposes." Again, in another place: "Our whole system is upside down as far as departmental arrangements are concerned. The curse of our army..... is petty jealousy..... it seems to be the aim and object of a lot of beardless boys to turn it into a bear garden. I have been simply horrified when visiting messes to hear the conversation which is a new feature of most anterooms. It is a case of slanging all round, and the presence of a doctor is resented as almost an insult by everybody. How those in authority can tolerate such an unsoldierlike spirit is beyond my comprehension to understand..... I think it would be well for the Adjutant-General to issue an order to commanding officers calling upon them to make examples of young officers who forget that they exist for the benefit of the army, and that the army is not created for the purpose of affording them amusement at the expense of others."

OCT. 21, 1893.

#### EXTENSION OF THE NEW MILITARY TITLES.

We are glad to state that the compound titles have been extended to those retired medical officers of the Army Medical Staff who are liable to recall to service. This was done by notice in the *Gazette* of October 17th.

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Nov. 4, 1893.

#### EXTENSION OF THE NEW TITLES.

SURGEON-GENERAL (Retired) writes: I wish particularly to note that in the late *Gazette* extending these titles how careful the authorities were to specify that the rank conceded was only departmental rank, which is virtually a repetition of the declaration that, outside their own department, medical officers have neither military nor army rank; they even possess a lower status than under the old relative rank; their last state is worse than the first. I have always maintained that on the rank question medical officers should take up a definite position, from which they should not depart; and that is, military rank pure and simple. Compound titles should be abolished, and military rank and title in their own corps contended for. There would then be no accusation of sailing under false colours; that is the definite ground to take up and never recede from. Army medical officers should ever be grateful to you and the Parliamentary Bills Committee for ceaseless and energetic efforts on their behalf; but until this matter is fought out and won, the department will never be respected or in a satisfactory position.

Nov. 25, 1893.

#### THE GRIEVANCES OF ARMY MEDICAL OFFICERS.

##### IV.

It was represented to the Secretary of State for War that the three years' service in a rank as qualifying for pension frequently operated hardly upon individual officers in the senior grades, and, through delaying promotion, also caused much embarrassment in the duties of the administrative ranks. Further, that although the full application of a three years' rule might be equitable for officers obtaining promotion while sufficiently young it became inequitable to medical officers, who seldom were promoted to the higher grades until a period of age and service relatively advanced. On these grounds a reduction in the qualifying period was urged, not merely to obviate individual hardship but in the interests of general administrative efficiency. There is no attempt in the reply to traverse these propositions, but as arguments they are simply ignored, and, indeed, treated as if merely covert assaults on the public purse. We repudiate the implication that any such ulterior object was in the minds of those making them. But the jealous guardianship of the public purse, while to be commended, is not the be-all and end-all in intelligent administration. We much question whether the relaxation of the pension rule would



increase the non-effective medical vote, because, as matters are, so delayed is promotion that a number of the most senior medical officers cannot, through age, complete three years in a rank, but, nevertheless, must receive the pension thereof on compulsory retirement. If it therefore be inequitable to the public to grant a pension in less than three years through voluntary, how can it become equitable under the same period through compulsory retirement? Since the retirement question was opened, a scheme has been suggested by a writer in the *BRITISH MEDICAL JOURNAL*, under the pseudonym "Nitram," by which, although the three years' rule would remain in force it would be largely modified, if not in many instances cancelled, by making foreign service a factor in retirement. This is not wholly new, but follows the old rule that once applied to the retirement of inspectors-general of hospitals. It has received wide support in the department and is certain to come to the front in future discussions on retirement.

The proposal to second surgeon-major generals retained up to 62 years has met with refusal. But, to many who feared that the embarrassments in the administrative ranks were such as in time to make extensions of service the rule instead of the exception, it will be satisfactory to hear officially that such cases "can seldom occur." It is something to have that recorded.

The decision on the detailing of medical officers for particular presidencies will, we are told, be communicated later on. Meanwhile, let us repeat the hope that it may be against the present cruel system of pitchforking them on the shores of India in total ignorance of where they may have to serve in that vast country. Surgeon-Major-General Thomson, late principal medical officer in India, and one of the best that ever filled the post, has positively declared that the new, autocratic and heartless system is entirely unnecessary for any purpose of practical administration. Let the detailing be restored to the Director-General, whose hands it should never have left.

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of the warrants. They have never yet done so, either to medical or other military warrants.

Special facilities for study time are refused, on the ground that little advantage has been sought of such provisions as exist. No one, we surmise, has taken the trouble to ask for what was certain of refusal.

The rules, which have often been called "vexatious," regulating medical exchanges, are said to be as "liberal as compatible with efficient departmental administration," and, therefore, cannot be relaxed. This is the answer to cited instances that medical officers are differently treated from others in the privilege of exchanging. We again have the old arguments advanced against exchanges back to India within a year—namely, the "strain upon health of a tour in India." How curious this "strain" should never be mentioned in connection with a defence of the six years' tour!

Mr. Campbell-Bannerman concludes by expressing regret that, after most careful consideration, he has been unable to meet "most" of the views put forward by the Parliamentary Bills Committee; but trusts his explanations will be found satisfactory. His regrets will be shared by all well-wishers of the Army Medical Service; not in that he has been unable to meet "most," but few, if any, of the views put before him. We fear his explanations will be held to be much in a ratio with his concessions.

So ends the reply, and with it an important chapter in the controversy. Its importance may better appreciated hereafter, when the true value is seen of having the wants and grievances of the Army Medical Service narrowed down to definite issues.

JAN. 27, 1894.

#### THE NEW TITLES.

SURGEON-LIEUTENANT-COLONEL, I.M.S., writes from India. Is it not a significant fact, as showing the new rank is merely departmental and not army, that I, in common with all other army surgeons, have not received the commission of surgeon-lieutenant-colonel although two years in the rank, as was the case of that of assistant surgeon on my entering the service, and subsequently surgeon-major, both of which latter commissions are in my possession. As a proof of my contention, my chief, who is a colonel in the army, and well aware I am styled surgeon-lieutenant-colonel, yet will never admit it, or give me more than the title of surgeon-major. This is a matter for a question in the House of Commons. The sooner the new titles are abolished the better.

\*.\* The first commission of a medical officer is now that of surgeon-lieutenant, and every subsequent step from surgeon-captain to surgeon-lieutenant-colonel should, we imagine, involve a fresh commission, stamp and all; otherwise there is an important departure from the usages of the service; we quite agree it is a matter the Secretary of State for War should be called upon to clear up. It was a recommendation of the Camperdown Commission (page 8) that "The military rank... of a medical officer should be stated on his commission," which, of course, is impossible if fresh commissions are not granted with each promotion. That the rank of surgeon-lieutenant-colonel is attained through "promotion" is stated in Article 399A of the Medical Warrant, "A surgeon-major shall, if he be recommended by the Director-General, be promoted to the rank of surgeon-lieutenant-colonel on completing twenty years full-pay service." As for the vagaries of our correspondent's chief, they merely show him to be a poor narrow-minded creature, even although possessed of the rank of "colonel in the army."

FEB. 10, 1894.

#### FRESH COMMISSIONS.

EMERITUS writes: It is a fancied grievance of "Surgeon-Lieutenant-Colonel, I.M.S.," in not having received a commission in his new rank, and I trust no one will act on the suggestion that the Secretary of State should be questioned regarding the matter. The fact is, the system of giving a fresh commission with every promotion was abolished by order of Her Majesty in Council so long ago as May 24th, 1871 (see Army Circulars, clause 63, of 1873, and reprints issued with Army Order 252 of 1889). Under this order, however, an officer who was in the service prior to 1871 received a new commission on his first promotion or transfer after the date of the Order in Council, and by this rule your correspondent no doubt received his Surgeon-Major's commission; but neither he nor his "colonel" need ever expect to get another commission. As the present titles when granted were distinctly stated to be "Designations of Departmental Rank," I have never been able to understand how anyone can imagine they carry army rank, but it is pretty clear the majority of those who were at first pleased with these, now look on them, as I have always done, as "signifying nothing."

\*.\* We take it that the sting of our Indian correspondent's complaint lay in the fact that his "chief" refused him the title of Surgeon-Lieutenant-Colonel because he had not received a fresh commission since promoted Surgeon-Major. Our present correspondent's lucid reminder of the twenty-year-old Order in Council will, we hope, explain matters. What we should like to know is, and we cannot see the harm of the Secretary of State for War being asked, whether any class of officers now receive fresh commissions on promotion; or whether the only commission of a combatant officer is that of Lieutenant, or of a medical officer that of Surgeon-Lieutenant?

JUNE 23, 1894.

#### ARMY MEDICAL OFFICERS' AND SUBSTANTIVE RANK.

ONE of the most important rulings in respect of the rank of medical officers and the rights it carried with it on duty has recently been promulgated by as high an authority as his Excellency the Commander-in-Chief in India. It is well, therefore, to make the ruling public for the information of all medical officers serving at home and abroad, as it equally affects both.

The circumstances leading up to the decision in favour of the Medical Department were shortly as follows:

In a large Indian garrison a British Infantry regiment was paraded by the adjutant for medical inspection. On arrival of the medical officer (a surgeon-major) detailed to carry out the duty the adjutant not only failed to call the men to "attention" and report them "present" but also (apparently intentionally) neglected to salute the medical officer. Naturally such a grave and unusual irregularity brought about a report to the general officer commanding the district, who referred the case to his Excellency the Commander-in-Chief for an authoritative ruling. Why, however, the general officer commanding himself did not courageously deal with the matter according to the Queen's Regulations is not clear, for the medical inspection being an official act, and the adjutant of the regiment junior to the surgeon-major, the salute due to the latter should have been given. The plea of the adjutant for refusing to do so—namely, that he did not consider that the medical officer was entitled to any salute on the regimental parade ground—is so feeble and puerile as to be incredible, if the adjutant had any length of service and was conversant with the regulations of the service. However, out of this regrettable incident much good has flowed, inasmuch as, once for all, the substantive rank of medical officers has received a recognition which can never now, it may be hoped, be justly set aside. The ruling is such as



It should also not be forgotten that the titular claims of medical officers have arisen only since when these departments were finally reorganised, and relative rank swept away. The other departments were for a time quite as much in a state of flux as the medical; but, unlike it, have now attained a fair position of stability and rest. To the retort of combatants that the desire of medical officers for purely titular rank is only a false sentiment, and to enable them to appear to be what they are not, we say: Why is this argument not applied to the officers of the departments just named? They are certainly more non-combatant than the medical; yet their substantive or honorary titular rank is unchallenged, and they are not branded as mere military masqueraders. As for sentiment, true or false, that cannot safely be disparaged—least of all in an army, of which in the shape of *esprit de corps* it is indeed the very life. We put the following ordinary case, sentimental to a certain extent if you will, to any reasonable unprejudiced mind. An army medical officer may serve his Queen and country for all the best days of a lifetime, in every clime, both in peace and war; he may be wounded in battle; may even earn the purely service distinction of the Victoria Cross for valour in action, and yet, as far as titular army rank, popularly understood, is concerned, retire into civil life with no handle to his name to show he had ever been in the army at all. On the other hand, there are plenty of officers, who had all their lives been practical civilians, handling money, stores, or supplies, with a minimum of risk in peace and none at all in the field, who retire with purely military titles, known and read of all men, and obtaining a popular credit and status thereby, unknown to their neighbour the retired army doctor. Is there not a monstrous incongruity in such parallel cases?

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NOV. 4, 1893.

#### EXTENSION OF THE NEW TITLES.

SURGEON-GENERAL (Retired) writes: I wish particularly to note that in the late *Gazette* extending these titles how careful the authorities were to specify that the rank conceded was only departmental rank, which is virtually a repetition of the declaration that, outside their own department, medical officers have neither military nor army rank; they even possess a lower status than under the old relative rank; their last state is worse than the first. I have always maintained that on the rank question medical officers should take up a definite position, from which they should not depart; and that is, military rank pure and simple. Compound titles should be abolished, and military rank and title in their own corps contended for. There would then be no accusation of sailing under false colours; that is the definite ground to take up and never recede from. Army medical officers should ever be grateful to you and the Parliamentary Bills Committee for ceaseless and energetic efforts on their behalf; but until this matter is fought out and won, the department will never be respected or in a satisfactory position.

NOV. 25, 1893.

The reply states that no information had reached the Secretary of State for India of any proposal for placing officers of the British medical service in charge of native troops. We take this to mean no official information, which we are glad to hear; but the statement does not invalidate the circumstantial report that the proposal was made in India itself, with the monstrous provision that it was to be compulsory without charge pay. We rather fancy the author of this cool proposal will find it convenient, for his own sake, not to broach it again.

Much has been said on the financial extension of medical warrants to India, but the reply does not advance its solution a single step. The only answer vouchsafed is the old official plea that such extension was forbidden by express stipulation in the Warrant of 1879, from which the India Office has never receded, or right or wrong will recede; so an original injustice is sought to be perpetuated. Yet, it cannot be denied that high officials have both recognised and admitted the injustice, which makes the present attitude of the India Office all the more indefensible. We can hardly grasp the grounds for the statement that, were medical warrants applied in "force" in India, pay would thereby be reduced. The Indian Government have a code fixing the pay and allowances of ranks, surely it is not meant they would go behind it in the financial application



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might well have been expected from his Excellency the Commander-in-Chief, Sir George White, who is above all a just and wide-minded soldier free from petty prejudices against the medical department.

The following is a copy of the district order issued by the major-general commanding the district:

DISTRICT ORDERS BY ..... COMMANDING ..... DISTRICT.

Salutary.—A question having lately arisen regarding the right of a senior departmental (medical) officer to be saluted by a junior combatant officer when addressing him on a matter of duty, the following authoritative ruling, received from army headquarters, is published for the information and guidance of all concerned:

"That as the body of troops was paraded for medical inspection the medical officer in question had a distinct duty to perform on parade, and that on his arrival the men should have been called to attention, and the officer in command being junior to the surgeon-major should have reported them 'present' or 'ready for inspection,' saluting as he did so." (Section 3, para. 13, Queen's Regulations.) By order, Assistant Adjutant General, ..... District.

JULY 14, 1894.

#### SUBSTANTIVE RANK.

THE extract on the subject of the substantive military rank of army medical officers from the *BRITISH MEDICAL JOURNAL*, which we publish, shows, says the *Broad Arrow*, how sensitive members of the medical profession are with regard to their military status, and there can be no doubt that the Commander-in-Chief in India has taken a right view of the matter specially referred to in the above-mentioned extract. Clearly the adjutant was in the wrong and his excuse frivolous, for the surgeon-major was his senior officer in the performance of duty, and the fact of the scene being the regimental parade ground was an incident of no significance. The adjutant in question must either have intended a deliberate slight to the medical officer—in which case he was sadly wanting in tact, and his action clearly not calculated to raise the tone of his own branch of the service—or he was woefully ignorant of his duty to a senior officer. We can scarcely believe that such an incident would have occurred in the old days.

FROM ONE LEARN ALL writes: The refusal of an adjutant to salute a surgeon-major, or call the men to attention as a health inspection, once for all proves how unsatisfactory the position of medical officers is. The occurrence took place more than a year ago, and the ruling of the Commander-in-Chief in India was in the particular case, and probably only published at the station where the event happened: indeed, it is likely that general publicity has only now been given to it in your columns. Why are military regulations so indefinite on these matters? Simply because "military advisers," being the framers of the regulations, take care that the public shall be kept in the dark as to the military position of departmental officers. For instance, guards turn out to combatant officers of the rank of major-general, but medical officers of that rank only receive a field officer's salute. The rank is not recognised. So in many other points.

\* There is much to favour our correspondent's suggestion that the regulations are kept purposely indefinite on the subject of recognition of the military status of medical officers; there can hardly be any other explanation.

JULY 21, 1894.

#### THE DISUSE OF OFFICIAL TITLES.

SURGEON-GENERAL (RETIRED) writes: Your late remarks are much to the point on the disuse of official titles, and the complaints of medical officers would soon cease if they themselves set the example of colloquially using their titles. The late Warrant, if it did nothing else, made some concession to substantive rank and the employment of consecutive military titles. The essence of the title is that which indicates the rank, and was never meant to be eliminated and that of "doctor" alone given. Medical officers should print their titles on their cards before their names, and suffixes, such as M.D., M.A., are out of place both on a card and in the *Army List*. The sneers and carping at the new titles will only hasten the evolution of pure military titles. Medical officers should always speak of and address each other by their titles.

#### THE ADJUTANT SLIGHT.

ONE WHO ASKS FOR PURELY MILITARY TITLES ON THE SCORE OF EFFICIENCY writes: The case of a surgeon-major who was treated in a most un-military and rude manner on parade by a combatant officer—in a way, in fact, no true soldier would adopt towards a brother officer, no matter what his corps—reveals the conduct of the adjutant as "unbecoming an officer and a gentleman." But this is not an isolated case; it may be taken as a sample of the thousand and one slights to which medical officers are subjected in the course of their daily duties, and they will continue until pure military rank and titles are conceded. What must the men on that parade have thought? They saw the Queen's uniform and badges of rank worn by the medical officer grossly disrespected. What must be the result on discipline? The open insult to medical officers is not only subversive of discipline but insulting to the whole medical profession, who, as civil supporters of the army, have a right to demand fair protection for their brethren against a mere army caste.

\* The slight to the medical officer by the unsoldier-like conduct of the adjutant was bad enough, but as nothing compared with the insult to Her Majesty's uniform and the badges of rank displayed by the medical officer, and the inevitable consequent sapping of discipline. It is surprising that so-called combatant officers cannot see that such outrages on symbols of rank must undermine their own position.

OCT. 6, 1894.

#### MEDICAL OFFICERS AND MILITARY TITLES.

PREJUDICE and personal feeling against the titles conferred on army medical officers have rarely attained the point to which a General Officer Commanding abroad has permitted them to reach. The facts, however, have been furnished to us from a most reliable quarter, but we forbear naming the station and officer concerned. This General Officer Commanding, hearing some person speak of a Surgeon Major as "Major" So-and-So, wrote to the Principal Medical Officer, directing that medical officers should discourage the public from calling them by their purely military titles, or that he (the General Officer Commanding) would peremptorily issue an order giving effect to his feeling on this subject. The Principal Medical Officer simply replied that medical officers never spoke of themselves by any but their official titles, and that he (the Principal Medical Officer) had no power to prohibit the public, if they so wished it, from speaking of army surgeons as "Majors" or "Captains," etc. After this correspondence the General Officer (we think very judiciously) dropped the subject. While all this bias was displayed against medical officers, the General Officer Commanding and his staff showed no objection whatever to address officers of the army veterinary department as "Major" or "Captain," or to these veterinary officers placing on their visiting cards the prefix "Major" or "Captain" alone to their names. The reports we receive from all quarters at home and abroad on the feeling displayed towards medical officers by the so-called combatant branches point very distinctly to the fact that until the medical staff is amalgamated with the Medical Staff Corps into a "Royal" Corps with combatant titles for the officers, there can never be peace and harmony.

MAY 11, 1895.

#### WAR OFFICE ADMINISTRATION AND THE ARMY MEDICAL STAFF.

THE second of the series of special articles which have been appearing recently in the *Times* (April 29th) on War Office Administration deals with the military medical department, and we are constrained to entirely impugn the correctness and fairness of the remarks on the organisation of the Army Medical Staff.

To permit of a complete refutation of the arguments advanced by the writer in the *Times* it is necessary to take seriatim the points on which he pronounces his opinion:

1. In referring to the combatant titles recently conferred the *Times* writer says they are "socially and officially misleading." Can anyone explain in what conceivable way these titles can be so considered? They were granted after a full consideration by the Secretary of State for War of the recommendations made by Lord Chamberlain's Committee after the Egyptian war, and the writer seems to have quite overlooked the leading article in the *Times* of September, 1890, supporting the claims of army medical officers to substantive rank and titles. The writer in the *Times* might profitably devote his attention to a minute written by Lord Dalhousie (Governor-General of India) on the rank question, which appears in Lord Herbert's Committee report of 1884. Emphasis is given by the Herbert Commissioners to this minute, on which they express the following opinion: "It seems impossible to deny the justice of Lord Dalhousie's observations. In the military service rank is everything; there exists no authority without it." We go a step further, and state that only combatant titles convey such rank to the officer, non-commissioned officer, and soldier. Discipline cannot be attained without such recognition of rank.

2. The *Times* writer alludes to the "drilling of hospital attendants as if they were infantry soldiers," having apparently lost sight of the fact that these "hospital attendants" are men of "the Medical Staff Corps," a recognised body of disciplined soldiers as essential to the army as the Royal Engineers or Army Service Corps. We fail to see how efficiency can be acquired without adequate drilling. The training of the corps is not confined to drilling only, but includes a host of other important details, such as sick nursing, minor surgery, and the general routine of hospital work.

3. The writer ironically refers to the plea of medical officers "to sit on courts martial" being "probably soon admitted," being evidently ignorant of the fact that all commissioned officers are not only eligible, but are required to sit on courts martial, the president being the only person on the court who must be a combatant officer. Further, for years past army medical officers have been called on to sit as members of such courts when their services were required.

4. The writer says "Surgeon-major-generals require medical officers attached in a staff capacity to act as the medium of communication between themselves and other departments." No such arrangement exists, but it would be to the benefit of the medical service if every principal medical officer had a secretary (a medical officer), who would carry on the confidential correspondence of his office in place of the sergeant-clerk now appointed, who is practically the secretary. As to the remarks on professional pride being in danger if young officers address their military medical attendant as "doctor," they can only be pronounced feeble and full of such blind prejudice as to require no refutation.

The final observations of the writer may be quoted as showing the unfair and prejudiced spirit in which army medical affairs generally are discussed by military writers:

"In striving to be what he is not the army doctor will inevitably fall in the exercise of his rightful, honourable, and indispensable functions. To fighting rather than to saving life his ambitions will tend." These observations are made in the very issue of the *Times* which contains an account of the excellent services rendered by two medical officers, namely, Surgeon-Major Robertson and Surgeon-Captain Whitchurch, the latter of whom has undoubtedly earned the Victoria Cross for his conduct in the double capacity of soldier and doctor. It should also not be forgotten that the only V.C.s won in Eritrea and the Chin Hills were gained by army surgeons in the gallant performance of professional duties.

see  
page  
46.



THE COMMANDER-IN-CHIEF AND "THAT  
BRAVE CIVILIAN."

THE Duke of Cambridge was not altogether happily inspired in the speech which he made in response to the toast of "The Army" at the Royal Academy dinner. Louis XIV., historians tell us, claimed the victories of his generals as his own, but the Duke of Cambridge goes far beyond the Grand Monarque in this respect.

*Proposed Testimonial to Surgeon General  
Sir Joseph Fayrer, K.C.S.I., Q.H.S., M.D., F.R.S.*

At a Meeting of the Medical Officers serving at Netley, held in the office of the Principal Medical Officer on January 16<sup>th</sup> 1895, Surgeon Major General C. H. Giraud, in the chair.

Brigade Surgeon Lt. Col. J. L. Nether read a letter from the Director General, Army Medical Department, saying that this proposal had his entire sympathy and approval, and that he would have great pleasure in presiding over any Committee formed to carry out the object in view.

The following resolutions were unanimously agreed upon:-

Proposed by Surgeon Major General Giraud, seconded by Deputy Surg<sup>n</sup> Gen<sup>l</sup> Bayley - That a Testimonial be made to Sir Joseph Fayrer on his retirement as Physician to the Indian Council, President of the Indian Medical Board, and Member of the Senate of the Army Medical School. The Testimonial to take the form of a portrait to be painted by an eminent Artist, to be placed in the Officers Mess at Netley, with a replica for Lady Fayrer.

Proposed by Surg<sup>n</sup> Major Gen<sup>l</sup> Giraud, seconded by Brigade Surg<sup>n</sup> Lt. Col. Nether. That all Medical

ununiform, and no longer be subject to military laws, rules, regulations, and rates of pay. If the responsible military advisers of the Crown honestly and truly consider that medical aid for the army should be furnished by a civilian staff, let them say so openly, so that the individual officers themselves and the profession may know the exact status of the medical officer. The medical, like the engineering, is primarily a civilian profession, but the one as much as the other has its military side. The surgeon-major, endowed with political powers, no more loses his army title and rank than the engineer major, detailed to look after irrigation works, loses his. We hope that this matter may not be allowed to rest as it is. It establishes a very serious condition of affairs. If the dictum of the Commander-in-Chief is allowed to pass unchallenged, and by inference is to be interpreted as receiving the approval of the India Office, as defining the true status of the army surgeon in the official community, public opinion will know how to appreciate the position.



The following is a copy of the district order issued by the major-general commanding the district :

DISTRICT ORDERS BY ..... COMMANDING ..... DISTRICT.  
May ..... 1900.

*Solates.*—A question having lately arisen regarding the right of a senior departmental (medical) officer to be saluted by a junior combatant officer when addressing him on a matter of duty, the following authoritative ruling, received from army headquarters, is published for the information of all concerned.

"That as the body of troops was paraded for medical inspection the medical officer in question had a distinct duty to perform on parade, and that on his arrival the men should have been called to attention, and the officer in command being junior to the surgeon-major should have reported them 'present' or 'ready for inspection,' valuing as he did so." (Section 3, para. 13, Queen's Regulations.) By order, Assistant Adjutant General, \_\_\_\_\_ District.

July 14, 1894.

### SUBSTANTIVE RANK.

The extract on the subject of the substantial military rank of army medical officers from the *Illustrated London News* of 1904, which we published, shows, *inter alia*, that the *British Army*, how sensitive members of the medical profession are with regard to their military status, and that the army has taken a right view of the matter specially referred to in the above-mentioned extract. Clearly the adjutant was in the wrong, and his excuse frivolous. He was on duty, and was being the regimental parade ground on an incident of no significance. The adjutant in question must either have intended to liberate slight to the adjutant, or he must have been so stupid as to willingly acknowledge that he was clearly not calculated to raise the tone of his own branch of the service—or he was woefully ignorant of his duty to a senior officer. We can scarcely believe that such an incident would have occurred.

**FROM ONE LEARN ALB** writes: The refusal of an adjutant to publish a surgeon-major, or call for the attention of a hospital inspector, once again demonstrates the unsatisfactory position of medical officers in the Army. The occurrence took place more than a year ago, and the refusal of the Commandant of the hospital to publish the name of the surgeon-major, and probably the name of the adjutant, at the station where the event happened; indeed, it is likely that general publicity has only now been given to the incident. It is likely that the adjutant was not consulted in the matter, and on those matters that a ruling is necessary? Simply because "military advisers," being the name of the adjutant, are not consulted in the matter of the framing of the regulations, take care to consult the medical officers of the hospital, and the adjutant of the departmental offices. For instance, guards turn out to combatant officers of the rank of major-joint, but medical officers of that rank are not consulted. It is a pity that the adjutant is not consulted in many other points.

\* \* There is much to favour our correspondent's suggestion that the regulations are kept purposely indefinite on the subject of recognition of the military status of medical officers; there can hardly be any other explanation.

JULY 21, 1894.  
 THE DISMISE OF OFFICIAL TITLES.  
 SURGEON-GENERAL (RETIRED) writes: Your late remarks are much to  
 the point on the demise of official titles, and the complaints of medical  
 officers would seem to justify the course of action which you have  
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 indicates the rank, and was never meant to be eliminated and that of  
 "doctor" alone given. Medical officers should print their titles on  
 their cards before their names, and the name of one as M. D., are  
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 carping at the new titles will only hasten the evolution of pure  
 military titles. Medical officers should always speak of and address  
 themselves as their titles.

### THE ADJUTANT SLIGHT.

ONE WHO ASKS FOR PURELY MILITARY TITLES ON THE SCORE OF ENVYING OFFICERS' titles? The answer is: No. He was treated in a most un-military and rude manner on parade by a combatant officer—in a way, in fact, no true soldier would adopt towards a brother officer, no matter what his combat record. But the man in question is a combatant officer, and a gentleman. Just this is not an isolated case; it may be taken as a sample of the thousand and one ailments to which medical officers are subjected in the course of their daily duties, and they will find that they have many military tasks and titles to contend with. What must the men on that parade have thought. They saw the Queen's uniform and badges of rank worn by the medical officer grossly abused. What would they have said if they had seen the same man in his uniform to medical officers is not only subversive of discipline but insulting to the whole medical profession, who, as civil supporters of

\* \* The slight to the medical officer by the unsoldier-like conduct of the adjutant was bad enough, but as nothing compared with the insult to Her Majesty's uniform and the badges of rank displayed by the medical officer, and the inevitable consequent sapping of discipline. It is surprising that so-called combatant officers cannot see that such outrages on symbols of rank must undermine their own position.

OCT. 6, 1894.

## MEDICAL OFFICERS AND MILITARY TITLES

PREJUDICE as personal feeling against the title conferred on army medical officers have rarely attained the point to which a General Officer Commanding abroad has permitted it to reach. The General Officer in question is one to whom from a most reliable quarter, but we forbear naming the station and officer concerned. This General Officer Commanding in Chief has been a most successful and distinguished Major-General so, wrote to the Principal Medical Officer, directing that medical officers should discourage the public from calling them by their purely military titles, or that he should not do so himself. He was, however, in the end, of no order giving effect to his feeling on this subject. The Principal Medical Officer simply replied that medical officers were not to be called by military titles, and that he (the Principal Medical Officer) had no power to prohibit the public, if they so wished it, from speaking of him by his military title. He was, however, in accordance with this correspondence the General Officer (we think very judiciously) dropped the subject. While all this has been displayed against medical officers, the General Officer Commanding in Chief has been doing his best to get the public to address officers of the army veterinary department as Major or Captain, or to these veterinary officers place the title "alone" to their names. The reports we receive from all quarters at home and abroad on the feeling displayed by the public in regard to the military titles of medical officers point, very distinctly to the fact that until the medical staff is amalgamated with the Medical Staff Corps into a "Royal" Medical Corps, the military titles for the officers, there can never be peace and harmony.

MAY 11. 1895.

WAR OFFICE ADMINISTRATION AND THE ARMY MEDICAL

STAFF.

THE second of the series of special articles which have been appearing recently in the Times (April 25th) on War Office Administration deals with the military medical department, and we are constrained to entirely impugn the correctness and fairness of the remarks on the organisation of the Army Medical Staff.

To permit of a complete refutation of the arguments advanced by the writer in the Times it is necessary to take serialim the points on which he pronounces his opinion:

1. In referring to the combatant titles recently conferred the Times writer says they are "social and not really military." He explains in the following paragraph: "The titles are so considered 'I' think after full consideration by the Secretary of State for War and the Committee of Privileges of the House of Commons, and the recommendations made by Lord Caversham's Committee after their report on the subject." The writer then goes on to say: "The leading article in the Times of September, 1900, supporting the claims of army medical officers to substantive rank and titles. The writer in the Dalhousie (Governor-General of India) on the rank question, which appears in Lord Herbert's Committee report of 1901. Emphasis is given to the fact that the titles are not really military, and the following opinion: "It seems impossible to deny the justice of Lord Caversham's observations. In the military service rank is everything, and the soldier's name is nothing. The titles are conferred on the basis that only combatant titles convey such rank to the officer, non-commissioned officer, and soldier. Discipline cannot be obtained without such

2. The Jones writer alludes to the "drilling of hospital attendants as if they were infantry soldiers," having apparently lost sight of the fact these "hospital attendants" are men of "the Medical Staff Corps," a recognized body of disciplined soldiers as essential to the army as the Royal Engineers or Army Service Corps. We fail to see how efficiency can be acquired without adequate drilling. The training of the corps is devoted to drilling only, but includes a host of other important details, such as sick nursing, minor surgery, and the general routine of hospital work.

3. The writer ironically refers to the plea of medical officers "to sit on courts martial" being "probably soon admitted," being evidently ignorant of the fact that all commissioned officers are not only eligible, but are required to sit on courts martial, the president being the only person on the court who must be a combatant officer. Further, for years past army medical officers have been called on to sit as members of such

4. The writer says "Surgeon-major-generals require medical officers attached in a staff capacity to act as the medium of communication between themselves and other departments. No such arrangement exists here, it would be impossible. The medical service is every principal medical officer had a secretary (a medical officer), who would carry on the confidential correspondence of his office in place of the sergeant-clerk now appointed, who is practically the secretary. As to the remarks on professional pride being in danger if young officers address their military medical attendant as "doctor," they can only be pronounced feeble and full of such blind prejudice as to require no refutation.

The final observations of the writer may be quoted as showing the unfair and prejudiced spirit in which army medical affairs generally are discussed by military men:

"In striving to be what he is not the army doctor will inevitably fail in the exercise of his rightful, honourable, and indispensable functions. To be better rather than to realize life his ambitions will tend."

These observations are made in the very issue of the *Times* which contains an account of the excellent services rendered by two medical officers, namely, Surgeon-Major Robertson and Surgeon-Captain White. The latter of whom has undoubtedly earned the Victoria Cross for his conduct in the double capacity of soldier and doctor. It should also not be forgotten that the only V.C.s won in Burma and the Third India War were gained by army surgeons in the gallant performance of professional duties.

*Proposed Testimonial to Surgeon General  
Sir Joseph Royer K.C.S.I. & H.P.M.D. F.R.S.*

At a Meeting of the Medical Officers serving at  
Nisley, held in the office of the Principal Medical  
Officers on January 16<sup>th</sup> 1895, Surgeon Major General  
H. Gerard in the chair.

Brigade Surgeon, Lt Col J. L. Sother read a letter from the Director General, Army Medical Department, saying that this proposal had his entire sympathy and approval, and that he would have great pleasure in providing over any Committee formed to carry out the object in view.

The following resolutions were unanimously agreed upon:-

Proposed by Surgeon Major General Giraud  
seconded by Deputy Surg<sup>n</sup> Gen<sup>l</sup> Bayley - "That  
the Committee be directed to take Mr Joseph Taylor on to

Testimonial to be made to his father & by  
retirement as Physician to the Indian Council  
President of the Indian Medical Board, and

Member of the Senate of the Army Medical Service.  
The Testimonial to take the form of a portrait,  
to be painted by an eminent Artist, to be placed in

the Officers Mess at Nohoy, with a replica of  
"Lady Foyrer"

2 Proposed by Surg<sup>n</sup> Major Gen. Smith,  
by Brigade Surg<sup>n</sup> B. Col. Ketter. That all Medic



Proposed Testimonial to Surgeon General  
Sir Joseph Fayrer, K.C.S.I., Q.H.S., M.D., F.R.S.

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Brigade Surgeon Lt Col. J. L. Notter read a letter  
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The Testimonial to take the form of a portrait to  
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the Officers Mess at Netley, with a replica for  
Lady Fayrer"
2. Proposed by Surg<sup>n</sup> Major Gen<sup>l</sup> Giraud, seconded  
by Brigade Surg<sup>n</sup> Lt Col. Notter. "That all Medical



Officers of the Army Medical Staff and Indian Medical Service be invited to subscribe and that contributions be also received from other friends and admirers of Sir Joseph Fayrer. That a subscription list be opened: the subscriptions not to exceed 10/6<sup>d</sup> from each Officer serving at Home and in the Colonies, nor Rs. 10 from Officers in India.

3. Proposed by Surg<sup>n</sup> Major Gen<sup>l</sup> Giraud, and seconded by Deputy Surg<sup>n</sup> Gen<sup>l</sup> Cayley - "That the following Officers be appointed to act as a \* Committee, to carry out the object of the Meeting:-"

President

Surg<sup>n</sup> Major General Sir William Mackinnon,  
K.C.B.,  
Dir. Gen<sup>l</sup> Army Med. Dept<sup>t</sup>

Members

Surg<sup>n</sup> Major General C. H. Giraud, A. M. S.  
Surgeon General W. C. Maclean, M.D., C.B., I.M.S. (R.P.)  
Surgeon General W. R. Cornish, F.R.C.S., C.I.E., I.M.S. (R.P.)  
Deputy Surg<sup>n</sup> Gen<sup>l</sup> H. Cayley, F.R.C.S., I.M.S. (R.P.)  
Brigade Surg<sup>n</sup> Lt Col J. L. Nutter, M.A., M.D., A.M.S.  
Hon. Treasurer.  
Brigade Surgeon Lt Col E. J. Fairland, A.M.S.  
Surg<sup>n</sup> Capt<sup>n</sup> Wm Wilfrid Webb, M.D., F.S.A., I.M.S. (R.P.)  
Hon. Secretary.

The first List of Subscriptions will be published as soon as a sufficient number are received. If the fund admit, a reproduction of the portrait will be sent to each subscriber.

\* Associated with a Committee in India.



Sent under to Holt & Co. 8<sup>th</sup> Mar, 1895

Place

Date

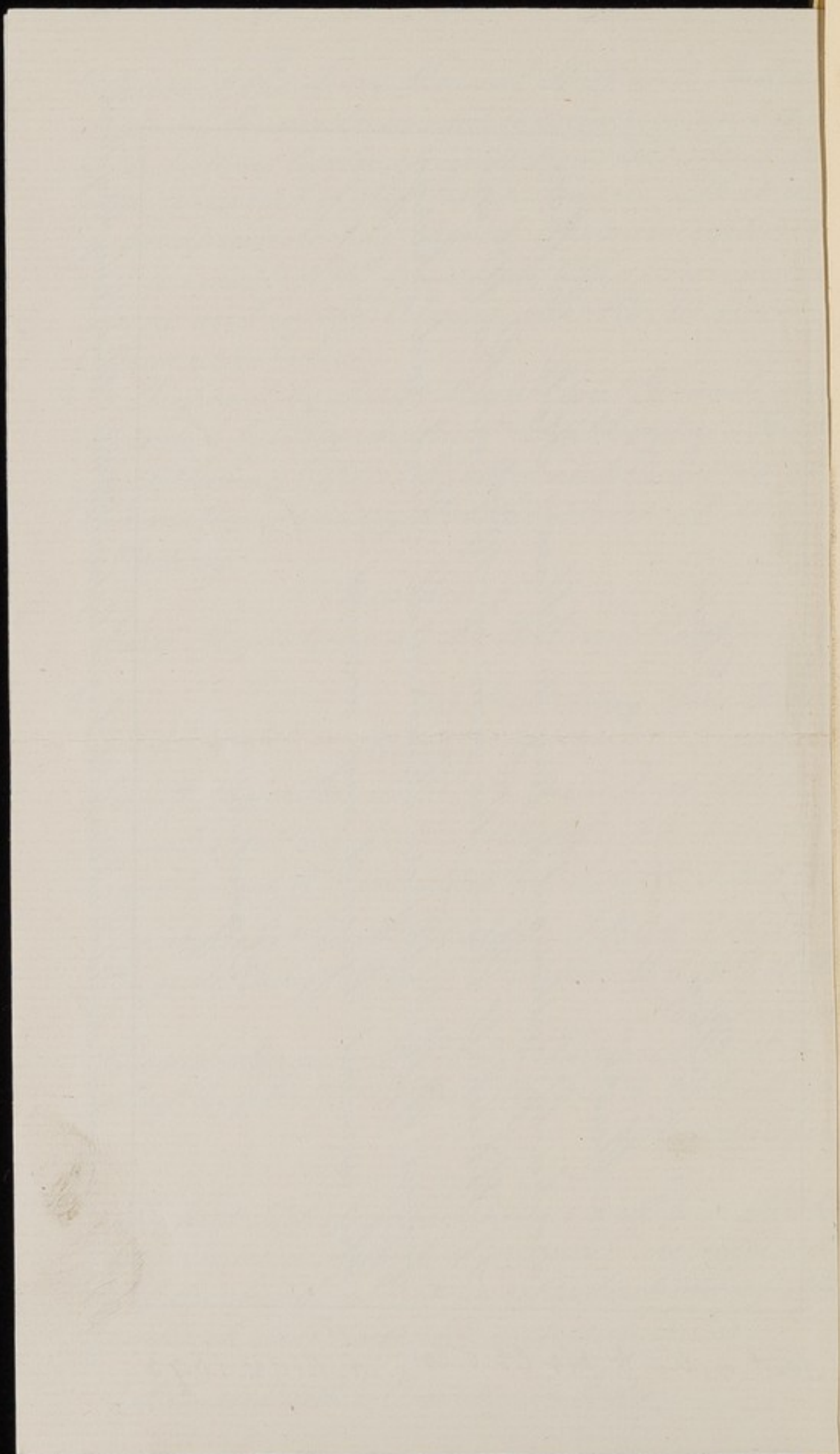
Messrs

are hereby authorised to pay to Messrs Holt & Co.,  
17, Whitehall Place, the sum of 10<sup>9</sup>/<sub>16</sub><sup>d</sup> or Rs. 10 in  
favour of the Farrier Testimonial Fund and charge  
the amount against my account.

Signature

All communications should be addressed to Surgeon-Captain W. W. Webb, Oldstock, Nether Abbey Farm.







# THE COMMANDER-IN-CHIEF AND "THAT BRAVE CIVILIAN."

THE Duke of Cambridge was not altogether happily inspired in the speech which he made in response to the toast of "The Army" at the Royal Academy dinner. Louis XIV., historians tell us, claimed the victories of his generals as his own, but the Duke of Cambridge goes far beyond the Grand Monarque in the sublime assurance with which he claims credit for the efficiency and success of a force with which he has had no more to do than he had with the victorious advance of the Japanese Army. The British public will stand a good deal from a Royal Duke, and the plain speaking which this unlucky piece of after-dinner oratory has caused shows that the provocation must have been excessive. Certainly if accurate self-knowledge be the aim of the philosopher, His Royal Highness should be grateful to the newspapers which have so assiduously held up to him the mirror of candid criticism during the past week.

We should have been glad to have left this unpleasant duty entirely to the lay press, but as the Duke of Cambridge himself went out of his way to offer what we can only characterise as a wanton affront to the medical officers of the army, we feel bound to take notice of this further indiscretion.

Whilst paying a well-merited tribute to the heroic defenders and relievers of Fort Chitral, H.R.H. made use of the expression "that brave civilian, Dr. Robertson," as distinguished from certain other equally brave officials. We have read his speech attentively, and we cannot but feel convinced that the phraseology employed was used advisedly; if so it is all the more regrettable, as, no matter what may be the Duke's personal views as to the proper position of medical officers in the military machine, he, as Commander-in-Chief, should and must have known that the Political Agent at Chitral was a surgeon-major on full pay in the Indian Medical Service, and as such was possessed of a military title, and as much a military man as any other member of the garrison. We feel sure that when this speech is read in India it will arouse feelings of great bitterness in the ranks of the Indian Medical Service. It has been made at a most inopportune time. The military medical services of the Crown are notoriously dissatisfied, and this fresh and apparently wanton blow at the status of officers of the Indian Medical Service from so high a personage as the Commander-in-Chief will, we fear, cause fresh discontent. Only last week we alluded to the fact that certain changes are to be made in the system of the entrance examination for the Army and Indian Medical Services, with a view to ensuring the best class of candidates for commissions. Surely these publicly expressed views of the Duke of Cambridge will not tend to encourage the ambition of good class candidates presenting themselves for either the Indian or Army Medical Service.

We venture to think this speech of His Royal Highness will have far-reaching effect, and probably in a direction with which he is least in sympathy. If the officers of the medical service of the Indian army are civilians, let it be authoritatively ruled so; let them no longer wear their distinctive uniform, and no longer be subject to military laws, rules, regulations, and rates of pay. If the responsible military advisers of the Crown honestly and truly consider that medical aid for the army should be furnished by a civilian staff, let them say so openly, so that the individual officers themselves and the profession may know the exact status of the medical officer. The medical, like the engineering, is primarily a civilian profession, but the one as much as the other has its military side. The surgeon-major, endowed with political powers, no more loses his army title and rank than the engineer major, detailed to look after irrigation works, loses his. We hope that this matter may not be allowed to rest as it is. It establishes a very serious condition of affairs. If the dictum of the Commander-in-Chief is allowed to pass unchallenged, and by inference is to be interpreted as receiving the approval of the India Office, as defining the true status of the army surgeon in the official community, public opinion will know how to appreciate the position.



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much a new principle involved as the proper application of a concession already granted. The A.M.S. start from a very secure base, which has been provided for them by the Secretary of State for War. Brigade-Surgeon-Lieutenant-Colonel has been made a definite rank, and taking this typical example of an unwieldy designation of a military grade, the problem is how to reduce it orally to manageable proportions. Of the four component parts, the fittest alone may be expected to survive, the remainder being removed by a natural process, very aptly described by the *British Medical Journal* as Phonetic Decay. It is evident that in conversation with the owner of the complex title above mentioned, the words "brigade" and "lieutenant" would, under normal conditions, be conspicuous by their absence, and that of the remainder the choice must lie between "surgeon" and "colonel," without the alternative of "surgeon-colonel," which would not correctly express the position it might be desired to indicate. By the same process it may be shown that "surgeon" alone would be insufficient; and thus there remains but "colonel," which is the only portion of the quadruple title implying combatant rank, and on which was based the original acrimonious discussion whether non-combatants could in accordance with the eternal fitness of things be accurately described by a distinctly combatant designation. Being shot or shot at, it was argued, no more constitutes a combatant than being drowned at sea or falling overboard constitutes a sailor, and here the enemies of medico-combativeness were on very solid ground, which, however, was promptly cut from under their feet by Mr. Stanhope conferring upon the Army Medical Staff those distinctly-combatant titles, with certain qualifying prefixes, which they now possess. It is open to argument whether these prefixes are to be regarded as optional or compulsory, but the A.M.S. desire all possible controversy on the subject to be rendered impossible, and ask that the obnoxious, doubt-compelling qualifying words shall be removed, and that nothing but the purely combatant title shall be lawful in the future. That matters have arrived at this point is entirely due to Mr. Stanhope's action, for rightly or wrongly he gave way, and the ground he vacated was promptly occupied by the A.M.S., who now hold it so tenaciously that even if there were the intention there is no probability of any successful attempt to again drive them out. Having retreated so far it may fairly be asked whether it is possible to long defend the existing position. It certainly does not look like it; the A.M.S. are concentrating their forces for a final attack, in which it is said about eighty per cent. are anxious to take part, and, if a further strategic movement to the rear on the part of Mr. Stanhope is inevitable, it will certainly be wiser to effect this quietly and in good order than to wait until pushed back by his energetic assailants. The Secretary of State has practically admitted that the old medical titles did not sufficiently convey the true military position of their owners, and that a more accurate description is obtained by the use of the present titles; in other words he concedes the point that combatant titles are necessary (in conjunction with departmental designations) to fitly describe the duties and responsibilities of Army Surgeons, who, while accepting this instalment, affirm that they will be yet more fitly described by the combatant titles alone, unhampered by reminiscences of the department, and they are prepared to fight it out on those lines. Those who recognise the policy of timely concession do not by that necessarily admit the justice of the A.M.S. attack; but if a further retrograde movement is inevitable, it may be as well to put it into execution at once. The movement indeed may be said to have already commenced, and it is hardly probable Mr. Stanhope is anxious to be left the last man of a rear-guard vainly endeavouring to stem the forward progress of a victorious army when he is already deserted by the greater portion of those on whose behalf he for so long a time struggled in vain. His flank has been turned, and he may as well admit it, more especially as it is entirely owing to his vacillation and temporising when the original attack was first developed. The position of the disputants was then clear enough, and the distinction between military

and combatant prefixes well defined. Army combatant titles are necessarily military, but the converse does not hold good. The old titles of the Medical Staff were distinctly military, the present are in addition semi-combatant, and it is with this accomplished fact the Secretary of State has now to deal in order to allay the discontent which is beginning once more to show itself. From semi to wholly combatant the gradation is not very abrupt, and the transition may be accomplished without any great wrench; but it is doubtful if even the A.M.S. will be entirely satisfied for any length of time. There is a symptom which is anything but reassuring, and which, perhaps more than anything else, tends to create and foster feelings of animosity between the Army as a whole and the A.M.S. as one of its component parts, and it is this: All petitions and demands for redress of grievances and bestowal of favours have hitherto not only originated, but have been entirely supported from within the four walls of the Army itself; but it has been reserved for the A.M.S., while claiming to belong wholly to one profession, that of arms, to seek the support of another profession, medicine, in order to gain a supposed advantage over those who make no pretensions to be anything else but soldiers. The A.M.S. will do well to note this feeling, which is quite justified by a well-founded suspicion that the powerful aid of trade-unionism is being invoked for no legitimate purpose. The A.M.S. may possibly place the possession of combatant titles before good fellowship, but even so it will be to their future advantage, now that they are on the high road to the attainment of their wishes, not

Feb. 6, 1892.

We do not pretend to any close acquaintance with therapeutics, military or otherwise, but we do know that some very sound sense was talked at the distribution of prizes to the Army Medical School, Netley, last Monday afternoon. It was on this occasion specifically suggested that after their five years' study and service at Netley, the students might advantageously be attached to other hospitals for additional and varied experience, and Sir F. Fitzwygram—who always talks very sensibly on Army matters—mentioned that he had spoken to Mr. Stanhope on the subject. The Army at large, which has literally a very vital interest in the matter, will assuredly be pleased with this evidence that, having attained to brigade-surgeon-lieutenant-colonelcies and other high rank, the Army doctors intend to "live up to" their new dignities. If combatant officers had felt that the young fellows, often sent almost straight from Netley to cope with sundry diseases and divers forms of death, quite outside an ordinary hospital experience, had been given special opportunities for study and observation accordingly, there might have been little or no opposition to the assumption of combatant titles. But it was the anxiety for military rank, coupled with an abbreviated training, which made Army officers look askance on the recent successful movement of the doctors to obtain the military rank of their possible patients. Now that there seems a prospect of a new order of things as regards the training of Netley students, we may well hope that the hatchet will be buried, and that peace may reign universally between the fighting soldier and the surgeon, who so often has to help the latter to "fight again," even without the necessity of running away.

Feb. 13, 1892.

The remarks in these columns last week—based on a very inaccurate report furnished to us—relative to the recent distribution of prizes at Netley, convey a somewhat misleading account not only as to what General Sir F. Fitzwygram said on the occasion, but also as to the course pursued at the Army Medical School. It is hardly necessary to say that Netley is in no sense a medical students' school, as every candidate for a commission in the Army Medical Staff must already be a qualified medical man and hold two diplomas or licences, one to practise medicine and the other surgery; he must also be registered under the Medical Act at the time of his appointment. An open competition is held half yearly for the admission of qualified



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candidates as probationers; these probationers undergo a short special course of study at Netley, and pass a qualifying examination to satisfy the Director-General that they are suited for permanent appointment to the Medical Staff. As to Sir F. FitzWygram's remarks, they pointed to the desirability of granting medical officers leave after a term of foreign service for the special purpose of studying at some hospital, with a view to keeping themselves abreast of medical science. As a matter of fact this proposal has been urged by the department on successive Ministers for War, but being a matter of £ s. d. it has, like many other desirable reforms, been strangled in its birth by a blood-thirsty Treasury.

June 17, 1893.

## MILITARY TRADES-UNIONISM.

[Communicated.]

[Neither the tone of, nor the opinions expressed in, the following article are in harmony with the traditions of this journal. We quite believe, however, that the views which the writer sets forth are those held by many, possibly by a majority, in the Service, and by an influential section of the A.M.S. itself. —ED. B.A.]

THE question of how far military officers are justified in combining for the redress of grievances is a vexed one. In India, at the beginning of the present century, there were several instances of such combinations, and they were always rigorously, and probably rightly, treated as mutiny. In modern times the most remarkable cases of officers acting in concert have been the agitation against the abolition of purchase—which was abandoned at the request of those in authority—and the combined and persistent efforts by which the Medical Officers of the Army are slowly but surely elbowing their way through all obstacles to the position they have determined to attain for themselves. Anything which impairs the efficiency or discipline of the Army should be suppressed instantly. But it is possible, as the doctors have discovered, to do a great deal without overstepping the prescribed limits. Just as the pickets of a strike committee may disorganise the traffic and menace the comfort of an otherwise peaceful town, so the Medical Officers of the Army are able, without any appearance of combination—by another species of trades-unionism, to thrust their grievances before the eyes of the authorities and, inch by inch, to drive successive Secretaries of State into a corner, where they can squeeze them to their hearts' content. Everybody knows pretty well what the process is; first the correspondence in the press, then questions in Parliament; processions of medical M.P.'s and professors from the schools, in the form of deputations; the chaff of the Secretary of State, followed in due course by the motion in the House, and the panic-stricken warrant conceding all that is asked.

I have every sympathy with the Medical Staff. I yield to no man in admiration of their professional skill and zeal, their devotion to their duties, and their services to the State. But I confess that when I see them as the inventors of military trades-unionism, I am forced to regret the position which they have taken up, and to wonder at the same time at the weakness which permits one Secretary of State after another to yield point after point of their somewhat arbitrary demands. I am quite sure of this—that were any other branch of the Service to attempt any such thing they would come to signal grief, and soon have cause to regret their action. But the Medical Officers are marching triumphantly forward, and two years having elapsed since their last squeeze, they are now organising another. I do not wish to touch upon their grievances beyond saying that, to the unprejudiced eye, their pay compares favourably with that of other branches, and if their titles are cumbersome they are of their own making. As was justly remarked the other day, whatever they may be dubbed officially, they will be "doctor" to the Army at large. Their wish to take the titles of men who actually perform functions which those titles represent is a little puzzling. The command of ten men in the M.S.C. does not justify a man in wishing to describe himself as a colonel commanding; and if his military status is to be based upon the number of his patients, it would be a temptation to some to swell the sick-list till it assumed the proportions of a regiment. And yet it has been urged, in your columns if I mistake not, that the title of "doctor," honoured and respected throughout the civilised world as representing a noble calling, is, in the Service, practically an insult, and that the professors of the healing art are just as much entitled to be called colonel as the man who commands a regiment. To justify this they point to the paymasters, who are most of them retired combatant officers, and to the O.S.D. To carry the matter to its legitimate issue, the chaplains must also be given the command of the troops in

church and the title of chaplain-colonel!

But what concerns the Army more nearly is the process by which this position has been attained. The doctors have based their claims to consideration upon three special points—(1) The expenses of their education; (2) the possession of a profession; (3) the comparison with the position of their confreres in civil life. I will consider these three points in detail. (1.) As regards expenses of education, these will vary in every profession or calling, but I question whether a doctor's education costs a halfpenny more than that of an officer of the Line. Doctors are wont to refer to the fees in the schools and the expense of "walking" a hospital, as if "crammers" and public schools at £180 a year did not exist. To use the words of a correspondent in your columns recently "the majority of Army medical officers are not doctors;" in other words they have attained the necessary qualifications without going to the expense of a University career. (2.) They belong to a learned profession. But equally now-a-days the soldier is a highly educated man, though he is not lucky enough to be able to turn his attainments to account in any except his proper sphere, nor to retire after twenty years' service with a pension of £365 a year and follow his calling to his own pecuniary advantage thereafter. This very question of a profession is, as I shall have occasion to show, a two-edged weapon. For his proper duty being healing the sick, and there being plenty of people in civil life qualified to do that, the fact may some day be turned against him. He is not wholly dependent upon warfare, as is a gunner or a cavalryman. (3.) There is the comparison with civil life. Well, which branch of the Service compares better? Of two brothers, if one turns soldier and the other enters a bank, which in the end does best? When a man takes the Queen's shilling, he knows what he is going in for, and does not expect to make a fortune—if he does, he will be disappointed.

The last departure was cleverly devised. It sandwiched the question of titles in with a grievance regarding Indian pay, which would equally well apply to the majors second-in-command and the paymasters, and plenty of others. They will doubtless get their way, and be able once again to tell their less lucky fellows to follow in their footsteps, and squeeze the authorities till they get what they want. And yet, is it all gain? I doubt it. Year by year, since the Regimental system was abolished, the doctors and the rest of the Army have been unhappily divided by a breach which is ever growing wider. Faults there have been on both sides, but the fact remains. What is to be feared is that, in the long run, this will bring about disaster. Men cannot ride roughshod over others for years without their coming to grief in the long run; and yet this is what a section—I am glad to think it is a small one—of the Medical Officers have been doing. At first, the Army at large smiled, then it got angry, and now it waits on events. But when, now and again, the Medical Officers are attacked from outside—take, for instance the question of enteric fever in India—however innocent they may be, we never find the rest of the Army lifting a finger to assist them, simply because the gap is too wide—there is no sympathy.

I do not imagine that the reaction against military trades-unionism will stop there. Sooner or later the Secretary of State will find out that in this great and over-populated country, supply exceeds demand. Driven into a corner, he may at last put the home garrisons out to contract, and the schools—that bugbear of his predecessors—will have no influence over men with a struggling family and Heaven knows how many competitors. As for foreign service, there is the experience of the shipping companies; they grant no pensions, and they pay their doctors no better than they do their other officers, yet they can find plenty of men who want to see a little of the world before settling down. It may be objected that this would destroy all system in the military hospitals, but it is in this respect that the fact of doctoring being a profession will militate against their interests, for surely the great civil hospitals have nothing to learn in management from the best of our military hospitals. Indeed, unless the Army doctors are sadly maligned, red tape and obsolete militarism are more rife there than elsewhere. The Army should have but the kindest of feelings towards the Medical Staff, but it cannot help feeling that it would be a good thing if they remembered that their primary business is the healing of the sick, and that the more they limit their energies to that, the better they will be liked and respected throughout the Service. Civil trades-unionism has had one or two serious checks of late, yet these civil organisations are far more powerful than ever any military combination can hope to be; for the fact will always remain that, schools or no schools, a resolute Secretary of State could crush the agitation in ten minutes if he liked.



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to make this too apparent. The matter of titles is trivial enough in itself, it is the manner in which it has been presented which has lent itself to hostile criticism. Nevertheless, there is nothing to be gained by further opposition, for colonels, majors, and captains of the Medical Staff practically exist, and the sooner they are universally accorded those titles, the sooner will the onus of explaining how they justify them be cast upon their own shoulders.



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